

Rebuilding HSC Services – phase 2 (July to September 2020)

The following pages set out our plan for July-September 2020, showing how we will continue the journey of rebuilding health and social care across all our services, following on from the Phase 1 (June 2020) published on 9th June. Along with our partners across Northern Ireland, our priorities will remain:

- ❖ Ensuring equity of access for the treatment of patients across Northern Ireland
- ❖ Minimising the transmission of COVID-19, and
- ❖ Protecting the most urgent services.

We expect to be able to see more patients across July, August and September than in previous months as services begin to rebuild. However many of our services will still be running at lower levels of activity than before the pandemic. Social distancing rules mean we have to reduce the number of patients in our facilities at any one time. We need to ensure the correct PPE is used to protect our staff and service users, and in some areas this will take extra time and reduce the number of patients treated in each session. Our staff have been working extremely hard and under some very difficult conditions over the past few months, and we will be encouraging them to take some leave over the summer so they can rest and recharge. We need to monitor pressures on supplies of medicines and ensure that our hospital laboratories can manage the increase in activity alongside the ongoing demands of Coronavirus testing. We also need to stay prepared for a potential second surge which could coincide with winter pressures, meaning we cannot return all our services back to the way they were before the pandemic. We need to prioritise and focus on treating the most urgent cases first, and as a result some patients will wait longer than we would like.

Throughout this rebuilding phase we will continue to ensure the safety of our patients, service users and staff. All our patient treatment facilities, offices and staff accommodation will be risk assessed to ensure that appropriate social distancing arrangements are in place, with clear signage where required. PPE requirements are captured as part of our planning process so we can ensure the right PPE is available where needed. We will give clear instructions to patients and service users on how to access services, including advice on being accompanied and in some instances guidance on self-isolation and COVID testing before treatment. In all cases we draw on the best available expert advice and support.

As we move forward with rebuilding we will engage with our patients, service users, staff and other partners in a process of co-production. There has been a tremendous amount of innovation over the Coronavirus period including widespread use of virtual clinics and video calling technology, and examples of

working across organisational boundaries such as COVID centres. Along with our service users, staff and partners we want to understand which of these innovations have worked and build on them together as we develop our 'new normal' for health and social care.

As we look back on the first phase of this pandemic we want to pay tribute to our staff, who have shown tremendous energy, courage and resilience. Some have had to adapt to new roles and others have provided training and induction to new colleagues; all have had to demonstrate great flexibility. We will be working with all our staff over the coming months to ensure they get a chance to rest, but also drawing on the expertise of our colleagues in psychological services and occupational health to provide support wherever it is needed.

This Phase 2 plan details how we began the process of rebuilding during June 2020 across the Trust's services and how we will continue in July, August and September. We have detailed, where possible, the activity we delivered in April 2020 as a baseline against which we will measure any increase in capacity from July to September. This reflects the incremental approach we must take in rebuilding services working within the constraints outlined above around staffing, social distancing measures, public health and Infection Prevention and Control guidelines, PPE and remaining prepared for a second surge.

Key challenges in respect of implementing our plan

Rebuilding our services is a complex process and requires a large number of risks and constraints to be factored in to our decision making. Key challenges include, but are not limited to:

- Ensuring a safe working environment and a planned safe restart of services and providing assurance to patients, service users and staff that the Trust is taking all reasonable steps to ensure safety and manage risk;
- Continuing to maintain COVID and non-COVID pathways in line with Infection Prevention Control advice and guidance to safely manage the flow of staff and patients and utilisation of PPE.
- Providing a safe physical environment for patients and staff. Our hospital and community based infrastructure is poor and achieving effective implementation of social distancing measures will present significant challenges including a reduction in capacity and productivity.
- Availability and flexibility of our workforce across our 7-day service including requirement for staff leave, existing staff vacancies and carer commitments.
- Ongoing local discussion and agreement to ensure our plans reflect our commitment to co-production, engagement and informed decision making;
- Ensuring we harness opportunities to deliver services differently and innovatively that reduce the need for direct patient contact but still provide effective and safe services;



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- Balancing safety and risk through regional agreements in respect of ensuring both effective ongoing response to COVID-19 locally and the need to rebuild services for prioritised clinical groups on an equitable basis for the Northern Ireland population;
- Providing the necessary support and resources to the care home sector as required alongside running our core Trust services;
- Availability of testing for patients prior to admission for elective procedures;
- Availability of staff who are currently redeployed to new or expanded services, stood up in response to COVID, and who are required to return to core roles;
- Providing adequate support to staff in terms of increase in psychological and occupational health related matters;
- Maintaining new services set up in response to COVID-19 such as the Testing Service for Health Care Workers and Care Homes;
- In terms of rebuilding services the Trust has been considering the infrastructure implications that may arise as a consequence of maintaining social distancing, and potential impact in the event of a further surge. There may be a need for refurbishment of existing, or additional accommodation beyond equipment and ICT costs to support rebuild. The Trust anticipates on-going additional costs to support the necessary increased staffing to support alternative or new ways of working such as extended days, weekend working, separated work flows which require supplementary teams to support and associated support costs such as transport, cleaning and administration. These would have capital and revenue funding consequences and be subject to securing approval.

New ways of working

During the first phase of COVID-19, our staff have embraced new ways of working in order to continue to deliver services to their patients and service users and we will continue to build on these as we move forward. These changes cover a range of areas including:

- Changes to working practices and processes, in particular the significant increase in virtual outpatient clinics and virtual group sessions using rapid roll out of technology solutions;
- Changes to pathways such as the Gynae Assessment Unit which contributed to shorter inpatient stays and reduced attendance at ED and GPs, the acceleration of use of q-Fit Tests which significantly reduced the need for colonoscopies, and in-reach to service users who would normally have used our day care and day opportunities services.
- Collaboration within the Trust and with our partners, minimising boundaries and optimising patient care. Examples include creation of Health Care Worker testing process and support to Care Homes in response to the pandemic through our Partnerhub.

Assumptions in the development of Phase 2 plan

In order to develop this Phase 2 plan within the required timescales we have had to make the following assumptions:

- There is no second surge prior to the delivery of the plan at the end of September 2020;
- There is no change to the current PHA guidance on PPE provision;
- The plans are acceptable to and accepted by key stakeholders;
- There are adequate supplies available including pharmacy and PPE;
- Any additional revenue and capital required to deliver the Phase 2 plan is available;
- Staff will be supported to attend work e.g. childcare availability and school restart plans, and supported to take leave over this period.

Looking Ahead

During July, August and September 2020, we will continue to **build on new ways of working to continue to provide safe and effective care**. This will involve working closely with our partners and clinical leaders, using flexible and remote working where appropriate and rapid scaling of technology such as telephone and video calls. We are engaging with our frontline staff to reflect on the many 'lessons learned' and further work on this will be crucial to inform our plans going forward. This learning and sharing of best practice will inform our longer-term operational, strategic and financial planning as well as the wider regional priorities.

In addition, there is agreement that following submission of the plans, Trusts and the HSCB will work together to harmonise how we measure and monitor activity.

We will also continue to engage with key partners, including Primary Care, Voluntary and Community Care, Independent sector and Trade Unions, to ensure that plans are representative of and include the valuable input of those who use our services. The Trust is committed to its legal duties under Section 75 of the Northern Ireland Act 1998 as detailed in its approved Equality Scheme, and the Rural Needs Act 2016. In terms of assessment of the Northern Health and Social Care Trust Rebuild plan, the Trust will screen for both equality and rurality to identify potential adverse impact.

RESET PLAN PHASE 2 JULY – SEPT 2020

SERVICE AREA: OUR HOSPITALS

Our services	What did we do during COVID-19 pandemic?	What we said we would do during June 2020 (Phase 1 plan)	What we plan to do during July to Sept 2020 – Phase 2 Plan
Urgent and Emergency Care	<ul style="list-style-type: none"> ❖ Managing patients suspected / diagnosed with COVID-19 and non-COVID-19 at Antrim Area Hospital and Causeway Hospital Emergency Departments. 	<ul style="list-style-type: none"> ❖ Review access to emergency care services within the Trust in light of social distancing requirements. ❖ Maximise Primary Care Partnerships to develop RESET plans in collaboration. 	<ul style="list-style-type: none"> ❖ Create access to urgent care: provide a process for General Practice to refer suitable patients to Urgent Care services. ❖ Redirect patients from ED to urgent care streams. ❖ Enable ring before you attend: promote an urgent care telephone number to contact us before you travel. ❖ Continue to explore the expansion of urgent care capacity, adding to existing services, new pathways and/or new services outside of ED.
Critical Care	<ul style="list-style-type: none"> ❖ Intensive Care provision at AAH was scaled up in line with the agreed regional critical care 'surge' plan to provide up to 20 ICU beds. ❖ Staff with appropriate skills and training re-deployed from other areas to support an increase in critical care provision locally. 	<ul style="list-style-type: none"> ❖ Retain Intensive Care provision to 'pre-surge COVID status' to provide 8 level 3 ICU beds at AAH and 4 at Causeway Hospital. ❖ Enable a number of non-ICU staff to return to support additional urgent and emergency services. 	<ul style="list-style-type: none"> ❖ ICU will be re-housed temporarily in C7 and will have side rooms to accommodate up to a maximum of 4 COVID-19 patients and up to a maximum of 6 non-COVID patients within two separate areas. ❖ The AAH unit will be staffed for a maximum of 6 Level 3 ICU patients and the CH unit will be staffed for 4 beds. Beds will open and close within the COVID and Non-COVID areas,

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Diagnostics (X-Ray, MRI, CT, cardiac investigations)	<ul style="list-style-type: none"> ❖ Whilst services continued for both elective (red flag) and unscheduled patients routine investigations were ceased on 20th April. 	<ul style="list-style-type: none"> ❖ Continue inpatient, red flag and urgent investigations. ❖ Scheduled diagnostics will resume with reduced capacity due to infection control constraints. ❖ Pursue access to additional Independent Sector provision to increase availability for MRI investigations. ❖ Breast Surveillance although initially paused, has been fully restored since early May. 	<p>depending on the COVID-19 status of the patients to be admitted.</p> <ul style="list-style-type: none"> ❖ ED service provision given priority followed by wards. ❖ Routine paediatric imaging commencing ❖ Utilisation of IS capacity for urgent CT and MRI referrals. ❖ Additional funding has been sought to increase use of IS. ❖ Review of COVID staff rotas to increase plain film and Nuc Med capacity. ❖ Ongoing review of appointing templates to maximise capacity. ❖ Modality leads have been instructed to benchmark their appointing templates with regional colleagues to ensure maximum efficiency. ❖ Regional process to ‘smooth’ waiting lists is ongoing.
Cancer Treatment Services	<ul style="list-style-type: none"> ❖ Cancer Surgery has continued as per NHS England and NICaN prioritisation. ❖ Treatments; oncology and haematology Systemic anti-cancer treatments (SACT) continue and in accordance with national and NICaN regional guidance with 20% reduction in capacity. 	<ul style="list-style-type: none"> ❖ SACT will continue to be provided in response to demand. ❖ Surgical activity will increase in a phased way. ❖ Activity has been gradually increasing since early May with an increase in phone/video assessments. 	<ul style="list-style-type: none"> ❖ Continue with Oncology and Haematology new and review clinics with mixture of Face to Face and virtual appointments ❖ Continue with Oncology and Haematology Treatment clinics ❖ Continue with Oncology and CNS NMP clinics as telephone assessment ❖ Continue with Oral meds being delivered to patient’s home.

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Day Surgery & Endoscopy Services	<ul style="list-style-type: none"> ❖ Only emergency and in-patient procedures were carried out during COVID-19. 	<ul style="list-style-type: none"> ❖ All endoscopy procedures are to be re-established albeit with reduced capacity due to COVID-related Infection Control and Social Distancing. ❖ Day surgery provided for urgent procedures. 	<ul style="list-style-type: none"> ❖ Screening as directed by PHA ❖ The Trust’s Day Surgery provision will be increased. ❖ Causeway Day Surgery unit increasing to 10 sessions per week; Urology, Pain, Gen Surgery, Dental (Learning Dis & Children) ENT and Gynaecology. ❖ The Cataract Elective Care centre will be re-established on the Mid-Ulster Hospital 6 sessions / week. ❖ Whiteabbey Hospital will continue to deliver 2 Urology Daycase sessions for BHSCT ❖ Antrim Hospital’s Day Surgery capacity - None planned – due to the need to maintain surge capacity in ICU – will be kept under review ❖ The Trust’s Endoscopy capacity will be increased with 23 endoscopy lists, 3 Bronchoscopy lists, 4 ERCP and 4 Bowel cancer screening lists delivered across the four Endoscopy sites.
Outpatient Services	<ul style="list-style-type: none"> ❖ Reduced services continued using phone/video and some face-to-face clinics where required for urgent and red flag patients. Over a 6 week period (mid-March to end of April) there was a total of 2542 new Outpatient appointments, 42% of 	<ul style="list-style-type: none"> ❖ Outpatients – continue telephone and video assessments for urgent, red flag and review as well as limited priority face to face (Trust wide). A step up plan taking account of social distancing and access requirements is being developed. 	<ul style="list-style-type: none"> ❖ A phased step-up plan has been agreed for July to September. Face-to-face activity will be re-established as well as the continued development of virtual activity. The ratio of face to face appointments v virtual appointments will be approximately 1: 3.

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	<p>which were by phone/video and 11231 review appointments of which 48% were by phone/video.</p> <ul style="list-style-type: none"> ❖ Introduced risk assessment in LGI and UGI e.g. qFIT, to triage those patients most in need of further assessment. 		
<p>Integrated Maternity and Women's Health</p>	<ul style="list-style-type: none"> ❖ We consolidated inpatient obstetrics on the Antrim Hospital site to ensure safe delivery of care during the pandemic. Causeway maternity unit provided outpatient antenatal care, and community midwifery continued across the Trust in the antenatal and postnatal period. ❖ Gynaecological Services such as Cervical Screening, Botox, routine outpatient clinics and See and Treat Gynae clinics were severely affected by COVID-19. 	<ul style="list-style-type: none"> ❖ The provision of inpatient Obstetrics on the Causeway site has been heavily dependent upon locums, several of whom are no longer available for a variety of COVID-related reasons. We are now carrying out an options appraisal, which will include consideration of all possible options to maintain the service at Causeway. The Causeway Maternity Unit will continue to provide outpatient antenatal care Monday to Friday 9am-5pm and Community midwifery across the Trust continues in the antenatal and postnatal period ❖ To continue telephone and video assessments for urgent, red flag and review as well as limited priority face to face (Trust-wide). A step up plan taking account of social distancing and access requirements is being developed. 	<ul style="list-style-type: none"> ❖ July's service provision and capacity will remain at Phase 1 levels. ❖ In August the Trust plans to resume service provision on both its sites, AAH + CAU, depending on the availability of Middle Tier doctors in the August 2020 rotation. ❖ The outpatient service will remain at Phase 1 service provision levels throughout July – Sept, with the exception of Gynae outpatient provision, which will resume on peripheral sites. In addition, some Gynae Outpatients will resume on the CAU site, with the focus being on urgent referrals.
<p>Inpatient Elective and Emergency</p>	<ul style="list-style-type: none"> ❖ Emergency surgical services have continued throughout the pandemic. 	<ul style="list-style-type: none"> ❖ Elective inpatient surgery will increase in a phased way with a continued focus on red flag & urgent patients in the first 	<ul style="list-style-type: none"> ❖ On the Antrim site, 2 elective beds will be allocated within Surgical C5 ward each day and 6 elective beds in

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<p>Surgery for Adults and Paediatrics</p>	<ul style="list-style-type: none"> ❖ EmSU was established to deal with surgical emergencies directly from GP. ❖ All routine elective work was stood down during COVID surge. ❖ Cancer surgery transferred to Causeway Hospital. ❖ The Paediatric Inpatient service at Causeway Hospital was diverted to AAH to provide a stable rota. Significant resources from AAH paediatrics was redeployed to the COVID-19 surge effort resulting in a reduced inpatient and Ambulatory Service. 	<p>instance due to COVID related constraints.</p> <ul style="list-style-type: none"> ❖ Continue the reformed Emergency Surgical Pathway in Antrim Hospital. ❖ The paediatric inpatient facility in Causeway and the Ambulatory Unit in Antrim Area Hospital will return to normal activity by 15th June. A temporary reduction in bed capacity at AAH children’s ward will be necessary as result of staffing deficits. 	<p>Gynaecology C1 and 4 elective beds in Paediatrics. Anaesthetics and Nursing is available to support 10 sessions per week.</p> <ul style="list-style-type: none"> ❖ On the Causeway Site, 6 elective beds will be allocated within Surgical 2 ward each day and 5 elective beds allocated within Gynaecology ward. Anaesthetics and Nursing is available to support 15 sessions per week. Lists to be allocated as follows; General Surgery, Breast, Gynae and Urology (WHST). ❖ This is the maximum capacity which is available; Red Flag patients will be booked first to this capacity. Any capacity which is available after this will be used to operate on urgent pts ❖ The reformed Emergency Surgical Pathway will be embedded, in order to support the reconfiguration of surgery capacity, implemented as part of the Trust’s surge planning. ❖ Inpatient Emergency Paediatric Services as for Phase 1 - AAH A2 and CAU Children’s Ward activity resumes. From 15th June both Causeway I/P and AAH Ambulatory services returned to normal activity.
<p>Pharmacy</p>	<ul style="list-style-type: none"> ❖ Whilst the majority of Pharmacy Services were maintained, a 	<ul style="list-style-type: none"> ❖ Discharge Follow-Up and Antimicrobial stewardship to restart 	<ul style="list-style-type: none"> ❖ Pharmacy aims to fully re-establish the Discharge Follow-up Service

SERVICE AREA: OUR HOSPITALS

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	<p>downtown in some activities e.g. Discharge Follow-Up, Pre-admission Clinics, Antimicrobial Stewardship, facilitated redeployment of staff to support the Covid-19 effort in Critical Care / Palliative Care / PPE management and distribution.</p> <ul style="list-style-type: none"> ❖ Pharmacy-led clinics in Rheumatology / Anticoagulation / Renal continued as phone/video clinics. 	<ul style="list-style-type: none"> ❖ Continue 7 day service to Critical Care and Palliative Care ❖ Continue 7 day distribution PPE ❖ Phone/video clinics to continue. 	<ul style="list-style-type: none"> ❖ Pharmacy aims to continue the 7-Day Critical Care service. ❖ Distribution of PPE will continue.

SERVICE AREA: MENTAL HEALTH AND LEARNING DISABILITY

Our services	What did we do during COVID-19 pandemic?	What we said we would do during June 2020 (Phase 1 plan)	What we plan to do during July to Sept 2020 – Phase 2 Plan
Community Health & Well being	<ul style="list-style-type: none"> ❖ Community H&WB Services such as Farm Families, Arts for Health and Mental Health initiatives were initially stood down before being restarted by phone/video from 4th May 2020. 	<ul style="list-style-type: none"> ❖ A new Arts for Health programme for shielding clients and mental wellbeing under pandemic will be available from early June 2020. ❖ By the end of June a plan to re-establish Loneliness Networks will be prepared with the importance and profile increased during the pandemic. ❖ New volunteer roles such as 'End of Life Companion' role are being developed in line with Trust services reset. 	<ul style="list-style-type: none"> ❖ Moving remaining services onto remote delivery e.g. Training for Sexual Health, Mental Wellbeing etc., Loneliness networks/parcels and kits. Farmers Health Checks.
Mental Health Inpatient facilities	<ul style="list-style-type: none"> ❖ Adult Inpatient facilities at Holywell Hospital and Ross Thompson Unit remained open with the exception of 	<ul style="list-style-type: none"> ❖ Preparing during June for the reopening of the Addiction ward in July. This will not open at full capacity due to social 	<ul style="list-style-type: none"> ❖ The inpatient addiction ward at Holywell Hospital will be re-opened by mid-July 2020. The ward will operate



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SERVICE AREA: MENTAL HEALTH AND LEARNING DISABILITY

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	<p>the inpatient addictions unit at Holywell which closed to elective admissions to accommodate the COVID- 19 ward.</p>	<p>distancing requirements and restrictions in ward layout.</p>	<p>at the reduced capacity of five beds (out of full complement of 10). All five beds will be occupied, with an average LoS of approximately 3 weeks.</p>
Community Addictions	<ul style="list-style-type: none"> ❖ Community Addictions carried out reduced face to face contact with clients during the pandemic. Virtual clinics were held, as well as increased telephone contact. ❖ Clients on OST were reviewed by telephone and still received OST via pharmacy. The supervision of OST by Trust staff was stood down. 	<ul style="list-style-type: none"> ❖ Community Addictions carried out reduced face-to-face contact with clients throughout Phase 1, virtual clinics were held and as well as increased telephone contact. ❖ Clients on OST were reviewed by telephone and received their OST via pharmacy. The supervision of OST by Trust staff remained stood down. 	<ul style="list-style-type: none"> ❖ Face-to-face Community Addiction clinics will resume, including a review of the OST waiting list, with a view to resuming initiation of OST for those clients who require it.
Mental Health Service for Older People (For Dementia OT see AHP/ OT)	<ul style="list-style-type: none"> ❖ Memory assessments did not take place during the pandemic. 	<ul style="list-style-type: none"> ❖ No memory assessments carried out in June 2020. 	<ul style="list-style-type: none"> ❖ Memory Assessments will restart through a combination of virtual solutions and face to face contact.
Learning Disability (Day Care Services)	<ul style="list-style-type: none"> ❖ Adult Centre facilities were stood down during COVID-19 with Antrim Day Centres being used as a Primary Care COVID-19 Assessment Centre. ❖ As a result of closure Outreach Support in the community and home based support was provided for urgent and critical need, via telephone and video conferencing. 	<ul style="list-style-type: none"> ❖ We will use Phase 1 to plan for service users to return to Trust Day Centres in a phased way. ❖ All facilities are currently being assessed in conjunction with RQIA capacity guidelines. Service Recovery Plans are being developed and will be communicated in due course. ❖ Continued engagement with service users and carers via telephone/zoom video conferencing. 	<ul style="list-style-type: none"> ❖ Adult centre attendance will restart in July. The regionally agreed criteria for critical care need will be applied for those who attend initially. However, it is planned that all those who previously attended day services will be provided with a service, albeit in a reduced or alternative way.



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SERVICE AREA: MENTAL HEALTH AND LEARNING DISABILITY

Our services	What did we do during COVID-19 pandemic?	What we said we would do during June 2020 (Phase 1 plan)	What we plan to do during July to Sept 2020 – Phase 2 Plan
Learning Disability IS Day Services inc. vocational and training	<ul style="list-style-type: none"> ❖ Telephone and zoom video conferencing contact with service users and carers was established. Activities such as quizzes, bingo, chair exercises and music therapy continued in this way. 	<ul style="list-style-type: none"> ❖ Outreach critical support provided to 62 service users. ❖ Continued engagement with service users and carers via telephone and zoom video conferencing. Introduction of socially distanced visits to service users' homes. 	<ul style="list-style-type: none"> ❖ The IS has submitted plans to the Trust for the restart of vocational and contracted services. These are unlikely to be at pre-COVID levels ❖ Attendances at Base facilities will restart in July 20 and attendance will be built up on a gradual and planned basis during Phase 2.
Community Mental Health Teams	<ul style="list-style-type: none"> ❖ Initial assessments , and review appointments continued by face to face / telephone / videoconferencing informed by service users' clinical presentation and risk assessment 	<ul style="list-style-type: none"> ❖ Phased increase in face to face for initial assessments and review appointments, informed by service users' clinical presentation and risk assessment. Continue with telephone contacts and video conferencing where suitable. 	<ul style="list-style-type: none"> ❖ Further increase of face to face for initial assessments and review appointments, based on service users' clinical presentation and risk assessment. Continue with telephone contacts and video conferencing where suitable.
Learning Disability Short Breaks	<ul style="list-style-type: none"> ❖ Planned short breaks provision was stood down and adapted to accommodate the establishment of emergency beds; two in Hollybank and one in Ellis Grove. 	<ul style="list-style-type: none"> ❖ Emergency beds were utilised as individual need presented. 	<ul style="list-style-type: none"> ❖ Phased re-start of short break provision across Ellis Grove and Hollybank, targeted at those with the highest needs ❖ Planned short breaks for both Ellis Court and Hollybank will increase by one bed for each facility, from Monday 6th July, with a maximum allocation of up to 3 overnights. ❖ From August alternative short breaks will be introduced, for those transitioning to the short break service.



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Our services	What did we do during COVID-19 pandemic?	What we said we would do during June 2020 (Phase 1 plan)	What we plan to do during July to Sept 2020 – Phase 2 Plan
Community Learning Disability Teams	❖ The teams provided support to vulnerable service users in the community. Engagement with these service users was via telephone and video conferencing	❖ Work relating to the Mental Capacity Act took place and face-to-face contact with service users was facilitated where required.	<p>These will include tea breaks, bus trips etc.</p> <ul style="list-style-type: none"> ❖ Throughout Phase 2, emergency beds will continue to be available to those who present in need of critical care, including risk of family breakdown.
Condition Management Programme	❖ Caseload was suspended in March 2020 due to COVID-19.	❖ Service will be re-established initially through telephone contact only.	❖ The service was closed and is now restarting on a remote basis. It is planning to develop remote working programmes.
Psychology (including Adult Autism and Psychological Therapies)	<ul style="list-style-type: none"> ❖ Outpatient services continued using a mix of virtual and phone therapeutic delivery with additional family and patient support provided via helplines to increase access to our services for those that need it. ❖ Inpatient psychological services continued across hospital sites. 	❖ Phased increase of face-to-face interventions with both new and review appointments, based on service users' clinical risk assessment. ASD will increase face-to-face activity for intervention, but not diagnostic services.	❖ Psychological services will be re-instated on a risk-assessed, phased basis, with the exception of ASD diagnostic services.
Dementia Outpatients	❖ Face-to-face clinics stood down. Priority given to urgent referrals and reviews. Contact completed via telephone/videoconference.	❖ Priority given to urgent referrals and reviews, completed through telephone, videoconference and face-to-face contact in some instances (in line with IPC guidance). Face-to-face clinics remain stood down.	❖ Scope viability of resumptions of face-to-face clinics. Urgent and routine referrals and reviews completed via telephone, videoconference and face to face contact.

SERVICE AREA: PRIMARY CARE

Our services	What did we do during COVID-19 pandemic?	What we said we would do during June 2020 (Phase 1 plan)	What we plan to do during July to Sept 2020 – Phase 2 Plan
GP Out of Hours / Primary Care COVID Assessment Centres	<ul style="list-style-type: none"> ❖ The GP OOHs service (provided by DUC) consolidated on the AAH and Causeway Hospital sites to provide non-COVID primary care OOHs facilities. ❖ 3 Primary Care COVID Assessment Centres were set up in Antrim (Adult Centre), Ballymena (DUC premises) and Coleraine (Causeway Hospital site). 1724 referrals and 304 home visits took place (up to 21/5/20). 	<ul style="list-style-type: none"> ❖ The HSCB and DOH are to review the longer term plans for Primary Care COVID Assessment centres and this will then impact on the GP OOHs service within the NHSCT area. 	<ul style="list-style-type: none"> ❖ Primary Care COVID assessment Centres are to remain open until at least September as advised by the HSCB. ❖ GP OOHs has consolidated on 2 sites and will remain as such until we are clearer on the timeline for standing down the assessment centres.

SERVICE AREA: ALLIED HEALTH SERVICES

Our services	What did we do during COVID-19 pandemic?	What we said we would do during June 2020 (Phase 1 plan)	What we plan to do during July to Sept 2020 – Phase 2 Plan
Physiotherapy	<ul style="list-style-type: none"> ❖ As with most Allied Health Professional Services, Physiotherapy was stood down during COVID-19 surge. 	<ul style="list-style-type: none"> ❖ Physiotherapy services are to restart in June with a proportion of attendances face to face combined with telephone and Zoom contacts. 	<ul style="list-style-type: none"> ❖ The service's first priority is for musculoskeletal physiotherapy staff to begin to review fracture patients on a face-to-face basis again. However, all areas will begin to ramp up urgent face-to-face activity when permitted. The service is planning on the basis that 20% of activity will be face-to-face, due to PPE and social distancing issues.

Our services	What did we do during COVID-19 pandemic?	What we said we would do during June 2020 (Phase 1 plan)	What we plan to do during July to Sept 2020 – Phase 2 Plan
			<ul style="list-style-type: none"> ❖ In the Mental Health Inpatient service, physiotherapists will begin to use the Holywell Gym with patients again. ❖ In the Adult Learning Disability service, physiotherapists will begin to review patients on a face-to-face basis again, as they return to their Day Centres.
<p>Occupational Therapy</p>	<ul style="list-style-type: none"> ❖ Community OT Critical Need Service was maintained through COVID. OT provided support to Home Care, Statutory Nursing Homes and Swabbing Teams ❖ Acute OT service was maintained; due to reduced demand staff were redeployed to support Community Hospitals. ❖ Recovery OT services were reduced and critical service maintained. Recovery OT staff provided support primarily to Home Care, Community Hospitals and Statutory Residential Homes. ❖ Dementia OT services carried out urgent new initial assessments, using a combination of telephone triage and video conferencing. The service also facilitated face-to-face contact for those patients deemed to be in critical need. 	<ul style="list-style-type: none"> ❖ Planning for phased introduction of new and review face-to-face clinics for critical and urgent cases. ❖ Planning for phased return to full service provision based on service demands. ❖ Prepare for phased return to full service provision based on service demands. ❖ Specifically Dementia OT services carried out urgent new initial assessments, using a combination of telephone triage and video conferencing. The service also facilitated face-to-face contact for those patients deemed to be in critical need. ❖ Specifically Paeds OT extended service provision for complex cases to prevent escalation to acute services and progressed review of service model to include triage and service pathway, scoping viability of providing consultative role via online platforms and developing regional online platform of resources for families. 	<ul style="list-style-type: none"> ❖ <u>Acute OT</u> Return to full service delivery as demand increases to pre-COVID levels. ❖ <u>Community OT</u> Return to full service with combination of face-to-face and remote interventions. ❖ <u>Recovery OT Service</u> Return to full service provision with a combination of face-to-face and tele-rehabilitation interventions. ❖ <u>Outpatient OT</u> Return to full service provision with a combination of face-to-face and remote interventions. ❖ <u>Dementia OT</u> Dementia OT services will reset services with a return to normal business during this period. ❖ <u>Paediatric OT</u> Phase 1 work will continue and in addition face-to-face clinics for priority cases will resume.

Our services	What did we do during COVID-19 pandemic?	What we said we would do during June 2020 (Phase 1 plan)	What we plan to do during July to Sept 2020 – Phase 2 Plan
	<ul style="list-style-type: none"> ❖ Paediatric OT continued to meet the needs of complex cases. 		<p>Domiciliary Visits where possible in the absence of suitable clinic space however this depends on redeployed staff returning and suitable space in children’s homes.</p>
Orthoptics	<ul style="list-style-type: none"> ❖ Initially stood down, joint paediatric orthoptic services were re-started on 13th May for most urgent patients. 	<ul style="list-style-type: none"> ❖ Adult orthoptic services will restart in June for urgent patients only. ❖ Visual Fields tests have been reinstated for urgent neurological patients. 	<ul style="list-style-type: none"> ❖ Causeway Urgent adult and paediatric services, reinstated in Phase 1, will continue and an additional 36 weekly lists will resume.
Speech & Language Therapy	<ul style="list-style-type: none"> ❖ Routine and Community clinics cancelled dysphagia assessments continued based on clinical need. 	<ul style="list-style-type: none"> ❖ Paediatric and all Adult SLT are to re-establish face-to-face dysphagia OP clinics, new assessment and priority review and routine communication clinics. 	<ul style="list-style-type: none"> ❖ Re-establish dysphagia and communication referrals service and Dysphagia assessments in care homes and outpatient clinics ❖ Communications clinics will continue to deliver new assessment, priority review and routine communication clinics.
Podiatry	<ul style="list-style-type: none"> ❖ Service stood down to meeting critical need only. Use of technology supported decision making in triage to manage risk. 	<ul style="list-style-type: none"> ❖ Phased approach to re-establishment of service for urgent and priority cases. 	<ul style="list-style-type: none"> ❖ Prioritisation of patients with acute ulceration, those deemed high and moderate risk following triage. ❖ Re-establishing nail care procedures for patients with nail damage by Podiatry Assistants. ❖ Re-establishing MSK and in-sole manufacture for front line workers and any patient in pain. ❖ Beginning review of new patients previously virtually triaged during COVID-19 period.

Our services	What did we do during COVID-19 pandemic?	What we said we would do during June 2020 (Phase 1 plan)	What we plan to do during July to Sept 2020 – Phase 2 Plan
			<ul style="list-style-type: none"> ❖ Re-establishment of appointments for new patients with skin and nail infections. ❖ On-going use of technology for virtual clinics.
Community Stroke Service	<ul style="list-style-type: none"> ❖ Service was stood down. 	<ul style="list-style-type: none"> ❖ Community Stroke Service to re-establish priority referrals across four locality teams. 	<ul style="list-style-type: none"> ❖ Return to full service provision with a combination of face-to-face and tele-rehabilitation interventions.
Nutrition and Dietetics	<ul style="list-style-type: none"> ❖ Service provided care for COVID-19 patients (for both acute patients and those rehabilitating). ❖ Enhanced services were provided within critical care. ❖ Elective services continued using virtual methods of consultation. ❖ Training was developed and provided to support colleagues within acute and community settings. ❖ Equipment (enteral feeding pump and associated products) was centralised and also provided at ward levels to ensure adequate access in the event of a high level surge. ❖ Telecommunication and ICT provision was enabled to facilitate virtual consultation delivery. 	<ul style="list-style-type: none"> ❖ Planning to implement a more formal approach to provision of virtual elective consultations, whilst continuing to deliver the aforementioned. ❖ Planning for service provision in line with demand and return of redeployed staffing. 	<ul style="list-style-type: none"> ❖ Phased return to full service provision through a combination of remote and face-to-face activity.

Our services	What did we do during COVID-19 pandemic?	What we said we would do during June 2020 (Phase 1 plan)	What we plan to do during July to Sept 2020 – Phase 2 Plan
Community Hospitals	<ul style="list-style-type: none"> ❖ Increased bed capacity across community hospitals - identified two community hospitals as COVID-19 Positive Wards. 	<ul style="list-style-type: none"> ❖ Maintain current position and evaluate in line with infection rates. 	<ul style="list-style-type: none"> ❖ The current position will be maintained and evaluated in line with infection rates. ❖ There will be a gradual re-establishment of rehabilitation services across wards in line with demand. ❖ Based on infection rates and demand for COVID community beds, consideration will be given to stepping these down and reverting to normal business later in the summer. ❖ Decisions will be driven by infection rates and demands from the independent sector in the community.
District Nursing	<ul style="list-style-type: none"> ❖ Critical DN service continued to be provided throughout COVID surge. 	<ul style="list-style-type: none"> ❖ Phased approach will focus on completing activities deferred during surge with the aim of resuming all routine work, including proactive/preventative, during June/July 2020. 	<ul style="list-style-type: none"> ❖ Continue to deliver critical and essential care as a priority. ❖ Continue to work towards completing any deferred care; aim to transfer patients back to Treatment Room in line with these services opening up.
Treatment Rooms	<ul style="list-style-type: none"> ❖ Treatment Room services were stood down with critical need met through four locality treatment room hubs. Treatment room staff supported District Nursing services throughout the COVID-19 pandemic to date. 	<ul style="list-style-type: none"> ❖ Phased approach to the re-establishment of treatment room service provision in partnership with primary care colleagues. 	<ul style="list-style-type: none"> ❖ Continue to deliver critical and essential care as a priority. Continue to work towards increasing capacity for routine work within available staffing resource.

Our services	What did we do during COVID-19 pandemic?	What we said we would do during June 2020 (Phase 1 plan)	What we plan to do during July to Sept 2020 – Phase 2 Plan
Social Work	<ul style="list-style-type: none"> ❖ Planned short breaks were ceased. New assessments for short breaks stood down Routine SW reviews temporarily stood down. Community SW prioritised resources to support independent care home sector and maintain discharge flows from acute hospitals. 	<ul style="list-style-type: none"> ❖ Phased approach to the re-establishment of SW reviews for critical services. These will be undertaken by phone/video, where appropriate, to reduce footfall in domiciliary settings. 	<ul style="list-style-type: none"> ❖ Continue with the phased approach to the re-establishment of all social work reviews. ❖ Endeavour to re-start domiciliary packages of care, which were suspended during COVID and work in partnership with In-house Home Care and Independent Sector Providers.
Community Equipment Services	<ul style="list-style-type: none"> ❖ Ceased the routine collection of equipment from service users. Met critical need for the delivery of equipment to services users. ❖ CES Service was re-purposed to manage the storage and distribution of PPE centrally across Trust community services and independent sector, as required. 	<ul style="list-style-type: none"> ❖ Reduction of frequency of delivery of PPE to create capacity for return to normal business of equipment distribution and collection to and from service users. ❖ Re-modelling of service provision to meet acute and community equipment demands going forward. 	<ul style="list-style-type: none"> ❖ The service cannot return to full service as planned and continue to act as PPE distribution hub, which is a high priority service for the Trust.
Wheelchairs & Continence	<ul style="list-style-type: none"> ❖ Service stood down to meeting critical need only. 	<ul style="list-style-type: none"> ❖ Phased approach to re-establishment of service. 	<ul style="list-style-type: none"> ❖ Wheelchair service will return to full service with combination of face-to-face and remote interventions ❖ Continence Service - Telephone reviews of existing caseload. Face to face (triaged clinics) to be increased in Ballymoney, Whiteabbey, Carrickfergus, Magherafelt and Larne (continue to prioritise waiting list.) Commencement of domiciliary visits to residential homes and patient homes -

Our services	What did we do during COVID-19 pandemic?	What we said we would do during June 2020 (Phase 1 plan)	What we plan to do during July to Sept 2020 – Phase 2 Plan
Residential Homes	<ul style="list-style-type: none"> ❖ Freed up capacity across Statutory Residential Homes by discharging residents home with home based programmes and support. Created additional bed capacity with the support of redeployed staff from other non-critical service areas. 	<ul style="list-style-type: none"> ❖ Evaluation of current position based on COVID infection rates; consideration to be given to a phased approach of re-introducing rehabilitation services within statutory residential care. 	<p>will cohort cases. Review cases by telephone.</p> <ul style="list-style-type: none"> ❖ Continue with phased approach of re-introducing rehabilitation services within statutory residential care as demand for service increases. ❖ Potential use of capacity within statutory residential homes to support the maintenance of the GREEN status of independent sector homes. ❖ Reduce bed availability to contracted levels whilst additional staff return to their own services.
Day Care	<ul style="list-style-type: none"> ❖ Day Care services stood down and staff redeployed to other critical services. 	<ul style="list-style-type: none"> ❖ Prepare for Day Care provision to be re-established in a phased way. 	<ul style="list-style-type: none"> ❖ Day care services will be re-established in line with the regional action plan.
Macmillan Unit	<ul style="list-style-type: none"> ❖ Relocated from AAH to MUH. 	<ul style="list-style-type: none"> ❖ Service to be maintained at MUH pending review of COVID pressures in early summer. 	<ul style="list-style-type: none"> ❖ The MacMillan Unit service will continue to be based in the Mid-Ulster Hospital throughout Phase 2. The service's return to its base on the Antrim Area Hospital site will take place beyond the Phase 2 Plan timeline.
Sensory Support	<ul style="list-style-type: none"> ❖ Service stood down. 	<ul style="list-style-type: none"> ❖ Phased approach to re-establishment of service. 	<ul style="list-style-type: none"> ❖ Return to full service provision by September

SERVICE AREA: COMMUNITY DENTAL

Our services	What did we do during COVID-19 pandemic?	What we said we would do during June 2020 (Phase 1 plan)	What we plan to do during July to Sept 2020 – Phase 2 Plan
Community Dental	<ul style="list-style-type: none"> All dental calls were triaged centrally during COVID-19 to ensure appropriate response. 	<ul style="list-style-type: none"> We are establishing a model for the safe delivery of urgent dental care to patients unable to travel from their residences. Dentistry is largely a high level PPE service so return to pre-COVID practice will take significant planning in our community settings. 	<ul style="list-style-type: none"> Re-establish an AGP dental service on up to 3 sites, 3 days per week Re-establish non-AGP dental services on up to 4 sites 3 days per week Establish an urgent domiciliary care service 2 days per week Maintain an audio triage service with telephone consultation Face-to-face contacts limited to urgent care only and non-urgent only as capacity allows

SERVICE AREA: SEXUAL HEALTH

Our services	What did we do during COVID-19 pandemic?	What we said we would do during June 2020 (Phase 1 plan)	What we plan to do during July to Sept 2020 – Phase 2 Plan
The Rowan	<ul style="list-style-type: none"> The service continued to operate 24/7 however the face-to-face follow up appointments ceased. Some operational practices were adapted. 	<ul style="list-style-type: none"> Face-to-face appointments have recently recommenced operating on a triage system. This will continue on this basis. An online testing pilot continues. 	<ul style="list-style-type: none"> Awaiting regional direction on a fully commissioned service 24/7 access continues including availability of self-swab protocol
CASH	<ul style="list-style-type: none"> All routine appointments stopped (1330/month) and all walk in appointments stopped. Primary and secondary care triage took place via tele-calls / telemedicine. 600 prescriptions for the contraceptive pill were posted to patients. 	<ul style="list-style-type: none"> Plans to re-establish the service will be developed to determine which clinics and how these can recommence. This will be dependent on social distancing requirements and decant of services currently using CASH accommodation. Continue pilot of STI online testing. 	<ul style="list-style-type: none"> Services will be re-established. Continue pilot of STI online testing

- ❖ EMA (Early Medical Abortion) service continues in line with Abortion Legislation and was introduced as women could not travel outside NI for EMA
- ❖ No change from Phase 1

SERVICE AREA: COMMUNITY CHILDREN'S SERVICES

Our services	What did we do during COVID-19 pandemic?	What we said we would do during June 2020 (Phase 1 plan)	What we plan to do during July to Sept 2020 – Phase 2 Plan
Looked After Children	<ul style="list-style-type: none"> ❖ The LAC service has provided a reduced service during the pandemic utilising Zoom and telephone contact with children in care, family contact and in respect of reviews. Some visiting and reviews were postponed. 	<ul style="list-style-type: none"> ❖ The service intends to immediately start phasing up of direct contact in line with regional plan and government guidance, reinstating reviews either by phone/video or face-to-face where social distancing is possible. 	<ul style="list-style-type: none"> ❖ Continue use of Zoom where risk dictates and increase face-to-face visits and reviews.
Child Protection (to include Children's Disability)	<ul style="list-style-type: none"> ❖ Child protection visits occurred on a reduced basis subject to individual risk assessment and in line with regional guidance. Case Conference Reviews were reduced and occurred where needed via Zoom. 	<ul style="list-style-type: none"> ❖ To restart CP visits for all cases on at least a monthly basis. ❖ Case conferences to continue face-to-face or remotely as risk assessment dictates. 	<ul style="list-style-type: none"> ❖ To restart CP visits for all cases on at least a monthly basis. ❖ Case conferences to continue face-to-face or remotely as risk assessment dictates.
Gateway services	<ul style="list-style-type: none"> ❖ Child Protection and High level family support visits being undertaken face-to-face. 	<ul style="list-style-type: none"> ❖ Continue to undertake face-to-face child protection visits ❖ Increase face-to-face visits to family support referrals 	<ul style="list-style-type: none"> ❖ The service will continue to carry out face-to-face child protection visits. ❖ The number of Family Support referrals which are carried out on a face-to-face basis will be increased.
Child, Adolescent Mental Health Services	<ul style="list-style-type: none"> ❖ Routine service was maintained during pandemic via Zoom and telephone contact. 	<ul style="list-style-type: none"> ❖ Appointments will be offered to those clients who declined Zoom or telephone contact during pandemic. 	<ul style="list-style-type: none"> ❖ Telephone consultation and support will continue as in Phase 1. Similarly, face-to-face appointment with priority cases will continue, however the



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SERVICE AREA: COMMUNITY CHILDREN'S SERVICES

Our services	What did we do during COVID-19 pandemic?	What we said we would do during June 2020 (Phase 1 plan)	What we plan to do during July to Sept 2020 – Phase 2 Plan
	<ul style="list-style-type: none"> ❖ CAMHS Crisis Team have maintained a full service throughout the pandemic. ❖ Eating Disorder service continued without disruption. 		<p>service will increase the number of face-to-face appointments delivered in Phase 2.</p>
CEIS	<ul style="list-style-type: none"> ❖ A Safe & Well Helpline was implemented to provide advice and assistance to children, young people and carers. 	<ul style="list-style-type: none"> ❖ The Helpline will continue during the present period of service disruption. ❖ Physical environment has been assessed with service relocated where necessary with a strategy in place to limit footfall in Family Centres to meet social distancing requirements. 	<ul style="list-style-type: none"> ❖ Continue to provide face-to-face and telephone consultations and incrementally increase parenting groups sessions
Paed ASD	<ul style="list-style-type: none"> ❖ Telephone consult/support service made available to support practitioners and families of children with ASD or those awaiting assessment. ❖ Reduced number of routine appointments via telephone consults or zoom ❖ All face-to-face diagnostic assessments, intervention groups and parent training courses stood down. 	<ul style="list-style-type: none"> ❖ Maintain Telephone Consult/Support service with bookable appointment slots for families of children with ASD or those awaiting assessment. ❖ Develop a resource pack and toolkit to support children and young people and their families to manage anxieties in relation to returning to school. 	<ul style="list-style-type: none"> ❖ As per Phase 1 plan plus offer appointments from backlog of Waiting List. Continue to maintain open telephone consultation /support and offer dedicated sessions via telephone as for Phase 1. In addition, direct assessment via observation rooms with 2-way mirrors will be implemented in Phase 2.
Public Health Nursing (Health Visiting, School Nursing, School Immunisation Programme)	<ul style="list-style-type: none"> ❖ A letter was issued to parents of children who did not receive school-based immunisation programme due to school closures. 	<ul style="list-style-type: none"> ❖ Innovative contactless online solutions are being deployed, such as video conferencing, telephone assessments and CPMS online triage. 	<ul style="list-style-type: none"> ❖ As for Phase 1 plus there are significant deferred and incomplete vaccinations to be undertaken prior to new programme commencing in September 2020. As for Phase 1 reinstate: <ul style="list-style-type: none"> • 2 year review home visit



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SERVICE AREA: COMMUNITY CHILDREN'S SERVICES

Our services	What did we do during COVID-19 pandemic?	What we said we would do during June 2020 (Phase 1 plan)	What we plan to do during July to Sept 2020 – Phase 2 Plan
		<ul style="list-style-type: none"> ❖ Antenatal Home Visits, School Nursing Clinics and specialist clinics to recommence ❖ Awaiting DOH and PHA direction on recommencing school-based immunisation programmes. 	<ul style="list-style-type: none"> • Star Babies home visits until 6 months old • 1 year review home visit (Sept) • Planning flu for P1-P7 + extension to Year 8 44,000 approx. • Delivery for deferred school age immunisations - HPV + SLB -10,000 approx. (TBC) • BAS-18 sessions per month – 50% reduction • Continence- 5 sessions/month 25% reduction.
Health Protection Programme, Specialist Roles	<ul style="list-style-type: none"> ❖ Health Protection screening contacts undertaken. 	<ul style="list-style-type: none"> ❖ Awaiting PHA direction on recommencing full Health Protection Programme 	<ul style="list-style-type: none"> ❖ Clinics centralised i.e. 12 per month 50% reduction. ❖ Assumes staff availability and return of redeployed staff from COVID Testing Centre and ICU/HDU and return of accommodation.
CPMS	<ul style="list-style-type: none"> ❖ Continued to meet the needs of complex children including face-to-face consults as necessary to prevent escalation to acute services. ❖ Continued to provide assessment and review as per normal pathways using Zoom and telephone. ❖ BCG Clinic continued. 	<ul style="list-style-type: none"> ❖ Plan in place to re-establish Northern Hub CDC clinics June 2020 as CDC accommodation is returned for use by the MDT. ❖ Continue as outlined. 	<ul style="list-style-type: none"> ❖ Zoom and telephone assessments and reviews will continue as in Phase 1. Face-to-face appointments for complex cases will also continue. In addition, Child Development Clinics will resume.



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SERVICE AREA: COMMUNITY CHILDREN'S SERVICES

Our services	What did we do during COVID-19 pandemic?	What we said we would do during June 2020 (Phase 1 plan)	What we plan to do during July to Sept 2020 – Phase 2 Plan
	<ul style="list-style-type: none"> ❖ CDC assessments continued via Zoom or face-to-face in Southern Hub. 		

SERVICE AREA: CORPORATE

Our services	What did we do during COVID-19 pandemic?	What we said we would do during June 2020 (Phase 1 plan)	What we plan to do during July to Sept 2020 – Phase 2 Plan
Corporate Nursing NH In-Reach Team	<ul style="list-style-type: none"> ❖ REaCH Services have maintained regular, visible support and connection with Nursing Homes in NHSCT. ❖ The Dementia Companion Service has continued where safe to do so with a reduced service due to shielding constraints. 	<ul style="list-style-type: none"> ❖ Delivery of REaCH Masterclasses to Care Homes as clinical training needs are identified via face-to-face and online platforms such as Zoom. ❖ This service will be gradually returned to normal as resources become available and ward areas are returned from COVID usage. 	<ul style="list-style-type: none"> ❖ Over July, August and September, the REaCH Team will continue to actively support all Nursing Homes, Residential Homes and Supported Living Facilities within the Trust. This support will involve weekly virtual support via telephone call. This will increase to daily as required, if care settings escalated into AMBER and RED, thereby requiring medium and high trust intervention respectively. ❖ Continue identification and delivery of training. ❖ Where necessary and acceptable visible support and presence in care home e.g. workforce / IPC reviews and support and co-ordination of MDT ward rounds.
Tissue Viability Nursing Team	<ul style="list-style-type: none"> ❖ Tissue Viability maintained a reduced service through telephone 	<ul style="list-style-type: none"> ❖ This service will continue to provide telephone support with increased use of 	<ul style="list-style-type: none"> ❖ Continue Telephone Triage of referrals. Continue to offer the telephone advisory service for all staff.

Our services	What did we do during COVID-19 pandemic?	What we said we would do during June 2020 (Phase 1 plan)	What we plan to do during July to Sept 2020 – Phase 2 Plan
	<p>triage/support with a small number of face-to-face reviews.</p>	<p>technology to view remotely images of tissue viability conditions.</p>	<ul style="list-style-type: none"> ❖ Increase number of reviews across all areas (Hospital, Community and Care Home) as redeployed staff return. ❖ Gradually reintroduce out-patient complex wound clinic as service staffing allows. ❖ Progress with pilot of wound photography App.
<p>Visitors</p>	<ul style="list-style-type: none"> ❖ In line with all HSC services, we have temporarily restricted the number of visitors across hospitals and Health Care settings. At present, all general hospital visiting has stopped. There are some exceptions to these restrictions, for example Critical Care areas and Palliative (end of life) care and we have made local arrangements to ensure our patients and residents can remain in contact with loved ones. 	<ul style="list-style-type: none"> ❖ Until it is safe to do so, visiting across hospitals and health care settings will continue to be restricted. 	<ul style="list-style-type: none"> ❖ The Trust will implement the revised Regional policy.