South Eastern Health and Social Care Trust

Trust Service Delivery Plan including Resilience Plan to address Winter Pressures and any subsequent waves of COVID-19 Pandemic (October 2021 - March 2022)

South Eastern Health and Social Care Trust

Final Version

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1.0 Executive Summary

This Service Delivery Plan outlines what South Eastern Health and Social Care Trust (SET) proposes to do to respond to additional demand arising from the pressures of winter 2021/2022 and a further wave of the COVID-19 Pandemic, during the period October 2021 – March 2022. It is predicted another COVID-19 wave on top of the one currently being experienced will coincide with colder weather and winter pressures. This further COVID-19 surge is also likely to coincide with outbreaks of other respiratory viruses such as Paediatric Respiratory Syncytial Virus (RSV) surge and influenza. A combination of these factors will have a wide reaching and acute impact on our ability to deliver many services and will be keenly felt across our entire hospital, community and care home services. ***The next few months will be extremely challenging with the on-going threat of further surge alongside winter pressures and the potential for further local outbreaks and is a rapidly evolving and concerning situation for all who plan and deliver services.***

As we enter the winter months SET is committed to taking a carefully considered and balanced approach to the delivery of services taking into account lessons learnt over the past year whilst also acknowledging that we will continue to live with COVID-19 for some time. This will continue to influence how we can deliver our services including clinical, patient and staff safety, whilst maintaining social distancing and infection prevention control measures. As has been the case throughout the pandemic, the Trust is committed to planning and working as a collective with the entire Health and Social Care (HSC) system and in accordance with the COVID-19 Guidance-Framework.pdf (hscni.net) as devised by the Department of Health (DoH). COVID-19 has fundamentally affected the work we do for the past 18 months and will continue to do so for some time.

Regional modelling will be essential over this winter period. In the interim SET is planning a response plan on the basis that there may be a potential doubling of COVID-19 inpatient numbers this winter, and allowing for a possible doubling of the usual unscheduled winter peak experienced in January. It is important to note that the regional acute modelling produced by HSCB is based on a base winter model and does not reflect the normal peak of either winter unscheduled pressures or expected COVID-19 peak as experienced in January 2021. There is a high probability that SET will experience a significant bed deficit this winter**.** There are a number of initiatives that SET could currently consider to mitigate this unprecedented pressure. ***It is estimated that these initiatives, if funded and implemented in full, collectively could offset 95 beds from the deficit. None of the mitigation measures outlined in this plan will be adequate to address such a significant shortfall in inpatient bed capacity. The Trust is proposing that a regional winter capacity plan should be developed, identifying where additional***

inpatient beds can be made available and ensuring that patients potentially requiring admission are redirected accordingly.

Regional Responses

Regional Responses – During the past year a number of measures were put in place in response to COVID-19 with support from our colleagues in Health and Social Care Board (HSCB) and DOH. The majority of these initiatives remain operational in some function, and provide a strong foundation for the management of further COVID-19 surges.

Challenges Arising from Winter Pressures and Further COVID-19 Surges

The key challenges for the South Eastern Trust in the context of the winter Pressures and COVID-19 Surge Resilience Plan relate to workforce in respect of maintaining safe staffing levels across all areas ensuring safe environments for patients, clients and staff aligned to current COVID-19 guidance and policy, and funding to support the necessary actions required to address our challenges. Outbreaks of COVID-19 in hospitals and care homes with nosocomial spread are likely to continue and may be exacerbated by simultaneous transmission of flu in these and between these settings.

Oversight and Learning from COVID-19

The Trust Senior Management Team will continue to meet regularly to assess the comprehensive range of management information to enable oversight and real-time decision-making.

We have learnt much throughout the pandemic and we are committed to ensure that we will respond in a proportionate informed and measured way to address the dual challenges posed by the winter and COVID-19 pandemic. We have seen that subsequent strains of the virus comprise different variables and so whilst we have benefitted much by the learning from experience there remains a degree of unpredictability. We remain committed to providing safe, effective and compassionate care and will continue to operate on this premise with patient safety and safe levels of staffing and associated risk assessments as key determinants in how we do this.

Partnership Approach

This plan has been developed with staff focusing on the combined pressures of winter and a further surge of COVID-19 that will challenge our services over the next six months.

We will continue to work in partnership with our stakeholders to support an agile and responsive change of services in accordance with our statutory equality and rural

needs considerations. We will continue to work closely with our key partners including Primary Care, Voluntary and Community Sector, Independent Sector and Trade Unions to ensure our plans are representative, realistic and well-informed.

Tackling Health Inequalities

The 'Health Inequalities Annual Report 2020' (https://www.health-ni.gov.uk/publications/health-inequalities-annual-report-2020) clearly demonstrates that inequalities in health outcomes continue to be a key issue and challenge in Northern Ireland. Given the multi-faceted causes of inequalities in health, tackling this issue needs sustained focus within the health and social care system and increased collaboration across departments and agencies, local government, the community and voluntary sector, and with communities themselves to address the factors which impact on health and wellbeing locally and regionally.

Making Life Better (https://www.health-ni.gov.uk/articles/making-life-better-strategic-framework-public-health) is the overarching strategic framework for public health through which the Executive committed to creating the conditions for individuals, families and communities to take greater control over their lives, and be enabled and supported to lead healthy lives. It is vital that the Health and Social Care System continues to support the delivery of Making Life Better, particularly as COVID-19 is likely to have exacerbated the inequalities that already exist and this will require a continued focus and population health approach to address in the long term. Improving health and wellbeing, increasing health literacy and reducing inequalities in health outcomes, will be a key part of ensuring we build greater health resilience in the population into the future and help to reduce the impact of potential future pandemics.

This plan incorporates short term actions to begin tackling our health inequalities, although it is recognised that this is a long term continuous process.

2.0 Introduction

SET prepares an annual plan to outline proposals to address the predicted increase in demand for unscheduled secondary care services each winter. This is typically a period when demand for our services is significantly greater than the capacity within our Hospitals and supporting community services.

COVID-19 pandemic has had a detrimental impact on services across all areas of the Trust and the wider health and social care system. Within SET, our focus has been and will continue to ensure the safety of our patients, service users and staff at all times. In readiness for a potential further surge which could coincide with colder weather and winter pressures, there will be comprehensive surge plans in place for critical care, hospital beds, community services and care homes. This plan outlines the approach South Eastern Trust will adopt to address the anticipated seasonal increase in demand and any further waves of COVID-19. This on its own may not be sufficient to meet the demand and a regional surge plan is required for a system approach.

As we enter the winter months SET is committed to taking a carefully considered and balanced approach to the delivery of services taking into account lessons learnt over the past year whilst also acknowledging that we will continue to live with COVID-19 for some time. Access to all our services continues to be impacted by the pandemic and addressing patient and staff safety through social distancing, infection prevention control and testing measures remains a priority for the Trust.

SET acknowledges BHSCT provides a range of regional specialist services and has a responsibility to ensure capacity for all other Trusts. SET is responsible for the provision of a range of regional specialist services including Plastics, Maxillo Facial, Head and Neck, Colorectal, Healthcare in Prisons etc. and will maximise its capacity to continue to provide these on behalf of the region.

The summer months saw Northern Ireland's infection rate (per 100,000 population) at more than three times that of Wales and Scotland and twice that of England. Approximately 70% of positive cases were in people aged under 40. The vaccination programme has been effective – by way of illustration in December 2020, for every 1000 cases of COVID-19 in NI, around 80 were admitted to hospital whereas recent data has shown that this has dramatically reduced to approximately 22 hospitalisations per 1000 cases. So far there have been four surges in Northern Ireland; surge 1 March- September 2020 (65 people with lab positive hospital deaths reported in SET), surge 2 October - 23 December 2020 (51 deaths), surge 3 24th December 2020 – 2rd May 2021 (76 deaths) and most recently surge 4 3rd May 2021 to 3rd September (33 deaths). Even with each surge in the pandemic staff in health and social care have taken every opportunity to rebuild services (figure1).

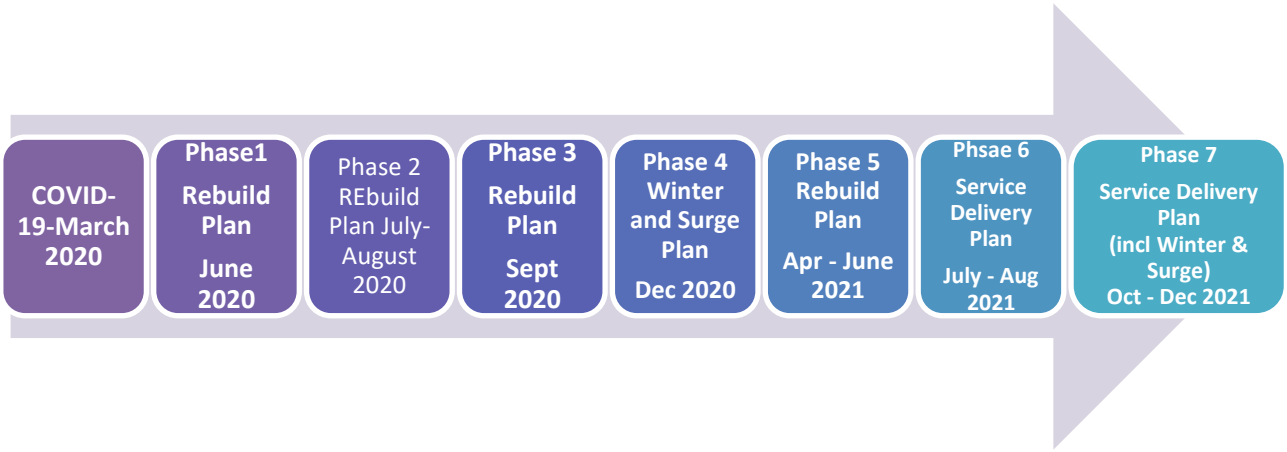
We have already seen the impact of variants of COVID-19 over the last 18 months and much has been learnt. However, it is important to acknowledge that given the many variables across different mutations that the impacts of further variants are unknown and exact modelling is therefore more difficult.

Whilst the modelling is able to show the overall impact on demand under various scenarios there remain a great deal of unknowns that make this winter extremely unpredictable. These will include but not be limited to

1. The impact of waning immunity post vaccination and its impact on hospital demands;
2. The plan and effectiveness of any booster jab programme;
3. Public behaviour;
4. The instigation of any regional mitigation such as circuit breakers;
5. The impact of influenza given the potential limited immunity in large parts of the population; and
6. RSV prevalence and its resulting impact on secondary care.

This means that a wide range of scenarios are plausible. Covid-19 modelling also needs to be considered alongside demand for other unscheduled activity particularly those under the medical specialties. Again there remain significant unknowns and confounding factors that make any assumptions on likely future activity based on previous activity potentially unreliable.

Figure 1: Trust response to COVID-19 since March 2020



This paper outlines how we plan to address the anticipated seasonal increase in demand and any further waves of COVID-19. SET have made huge strides in rebuilding services and our aspiration remains to continue this journey unless regionally directed to temporarily pause services and/or redirect resources. We will endeavour to maintain as many services as possible during further waves. Managing service demand arising from COVID-19 and winter pressures will have to take priority over planned or elective services.

Dependent on the level of demand coming seasonal pressures and subsequent COVID-19 Surge(s), SET is committed to reviewing and reconfiguring our acute

hospital current bed capacity as necessary to ensure that we are able to treat people and provide safe, effective care in the right place at the right time according to their need. The Trust is also developing operational plans in relation to the need for additional beds in the community to support hospital step down care in terms of palliative care and/or rehabilitation with the objective of returning COVID-19 patients home where possible after their illness. Acute care at home will also be an alternative pathway to prevent admission and facilitate early discharge for those requiring medical and multi-disciplinary support including those with COVID-19.

Staffing levels continue to be directly impacted by the COVID-19 pandemic through either testing positive, or self-isolating because they are symptomatic or a member of their household has tested positive, in line with most recent advice from Northern Ireland's Chief Medical Officer. Whilst hospital mitigation and control measures have been put in place, efforts continue to be focused in managing this difficult situation. During the past year, this has resulted in a significant number of staff isolating at any one time in our hospitals and the need for flexible approaches to redeploy staff and facilities to maintain safety. It is in this context that this plan is set and this has demonstrated the significant impact of local outbreaks. The Trust has used the service delivery guidance as set out by the Health and Social Care Board and the only divergence from their prescribed template is whereby there were several questions in regard to staffing across different sections and to avoid duplication, these have been grouped together in a separate section.

The Trust will endeavour to maintain as many services as possible during any further waves, however managing service demand arising from COVID-19 and winter pressures will take priority. The Trust will do all it can to protect elective care services working as a key partner to provide, where possible capacity for regionally prioritised elective patients. **However if the projections forecast in the modelling are realised this would result in the Trust having to constantly review, prioritise and amend the service activity in the service delivery projections on a pragmatic basis.** We will continue to prioritise and focus on treating the most urgent cases first, and as a result some patients will have to wait longer than we would like.

3.0 Planning Principles

The Trust has adopted the following DOH system principles in preparing this surge plan as outlined in the Regional COVID-19 Pandemic Surge Planning Strategic Framework (1 September 2020):

- **Patient safety** remains the overriding priority.
- **Safe staffing** remains a key priority and Trusts will engage with Trade Union side on safe staffing matters in relation to relevant surge plans.
- Trusts should adopt a flexible approach to ensure that **'business as usual' services can be maintained as far as possible,** in line with the Rebuilding HSC services Strategic Framework. This should allow Trusts to adapt swiftly to the prevailing COVID-19 context.
- It is recognised that there will be a fine balance between **maintaining elective care services and managing service demand** arising from COVID-19 and winter pressures. Addressing COVID-19 and winter pressures will take priority over elective care services, although the regional approaches announced such as day case elective care centres and orthopaedic hubs will support continuation of elective activity in the event of further COVID-19 surges.
- The HSC system will consider **thresholds of hospital COVID-19 care,** which may require downturn of elective care services.
- Trust's Surge Plans, whilst focusing on potential further COVID-19 surges, should take account of **likely winter pressures.**
- Trusts should plan for further COVID-19 surges within the context of the **regional initiatives** outlined in Section 7 of this document.
- Trusts should as far as possible **manage COVID-19 pressures within their own capacity first.**
- The Department, HSCB, PHA and the Trusts will closely monitor COVID-19 infections, hospital admissions and ICU admissions to ensure **a planned regional response** to further COVID-19 surges. This will support continued service delivery.
- The Department will, if COVID-19 infection rates and other indicators give cause for action, **recommend further tightening of social distancing measures to the Executive.**

4.0 Challenges arising from Winter Pressures and further COVID-19 surges

The COVID-19 global pandemic has presented the health and social care system with a number of unique challenges which have impacted on the way services were delivered by the South Eastern Trust due to various reasons including clinical,

patient and staff safety. In spite of the success of the vaccine programme, we continue to risk future COVID-19 pandemic waves. Vaccination may reduce the impact of subsequent waves of the pandemic on health care services. We have seen the impact of variants of COVID-19 over the summer months however, the impact of further variants are unknown. A resurgence of COVID-19 is likely to coincide with outbreaks of other respiratory viruses such as RSV and influenza.

The Trust has carried out scenario planning to model bed requirements in the absence of regionally modelling. This highlights significant shortfall in bed capacity across winter 2021/22 if realised.

Some of the key challenges in implementing our seasonal resilience plans and COVID-19 surge plans include:

- The key challenges for the South Eastern Trust in the context of the winter Pressures and COVID-19 Surge Resilience Plan relate to workforce in respect of maintaining safe staffing levels across all areas ensuring safe environments for patients, clients and staff aligned to current COVID-19 guidance and policy, and funding to support the necessary actions required to address our challenges. Outbreaks of COVID-19 in hospitals and care homes with nosocomial spread are likely to continue and may be exacerbated. The **delivery of safe care to vulnerable adults and children in social care settings within the community will be challenging** in the context of increased demands;
- **Balancing safety and risk** through regional agreements in respect of ensuring both effective ongoing response to COVID-19 locally and the need to rebuild elective surgical and diagnostic services for prioritised clinical groups on an equitable basis for the Northern Ireland population, taking account of specific Trust difference for example available accommodation;
- Assessing **workforce pressures** including the ability to safely and appropriately staff the delivery plans. We are committed to **valuing and supporting our staff** by ensuring that individuals that were redeployed to ICU and other areas are given time to recover. The impact of staff requirements to support other programmes such as the COVID-19 centres and the vaccination programme as well as managing local cluster outbreaks etc. need to be factored in;
- **Building on new ways of working and innovations to provide safe and effective care**. Innovative ways of working will involve rapid scaling of technology, working closely with our primary care and community partners as well as our clinical leaders, using flexible and remote working where appropriate;

- Continuing to **maintain effective COVID-19 zoning plans** in line with Infection Prevention and Control advice and guidance, to safely manage separate pathways for flow of staff and patients across all acute sites;
- Enhanced cleaning to maintain safe, clinical spaces and public areas will continue to be provided in response to any future COVID-19 surges or other essential requirements in accordance with the Trust's **Environmental Cleanliness** Policy;
- Continue to optimise efficient utilisation of Personal and Protective Equipment (PPE) and ensure adequate catering and rest facilities for our staff;
- Assessing the ability of our **accommodation and transport infrastructure** to support and enable delivery plans whilst complying with any COVID-19 rules and guidelines;
- Sustaining **models for 'swabbing' and 'testing'** as part of our ongoing response to COVID-19;
- **Public adherence to the restrictions and precautionary measures** before coming to a Trust facility or accessing care e.g. pre-surgery COVID-19 testing;
- Sustaining a **reliable supply of critical PPE, blood products and medicines** to enable us to safely increase our services;
- Providing necessary **support and resources to the independent nursing/ care home sector** on an ongoing basis alongside ensuring Trust based services can be delivered and maintained;
- We will be mindful of our commitment to **co-production and engagement** and informed involvement in key decision making in our local agreements to delivery plans;
- Providing continued support to **those in need within our population** including those who were 'shielding', vulnerable people, and people at risk of harm.

We also note the **likely financial constraints,** with **limited recurrent funding to support increasing demand, significant existing pressures** and the **potential for any future surge** in COVID-19 transmission which is likely to result in a temporary pause to core services to cope with demand.

The Trust enters into this period with a significant financial deficit. No income has been assumed in terms of additional funding from in-year Departmental Monitoring Rounds or additional centrally held slippage; both these have provided significant in-year monies in prior years and have been a major factor in SET previously achieving breakeven.

Working together, we will continue to play our part in sustaining this reduction in transmission, to preserve life and support our health and social care service.

Trust Proposed Actions

The Trust's plan to respond to the challenge is currently undergoing development. Workshops have been held to agree what actions can be taken forward to implementation in an effort to manage the likely unprecedented demand. Health and Social Care Board Commissioning Leads were in attendance at the workshops. A Quality Management Systems approach has been adopted. The overarching aim of the plan is to "Ensure services are able to meet the demands over the winter period and deliver safe and effective care across the system". These actions are broadly categorized into the following themes:

1. **Minimise inappropriate attendances and hospital admissions;**
2. **Maximising Service Capacity;** and
3. **Enabling Flow 7/7.**

A prioritization exercise has been completed, applying a benefit analysis and risk based approach for each of these themes. Further detail can found in relation to these themes in appendix 1. In addition the Trust will consider the recommendations from the regional Urgent and Emergency care review when published and any impact this may have on service delivery over the winter period. ***Any new or additional initiatives are subject to the availability of staffing and appropriate funding.***

5.0 Communications Planning

External Communications

- We will promote our key messages to help alleviate winter pressures throughout the South Eastern Trust.
- We will continue to prioritise crucial information about the current COVID-19 surge, remaining open and transparent to ensure the media, the public and our stakeholders are fully informed about the Trust's strategy to deal with the ongoing pandemic.
- We will continue to promote the Trust's COVID-19 mobile vaccination programme and devise imaginative concepts to encourage everyone, particularly the younger population to get vaccinated.
- Working closely with the Department of Health, the Public Health Agency and Health and Social Care Board, we will make every effort to promote the COVID-19 booster jab and the annual flu vaccination programme.
- As ED pressures increase we will, when required, communicate alternative locations where the public can access medical help and support.

- We will liaise with the media when necessary to highlight ongoing difficulties in the Trust in order to try an alleviate pressure in the system.

Internal Communications

- We will keep staff informed about the current COVID-19 pressures on a weekly basis.
- With the introduction of the staff app we will ensure staff are regularly updated about Trust policies and developments throughout the winter period.
- We will engage with the Trade Unions and provide information as required.

6.0 Winter Pressures (Adult and Paediatrics)

Number	Sub section	HSCB Request	SET Response
6.1	Bed Occupancy	Modelling is being updated, but Trusts should develop plans to meet peak occupancy up to double the usual winter peak.	South Eastern Trust winter bed modelling has been developed and will be regularly reviewed. The Trust has developed alongside this template an operational Winter/Surge Bed Plan to outline the steps needed to achieve the optimum level of beds we can achieve within our existing bed and workforce capacity. It recognises the continuing competing demands that the Trust will need to manage over the Winter period, including the impact of meeting Covid-19 pressures on elective care and how best to profile both Covid-19 and non-Covid-19 unscheduled care beds across our hospital sites. The current inpatient beds available in SET are: • Ulster: 504 (note: 18 non recurrent) • LVH: 83 • Downe: 44 **Grand Total = 631** In line with HSCB instruction the Trust has applied a 95% bed occupancy allowance in these modelling calculations. This is against all guidance (which states 89%) and the Trust would note that occupancy of 95% allows minimal time to clean and turnaround beds between patients but does not allow for any bed unavailability e.g. due to nosocomial outbreaks. Following a meeting on 4th October 2021 DoH/HSCB planning requirements agreed indicate that modelling should be carried out to include the following: • Average activity projections for October 2021 to March 2022 are based on the same months in 2019/20. • Each Trust has assumed a bed utilisation of 95%. It is accepted that this is in

Number	Sub section	HSCB Request	SET Response
			excess of 89% which is regarded as the safe standard. However Trusts have reported that they are currently working beyond this level in many settings. • Trusts required to plan for a 5%, 10%, 15% and 20% rise in admissions. • COVID-19 bed requirement calculations are based on COVID-19 beds required during peak September 2021. • Trusts have expressed concern that demand may exceed peak September 2021 levels and should be based on January 2020 peak levels for COVID-19 and unscheduled care. However, this would sit outside the parameters that have been set by the DoH Regional Modelling Group. • It is acknowledged that all beds included in the calculations may not available at all times due to constraints in staffing and infrastructure. • For consistency elective bed modelling has been based the beds required to deliver SBA volumes. It is noted that historically the achievement of the elective SBA has been challenging due to the change in patient pathways and working practices. In addition, it is acknowledged that Trusts are seeing patients with higher levels of acuity requiring longer lengths of stay/more bed days and access to critical care etc. Whilst this will not necessarily be in line with the original SBAs, Trusts have accepted this approach for planning purposes. It is noted that there is a very broad range of uncertainty for scenario planning this winter, including factors such as: • The impact of waning immunity post vaccination and its impact on hospital demand • The impact of people who are unvaccinated on hospitalisation • The plan and effectiveness of any booster jab programme including target populations • Public behaviour • The instigation of any regional mitigation such as circuit breakers • The impact of influenza given the potential limited immunity in large parts of the population • RSV impact which has an impact on children and frail elderly

<table>
<tr><th>Number</th><th>Sub section</th><th>HSCB Request</th><th>SET Response</th></tr>
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Pressures from demand suppressed during lockdowns which could increasingly express as demand in unscheduled care
1. <u>Non-Elective Inpatient beds</u>
1.1 Non elective baseline
Activity projections for October 2021 to March 2022 have been based on the same months in 2019/20. These figures take into account a number of mitigating factors already in operation.
The table below shows these baseline 2019/20 figures, for non-elective beds only:
<table>
<tr><th>Non-elective baseline 2019/20</th><th>Oct – Mar average</th></tr>
<tr><td>SET</td><td>631</td></tr>
</table>
LOS for SET remains largely unchanged since winter 2019/20, therefore no additional allowance has been made for this. However, it is plausible that acuity and LOS for patients could be higher but a bed deficit has been depressing LOS.
1.2 Projected requirement
The tables below show the average non-elective beds required by month modelled at 0% to 20% growth above 2019/20 figures based on 95% utilisation.
SET
<table>
<tr><th>Non-elective projections 21/22</th><th>Av Bed Requirement Oct-March</th></tr>
<tr><td>Baseline (average beds required) based on Oct 19-Mar 20 at 95% utilisation</td><td>631</td></tr>
<tr><td>+5% unscheduled demand</td><td>663</td></tr>
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Number	Sub section	HSCB Request	SET Response

+10% unscheduled demand	695
+15% unscheduled demand	727
+20% unscheduled demand	758

2. <u>Elective Inpatient beds</u>

The table below shows the number of elective beds to deliver expected SBA volumes.

Elective beds	SBA volumes
SET	63

3. <u>COVID-19 beds</u>

The following tables set out the total COVID-19 occupied beds by hospital based on peak September 2021 daily sitrep information and January 2021.

Beds are calculated at 95% occupancy and based on bed requirements for peak on

- 22 September 2021 – 78 lab positive inpatients with a LOS of 10.2 days
- 26 January 2021 – 112 lab positive inpatients with a LOS of 9.95 days

We can expect Covid-19 inpatient demand to be within this range at any point for SET from now through to March depending on the uncertainty factors listed above (timing of any surges, public behaviour, vaccine efficacy, etc.) It is likely, as per last Winter, that January will be at the higher end of this range.

Covid-19 beds	Sept 21 peak (4th wave)	
SET	82	

Number	Sub section	HSCB Request	SET Response
			4. Capacity The table below summarises bed requirement versus beds available including anticipated shortfall: **Total base model**

Total	Unscheduled requirement	Elective requirement (SBA)	COVID-19 requirement	Total beds required	Total beds available	Shortfall
0%	631	63	82	776	631	-145
5%	663	63	82	808	631	-177
10%	695	63	82	840	631	-209
15%	727	63	82	872	631	-241
20%	758	63	82	903	631	-272

As noted in section 2.3, a doubling in normal winter peak demand would increase the shortfall figures noted above by 92 beds.

5. Mitigations

The table below sets out the range of mitigations available and the number of anticipated beds delivered following implementation.

	Mitigation	Anticipated beds delivered
1	Cap electives at 40%	38
2	Cap electives at 20%	50
3	Retain ward 5 (18 non recurrently funded) beds at ulster	18

Number	Sub section	HSCB Request	SET Response

4	Open 27 beds in level 6 Acute Services Block (ASB)*	27
5	Note total can only include 1 or 2	95
Total		

*Note: these beds are subject to approval and funding by HSCB.

6. <u>Summary</u>

The tables below set out the overall bed requirement and assumed shortfall in capacity before and after the implementation of identified mitigations.

base	Total beds required	Shortfall	Shortfall plus Mitigations
0%	776	145	-50
5%	808	177	-82
10%	840	209	-114
15%	872	241	-146
20%	903	272	-177

As the modelling shows the Trust has projected that without any mitigating action there may be a projected 145 to 272 bed shortfall. This projected deficit reduces to between 50 to 177 beds short if the totality of the 95 beds worth of mitigations are realised.

Number	Sub section	HSCB Request	SET Response
			Adult Services Development of the South Eastern Trust winter plan for 2021/22 is complex this year due to considering not only the normal increase in activity associated with winter, but also the additional potential pressures resulting from further surge(s) of COVID-19 and seasonal flu. **Any additional beds can only be facilitated with the availability of nursing and support services staff.** A number of services/initiatives are in place to support admission avoidance and expedite discharge. o Ambulatory Care Hubs o Enhanced Care at Home o Assisted discharge services (Red Cross etc.) The Trust continually reviews and flexes beds across its full complement to address unscheduled demand, in addition to keeping elective activity under review. All plans are regularly reviewed and updated as necessary in response to changing circumstances, e.g. regional guidance, availability of regional modelling. **Paediatric Services** It is anticipated that this winter paediatric services will be under extreme pressure from managing COVID-19 patients and also a predicted surge in RSV and other respiratory viral illnesses. Based on Australian modelling, the number of patients could increase by double or triple fold. It is anticipated that the majority of these patients will be treated and discharged and assessment and treatment pathways have been reviewed on this basis.

Number	Sub section	HSCB Request	SET Response
6.2.1	Flu Activity	The Trust should provide details of their flu action plan including details of specific actions taken to maximise the number of Trust staff receiving flu vaccinations.	Preparations are underway to deliver the 2021/22 Flu Programme alongside the COVID-19 Booster Vaccine. A time frame for the co-administration programme to commence is awaited, subject to the availability of both vaccines. The Trust is still waiting formal communication from CMO but it is expected that the target for uptake of the flu programme will remain at 75%. In line with current policy only front line staff and those over 50 years will be eligible to receive both vaccines and they will be administered in centres across the Trust's geographical area as well as in Care Homes using a mobile approach. The Peer Vaccination model will also be used for those staff who are only eligible to receive the flu vaccine.
6.2.2	Flu Activity	The Trust should provide details of plans for rapid flu testing in ED and assessment areas. The response should explain when rapid flu testing will commence and how this will impact on seasonally adjusted 4 hour performance and bed occupancy.	New Emergency Department POC testing equipment (Rapid PCR LIAT for SARS-CoV2/Flu-20 min test) currently is being implemented. Expected to be in place early September 2021.
6.2.3	Flu Activity	The Trust should detail how bed capacity will	For bed capacity and proposed mitigating actions, see section 6.1 bed occupancy and 4.1.

Number	Sub section	HSCB Request	SET Response
		be increased to manage a flu outbreak this winter, based on previous flu trends (last year excluded). The plan should considered the impact of future COVID-19 surges along-side increased flu related admissions and also consider what hospital at home capacity is available and how will be utilised as part of the response. The Trust should also consider if direct access beds will form part of the response to flu surge particularly for the frail elderly patients.	
6.2.4	Flu Activity	In order to ensure patients admitted with flu are discharged when clinically fit; the Trust should ensure that integrated multi-	The Discharge Hub and Hospital Social Work Team work 7 days per week on the Ulster site to ensure multi-disciplinary team discharge planning and the escalation/co-ordination of complex delays and discharges. The Short Term Assessment Team & Intermediate Care Services operate 7 days per week in North Down and Ards Localities, with therapist input available 6 days per week, and supports hospital discharges at the weekends from the Ulster Hospital site. The

Number	Sub section	HSCB Request	SET Response
		disciplinary team discharge planning is in place across acute and community settings, particularly over weekends and holiday periods. Consideration should also be given to the impact of associated seasonal staff sickness absence.	Trust would be supportive of exploring a 7 day therapist model, subject to funding. There is a 6 day hospital social work service provided in Lagan Valley Hospital to assist with weekend discharges. The Discharge Hub, Hospital Social Work and Intermediate Care Services provide cover over Bank Holidays.

7.0 COVID-19 Surge

Number	Sub section	HSCB Request	SET Response
7.1.1	Critical Care	Trusts are asked to outline their plans, in agreement with the Critical Care Network (CCaNNI) ensuring that there is a co-ordinated approach across and between units and clinical teams to meet the demand.	SET will continue to deliver emergency and trauma surgery. Cancer and urgent surgery continues to be delivered on the Ulster, Lagan Valley and Downe Hospital sites. The number of theatre lists delivered is impacted by the level of COVID-19 escalation, and in particular, the numbers of inpatients in ICU. A proportion of Theatre and recovery staff from these sites are redeployed into critical care to assist in the management of a COVID-19 surge. SET will continue to deliver Critical Care on the Ulster site in line with the Regional CCaNNI COVID-19 surge plan. This plan is based on all Trusts increasing their critical care capacity to manage COVID-19 pressures. Based on the maximum levels in the current CCaNNi surge plan the Trust will be asked to maintain a maximum of 16 critical care beds compared to a commissioned baseline of 10 beds (8no. Level 3 equivalents). Each additional critical care bed opening requires 4-5wte buddy nurses. In addition, as the Trust increases its capacity towards 16 critical care beds, there may be a need to move the ICU footprint over 2 areas to include ICU and main recovery on the Ulster site. This is dependent upon the number of COVID-19 patients in the unit. The trigger for this is 10 COVID-19 patients. This would further decrease the number of theatre lists the Ulster hospital site can deliver.

Number	Sub section	HSCB Request	SET Response
			Currently to manage a COVID-19 surge within critical care, the Trust needs to downturn elective theatre activity. This downturn is proportionate to the level of COVID-19 surge. The theatre and recovery staff are redeployed into ICU to work as buddies, to assist the ICU nurse. This increase in beds further challenges for the nurse to bed ratio within ICU. The Trust works with the Regional Critical care hub and CCaNNi to provide capacity for the regional sequencing of patients and will flex critical care beds up and down in line with the regional surge plan. The critical care team continues to work very closely with respiratory and acute medicine teams, to try to support patients at ward level for as long as possible, to avoid an ICU admission.
7.2.1	Respiratory	Trusts are asked to outline their plans to ensure that there is management and coordination between estates and clinical teams to monitor the usage of oxygen.	The Trust Medical Gas Committee is a multidisciplinary committee which has representation from medical and nursing staff, estates, pharmacy and patient experience. The group monitors the usage across all Trust sites. The committee has an 'Oxygen demand monitoring and response plan'. The oxygen infrastructure at the Ulster Hospital site has undergone recent work to both the primary and secondary bulk oxygen tanks and associated equipment to enhance the oxygen flow capacity from 1800 L/min to 5000 L/min (as of April 2021).

Number	Sub section	HSCB Request	SET Response
			Further work was completed in July 2021 to fit oxygen flowmeters across UHD site. This improved automatic monitoring of oxygen flow specifically at ward level and hence prevents extremely high usage in one location which could adversely affect site oxygen pressure readings. Estates Department has also undertaken stress testing to gauge what the likely maximum ward oxygen usage would be before we would see site pressure adversely affected. This informs the monitoring and response plan. Regular interaction occurs between medical gas committee members (usually weekly) with escalation as and when required. Input to the daily morning operational calls is provided if and when required. The requirement for oxygen is limited on the Lagan Valley Hospital (LVH) and Downe hospital sites. This is continually under review by the committee, with regular meetings and updates between sites.
7.3.1	Social Care	Trusts should review their Business Continuity Plans to ensure that where they relate to domiciliary care, care homes, hospital and day care services they are robust and up to date.	The Trust has written to all relevant agencies to remind them of the importance of updating business continuity plans and the importance of learning from previous waves. The SET will ensure that statutory residential care facilities review and update their Business Continuity Plans accordingly.

Number	Sub section	HSCB Request	SET Response
7.3.2	Social Care	Trusts should update contingency plans to address staff absences in both the statutory and independent sector. This will require planning for mutual aid and staff re-deployment as required. Trusts should use Regional COVID-19 Action Plans for Care Homes and Domiciliary Care as the basis for determining priority actions in these sectors.	SET will ensure that statutory residential care facilities continue to review and update their Business Continuity Plans accordingly. The Trust has issued correspondence to advise Independent Sector (IS) colleagues to update their own business continuity plans to reflect challenges. SET staff contribute to and continue to work with regional colleagues to support the regional care home action plan. The Trust continues to support the Independent sector care homes and maintain and overview of the situation and assess the need to invoke contingency planning arrangements. Similar to previous surges, plans are being progressed by Trust Human Resources to co-ordinate a Workforce Appeal.
7.3.3	Social Care	Trusts should have plans in place for the prioritisation of resources and delivery of services to clients with the most critical level needs. Some areas of service may have to be suspended/ stepped down. Client lists should be reviewed in respect of this and carer contact details updated as required.	Community Teams complete assessments of need to determine level of need and risk which will inform the prioritisation of services to those with the most critical need. A RAG rated spreadsheet is used to identify those in critical need and more vulnerable service users. SET will be led by Regional decision making on whether services such as Day Care will be stepped down. Day care Service not at full capacity due to COVID-19 risk management, social distancing guidelines and infection control measures for staff and Service Users. The Trust will adhere to the Regional Surge Plans and Regional Contingency Planning for Workforce Shortages, taking

Number	Sub section	HSCB Request	SET Response
			immediate actions, proactive actions and reviewing the skills and training of our workforce to maximise flexibility and safe management handover for any redeployment of staff, recruitment of agency or bank staff.
7.3.4	Social Care	Hospital pressures are likely to remain a key feature during the fourth surge. Access to in-patient beds can be impacted upon by patients medically fit for discharge and awaiting social care services. Three regionally agreed actions to improve and support discharge planning should be progressed: ➢ Nurse facilitated discharge ➢ Home before Lunch ➢ Discharge/ Home to Assess	A new group has being established under the governance of the Trust's Unscheduled Care Oversight Board along with working groups to take forward specific actions. **Nurse Facilitated Discharge** • The Trust supports Nurse facilitated discharge. • An agreed and documented discharge plan from senior medical staff communicated to a nurse responsible for the care of the individual patient. • Documented evidence of Senior Nurse clinical assessment and discharge decision making, in conjunction with the medical plan of care. • Communication of the discharge to the patient and family in advance is also carried out. **Home for Lunch** • This is a key priority for the Trust. Actions include: • Daily Multi-Discharge Team (MDT) meetings on wards. Facilitated through e-whiteboards and EDAMS. All patients are given an Estimated Date of Discharge (EDD) which is reviewed and updated as necessary. All referrals to MDT are electronic. Leaflets are provided to patients and families outlining discharge planning "Planning to go Home."

Number	Sub section	HSCB Request	SET Response
			• Dedicated doctors identified to write scripts to support early discharge and improve flow; • Dedicated pharmacist to support safe discharge, checking and counselling to prioritised areas. Through EDAMS and e-whiteboard, scripts can be completed in timely manner; • Dedicated ambulance for transfer (private sector) to aid timely transfer; and • Families and carers encouraged to facilitate brining family members as soon as possible. In some instances the discharge lounge is utilised to facilitate early flow. • Enhanced communication facilitated by teams on Vocera to allow phone free, contactless contact between all services. • Challenges with numbers of medical staff due to additional out of hours cover to support pandemic response. In addition issues regarding booking ambulances – need to ensure all actions are placed before booking is made. Delays in booking leads to delays in pick up. **Discharge/ Home To Assess (DTA)** Three Characteristics demonstrating DTA is embedded in practice: 1. Proactive case finding in acute setting DTA practice embedded throughout Acute – for the period May/June/July - 74% of referrals received for Home Based Intermediate Care/DTA services were received from Acute facilities. 2. Simple referral pathway Direct link between SET Discharge Hub and Intermediate

Number	Sub section	HSCB Request	SET Response
			Care Services as under same management structure – supports co-ordination of Acute Discharge & follow up. Close ties with Acute AHP Leads and interface/pathway meetings. 3. Timely follow up post discharge Discharge to Assess (Rapid Home to Assess) - UHD 95% were assessed on same day - Downe 86% were assessed on same day Overall Performance for Home Based Intermediate Care Response Trust wide: May, June, July 22 % of service users assessed < 12 hours 29% of service users assessed < 24 hours 17% of service users assessed < 48 hours Overall total of 68% of service users assessed in < 48 hours
7.3.5	Social Care	Trusts should work with Care Home providers to ensure current capacity in the care home sector is fully utilised.	There are significant vacancies across the care homes sector and homes are regularly approaching the Trust enquiring about placements. The Trust has a bed vacancy list managed and updated centrally in order to have a real time understanding of vacancies and the categories of care they relate to. The Trust engages routinely with care home providers at provider forums, engagement meeting and contract reviews to ensure that partnership working is robust. The Trust continues to work in partnership with individuals and their families to ensure individual assessed need is met and preferred place of care is realised.

Number	Sub section	HSCB Request	SET Response
7.3.6	Social Care	Trusts should work in accordance with the regional care home guidance, namely that patients should accept the first available care home bed that meets their needs, with the option of transferring to another home of their choice later.	Leaflets provided to support this, early engagement to ensure expectations are realistic regarding service user/family.
7.4	Long COVID-19	It is expected that all Trusts will have identified as senior decision maker to: ➢ support the timely recruitment of staff and implementation services by 31 October 2021 ➢ work with HSCB and PHA to ensure that is robust information that is standardised regionally with agreed data definitions and currencies to support data collection and monitoring of key outcomes.	The Trust has identified the Assistant Director for Allied Health Professionals as the lead for the service. The Trust recently submitted the revenue business case to the Health and Social Care Board and is awaiting the allocation letter. An internal Long COVID-19 implementation group has been established to oversee the commencement of the service. The Trust is concerned that the funding allocation for this service will not be sufficient to address the patient need/demand given the ongoing COVID-19 community transmission levels. The Trust will work with HSCB and PHA colleagues to support the development of standardised information, data definitions, data collection and outcome monitoring.
7.5.1	Vaccine Programme	Advise how your Trust targeted, or plans to target, the hard to reach/low uptake areas within the Trust area.	The Trust continues to work with PHA and DoH to determine low uptake areas and deliver Pop Up Clinics in these locations.
7.5.2	Vaccine Programme	Advise how your Trust enabled, or plans to enable, easier access to vaccination at the Trust vaccination centres.	The Trust has offered mobile clinics for vaccinations over seven days per week. Following the closure of the SSE mass vaccination centre, a smaller centre was opened to the public within the SSE car park. The flu and covid-19 booster

Number	Sub section	HSCB Request	SET Response
			programme for staff is operating from a range of facilities Trustwide.
7.5.3	Vaccine Programme	Advise how your Trust identified, or plans to identify, suitable areas/locations to place mobile vaccination clinics.	The Trust liaises with local community teams and Councils to identify suitable locations in low uptake areas which are safe for users and will maximise uptake including the use of Community Centres.
7.5.4	Vaccine Programme	Advise how your Trust ensured, or plans to ensure, maximum uptake of the COVID-19 vaccine amongst your workforce and the actions that were taken, or are planned, to target any staff disciplines identified as having a low uptake.	The Trust has actively encouraged all staff to come forward to avail of the COVID-19 vaccine. This has been done through Trust Announcements, Staff Updates, Incident Control Room as well as personal messages from the Chief Executive. The Local Trade Unions have also been working in partnership with the Trust in cascading the message to their members to get the vaccine.
7.5.5	Vaccine Programme	Advise what plans the Trust has developed, or plans to develop, to ensure all frontline HSC staff that are Trust and non-Trust employed can be vaccinated with the COVID-19 booster within your Trust area in the autumn of 2021.	The Trust has established a Strategic Vaccine Planning group to oversee the delivery of both the flu and COVID-19 Booster Vaccine programmes. Workstream leads have been identified and it is anticipated the co-administered vaccination programme will be rolled out subject to the availability of the vaccines
7.5.6	Vaccine Programme	Advise what plans the Trust has developed, or plans to develop, to vaccinate all staff and residents of Care Home facilities within the Trust area with the COVID-19 booster during the autumn of 2021.	The Trust will continue to work with the PHA and the DOH to coordinate and roll out the COVID-19 booster program to care homes in SET. Planning similar to that in place for first COVID-19 vaccination programme is in progress for the booster programme. The Trust Care Home Response Hub and Community Vaccination Teams plan to provide this service from Autumn 2021.
7.5.7	Vaccine	Advise how your Trust will ensure all house-	The District Nursing Teams will liaise with GP colleagues and

Number	Sub section	HSCB Request	SET Response
	Programme	bound patients are identified and vaccinated with a COVID-19 booster during the Autumn of 2021.	will administer COVID-19 Booster to housebound people as prescribed by their GP, planning to provide this service from Autumn 2021.

8.0 Delivery of Key Regional Priorities

<table>
<tr><th>Number</th><th>Sub section</th><th>HSCB Request</th><th>SET response</th></tr>
<tr><td>8.1.1</td><td>Unscheduled Care</td><td>It is likely that we will see increased unscheduled pressures from the backlog in elective activity and a further modelling by specialty will be provided by the beginning of September. In the interim Trusts should plan for 5%, 10%, 15% and 20% rise in activity for Adult ED Attendances and admissions (COVID-19 and non-COVID-19).</td><td>The table below outlines the actual total Emergency Department attendances for the Ulster Hospital Emergency Department over winter 19/20. Average attendances were highest in October 2019 with an average of 309 per day.

<table>
<tr><th></th><th>0%</th><th>5%</th><th>10%</th><th>15%</th><th>20%</th></tr>
<tr><td>Oct-19</td><td>9283</td><td>9747</td><td>10211</td><td>10675</td><td>11140</td></tr>
<tr><td>Nov-19</td><td>8989</td><td>9438</td><td>9888</td><td>10337</td><td>10787</td></tr>
<tr><td>Dec-19</td><td>8482</td><td>8906</td><td>9330</td><td>9754</td><td>10178</td></tr>
<tr><td>Jan-20</td><td>8405</td><td>8825</td><td>9246</td><td>9666</td><td>10086</td></tr>
<tr><td>Feb-20</td><td>7992</td><td>8392</td><td>8791</td><td>9191</td><td>9590</td></tr>
<tr><td>Mar 20*</td><td>8897</td><td>9342</td><td>9787</td><td>10232</td><td>10676</td></tr>
<tr><td>Average</td><td>8675</td><td>9108</td><td>9542</td><td>9976</td><td>10410</td></tr>
</table>
*First 2 weeks uplifted to give realistic full month effect

It should be noted that Summer 21/22 figures (see table below) were much higher than this with daily average attendances in June 2021 of 356 and an average growth of 12.5% across the period. The Trust is therefore assuming that a reasonable planning assumption would the 15% growth assumption and expect average daily attendances throughout winter 201/22 of circa 345 per day.</td></tr>
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<table>
<tr><th>Number</th><th>Sub section</th><th>HSCB Request</th><th>SET response</th></tr>
<tr><td></td><td></td><td></td><td>
<table>
<tr><th></th><th>2019 attendances</th><th>2021 attendances</th><th>% change</th></tr>
<tr><td>May</td><td>9370</td><td>10358</td><td>10.50%</td></tr>
<tr><td>Jun</td><td>9188</td><td>10667</td><td>16.10%</td></tr>
<tr><td>Jul</td><td>9059</td><td>10021</td><td>10.60%</td></tr>
</table>
</td></tr>
<tr><td>8.1.2</td><td>Unscheduled Care</td><td>In order to help deal with an expected rise in demand the Trust should provide detail on plans to provide alternatives to ED including increasing ambulatory and surgical assessment to include:
Speciality areas (including surgical assessment)
Hours/days of operation (including plans to increase)
Capacity daily/weekly Including plans to increase)
Entry route – direct access GP, Direct Access NIAS, via Urgent Care Centre or ED (if so is this direct from triage) including plans to open up access if not in place for the above</td><td>ED Capacity
Minor Injuries service operating in Ards site
Level 2: Lagan Valley and Downe Hospital continue to operate urgent and emergency care services
Level 3: Ulster Hospital to ensure social distancing in keeping with current arrangements Minor injuries flow segregated from majors.
Ambulatory Hubs
The Rapid Access and Treatment Service in the South Eastern Trust is longstanding, providing excellent alternatives to Emergency Department attendance. A number have been operational since the implementation of the Transformation agenda; however, the No More Silos agenda provided the impetus to grow the availability of Rapid Access and Treatment. It would be in line with the Trust vision to seek funding to increase their capacity to help cope with growth in unscheduled demand especially during Winter pressures.
Currently within SET there are 8 operational Medical Specialty Ambulatory Hubs and a Surgical Hub (unfunded) which provide Rapid Access and treatment for patients from primary and secondary care, with all medical speciality hubs now operating GP</td></tr>
</table>

Number	Sub section	HSCB Request	SET response
			pilots. These are outlined below with supporting info: **1. Gastroenterology** Referrals: ED, GP pilot practices and inpatient wards Days of operation: Mon – Friday from Sept 21 **2. Paediatrics** Referrals: ED, GP, health visitor, community midwife, paediatric diabetes nurse specialist, paediatric consultant and community children's nurse Days of operation: Monday – Friday, extending to 8.30pm from Oct 21 **3. Respiratory** Referrals: ED, GP pilot practices and inpatient wards Days of operation: Monday - Friday from Sept 2021 **4. Cardiology** Referrals: ED, Heart Failure Service, Rapid Access Angina Clinic, Cardiology Consultants, GP Pilot Practices and Inpatient Wards Days of operation: Monday - Thursday **5. Acute Medicine** Referrals: Acute Team Pulling patients from ED/ward 4A, ED referrals directly to consultant and GP Pilot Practices Days of operation: Monday - Friday **6. Palliative Care** Referrals: GP/District Nursing can refer to AHP team, medical referrals from within palliative care team (hospital and community) and Northern Ireland Hospice nurses with occasional GP referrals (not yet formalised) and from

Number	Sub section	HSCB Request	SET response
			consultant colleagues Days of operation: Monday - Friday **7. Endocrine and Diabetes** Referrals: NIAS, footcare team, ED, GP pilot practices, advice line Days of operation: Tuesday and Thursday Afternoon **8. Neurovascular** Referrals: Inpatient and ED Days of operation: Monday – Friday **9. Surgical Assessment (unfunded)** Referral source: ED, surgical wards – mainly gen surg and urology patients Days of operation: Monday - Friday Across the hubs a range of services are provided including advice and guidance, assessment, investigations and treatments for a range of conditions. Information has been circulated to referring teams and GP pilot practices to let them know the inclusion and exclusion criteria for each hub. It is hoped, that with funding in place, these hubs will be able to further expand over the coming months.
8.1.3	Unscheduled Care	In order to help improve hospital flows and deal with the expected increase in admissions (COVID-19 and non COVID-19), the Trust should provide detail of Discharge Planning in place and plans to improve/increase this. This should include:	Patients are given an estimated discharge date, which is recorded on eWhiteboard and eDams and accessed by all ward level staff and MDTs. In the Ulster in July 60% of patients had an Expected Date of Discharge. Of those patients with an Expected Date of Discharge,

Number	Sub section	HSCB Request	SET response
		➢ Are patients given an estimated discharge date on admission (EDD) (What is the current % of EDD's which are met to date and plans for increase). ➢ How is this communicated to the ward teams to facilitate early discharge planning	on average patients were discharged 1 day earlier than their expected date. On Ards Community Inpatient ward an estimated discharge date is given on admission. When the discharge date is agreed, it is communicated to MDT team. Hospital Services 9am call each morning is used as opportunity to initiate early flow and identify any patients fit for discharge and to smooth any barriers causing delay.
8.1.4	Unscheduled Care	➢ Is Senior Review carried out before mid-day by senior clinicians (specify wards) including weekends? If not in place what are plans to do so ➢ Is twice daily decision making in place on all wards (specify wards)	Patient reviews are carried out before midday by senior clinicians across all acute and surgical wards in the Trust in prioritised manner, based on clinical need in times of escalation. Twice daily decision making is also in place on all wards, however it is not always consultant led in the afternoon owing to clinical commitmenst and there is a reduced consultant team at weekends.
8.1.5	Unscheduled Care	➢ What is the % of all discharges at weekends and plans to improve	Currently, at the Ulster Hospital site, 16.9% of all discharges happen at weekends (across all sites its 15.7%.) The Discharge Hub is operational 7 days per week and supported by the hospital social work team to facilitate the escalation and co-ordination of complex discharges at weekends. Intermediate care services are operational 6 days per week in North Down Ards and support weekend discharges from the Ulster site. Implementation of increased medical cover at weekends since

Number	Sub section	HSCB Request	SET response
			August 21 changeover. This includes additional FY1, SHO and Registrar cover. Additional Consultant cover at the weekend would provide senior decision making, but is currently unfunded.
8.1.6	Unscheduled Care	➢ % patients currently Home before lunch and plans to increase	14.7% home before lunch (Ulster site). Across all sites 14.2%. Work reconvening within Trust and reporting to unscheduled care oversight board. Improvements can be supported by Red Cross assisted discharge and the potential for additional medical cover at night to ensure scripts can be written for the following AM and flow improved. The Ulster hospital site operates a Discharge Lounge, open Monday – Friday, where patients can wait prior to transfer.
8.1.7	Unscheduled Care	➢ % patients Discharged to Assess and plans to improve	3 Characteristics demonstrating DTA is embedded in practice: 1. Proactive case finding in acute setting DTA practice embedded throughout Acute – for the period May/June/July - 74% of referrals received for Home Based Intermediate Care/DTA services was received from Acute. 2. Simple referral pathway Direct link between SET Discharge Hub and Intermediate Care Services as under same management structure – supports co-ordination of Acute Discharge & follow up Close ties with Acute AHP Leads interface/pathway meetings – educative role by Band 7 Discharge Hub & Acute Colleagues 3. Timely follow up post discharge Discharge to Assess (Rapid Home to Assess)

<table>
<tr><th>Number</th><th>Sub section</th><th>HSCB Request</th><th>SET response</th></tr>
<tr><td></td><td></td><td></td><td>- UHD 95% were assessed on same day
- Downe 86% were assessed on same day

Overall Performance for Home Based Intermediate Care Response Trust wide: May, June, July
22 % of service users assessed < 12 hours
29% of service users assessed < 24 hours
17% of service users assessed < 48 hours

Overall total of 68% of service users assessed in < 48 hours.

Trust intends to roll out of Short Term Assessment Team Intermediate care model – expansion of Intermediate Care services to improve capability to respond.</td></tr>
<tr><td>8.1.8</td><td>Unscheduled Care</td><td>➢ % of Nurse led discharge in place and plans to improve</td><td>Nurse Led Discharges by Site

<table><tr><th></th><th>20/21</th><th>21/22</th></tr><tr><td>Ulster Hospital</td><td>5.0%</td><td>3.8%</td></tr><tr><td>Lagan Valley</td><td>8.6%</td><td>3.9%</td></tr><tr><td>Downe</td><td>0.5%</td><td>1.2%</td></tr><tr><td>Ards</td><td>34.4%</td><td>65.6%</td></tr></table>
The teams are continually working with the Consultant teams to agree on patients suitable for nurse led discharge.

The Trust has recently established a Quality Improvment project to</td></tr>
</table>

Number	Sub section	HSCB Request	SET response
			improve the quality of data regarding Nurse led discharge. It's likely the true number is considerably higher.
8.1.9	Unscheduled Care	➢ Are plans clearly communicated to facilitate these initiatives at weekends?	As per weekend discharges above.
8.1.10	Unscheduled Care	➢ How are non-acute hospitals used to help manage flows	Patients are transferred to these facilities if and when their clinical and rehabilitation needs can be appropriately addressed. The Trust views bed capacity as a network with most suitable patient cared for in the most suitable bed irrespective of site of arrival (Ulster, Downe, Lagan Valley or Ards)
8.1.11	Unscheduled Care	➢ How are discharges from non-acute hospitals managed to ensure flow across the entire system –including at weekends?	Ards Community Inpatient ward receive referrals from the discharge hub operating 7 days/week. Normal capacity of 3 referrals per day. The increase in nurse led discharge has increased weekend discharge figures. Most patients have complex needs requiring domiciliary care packages or care home placement.
8.1.12	Unscheduled Care	➢ Is your Trust implementing patient choice guidance (yes/no)	Yes, SET is implementing patient choice guidance.
8.1.13	Unscheduled Care	➢ Is your Trust operating the repatriation process (yes/no)	Yes, the Trust is operating the repatriation process for SET patients to enable their transfer back into our care. However the Trust experiences challenges receiving repatriations to the Ulster, LVH and Downe sites in times of escalation, in addition to transfer to Belfast Trust for cardiac investigation / procedure.

Number	Sub section	HSCB Request	SET response
8.2.1	Elective Care	The Trust should evidence how theatre capacity is being managed to ensure the prioritisation of red flag and urgent patients. This information should include the actions (or SOPs) to reduce the number of red flag/ time critical patient cancellations, including the use of the IS or inter Trust transfers.	The Trust has established a “green” pathway for elective patients on the Ulster hospital Site. It is the Trust intention to maintain the Green pathway throughout the winter. On LVH site the Day Procedure Centre will be protected as a ‘green’ pathway for regional service provision subject to available staffing and COVID-19 pressures on other sites. Downe Hospital also has a ‘green’ pathway for elective surgery. Again protected with a risk only created by staffing issues and COVID-19 pressures on other sites. The Trust is supportive of utilisation of theatre capacity over 7 days however is unable to provide fully functioning elective theatres over 5 days due to workforce issues. The limiting factor remains workforce, specifically theatre nursing staff which limits the utilisation of current provision and the current ward infrastructure and inpatient bed capacity which will limit the case-mix. If the new There are plans for a phased opening of the new Acute Services Block from November 2021. If all beds are appropriately resourced and there is adequate staffing the Trust would be in a position to reduce the number of red flag/ time critical patient cancellations.
8.2.2	Elective Care	The Trust should detail the plans in place to increase the utilisation of HSC theatres by the independent sector. This should include theatre capacity not in active use, including	The Trust currently facilitates Independent Sector providers for Regional services including Endoscopy/ Cystoscopy/ Cataracts. These are undertaken at the weekend. Support from the Department to unlock the issues related to Pharmacy is required to

Number	Sub section	HSCB Request	SET response
		the use of HSC theatres in the evenings and the weekends where HSC activity cannot be delivered.	fully maximise all spaces. Current bed capacity constraints in SET will not permit the use of theatres for inpatient surgeries.
8.2.3	Elective Care	The Trust should detail the plans in place to increase the provision of outpatient assessment capacity, including the roll out of mega clinics across a range of specialties. The plans should also detail how the Trust will make the provision of outpatient services more resilient by the continued expansion of virtual outpatient activity.	SET Service Delivery Plan Projections reflect an average 25 - 30% of corporate activity as virtual, but this may not be achievable at an individual speciality level. Whilst theatre capacity remains constrained the requirement for mega clinics is not evident at this stage for local provision. All specialities are currently managing a backlog cohort of patients who must be seen in a face to face environment. Review of current rates of virtual work and engagement with Specialty teams underway to consider improvement plans by October 21. SET note a range of support services is required e.g. drive-through phlebotomy to maximise productivity of virtual clinics.
8.3	Cancer Services	In addition to plans in relation to the elective priorities outlined above, cancer services are asked to provide assurances on the following: • Progression of staff expansion and service reform as outlined in the Oncology-Haematology Stabilisation (in line with available funding). • Development of plans for single point of referral and e-triage for red flag referrals for suspect colorectal cancer.	80% of the posts have been recruited and are in place. The remaining 20% of posts will be recruited on receipt of formal confirmation of recurrent funding. The cancer services team and medical records team are working collaboratively to develop a robust process for the single point of referral for e-triage and red flag referrals for suspect colorectal cancer to accommodate the QFIT roll-out.

Number	Sub section	HSCB Request	SET response
8.4.1	Adult Social Care	Trusts should review existing domiciliary care capacity with the intention of re-shaping and prioritising service capacity. Opportunities for increasing capacity, including workforce recruitment activities, should be progressed as a priority.	Care at Home Project for Reform 19/20 has been extended to improve the Care at Home service model which will aim to meet increased demands, free up capacity focusing on geographical needs of the community and prioritising specific needs of the community in the SE Trust for example palliative care needs, hospital discharges. Trust domiciliary care recruitment remains a priority in order to be able to sustain service delivery. Career opportunities offered such as NVQ and work with NISCC to promote social care role. New ways of working: IT system introduced to enable Trust Domiciliary Care service North Down and Ards to allocate new Packages of care (POC) and manage calls in the Dom Care Service through the use of an IPad, App and Family Portal. It is anticipated that this new IT system will maximise capacity, provide a more efficient, responsive service.
8.4.2	Adult Social Care	Trust should ensure SDS and Direct Payments are promoted as a means of increasing choice and capacity, including the use of Emergency Direct Payments to support hospital discharges.	Promoted via leaflets, staff trained and actively promoting Emergency Direct Payments to support discharge. Community teams offer DP as an option for care provision at home which sits within the SDS model. From 24/8/21 Temporary amendments to Regional DP procedures provides community teams with other options to offer for care provision such as EDP. The EDP option is already embedded within hospital services. Hospital social work

Number	Sub section	HSCB Request	SET response
			staff have been provided with updated training regarding EDP and EDPs will continue to be promoted in order to support hospital discharges.
8.4.3	Adult Social Care	Trusts should engage with the independent care home and domiciliary care sectors to ensure and capacity within those sectors is fully utilised and any admission issues are resolved.	The Trust engages with all contracted domiciliary care providers to ensure maximisation of capacity, however, all domiciliary care providers are facing challenges with the increasing demands which are currently greater than capacity available. The recruitment and retention of staff continues to be challenging and a number of Independent Providers are experiencing challenges regarding sustainability of service delivery. The Trust will continue to engage with and work in partnership with Independent Sector Providers to support the sector. There are significant vacancies across the care homes sector and homes are regularly approaching the Trust enquiring about placements. The Trust has a bed vacancy list managed and updated centrally in order to have a real time understanding of vacancies and the categories of care they relate to. The Trust engages routinely with care home providers at provider forums, engagement meeting and contract reviews to ensure that partnership working is robust.
8.4.4	Adult Social Care	Planning for timely discharge from hospital should be supported by focus upon the regional discharge priorities of:	*See Section 7.0 COVID-19 Surge, Subsection: Social Care*

Number	Sub section	HSCB Request	SET response
		➢ Nurse facilitated discharge ➢ Home before Lunch ➢ Discharge/ Home to Assess	
8.4.5	Adult Social Care	Early engagement with families and informal carers should underpin all actions outlined above.	In care homes each resident will have an anticipatory care plan. The plan will be developed with the resident, will include family members and take account of the resident's mental capacity and cognitive impairment. Regarding Hospital Discharge, Acute and Hospital Social Work provide the 'Planning to go home from hospital' leaflet. Care planning and reviews take place with Service Users, families and Care Home managers as per Trust standards. There is information Care Home pack provided to Service Users/families if a Care Home placement is being considered for care provision.
8.5	Children's social care including disability and CAMHS	• Maintain critical support services for families in the community (particularly short breaks in disability/intensive support in CAMHs/edge of care)are maintained to avoid unnecessary family breakdown • Ensure adequate, safe staffing for residential and in patient services in view of current demand. • Maintain a focus on waiting lists.	The Trust will continue to maintain critical support services for families through the provision of: • Short breaks at a reduced capacity at Lindsey House (2 beds over 7 days) and Greenhill (2 beds over 7 days); • Outreach support and Direct Payments to support families following assessment of need; • Day Support through contracts with independent sector; • Children' Family Support and Safeguarding Service – services continue to be prioritised for those children who are at risk of significant harm. A robust social work service continues to be provided to support and safeguard children to prevent family breakdown based on assessment of need. • For children who are looked After we continue to plan and deliver safe and appropriate residential and fostering care

Number	Sub section	HSCB Request	SET response
			arrangements for all children in care. We respond effectively and appropriately on a timely basis to children who require new emergency or permanent placements. The Trust has robust plans in place to ensure adequate, safe staffing levels for residential services in view of current demand and pressures. • Social Work teams continue to closely monitor and report Children's cases who are classified as "Unallocated cases". An action plan is in place to manage and monitor waiting lists. The current social work vacancies are creating challenges given the increase in the number of children in care and the increase in referrals and local arrangements are put in place dependent on vacancies. • Family Support Hubs Support to families will continue by phone and video call and face to face activity in line with risk assessments and regional guidance • Sure Start - Continued delivery of the Programme for 2 Year olds in Sure Start premises, with reduced numbers and in line with regional Department of Education guidance
8.6.1	Paediatrics	Trusts should detail arrangements in place for local triggers to activate the effective planning and management of their services in the event of a prolonged RSV surge and how will they ensure continued robust and effective communications and links with other Trusts and regional colleagues throughout the period;	SET's local RSV surge plan is currently being finalised to include pathway for the management of children with RSV and the use of high flow oxygen systems. This will link with the regional escalation policy also being finalised - coordinated by the Child Health partnership (CHP). Daily / weekly zoom/ tele calls are coordinated by the CHP and/ or Neonatal Network NI (NNNI) to manage operational matters such as bed capacity, staffing in the event of a regional surge.
8.6.2	Paediatrics	Trusts should detail arrangements in place to ensure the continued provision of paediatric	Any downturn in Paediatric Elective work will be aligned to the level of surge, and subsequent capacity to deliver services. This is

Number	Sub section	HSCB Request	SET response
		elective work in paediatric services throughout the autumn and winter 2021. This should include outpatient clinics as well as inpatient elective work.	detailed within the local surge plan. Elective paediatric surgery, ENT and dental (day case) is co-dependent on anaesthetics for support so any impact on anaesthetics will affect our ability to deliver elective day case work.
8.7	Mental Health	• Progress work on the Mental Health Post Pandemic Surge and Rebuild Plan 2021-26. • Deliver Year 1 of the DoH Mental Health Strategy 2021-31 Implementation Plan.	The Trust is fully committed to the ongoing surge planning in respect of Mental Health Post Pandemic Surge and Rebuild Plan 2021-26. A Trust wide planning group has been established to ensure a strategic, coordinated and planned approach to responding to COVID-19 surge and the ongoing challenge of delivering effective services in line with regional requirements. Trust Leads are working closely with regional partners and internal stakeholders from across Trust services to ensure effective delivery of Year 1 of the DoH Mental Health Strategy 2021-31 Implementation Plan. In terms of acute mental health inpatient services the Trust will: • Continue to vigorously plan for increasing demand for beds, by seeking to provide safe levels of appropriately trained staff across wards • Work closely with regional bed coordinator and other key regional partners to ensure a coordinated approach to planning for and responding to increased demand for beds • Employ a Trust Mental Health Bed Coordinator to facilitate effective management of demand, patient flow and discharge • Continue to work with community services and stakeholders to facilitate timely and effective patient discharge • In terms of community mental health the Trust continues to:

Number	Sub section	HSCB Request	SET response
			• Provide secondary care services in line with regional Adult Mental Health Group Rebuilding plans • All emergency and crisis appointments to continue face to face • Continue to increase face to face appointments across services in line with the outcome of risk assessment and regional guidance • Continue to provide the option of face to face, video or phone appointments for patients. In terms of Inpatient Addictions the Trust is committed to: • Increasing our capacity for Addiction and Treatment services in line with risk assessments and regional guidance • Delivery of face to face support groups in line with regional guidance • Continue to provide a range of support services to patients and relatives using new and innovative communication platforms In terms of Day Care the Trust will: • Increase the number of service users attending the day centre in line with risk assessments and regional guidance • Continue with video and phone appointments as well as face to face contacts for all service users who are not attending the centre
8.8	Physical Disability	The Trust is asked to highlight: • How the needs of adults with Physical and Sensory Disability is ensured in the	The Trust will; • Increase face to face meetings with service users and families • Increase the number of face to face appointments in line with risk assessments and regional guidance

Number	Sub section	HSCB Request	SET response
		Adult Social Care Review of existing domiciliary care capacity with the intention of re-shaping and prioritising service capacity. (refer to sub section – Adult Social Care) • How it meets the needs of those service users with complex need, including the use of SDS and Direct Payments. • What the transition arrangements are between children and older people.	• Meet the needs of service users and families through the delivery of interventions using video calling where necessary • Maximise the use of Day Care facilities in line with the PHA Guidance on social distancing and Infection Prevention Control Guidelines. • Increase attendances at Day Centres in line with the PHA Guidance on social distancing and Infection Prevention Control Guidance • Maximise capacity to offer outreach options to families who require support • Offer alternative service delivery options for example self-directed support and Direct Payments • Offer opportunities for short-breaks in line with the regional and national guidance on social distancing and Infection Prevention Control Guidance. • Maximise capacity to offer outreach options to families who require support
9.1	Staffing	The availability of staff will continue to be a key challenge in the coming months and Trusts are asked to outline what actions are being taken to secure sufficient and appropriately trained staff to support all services to support any surge in demand. This will include reviewing the planning of staff leave to provide cover over the Christmas/New Year holiday period.	The key challenges South Eastern Trust in the context of this winter plan relate to workforce in respect of maintaining safe staffing levels across all areas, ensuring safe environments for patients, clients and staff aligned to current COVID-19 guidance and policy, and funding to support the necessary actions required to address our challenges. The availability of staff will continue to be a key challenge in the coming months. Workforce vacancies remain a significant challenge across the HSC system.

Number	Sub section	HSCB Request	SET response
			We remain committed to providing safe, effective and compassionate care and will continue to operate on this premise with patient safety, and safe levels of staffing and associated risk assessments as key determinants in how we do this. The Trust will undertake the following actions: • Work collaboratively with the Department of Health and other Trusts to try to address the need for safe staffing levels • Encourage use of asymptomatic lateral flow tests among staff • Encourage and support staff to avail of available vaccines • Continue to promote health and wellbeing initiatives and support services for staff All planning for staff leave will be kept under review to provide cover over the Christmas/New Year holiday period. As with every Christmas and New Year period, there's a natural downturn in activity during the festive period. The Trust will ensure the careful management of rotas and requests for annual leave to maintain appropriate staffing levels and the safe delivery of services. This year, however, it is important to acknowledge that this is likely to be even more challenging to plan with the ongoing pandemic and the impact of staff absences. Work continues across the below areas to address the gap in nursing staff: • Ongoing backfill. • HSC Workforce appeal.

Number	Sub section	HSCB Request	SET response
			• Newly qualified nurses awaiting registration- Band 3 posts • Downturn of Services • Redeployment of staff • Ongoing monthly rolling recruitment campaign for registered nurses • Review of skill mix, where appropriate • Continued international nurse recruitment
9.2	Tackling Health Inequalities	Trust should incorporate short term actions to begin tackling health inequalities, although it is recognised that this is a long term continuous process.	Over the next 6 months, the Trust is implementing a number of short term actions to start to specifically tackle the different types of health inequalities that exist in the SE area. In relation to differences in life expectancy related to where individuals reside in the SE area, the Trust is aware that the main cause of this variation in life expectancy is the higher level of preventable cardiovascular disease in areas of deprivation compared to more affluent areas. The Trust is planning on rolling out a Cardiovascular Prevention Programme to high risk patients across the SE area in partnership with primary care over the next 6 months as part of the Early Treatment Initiative. As part of this, the Trust has developed new data sets to detail the uptake of these programmes by deprivation quintiles and will start to focus efforts on improving uptake levels in areas of deprivation. Another form of health inequalities relate to the poor outcomes experienced by particular groups in society. One such group, who experience particularly poor health outcomes, as referenced in the US Adverse Childhood Experience study, is care leavers, who the Trust has corporate parenting responsibilities for. In this context, over the next 6 months the Trust will create a new 9 month Job Start

Number	Sub section	HSCB Request	SET response
			HSC employment scheme for unemployed care leavers across operational and support Directorates and will seek to develop new apprenticeship opportunities with partners such as NIFRS. This will provide long term well paid career opportunities for care leavers across the SE area.

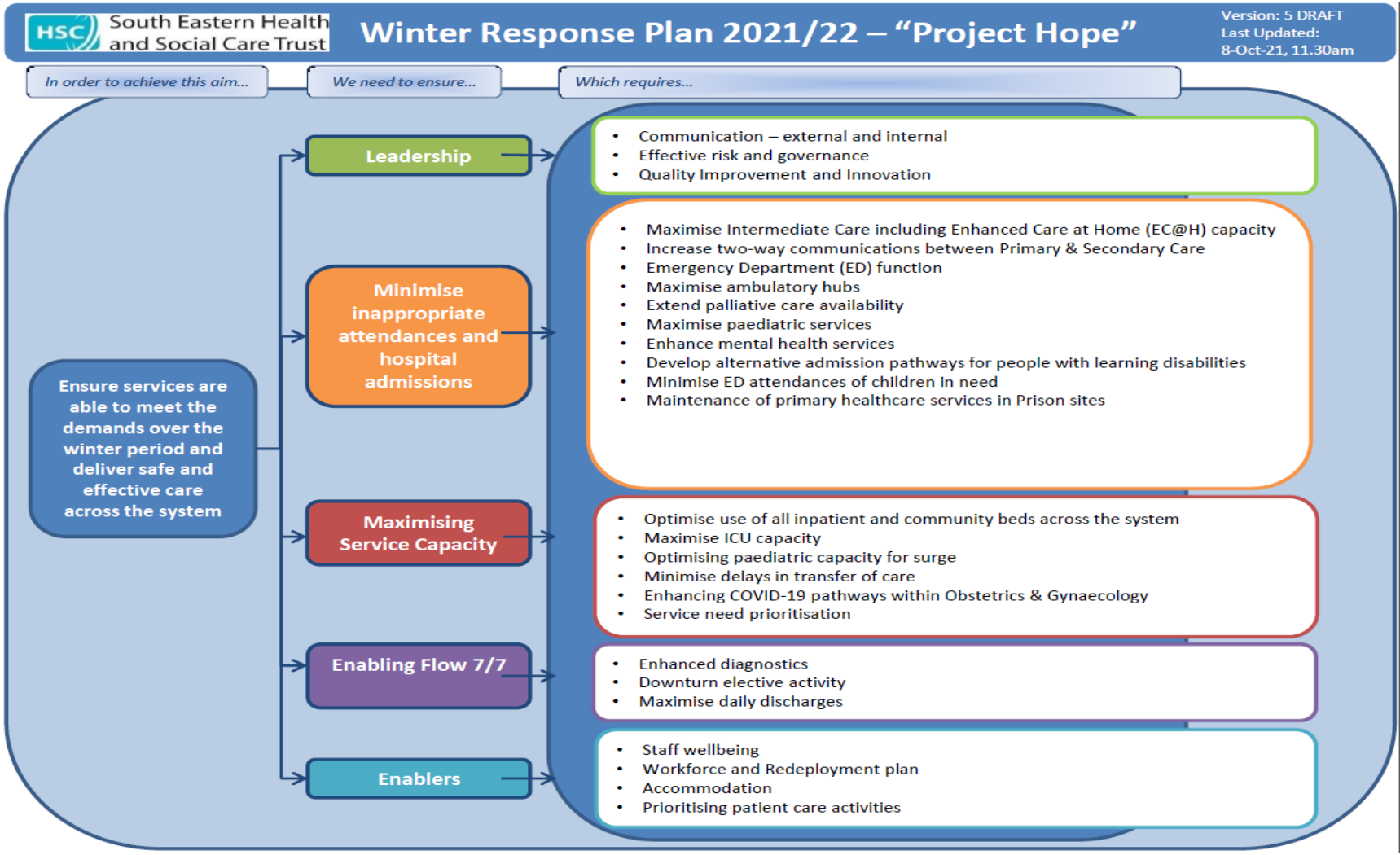
9.0 Conclusion

The entire health and social care family in Northern Ireland have come together to face head-on the challenges associated with COVID-19 over the last 18 months. We remain indebted to the resilience and ongoing, tireless work of our Trust staff.

The next few months will be challenging with the on-going threat of further surge alongside winter pressures and the potential for further local outbreaks and the rapidly evolving situation. This is further compounded by the impact of previous surges on the health and social care system including the workforce challenges, long waiting times, longer waiting lists and the inequalities which have been exacerbated by the pandemic.

These are undoubtedly unprecedented times for the delivery of services within health and social care, which will impact on demand for services, capacity to deliver and availability of workforce. In response to the ongoing Pandemic the Trust may be faced with rapidly evolving situations and need to take actions at short notice to ensure that patient and staff safety remains our top priority.

Appendix 1: Action Plan Driver Diagram Plan on a page by Theme



Appendix 2: Data annex projections

Sent under separate email cover to HSCB