

Phase 2 Rebuild Plan: 1st July – 30th September 2020

The initial phases of Covid-19 dramatically changed the service delivery offering of the Southern Trust. Some services had to be stood down for various reasons including clinical, patient and staff safety as well as physical and workforce capacity constraints. Some new services also had to be introduced to meet the predicted demands of the pandemic and other services changed considerably to meet new ways of working necessary to sustain services during the pandemic.

The Southern Trust continues to assess and manage the risk of exposure to COVID-19 for our service users, patients, clients and staff. We have made an assessment of the direct impact that managing COVID-19 has had on our capacity in hospitals and access to a wide range of services for our community. Many of our services are working in different ways and this is affecting the level of service activity we can deliver, often this is much less than before the pandemic.

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 had to adapt to new roles and rotas and others have provided training and induction to new colleagues; all staff have demonstrated great flexibility. The HSC Framework for Supporting the Well-being Needs of our HSC Staff during Covid-19 is a key guiding document for the Trust from a rebuild perspective, as we are fully aware of the need to ensure we support staff to recover and minimise the risk of long term psychological impact. The content and pace of this rebuild plan is guided by these important staff considerations. We will be working with all our staff during this next phase of the rebuild 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. Whilst our staff very much want to ensure services are rebuilt as quickly and safely as possible for our service users, it is vital that staff take some much needed leave to ensure they are able to provide safe, high quality care in the weeks and months ahead.

As requested by the Department of Health, the Southern Trust published a Stage 1 plan covering the period to 30th June 2020 aimed at taking early steps to plan for and increase capacity locally and across the system. The Department of Health are leading on planning and preparation of a Stage 2 plan, covering the period from 1 July 2020 to 30 September 2020. In support of this, the Trust has set out, in the following document, a high level overview of the services that we plan **to maintain and rebuild as part of the COVID-19 response during July, August and September 2020**. Rebuilding of services will be significantly constrained by the continued threat from Covid-19 and the need to protect the public and staff from the virus.

In readiness for a potential second surge which could coincide with winter pressures, we cannot return all our services back to how 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.

As we move forward to rebuild services we will continue to engage with our patients, service users, staff and other partners in a process of co-production. We will continue to work together with our partners across Northern Ireland to implement the recovery of Non – Covid-19 Health and Social Care Services and will contribute to the regional workstreams/areas of focus to support the HSC to deliver for our population based on our agreed regional approach:

- To ensure **Equity of Access for the treatment of patients across Northern Ireland**
- To minimise **transmission of Covid-19**; and
- To protect access to the most **urgent services for our population**.

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 Southern Trust Rebuild plan, the Trust will screen for both equality and rurality to identify potential adverse impact.

Rebuilding our services is proving to be extremely complex and requires a large number of risks and issues to be factored in to the decision making. Plans included have been subject to initial risk assessment in line with the Department of Health guidance and this process will continue during implementation as rebuild service plans continue to be assessed against a “checklist” to ensure that they have been subject to a risk assessment, take account of new ways of working and can be safely implemented in line with social distancing, availability of personal protective equipment (PPE), supplies of medicine and infection prevention and control requirement and the latest public health guidance.

Some of the Key Challenges in implementing our plans

While implementing effective compliance with the safety requirement of covid-19 is our principle challenge, there are other on-going **challenges** that will impact on the Trust’s stage 2 plan including:

- Assessing **workforce** pressures including the ability to safely and appropriately staff the rebuild plans, factoring the need for staff to take planned annual leave over the summer, and flexible working necessary to support childcare and caring commitments. We must also continue to ensure our staff are rested, feel supported and valued, and that we managing the workforce resources required for testing and swabbing to maintain patient and staff safety in respect of spread of infection.
- **Balancing safety and risk** through regional agreements in respect of ensuring both effective ongoing response to Covid-19 locally and the need to rebuild elective surgical and diagnostic services for prioritised clinical groups on an equitable basis for the Northern Ireland population taking account of specific Trust differences, including for example accommodation available.

- Continuing to **maintain effective Covid-19 zoning plans** in line with Infection Prevention and Control advice and guidance, to safely manage separate pathways for flow of staff and patients across all acute sites, optimise efficient utilisation of PPE and ensure adequate catering and rest facilities for our staff.
- Assessing the ability of our **accommodation and transport infrastructure** to support and enable restart plans across our hospital and community sites. This presents significant challenges and will include a reduction in site capacity and productivity.
- Establishing sustainable **new models for 'swabbing' and 'testing'** of health care workers and patients as part of our ongoing response to covid-19..
- Attaining and sustaining a **reliable supply of critical PPE, blood products and medicines** to enable us to safely increase our services. . In this plan the Trust has assumed a supply of PPE to meet the anticipated activity levels. The Regional PPE group will consider restart plans from all Trusts and it is anticipated if there are challenges with critical supplies the Trust will be advised and adjustments may be required.
- Providing necessary **support and resources to the nursing/ care home sector** on an ongoing basis alongside ensuring Trust based services can be restarted and rebuilt will impact on the pace and scale as we seek to meet demand across all service areas.
- We will be mindful of our commitment to **co-production and engagement** and informed involvement in key decision making in our local agreements to rebuild plans, while ensuring we harness opportunities to deliver services differently and with innovative solutions that reduce the need for direct patient contact but can effectively and safely deliver health and social care services.
- Providing continued support to **those in need within our population** including those who are 'shielding', vulnerable people, and people at risk of harm.
- Rebuilding services safely in some areas is anticipated to require **capital and revenue funding consequences** that will be subject to securing DOH approval. For example, preparations for physical distancing and preparing for potential impact of a further surge will require refurbishment of existing, or additional accommodation with supporting equipment and ICT costs necessary. In addition 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 and associated support costs such as transport, cleaning and administration. Approval timelines for additional resources will impact on deliverability.

What will this look like?

The way services are delivered may look and feel different. Examples are outlined below of what patients and service users may be able to expect:

- We would encourage you to contact your GP Practice if you are concerned about any symptoms you are experiencing;
- To alleviate patient and service user concerns we are working to identify ways to ensure, where possible, services will be provided using separate pathways for patients suspected or confirmed with Covid-19;
- We recognise that some of our service users may still be 'shielding' and we are making additional plans to support their care;
- You may be offered planned appointments during the evening and weekends to avoid unnecessary delays;
- Some outpatient appointments with clinical teams may happen by telephone or by video call, as appropriate. There will be limited face to face appointments for urgent and priority cases;
- To keep you safe we will help you to prepare for your appointments in a different way such as screening questionnaires or getting your blood samples taken before arrival;
- People may be given specific times to access services due to limited waiting spaces;
- Staff may be wearing masks and other protective covering to keep you and themselves safe;
- We will use our accommodation in a way which helps us to maintain social distancing;
- There are many factors both local and regional that are interdependent such as transport, cleaning, catering, visiting policies, signage, car parking etc. that we will consider as part of the rebuilding plan; and
- The visiting policy will continue to be updated as per regional guidance.

New ways of working

During the first phase of COVID-19, our staff 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 service delivery across all programmes of care supported by rapid harnessing and roll out of technology solutions;
- Enhanced partnerships with primary care to review pathways and enhance access to services.
- Enhanced multi-agency working.
- Established a COVID-19 Virtual Hospital service providing individualised clinical support to suspected and confirmed COVID-19 cases discharged from hospital.
- Access to emergency department (ED) care was changed with new routes established including Paediatric ED and a Mental Health Emergency Assessment Unit.
- Enhanced direct access to Paediatric consultation for primary care/ GPs.
- Established a multi-disciplinary approach to providing support to our local residential and care home providers with in-reach from an integrated community rapid response team.
- New arrangements for 'swabbing' and 'testing' of patients, staff and the community.

Looking ahead

In line with the Phase 1 Plan, in this second phase, we will continue to **build on new ways of working and innovations to provide safe and effective care during July through September 2020**. Recognising that there has been a vast amount of innovations successfully implemented including widespread use of telephone triage, virtual clinics and video calls, building on this will involve working closely with our primary care and community partners and our clinical leaders, using flexible and remote working where appropriate and rapid scaling of technology.

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. We will also continue to engage with key partners to ensure that plans are representative of and include the valuable input of those who use our services.

This plan does not cover all Trust services, many services continued to be sustained during the Covid-19 surge, it is only those where there is a planned change to increase capacity and/ or access during July to Sept 20 that are included. The plan also does not explicitly set out the vast changes in 'how' staff have been working, including those on the 'front line' but also fundamentally those staff in professional, functional and operational support roles who have been working collaboratively to support the Trust's initial response and now in this rebuild phase. The significant contribution these individuals and teams make to our rebuild, while not all specifically outlined in this plan, are all equally recognised and valued.

The table below outlines the Trust's service plans for the period: 1 July 2020 to 30 September 2020.

REBUILDING PLAN PHASE TWO: 1 JULY– 30 SEPTEMBER 2020

SERVICE AREA: OUR HOSPITALS	What did we do during Covid-19 pandemic?	What we did to rebuild services during June 2020? (Phase 1)	What we are planning to do to rebuild services July to September 2020? (Phase 2)
Urgent and Emergency Care	<ul style="list-style-type: none"> ❖ To manage risk to patients and staff from covid-19, the Trust's access to emergency department (ED) care was changed with new routes established including: <ul style="list-style-type: none"> - Temporary closure of the ED at Daisy Hill Hospital to create single access via Craigavon Area Hospital (CAH) - Split Respiratory and Non-Respiratory ED flow at CAH - Paediatric ED established in Blossom Children's Unit - Mental Health Emergency Assessment Unit created within Bluestone Mental Health Unit - Minor Injuries Services continued at South Tyrone Hospital (STH) ❖ The Trust established a COVID-19 Virtual Hospital service providing individualised clinical support to suspected and confirmed COVID-19 cases discharged from ED and self-isolating at home during their period of clinical risk. This highlighted specific requirements for outreach to support individuals from our ethnic minority community. ❖ The Older People Assessment Units (OPAU) at both DHH and CAH were stood due to the reconfiguration of the EDs. 	<ul style="list-style-type: none"> ❖ The Trust will continue to deliver emergency care through current service models over the next four weeks and will scope the potential to recommence Paediatric triage through ED. ❖ Establish an ED GP Hotline. ❖ Extend the Transition ward to operate 24 hours a day 7 days a week. ❖ An evaluation of the impact of the new ED models will be undertaken to assess lessons learned from the new approaches that can inform longer term service improvement. Ongoing monitoring of service demand and assessment of both covid-19 and non-covid19 activity will continue. ❖ The Trust is committed to the reinstatement of the ED at DHH in the longer term plan. For stage 1, services will remain as they are currently and options will be developed to further consider interim safe models of service delivery. ❖ Establish and strengthen community links to minority groups where possible, focusing initially on developing a robust an inclusive communication infrastructure. ❖ Maintain the Virtual Hospital service and look to enhance the input engaging shielded medical and nursing staff to support the existing clinicians that are co-ordinating this service. ❖ The evaluation and learning of outcomes from the virtual hospital will be shared and fed into 	<ul style="list-style-type: none"> ❖ The Trust will continue to deliver emergency care through the current service models over the next 3 months however, the following actions will progress: <ul style="list-style-type: none"> ❖ Paediatric triage returned to the main ED at Craigavon Area Hospital. Ongoing monitoring and further consideration will be given to the delivery of Paediatric Emergency Care and will be considered collectively between ED and the Children's Blossom Unit. ❖ Expansion of the ED GP Hotline to include care homes ❖ A working group will be established, to confirm the necessary requirements to ensure the safe return of the Emergency Department to Daisy Hill Hospital by the end of September. This will progress in line with wider options being explored locally and regionally of how urgent and emergency care will be delivered in the future across all Emergency Departments. ❖ We will undertake an evaluation of Mental Health Model. ❖ The Older Persons Assessment Unit at Daisy Hill Hospital will recommence services 2 days per week.

		the Regional Contact and Trace Service in June.	
Critical Care	<ul style="list-style-type: none"> ❖ Intensive Care provision was scaled up in line with the agreed regional critical care 'surge' plan to provide up to 16 ICU beds at CAH. ❖ Staff with appropriate skills and training have been re-deployed from other areas to support the increase in critical care provision locally and /or to support the regional 'nightingale ward' in Belfast if required. 	<ul style="list-style-type: none"> ❖ Revert Intensive Care provision to pre – Covid-19 status to provide 10 critical care/high dependency beds at CAH. ❖ Enable staff to be freed up to support additional urgent and emergency surgery. ❖ Provide more resources to enable staff rotation and flexible shift patterns for teams managing additional challenges associated with providing care for patients with covid-19. 	<ul style="list-style-type: none"> ❖ Delivery of critical care will continue in CAH with provision of 10 beds.
Diagnostics (X-Ray, MRI, CT, cardiac investigations)	<ul style="list-style-type: none"> ❖ Services continued for elective (Cancer/ 'Red Flag'/urgent) and emergency patients only. ❖ Breast Screening was 'paused' on a regional basis by the Public Health Agency. ❖ Symptomatic breast clinics were provided x 3 days per week 	<ul style="list-style-type: none"> ❖ Inpatient, red flag and urgent investigations will continue across all sites. ❖ Access to additional independent sector provision will be pursued to increase availability for MRI and non-obstetric ultrasound investigations. ❖ Interventional radiology work will increase with appropriate safety checks put in place for swabbing patients. ❖ CT Colonography will restart in line with new guidance received from Royal Colleges. This will support patients on cancer pathways. ❖ DEXA scans will restart in South Tyrone Hospital to support the fracture pathway. ❖ Regional support will be in place to progress New born hearing tests for babies born during April and May to be completed in June. ❖ Re-establish 7 day inpatient service for Cardiac Investigations and scope the potential to re-establish a 7 day out patient service 	<ul style="list-style-type: none"> ❖ Recognising the potential for a second peak, increase the range of diagnostics scans and tests. ❖ Breast Screening to recommence in July focused on addressing the significant backlog. ❖ Commence delivery of additional in-house and independent sector capacity secured to deliver additional diagnostics including CT, MRI and non-obstetric ultrasound. ❖ Q-fit process will recommence for patients on bowel cancer pathway, this will identify the patients requiring onward CT Colonography to be delivered by independent sector. ❖ Increase capacity for DEXA scans. ❖ We plan to restart barium meals, micturating cystograms and hysterosalpingograms on the DHH site. ❖ Videofluoroscopy will be carried out in small numbers on a weekly basis from July 2020.
Cancer services	<ul style="list-style-type: none"> ❖ Diagnostics delivered in accordance with national and regional guidance. 	<ul style="list-style-type: none"> ❖ Surgical activity will increase in a phased way for red flag and urgent referrals based on 	<ul style="list-style-type: none"> ❖ The Trust will take part in the Regional Cancer Meetings to discuss and agree

	<ul style="list-style-type: none"> ❖ Cancer Surgery continues per NHS England prioritisation list and Northern Ireland Cancer Network (NICaN) ❖ Treatments; oncology and haematology Systemic anti-cancer treatments (SACT) including chemotherapy continue in accordance with national and NICaN regional guidance 	<p>clinical priority.</p> <ul style="list-style-type: none"> ❖ Further embed Haematology and Palliative care pilots for video/telephone clinics. ❖ Re-establish Intravesical chemotherapy for bladder cancer, for new and recurrent bladder cancer patients. 	<p>cancer services re-build and plans to address projected increase referrals.</p> <ul style="list-style-type: none"> ❖ During the next 3 month phase surgical activity will continue to be increased on a phased basis, focusing on patients that have been prioritised by the clinical teams . ❖ It is anticipated during the next 3 month phase that SACT treatments will gradually return to normal levels.
Day Surgery and Endoscopy(elective provision)	<ul style="list-style-type: none"> ❖ Day case surgery was temporarily ceased across all hospital sites. ❖ Endoscopy lists continued at DHH 	<ul style="list-style-type: none"> ❖ Further increase Endoscopy provision (including Flexible Cystoscopies) at Daisy Hill Hospital and South Tyrone Hospital and via the independent sector. ❖ Re-establish bowel cancer screening at South Tyrone Hospital. ❖ Re-establish stone treatment procedures in Urology. ❖ Re-establish a weekly Bronchoscopy list. ❖ Further embed swabbing and shielding/ isolation arrangements and scheduling for day case and inpatients in line with Covid-19 guidance and regional guidelines. 	<ul style="list-style-type: none"> ❖ Endoscopy provision will continue in South Tyrone Hospital, Daisy Hill Hospital and the Independent Sector along with commencement of sessions in CAH Day Procedure Unit. ❖ Day Surgery provision will recommence from 6th July in CAH Day Procedure unit. Plans to recommence day surgery in STH are dependent upon the ability to relocate services currently utilising the day surgery space and identify appropriate staffing to support the lists.
Outpatient Services	<ul style="list-style-type: none"> ❖ Services continued mainly using video/telephone (Virtual) clinics with some face to face clinic appointments for urgent and Red Flag patients only. ❖ Face to face clinics continued for Fracture, Anti-Coagulant, Red Flag ENT, Red Flag Dermatology and Red Flag Breast assessment 	<ul style="list-style-type: none"> ❖ Opportunities to further expand video/telephone clinics where this has proved effective will continue e.g haematology and palliative care. Secure IT platforms for supporting this way of working will be further tested across a number of specialties. ❖ Video/telephone clinics will be established and start in June for the following specialties: General Surgery, Urology, Pain, Pre-assessment, Ophthalmology, Oral Surgery, Rheumatology, Neurology, Gastroenterology, Cardiology, Respiratory, Dermatology, 	<ul style="list-style-type: none"> ❖ Scoping exercise will be completed during the next 3 months plan for all directorates and all Trust facilities to determine capacity for outpatients dependent upon demand. The focus will continue to be for priority patients (red flags, urgent, time sensitive and then routine). ❖ Virtual clinics will continue to be rolled out along with supporting equipment including IT hardware and access. ❖

		<p>Diabetes, Endocrine, Stroke and Chemical Pathology, working within the compromised space available in hospital sites and maximising alternative accommodation options where possible.</p> <ul style="list-style-type: none"> ❖ A phased increase in face to face consultations will recommence for prioritised red flag/urgent and time sensitive patients where video clinic consultation cannot be accommodated. 	<ul style="list-style-type: none"> ❖ Undertake an evaluation of the Haematology and palliative medicine use of the video consultation platform. ❖ The Trust is currently investigating the potential for a drive-through phlebotomy service.
Integrated Maternity and Womens Health	<ul style="list-style-type: none"> ❖ The home birthing service was stood down ❖ Consultant and midwife clinics were reduced. Nurse led clinics ceased. ❖ Home visits for postnatal women changed to women being seen in local health and care centres. ❖ Minimal gynaecology clinics continued at both Craigavon and Daisy Hill Hospitals for colposcopy/hysteroscopy and red flag referrals. ❖ Our staff changed working patterns to deliver services differently across CAH and DHH sites in line with our initial covid-19 response. 	<ul style="list-style-type: none"> ❖ Increase the ability to provide home births. ❖ Midwife /Nurse led smear and pessary clinics to restart at both Craigavon Area Hospital and Daisy Hill Hospital. ❖ Early Medical Abortion (EMA) – weekly clinics recently commenced in line with legislative requirements. ❖ Increase the number of gynaecology clinics on both Craigavon and Daisy Hill sites. ❖ Recommence home visits for postnatal women on a phased basis. ❖ Theatre lists for gynaecology patients to recommence as part of urgent bookable lists. 	<ul style="list-style-type: none"> ❖ Fertility services will recommence early July. ❖ Specialist midwives will return to their core roles. ❖ The gynaecology ward in CAH will re-open initially with 9 beds for gynae emergency admissions and also for additional capacity for general surgical female admissions. ❖ Midwifery led services will gradually be relocated back to primary care settings in Dungannon, Crossmaglen, Portadown and Kilkeel. ❖ Phased restart of the Urodynamics service.
Inpatient Elective and Emergency Surgery for Adults and Paediatrics	<ul style="list-style-type: none"> ❖ Emergency Surgery only at CAH site ❖ Urgent bookable surgical list on the DHH site ❖ New technology enabling ‘virtual’ (video/telephone) contact with patients/ families was introduced in wards and the ICU/ neonatal unit at Craigavon Area Hospital. 	<ul style="list-style-type: none"> ❖ Urgent bookable surgery list recommenced on the Craigavon Area Hospital site. ❖ Continue urgent bookable list on the DHH site. ❖ Further roll out of planned ‘virtual visits’ across inpatient areas. 	<ul style="list-style-type: none"> ❖ Urgent bookable sessions to continue on DHH and CAH sites. ❖ Commencement of Ambulatory General surgery service on the CAH site.

LABORATORY SERVICE	<ul style="list-style-type: none"> ❖ Local COVID testing through the microbiology specialty has been facilitated due to a reduction in core services during the pandemic. 		<ul style="list-style-type: none"> ❖ The Trust will maintain a local microbiology 1 in 6 on call rota.
SERVICE AREA: MENTAL HEALTH AND ADULT DISABILITY SERVICES	What did we do during Covid-19 pandemic?	What we did to rebuild services during June 2020? (Phase 1)	What we are planning to do to rebuild services July to September 2020? (Phase 2)
Community Services: Primary and Recovery mental health care and Memory Services	<ul style="list-style-type: none"> ❖ Maintained telephone review and urgent appointments 	<ul style="list-style-type: none"> ❖ Service Recovery Plans are being developed. ❖ All facilities are currently being assessed in conjunction with RQIA capacity guidelines. ❖ We will plan for service users to return to Trust Day Centres in a phased way. 	<ul style="list-style-type: none"> ❖ Service Recovery Plans continue to be implemented. . ❖ Incrementally increase face to face appointments across a range of services; and work to increase the ratio of face to face / virtual appointments as appropriate over Quarter 2. ❖ Building on 'check in' calls in Q1 start to recommence therapeutic interventions. (Talking Therapies). ❖ Step 2 Services will be increase in the next 3 months. This will include the Well Mind Hub and Tier 2 Addictions Services. ❖ Plan how we will deliver face to face psychological therapy contacts by September. Majority of contacts continues to remain virtual.
Inpatient facilities	<ul style="list-style-type: none"> ❖ Electroconvulsive therapy (ECT) service was temporarily stood down ❖ Reduced number of social outings for learning disability inpatients 	<ul style="list-style-type: none"> ❖ Recommence urgent ECT in the Bluestone Unit ❖ Increase social outings for Learning Disability inpatients 	<ul style="list-style-type: none"> ❖ Increase capacity within the ECT service. ❖ A risk assessment will be undertaken for each individual person, prior to a social outing taking place.
Day Care and Day Opportunities	<ul style="list-style-type: none"> ❖ All Statutory and Independent sector day care and day opportunity services were temporarily stood down 	<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. 	<ul style="list-style-type: none"> ❖ Statutory Day Care Centre provision with a reduced capacity will recommence providing for 10% of the current learning disability client cohort and 30% of

		Service Recovery Plans are being developed and will be communicated in due course.	<p>physical disability cohort (Appleby, Bannvale, Oakridge and Windsor Day Centres).</p> <ul style="list-style-type: none"> ❖ Recommend forensic day opportunities in July. ❖ Recommend disability day opportunities. ❖ Recommend monitoring visits in day care. ❖ Recommend monitoring visits in residential/nursing homes.
Community Disability Services			<ul style="list-style-type: none"> ❖ Recommend face to face epilepsy services . ❖ Restart Annual Reviews for disability clients ❖ Recommend Carers Assessments.
Disability Elective/AHP/Outpatients			<ul style="list-style-type: none"> ❖ Recommend AHP Elective and Review activity ❖ Recommend outpatient appointments for adult with a disability.
Respite Care	<ul style="list-style-type: none"> ❖ All respite provision was temporarily stood down 	<ul style="list-style-type: none"> ❖ Increase access to independent sector respite services. ❖ Scope the capacity of Woodlawn House to provide respite and assist in supporting the community Covid-19 response. 	<ul style="list-style-type: none"> ❖ Respite services will recommence in the Independent Sector with a limited number of beds (2) available during July 2020. The Trust will continue to work with independent providers to assess their capacity to increase these numbers where possible moving forward. ❖ A limited number of Trust provided respite beds (2) will recommence in July 2020.
Supported Living	<ul style="list-style-type: none"> ❖ Reduced social outings of learning disability clients in supported living schemes 	<ul style="list-style-type: none"> ❖ Increase social outings for clients with a learning disability and support mental health clients to re-engage with social activities as appropriate. 	<ul style="list-style-type: none"> ❖ The Trust will endeavour to support these activities and mitigate where possible any unintended financial consequences related to social distancing which may be experienced by users.

			<ul style="list-style-type: none"> ❖ Recommend monitoring visits in supported living schemes.-
Community Addiction Services	<ul style="list-style-type: none"> ❖ Community addiction service was scaled back to provide urgent appointments via video/telephone clinics and maintenance of patients on opiate substitution. 	<ul style="list-style-type: none"> ❖ Scale up the community addiction service to deliver new and review video/telephone and face to face clinics within staffing capacity. ❖ Scope capacity for new patients requiring opiate substitution therapy (OST) assessment and induction. 	<ul style="list-style-type: none"> ❖ The service will incrementally introduce face to face sessions across the Community Addictions Service. ❖ Opiate Substitution Therapy (OST) will recommence for new patients in July 2020.
SERVICE AREA: PRIMARY CARE & COMMUNITY SERVICES	What did we do during Covid-19 pandemic?	What we did to rebuild services during June 2020? (Phase 1)	What we are planning to do to rebuild services July to September 2020? (Phase 2)
COVID-19 Telephone Advice Line	<ul style="list-style-type: none"> ❖ Established a Public Covid -19 telephone advice line to support the Regional Helpline. 	<ul style="list-style-type: none"> ❖ Continue to provide the public telephone advice line. 	<ul style="list-style-type: none"> ❖ We will assess the learning from the public telephone advice line to inform the best model going forward.
Community Clinic and Rehabilitation Services	<ul style="list-style-type: none"> ❖ Community rehabilitation services focussed on new patients. ❖ Orthopaedic Integrated Clinical Assessment and Treatment (ICATS) Service was stood down. ❖ Falls Service was ceased ❖ Allied Health Professional (AHP's include physiotherapy occupational health, dietetics, podiatry and speech and language therapy) routine clinics were stood down however essential face to face appointments have been facilitated and use made where possible of telephone consultations. ❖ Fracture Liaison Clinics were ceased. ❖ Rapid Access services were scaled down. ❖ Heart Failure clinics were stood down. ❖ Diabetes service provided a scaled down service continued to see new 	<ul style="list-style-type: none"> ❖ Recommend community rehabilitation services input to patients in need of review. ❖ Recommend orthopaedic ICATS. ❖ Recommend falls service with priority focus on patients who have had a recent fall. ❖ Recommend for face to face contact with patients in need of an urgent response. ❖ Recommend Fracture Liaison Clinic. ❖ Recommend Rapid Access Clinics – Mullinure, South Tyrone and Newry ❖ Recommend Heart failure clinics for new patient & diagnostics clinic ❖ Recommend Respiratory Home Oxygen Assessment Service and the AGB clinic. ❖ Recommend continence new patient and diagnostic clinics. ❖ Recommend Geriatric outpatient medical clinics across the Trust. 	<ul style="list-style-type: none"> ❖ A number of community nurse practitioner led services will be reviewed to identify the highest level of activity possible taking social distancing, staffing and accommodation availability into consideration. This includes establishing the appropriate ratio of face to face and virtual activity going forward. These include: <ul style="list-style-type: none"> ○ Orthopaedics ICATS ○ Rapid Access clinics ○ Heart Failure Clinics ○ Continence ○ Community Falls Clinic ○ Fracture Liaison Service ○ Increase Geriatric Clinics for urgent new and urgent review patients in Mullinure & Lurgan sites

	<p>patients.</p> <ul style="list-style-type: none"> ❖ Geriatric outpatient services were scaled down. 		<ul style="list-style-type: none"> ❖ Restart AHP ICT routine Community visits Face to Face increase capacity at AHP clinics for Dietetics, Speech & Language, Physiotherapy (MSK & Lymphoedema).
Primary Care / GP led services	<ul style="list-style-type: none"> ❖ Provided enhanced direct access to Paediatric consultation for primary care/ GPs. Primary Care have worked in partnership with Paediatrics to review pathways and enhance access to services. ❖ Established 2 primary care led Covid-19 assessment centres in Banbridge Polyclinic and on the South Tyrone Hospital site. 	<ul style="list-style-type: none"> ❖ We will continue to build on the collaborative working relationships between Primary Care and Paediatrics. ❖ Covid-19 Assessment Centres will continue with scope for expansion of intake to be reviewed. 	<ul style="list-style-type: none"> ❖ Further engagement with Primary Care to improve services to enhance Paediatric Outpatient delivery and partnership working. ❖ We will work with our Primary Care Colleagues to explore new ways of working for our GP Out of Hours Service. ❖ Bannview GP Practice will recommence smear clinics. ❖ Continue to work with the PHA, HSCB and the GP Federation to scope the future provision of Covid-19 Assessment Centres.
Sexual Health Services	<ul style="list-style-type: none"> ❖ All routine and 'walk-in' appointments were ceased. 	<ul style="list-style-type: none"> ❖ Recommence the Family Planning device fitting service. 	<ul style="list-style-type: none"> ❖ Development of safe procedure for delivery of health clinic services in partnership with colleges and the Contraceptive and Sexual health (CASH) services to determine the appropriate timetable and process for restarting the Youth Health Clinic.
Promoting Well-being Services (<i>incorporating health improvement, community development, support for carers and support for volunteers</i>)	<ul style="list-style-type: none"> ❖ Services were stood down and staff redeployed to implement the community Covid 19 telephone advice line. 		<ul style="list-style-type: none"> ❖ We will review a range of services to identify the highest level of activity that can be recommended taking on board social distancing, staffing and accommodation availability into consideration. This includes establishing the appropriate ratio of face to face and virtual activity going forward.

SERVICE AREA: CHILDREN & YOUNG PEOPLE SERVICES	What did we do during Covid-19 pandemic?	What we did to rebuild services during June 2020? (Phase 1)	What we are planning to do to rebuild services July to September 2020? (Phase 2)
Health Visiting	<ul style="list-style-type: none"> ❖ Maintained Health Visiting for priority and urgent cases. 	<ul style="list-style-type: none"> ❖ Commence incrementally health visiting contacts under the Healthy Child Healthy Future Programme including safeguarding visits. 	<ul style="list-style-type: none"> ❖ Continue to increase health visiting contacts based on staff capacity and prioritise infants under 1 year and families in receipt of level 3 and 4 contacts e.g. safeguarding.
School Nursing	<ul style="list-style-type: none"> ❖ School nursing stood down to all except children's safeguarding work 	<ul style="list-style-type: none"> ❖ Address backlog in immunisations in post primary school age children. ❖ Awaiting Regional Guidance with regard to school opening to help plan for school nursing contacts ❖ School nursing contacts will resume in line with the Department of Education guidance relating to the opening of schools. 	<ul style="list-style-type: none"> ❖ Delivery of the school nursing Autumn health programme pending direction from the Department of Education regarding plans for children's return to school in September 2020.
Immunisation	<ul style="list-style-type: none"> ❖ School health immunisation temporarily ceased 	<ul style="list-style-type: none"> ❖ Awaiting DOH and PHA direction on recommencing school based immunisation programmes. 	<ul style="list-style-type: none"> ❖ School nursing service will seek to address the backlog in immunisations in post primary school age children over July and August using both schools and community facilities as available.
Children with disabilities	<ul style="list-style-type: none"> ❖ Short breaks for families and carers were temporarily stood down. However, in partnership with the community voluntary sector a number of individual bespoke packages have been provided to vulnerable families 	<ul style="list-style-type: none"> ❖ We will continue to provide support to vulnerable families through bespoke, individual packages and during June will begin to scope the potential for reinstatement of services within the guidelines. 	<ul style="list-style-type: none"> ❖ Review our community / voluntary sector contracts based on current COVID restrictions and what the providers are likely to be able to deliver and restart of these arrangements. ❖ Further bespoke support to identified Children with Disabilities and their families based on staffing capacity and ability to deliver. These bespoke packages are new service provisions which are staffing resource intensive

			<p>and will reduce capacity to respond to other core services requirements</p> <ul style="list-style-type: none"> ❖ Continue to seek to engage with community partners to assess the potential to run limited summer scheme activities.
Autism Spectrum Disorder (ASD) Service Children and Adults	<ul style="list-style-type: none"> ❖ Children's ASD services have continued to operate throughout the Pandemic and have continued to meet the 13 week access target. 	<ul style="list-style-type: none"> ❖ It would be our intention to hold this position over the coming months and see all within 13 weeks. 	
Child and Adolescent Mental Health Services (CAMHS)	<ul style="list-style-type: none"> ❖ Routine CAMHS and Autism work was temporarily stood down ❖ The CAMHS Assessment Crisis Team remained Operational 	<ul style="list-style-type: none"> ❖ Commence video/telephone clinics for CAMHS and Autism across all areas and introduce online options for group based therapeutic intervention. 	<ul style="list-style-type: none"> ❖ Step 2 and Step 3 CAMHS Clinics will increase face to face appointments where clinically appropriate to do so and seek to increase capacity. ❖ CAMHS Service will undertake a service review of learning from Covid and to identify new ways of working which will include a menu of approaches including video consultations and online group based support.
Court Children's Services	<ul style="list-style-type: none"> ❖ Courts dealing with emergencies only. 	<ul style="list-style-type: none"> ❖ Redeployed staff to return to Court Children's Service by mid-June to address the backlog in private law Court work. 	<ul style="list-style-type: none"> ❖ Childrens Court Service will progress court directed work with existing cases during July and August. ❖ Video conference platforms are currently being tested to reset court work over next 3 months
Child Protection	<ul style="list-style-type: none"> ❖ Child protection visits were risk assessed to determine need for face to face contact – others forms of contact were put in place and kept under review. 	<ul style="list-style-type: none"> ❖ Children on the Child Protection Register will have face to face contact as required. 	<ul style="list-style-type: none"> ❖ Maintain face to face contacts for all children on the child protection register. ❖ Where possible parents and their support person to attend Case Conferences in person. Audio and visual links will be available to facilitate attendance of case conference members.

<p>Domestic Violence</p>	<ul style="list-style-type: none"> ❖ 	<ul style="list-style-type: none"> ❖ Engaged with Community Pharmacies/Tesco/Asda/Lidl to promote services available for adults and children affected by domestic violence and abuse. ❖ Alongside Newry Mourne and Down Council reached out to young people about supports available if they were lonely/ isolated /scared via an Instagram storyboard and promoted on Twitter and Facebook. ❖ Children’s Gateway Service in partnership with Barnardo’s/NIACRO/SPACE N.I./Armagh Down Women’s Aid provided advice and support to families isolated in the community affected by domestic violence during COVID-19 lockdown ❖ Dedicated Domestic Abuse Worker commenced in CAH to provide support to victims of domestic violence presenting at ED and Maternity Services. 	<ul style="list-style-type: none"> ❖ Initiative ongoing June to September ❖ Pilot to continue until March 2021
<p>Outreach Service Pilot</p>	<ul style="list-style-type: none"> ❖ 	<ul style="list-style-type: none"> ❖ Commenced the new outreach ‘edge of care’ pilot focusing to prevent admissions to care and placement breakdown. 	<ul style="list-style-type: none"> ❖ Increase support to families to maintain young people at home and prevent admissions to care. Evaluation to be completed August 2020.
<p>Looked After Children (LAC)</p>	<ul style="list-style-type: none"> ❖ Statutory visits and Looked after Child reviews (LAC) were partially stood down and alternative means of engaging with children and families were utilised. Where possible LAC Reviews took place remotely (by video or telephone). 	<ul style="list-style-type: none"> ❖ All face to face visits by social workers to LAC will be subject to risk assessment. ❖ Face to face contact between LAC and their parents will be risk assessed and where safe to do so will be reinstated ❖ LAC reviews take place by audio visual links. 	<ul style="list-style-type: none"> ❖ Maintain face to face contact for all looked after children. ❖ Increase level of face to face parental contact with LAC where consistent with child’s care plan and safe to do so ❖ Where possible parents and their support person to attend LAC reviews in person. Audio and visual links will be available to facilitate attendance of LAC review members. ❖ In the absence of education community based or council run summer schemes

			the Trust will facilitate summer activities for LAC.
Acute and Community Paediatric Service	<ul style="list-style-type: none"> ❖ Provided 'virtual' (video/telephone) acute and community paediatric outpatient clinics only ❖ Community Children's Nursing Service providing on call 24/7 end of life care and urgent respite care. 	<ul style="list-style-type: none"> ❖ Commence face to face paediatric outpatient clinics for urgent cases. ❖ Commence video/telephone clinics for Child Development Clinic (CDC) 	<ul style="list-style-type: none"> ❖ Virtual consultations will be further embedded. ❖ Endeavour to sustain/increase face to face outpatient assessment capacity where safe to do so (new and review). ❖ Planning in progress for Child Development Clinic (CDC) for new patients face to face contact with MDT where safe and appropriate. ❖ Incrementally increase paediatric community and acute clinic activity. note the ratios between face to face and virtual will be subject to change as we move forward.
Paediatric Inpatient Services	<ul style="list-style-type: none"> ❖ Temporary closure of DHH Paediatric Inpatient beds and centralised all paediatric inpatient care to the Blossom Unit on the CAH site ❖ Emergency Respiratory Physiotherapy response provided from Children and Young People's staff to free Acute and on call staff to deal with increased ICU and Respiratory demand 	<ul style="list-style-type: none"> ❖ Enabling works were undertaken to facilitate the reinstatement of 5 inpatient beds on the DHH site. The beds were opened on the 1st June ❖ Respiratory Physio Response to be handed back to the Acute Physiotherapy team. Flexibility will be required regarding the approach moving forward to adapt to changing need. 	<ul style="list-style-type: none"> ❖ A further 8 inpatients beds will open on the DHH site on the 10th August subject to safe staffing levels. ❖ Child health psychology service to recommence.
Allied Health Professional Services – for children	<ul style="list-style-type: none"> ❖ Telephone reviews are being carried out for routine cases. Advice and therapy packs are being given. ❖ All families of children seen by school based AHP Services have been given alternative contact details for support from therapists. 	<ul style="list-style-type: none"> ❖ Face to face appointments will be provided for urgent cases either in clinic or at their own home for domiciliary assessments 	<ul style="list-style-type: none"> ❖ Video consultation guidance will be embedded as part of the assessment process. ❖ Increase the capacity for face to face appointments for urgent and domiciliary assessments. <ul style="list-style-type: none"> ○ Speech & Language Therapy ○ Occupational Therapy

			<ul style="list-style-type: none"> ○ Physiotherapy ○ Paediatric Nutrition & dietetics
SERVICE AREA: OLDER PEOPLE SERVICES	What did we do during Covid-19 pandemic?	What we did to rebuild services during June 2020? (Phase 1)	What we are planning to do to rebuild services July to September 2020? (Phase 2)
Residential / Nursing and Community Care Services	<ul style="list-style-type: none"> ❖ Established a multi-disciplinary approach to providing support to our local residential and care home providers with in- reach from an integrated community rapid response team which includes Acute Care At Home, Community Respiratory, Community Heart Failure, Community Palliative Care Infection Prevention and Control/microbiology team and Care Home Support Team. ❖ Provided an additional a c.35 ‘bedded virtual ward’ by providing medical input to covid 19 patients in their own/ care homes and virtual monitoring and support to an additional 100 covid-19 positive patients in the community. ❖ Domiciliary care supervisor and monitoring visits to clients in their own homes were suspended during the Covid response. ❖ Integrated Care Teams annual review process was suspended. 	<ul style="list-style-type: none"> ❖ Maintain and further enhance our Acute Care at Home Team to support acutely unwell older people requiring care and support in their own home and in care homes. ❖ The Trust will continue to provide this service in line with the needs in our community. ❖ The Trust will maintain and continue to explore the potential to enhance Infection Prevention and Control support to care homes to help prevent and mitigate transmission of infection, including COVID 19 in care homes 	<ul style="list-style-type: none"> ❖ We will continue to explore the potential to enhance community services to support older people to remain well and or recover from an acute illness in their own home or a care home. ❖ Recommence domiciliary care supervisor and monitoring visits to clients in their own homes. ❖ Integrated Care and Care Home Support Teams to recommence annual reviews of care packages. ❖ Dysphagia Team will train nurses from Care Homes to become partners in the Tele-swallow rehab and roll out Tele-Eating, Drinking Swallowing (EDS) for specialist virtual assessment ❖ Explore the reach of Tele-EDS specialist dysphagia assessment into residential homes and service users own homes. ❖ The Infection Prevention Control and Microbiology team will explore the potential to enhance Infection Prevention and Control support to care homes to help prevent and mitigate transmission of infection, including COVID 19 in care homes.
Day Care	<ul style="list-style-type: none"> ❖ Day care centre facilities temporarily closed. 	<ul style="list-style-type: none"> ❖ Day centres will remain closed during the month of June. 	<ul style="list-style-type: none"> ❖ Explore the potential to incremental reopen Day Care Centres in August and September in line with Government

			Guidance for people over 70 yrs at that time.
SERVICE AREA: COMMUNITY DENTAL	What did we do during Covid-19 pandemic?	What we did to rebuild services during June 2020? (Phase 1)	What we are planning to do to rebuild services July to September 2020? (Phase 2)
Community Dental Services	<ul style="list-style-type: none"> ❖ All routine dental care temporarily ceased ❖ Paediatric general anaesthetic list was maintained for urgent dental extraction ❖ Five urgent care dental centres were established regionally. 	<ul style="list-style-type: none"> ❖ Maintain current services as they are during June 2020. 	<ul style="list-style-type: none"> ❖ From July community dental service will see patients for non urgent / non aerosol generating procedures for assessment and treatment. ❖ We will work up a plan to provide treatment requiring aerosol generating procedures by August. ❖ Maintain and increase GA dental surgery capacity to meet urgent demand subject to availability of theatre slots.
SERVICE AREA: CORPORATE AND SUPPORT SERVICES	What did we do during Covid-19 pandemic?	What we did to rebuild services during June 2020? (Phase 1)	What we are planning to do to rebuild services July to September 2020? (Phase 2)
Multidisciplinary Support to our Operational Services	<ul style="list-style-type: none"> ❖ COVID 19 related upskilling, education and training for all professional staff was undertaken to support critical care services during this period. ❖ During the initial Covid-19 period staff from all disciplines across each of our operational and Directorate support areas were redeployed and diverted into new roles during the initial COVID-19 peak period. This included critical care areas, and support to our residents in the Care Home Sector as well as practical support areas such as: ❖ Deploying computers and I.T. support to enable 'new' ways of working for our staff and patients. ❖ Reconfiguring our physical 	<ul style="list-style-type: none"> ❖ Further education, training and targeted deployment of operational support staff will continue in line with service needs during this next stage. ❖ Staff will continue to support our response to Covid-19 where required in critical care areas and in support of our care home sector during June unless required to return to service areas agreed for restart in our Stage 1 plan. ❖ Estate services will move to progress Trust backlog maintenance plans. ❖ This service will continue to offer support to all families bereaved either through a death in hospital or a care home setting within the Trust area. ❖ Will continue to provide an enhanced 	<ul style="list-style-type: none"> ❖ Reinstate the staff canteen at CAH. ❖ Corporate Support Directorate teams will continue to support our staff and service users during the COVID Period. ❖ Estate services will continue to support patient services in providing additional/alternate accommodation where required. ❖ The new Daisy Hill Medical Education Centre will be opened and available to support staff. ❖ PPE Collection Service for Independent Sector Providers will be relocated from Craigavon to Lurgan Hospital site from July onwards ❖ Community transport providers will be engaged to offer collection service for

	<p>infrastructure and estate to create a 'staff village' including canteen and rest areas, additional clinical facilities, testing pods and two COVID 19 Assessment centres.</p> <ul style="list-style-type: none"> ❖ Co-ordination of the many kind donations received by the Trust from the community. ❖ Providing enhanced Occupational Health advisory service and associated help line for staff re Covid concerns and staff testing and HR support for staff and managers re pay and conditions and redeployment etc. ❖ The Trust Bereavement Service was significantly expanded from a multidisciplinary perspective to provide an enhanced bereavement service to our population. ❖ Corporate communications provided an enhanced internal and external corporate communications service to support staff and service users during the COVID 19 period 	<p>corporate communications service.</p>	<p>independent sector providers if desired.</p> <ul style="list-style-type: none"> ❖ A bid to establish a new temporary PPE warehouse in the Trust over the summer months has been submitted to the Department of Health for approval ❖ Implementation of an electronic stock management system for PPE in July. ❖ Establishment of a Workforce Workstream to support restart / rebuild plans. ❖ Further roll out of laptops and enable personal devices to support ongoing requirements for remote working and increases in virtual clinic capacity ❖ Additional IT /helpdesk staffing to provide support to the significant increase in remote working. ❖ Planning and QI support will be re-directed to support restart and rebuild service planning and implementation
<p>Infection Prevention & Control</p>	<ul style="list-style-type: none"> ❖ Expert clinical advice and support, to support Trustwide control and management of COVID 19, and at the request of the PHA support to Care Home Sector (ISP). ❖ Implementation of PPE and Zoning strategy. ❖ Implementation of COVID 19 testing ❖ Procuring and distributing critical Personal Protective Equipment (PPE) to Acute, community and Independent 	<ul style="list-style-type: none"> ❖ IPC team continue to redirect resources to support control and prevention of transmission of COVID-19 and advise on IPC aspects of restart, where resources permit, in a phased approach services will be restarted on a risk managed basis. 	<ul style="list-style-type: none"> ❖ Revise our patient and staff routes throughout the healthcare estate as rebuild plans require. To ensure the continued safety of our staff and patients and the management of outbreaks ❖ Development of testing and protocols to follow changing PHA guidance. ❖ Continue to provide advice to strategic and operational groups with changing guidance from regulatory bodies

	Sector services.		<ul style="list-style-type: none"> ❖ Continued assessment, procurement and logistics of PPE. ❖ Continued to provide training of PPE use as guidance changes.
<p>Expanding, Redeploying and training our Clinical and Social Care Workforce</p>	<ul style="list-style-type: none"> ❖ To support the rapid need to expand our clinical workforce in response to Covid-19, the Trust took a range of actions to expand our workforce including: <ul style="list-style-type: none"> -HSC Workforce Appeal -Facilitating early qualification of final year students -Employing nursing AHP and social work students and recently retired staff to join our workforce - Employing medical students to take on a wide number of crucial support roles ❖ Nursing, AHP and Medical staff redeployed to support our key specialities during the Covid-19 initial phase. ❖ Social Care staff redeployed and some retrained and upskilled to support our key specialities during the Covid-19 initial phase. This included moving from Community to Acute services; enhancing the bereavement service; and establishing the Staying Connected Service (a Helpline for vulnerable children, young people and their carers). ❖ Workforce Development and Training programmes across the Trust were scaled back during the initial phase with only core social care training 	<ul style="list-style-type: none"> ❖ Service provision options for supporting staff in the longer term will continue during June ❖ Medics will return to their base speciality areas, with an understanding that they may be redeployed if there is a second surge ❖ This will largely continue throughout June. The Staying Connected Helpline will continue on a reduced rota. Some staff will be redeployed to support the Edge of Care/ outreach Pilot and some health promotion programmes focussed on prevention and support services will recommence. ❖ Training programmes will largely remain at minimum levels in June with some areas resuming training programmes using social distancing and virtual (video) platforms ❖ New and innovative methods of providing undergraduate teaching are being identified and some post graduate training will recommence including use of digital technology where possible and a range of clinical trials that have commenced nationally in response to covid-19 will be supported. ❖ Mortality Reviews using new innovative formats will be re-instated in June 2020.and a COVID-19 reference group is being established tasked to review Trust COVID-19 related mortality 	<ul style="list-style-type: none"> ❖ Social Services education, training and workforce development will continue to evolve dependent on risk assessment and responsiveness to environmental needs. ❖ Under regional commissioning arrangements, we will provide (subject to risk assessment) safe and appropriate opportunities for Social Work students cohort (2020/21). ❖ Establish in-house research evaluation group to promote local researched minded culture in the social work/social care/multidisciplinary workforce. Commencing with COVID-19 related projects across programmes of care ❖ Recommence MAPA training for high risk groups. ❖ Recommence Mandatory Training across staff groups using alternative delivery methods where practicable. ❖ Recommence training for staff in the following areas Maternity Support Programme, Preceptorship programme, FNFM training and OSCE practice. ❖ Recommence work on the development of the Trust Patient and Client Experience Strategy ❖ Roll out the regional Care Opinion programme ❖ Recommence Nursing Quality Indicators ❖ Roll out of the Regional Rehab Strategy

	<p>schedules maintained to keep staff competencies current. In addition support and training packages were developed for staff and a range of service user groups.</p> <ul style="list-style-type: none"> ❖ In partnership with Queens University, the Northern Ireland Medical and Dental Training Agency and the General Medical Council; various strands of undergraduate education, clinical rotations and medical revalidation were suspended and mortality and morbidity meetings temporarily paused as per regional guidance. . 		<p>Model for post COVID 19</p> <ul style="list-style-type: none"> ❖ Explore new solutions to AHP Student Placements with Ulster University to address COVID 19 constraints. ❖ Learn, spread and sustain the new ways of working, clinical and governance related COVID 19 successes.
Psychological Services	<ul style="list-style-type: none"> ❖ Psychological services across programmes of care have been provided at a reduced level to families in a number of areas. ❖ The challenges staff faced in managing covid-19 patients and the operational requirements for PPE and new ways of working with families and carers is unprecedented. Our psychological services have been providing an enhanced focus on supporting our staff health and wellbeing during the initial covid-19 peak period. 	<ul style="list-style-type: none"> ❖ This will continue in June. 	<ul style="list-style-type: none"> ❖ Staff support services will continue during the next 3 months.
Visitors	<ul style="list-style-type: none"> ❖ In line with all HSC services, we have temporarily restricted the number of visitors across our 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 	<ul style="list-style-type: none"> ❖ Visiting across hospitals and health care setting will remain restricted to maintain the safety of our staff and visitors. 	<ul style="list-style-type: none"> ❖ The visiting policy will be updated in line with Regional guidance.

	and local arrangements are in place to ensure our patients and residents can remain in contact with loved ones.		
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