

# **COVID-19**

## **Emergency Response**

**Update REPORT**  
10 April 2020

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## 1. Key Facts

### NORTHERN IRELAND POSITION as of 09 April 2020 @11.15

Total confirmed cases	1477	+138
Total deaths	82	+4
Total individuals Tested	10,203	+639*
Tests for HSC staff (SSE arena)	522**	+204

\* Tests were initially conducted by the Regional Virology Laboratory (RVL) Belfast for all of Northern Ireland. On 30/03/2020, laboratory testing data from the NHSC (testing started 23/03/2020) and from the SHSC (testing started 28/03/2020) are now included in the figures. Laboratory testing data from the WHSC (testing started 03/04/2020) is not currently included due to reporting issues. This data is accurate at the time of the report but due to processing times, testing numbers may change (e.g. indeterminate tests may be retested with a positive/negative result).

\*\*Number of tests completed between 04/04/2020 and 08/04/2020.

### UK POSTION as of 09 April 2020 at 9.00am

TOTAL CONFIRMED CASES		
England	54,544	+3,798
Scotland	4,957	+336
Wales	4,089	+16
N Ireland	1,477	+138
Pillar 2 (Commercial Partners)	2,788	+347
TOTAL UK	67,865	+4,691

### UK POSTION

TOTAL DEATHS as at 8 April 2020 at 5.00pm	
7,978 in UK hospitals	+881
TOTAL PEOPLE TESTED as at 8 April at 9.00am	
243,421*	+10,713

\*includes key workers

### REPUBLIC OF IRELAND position as of 09 April 2020 at 9.30am\*\*

Confirmed cases	6,074	+365
Deaths	235	+25

\*\* Note ROI have testing constraints due to reagent shortages at the moment

### INTERNATIONAL POSITION as of 09 April 2020 at 9.30am

Confirmed Cases	1,380,326	+47,330
Deaths	78,656	+3,493

## 2. Modelling

- COVID-19 modelling group established, chaired by the Chief Scientific Advisor. Professor Young is now leading work to model the potential courses of the epidemic.
- Ministerial statement issued; research indicates that our health service would have a realistic prospect of coping in this initial period if a sufficient proportion of the population adhere to the social distancing and self-isolation measures.
- No grounds whatsoever for 'dropping our guard'. Projections underline that the continuation of rigorous social distancing will save many lives and protect our health service from collapse.
- Even then, a reasonable worst case scenario would involve significant loss of life in Northern Ireland.
- In addition, the absence of a vaccine means we will have to plan for a potential second wave of Covid-19 cases later in the year.
- The modelling group meets regularly to review modelling assumptions in light of the latest emerging data. This is important as the modelling work is particularly sensitive to assumptions based on emerging data, and thus is expected to change over time.

### Modelling Numbers

- The modelling group met on 7 April, and following review of the latest observed data, peak modelling and likely Covid-19 trajectory, agreed that amendments were appropriate to some of the outputs in the reasonable worst case scenario.

- The latest data suggests that the social distancing measures are beginning to work effectively to limit the spread of the virus. Hence the modelling group now expect the wave 1 peak to be less severe than expected last week.
- The peak number of critical care beds and cumulative number of expected deaths have been reduced in the latest reasonable worst case scenario. The rationale for these amendments is based on the latest observed data, latest peak modelling and the likely scenario that Northern Ireland is on a slower trajectory than England due to our lower population density.
- The modelling group did not amend the peak number requiring oxygen or the peak number of Covid-19 hospital admissions as there is insufficient data available.
- Revised reasonable worst case scenario:
  - Peak number of **140** Covid-19 patients requiring ventilation and critical care beds during the first wave (down from 180).
  - The peak number hospital admissions would be **500 per week** (no change).
  - Projected number of deaths in Northern Ireland over 20 weeks of the epidemic would be **1,500** (down from 3000).

**\*\*\*NOTE\*\*\* - The updated modelling information is classed as Sensitive. The Executive have made a decision not to release this updated information into the public domain at this time. Please ensure you treat this information accordingly. It has been acknowledged publically that there are 'indications' that the peak may be potentially less severe than initially envisaged.**

- Whilst this is good news, it is not a cause to be complacent. There are still many difficult weeks and months ahead, and the progress we have made by good adherence to the measures introduced will be lost very quickly if there is any adverse change in compliance

- The modelling indicates that the peak of the first wave of the epidemic is expected, between 6 and 20 April 2020.
- This is not a prediction or forecast, rather a model for planning purposes. Prediction is that when the current restrictions are relaxed, there will be a second wave.
- Future modelling will focus on the size and shape of this depending on how/when restrictions are relaxed or re-introduced. This will remain the case until there is substantial population immunity either as a result of recovery from infection or successful vaccination.

**Last update: 09.04.20.**

**Further info:**

- The primary model used to inform this work is the NHS England model developed by Imperial College London, however, the NI modelling group is also utilising a number of other models to arrive at judgements on the course of the epidemic.
- Note that the Executive requested a timeframe for inclusion of ROI modelling data in NI modelling on 8 April. The Department advised that discussions with the ROI on Covid-19 modelling are ongoing. Assumptions made in ROI modelling have been used to inform the development of NI models.
- This modelling group is charged with producing COVID-19 projections and involves a number of local experts, as well as engagement with GB colleagues and counterparts in the Republic of Ireland.
- This work will be used to inform surge planning, public health policy and risk management decisions.

### Worst Case Scenario

Description	Best Judgement
<b>Peak number</b> of Covid-19 patients requiring ventilation and <b>critical care beds</b> during the first wave of the epidemic	<b>500-1000</b>
<b>Peak number</b> of Covid-19 patients requiring <b>oxygen</b> in the first wave of the epidemic	<b>1150 - 2000</b>
<b>Peak number</b> of Covid-19 <b>hospital admissions</b> during the first wave of the epidemic (per week)	<b>1800</b>
Number of <b>cumulative</b> Covid-19 <b>deaths</b> in the <b>first 20 weeks</b> of the epidemic	<b>Up to 14,000</b>

### Reasonable Worst Case Scenario

Description	Best Judgement
<b>Peak number</b> of Covid-19 patients requiring ventilation and <b>critical care beds</b> during the first wave of the epidemic	<b>140</b>
<b>Peak number</b> of Covid-19 patients requiring <b>oxygen</b> in the first wave of the epidemic	<b>400</b>
<b>Peak number</b> of Covid-19 <b>hospital admissions</b> during the first wave of the epidemic (per week)	<b>500</b>
Number of <b>cumulative</b> Covid-19 <b>deaths</b> in the <b>first 20 weeks</b> of the epidemic.	<b>1500</b>

Last update: 09.04.20.

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### 3. Testing

- Minister has acknowledged public frustration on testing.
- Every conceivable effort is being made to improve the situation. Staff testing numbers are expanding / will continue to do so as rapidly as possible.
- A paper on Expansion of Swab Testing for Key Workers was discussed at the Healthcare Ministerial Implementation Group 9 April 2020. Testing prioritisation in the order below was agreed:
  - Patients
  - Key HSC staff
  - Other key staff (including the rest of HSC staff)
  - Mass population
- A specific list of sectors covered at point 3 above will be drawn up and confirmed by the secretariat for the HMIG group.

**Updated 10.04.20**

#### Interim Protocol on Testing of HCWs

- Testing of Health and Care Workers for COVID-19 is guided by an Interim Protocol for Testing developed by the Group which applies across the region. The Interim protocol is subject to ongoing review and the most recent version was issued for implementation on Saturday 28th March.
- In line with the interim protocol, testing is reserved for a number of priority groups. These groups are, firstly, patients admitted to hospital who are clinically unwell. This group remains of primary importance as the test result will influence the clinical management of the patient and infection prevention and control decisions.



- The second priority group is testing of key health and care workers including testing of family members causing a Health or Care worker to self-isolate. The priority group of key healthcare workers who can be tested is expanding as testing capacity is increasing. This currently includes staff involved in the care of acutely ill patients, staff working in emergency departments and critical care units, front line ambulance staff, staff working in primary care and front line care staff in the community (including Trust and non-Trust employed staff). Other healthcare workers or critical staff within health and social care not covered in these groups can be considered for testing on a case-by-case basis at the discretion of each Trust. Staff or their family members wishing to be tested must contact their own GP to arrange a test, or can arrange through their line manager if Trust employed.
- The third priority group is testing in circumstances to support the risk assessment and management of outbreaks/clusters in residential and other care settings.
- These priority groups for testing have been determined following discussion with local and national experts and with scientific advisory groups.
- The priority group of key healthcare workers who can be tested is expanding as testing capacity is increasing. This currently includes staff involved in the care of acutely ill patients, staff working in emergency departments and critical care units, front line ambulance staff, staff working in primary care and front line care staff in the community (including Trust and non-Trust employed staff). Other healthcare workers or critical staff within health and social care not covered in these groups can be considered for testing on a case-by-case basis at the discretion of each Trust.

#### **Additional testing capacity through national partnership initiative**

- COVID-19 testing for healthcare workers has commenced at the SSE Arena. The SSE Arena site is part of the UK-wide NHS initiative on staff testing involving a number of large commercial companies.

- Service is available to HCWS who are self-isolating because they are symptomatic and/or HCWs who are isolating because a member of their household is symptomatic.
- We have been informed by Randox that its production line is fully geared towards this partnership and the NHS as a whole. NI will receive a share of testing delivered through this national partnership, the tests taken in NI will be done by Randox.
- The Public Health Agency is involved in the testing initiative with input from Health and Social Care Trust colleagues and this complements work undertaken by Trusts to scale up their own testing capabilities. Testing at the SSE Arena is for healthcare workers only, can be accessed by appointment only, requires a minimum dataset to be completed for every HCW being tested and is being co-ordinated by Deloitte, supported by PHA. Testing is by appointment and a list of HCWs needs to be provided by the Trust the evening before testing.
- This is a replacement service for current system for testing HCWs in the BHSCT, SE HSCT and NIAS. Once the service is up and testing capacity is in place the service will be extended to SHSCT and NHSCT.
- A second testing centre is planned to open in L'Derry (provisionally for 12th April 2020), arrangements for this service are currently being finalised.
- BHSCT has also opened up a testing facility at Balmoral DVA and SEHSCT have opened a facility at Ards DVA.
- It should be noted that the MOT centres are Trust-led developments, to facilitate local testing needs. The testing centre in SSE arena, which is part of the national partnership, has now opened and the Expert Group have advised that it is anticipated in time that most HCW testing will be streamed through

the national partnership sites. MOT centres are temporary measures, which has been communicated to Trusts. Going forward it is envisaged these will not be needed, and this has been made clear, as the national initiative (drive thru) rolls out.

- Test kits used as part of this UK-wide initiative are allocated from a central supply at UK level. Results of tests taken in NI will be processed in laboratories outside the HSC system (at Randox Labs here in NI), thereby protecting testing capacity in HSC laboratories.
- The Executive raised a query on 8 April regarding the reported issue of adult swabs being used for children at testing facilities due to a lack of swabs. Randox, who supply testing at SSE area, advised the test kit (and thereby swabs) provided is suitable for use with children.
- The Department has written to Trust HSC Chief Executives on 8 April seeking assurances that all available testing capability is fully utilised.

### Expert Working Group

- 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 DoH Expert Advisory Group on Testing has developed a NI Testing Strategy which will be published imminently. The Strategy will be reviewed on an ongoing basis and will be adjusted over time as further capacity becomes available and as priorities for testing evolve. DoH Expert Group on Testing met 7 April and is currently revising Testing Strategy to address comments made by Executive at its meeting on 6 April.

- This strategy will guide our further work in scaling up testing across the region, it will be reviewed on an ongoing basis and will be adjusted over time as testing capacity increases and priority groups for testing are expanded.
- The Expert Advisory Group will also link and keep abreast in a timely manner of key developments through the Covid-19 Forum on Labour Market and consider implications for the NI Testing Strategy.
- Work continues via the DHSC/PHE workstream to review of commercial tests and the Expert Advisory Group is appropriately linked to this work to avail of opportunities arising.
- The Expert Advisory Group has also established a subgroup to consider validation of test kit offers received locally by the Department and will pursue these appropriately.
- An academic consortium involving QUB, UU, WHSC/C-ITRIC and AFBI has been established to support DOH and HSC to rapidly scale up diagnostic testing. The consortium will include a work-stream to examine the feasibility of local production of reagents required within the testing process and a programme of work to undertake validation of antibody tests currently available. It will also drive scientific innovation in testing.

### Testing - General

- All four UK nations have increased their testing, the number of people with concluded tests has increased in all countries. While Northern Ireland has increased its rate of completed tests from mid-March onward, we appear to have a higher rate of testing than the other three countries for the three days at the end of March (28<sup>th</sup> to 30<sup>th</sup> March).
- All NI laboratories are urgently working to scale up testing.

- Currently four HSC laboratories are testing for COVID-19 infection (RVL in BHSCT, Craigavon, Antrim and Altnagelvin). The SSE centre uses a private laboratory (Randox).
- Testing is through detection of the virus (viral nucleic acid), the samples required for these tests are nose/throat swabs, sputum samples or aspirates from the lower respiratory tract.
- Key factors influencing the number of tests completed each day in each laboratory:
  - Availability of products and supply chain
  - Pattern of receipt of swabs into laboratory
  - Performance of laboratory machines/equipment
  - Staff training and availability
  - Need for validation and/or re-testing
- Testing in HSC labs across the region is currently being undertaken using four key platforms: Roche Classic Flow; Seegene Allplex; Roche COBAS 6800 (Roche supplied consumables) and the Roche z480 lightcycler.
- With the exception of Seegene, supply of all of the above are on an allocation basis controlled at UK level. Representations have been made setting out the NI requirements.
- There are concerns about supply of all test kits and reagents. Global demand is resulting in a small number of test kits and consumables being delivered at a time. Assurances are being sought from suppliers that NI requirements will be met. Supply position is changeable from week to week.
- This issue is an absolute priority for the Health Minister and all Executive colleagues. The Department will also continue to explore procuring testing products separately from NHS wide arrangements.

## Testing Strategy

- The testing strategy is currently being finalised and updates will be discussed by the Expert Advisory Group on 10 April. The strategy will advise on short term (1-4 weeks), medium term (4-8 weeks) and long term (8-16 weeks) testing approaches.
  
- The key actions in the Testing Strategy includes:
  - Increasing laboratory capacity;
  - Antibody testing;
  - Point of care testing (medium term) to control future outbreaks;
  - Research programmes / Genomics (medium-long term);
  - Linking data (early -medium) linking health datasets;
  - Surveillance of levels of COVID 19 in the population to inform planning;
  - Digital communication to ensure transfer of results in a timely way;
  - Testing of Health and Care Workers (HCWs) will move to community settings in a national initiative; and
  - Support the testing of key workers, when the capacity is in place, for vulnerable services provided by other agencies.

**Last update: 09.04.20.**

## 4. PPE

- Northern Ireland has sufficient supply of PPE to meet current demand and keep all those who work in HSC settings safe.
- There is a pressure on supplies and we continue to actively review projected demand in light of the current circumstances.
- Everything is being done to source PPE from every viable source.
- The Minister has underlined the vital importance of distribution and deployment to all frontline settings – and stressed that all staff must know where to turn within their organisations when they have concerns or questions.
- Over five million items of personal protective equipment are being delivered by the UK Government to Northern Ireland so that front line workers can safely care for patients and the public in hospitals and communities.
- The first batch from the NHS was delivered to Northern Ireland on Monday 6 April.
- Some facemasks within PPE stocks appear to have exceeded their original expiry dates. These masks have been successfully re-validated for an additional 3 years and are safe for use, as publicly explained by NHS England.  
<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/PPE-Letter-FINAL-20-March-2020-updated-on-22-March-2020.pdf>
- A potential issue has emerged regarding gowns, as highlighted during a 4 Nations call on 9 April. There are shortages of gowns in England and Wales (as these were not included in their pandemic stockpiling), with regional redistribution taking place. DHSC may initiate a UK wide exercise on gowns.

Increased demand has been experienced locally. Officials in NI are liaising with Invest NI on making a call out to local industry to support manufacturing of gowns.

- Minister and Executive colleagues are working extremely hard to secure more supplies, given anticipated future demand and the likelihood of a second surge later in the year. It must be stressed that there's not a country in the world that can definitively say it has enough PPE in stock, given the global uncertainty about the path this virus will take.
- Further supply is being sourced from the local economy.
- Frontline settings include hospitals, ambulance crews, primary care Covid centres, care homes, domiciliary care workers and other parts of the system where staff are working flat out to care for people.
- Updated UK-wide NHS guidance on PPE was issued on 3 April 2020 – endorsed by all 4 nations CMOs. This guidance will inform PPE use across our system and help us to prioritise distribution. It is available on [www.health-ni.gov.uk/coronavirus](http://www.health-ni.gov.uk/coronavirus).
- The Academy of Medical Royal Colleges, Royal College of Nursing and Royal College of Midwives were involved in developing the guidance.
- There is understanding that staff on the frontline need reassurance. The updated guidance and securing greater quantities of PPE for Northern Ireland will both play a part in allaying concerns.
- We want to make absolutely clear that the PPE guidance is about ensuring staff have the appropriate level of protection for the circumstances they are working in – it is absolutely not, nor will it ever be, about seeking to restrict the use of equipment.



- It would be facile for anyone to suggest that there has been any lack of urgency. We are doing everything we can to best secure future stock of PPE.
- We are ramping up supply from local companies, including those that have repurposed their business to help combat the COVID-19 crisis.
- Our health service has been under considerable financial pressure for the past 10 years. That has inevitably had a bearing on its capacity. We cannot undo that, but we will work night and day for the sake of the public and our great health and social care staff. Colleagues right across the system at all levels are doing the same.
- Minister Swann recognises that other NI Departments are also facing PPE challenges, stating, ‘we have to tackle this together across the Executive and also to appreciate the scale of global competition for PPE products.’

**Last update: 10.04.20.**

### **PPE Plan**

- The UK Government are to publish a UK PPE Plan on Friday 10 April which will “*balance honest messages about the PPE challenge (global shortages and competition, logistical and data challenges, varying use and burn rates) with upbeat determination to rise to that challenge.*” The 3 pillars of this plan include:
  - Being clear about who needs PPE and who doesn’t.
  - Making sure that those who need PPE get it quickly.
  - Making sure we have enough PPE to see this out
- DoH were developing a NI PPE Plan on the back of a request from the Executive, but will now align with the 4 nations on this UK Plan. DoH has developed an Action Plan which will be further developed to underpin 4 Nations actions.

## Further Info:

- There have been huge uncertainties in the global supply chain associated with a ban on the export of PPE by China – this has had a knock on impact on the availability of supplies of facemasks worldwide. This has resulted in shortages being experienced by wholesalers, the NHS Supply Chain and by BSO in NI. Whilst this is now starting to resolve and manufacturing in China has resumed, demand for PPE is significant and will intensify.
- There has been a significant response from businesses in Northern Ireland and elsewhere to support the supply of PPE for essential public services, which includes offers to manufacture supplies locally. All offers of help are now being channelled through DoF Construction and Procurement Delivery, which is undertaking first level triage and then directing appropriate offers to BSO or elsewhere to support the need.
- Given the range and number of offers of assistance being received by the Department, BSO and others, guidance has been developed to assist with handling responses, ensuring that they are all channelled through CPD in DoF.
- DoH is working on a Four Nations basis with the departments of Health in England, Scotland and Wales on ensuring the continuity of supply of medicines and medical products, including personal protective equipment (PPE) to mitigate the threats arising from Covid-19.
- At a UK level (led by DHSC/PHE) work is continuing to mitigate the risk posed to supply chains for business as usual activities by:
  - activating Just in Time procurements to source key/alternative products to those in short supply;
  - switching to alternative facemasks which are less in demand (this requires further fit testing)

- releasing pandemic flu (PIPP) stockpiles of certain products, including facemasks, into BAU to boost supply to HSC organisations; and
  - testing out of date masks to extend their dates by another 3/5 years.
- Monitoring of the supply chain and stocks available is an ongoing activity across the 4 nations, with involvement of the Devolved Administrations.
  - A cross government PPE Group has been established which will provide oversight of orders placed with suppliers and completion of these orders / look to expand the number of suppliers to government / provide updates to the Executive on PPE.
  - Responsibility for the supply of medicines and medical devices across the UK rests with the Department of Health and Social Care (DHSC) in London. However the Departments of Health in each of the Devolved Administrations work very closely with DHSC on all aspects of planning and preparedness.
  - The Department also continues to work alongside colleagues in RoI in line with the recently signed MoU. Simon Harris (Minister for Health) wrote to Minister Swann and Minister Murphy on 8 April to note excellent co-operation to date on this key issue.

#### **PPE for Independent Care Home Sector**

- A single point of contact has been identified in each Trust to be contacted directly by the Independent Sector to secure supplies. This will be strengthened to ensure out of hours contact for the Easter period.
- Additionally the RQIA has set up a system to link the independent home care sector with small businesses supplying PPE. This process gives Independent Sector companies additional opportunities to source/purchase stocks of PPE.
- Departmental officials had a productive meeting with IHCP this morning and have been working with IHCP and a range of other bodies on new guidance which will help ensure greater consistency in the approach between

Trusts. Officials have asked IHCP to share a list of any specific homes where there are potential problems. We know Trusts have been working hard to ensure that over 700 care homes and domiciliary care providers have what they need.

**Last update: 10.04.20.**

## 5. Social distancing and self-isolation

- A statement by the UK Government indicated that people should prepare for a **'significant period' of lockdown**.
- Legislation is in force in Northern Ireland providing powers to enforce social distancing. The new regulations ban all public gatherings of more than two people.
- The Health Protection (Coronavirus, Restrictions) Regulations (NI) 2020 include a requirement that the restrictions and requirements be formally reviewed by the Department at least every 21 days, with the first review to take place by 18th April 2020. Although the Regulations require DoH to conduct a review, the cross-cutting nature of the restrictions suggest that Executive agreement is appropriate and Minister will need to take a paper to the Executive recommending that the existing restrictions should or should not continue.

**Last update: 09.04.20.**

### **Further info:**

- Social distancing and self-isolation measures are critical to ensuring the continued operation of the health service, to saving lives, and to reducing the overall negative impact on the country.
- These measures include avoiding contact with someone who is displaying symptoms of coronavirus (COVID-19), avoiding non-essential use of public transport when possible, working from home, where possible, avoiding large and small gatherings in public spaces, avoiding gatherings with friends and family, and using telephone or online services to contact GPs or other essential services.

- On 26 March 2020, the next phase of the Emergency Health Service Plan for the COVID-19 surge was published by the Department of Health. This plan included an end to general hospital visiting – with very limited exceptions. This will help protect patients by reducing the potential spread of the virus.
- Department of Education have also drafted guidelines for schools regarding best practice on social distancing in an education setting. This is based on Gov.uk guidance. Not yet published.

**Last update: 02.04.20.**

## 6. Shielding

- GPs across Northern Ireland have written to all those who meet the national definition of being 'High Risk'. Letters contain advice on:
  - Self-isolation
  - Changes to HSC services
  - Accessing medicines
  - Accessing The Community helpline
  - Keeping well at home
  - Detailed online guidance and general information on Covid-19
- The free phone Community Helpline is available to the most vulnerable and isolated people to provide support with accessing food and other essentials such as medicine. The helpline can also connect people to a range of other practical and emotional support services.
- Information from the COVID-19 Community Helpline as well as from local partnership groups and councils, will be used to identify the most vulnerable people who may be in immediate need of food. The freephone COVID -19 Community Helpline provides help to those in vulnerable groups to access information, advice and guidance in relation to COVID-19 and is open 9.00 am to 5.00pm, seven days a week. DOH have approved AGE NI with short term addition funding to their core grant in order to build additional capacity for the emergency helpline.
- Week commencing 13 April 2020, around 10,000 food boxes will be delivered weekly to support the most vulnerable in society during the COVID-19 lockdown, which will allow a box of goods to be delivered directly to the door of vulnerable people who have been notified to shield by their GPs, who cannot afford food and do not have access to local support networks. These boxes will also be available to those who are not shielding, but are in critical need of food.

- The Department for Communities (DfC) is leading this initiative which has been made possible through collaborative working with Health Trusts, local councils, the voluntary and community sector and the private sector and puts in place additional supports for the most vulnerable in society, particularly where people are unable to leave their homes.
- Food suppliers will provide the food boxes to local councils. The packages will include items such as tinned food, dried food and soap alongside some fresh fruit and bread. The boxes will then be delivered by local voluntary and community organisations to those people who have been identified as being most vulnerable during the COVID-19 pandemic.
- This support is comparable with what is in place elsewhere. This is a rapidly moving picture and officials are working across government to continually monitor what is happening on the ground.
- There have been a number of complaints to date that the list does not include all relevant conditions. In Northern Ireland, responses are being developed to deal with local questions, with **local GPs given the flexibility** to issue letters to anyone they judge to be high risk.
- Northern Ireland's response is broadly in line with the overall UK response and will be kept under review.
- CMO in NI has made the decision to include MND on the list of those people who will receive shielding letters. The Department has asked the HSCB to begin work on this and for letters to issue as soon as possible. The letters are on the DoH website containing all the advice and resources.
- The letters do not affect anyone's right to access healthcare services – they provide advice on self-isolation. Anyone with specific concerns about their condition should discuss their issues with their GP. Everyone should continue to follow the guidelines.



- The Department has also developed a template response for queries in relation to shielding, providing information and advice on a range of issues (general information, vulnerable groups, access to treatment and medication, assistance with shopping, concerns re employment).
- The Department continues to put in place detailed population information and dashboards to inform how we are responding to COVID-19 and the identification of vulnerable individuals.

**Last update: 08.04.20.**

**Further info:**

- A data analytics approach is being used to improve targeting of social support, with vulnerable patients identified from a number of sources, including:
  - Pregnant women from the NI Maternity System database,
  - Patients on drugs dispensed in primary care associated with the at-risk and high risk categories from the UK Government flu code set,
  - People who have had inpatient or day case admissions for any of the at-risk conditions from Public Health England,
  - Population in stratified age-groups by geographical area e.g. over 70s within super output areas,
  - Cancer patients currently receiving treatment.
- Work is also underway to obtain data from two additional sources; patients on 'red drugs' dispensed in secondary care, and shielded patients identified from GP patients' records.
- The Department of Health is also engaged with other NICS Departments, to ensure additional data is utilised effectively.
- NI does not have the same centralised data as other parts of UK, where they were able to assign a URN to everyone who received a letter. These URNs could then be used to cross refer requests for support where people

contacted the registration scheme in England. However, options for developing a similar approach in NI are under consideration.

- In NI the “best” data (e.g. most contemporaneous/ granular) is held by individual GPs. There is no centralised database and GPs own the data (GPIP is the solution to this). We have negotiated from them access to postcode data for everyone who received a shielding letter.
- DOH are working with colleagues in DfC to produce a “heat map” to support DfC to structure the logistics for their support network to ensure that the very vulnerable Shielded population are supported as best they can utilising the data available.
- Here, though we have no registration mechanism, vulnerable people can contact the helpline to access support. The GP letter which issued contains the number for the NI Community Helpline.

**Last update: 06.04.20**

## 7. Funeral management

- DoH Interim Guidance for Funeral Directors on managing infection risks when handling the deceased issued on 1 April. This was in addition to guidance on the care of the deceased published by PHE and reflected the culture and traditions around funerals and cremations in Northern Ireland. It is published on the DOH website / PHA sites.
- Further information and guidance has since been published by PHE and as a result the guidance for funeral directors here is being updated. It will be published shortly.
- This guidance is needed to ensure the health and safety of those involved in the funeral industry, and the health and safety of the relatives of the deceased.

**Last update: 08.04.20**

### **Further info:**

- It is understood that some GP colleagues have raised concerns that the recommended PPE for the funeral industry provided a greater level of protection than that of healthcare staff.
- Officials have been in constant liaison with both representatives from the NI National Association of funeral directors and PHA and are attempting to resolve the situation.

**Last update: 02.04.20**

## 8. Expanding Hospital Capacity in response to Covid-19 (Surge Planning)

- Modelling suggests that at the peak of the outbreak in Northern Ireland, the existing hospital estate may not have sufficient capacity to provide critical care to the number of patients who will require it.
- A central part of the Department's planning is to maximise the HSC capacity to treat Covid-19 patients. One of the options involves the establishment of a HSC temporary regional field hospital.
- The Health Minister visited the facilities of Northern Ireland's first Nightingale Hospital, in the tower block of Belfast City Hospital on 7 April 2020.
- The new regional unit, staffed by a team drawn from across Northern Ireland, is a key part of surge plans drawn up to cope with the expected increase in patients affected by Covid-19 symptoms.
- In the initial surge, the new Nightingale hospital will treat up to 75 ventilated patients, with a further 116 ventilated beds at DGH sites across Northern Ireland.
- In the event of an extreme surge, the new Nightingale will have the capacity to treat up to 230 ventilated patients from across Northern Ireland.
- The benefit of the Nightingale is that it would allow us to provide care to the highest number of patients with lower numbers of specialist staff. As local ICU services come under pressure, they will be folded into the Nightingale Hospital in a carefully planned and phased process, while ensuring that local services are still equipped to safely treat a small number of critically ill patients.

- The new facility will be staffed by a team drawn from across Northern Ireland. Staff rotas will be developed on a regional basis. At peak, it is expected that over 500 medical staff and 1,800 nursing staff will be required to staff the regional Covid19 ICU service. Patient pathways are being developed on a regional basis to ensure patients access the appropriate level of care as rapidly as possible.
- If we reach a position in which it is necessary for staff to work in different locations, we will do everything we can in order to ensure that they are well looked after. This will include accommodation and catering where required.
- The Department's surge plans also include the development of further critical care capacity at Altnagelvin and Ulster Hospital sites as part of phased approach to the surge plan.

#### Temporary suspension of screening

- Minister of Health announced (7 April) that a number of routine screening programmes have been paused to allow staff and resources to be reallocated to tackling Covid-19. Programmes affected are:
  - routine cervical cancer screening,
  - routine breast cancer screening,
  - bowel cancer screening,
  - abdominal aortic aneurysm (AAA) screening and surveillance monitoring, and
  - routine diabetic eye screening and surveillance monitoring.

Screening will continue to be offered for people who require:

- higher risk breast screening,
- diabetic eye screening for pregnant women,
- newborn bloodspot screening,
- newborn hearing screening, (this programme will be focused on completing screening prior to discharge from maternity units only)

- antenatal infections screening and
- Smear tests for non-routine cervical screening (e.g. repeat tests requested by colposcopy or the laboratory)

### Co-operation with Private Sector Hospitals

- The Health and Social Care Board has negotiated arrangements for partnership working with the independent sector hospitals.
- Trusts are now accessing the independent sector hospitals to treat urgent patients (Non-COVID) across a number of elective specialities (planned treatment), while Trust hospital sites prepare to concentrate on treating patients who have contracted the virus.
- Kingsbridge Private Hospital, Ulster Independent Clinic and North West Independent Hospital have agreed to facilitate Trusts in this initiative and will be providing up to 112 beds on a not-for-profit, cost recovery only basis for the duration of the pandemic.
- Health and Social Care Trusts are currently identifying and scheduling the patients who can be treated in the independent hospital facilities and are finalising the prioritisation of those patient lists. The initial focus is on urgent elective cancer patients. Trusts and the independent sector hospitals are working together to facilitate the service relocation.

**07.04.20**

### Ventilators

- There are currently 197 mechanical ventilators available across the Health and Social Care Trusts in Northern Ireland (as at 07 April). Further orders are in place and are being actively progressed.
- Currently across health and social care in Northern Ireland there is sufficient capacity, equipment and oxygen to provide critical care for those who need it.

- Additional mechanical ventilators are on order to meet our estimated need for up to 400 ventilated critical care beds. A further 500 oxygen therapy devices (non-invasive ventilators and high flow nasal oxygen 'airvo' machines) that can support patients before or after critical care are also on order.
- Northern Ireland will also benefit from a central UK Government allocation programme for ventilators and oxygen therapy devices. This will include equipment procured through NHS supply chains as well as that produced through the Government's Rapidly Manufactured Ventilator System (RMVS) challenge to UK industry. NI companies are participating in this initiative through coordination by Invest NI.
- It is expected that orders will be received through phased deliveries over the coming weeks as suppliers respond to unprecedented global demand. It is not possible to provide precise delivery times for this reason.

**Updated 09.04.20**

### **ECMO (Extracorporeal Membrane Oxygenation)**

- ECMO is a highly specialised service provided at a small number of hospitals across the UK. If people in Northern Ireland require ECMO they are normally transferred to one of these specialist centres. These centres have teams of specialist staff available 24 hours per day.
- We do not have an ECMO service in NI as our population is too small to sustain a local service – in addition to any necessary equipment, a crucial part of such a service is the skills and experience of the clinical team. The small numbers requiring such a service would make it impossible for a clinical team to maintain the specialist skills required, and thus a safe and effective service would not be sustainable.
- It will not be possible to establish such a highly specialist service on temporary basis for the duration of the current pandemic. Every effort will be made to ensure that people who need ECMO are able to access the service in GB.

- Staffing such a service would draw on the same staff as those who will be providing the enhanced (surge) critical care capacity – thus it would not be in addition to existing services, but instead of some of them. This is important because ECMO is indicated for acute, severe but potentially reversible respiratory failure. Recent data on patients with COVID-19 in critical care in the UK suggests that many patients are not suitable for ECMO due to underlying health problems. This would mean that help to many patients could potentially be sacrificed to run a service that benefits very few.
- Given the specialist skill set required, the lead in time to develop a service would be many months, if not years.

**Last update: 08.04.20**

### Expanding Critical Care Capacity

#### Reconfiguring Hospital Services to Stop or Reduce Elective and Non-urgent Work.

- HSC Trusts have made arrangements to **postpone all non-urgent elective** appointments in order to free staff up for additional training.
- There may also be a need to temporarily reduce other services.
- 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.
- In addition, new invitations to some population screening programmes are being deferred, i.e. cervical screening, routine breast screening, bowel cancer



screening, abdominal aortic aneurysm screening, and diabetic eye screening; with **75,000 screenings to be deferred over the next three months.**

### Protecting non-Covid critical services

- Work will likely mean that, across Trusts, **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 have completed assessments of their available estate to ensure that all capacity is made available for patient care.
- A plan to implement a step-wise temporary reconfiguration of inpatient paediatric services in response to Covid-19 surge has been published (3 April). This is a regional plan which has been agreed with all Trusts and paediatric units and aims to consolidate inpatient paediatric services to ensure continued delivery of urgent and emergency paediatric local and regional services throughout surge.
- Children's and maternity services will be temporarily reconfigured to free up to 130 beds during extreme surge in acute hospitals, which will be vital in treating the sickest patients and makes best use of our hospitals.
- It has also been agreed that while antenatal services will continue at Causeway Hospital, it is not possible to deliver babies in the Causeway Hospital during this surge period. To protect the wellbeing of mothers and babies, women booked to deliver in Causeway will be contacted and have their delivery transferred to Antrim or Altnagelvin Hospital.
- Maternity services in Daisy Hill, South West Acute, Craigavon, Altnagelvin, Antrim, the Ulster and the Royal Jubilee Maternity Hospital (RJMh) will continue.
- The Royal Belfast Hospital for Sick Children has also freed up capacity through the cancellation of elective work meaning more beds are available

there for paediatric admissions (52 beds available at 7.00am on 2nd April 2020).

**Last update: 03.04.20**

### **Accelerate Discharge**

- 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 will also work to maximise and utilise all spare capacity in residential, nursing, and domiciliary care.
- The HSC is 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 an acute setting, this will involve a requirement to institute more stringent prioritisation practices i.e. thresholds for access to critical care and high dependency areas, but also in the community for admission to hospitals.
- In addition the Department of Health has indicated expectation that requirements around a range of reviews and assessments and regulatory standards will be interpreted flexibly. The Department is also carrying out an assessment of available options to rapidly increase community capacity in the event of an extreme surge.

### **Constraints on oxygen capacity in Trusts to meet anticipated increased demand related to ventilators for critical care beds**

- There is a risk that the current oxygen capacity within Trusts is not sufficient to meet the increased demands for ventilators to treat critically ill patients. There is an increased demand for bulk oxygen across the UK related to the establishment of field hospitals.

- A full review of oxygen capacity across all HSC Trusts has been completed and work has started to increase capacity in acute sites, aligned with surge planning and contingent on materials.

#### Early alert in relation to continuous positive airway pressure ventilation (CPAP)

- Risk to oxygen delivery system in hospitals if oxygen flow not properly controlled.
- Early alert shared with HSC Silver for distribution. The Department has written to HSC Trusts on 8 April regarding the monitoring of oxygen systems and advice on the management of Bulk Medical Oxygen Systems. The letter includes actions to take so that critical oxygen systems are managed to ensure patient safety and the continued delivery of care services by the whole hospital.

**Updated 08.04.2020**

## 9. Establish COVID-19 Centres

- A network of new Primary Care COVID-19 centres is being rapidly established to manage the growth of coronavirus cases here.
- Ten Primary care Covid Centres are now open in Ards, Lisburn, Ballymena, Downe, Enniskillen, Belfast, Dungannon, Banbridge, Antrim and in Londonderry.
- The remaining centre in Coleraine is due to open later this week. The situation will be kept under review and further centres may be opened if required.

LCG Area	Site	Site Open Y/N
<b>Belfast</b>		
	Beech Hall HCC	Y
<b>Northern</b>		
	Ballymena OOHs	Y
	Antrim Adult Centre	Y
	Coleraine Health centre	N
<b>South Eastern</b>		
	Ards Community Hospital	Y
	Lagan Valley Hospital	Y
	Downe Hospital	Y
<b>Southern</b>		
	Banbridge Poly Clinic	Y
	South Tyrone Hospital	Y
<b>Western</b>		
	Altnagelvin	Y
	SWAH	Y

- The centres have been rapidly established in each Trust area to help manage the increase of Coronavirus cases in the community by allowing patients who are showing symptoms of the virus to be separated from those with non Covid-19 related conditions.

- This is essential to ensure that vital GP services can be maintained in the coming weeks and months with minimum disruption.
- Covid-19 centres are not testing facilities. They are only for patients who are unwell, are suspected of having Covid-19 and require medical attention. Patients will not be able to report directly to these centres without being referred by their GP or Out of Hours provider.

**07.04.2020**

## 10. Maintaining access to medicines - community pharmacy

### Supply issues in the medicines supply chain

- There are currently a number of shortages in the medical supply chain following a large increase in demand for prescription and non-prescription medicines. Supplies of over-the-counter paracetamol products and some inhalers have been under particular strain as well as palliative care medicines. Most of these issues are being managed and are expected to be short lived as medicines supplies in wholesalers are replenished on an ongoing basis.
- To reduce demand on the medicines supply chain new arrangements for repeat prescriptions have been introduced across the region. Advice has also been issued to prescribers as well the public asking them not to over-order and stockpile medicines. Options for further mitigation are being developed in case more action becomes required. Advice has issued to GPs relating to palliative care medicines.

**Updated 08.04.2020**

### Work pressures in community pharmacies

- Pressures in community pharmacies associated with the large spike in demand for medicines, coupled with workforce challenges associated with the current social distancing and self-isolation measures, could lead to some pharmacies needing to close, which could limit access to medicines and medical supplies.
- A range of measures have been taken to reduce pressure on pharmacies. This includes interventions to improve cash flow, additional funding for staffing and premises adaptations for social distancing, new opening hours to allow more time for staff to meet workload demands and have a lunch break, support from community and voluntary sector for deliveries, provision of

appropriate PPE in line with current public health guidance and access to testing for pharmacy staff when new arrangements are implemented.

- To reduce demand on the medicines supply chain new arrangements for repeat prescriptions have been introduced across the region, advice to prescribers as well as advice to the public asking them not to over-order and stockpile medicines. Options for further mitigation are being developed in case more action becomes required. Advice has issued to GPs relating to palliative care medicines.
- To further support access to medicine and reduce pressures on GPs a new emergency supply service commenced 06/04/2020 which allows pharmacies to provide a supply of medicines to patients under certain circumstances without a prescription.
- A range of measures have been introduced to enable the region's 532 community pharmacies to maintain supplies of medicines to the public throughout the COVID-19 pandemic.
- These include rapid interventions to sustain cash flow, additional funding for staffing, and premises adaptations for social distancing.
- New opening hours have also been introduced in many pharmacies to give staff more time to manage their workload and to have time for a lunch break.
- Support is also being made available from the community and voluntary sector for medicines deliveries and new repeat prescription arrangements have been introduced.
- Colleagues in the HSCB have been working with the Community Development Health Network (CDHN) to put in place arrangements by which local community and voluntary organisations will coordinate volunteers to deliver medicines to patients.

- Development of this new service has included a Standard Operating Procedure (SOP) to ensure that appropriate governance measures are in place for the safety of patients, pharmacy staff and volunteers.
- It is planned to announce the new service next week (w/b 13 April). CPNI has requested that it isn't publicised this week as they are concerned that an announcement would increase the number of calls in the run up to the Easter.

#### **Updated 09.04.20**

- Community pharmacy staff have been provided with PPE in line with current public health guidance and have access to testing.
- Medicine supplies for pharmacies are continually replenished by wholesalers and most stock issues are short term and resolved quickly. The situation is being kept under review. If a shortage does arise, there are well established arrangements in place to respond to that.
- The Chief Pharmaceutical Officer has advised all community pharmacies in Northern Ireland to remain open for business as normal and continue to follow the specific guidance for pharmacies in the HSCB Community Pharmacy FAQs and the Staff Protection Checklist, as well as general guidance on social distancing.
- The Chief Pharmaceutical Officer has also written to all pharmacies (1 April 2020) on their concerns regarding PPEs, Social distancing and testing.

#### **Updated 08.04.2020**

#### **Constraints on the ability of the medicines supply chain to meet a sharp increase in demand for a number of critical care and supportive medicines used in Intensive Care Units (ICU).**

- There is a risk that sufficient critical care and supportive medicines will not be available to support an increase in ICU and critical care capacity because



there are a limited number of suppliers globally for these products, hospitals typically hold limited stocks and demand is increasing with continued uncertainty about the ability suppliers to meet increased demand. This is a UK wide issue.

- DHSC has asked NHS England (NHSE) to lead, on behalf of the UK, on sourcing as much of the relevant medicines as possible. DoH is connected with this work and Trust pharmacies across Northern Ireland are working together on contingencies for the management of stock. NHSE has commissioned intensive care clinical experts to develop UK-wide guidance for clinicians on suitable alternative treatments in the event of supply disruptions.
- Focussed work is being undertaken to support increased demand for critical care, end of life care, aseptic and antibiotic medicines. The Chief Pharmaceutical Officer issued advice on critical care medicines to the HSC on 7 April.

**Updated 08.04.2020**

## 11. Strengthen and Support the Social Care sector

- Health and Social Care Trusts in Northern Ireland lead on the delivery of social care services including the commissioning of care home places and domiciliary care. We have a relatively small privately funded component here.
- Work is ongoing to strengthen and support the social care sector, with a number of steps already progressed.
- We have instructed Trusts to:
  - Work with providers to meet their PPE needs where they cannot source their own PPE;
  - Work with providers to address staffing issues, facilitating sharing of staff between providers, use of volunteers and deployment of Trust's own staff.
- Despite this, the issue of access to PPE has been a major concern to the sector to date – both its availability and guidance on when it should be used.
- Trusts have also been asked to work to identify issues around accessing PPE for informal carers and those using direct payments – and to ensure there are contingency plans in place where informal care is being provided.
- All Trusts have vulnerable client lists, which will be used to inform the consolidation of services as and when staff resources become stretched.
- In addition to PPE the issue of testing has been prominent. The Chief Social Worker wrote to providers on 30 March to highlight the availability of testing for community based providers of social care, including those working in care homes and domiciliary care.
- We are currently updating both our guidance on domiciliary care and supported living and our guidance on care homes to reflect both the latest

PPE advice and further advice on discharge. Some smaller care homes are not willing to take hospital discharges for fear of COVID-19. While the new PPE guidance will assuage some concerns it will likely increase anxiety around the availability of PPE.

- The issue of testing is likely to continue to be a focus with some politicians here seeking widespread testing of residents and a recent initiative in RoI which will see all care home staff tested routinely.
- Alongside the support from the HSC Trusts for independent providers our regulator – the RQIA – has re-purposed its inspectors to man a Service Support Team providing a first point of contact, advice and support for independent sector providers.
- Planning is underway to assess how we can further expand capacity in the sector, including expanding care into other sites such as a hotels.

#### **08.04.20**

- Draft guidance is also under development for informal (unpaid) carers and young carers during the coronavirus pandemic. It will provide advice and pull together already existing sources of information into one place and signpost carers to others who may be able to help.

#### **07.04.20**

#### **Further info:**

- Guidance to care homes and to domiciliary care and supporting living was issued on 17<sup>th</sup> March. Care homes have been asked to implement the policies they would use if there was an infection control issue at the home. This will include restrictions on visitors, to protect residents from the potential spread of COVID-19.

- The Northern Ireland Social Care Council have written to social workers who are no longer practising encouraging them to return and are looking at ways to encourage social care workers who have left the sector to return. Priority access to Access NI checks is being provided for all those required to deal with COVID-19, including those in the social care sector. We are seeking to ensure the sector have access to volunteers identified through the scheme being run locally by Volunteer Now and through the HSC call for professional staff to return to the workforce.
- NI Social Care Council (NISCC) registration fees have also been deferred. A wide range of regulatory flexibilities have been put in place. Unlike in England and other parts of the UK, most of these can be done through changes to guidance and circulars (for instance, requirements for annual care reviews or additional flexibilities in how clients can be placed). We have been clear that families may not have a choice of care home into which their relative is placed and that patients may be discharged home to the care of their families before a full homecare (domiciliary) package is in place. We have also instructed the RQIA to work with providers to come to solutions to issues that may be outwith the letter of standards or regulations.
- Measures have also been taken to ensure a level of financial support, where independent providers experience a reduction in income and where e.g. individuals decide they no longer wish to receive home visits.
- On 6<sup>th</sup> April there were 22 confirmed outbreaks of COVID-19 in NI care homes and a further 25 cases of flu-like illness (a total of 47).
- The Department hopes to issue revised guidance to care homes and to domiciliary care and independent living providers, and new guidance for carers, this week.

**8.4.2020**

## 12. Mechanisms to enhance financial viability

### Additional funding

- The Executive (9 April) has agreed further allocations of almost £300m to tackle COVID-19.
- The allocation for the Department of Health is an additional **£65m** bringing the total allocation to the Department of Health for COVID-19 to **£205m**, including £140m previously committed to Health. The additional £65m of funding represents the balance of funding available at this time. In addition, £150m has also been held centrally by DoF for Personal Protective Equipment (PPE).
- Minister Swann has welcomed this funding and the prioritisation afforded to the Department of Health at this stage, recognising the challenges also faced by other Departments, and wider society, in these unprecedented times.
- Forecast expenditure and additional funding requirements are difficult to predict given the rapidly evolving position in mobilising the health and social care response to this public health emergency. While the allocation is welcome, further funding top-ups may be required.
- Minister Swann will continue to liaise closely with the Finance Minister, Conor Murphy, on funding requirements as financial pressures emerge during these challenging times.

**Last updated 09.04.20**

### Support for service continuity

- The NI Executive has agreed to implement a range of measures for all public bodies on payment of their suppliers, to ensure service continuity during and after the current COVID-19 outbreak. This includes guidance on supplier relief due to COVID-19 which covers areas such as:

- **Payments to at risk suppliers** until at least the **end of June 2020** to maintain business and service continuity,
  - How suppliers must act with transparency during this period; and make available relevant financial data to show how the payments made to them under contract have been used appropriately, and
  - Where suppliers cannot fulfil contracts due to action taken elsewhere in the public sector, that they re-deploy their capacity to other areas of need.
  - How **public bodies should accelerate the payment of invoices** and look to pay suppliers as quickly as possible to maintain cash flow and protect jobs.
- In addition to implementing these provisions, the Department of Health has already written to Arms-Length Body Chief Executives regarding specific measures in relation to Domiciliary Care Agencies and Nursing and Residential Care Homes.
  - In each of these sectors, where a supplier's income falls significantly, HSC Trusts will ensure that **financial support is made available to protect supplier staff and capacity.**
  - The Department of Health has also established a Financial Support Scheme to reduce the risk to the ongoing provision of dental services by providing **additional financial support to General Dental Practitioners** in respect of the unavoidable costs associated with the provision of services on behalf of the HSC. Approximately 1,170 applications were made to the scheme in its first month. A similar scheme is being developed for Ophthalmic Contractors whilst a financial support package for other key sectors will also be considered.

**Updated 09.04.20**

### **Hospice Services**

- The Department of Health has put in place measures to contribute to the financial support and stability of Hospice organisations (Northern Ireland Hospice, Marie Curie, Southern Area Hospice Services and Foyle Hospice) across the system during this COVID-19 emergency. These measures seek to ensure Hospices can continue to offer this vital care as sustainable service providers at this challenging time.
- The Chancellor on 8 April announced an extra £750m funding for frontline charities, including up to £200m for hospices. Northern Ireland will receive a share of this funding and we will be establishing arrangements to make this available as quickly as possible.

### **Voluntary and Community**

- The Department understands the additional pressures faced by many sectors, including voluntary and community organisations, at this time. The Department is prioritising funding to frontline services to deal with the impact of Covid-19 to ensure our health and social care has the resources it needs to cope with the coronavirus. Every effort is being made across the system to get resources where they need to be and we appreciate the support and patience of our delivery partners at this challenging time.

### **Grants (DAO 03/20)**

- Grants payments will continue to be made to organisations, including the Voluntary and Community sector, even in circumstances where the service cannot be provided to the normal extent in light of Covid 19. Adjustments may be made to the timing of grant payments to ensure that the funding is available when it is needed to support the critical provision of the services these organisations provide to the public. The Department recognises the important role of our delivery partners and these measures seek to ensure that these organisations will be supported through the Covid 19 emergency and will be able to resume normal service as we emerge from the Covid 19 response situation.

**Updated 06.04.20**

## 13. Strengthen and support workforce

### Calling back HSC professionals

- Regulators - the General Medical Council, the Nursing and Midwifery Council, the Health and Care Professions Council and the NI Social Care Council - have **written to over 500 Northern Ireland doctors, 1,600 nurses, 450 Allied Health Professionals and 400 Social Workers** who have left their registers and/or given up their licence to practice. These individuals can rejoin their registers provisionally under emergency provisions in the Medical Act and the new Coronavirus Act.
- It is hoped that many of these will make their expertise and experience available to help deliver care across HSC and support their former colleagues during the anticipated surge in activity. Currently approximately 160 nurses and midwives have signalled their desire to re-join the register.
- These individuals are being routed through the **HSC Workforce Appeal**, which was launched on 27 March by the Department of Health, calling for HSC professionals to return to the workforce. The appeal has also publicly called upon fully-qualified and experienced health and social care professionals, who have either temporarily or permanently left the HSC, to support colleagues and local communities in urgent need by returning to work. In addition, the Appeal is seeking **interest from the public in relation to non-clinical roles** to fill a range of vacancies with paid employment including porters, catering staff, cleaning and domestic services staff, laundry staff, ICT professionals, finance and payroll, call handlers, drivers, electricians, plumbers, joiners, warehousing, maintenance staff and more.
- The Workforce Appeal has generated **17,197** expressions of interest from people interested in playing their part. These have progressed into **9,731** formal applications: a conversion rate of 57% (usual for campaigns is approx. 30%). **539** people have been appointed, offered posts or are job ready



pending identification of a post, with a further **2,083** about to be moved to job ready or offered, subject to final checks.

- The **Pharmaceutical Society** of Northern Ireland has also written to all recently retired pharmacists and **over 200 will be temporarily registered** under provisions in the Coronavirus Act 2020.
- Arrangements have been made via HCPC to facilitate Healthcare Scientists returning to practice and, in a small number of cases, final year students gaining early access to HCPC registers. While total numbers may be relatively limited, they may be of particular assistance in Laboratories and Critical Care.

**Updated 10.04.2020**

#### **WHO Report - Investment in Nursing**

- The state of the world's nursing 2020, published (7-4-2020) developed by WHO in partnership with the International Council of Nurses (ICN) and Nursing Now, reveals that today there are just under 28 million nurses worldwide and called on governments to invest to accelerate nursing education and training, create nursing jobs, and empower nurse leadership.

**Updated 07.04.2020**

#### **Early registration of students**

- Work on the early registration of final year students is progressing well with universities and employers.
- Around 500 final year medicine and nursing students at Queen's University have agreed to join the front line and support the NHS directly.
- Final year adult and mental health student nurses at Ulster University have also entered the healthcare workforce as part of emergency plans to assist with the COVID-19 response.
- Nursing and midwifery students in their second year of training will soon have the opportunity to opt to join their fellow students in supporting the frontline workforce.

- Arrangements for final year social work students to qualify early have been made and Trusts are in the process of recruitment.
- First and second year social work students are currently are also joining frontline social care services in HSC Trusts and the independent sector.
- Social workers from arms length bodies such as NIGALA are also being redeployed to critical areas of workforce need.

Updated **08.04.2020**

### Defer revalidation

- The Nursing and Midwifery Council have deferred revalidation for three months initially.
- The Health and Care Professions Council have deferred renewal of registration for physiotherapy which was planned in April.
- From 17 March 2020, doctors who are due to revalidate before the end of September will have their revalidation date deferred for one year by the General Medical Council.

### Childcare for key workers

- In conjunction with the Department of Education, a new bespoke home childcare scheme has been launched to meet the childcare needs of keyworkers during the COVID-19 pandemic.
- The scheme will support those who are on the frontline in the fight against COVID-19. It is open to the key workers who are providing clinical care to coronavirus patients; health and social care workers who are supporting life threatening emergency work, as well as critical primary and community care provision; and all the other health and social care workers, and wider public sector workers who provide critical services.

- Under the scheme, children of keyworkers will be temporarily matched with one daycare worker from the setting that they currently attend. The scheme will prioritise the needs of key workers with babies and toddlers.
- The Department of Health will monitor demand and make any changes necessary to ensure the childcare needs of critical workers are met, this may include prioritising the needs of some key worker groups. The Department is also developing other childcare options for keyworkers.
- A list of schools which are open for the educational supervision of vulnerable children and key workers' children is now available online. Schools are open only to allow staff to organise remote learning for their pupils and to make provision for supervised learning for these children up to the end of Year 10. The Education Authority has also created a school placement request form. This form is for key workers to request supervised learning for their child in an available school setting, if their normal school is not open.
- In addition, the Department of Health has worked with the Department of Education to ensure that health and social care workers – all jobs, all sectors, are defined as key workers for the schools-opening scheme for school age children up to Year 10.
- It is useful to note that schools have been issued with guidance on clustering to ensure there are sustainable arrangements and sufficient places for vulnerable children and the children of key workers during the Covid-19 crisis. An example of a cluster could include schools in a geographical location, an Area Learning Community or a Shared Education partnership coming together to agree suitable available premises for supervising children of key workers and vulnerable children.

#### **New proposals for childcare**

- Additional measures were announced on 9 April to support vulnerable children and children of key workers.

- The initiative which is being developed in collaboration with the Department of Education will provide an around an additional £12 million in emergency childcare provision for children of key workers including:
  - A bespoke Approved Home Childcarer Scheme aimed at enabling key workers to have their childcare needs met in their own homes;
  - Enhanced support for registered childminders who provide childcare for key workers and vulnerable children;
  - Support for registered daycare settings to remain open for key workers and vulnerable children in locations where key worker parents need them most and for those settings which have been forced to close;
  - Childcare advice and guidance for parents who are key workers, including a helpline; and
  - Advice and guidance for registered settings and providers.
- These measures will sit alongside the support being provided by educational settings for children of key workers and vulnerable children
- Where it is possible to do so, children should be cared for in their own homes. Schools, pre-school education settings, registered daycare facilities and childminders should only be providing care for the children of key workers and vulnerable children.

**Updated 09.04.20**

### **Call for volunteers**

- The call for community volunteers is being led by the Department for Communities, (DfC) linking closely with the Department of Health. Volunteer Now - the lead organisation for promoting and supporting volunteering across Northern Ireland - have been appointed to lead the registration and deployment of people offering to volunteer within the community.
- DfC – along with Volunteer Now - is also working in partnership with councils, HSC Trusts, sports governing bodies, and others to strategically and

operationally coordinate existing and new volunteers, to meet needs in the response to pandemic.

- Volunteer Now have now launched a new online campaign #HelpEachOther to support those who wish to volunteer for COVID-19 related opportunities and also for those organisations which require the support of volunteers to deliver their services to those who need it most.
- Volunteer Now have also developed guidance to ensure volunteers and those who they help, are kept safe and safeguarded. Those wishing to be part of the response are asked to register at Volunteer Now's website.
- The Department of Health is taking forward actions arising from the Coronavirus Act to establish a scheme to provide leave and reimbursement to workers who are skilled volunteers.

### Remote working

- The number of HSC staff needing to work remotely has increased significantly during the pandemic, with requirements changing rapidly.
- Prior to the announcement that all non-essential workers should attempt to work from home, an exercise was undertaken in Northern Ireland to identify requirements for remote working. This included the number of new laptops that were needed across the HSC, as well as a view of the increases that were needed to central infrastructure to support enhanced remote connections. Work is progressing to deliver these requirements.
- In addition to these existing business continuity arrangements for remote working, HSC organisations are beginning to submit additional requirements to mobilise the wider workforce. An exercise is now planned to collate the new requirements and develop a strategic response.

### Support for the health and wellbeing of HSC staff

- A number of actions have been progressed across government in Northern Ireland to support the health and wellbeing of HSC staff, this has included **free travel** for HSC workers on public transport services while the fight against COVID-19 continues, **free car parking**, **suspension of pension regulations** to ensure that retired people returning to the workforce do not suffer a financial detriment, and a number of other financial supports announced by the UK government which will support local businesses and families.
- HSC employers are also putting in place **mental and emotional supports** for their workers at this difficult time.
- Chief Social Worker Sean Holland spoke publically on 30 March 2020 urging people to look after their mental health and wellbeing during the coronavirus outbreak. He highlighted useful resources such as the Covid-19 App and PHA website as sources of help and support.

### Accommodation

- An agreed mechanism is currently being put in place to facilitate hotel accommodation for staff. HSC Trusts will be able to avail of this, but may also make alternate arrangements at a local level to suit particular circumstances.
- Both HSC Trusts and the Northern Ireland Fire and Rescue Service have been provided with various property options to accommodate staff who need to self-isolate, with work ongoing to ensure these staff are facilitated.

### HSC resilience

- HSC Trusts have been preparing for this surge for weeks. Routine elective care has been downturned to allow hundreds of staff to be given refresher training in the skills we will need to deal with the sickest patients.
- I don't think anyone could say they are 100% confident. The situation in Spain and Italy shows how difficult this could get. There is no doubt that, even in the best case, this will be perhaps the greatest challenge the HSC has ever

faced.

- Copies of the surge plan for critical care were shared (1 April), as well as an overview of the surge plan across the whole health and care sector.
- Plans are in place, our excellent and committed healthcare staff must be trusted to do their best in what may be incredibly difficult circumstances.
- Critical care capacity is being concentrated at the BCH to improve our resilience. It will significantly increase our capacity – enough to meet the Reasonable Worst Case Scenario according to the most recent modelling - but the main reason is to do what we can to help our staff. Caring for this many ventilated patients requires enormous amounts of medical, nursing and support staff. As a minimum, it will involve 500 doctors and around 1800 nurses.
- Focusing on a smaller number of sites means that:
  - We will not wear our staff out trying to provide multiple services on multiple sites;
  - Staff will have ready access to support from experienced colleagues
  - We can quickly build up staff expertise in dealing with these patients

**Updated 03.04.20**

## 14. Mental Health

- The effect and scale of challenge facing our communities and our workforce as a result of COVID-19 pandemic is unprecedented. Health and social care staff and other key workers across all sectors are working harder than ever before, in circumstances they could never have imagined.
- It is important to put support in place to help people deal with the impact of this on their mental health and emotional wellbeing now, and mitigate against the potential long term effects.
- The HSC is taking a number of measures to protect mental health and build mental resilience which will help people stay in – or return quickly to – work. These include:
  - Adaptation of Take Five public health messaging to focus on looking after your mental health while staying at home;
  - Development of an App Library focusing on apps to support emotional wellbeing and mental health, with a planned go live date by Easter;
  - Online Stress Control classes which will be available to the general public from 13 April;
  - Increased work with councils and community and voluntary sector partners to support community hubs;
  - Adaptation of delivery of psychological therapies via digital means;
  - Cooperative work with Action Mental Health to implement 1 hour ‘Mindset’ online programme for adolescents and adults;
  - Creation of a handbook for medical students who are joining the workforce early, and work is ongoing to adapt this for other healthcare students;
  - A working group to develop a regional emotional wellbeing and resilience framework for HSC across statutory, independent and c&v sectors, including psychological first aid; and
  - Work to plan for the post pandemic psychological impact.



## 15. Communication & Engagement

- The Department of Health is working closely with colleagues in HSC Trusts, the Health and Social Care Board (HSCB), and the Public Health Agency to proactively push key messages to the public.
- These include the vital messages on social distancing and hygiene, as well as detailing the many actions being taken across the HSC in preparation for the Covid-19 surge.
- The Department is also in close contact with the grassroots #FightBack social media campaign, which has proved very effective in promoting public health messages.
- The Department of Health and the Public Health Agency are keeping abreast of the changing situation around COVID-19 and are liaising with partners across the UK and the Republic of Ireland including; NI Executive Departments, Public Health England, Health Service Executive (RoI) and our local Health Trusts.
- A Memorandum of Understanding has been formally agreed between the Departments of Health for the Republic and Northern Ireland to underpin and strengthen North South co-operation on the public health response to the COVID-19 pandemic.
- The document focuses on facilitating greater co-operation on areas such as: public health messaging, research, programmes of behavioural change, ethics, evidence base/ modelling, and public health and non-pharmaceutical measures. Other areas will be considered, such as procurement, where this is of mutual benefit. It can be found on the Department's website at:  
<https://www.health-ni.gov.uk/publications/memorandum-understanding-covid-19-response-public-health-co-operation>

**07.04.2020**

- With a significant workload being experience in dealing with unprecedented levels of media enquiries, the communications work of the Department of Health is being supported by the wider Executive Information Service which provides communications support to the wider NICS.

### TUS engagement

- Trade Unions have recently been in contact with the Department regarding a number of issues and concerns.
- Patricia McKeown, Regional Secretary of Unison, wrote to the Department on 23 March and 2 April 2020, expressing concerns about the Department's engagement with unions on the Covid-19 response, with a particular focus on PPE, and the latest interim protocol on testing. Her letter also set out concerns about PPE provision and the approach to testing. Minister has given a commitment to tackling any concerns raised.
- CNO and officials met with TU representatives on 7 April and provided a high level outline of the surge plan for critical care and the impact this will have on services, staff and care provision. Issues were raised regarding the speed at which plans are being developed and the need for engagement with TU.
- WPD will act as the conduit between trade unions and senior Departmental officials for the duration of the pandemic. WPD will also be proactive in arranging briefings with Trade Unions on the detail of emerging issues.

**Updated 09.04.20**

### APP development and launch

- The Department launched (9 April) Version 2 of the Covid-19 NI mobile app, giving the public up-to-date advice at their fingertips.

- The app was originally launched on March 27 and includes an interactive COVID-19 symptom checker. It has already been downloaded over 43,000 times and has received strong approval ratings from users.
- The app helps people decide if they, or someone they care for, have the symptoms of coronavirus infection and depending on the severity of their illness, know how to cope and what to do; decide if they need to get clinical advice and how to access it, particularly for vulnerable members of the public; provide links to trusted information resources, and direct them to be able to get an isolation note if they have to self-isolate; provide an advice search function of FAQs that will be developed and updated regularly; and provide direct notifications to the user's smart device with key bulletins and updates.
- The app was developed jointly with members of the public with regular design sessions and user testing to ensure the features meet the needs of people in Northern Ireland.
- It is used several thousand times per day with hundreds of specific questions posed to the COVID-19 NI advice and guidance 'chat-bot' – software that responds in real time to questions from users.
- The first release was developed rapidly with the Department of Health working in partnership with two local businesses. The second version provides additional features and updates the advice and guidance based on recent developments.
- A further release is planned around the 27<sup>th</sup> April to capture new features that will help with the shift towards later stages of the pandemic.
- In the first two releases the app does not collect any personally identifiable information, it does collect information related to the postcode and age of the user to help us track the impact of Covid-19 in Northern Ireland, and to plan services and ensure that resources are directed to the areas of greatest need.

- By providing early and easily accessible advice to the public, and information on whether someone may need to speak to a healthcare professional the app should also help with easing pressure on GP surgeries, pharmacies and other community services.
- Once downloaded, people who use the app will also receive push notifications, which will include the latest public health advice.
- Download the Covid-19 NI app at the Apple App store, and [Covid-19 NI](#) on Google Play.

**Updated 09.04.20.**

## 16. Research / treatment

- Testing capacity in HSC laboratory services continues to be scaled up. Ongoing work on sero-prevalence survey [the level of a pathogen in a population, as measured in blood serum.] 31.03.
- DOH / HSC officials are closely engaged with Public Health England (PHE) in relation to evaluation of commercial tests currently available, and have pressed PHE to include a range of tests in their evaluation work.
- Initial findings from a number of evaluations have been shared with DOH / HSC officials now assessing these in collaboration with virology experts locally.
- There are currently no specific anti-viral medicines that prevent or treat COVID-19. However, research is underway to assess a number of potential treatments. There are however, treatments available to relieve the symptoms while the patient's body fights off the illness.

**Updated 30.03.20**

### COVID-19 Clinical Trials

- Northern Ireland patients are being recruited to play their part in NHS clinical trials on Covid-19.
- The trials will include patients in primary care, hospital care and intensive care units.
- These trials will benefit individual patients and also contribute significantly to our learning about the virus and how to treat it. The most promising potential treatments have been identified – using international evidence and NHS expertise.

- The faster people are recruited to clinical trials and other studies, the sooner we will get the evidence so patients can get the best possible treatment. Those who volunteer for studies will help others in the future.
- The UK's four Chief Medical Officers have written to doctors to encourage participation in the trials.

**Updated 07.04.2020**

## 17. Other Developments

### Chaplaincy Guidance

- NIPEC, alongside Trusts, are preparing guidance on healthcare chaplaincy services, including information for the public and for staff. The guidance will note that the method of service provision may vary between Trusts and clinical areas (not yet published).
- Chaplaincy support may be provided by use of telephone, smartphone/ IPADS or in person to meet the spiritual needs of patients and provide support to relatives and colleagues. Chaplains have ceased all routine ward visiting and only carry out emergency calls either in person or via virtual visit/ telephone call.
- The NI Healthcare Chaplains' Association has set up a designated website offering resources and links that may be helpful - <https://ni-chaplains.online/> or the Facebook Page: ni-chaplains-for patients, staff and families
- All Sunday and weekday services/Masses/meetings are suspended.

**Updated 08.04.20**

### Partnership to support the most vulnerable in rural areas

- Infrastructure Minister Nichola Mallon and Rural Affairs Minister Edwin Poots have put further measures in place to support people in rural areas that are isolated as a result of COVID-19.
- From 9 April, community transport operators funded by the Department for Infrastructure will be able to reappropriate Dial-A-Lift services to provide essential services for vulnerable people living in rural areas under the Assisted Rural Travel Scheme funded by the Department of Agriculture, Environment and Rural Affairs.

- Community Transport Operators play an important role in connecting rural communities in particular and this will allow them to support those communities by assisting with the delivery of prepaid groceries, prescriptions or fulfilling essential journeys.

### Verification of Life Extinct

- Concerns were raised on 8 April regarding whether nurses can undertake VLE for Covid-19 cases in light of current guidance.
- The Department has reviewed extant guidance and the presence of a notifiable disease as defined in the relevant public health legislation does not preclude verification of life extinct by a suitably trained individual who is not a registered medical practitioner.