

# Written Ministerial Statement

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## Department of Health

### WINTER PREPAREDNESS AND TRUST WINTER AND SURGE DELIVERY PLANS

*Published at 2.00 pm on Friday 22 October 2021.*

**Mr Swann (The Minister of Health):** The purpose of this Statement is to update the Assembly on the pressures facing the Health Service this winter and the planning that my Department, the Health and Social Care Board (HSCB) and the Health and Social Care (HSC) Trusts have undertaken to prepare.

This Statement will outline the range of measures being taken to prepare for the upcoming winter. Make no mistake, we are most likely facing into the most difficult winter ever experienced by the HSC system.

In fact, the current context underlines the challenges ahead. Over this summer and into the autumn, the Northern Ireland hospital system has consistently been operating above capacity, with many patients waiting on trollies for admission. This situation is unheard of during the summer months and is an indication of the scale of unscheduled pressures likely facing the HSC system this winter.

Before expanding on the winter preparedness planning, I feel it is critically important to pay tribute to our HSC staff. The dedication and efforts by all staff working across HSC continues to be first class and I cannot thank our staff enough. I can assure you that I will do everything I can to support you through this winter.

For this winter, the HSC system is taking an integrated approach to surge and winter planning. This will include managing pressures arising from COVID-19, other unscheduled pressures and focusing on maximising delivery of elective care. Services will continue to be delivered across the whole of our health system from primary care, to secondary care and social care. Surge and winter planning has been informed by modelling of unscheduled pressures, COVID-19 and other likely pressures such as the winter flu.

As part of the winter preparedness planning, Trust winter plans and associated activity projections will also be published on the Departmental website. These set out in much detail the winter planning at individual Trust level. The Trust plans include detailed acute bed modelling, which is underpinned by a number of assumptions in relation to unscheduled pressures and COVID-19. It is important to recognise that modelling outputs do not represent predictions. Also, beyond a four to six week timeframe, the modelling outputs become increasingly unreliable. Therefore, winter planning has been carried out in the context of a highly uncertain environment. The Department of Health will continue to monitor pressures against regularly updated modelling to ensure that actions can be taken in a timely manner.

The Trusts' modelling does suggest a shortfall in acute bed capacity this winter. This is not a surprise given the severe level of unscheduled pressures already impacting the system. Importantly, the Trusts will take a number of mitigating actions to create further acute bed capacity. These actions vary across the Trusts but include increasing the bed stock; improving discharge and flow; and reducing delivery of elective care.

In total, the Trusts have identified options to create additional acute bed capacity of 586 beds in advance of this winter. The HSCB continues to work with the Trusts on identifying further opportunities to create acute bed capacity and improve flow.

In addition to the Trust specific measures, the HSCB will play a key role in managing the system on a regional basis. Critical and respiratory care will be managed regionally through the Critical Care Hub. Also, HSCB will coordinate efforts to manage unscheduled pressures. This will ensure that the available capacity is utilised to best effect. This regional approach served Northern Ireland well during the severe COVID-19 surge during the last winter.

The pandemic, together with the wider systemic pressures that we are facing, has led to a situation where each of the major Emergency Departments across Northern Ireland are now operating significantly above capacity.

The HSCB is currently working collaboratively with the Public Health Agency, the Northern Ireland Ambulance Service and the five provider Trusts to improve waiting times at our Emergency Departments, enhance flows through the system and facilitate timely discharge. A dedicated multidisciplinary unscheduled care management unit has been established to monitor activity, identify and share best practice, support change and improve flow. Specific attention is also being placed on improving timely discharge. All of this activity is underpinned by data and analysis.

The Department has also published the No More Silos action plan, which will support our Emergency Departments during the coming winter. Up to £21.2 million will be invested in this financial year to deliver on the ten key actions of the plan. These include key initiatives such as Phone First and Urgent Care Centres, the Timely Discharge Initiative; Ambulance Handover Bays; and Hospital at Home.

Since 1 December 2020 approximately 134,000 patients have utilised at the Phone First and Urgent Care Centre services; helping to reduce unnecessary ED attendances. Initiatives such as Hospital at Home, which is operational in the Belfast, Southern and Western Areas; Enhanced Care at Home, which operates in South Eastern Trust and the Enhanced Care Response Team pilot in the Northern Trust are also having a positive impact in reducing ED attendances and avoiding admissions. All of these measures will continue to support the Trusts in managing the high levels of unscheduled pressures expected this winter.

It is important to emphasise the link between discharge, flow and capacity in our Emergency Departments. I am aware of instances where complaints have simultaneously been made about a discharge not reflecting a patient's first choice and the long waiting times in our Emergency Departments. These two issues are in fact closely related - we need effective, rapid discharge to free up hospital capacity to reduce Emergency Department waiting times.

A key priority this winter will continue to be maximising elective capacity. I absolutely recognise that this will be challenging in the context of the likely winter pressures but I am determined that the system delivers as much elective care as possible.

To that end, an extensive programme of work has already been undertaken to identify covid light, or 'green sites', where designated elective surgery hubs will continue planned surgery safely and sustainably throughout the winter.

In order for these hubs to work effectively they will need to be adequately staffed. I have therefore launched a targeted workforce appeal, aimed specifically at those who have recently left the health service, including through retirement. To date, the response has been excellent with a total of 845 applications. I look forward to appointments being made and these staff commencing work at the elective hubs.

The new 'green sites' will be in addition to Belfast City Hospital and Lagan Valley Hospital which remain as elective 'green' sites in line with the commitment made in the Elective Care Framework.

Since January 2021, the Regional Prioritisation Oversight Group has meet weekly to prioritise surgery across surgical specialities and Trust boundaries. This ensures consistency, transparency and that all available capacity is fully maximised. A further important development is a new Critical Care Plan for this winter. This will earmark, for as long as possible, a set number of critical care beds for the delivery

of time critical surgery. This will further enhance the HSC capacity to deliver time critical surgery this winter.

Along with the Trust winter plans, Trust activity projections for the months of October, November and December are also published on the Departmental website. These activity projections are underpinned by many of the measures outlined above.

I would like to take this opportunity to also provide an update on the elective waiting list initiative. There has been extensive engagement between the HSCB and Trusts to develop and agree plans for additional activity, both in-house and from a range of Independent Sector providers from Northern Ireland, ROI and England. Additional activity associated with these waiting list plans are reflected within the Trust activity projections.

The HSCB continues to explore all opportunities to maximise available capacity and discussions are at an advanced stage to secure further Independent Sector capacity from providers in ROI and through insourcing to HSC Trusts. GP Federations have also been funded to undertake a range of day case procedures in primary care.

The additional activity already delivered collectively by Trusts in the five months to the end of August 2021 amounted to a total of 21,652 outpatient procedures; 35,051 diagnostic tests; 3,244 Inpatient or day case treatments; 2,025 Allied Health Professional assessments; and 2,877 other procedures or tests. Also 4,130 Outpatient assessments and day case procedures have been delivered by GP Federations in primary care settings.

In addition, 850 cancer and time critical patients have received treatments via the Heads of Terms agreement with the three local Private Hospitals during the period 1 April to 3 October 2021. Furthermore, direct sends to the Independent Sector have also been secured as follows: 37,000 diagnostic tests; 7,500 assessments; and 8,000 procedures.

Supporting our staff in the delivery of care to the population of Northern Ireland remains a key priority for this winter. My Department is working closely with the Trusts to ensure there is sufficient capacity within the system to meet the current exceptional demands and will continue to do so throughout the winter period.

The Workforce Appeal, which launched in April 2020, has been a real success. To date, a total of 4,505 new appointments have been made, of which over 2,700 are front line HSC workers with the rest being administrative staff.

The health of our workforce is of paramount importance. I established the Regional Workforce Wellbeing Network in April 2020, when the potential impact of Covid-19 on the wellbeing of the HSC workforce was becoming evident. This network has worked tirelessly to develop and disseminate best practice in staff psychological support, with the aim of making these accessible and available to all HSC staff. Psychological and wellbeing supports will continue to be available to staff through this winter.

We are currently in the second year of an all-time record high annual intake of 1,325 nursing students and the Department maintains its international recruitment programme. Whilst this is positive in meeting future workforce pressures, it needs to be supported through sustained, strategic investment through multi-year budget settlements.

GPs will play a crucial role in helping to manage additional service demand and keep people safe this winter in the communities they serve. Recent figures indicate that, currently, GP teams are carrying out almost 200,000 patient consultations on a weekly basis. General Practice will also play a central role in the delivery of the COVID booster and flu vaccination programmes.

I have recently announced a package of £5.5 million to support service delivery in Primary Care through the winter period. This includes £3.8 million to support additional patient care covering both General Practice and the Out of Hours Service, and up to £1.7 million to further improve telephony infrastructure

and improve accessibility such as the use of online systems for ordering repeat prescriptions, helping to free up telephone lines and staff time.

It is recognised that the social care sector is under increasing pressure not only from the impact of COVID but also due to significant pressures on staff recruitment and retention. The impact of additional winter pressures, on an already strained service, is a significant concern.

I have met directly with a number of care home providers to hear at first hand the pressures and difficulties they are experiencing. Officials from my Department and the HSCB have also engaged with the main social care providers to establish what specific additional support is required to alleviate the ongoing difficulties. This work will be taken forward as a priority to understand what short-term assistance the sector requires. Any potential further additional financial assistance will of course need to be considered against a very difficult budgetary situation.

In addition, a Fair Work Forum has recently been established as a social partnership group designed to embed initiatives to improve the terms and conditions for all working in the sector. In the longer term the Department has commenced work on a plan for development of the social care workforce. This will include actions to develop career pathways, support the training and education of the workforce and to raise the profile and recognition of the social care workforce as a skilled and competent workforce.

The Northern Ireland Social Care Council has also begun work to: progress a qualification-based social care workforce register; develop a standardised regional career structure framework for the registered social care workforce in Northern Ireland; develop a standardised regional Continuous Professional Development framework for the registered social care workforce; and develop a campaign and actions that recognise and promote the value and diversity of the workforce and supports recruitment.

A key part of my winter plan is to continue the roll-out of the Covid-19 vaccine booster programme. Roll-out to Northern Ireland's care homes is underway with vaccinator teams bringing the boosters to care home residents and staff in a planned programme.

The wider Northern Ireland booster programme has now begun for those eligible. This includes: frontline health and social care staff; all adults aged 50 years or over; all those aged 16 to 49 years with underlying health conditions that put them at higher risk of severe COVID-19; adult carers; and adult household contacts of immunosuppressed individuals.

The roll-out will be on a phased basis, as the booster vaccine is to be offered no earlier than six months after receipt of the second dose. In addition, vaccinator teams have now begun the schools based programme, following the decision to offer a single vaccine dose to children aged 12-15.

The push to get first doses to more people will also continue. An expanded network of over 130 community pharmacies offering first doses is now available. This is expected to increase even further as more pharmacies come on line offering primary and booster doses.

The winter flu vaccine will also be rolled out through GPs and pharmacies. I strongly encourage citizens to take this opportunity to protect themselves and our health service. We are prioritising those most at clinical risk, the over 50s, children in the 2-12 age group, pregnant women, front line health and social care workers and carers.

I have committed additional funding in a range of areas, including many of those highlighted in this Statement, to support the HSC system through this winter. This funding, which is additional to any baseline provision, includes:

- £16.5 million in-year funding to support No More Silos, taking the total funding to £21.2 million this financial year;
- £5.5 million in-year funding to support our primary care sector this winter;
- £31.5 million to support elective care already secured through June Monitoring and an additional £30 million bid tabled in the October Monitoring round;
- £12 million in-year funding to further support our social care sector; and

- A bid for an additional £60 million of COVID funding in the October Monitoring round to directly support our Trusts this winter has also been tabled.

This Statement has highlighted key aspects of the Department's winter planning. Make no mistake, we are facing in to possibly the most difficult winter that our HSC system has ever experienced.

Many steps have been taken to prepare for what is to come. This Statement has highlighted the individual Trust plans and the additional acute bed capacity put in place; the regional coordination and management through the HSCB; the development of 'green' pathways and sites aimed at supporting elective care delivery; the development of a new Critical Care Plan aimed at protecting ICU beds to support time critical surgery; the support provided to our GPs and social care sector; and our vaccination programmes in relation to COVID-19 and the winter flu.

It is the combination of all these initiatives that will support the HSC system in managing the anticipated unscheduled pressures and maximising elective care this winter. However, the HSC staff remains our greatest asset. It is ultimately the dedication, commitment and hard work of all our staff that is going to see us through this winter.

The public also has a very important role to play and can help our hard-pressed health and social care staff by taking up the COVID-19 and flu vaccines when these are offered. That is the best way to protect everyone this winter and help to minimise the burden on the HSC system.

I cannot emphasise enough the importance of the public doing all it can not to spread the virus. This can be achieved by making safe choices on a daily basis and keep wearing face coverings to protect yourself and others.

I would also appeal to all our citizens to use services appropriately and be patient with HSC staff as they work through this most difficult of periods. We are not without hope in this situation. We can get through this winter if we, as a society, make a great collective effort and rally behind our health workers.