

**From the Permanent Secretary  
and HSC Chief Executive**



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Dear Colleagues

## **COVID-19: PREPARATIONS FOR SURGE**

Our health and social care system has never been more needed, nor more under pressure than it is today. Right across our system, from top to bottom, people are shouldering this burden and doing all they can to prepare services for the full impact of COVID-19.

In that context, I want to start by putting on record my deep gratitude to you and everyone in your teams for the determination, commitment and energy being brought to this daunting task. I hope you all draw strength from the incredible public support that is evident for our health service and all those who work in it.

None of us has ever experienced a pandemic of this scale and speed, and while the restrictions on movement will help to significantly reduce the impact on our services, they will not eliminate it. The experience in other countries has shown how quickly the situation can intensify, and the stress this can put on health and social care. While we will continue to work and trust that our population meets the challenge we have set on social distancing, we must also continue to plan for the worst.

The availability of our most valuable resources needed to counter COVID-19 - beds, our staff and equipment - will all come under increasing pressure. Ensuring that we can meet these pressures as best we can will require a collaborative approach, streamlining processes and decision making to put the interests of our patients and staff first. Together we must look after each other's wellbeing to ensure that no-one is left behind or feels neglected during the turbulent times which we are now living through.

The COVID-19 Emergency has already resulted in the HSC having to adopt new ways of working which balances the challenges of securing the health and wellbeing of the most vulnerable people in our community, with ensuring that we continue to deliver high quality and safe patient/client services. We will need even more of these new responsive ways of

working in the weeks and months ahead to provide us with the best chance of bringing our patients and staff through this emergency.

Even if the social distancing measures have the impact we hope, our modelling still indicates that we will require further actions across a range of areas – this letter seek to address some of those.

## **1. Create capacity and expand critical care**

### Prioritisation of care

As indicated above, despite the anticipated impact of the social distancing measures, our modelling still indicates that we will require more critical care capacity than is currently available.

HSC Trusts have already made arrangements to postpone all non-urgent elective appointments in order to free staff up for additional training. Trusts should now also take steps to ensure that, should the pandemic move into different phases, they have plans in place to provide the essential care and support services that patients need. In some cases, it is recognised that this may mean that other services are temporarily reduced as the focus is on providing essential services and helping those most at risk access the best possible treatment.

It is therefore expected that clinicians will begin to categorise patients into priority groups. The lowest prioritisation would be where treatment can be delayed for 2-3 months with no predicted negative outcome. Urgent and emergency treatments should continue to be given top priority. The HSC should continue to provide optimal care to as many people as possible, to save as many lives as possible.

Furthermore, very shortly there will be a requirement to institute more stringent prioritisation practices. This will be required especially in hospital for thresholds for access to critical care and high dependency areas but also in the community for admission to hospitals. There is work ongoing to provide official support for an agreed NI approach for these triage practices; working with guidelines from national organisations and bodies to ensure commonality and that they are defensible and equitable.

### Urgent discharge of all medically fit patients

In the weeks and months ahead, it will be more important than ever for Trusts to implement effective discharge arrangements for patients as soon as they are well enough to leave hospital in order to release beds for newly admitted patients. Trusts should also work to maximise and utilise all spare capacity in residential, nursing, and domiciliary care.

We are providing additional flexibilities in the way care home beds are used as well as asking families to accept that patients may be discharged to a nursing home that would not be their first choice or may be discharged home with support from family and friends until a care package is finalised. In addition we have indicated our expectation that requirements around a range of reviews and assessments and regulatory standards will be interpreted flexibly.

### Configuration of services

All HSC Trusts should immediately implement plans to optimise resources in order to ensure that they are equipped to cope with the expected COVID-19 surge. In practice, this is likely to mean that services will initially be consolidated on major acute sites in order to ensure that critical care can be provided to the maximum number of patients. Trusts

should by now have completed assessments of their available estate to ensure that all capacity is made available for patient care.

Our modelling suggests that at the peak of the outbreak in Northern Ireland, our existing hospital estate may not have sufficient capacity to provide critical care to the number of patients who will require it. We are therefore moving immediately to develop large regional, temporary, respiratory hospitals. These will be a regional resource and will require a regional approach in terms of staffing and access. More details of how these will work in practice will be shared when they are ready.

#### Visiting hospitals

In response to the latest announcement about restriction of movements, and to protect patients and staff, all general hospital visiting across Northern Ireland has now stopped.

The ONLY exceptions to this are:

- Paediatrics - any children admitted can be accompanied by one parent or carer at a time.
- Maternity - a person in labour can be accompanied by one birthing partner. There are no visitors permitted in ante-natal or post-natal ward areas.
- Neonatology and Paediatric Intensive Care - a patient in the neonatal ward/ paediatric ICU may be accompanied by one parent-visit duration to be agreed with the Ward Sister or Charge Nurse.
- Critical Care Areas (including Adult Intensive Care Units; Coronary Care Units; High Dependency Units) - one visitor permitted to visit. The duration and timing of the visit must be agreed in advance with the Ward Sister or Charge Nurse-normally be a maximum of one hour.
- Palliative (end of life) care - one visitor permitted to visit. The duration and timing of the visit must be agreed in advance with the Ward Sister or Charge Nurse-normally be for a maximum of one hour.

People must not visit if they are feeling unwell, especially if they have a high temperature or new persistent cough. Children are also not permitted to visit.

Visitors must ensure that they carry out full hand washing or use sanitizer on entry when visiting. They should be bare below the elbows, and have no jewellery except a flat wedding band. Hands should be washed or sanitizer used when leaving.

The full guidance is available at Annex A. This will also be published on our website today.

#### Equipment

From the experience elsewhere, it is clear that a significant proportion of COVID-19 patients require respiratory support, particularly mechanical ventilation and, to a lesser extent, non-invasive ventilation. We are taking the following action to support inpatients requiring respiratory support.

**Ventilators:** There are currently 139 mechanical ventilators available across the Health and Social Care Trusts in Northern Ireland. Some 40 additional mechanical ventilators (30 adult units and 10 paediatric units) have been ordered bringing the total available in Northern Ireland to 179 by the end of March.

Further work is underway to scope the full extent of critical care and other respiratory equipment as well as staffing required to ensure that we can respond to the potential number of people who will need such specialised care. To that end a further 650 units



capable of providing respiratory support in both critical care and non-critical care settings are currently being procured.

We are also working closely with NHS partners on a four nation basis as part of the UK Government's national effort to ensure adequate supply of additional ventilators as required. Northern Ireland companies have responded to the national call for businesses to help make ventilators and ventilator components.

The Department of Health has also been in contact with a company/ manufacturer in ROI regarding ventilators and discussions are ongoing to determine whether they will be appropriate for use here.

**Personal Protective Equipment (PPE):** COVID-19 is generating unprecedented global demand for PPE and this, combined with a manufacturing slowdown in affected countries, especially China which manufactures a large amount of PPE, means that there are significant issues with supply.

The Department is working closely with BSO and HSC Trusts, as well as national colleagues, to ensure a continuous supply of PPE. Supplies of Personal Protective Equipment (PPE) are in stock, and are being issued across the HSC, with more orders placed.

It is essential that domiciliary and Independent providers are supported by Trusts, particularly in relation to advice, training and provision of appropriate PPE. These staff provide an essential role in the community and now more than ever in this pandemic. These needs should be taken into account when seeking supplies in order to ensure that equipment is available in the event of suspected or confirmed COVID-19 cases. A number of on line short training products and posters have been provided. A single point of contact will immediately be established in each trust to ensure effective working across both sectors.

Ensuring the safety of staff who are dealing with COVID-19 patients is a priority. Our focus is on providing supplies for staff in front line services to be used in line with clinical and scientific evidence. To that end, it is essential that PPE products are used in line with advice and that supplies are not over-ordered, stockpiled or wasted. Constant vigilance will be needed across the HSC to support this and to ensure that supplies of PPE are available for the staff who are most likely to be dealing with patients with a positive diagnosis.

Guidance on PPE to be worn by staff has changed over the duration of this pandemic, and naturally this is causing some worry amongst staff. Changes in guidance on PPE have been informed by the emerging experiences both within the UK and other countries, staff should be reassured that this guidance has been advised on and developed by experts in Infection Prevention and Control. This guidance followed WHO advice. HSC Trusts are following the latest guidance regarding PPE and will continue to apply current guidance if and when it is updated. Full guidance on the correct use of PPE can be found on the NHS website:

<https://www.england.nhs.uk/coronavirus/publication/guidance-supply-use-of-ppe/>.

## **2. Support staff and increase availability**

The HSC is committed to supporting staff to stay well and at work and will put in place enhanced health and wellbeing support for frontline staff for the duration of this pandemic.



### Healthcare Worker Testing

The Minister of Health has established an expert working group to lead on the expansion of testing across all our laboratory services, both within Health and Social Care facilities and also to consider options for the utilization of other testing facilities including within the commercial sector. The initial focus of this group will be to consider current testing capacity and potential projected testing requirements. The group will then work to identify key partners to implement the testing strategy.

In addition to HSC testing facilities, there has been a number of offers of support from external providers to scale up testing including AFB, UU, QUB and the private sector. The group will ensure there is full engagement with these providers and any others in order to procure facilities to meet the anticipated testing demand over the coming weeks and months. The expert panel will also be working at a regional level with other UK countries to consider options for further scale up of testing.

There has already been significant scaling up of testing. At the start of this outbreak, HSC laboratory services were processing around 40 tests. We have now increased their capacity and more than 600 tests are already being carried out daily in the regional virus laboratory in Belfast. By early next week that number will increase to 900. Two other testing centres will later begin operating, bringing the total to more than 1,100.

Currently, laboratory testing is reserved for a number of priority groups. These are people admitted to hospital, key healthcare workers and in circumstances relating to the management of outbreak clusters. Key healthcare workers include staff working in emergency departments, critical care units, primary care and frontline ambulance staff. This position will be subject to regular review and as further capacity becomes available, testing can be expanded to further support and maintain vital services.

### Redeployment of staff

Trusts have plans in place to request the redeployment of staff within Trust boundaries if required. In addition, if required, and working with staff and their representatives, it may be necessary to ask some staff if they would be prepared to work in different Trust areas in order to ensure that patient care is not compromised.

The GMC, NMC and other professional regulators have written to recently-retired colleagues to see whether they would be willing to return to help in some capacity.

In addition, early registration of final-year medical, nursing, AHP and social work students will help to increase the supply of qualified staff, and there may be other roles too for students who are at a less-advanced stage of their studies. Appropriate training and supervision is essential to maintaining patient safety.

Advanced discussions are taking place with local universities to determine how clinical academic staff and research fellows could be deployed to patient-facing roles.

In the course of the pandemic, it will be appropriate and necessary for doctors, nurses, AHPs and other registered health professionals to work beyond their usual disciplinary boundaries and specialisms under these difficult circumstances. The Department, the HSC and professional bodies will support individuals who do so.

### Remote working for those who can

There are a number of reasons why Health and Social Care workers may need the ability to work remotely over the course of the pandemic. For example: if they are asked to isolate themselves within their household, due to someone they live with having contracted the

virus; their place of work is effected, and closed temporarily for cleaning; or they are asked by their employer to work from home for their own safety due to underlying conditions or as a general measure to reduce spread.

In any case, to continue to be productive staff members will need to maintain access to computer systems and information. Measures are being put in place to: provide an increased number of laptops across the system to be deployed to those individuals who are identified as having high priority roles; central systems, bandwidth and licenses that are needed for staff members to remotely connect to hosted systems and services are being expanded to cope with increased demand; and options are being explored to allow staff members to connect remotely and securely to corporate networks and systems from their own home computers.

The different Trusts and organisations use a range of solutions for remote access, so local projects and being delivered alongside the expansion of region wide systems. In addition the ability for HSC colleagues to use video conferencing technologies to collaborate with each other are being expanded, with plans to extend a number of trials for use of these systems for consultations between patients and Health and Care staff.

#### Guidance for healthcare workers with underlying conditions

In response to the COVID-19 pandemic and current evolving situation in the UK, the 4 nations administrations announced that people with underlying health conditions should practice social distancing and may soon be asked to self-isolate for up to 12 weeks. The definition of 'underlying health conditions' was based on those requiring the annual flu vaccine and by necessity was highly precautionary to ensure as many people as possible reduce their potential risk of severe COVID-19 and thus the requirement for health care support.

Many staff both with and without underlying health conditions will require time away from work if self-isolating due to symptoms of COVID-19 for 7 days or because of a 14 day quarantine if a household member is symptomatic. This depletion on the workforce will seriously impact the NHS, social care and emergency services in a short time frame. Therefore it is important that the science is followed and a clearer definition is given for workers in these sectors. Health and social care and emergency services workers thus require a more nuanced definition of underlying health conditions, both to protect their health and to ensure that key services can continue to function, protecting the health of the UK population in this pandemic.

The Department is currently working to establish further guidance for Northern Ireland on these issues. New guidance will issue to Trusts tomorrow.

#### Accommodation for staff

For those staff affected by the 14 day household isolation policy, staff should - on an entirely voluntary basis - be offered the alternative option of staying in hotel accommodation while they continue to work. This should be organised locally by HSC Trusts.

Work has also been taken forward to provide accommodation for symptomatic patients with no fixed address.

### 3. Reducing routine burdens

#### Cancelling RQIA inspections

The Department is directing RQIA to reduce the frequency of its statutory inspection activity (as set out in The Regulation and Improvement Authority (Fees and Frequency of Inspections) Regulations (Northern Ireland) 2005) and cease its non-statutory inspection activity and review programme with immediate effect until otherwise directed. RQIA will continue to respond to ongoing areas of risk, such as where there are services currently in enforcement. Where enforcement is being considered, RQIA will focus their activity where it is needed most to ensure safe care and act flexibly and proportionately.

#### Additional Funding

The Northern Ireland Executive and the Department of Finance have made clear that financial constraints will not stand in the way of taking immediate and necessary action - whether in terms of staffing, facilities adaptation, equipment, patient discharge packages, staff training, planned treatment, or any other relevant HSC category.

#### The Coronavirus (Emergency) Bill

In broad terms, the main aims of the Coronavirus Bill are to:

- increase the available health and social care workforce, by allowing recently retired health and social care staff to come back to work in order to support the efforts to tackle this outbreak;
- ease the burden on frontline staff, by reducing the number of administrative tasks they have to perform, and allowing key workers to perform more tasks remotely and with less paperwork;
- contain and slow the virus by reducing unnecessary social contacts, for example, through banning certain mass gatherings and controlling school and childcare closures;
- manage the deceased with respect and dignity, by enabling the death management system to deal with increased demand for its services; and
- support people by allowing them to claim Statutory Sick Pay from day one, as well as by helping the food industry to maintain supplies.

In my time as Permanent Secretary of the Department of Health, I have become accustomed to the incredible way that staff across the HSC rise to meet every challenge that is put before them. There is little doubt that COVID-19 represents one of the greatest tests our health and care services have ever faced. This is unprecedented in our lifetimes, and it is understandable, indeed sensible, to feel some apprehension about the challenges we will face. However, when I look at the activity that is going on across the HSC to prepare us for this, I am both reassured and humbled by the courage and resilience being shown by staff everywhere. Thank you to all concerned for this.

Yours sincerely

Personal Data

**RICHARD PENGELLY**



## COVID-19 Visiting Update HSC

In response to the COVID 19 pandemic, the Government restriction of movements and to protect patients, their families and all our staff, the HSC are temporarily restricting the number of visitors across hospitals. With immediate effect all visits to general hospitals has now stopped. Whilst there are some exceptions to this these restrictions are subject to further review. The **ONLY** exceptions to this are:

- **PAEDIATRICS:** Any children admitted can be accompanied by one parent or carer at a time.
- **MATERNITY:** A person in labour can be accompanied by one birthing partner. There are no visitors permitted in ante-natal or post-natal ward areas.
- **NEONATOLOGY & PAEDIATRIC Intensive Care:** A patient in the neonatal ward/ paediatric ICU may be accompanied by one parent-visit duration to be agreed with the Ward Sister or Charge Nurse.
- **CRITICAL CARE AREAS (including Adult Intensive Care Units; Coronary Care Units; High Dependency Units)** One visitor permitted to visit. The duration and timing of the visit must be agreed in advance with the Ward Sister or Charge Nurse-normally be a maximum of one hour.
- **PALLIATIVE (end of life) care:** One visitor permitted to visit-duration and timing of the visit must be agreed in advance with the Ward Sister or Charge Nurse-normally be for a maximum of one hour.

**DO NOT visit if you are feeling unwell, especially if you have a high temperature or new persistent cough. Children are also not permitted to visit.**

**Visitors must ensure that they carry out full hand washing or use sanitizer on entry when visiting. They should be bare below the elbows, and have no jewellery except a flat wedding band. Hands should be washed or sanitizer used when leaving.**

If you can, please arrange a '**virtual visit**' with your relative or friend on their smartphone or tablet. All HSC sites have access to free WI-FI and our staff will help set this up on the patient's device. Please be patient as our staff will have to prioritise clinical work and patient care. Staff will monitor the use of technology in order to ensure the privacy and dignity of patients in their care at all times.

**Whilst this policy is for use in hospital settings we would encourage its adoption for people receiving PALLIATIVE (end of life) care in other settings such as Nursing/Care Homes, Hospices and other settings.**

**Regarding people being cared for at home you should think carefully about social distancing and Stay at Home and restrict visiting to a minimum in order to protect your immediate and extended families, carer's, relatives and friends.**

Your loved one's care is our priority and we will do the very best that we can for them. We appreciate this is a very worrying time and to ensure you are updated we are asking patients to nominate one family member (or carer) to contact us. This will help us ensure staff time is directed to delivering care to patients. If your loved one is not well enough or able to designate someone, we will discuss this with next of kin.

**For further information see our Frequently Asked Question page.**

## COVID-19 Visiting

### Frequently Asked Questions

These questions have been developed in response to the recent restrictions on visiting. If these do not answer your query then please contact the Ward Sister or Charge Nurse of the ward your relative is being cared for.

#### 1. Are there any exceptions to who can visit?

The only exceptions are detailed in the link above. Please note policy will be followed strictly and children Must Not attend

#### 2. Can you tell me more about when I shouldn't visit in the areas that are still facilitating limited visiting:

<p>You <b>MUST Not</b> Attend if you are experiencing symptoms of COVID-19:</p> <p>For up to date symptoms please check:</p> <p><a href="https://www.publichealth.hscni.net/news/covid-19-coronavirus">https://www.publichealth.hscni.net/news/covid-19-coronavirus</a></p>	<ul style="list-style-type: none"><li>• a high temperature – this means you feel hot to touch on your chest or back (you do not need to measure your temperature)</li></ul> <p>OR</p> <ul style="list-style-type: none"><li>• a new, continuous cough – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough it may be worse than usual)</li></ul>
<p><b>Older people and people with an underlying health condition MUST Not Attend</b></p>	<p>Details are available at:-</p> <p><a href="https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people/guidance-on-social-distancing-for-everyone-in-the-uk-and-protecting-older-people-and-vulnerable-adults">https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people/guidance-on-social-distancing-for-everyone-in-the-uk-and-protecting-older-people-and-vulnerable-adults</a></p>

#### 3. What should I keep in mind when I am a visitor?

Information for Visitors:

- All visitors are asked to comply with staff instructions re the duration of your visit.
- All visitors will be required to wash their hands on arrival to the ward and on leaving the ward.
- Visitors are asked not to bring in perishable food such as fresh fruit.
- If you are visiting a patient diagnosed with COVID-19 you will be required to wear Personal Protective Equipment. This includes a surgical mask, apron and gloves. Staff will guide you in the correct procedure for putting on and taking off the equipment. **Please note these can be uncomfortable to wear and any visitors must take this into consideration prior to visiting.**



#### **4. Should I bring in medicines for anyone I am visiting?**

If this is needed you will be asked to bring in medicines. Please wait to be asked.

#### **5. What does Virtual Visiting mean?**

We are encouraging the use of technology for virtual visiting. It is important to note staff will follow the patients' direction in facilitating this option. Virtual visiting will be by agreement with the patient and for a duration dictated by the patient. To protect the best interests of the patient in the event the patient becomes too upset or unwell this facility will no longer be available.

#### **6. How will the patient connect to WI-FI?**

All HSC sites have access to free WI-FI to assist in facilitating connecting via what's app, face time etc and our staff will help set this up on the patient's device to facilitate these types of contact but please be patient as our staff will have to prioritise clinical work and direct patient care.

#### **7. Can I visit virtually at any time?**

Please understand to ensure the privacy and dignity of other patients all organisations will be adhering to their guidance on the use of technology. This may result in calls being interrupted/ stopped during ward rounds or episodes of clinical care.

We would also ask that video calls are restricted to day time hours to ensure noise disruption is kept to a minimum overnight. There are no restrictions on messaging.

#### **8. If I am unable to visit how can I get an update about my relative's condition?**

Patients will be asked to nominate a single member of their family (or carer) to be the designated person to contact us. The nominated person will be asked to contact the ward for an update and share this information with family members.

#### **9. My relative is unable to nominate someone?**

If your loved one is not well enough or able to designate someone, we will discuss this with the next of kin.

#### **10. What should I do to prevent spread of infection when I am visiting?**

Visitors must ensure that they carry out full hand washing or use sanitizer on entry. They should be bare below the elbows, and have no jewellery except a flat wedding band. Hands should be washed or sanitizer used when leaving.

#### **11. What about clean pyjamas/ nightwear/ toiletries for my relative?**

Arrangements for bringing clean nightwear/ toiletries to patients can be agreed with the Ward Sister/ Charge Nurse. Please arrange this prior to visiting.

#### **12. What about valuables?**

As is usual practice we would encourage patients not to bring valuables into hospital including wearing Jewellery.

#### **13. Can my relative who doesn't have COVID-19 come out of the ward and meet me outside or in the hospital coffee shop?**

In line with the governments advice on social distancing we would strongly advise against this. Whilst hospital catering facilities remain open these are to ensure staff can access hot food whilst on duty and are not accessible by the public.