

### Service Delivery Plan July and August 2021

This document sets out our Service Delivery Plan for July and August 2021 to show how the Trust will balance the on-going needs of people and communities affected by the pandemic and to address the impact on all our services, particularly elective waiting times, and services for children, older people and those who have mental health needs. We need to do this whilst recognising the on-going restrictions in the community and the safety precautions for our patients, service users and staff, families, carers and visitors.

Our agreed regional approach to service delivery remains:

- 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.

Since July 2020 the Southern Trust has implemented a series of service plans (Figure 1) agreed with the Health and Social Care Board (HSCB) and in collaboration with other HSC Trusts to upscale and reduce service provision in response to fluctuating levels of COVID-19. These plans have been carefully developed and are evidence-based, proportionate, necessary and sustainable and have often been required to be agile at short notice, to ensure that patient, service user and staff safety remained our priority. A year on, this Service Delivery Plan outlines how the Trust will continue to safely deliver our services within available resources within the next phase. The Trust is committed to providing a carefully considered, balanced and evidence-based response

Figure 1: Trust response to COVID-19 since March 2020



according to the levels of the pandemic and to re-introducing and sustaining services when it is safe to do so.

The arrival of COVID-19 has had a detrimental impact on services across all areas of the Trust and the wider health and social care system. Within the Southern Trust, our focus has been to ensure the safety of our patients, service users and staff. Many of our services were suspended or reduced, including many elective procedures, allowing us to protect emergency and urgent services and these are now being re-established. Supporting Community Services and Care Home pressures across the Trust has also been hugely challenging.

The Trust welcomes the reduction in Covid-19 community transmission and resulting admissions to our hospitals and, has been able to safely rebuild some of our services successfully in May and June 2021. Some services are now delivering activity that is in line with that of pre-COVID levels challenges remain in some areas and we continue to seek to address these and bring forward improvement over the coming months.

The Trust will continue to support the local vaccination programme and staff the COVID-19 centres along with GP colleagues. In spite of the success of the vaccination programme it is important to acknowledge that we will continue to live with Covid-19 for some time and this will continue to impact on how we can deliver our services including ongoing requirements for social distancing and infection prevention control measures.

The Trust acknowledges the long term health and social impact of COVID-19 and is actively working with regional colleagues to ensure appropriate services and information are available and accessible for those who need them.

### **Inequalities in Health**

The Trust recognises that health and social inequalities have been exacerbated by COVID-19 and, some new inequalities have emerged. The Trust will continue to work in partnership across health and social care, GP colleagues, government departments and organisations in statutory, community, voluntary and private sectors to coordinate action to improve health and reduce health inequalities. This includes partnership working to progress the Community Planning process with our three local Councils. The Trust will continue to work with the whole Southern Trust population while targeting programmes at key disadvantaged groups i.e. Ethnic Minority communities, Travellers, Roma, LGB&T, looked after children, older people, men, those in more deprived communities and those with a disability.

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 Service Delivery Plan, the Trust will screen for both equality and rurality to identify potential adverse impact.

## Some of the Key Challenges in implementing our plans:

- Assessing **workforce** pressures including the ability to safely and appropriately staff our service delivery plans, taking into consideration the impact of previous local cluster outbreaks within staff and patient groups. Over the last year, staff have been working unrelentingly and have not been able to use their annual leave entitlement, therefore it is important to promote health and wellbeing by ensuring they have opportunity to avail of accrued annual leave, decompress before they return to normal duties and continue to take annual leave throughout the Summer period as in previous years. We must also ensure our staff are protected from burn-out and feel supported in work. The impact of staffing requirements to support the vaccination programme, workforce resources required for testing and contact tracing to maintain patient and staff safety in respect of spread of infection and flexible working necessary to support childcare and caring commitments all needs factored into our service delivery plans.
- **Balancing safety and risk** through regional agreements in respect of ensuring both effective ongoing response to Covid-19 locally and the need to deliver 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 access to suitable accommodation.
- 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 safe and appropriate catering and rest facilities for our staff.
- Assessing the ability of our **accommodation and transport infrastructure** to support and enable revised service delivery plans across our hospital and community care teams presents significant challenges and will include a reduction in capacity impacting on productivity.
- Sustaining **models for 'swabbing' and 'testing'** of health care workers and patients as part of our ongoing response to Covid-19 and supporting service delivery as part of agreed pre-treatment pathways, e.g. before surgical interventions.
- **Public adherence to the restrictions and precautionary measures** before coming to a Trust facility or accessing care.
- Attaining and sustaining a **reliable supply of critical PPE, blood products and medicines** to enable us to safely deliver services. In this plan the Trust has assumed a supply of PPE to meet the anticipated activity levels.
- Under the banner of Mutual Aid and Resilience, the Trust continues to provide necessary **support and resources to the nursing and residential care homes and supported living sectors** on an ongoing basis. The Trust also provides a level of support to the Independent Sector Domiciliary Care Providers with PPE and associated guidance. This alongside ensuring that Trust based services can be safely resumed, will impact on the pace and scale as we seek to meet demand across all service areas.
- Continued support to the two GP led Covid-19 Assessment Centres in the local area is also placing continued demand on Trust staff and facilities limiting capacity to restart some other services, which were stood-down previously.

- We will be mindful of our commitment to **co-production and engagement** and informed involvement in key decision making in our local agreements to deliver our service plans, while ensuring we harness opportunities to deliver services differently and with innovative solutions that reduce the need for direct patient contact but that can effectively and safely deliver health and social care services.
- Providing continued support to **those in need within our population** including those who are extremely clinically vulnerable people, and people at risk of harm.
- Re- establishing some of our services safely in some areas has been and remains challenging and will continue to require **capital and revenue funding** that is subject to securing DOH/HSCB approval. **Covid-19 has further highlighted the difficulties faced dealing with a Pandemic with sub-standard hospital accommodation.** The majority of our hospital accommodation is 40-50 years old and this has limited our ability to adequately provide safe social distancing for our staff and patients with limited physical bed and circulation space. Our ability to nurse Covid-19 patients who required aerosol generated procedures has been limited by appropriate ventilation systems and oxygen capacity and our ability to adequately control the spread of infection due to a lack of side rooms and adequate sanitary facilities. The Trust welcomed funding to progress some remedial works in year to address some of these challenges, however these estate improvements will also impact on CAH bed capacity to the end of March 2022. The Trust has in place plans to mitigate this impact for as far as is possible while ensuring these works are completed in year. Furthermore, our ability to scale up surgical capacity will be constrained by the ability to access safe and appropriate bed spaces alongside skilled workforce resources.

**We will continue to monitor implications on service delivery arising from financial constraints, with limited recurrent growth funding, significant existing pressures and the potential for any future surge in Covid-19 transmission.** Working together, we will continue to play our part in sustaining this reduction in transmission, to preserve life and support our health and social care service.

### **Our Staff**

Throughout the pandemic and in developing our service delivery plans, the Trust has been keen to promote the health and wellbeing of our staff. Staff across a range of service areas including human resources, occupational health, psychology, infection control and health improvement, have worked collaboratively to pool their expertise and resources to draw together a comprehensive package of practical support for our staff which include:

As we look back over the past year of this pandemic we want to pay tribute to our staff, who have worked tirelessly to ensure that many services continued to be sustained during the Covid-19 Surge periods. Due to the immense service pressures many of our staff have been unable to take annual leave. We recognise that our staff are tired and we will support them to take annual leave over the summer months. We remain committed to work in partnership with staff and Trade Unions to support our staff recovery from the pandemic and to ensure staff 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.

- ❖ **Dedicated psychological support helpline** and staff support continues to provide to support our staff through the COVID-19 pandemic and beyond. NHS Charities funding was secured to supplement the existing Occupational Health & Wellbeing Consultant Clinical Psychologist to enable staff to continue to be supported through ongoing surge episodes and during resumption of normal business.
- ❖ **Regular Health & Safety Committee** meetings continue to provide a platform to support staff to develop safe working arrangements and practices to ensure we can continue to work safely during COVID-19. This includes the development of guidance to provide the framework to assess and support the safety and wellbeing of our staff, visitors and service users.
- ❖ **A range of staff health and wellbeing resources** on the U-matter hub and weekly email reminder, including on-line nutrition and exercise programmes, stress management sessions and advice and support on a range of issues such as managing anxiety, building resilience and coping mechanisms, sleep well resources and mental health support for adults and young people.
- ❖ The Trust continues to provide a **testing** as well as a **track and trace** service for staff which has helped to contain any outbreaks and minimise risk to our staff, patients and service users.
- ❖ **Occupational Health** services have been significantly stretched whilst providing support to staff during this period and a review of the resources to support this area will be required.

**The Trust recognises the importance of continuing to support our staff going forward and these measures will be maintained as we progress our service delivery plans over the next two months.**

## REGIONAL CONTEXT: High level summary plans

### Tackling Health Inequalities

1. The 'Health Inequalities Annual Report 2020' (<https://www.health-ni.gov.uk/publications/health-inequalities-annual-report-2020>) clearly demonstrates that inequalities in health outcomes continue to be a key issue and challenge in Northern Ireland. Given the multi-faceted causes of inequalities in health, tackling this issue needs sustained focus within the health and social care system and increased collaboration across departments and agencies, local government, the community and voluntary sector, and with communities themselves to address the factors which impact on health and wellbeing locally and regionally.
2. Making Life Better (<https://www.health-ni.gov.uk/articles/making-life-better-strategic-framework-public-health>) is the overarching strategic framework for public health through which the Executive committed to creating the conditions for individuals, families and communities to take greater control over their lives, and be enabled and supported to lead healthy lives. It is vital that the Health and Social Care System continues to support the delivery of Making Life Better, particularly as COVID-19 is likely to have exacerbated the inequalities that already exist and this will require a continued focus and population health approach to address in the long term. Improving health and wellbeing, increasing health literacy and reducing inequalities in health outcomes, will be a key part of ensuring we build greater health resilience in the population into the future and help to reduce the impact of potential future pandemics.

### Critical Care De-escalation

3. Critical care beds are all open and operational throughout Northern Ireland at their commissioned bed levels. Belfast Trust continue to manage a different bed configuration across its units, than that commissioned, to enable urgent elective care on BCH site and non-elective care on the Royal site. This is not without challenges however work is ongoing between the Trust, HSC, PHA and CCaNNI to fully understand the implications of this and minimise impact on the wider critical care system. Similarly, work is ongoing to aim to minimize delayed discharges from ICU, which has been a growing issue recently due to wider Trust pressures.

## Regional Management of Unscheduled Care

4. The challenge of managing unscheduled care pressures has been exacerbated in the past year by the tremendous system effort to cope in the face of significant surges in hospitalisation due to COVID-19 infection. The system collaborated closely and effectively in particular through the Critical Care and Respiratory Operational Hub and the lessons from that approach are now being considered in the regional management of Unscheduled Care.
5. Unscheduled care is a broad service area encapsulating adults and paediatrics, emergency and urgent care, major trauma, critical care, neonatal care and hospital flow, including discharge. Consideration needs to be given to this breadth and the various processes currently in place to manage these. As demand increases and our hospitals start to move towards pre COVID attendances and admissions, it is important to fully understand the impact that COVID will continue to have on our physical space and the need to manage patient flows in a safe environment.
6. The Health and Social Care Board is currently working collaboratively with the Public Health Agency, NIAS and the five provider Trusts to improve waiting times at our Emergency Departments, enhance flows through the system and facilitate timely discharge.

## Cancer Services

7. Cancer waiting times were unacceptable before the COVID-19 pandemic. Cancer referrals, and screening, diagnostic and treatment services have all been significantly impacted by the pandemic resulting in immeasurable distress for patients. The service needs to act now not just to build services back but to build them back better. The Health and Social Care Board has worked with the Department of Health to produce a Cancer Recovery Plan. This 3 year plan pulls forward a number of early actions associated with recommendations included in the draft Cancer Strategy, which is being co-produced with patients, the wider service and the voluntary sector. The plan will aim to improve cancer waiting times by addressing backlogs that have arisen as a consequence of the COVID-19 pandemic as well as seeking to address capacity gaps that existed pre-COVID. It will do this through an expansion in capacity (both staffing and equipment), the modernisation of care pathways and the adoption of new tests and technologies. All of this will be underpinned by a focus on skills mix and multi-professional education and training.
8. The plan does not specifically address cancer surgery which is being looked at as part of the wider elective plan. It covers the following key areas:
  - Supporting patients
  - Screening
  - Awareness & early detection
  - Safety netting & patient flow
  - Diagnostics to include imaging, endoscopy, colposcopy and pathology
  - Prehabilitation & Rehabilitation

- Oncology & Haematology
- Palliative care

### Regional Waiting List

9. The focus of the HSC continues to be on delivering all elective services in an environment that is safe for both staff and patients. Whilst it is expected that theatre capacity will continue to be constrained during this period, the HSC will continue to seek to maximise activity. It is likely that theatre access will vary across Northern Ireland potentially resulting in differential waiting times. It is therefore essential that capacity is protected for the highest priority patients and that access to this capacity is provided equitably across Northern Ireland. The Regional Prioritisation Oversight Group (RPOG) will continue to play a key role in ensuring that the clinical prioritisation of cancer and time critical/urgent cases across surgical specialities and Trust boundaries, is consistent and transparent and to ensure the utilisation of all available capacity (in-house and in the Independent Sector) is fully and appropriately maximised.

### Orthopaedic Hubs

10. In July 2020, the Minister announced plans for the regional rebuilding of elective orthopaedic services with the publication of the blueprint document 'Rebuilding, Transition and Transformation of Elective Orthopaedic Care delivered by Health and Social Care in Northern Ireland', and the establishment of a regional Orthopaedic Network to take this forward. Unfortunately, elective orthopaedic services were suspended in October as resources were redeployed to address the immediate pressures arising as a result of the COVID-19 surge. Waiting times for orthopaedic services were already the longest in the UK prior to the onset of the pandemic and demand for these services continues to increase in line with ageing demographics. It is therefore vital that orthopaedic capacity is increased and protected as far as possible at each of the hub sites of Craigavon, Altnagelvin and Musgrave Park in line with the orthopaedic recovery blueprint.
11. Throughout this period, the Orthopaedic Network has continued to explore and develop opportunities for regional transformational change for the service. Entering the next phase of service rebuilding, it is intended that a recovery plan for orthopaedics will be published in August. The recovery plan will set out priority actions and timescales to bring orthopaedic activity back to commissioned levels, and to increase activity as effectively as possible, maximising the use of all available capacity across the region to increase activity. This will be taken forward on a phased basis, addressing as a priority those patients with the greatest clinical need, whilst at the same time working to deliver long-term transformational change to the service.
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successful resumption of activity across the region at that time, elective orthopaedic services were subsequently suspended in October as resources were redeployed to address the immediate pressures arising as a result of the COVID-19 surge. Throughout this period, however, the Orthopaedic Network has continued to explore and develop opportunities for regional transformational change for the service.

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### Day Case Elective Care

14. In July 2020 the Minister announced that Lagan Valley Hospital in the South Eastern Trust would become a dedicated elective care centre for the region. While the nature of the site means that it is most suitable for daycase surgery and procedures rather than more complex work, the complete separation of elective and unscheduled services at the site enabled services to continue to be delivered throughout the pandemic on a 'COVID-light' or 'green' pathway. During the pandemic, the centre delivered red flag and other high priority lists on behalf of the region where these could not be accommodated at the hospital of origin due to pandemic pressures. In recent months the centre has begun to provide high volume, low complexity procedures for the region across a range of specialties. The team at the Day Procedure Centre in Lagan Valley is working to maximise the efficiency of service delivery in the space available. There are also similar initiatives for cataracts and varicose veins in Downe, Omagh, South Tyrone and the Mid-Ulster Hospital.
15. While the overall model for Lagan Valley Hospital is still developing, it has already demonstrated the benefits of having dedicated elective care capacity. Alongside the work to develop the model at Lagan Valley, consideration is also being given to expanding this approach to further sites on a managed basis.

### No More Silos

16. The funding constraints across all health and social care services in this financial year are placing significant pressure on our ability to continue to implement NMS. There is general recognition that the implementation of NMS is extremely positive work which should continue. It may be necessary to prioritise key elements of the action plan to ensure the maximum benefit within the limited resources available.
17. In transforming urgent and emergency care services, the Department is seeking to ensure that patients are able to receive the right care, in the right place and at the right time. The review seeks to keep emergency departments for emergencies by ensuring that patients who require urgent care have appropriate pathways into the services that they require. These services may be within primary or secondary care.

18. The Department intends to publish its' review of Urgent and Emergency Care during the summer 2021.

### Vaccine Programme

19. The COVID-19 vaccination programme was launched on the 20 December 2020 with the vaccination of the JCVI priority group 1 and by the 26 May 2021 the programme had been extended to the last part of the final cohort, JCVI priority group 12. Everyone aged 18 years and over is now eligible to receive a COVID-19 vaccine in NI. There are 7 Trust operated vaccination centres, and in addition Trust special mobile teams, working with the PHA, are being deployed to areas of low vaccine uptake rates.

20. The vaccination programme has helped to protect the most vulnerable in the community most quickly against the severe outcomes of disease. We are now seeing clear evidence that the vaccination programme is contributing to a reduction of the wider health service pressures. The roll out of the programme remains critically dependent on vaccine production, supply and distribution. The pace of the programme slowed slightly as a result of the updated advice from JCVI, which advised that it was preferable for those aged under 40 years of age to receive an alternative to the AstraZeneca vaccine. Due to the limited supply of the Pfizer vaccine, the programme is now expected to complete first doses by the end of July with second doses expected to be completed by early September.

### Mental Health

21. Mental health services continue to face considerable pressures as a result of the COVID-19 pandemic. Adult in-patient services regularly see bed occupancy rates over 100% and heightened acuity levels including increase in special observations and in the proportion of detained patients. Community mental health service are also reporting increasing referrals for secondary mental health assessment, and subsequent care and treatment. A similar position is reflected in our younger population with referrals to CAMHS continuing to increase. It is expected that these pressures will continue.

22. Work has progressed to help and support people's mental health and wellbeing. A reformed Mental Health Pandemic Response Group will provide strategic direction to support this. Additional funding has also been invested in mental health services, with commitments for a new specialist perinatal mental health service and managed care networks for CAMHS and forensic mental health. DOH will also allocate £1.5m recurrent funding from 2021/22 to support the implementation of the new Emotional Health and Wellbeing in Education Framework. The new Mental Health Strategy is expected to be published in the summer. This will help ensure a cohesive strategic direction for development of mental health services over the next 10 years.

## Adult Social Care

23. Significant financial and in-kind support has been provided to independent sector providers of adult social care, helping to keep our care homes safe and ensure essential services such as domiciliary care (homecare) continue. In addition to more than £45m of direct financial support provided last financial year the Minister has approved £4m of funding to support enhanced sick pay, additional cleaning and costs associated with facilitating safe visiting in care homes. The ongoing provision of PPE without charge, where providers cannot access their own supplies continues, as does the use of routine asymptomatic testing, and testing in situations where there is a suspected or confirmed COVID-19 outbreak, to help protect care homes and supported living settings. Plans are being progressed to develop an appropriate testing pathway to extend the availability of COVID-19 testing to all asymptomatic domiciliary care staff and personal assistants. The frequency and type of testing to be deployed across this sector is still under consideration. The Department will continue to actively review the frequency of testing in these settings; any requirement to vary testing frequency will be appropriately informed by emerging scientific evidence and other contributory factors, including local community transmission rates and the deployment of the COVID-19 vaccination programme.
24. The Department continues to work with Trusts and the PHA to ensure all options are explored to ensure day centre services, day opportunities and short breaks capacity is maximised – and that we build on new ways of working, such as the greater use of direct payments to support the care of individuals. Support to carers continues to be a priority, recognising the increased burdens that have been placed on those who care throughout the pandemic. To that end, a £4m fund to support organisations working for and with unpaid carers has been established. The pandemic has reinforced the need to secure long term change and reform of adult social care, in line with the priorities set out in Power to the People.

## Long COVID

25. The Minister of Health has recently approved proposals for the assessment and treatment of people who continue to experience long-term health effects as a result of COVID-19 infection. The proposals encompass 5 separate strands:
- Post COVID-19 Syndrome patients referred by primary or secondary care to a one-stop-shop MDT assessment service;
  - Bespoke pulmonary rehabilitation / dysfunctional breathing service for patients with significant respiratory symptoms post COVID-19;
  - Patients discharged from critical care (both COVID-19 and non-COVID-19);
  - Strengthening psychology support to all Trusts; and,
  - Signposting and access to self-management resources.
26. Commissioning the services will take a number of months and it is anticipated that with services will be established by end of October 2021. In the meantime patients displaying long COVID symptoms will continue to be treated via existing services in both primary and secondary care.

The following table outlines the Trust’s service delivery plans for July and August 2021. It is important to recognise that the Trusts’ ability to deliver against this plan is linked to the effect of any subsequent surges during this period.

**SERVICE DELIVERY PLAN : JULY AND AUGUST 2021**

<b>SERVICE AREA: OUR HOSPITALS</b>	<b>Services we are planning to deliver during July and August 2021</b>
<b>Urgent and Emergency Care</b>	<ul style="list-style-type: none"> <li>❖ Through our local implementation group we continue to progress the development of new ways of working and models of care in response to the No More Silos Regional Direction. Focus will be on evaluation of the current models implemented and ascertaining value for money against quality indicators. The Trust awaits confirmation of funding from the Regional Management Board which will impact on deliverability and further implementation across Phone First, Urgent Care Centres, scheduling of minor injury appointments and ambulatory pathways.</li> <li>❖ Key priority areas have been agreed in respect of assessment and ambulatory pathways within medicine, surgical and older people services, this is contingent on funding availability which is being explored and confirmed via the No More Silos Network.</li> <li>❖ A dedicated ambulance hand over area is due to be completed in August 2021. This will enable improved access to emergency care in acute hospital and improved turnaround time for NIAS. Again funding is required to support additional staffing to operationalise the new service.</li> <li>❖ Pending confirmation of funding the Trust will continue scheduling of minor injuries appointments across the three Minor Injuries services at CAH DHH and STH.</li> <li>❖ Estates works are due to commence within the CAH Emergency Department to support improved patient flow and ventilation. Any associated disruption will be managed operationally and mitigated as far as possible to reduce the impact on direct patient care.</li> <li>❖ Estates works have commenced to relocate the Urgent Care Centre at CAH to the Out of Hours Building.</li> </ul>
<b>Critical Care</b>	<ul style="list-style-type: none"> <li>❖ Continue to provide Critical care beds in line with the Critical Care Network Northern Ireland (CCaNNI) regional de-escalation plan and redeployed staff have largely been returned to their core roles which will support increased diagnostics, elective surgery, outpatients and specialist nursing clinics.</li> <li>❖ The provision of a second ICU in CAH continues to be available should there be a requirement to expand beyond critical care capacity in ICU 1.</li> </ul>
<b>Diagnostics (X-Ray, MRI, CT, cardiac investigations)</b>	<ul style="list-style-type: none"> <li>❖ Continue to provide diagnostics services across a range of sites in the Trust.</li> <li>❖ Working collaboratively with other Trusts to equalise waiting times and access additional capacity.</li> <li>❖ Utilise significant capacity in the Independent Sector for CT, MRI and Non Obstetric Ultrasound, securing additional capacity for red flag and urgent referrals.</li> <li>❖ Working to increase capacity for additional imaging examinations in specific modalities where this is possible. The Trust has been able to increase CT capacity for general scans back to the pre-Covid level, whilst other imaging areas still remain challenged associated with current pressures.</li> </ul>

<b>Cancer services</b>	<ul style="list-style-type: none"> <li>❖ Continue to provide cancer diagnostics, surgery, oncology and Haematology systemic anti-cancer treatments including chemotherapy as per the national and Northern Ireland Cancer Network (NICaN) regional guidance.</li> <li>❖ Working collaboratively with other Trust to ensure priority cases are seen on the basis on equity across Northern Ireland.</li> <li>❖ Continue to encourage the public to contact their GP with any worries about concerning signs and symptoms they are experiencing.</li> </ul>
<b>Day Surgery and Endoscopy(elective provision)</b>	<ul style="list-style-type: none"> <li>❖ <b>Endoscopy</b> - Increase provision of endoscopy in South Tyrone Hospital from the end of August onwards in line with the return of 'recovery space' which has been repurposed during the pandemic.</li> <li>❖ <b>General Day Surgery</b> - The Trust will continue to provide 'green pathway activity' for day surgical activity as follows: <ul style="list-style-type: none"> <li>• Maintain the Day Surgery Unit in Craigavon Area Hospital for urgent and speciality prioritised day patients.</li> <li>• Commenced Daisy Hill Hospital Urgent Bookable Daycase Lists end of June for urgent dental and a range of specialty prioritised day patients.</li> </ul> </li> </ul>
<b>Outpatient Services</b>	<ul style="list-style-type: none"> <li>❖ Maintain level of activity including face to face, virtual clinics and the use of video consultations as outlined in previous rebuild plans, taking cognisance of increase periods of leave, which may reduce capacity over the summer period.</li> <li>❖ Continue with provision of the drive through phlebotomy service in Armagh and commence provision in Lurgan from mid-June.</li> </ul>
<b>Integrated Maternity and Women's Health</b>	<ul style="list-style-type: none"> <li>❖ Trust continues to experience recruitment difficulties, actions are being progressed at a local and regional level. Consequently Medical staffing pressures are impacting on activity levels.</li> <li>❖ Maintain provision of the Fertility Service.</li> <li>❖ Home births service recommenced for low risk pregnancies March 2021.</li> <li>❖ The weekly early medical abortion clinic continues to be provided. The Trust awaits confirmation on how this service will be commissioned going forward.</li> <li>❖ Visiting for post-natal maternity services has recommenced in CAH and DHH albeit with some restrictions in place.</li> <li>❖ GUM clinics have recommenced on a face to face to basis across all Trust facilities.</li> </ul> <p>The Trust continues to experience difficulty in accessing GP surgeries to provide ante-natal clinics which is significantly impacting on capacity and activity levels.</p>
<b>Inpatient Elective and Emergency Surgery for Adults and Paediatrics</b>	<ul style="list-style-type: none"> <li>❖ Continue with current provision of urgent bookable lists on both acute hospital sites <ul style="list-style-type: none"> <li>• Craigavon Area Hospital Urgent Bookable List increased to provide 2 urgent bookable lists daily in June.</li> <li>• Capacity for inpatients at Daisy Hill Hospital was recommenced with one theatre list at the end of June associated with the completion of estates works to upgrade ward facilities.</li> </ul> </li> <li>❖ Plans to progress further ambulatory pathways across a number of specialities, including, general surgery, gynae, ENT and urology, will be developed as part of the review of urgent and emergency care in line with availability of funding.</li> <li>❖ The Trust will work with the Regional Orthopaedic hub to review Trauma and Orthopaedic Services across the Southern Trust with a view to understanding demand, capacity and deliverability over the next 5-10 years. Provision of one all day orthopaedic list per week in CAH and increasing elective activity in STH and DHH in line with increasing infrastructure capacity.</li> <li>❖ Progress the development of a new general Surgery model across both acute hospital sites locally and contribute to the</li> </ul>

	<p>Regional General Surgery Review.</p> <ul style="list-style-type: none"> <li>❖ Progress the workforce plan via active recruitment for theatre nursing to increase capacity for elective surgery</li> </ul>
<b>Medicine</b>	<ul style="list-style-type: none"> <li>❖ Maintain level of Outpatient activity, virtual clinics and telephone clinics and reinstate face to face clinics where appropriate.</li> <li>❖ Progress plans to return Day Clinical Centre activity from STH to CAH site by end July 2021 and maintain provision on DHH site. Plans to progress further ambulatory pathways across a number of specialities, including acute medicine and older people, cardiology and respiratory will be developed under the review of urgent and emergency care (No More Silos)</li> <li>❖ Commence Quality Improvement Project within Dermatology services to support opportunities to increase virtual activity in the future, in recognition of increasing staffing pressures.</li> <li>❖ Commencement of Dementia Champions in DHH and CAH (subject to approval) supporting improved quality outcomes for frail older patients.</li> <li>❖ Conclude the baseline scoping exercise undertaken within the Project Team for Stroke and Frailty service improvement including: <ul style="list-style-type: none"> <li>➢ Assessment of current baseline performance, activity and budget position</li> <li>➢ Development of clear pathway visions and;</li> <li>➢ Recommendations to improve patient outcomes and service delivery across all sectors of provision.</li> <li>➢ In addition a specific QI project has been established to look at improvements in SSNAP achievement and door to needle times for thrombectomy.</li> </ul> </li> <li>❖ Successful recruitment of 4 Consultant Geriatrician posts has taken place across the SHSCT which will support stroke and frailty ambulatory pathways.</li> <li>❖ The older person Assessment Unit has reopened which aims to reduce overcrowding at ED and streamlined access to senior medical Geriatrician assessment and treatment.</li> <li>❖ Reinstatement of the headache pathway within Neurology services.</li> <li>❖ TIA clinics have recommenced services for outpatients.</li> <li>❖ Successful recruitment of 2 Gastroenterologists (1 each for CAH and DHH) will facilitate appropriate pathway development.</li> <li>❖ A regionally led review of cardiology and cardiac rehabilitation will be commenced with SHSCT participation.</li> <li>❖ Maintain ERCP lists for inpatients – rebuild to provide capacity for daycase Endoscopic Retrograde Cholangio Pancreatography (ERCPS).</li> <li>❖ Airlab CAH will be recommenced by early July following completion of estates work.</li> <li>❖ Further refurbishment of the Haematology ward in CAH is due to commence in July 2021 and complete in December 2021. This will provide 14 single ensuite rooms, improving compliance with IPC and recommendations arising from the SAI and Nosocomial recommendation reports.</li> </ul>
<b>Screening Programmes</b>	<ul style="list-style-type: none"> <li>❖ Trusts will continue to deliver across all population screening programmes in line with Public Health Agency recommendations.</li> <li>❖ Trusts will seek to restore screening capacity to enable the timely offer of screening to all eligible individuals.</li> <li>❖ Trusts will continue to work with the Public Health Agency to implement plans to recover all population screening programmes</li> </ul>

	<p>and seek to bring screening intervals/ round lengths back to meeting the relevant national standards.</p> <ul style="list-style-type: none"> <li>❖ Trusts will seek to ensure that appropriate timely diagnostic and treatment services are available to those with a positive screening test results specifically bowel cancer and breast screening services.</li> </ul>
<b>SERVICE AREA: MENTAL HEALTH AND ADULT DISABILITY SERVICES</b>	Services we are planning to deliver during July and August 2021
<b>Community Services: Primary and Recovery mental health care and Memory Services</b>	<ul style="list-style-type: none"> <li>❖ Maintain and seek to increase current level of activity in adult mental health outpatient services and maintain the current level of activity in memory services in line with social distancing, staff availability, IP&amp;C requirements and clinical need. Continue face-to-face and virtual clinics as clinically appropriate.</li> <li>❖ The majority of psychology contacts will continue to be delivered virtually. By exception contacts where this cannot be facilitated will be delivered by face to face contact.</li> </ul>
<b>Inpatient facilities</b>	<ul style="list-style-type: none"> <li>❖ Sustain current level of ECT activity.</li> <li>❖ Maintain inpatient facilities in Dorsy in line with safe staffing levels and continue to undertake individual risk assessments prior to social outings taking place.</li> </ul>
<b>Day Care and Day Opportunities</b>	<ul style="list-style-type: none"> <li>❖ Commence procurement of Independent Sector day care provision to seek to increase capacity.</li> <li>❖ Incrementally increase day opportunities in collaboration with community voluntary sector and local councils</li> <li>❖ Support uptake of physical disability day care placements.</li> <li>❖ Scope the potential to access existing or alternative accommodation from other Public Sector partners from which to provide day opportunities.</li> </ul>
<b>Community Disability Services</b>	<ul style="list-style-type: none"> <li>❖ Case managers plan to further increase face to face contacts with service users and carers including offering face to face carer reviews.</li> <li>❖ Link Nurse will continue to facilitate monitoring visits in residential / nursing homes.</li> <li>❖ Phased re-establishment of neurology led epilepsy clinics.</li> <li>❖ Plan to restart sensory low vision clinics.</li> </ul>
<b>Disability Elective/AHP/Outpatients</b>	<ul style="list-style-type: none"> <li>❖ Sustain level of AHP and psychiatry services (outpatient and elective activity) through a range of mechanisms including face to face and virtual appointment options.</li> </ul>
<b>Respite Care</b>	<ul style="list-style-type: none"> <li>❖ Liaise with Independent Sector providers to explore alternative short break provision.</li> <li>❖ Offer increased flexible short-break options using direct payments.</li> </ul>
<b>Supported Living</b>	<ul style="list-style-type: none"> <li>❖ The Trust will continue to support a range of individual community outings and scheduled appointments as per assessed need.</li> </ul>
<b>Community Addiction Services</b>	<ul style="list-style-type: none"> <li>❖ Maintain current level of activity in line with social distancing, staff availability, IP&amp;C requirements and clinical need.</li> </ul>



	<ul style="list-style-type: none"> <li>❖ Continue face-to-face and virtual clinics as clinically appropriate.</li> </ul>
<b>Unscheduled Mental Health Services</b>	<ul style="list-style-type: none"> <li>❖ Continue to meet current level of activity in line with clinical need.</li> </ul>
<b>SERVICE AREA: PRIMARY CARE &amp; COMMUNITY SERVICES</b>	Services we are planning to deliver during July and August 2021
<b>Community Clinic and Rehabilitation Services</b>	<ul style="list-style-type: none"> <li>❖ Continue to provide virtual and face to face clinic activity incrementally in line with availability of staff, clinical facilities and IPC guidance in relation to environment, social distancing etc. (Falls, Geriatric Outpatients, Rapid Access clinics)</li> <li>❖ To maintain Orthopaedic ICATS clinics and associated activity and explore options for a phased increase.</li> <li>❖ Continue with home based assessment and review where appropriate.</li> </ul>
<b>Primary Care / GP led services</b>	<ul style="list-style-type: none"> <li>❖ Continue to work collaboratively with Primary Care in the development of new models and ways of working. Example urgent and emergency care services and primary care MDT.</li> <li>❖ Continue to support and maintain a Covid-19 assessment patient stream. A decision has been taken to reduce to 1 centre, on the Banbridge sites in line with regional direction. The Dungannon Centre will close on Sunday 4th July at 10pm.</li> </ul>
<b>Sexual Health Services</b>	<ul style="list-style-type: none"> <li>❖ Health Hub Clinics in Further Education colleges will be delivered through a mix of virtual and face to face appointments across college campuses. This will be kept under review and in line with requirements of the local population.</li> </ul>
<b>Promoting Well-being Services (incorporating health improvement, community development, support for carers and support for volunteers)</b>	<ul style="list-style-type: none"> <li>❖ The Promoting Wellbeing Division will continue to provide services, support and training utilising a range of approaches to include virtual, telephone and face-to-face delivery when guidance around community gatherings allows.</li> <li>❖ Health Improvement activity will include service delivery, training and support in the following areas: Mental Health and Emotional Wellbeing, Suicide Prevention, Sexual Health Improvement, Parenting Support, Diabetes Prevention, Home Accident Prevention, Stop Smoking Support Cancer Information and Wellbeing Support, Healthy Eating and Weight management.</li> <li>❖ Continue to support Trust staff health and wellbeing through provision of information, resources and online programmes in support of health and wellbeing.</li> <li>❖ Continue to participate actively in community planning to support the implementation of services, projects and initiatives to improve health, wellbeing and social conditions for our population.</li> <li>❖ Partnership working to support delivery of the volunteering element of the local vaccination centre.</li> <li>❖ Continue to co-ordinate support for carers through our Community Carers Support Contract.</li> <li>❖ Development of directorate and divisional PPI plans, in line with relevant guidance and strategy.</li> </ul>
<b>SERVICE AREA: CHILDREN &amp; YOUNG PEOPLE SERVICES</b>	Services we are planning to deliver during July and August 2021
<b>Health Visiting</b>	<ul style="list-style-type: none"> <li>❖ Health visiting service are returning to normal pre-Covid activity, this includes the universal contacts to be delivered under Healthy Child Healthy Future Programme and targeted work to support families with additional needs. In addition staff are</li> </ul>



	working additional hours in an effort to catch up some of the universal contacts missed with young children while service delivery was impacted by the pandemic.
<b>School Nursing Service</b>	<ul style="list-style-type: none"> <li>❖ School nursing are aiming to complete the 8,000 outstanding HPV and school leaving boosters during July and August in additional hours as school nurses work term time.</li> <li>❖ Additional hours worked over July and August will also be used to target 800 outstanding Year 1 Health Appraisals, the additional 5,000 will be caught up over the coming school year with additional hours and bank nursing staff.</li> </ul>
<b>Children with disabilities</b>	<ul style="list-style-type: none"> <li>❖ Ongoing review of community / voluntary sector contracts and consider adjustments which may be required in Covid-19 context.</li> <li>❖ Upscaling community activities for children with Disability during summer school holidays including partnership with EA, Local Council and the Voluntary and Community sector.</li> <li>❖ Continued upscaling of overnight short breaks provision on an assessment led basis for children with disabilities.</li> <li>❖ Increased recruitment of Short Breaks foster carers.</li> </ul>
<b>Autism Spectrum Disorder (ASD) Service Children and Adults</b>	<ul style="list-style-type: none"> <li>❖ The ASD Service will seek to continue to maintain the 13 week target for new children and young people subject to staffing levels and will continue to deliver appointments face to face and virtually.</li> <li>❖ The ASD Service have put arrangements in place with Community / Voluntary partner organisations to provide virtual and face to face activities with children and young people and their families over the school holidays.</li> <li>❖ Continue to provide ongoing groups for support psychoeducation for children/young people and parents.</li> </ul>
<b>Child and Adolescent Mental Health Services (CAMHS)</b>	<ul style="list-style-type: none"> <li>❖ CAMHS will continue to maintain new and review appointments using both virtual and face to face contacts where clinically appropriate to do so.</li> <li>❖ CAMHS will continue to develop virtual group based interventions to support children and young people.</li> <li>❖ CAMHS will continue to provide intensive community support to children and young people in line with clinical need and will work closely with the regional service Beechcroft when a child or young person requires an inpatient admission.</li> <li>❖ Continue to provide ongoing groups for support psychoeducation for children/young people and parents</li> </ul>
<b>Court Children's Services</b>	<ul style="list-style-type: none"> <li>❖ Court Children's Service (Private Law) has resumed to full service delivery. An additional Senior Social Work Practitioner has been recruited to meet additional demand. Sight link video platform continues to be used to facilitate court hearings.</li> </ul>
<b>Child Protection</b>	<ul style="list-style-type: none"> <li>❖ Face to face visits/interventions for children placed on the child protection register ongoing. Up to date child protection plans in place and subject to ongoing review.</li> <li>❖ Zoom continues to be available to facilitate professional/family attendance at case conferences.</li> <li>❖ Parents and their support person invited to attend Case Conferences in person.</li> </ul>
<b>Domestic Violence</b>	<ul style="list-style-type: none"> <li>❖ Domestic abuse worker pilot in in Craigavon Area Hospital will continue in 21/22.</li> <li>❖ DVA outreach initiative involving Children's Gateway service/FSHs/Women's Aid to continue until end of March 2022. Continuation of initiative will be dependent on availability of funding 22/23.</li> </ul>

<b>Outreach Service Pilot</b>	<ul style="list-style-type: none"> <li>❖ Recurrent funding has been secured to establish outreach service. Full team will be in place by July 2021. ‘KAIROS Edge of Care Service is an intensive family support service undertaking therapeutic interventions with young people and their parents whilst at the same time offering and providing “time out”, short breaks, focused interventions including family work and relational engagement with young people themselves. Its aim is to support children and young people to remain at home who have been assessed as ‘on the edge of care’ and enabling families to identify their strengths and make the changes to help their family stay together’.</li> </ul>
<b>Looked After Children (LAC)</b>	<ul style="list-style-type: none"> <li>❖ Maintain regular face to face contact between the social worker and child/young person for all looked after children.</li> <li>❖ Maintain and continue to upscale face to face contact between parents and children consistent with the care plan and child’s wishes.</li> <li>❖ A blended approach to use of Technology and face to face meeting for statutory reviews and other professional meetings.</li> <li>❖ Upscaling of community activities for Looked after children including children living in residential care.</li> <li>❖ Focus on educational support to LAC as schools start to re-open following COVID disruption.</li> </ul>
<b>Acute and Community Paediatric Service</b>	<ul style="list-style-type: none"> <li>❖ Acute and Community Paediatric Outpatient Clinics will continue to be provided through face to face and virtual appointments in both general and specialty clinics and in the Child Development Clinic Service.</li> <li>❖ Continue to develop the clinic schedule in the new Daisy Children and Young People’s Outpatient Service on the DHH site including AHP clinics and Paediatric Psychology Service provision.</li> <li>❖ Acute Paediatric Service will continue to work with the Child Health Partnership and the Department of Health to prepare for potential surge in respiratory conditions.</li> </ul>
<b>Paediatric Inpatient Services</b>	<ul style="list-style-type: none"> <li>❖ Planning for return of 4 paediatric inpatient beds in the Daisy Ward DHH to return the ward to full inpatient capacity.</li> <li>❖ Paediatric day case elective work has resumed on both sites with gradual scale up of planned activity in line with theatre staffing capacity.</li> <li>❖ There will ongoing integration of the Paediatric Psychology Service into the Diabetes, Asthma, Allergy and Epilepsy Teams with provision of psychological assessment and intervention via telehealth or in person as appropriate.</li> </ul>
<b>Allied Health Professional Services – for children</b>	<ul style="list-style-type: none"> <li>❖ AHP services will continue to progress the rebuild services through a mixture of face to face, virtual and telephone reviews in partnership with parents.</li> <li>❖ AHP Services will continue to work with the Public Health Agency and the Education Authority to plan for the therapy provision required for children commencing Special and Mainstream Schools in September 2021.</li> </ul>
<b>SERVICE AREA: OLDER PEOPLE SERVICES</b>	<b>Services we are planning to deliver during July and August 2021</b>
<b>Residential / Nursing and Community Care Services</b>	<ul style="list-style-type: none"> <li>❖ Under the banner of Mutual Aid and Resilience and in keeping with the Regional Care Home Surge Plan, the Care Home Support Team will continue to provide support, advice and assistance to care homes as required.</li> <li>❖ Members of Infection Prevention Control Team will continue to provide support through the Care Home hub meetings to give advice and support as required.</li> </ul>

	<ul style="list-style-type: none"> <li>❖ Continue to deliver Domiciliary Care to clients in their own homes continuing with recruitment to increase capacity within the service.</li> </ul>
<b>Day Care</b>	<ul style="list-style-type: none"> <li>❖ Maintain current Day Care Services operating and plan for incremental increase of attendees in line with IPC requirements and social distancing measures.</li> <li>❖ Engage with Service Users, Carers ICT and Memory Services to rebuild and restore Day Care services in line with IPC requirements and social distancing measures as well as availability of staff previously redeployed and successful recruitment of new staff to back fill vacant posts.</li> <li>❖ Maintain the delivery of the Outreach service established with day care staff from Crozier Lodge and Edenderry day centre and evaluate impact and potential benefits to sustain longer term.</li> </ul>
<b>SERVICE AREA: COMMUNITY DENTAL</b>	Services we are planning to deliver during July and August 2021
<b>Community Dental Services</b>	<ul style="list-style-type: none"> <li>❖ All Community Dental Clinics will remain operational. This will be dependent upon having a stable workforce.</li> <li>❖ Protocols are in place to allow aerosol generating procedures across all community dental clinics.</li> <li>❖ Urgent paediatric dental extractions continuing under GA and exploring options to increase capacity</li> </ul>
<b>SERVICE AREA: CORPORATE AND SUPPORT SERVICES</b>	Services we are planning to deliver during July and August 2021
<b>Multidisciplinary Support to our Operational Services</b>	<ul style="list-style-type: none"> <li>❖ Support teams in Estates, HR and planning and IT will continue to support a range of actions to maintain services including completion of estate works to service areas, modification of work spaces, establishment of alternative accommodation and working practices and support for remote working where possible to optimise the Trust's ability to return clinical services to the hospital sites and to ensure the health and safety of staff.</li> <li>❖ Support services will continue to support operational directorates with rebuild and Covid-19 response plans as required going forward.</li> </ul>
<b>Infection Prevention &amp; Control</b>	<ul style="list-style-type: none"> <li>❖ Continue to liaise with IPC colleagues in response to Covid-19 with specific measures put in place to deal with local cluster outbreaks as they arise.</li> <li>❖ A bid for additional IPC staffing to support the small team has been submitted and plans are being progressed to procure additional patient and staff testing capacity</li> <li>❖ Continue to reinforce training and awareness for all staff on use of PPE in line with current and any further changes in local and regional policy.</li> <li>❖ Provide guidance for establishment of safe premises in respect of IPC requirements for rebuild of services across facilities</li> </ul>
<b>Expanding, Redeploying and training our Clinical and Social Care Workforce</b>	<ul style="list-style-type: none"> <li>❖ Continue to use Video Platform to provide corporate mandatory training and to support any necessary professional training and development requirements as appropriate.</li> <li>❖ Additional resource for International nurse recruitment has been approved with a view to increasing the number of recruits to fill vacant Band 5 posts.</li> <li>❖ Continue with implementation and monitoring of new Band 5 recruitment model for posts across Acute and Mental Health and</li> </ul>

	<p>Disability with the aim of ensuring effective and efficient recruitment processes are in place.</p> <ul style="list-style-type: none"> <li>❖ Open recruitment for Nursing Assistants and Senior Nursing Assistants, Band 2/3 posts continues</li> </ul>
<b>Psychological Services</b>	<ul style="list-style-type: none"> <li>❖ Bespoke staff support service will continue to be made available in line with available resources and identified need.</li> </ul>
<b>Visitors</b>	<ul style="list-style-type: none"> <li>❖ Visiting policy will continually be reviewed in response to management of local cluster outbreaks within hospital settings and in line with regional guidance as appropriate.</li> </ul>
<b>Statutory Functions</b>	<ul style="list-style-type: none"> <li>❖ Taking account of any current temporary amendments to regulations approved by the Department of Health, the Trust will continue to deliver on its responsibilities in respect of its Statutory Functions, as part of the development and rebuild of services</li> </ul>