

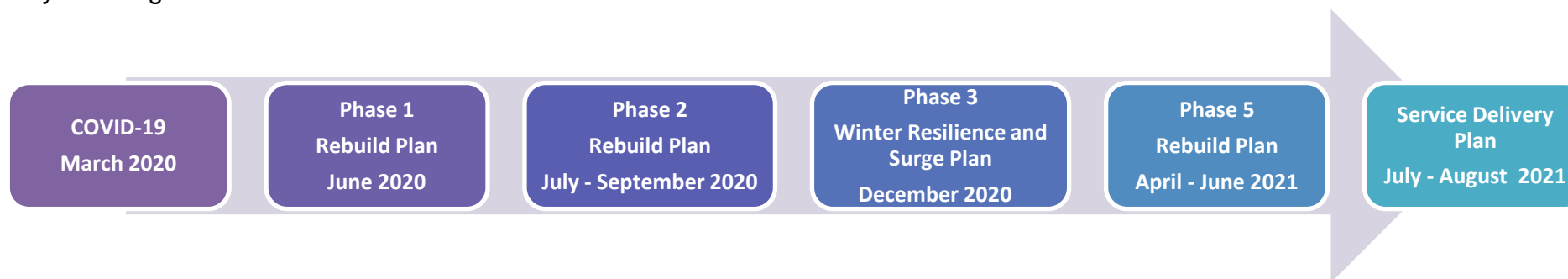
Western Health and Social Care Trust
Service Delivery Plan
July - August 2021

18 June 2021

Section 1. Introduction

The purpose of this Service Delivery Plan is to describe the actions the Trust will take during July and August 2021 to continue to meet the needs of our people and communities and to address the impact the pandemic has had on all our services, particularly on waiting times to access assessment and treatment, services for children, older people and those who have mental health needs. In doing so, we will continue to take a carefully considered and balanced approach, ensuring that our plans take into account lessons learned over the past year whilst also acknowledging that we will continue to live with COVID-19 for some time and the ongoing need to implement restrictions and precautions for the safety of our patients, service users and staff will continue to affect how we can deliver our services.

Since July 2020 the Western Health and Social Care Trust has implemented a series of quarterly plans (as detailed below) in response to fluctuating levels of COVID-19. These individual rebuild plans set out our approach to the resetting of our services as we have aimed to achieve an incremental increase in service delivery over the course of the year within the constraints of prevailing guidance and restrictions and the need to respond to fluctuating levels of COVID-19 in our community and hospital settings. A year on from the first plan, this Service Delivery Plan, outlines how the Trust will continue to safely deliver our services within available resources during July and August 2021.



It has become clear that COVID-19 has had a particularly detrimental impact on many who were already facing disadvantage and experiencing health inequalities. We will continue to work in partnership across health and social care, with GP colleagues and government departments and organisations in statutory, community, voluntary and private sectors to improve health and wellbeing and reduce health inequalities. This includes continued partnership working with local councils to support delivery of Community Plans, continued focus through our Pathfinder programme on the development of an integrated population health plan aimed at promoting access and meeting the health and care needs of people living in Fermanagh and West Tyrone, ongoing co-ordination of the Department for Communities Neighbourhood Renewal Groups and support for programmes that reduce health inequalities, and continued focus through our PHA commissioned programmes of work on disadvantaged and hard to reach groups .

Our agreed regional approach 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.**

We also remain committed to our legal duties under Section 75 of the Northern Ireland Act 1998 as detailed in its approved Equality Scheme and the Rural Needs Act 2016 and our plan will be screened for both equality and rurality to identify potential adverse impact.

Some of the key Challenges in implementing our plans:

- **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.
- Given the anticipated and emerging increase in demand for access to a range of mental health services across the spectrum of need, challenge is expected and already being experienced in our ongoing efforts to provide access to sufficient services to

meet that need. It includes real pressures in balancing safety and risk in demand for admission to inpatient services in open wards, psychiatric intensive care, crisis home treatment and preventative early intervention services, and also creates further challenge for Emergency Departments.

- Assessing **workforce pressures** including the ability to safely and appropriately staff the service delivery plan. We must ensure our staff are supported and feel valued through continued provision of staff physical and mental health and wellbeing support services and by ensuring that they are given the opportunity to take leave to recover. We know that many staff have not yet been able to use their annual leave entitlement and recognise the importance of staff taking time to rest before returning to normal duties. We also need to ensure that we can continue to staff services stood up as part of our response to COVID-19 or our recovery programme which will continue to be operational during this period, such as the GP COVID Centres and the vaccination programme.
- **Maintaining and building on new ways of working and innovations to provide safe and effective care.** Where possible, we want to maintain innovative ways of working introduced as part of our COVID-19 response and will work closely with our primary care, community partners and clinical leader to maximise flexible and remote working where appropriate;
- 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 Personal and Protective Equipment (PPE) and ensure adequate catering and rest facilities for our staff;
- Assessing the ability of our **accommodation and transport infrastructure** to support and enable service delivery plans based on existing guidance, in particular the need to review and upgrade ventilation systems to support the rebuild of aerosol generating diagnostic and treatment procedures;
- Availability of sufficient step down and rehabilitation capacity to ensure availability of beds for elective inpatient services;
- Service delivery in some services such as ophthalmology and urology is dependent on access to capacity in other Trusts;
- **Public adherence to the restrictions and precautionary measures** before attending a Trust facility or accessing care, eg pre-surgery COVID testing;
- Sustaining **models for ‘swabbing’ and ‘testing’** as part of our ongoing response to COVID-19;
- Sustaining a **reliable supply of critical PPE, blood products and medicines** to enable us to safely increase our services;

- 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;
- We remain mindful of our commitment to **co-production and engagement** and informed involvement in key decision making in our local agreements to rebuild plans;
- Providing continued support to **those in need within our population** including vulnerable people, and people at risk of harm;

We also note the likely financial constraints with limited recurrent growth funding, significant existing pressures and the potential for any future surge in COVID-19 transmission which is likely to result in a temporary pause or reduction in core services to cope with demand.

Supporting Our Staff

Throughout this time our staff have shown immense resilience and willingness to work innovatively to ensure many of our services continued to be sustained during this period. We recognise the significant demands that have been placed on staff both physically and emotionally and protecting the health, safety and wellbeing of our staff remains a priority for us and we will continue to work in partnership with staff and Trades Unions to ensure our staff are supported. 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 including:

- ❖ Trust Psychology staff have set up a number of support services for staff. This has included the establishment of a **dedicated psychological support helpline, 1-hr Team Staff Support Sessions, 40-minute ‘Space for You’ individual sessions and 2.5 hr Webinars for managers on ‘Staff Wellbeing and Psychological Safety’**. It is anticipated that these resources will remain in place until March 2022, with plans to introduce other staff support early autumn.
- ❖ A **Working Safely Together Programme** has been established which has provided 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 a Working Safely Together Guidance which provides the framework to assess and support the safety and wellbeing of our staff, visitors and service users. It includes a risk assessment process which supports staff to consider every aspect of service

delivery including facilities, access and use of our buildings, PPE provision and use, how and where staff take their breaks, provision of additional changing and decontamination facilities so that staff feel safe both coming to and leaving the workplace.

- ❖ An **ECHO safety group** established in November 2020 to support staff to work safely through Covid continues with term 2 focusing on 'Working Safely Through Rebuild'. Over 100 staff identified as safety champions in their areas of work from a wide range of staff groups meet regularly and are supported to share and disseminate information and learning.
- ❖ The Supporting Safety Toolkit was launched in November 2020. The Toolkit is designed for managers at all levels and runs virtually over 6 week cycles, with each week focusing on a critical management skills of psychological safety, attendance management, difficult conversations, the challenge of change and transformation and shaping successful teams. To date 865 managers have attended these sessions.
- ❖ An **Ethnically Diverse Staff Network** has been established to support staff from minority ethnic communities.
- ❖ A **range of staff health and wellbeing resources** have been developed 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's Cycle to Work scheme has been relaunched and Walking routes are promoted throughout our sites.
- ❖ A **long COVID working group** has been established to explore ways to support staff who are experiencing symptoms of long COVID. Additionally the Trust is working with other Trusts to progress regional Long Covid guidance.
- ❖ The Trust's **Twist West** programme was adapted to provide staff with resources and information to support them to manage their emotional health and wellbeing, including a weekly newsletter circulated widely.
- ❖ A substantial number of staff have been supported to work remotely (including from home) through the roll out of additional laptops, mobile phones and other devices.
- ❖ The Trust provides a **Contact Tracing and Results** service for staff, which has helped to contain any outbreaks and minimise risk to our staff, patients and service users.
- ❖ **Occupational Health** services have flexed considerably in response to the pandemic, to ensure the provision of support for staff. A regional review of Occupational Health services is underway, and locally there is a review of the current Occupational Health structure within the Trust.

- ❖ **Staff Side** representatives have been involved in surge response and rebuild planning and this partnership approach will continue through continued involvement in our hospital and community planning groups.

The Trust recognises the importance of continuing to support our staff going forward and these measures will be maintained as we progress the service delivery plans outlined in Section 3.

Section 2 of this plan provides a regional context from the Department of Health (DoH) and Health and Social Care Board (HSCB).

Section 3 details Western H&SC Trust service delivery plans for July and August 2021. It is important to recognise that the Trust's ability to deliver against this plan is linked to the effect of any subsequent surges during this period.

Section 2. DoH/HSCB Regional Context

A high level summary of key regional issues are detailed below:

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

1. 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.
2. 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.

Day Case Elective Care

3. 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 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.

4. 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

5. 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.
6. 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.
7. The Department intends to publish its review of Urgent and Emergency Care during the summer 2021.

Vaccine Programme

8. 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.
9. 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

10. 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.
11. 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

12. 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.
13. 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

14. 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.
15. Commissioning the services will take a number of months and it is anticipated that 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.

Section 3. Service Delivery Plan

Service Area: Hospital Services

Our services	What we are planning to do during July-August 2021
Urgent and Emergency Care	<ul style="list-style-type: none"> ❖ Continue to ensure safe provision of urgent and emergency care in the Altnagelvin and South West Acute Hospital emergency departments and also in the Urgent Care and Treatment Centre in Omagh, including same day urgent care, rapid assessment and ambulatory streams. ❖ Progress plans as part of the regional No More Silos programme to support the development of new and alternative direct referral pathways in primary, secondary and community settings which will ensure communities can receive timely and appropriate care while also protecting emergency department services. These will include the continued expansion of ambulatory care services and continued development of the “Phone First” initiative.
Critical Care	<ul style="list-style-type: none"> ❖ Critical care bed provision has returned to normal commissioned levels. Capital works are being progressed to improve side room capacity and capability from August 2021 which is expected to reduce any impact on theatre capacity from any further surge.
Inpatient Elective / Emergency and Day Case Surgery for Adults and Paediatrics	<ul style="list-style-type: none"> ❖ Continue to make optimal use of theatre capacity within available resources. It is noted that during this period activity is expected to reduce due to summer annual leave. ❖ Continue to provide emergency and elective surgery for prioritised cancer and urgent patients in line with the Regional Prioritisation Oversight Group to ensure equitable access to treatment across the region for patients based on agreed clinical prioritisation criteria. ❖ Continue to provide COVID and non-COVID surgical pathways. ❖ Maximise opportunities to undertake additional in-house and independent sector activity via waiting list initiatives.
Endoscopy Services	<ul style="list-style-type: none"> ❖ Continue to deliver endoscopy sessions at 50-75% capacity due to infection prevention and control requirements depending on type/s of procedure being undertaken. ❖ Ensure that there is equitable access for patients based on agreed clinical prioritisation criteria.

Our services	What we are planning to do during July-August 2021
	<ul style="list-style-type: none"> ❖ Additional waiting list initiative activity will continue to be delivered both in-house and in the independent sector. ❖ The Service will continue to support Q-FIT Testing as a risk stratification tool to clinically prioritise patients requiring colonoscopy until this process transfers to primary care.
Diagnostics (X-Ray, MRI, CT, cardiac investigations)	<ul style="list-style-type: none"> ❖ CT – planned activity during this period will bring this service back to contracted (SBA) levels. ❖ Non-Obstetric Ultrasound – planned activity will be at approximately 85% of SBA levels. The ability to further increase to full SBA levels will be challenged in the short term due to long term sickness absence and maternity leave in this service. ❖ MRI – planned activity during this period will be at approximately 84% of SBA levels which is mainly as a result of the requirement for enhanced cleaning of the equipment between each patient resulting in reduced session capacity. Additional sessions are being undertaken where possible to mitigate this, however further increases in activity to fully achieve SBA levels are unlikely to be achievable within the current infection prevention and control guidelines. ❖ All the scanners will continue to be used to their maximum within available resources. ❖ Availability of specialist skills will be a limiting factor in the coming months in specialist areas such as ultrasound, CT and MRI where there are a number of staff on or due to go on maternity leave and there are also current or pending vacancies and staff on long term sick leave. Sonographers take 2 – 3 years to train (training of 2 staff will commence in September) while MRI posts required 18-24 months of in-house training which impacts on the ability to backfill staff.
Cancer Services	<ul style="list-style-type: none"> ❖ Continue to provide cancer diagnostics, surgery, haematology and oncology systemic and radiotherapy services in line with national and NICA guidance. The Cancer Services Team continue to engage with regional colleagues in relation to prioritisation of cancer patients on a regional basis for diagnostics and surgery. ❖ Continue to maximise the use of virtual review appointments (where clinically appropriate). ❖ Radiotherapy Linac capacity will continue to be monitored and adjusted as required in line with service demand. The service is currently experiencing fluctuations in referral patterns and are working collectively to ensure all patients are seen in a timely manner. ❖ Continue to provide routine maintenance venesection service for patients with haemochromatosis and additional clinics will be delivered if required. ❖ Commence delivery of additional clinics to address review waiting lists within oncology.

Our services	What we are planning to do during July-August 2021
	<ul style="list-style-type: none"> ❖ Continue to provide reassurance to patients who are reluctant to attend for diagnostics, treatment and care due to COVID-19 related fears and anxiety and continue to engage with NICaN in relation to communications to the public. ❖ Continue to monitor red flag referrals coming into the system to identify any variance across tumour sites to that of pre-COVID levels and take targeted action as required. ❖ Continue to support patients through the Macmillan Health & Wellbeing Campus through both face to face and virtual means. Some complementary therapies have recommenced and we will seek to extend these in the coming months. ❖ We will also continue to support patients via the Macmillan Information and Support Line and continue working in partnership with Macmillan and regional colleagues with regards to Macmillan information pathways and patient engagement. ❖ Continued engagement with regional colleagues at HSCB and Department of Health in relation to cancer services and ongoing input to the Cancer Strategy and the associated Cancer Recovery, Rebuilding Better Plan. ❖ Undertake a baseline review of MDM processes across 6 tumour sites (Breast, Lung, Colorectal, Gynaecology, Urology and Haematology) with a view to identifying areas of improvement and agreeing action plan.
Screening programmes	<ul style="list-style-type: none"> ❖ Trusts will continue to deliver across all population screening programmes in line with Public Health Agency recommendations. ❖ Trusts will seek to restore screening capacity to enable the timely offer of screening to all eligible individuals. ❖ Trusts will continue to work with the Public Health Agency to implement plans to recover all population screening programmes and seek to bring screening intervals/ round lengths back to meeting the relevant national standards. ❖ Trusts will seek to ensure that appropriate timely diagnostic and treatment services are available to those with a positive screening test result.
Outpatient Services	<ul style="list-style-type: none"> ❖ Outpatient services will continue to be delivered maximising both face to face and virtual assessments as appropriate and taking into account revised risk assessments associated with update infection prevention and control guidance. ❖ GP Covid Centres will continue to operate during this period. This will continue to impact on outpatient services but at a reduced level as face to face capacity in the Covid Centres has been decreased which has enabled the return of some redeployed staff. ❖ From July there will be enhanced capacity and capability to manage more outpatient AGP procedures in OMFS and ENT.

Our services	What we are planning to do during July-August 2021
Sub-regional Services	<ul style="list-style-type: none"> ❖ Continue to deliver sub-regional services including ophthalmology, urology and orthopaedics.
Integrated Maternity and Women’s Health	<ul style="list-style-type: none"> ❖ Similar to outpatient services generally, gynaecology outpatients will continue at a reduced level but it is anticipated that activity will increase as more capacity in the general outpatient department becomes available. ❖ Specialist nurses and midwives will be released from COVID related work. ❖ WLI activity will continue with a focus on new urgent outpatients
Older People’s Care	<ul style="list-style-type: none"> ❖ Memory services will continue across consultant, nurse led and psychology services. ❖ Psychology assessments for older people will continue to be provided with a move towards direct face-to-face contacts for this patient group. Telephone or video calls will continue to be facilitated at patient request. ❖ Continue to develop the Hospital at Home service in the southern sector of the Trust. ❖ Older people’s mental health clinics will continue to be delivered either face to face or virtually if requested by the family or to address an infection control requirement. ❖ Outpatient care of the elderly clinics will continue to be delivered for TIA/stroke, OPALS, Parkinson’s, movement disorder and osteoporosis in line with available medical cover. ❖ The hospital social work team will continue to support hospital discharges and patient flows.
Pathology Services	<ul style="list-style-type: none"> ❖ Support the expansion of Lumira DX point of care COVID testing and other similar platforms and collaborate regionally to secure necessary resources to support evolving COVID testing platforms. ❖ Introduce SeeGene for SARS CoV-2/FluA/FluB & RSV testing. Continue to use the Chemagic, GeneXpert & Samba testing. ❖ Work with Ulster University to take forward LAMP testing for asymptomatic staff. ❖ Stabilise the microbiology consultant service. ❖ Continue to engage regionally on the introduction of the LIMS and standardised methodologies. ❖ Plan for the surge in cancer diagnostics in the Cellular Pathology laboratory as a result of activity in patient waiting lists post-COVID. ❖ Enhance the existing Digital Pathology service in Cellular Pathology for diagnostics. ❖ Deliver andrology services to pre-COVID level and manage existing patient waiting lists.

Our services	What we are planning to do during July-August 2021
Pharmacy Services	<ul style="list-style-type: none"> ❖ Continue to provide a medicines management and clinical pharmacy service in response to need, increasing in line with available capacity. These services will be provided to ensure safe use of medicines as well as supporting timely patient flow. ❖ Pharmacy staff will be working in the Trust’s three Mass Vaccination Centres until mid-September. This extended opening time period and already allocated leave, may result in a risk-assessed reduction in hospital-based pharmacy services over July and August. Opportunities to work in different ways will be explored to support the delivery of pharmacy services.
Physical Health Psychology Support Service	<ul style="list-style-type: none"> ❖ Continue to deliver the physical health psychology service with a slight decrease in activity to account for annual leave.
Primary Care COVID-19 Assessment Centres	<ul style="list-style-type: none"> ❖ The Primary Care COVID-19 Centres at Altnagelvin and SWAH will continue to operate during this time. ❖ The appropriate sustainable staffing model to support activity will be kept under review and agreed.

Service area: COMMUNITY SERVICES

Our services	What we are planning to do to during July-August 2021
<p>Primary and Community Care Services</p>	<ul style="list-style-type: none"> ❖ District nursing will continue to support GPs with the Community Covid Response Team (CCRT) which will include input to the evolving Enhanced Clinical Pathway into Care Homes model. ❖ Treatment room activity will continue at reduced levels in line with social distancing and infection control requirements. ❖ The continence service will continue to focus on addressing the waiting list as well as supporting new assessments through a mix of face to face and telephone assessments ❖ Community specialist nursing services for stoma, Parkinson’s, diabetes and respiratory will continue to be provided with prioritisation of patients most at risk. ❖ Social work home visits (including those for residents in care homes) will continue on a risk assessed basis and where required telephone contact will continue as an additional support with an intention to increase face to face visits in accordance with regional visiting guidance and individual COVID secure risk assessment. Assessments, reviews and carer assessments will also continue and high-risk cases will continue to be first priority, while aiming to reset visits to all service users in accordance with their plans of care and review timeline.
<p>Primary Care</p>	<ul style="list-style-type: none"> ❖ The COVID-19 community support model for care homes will continue to provide a single point of contact, workforce support, infection control and PPE advice and support. ❖ The Community Covid Response Team (CCRT) will continue to operate and will evolve into the Enhanced Clinical Pathway into Care Homes model. ❖ We will work within the regional No More Silos programme to meet the key priorities identified in the regional work regarding ‘Meeting the Health Care Needs of Care Home Residents’. ❖ We will conclude the consultation on Phase 3 of Delivering Care across district nursing and rapid response services to put in place the population based neighbourhood nursing model to provide a 24/7 community nursing service and respond to the financial allocation from HSCB that will require implementation of this ❖ The Trust will explore other facilities at local and regional level to provide additional bed capacity should it be required due to either another surge of COVID-19 or other pressures.

Our services	What we are planning to do to during July-August 2021
	<ul style="list-style-type: none"> ❖ We will agree and establish appropriate community pathways to meet the needs of service users and patients requiring step-up from the community or step-down from acute facilities. These will include COVID-19 and non-COVID rehabilitation and palliative care pathways and a COVID-19 isolation pathway within a community setting. ❖ Following completion of the Phase 2 consultation on the Reform of Social Work Services, the service will now proceed to the implementation phase. ❖ The CCRT will provide support to GP practices as in previous surges.
Older People’s Day Care Services	<ul style="list-style-type: none"> ❖ Attendance at day care centres has been increasing and will be kept under review and capacity increased where it is safe to do so. ❖ Gortin outreach service will remain closed due to renovations. ❖ Thackeray Place Day Centre in Limavady reopened at the end of April and returned to full day provision of services, with environmental works ongoing. ❖ Nine out of ten day centres will continue to provide a full day service to their service users, including meal provision. Space and staffing in one centre is limiting attendance to half days. ❖ We will continue to offer outreach services by keeping in contact and offering alternatives to our service users while they are not able to attend. ❖ The service is open to new referrals (20 received since April 2021) and we will continue to accept new service users. ❖ An in-reach pilot to our acute hospitals will be progressed to provide day opportunities for older people who are delayed transfers of care.
Domiciliary Care	<ul style="list-style-type: none"> ❖ Domiciliary Care services are operating at near to full capacity with service activity at pre-pandemic levels ❖ We will continue to meet regularly with independent sector homecare providers to identify any issues relating to reset of services. ❖ The domiciliary care surge plan will continue be reviewed and activated as required in the event of future surge. The surge plan has an emphasis on service continuity through workforce availability, service capacity and prioritisation of need.

Our services	What we are planning to do to during July-August 2021
Learning Disability	<ul style="list-style-type: none"> ❖ Services continue to experience demand pressures, however constraints due to social distancing, transport restrictions and public concern regarding shared spaces continue to impact on capacity. We recognise the impact of this sustained pressure on our staff groups and we will endeavour to support them in the challenges of the reset agenda. DoH have commissioned a rapid review of the impact of Social Distancing on Day Care, Short Breaks and use of transport. ❖ Community outpatient psychiatry assessment attendances will be maintained at levels currently being delivered. Physical environments continue to be a constraint. ❖ Direct psychology interventions will continue for clients whose discharge to a private sector resettlement facility has been delayed and to support clients' transition back to day care. Face to face initial psychology assessments will also be offered where required. Therapeutic psychology contacts with existing clients will continue to be offered on a virtual basis via telephone or digital platforms. ❖ Social work home visits to undertake transitions assessments, reviews and carers assessments and higher risk cases (e.g. safeguarding and forensic) will continue to be delivered. ❖ The Family Support Team will continue to step up support and intervention services.
Mental Health	<ul style="list-style-type: none"> ❖ Services have been experiencing unprecedented demand, e.g. up to +30% demand for inpatient beds, since end of first lockdown, however constraints due to social distancing, transport restrictions and public concern regarding shared spaces continue to impact on capacity. We recognise the impact of this sustained pressure on our staff groups and we will endeavour to support them in the challenges of the reset agenda. ❖ There will be continued focus on sustaining crisis services in both hospital and community settings to ensure capacity to respond to emergency referrals and admissions is maintained. Crisis and inpatient services have experienced an increase in demand which is expected to be sustained. Inpatient services are also dealing with higher levels of acuity and longer lengths of stay as a result. ❖ Mental health services across primary care liaison, addictions, eating disorder, community mental health teams, psychological therapies and specialist services will continue to be delivered in line with current activity. ❖ Community detoxification hostels are operating at pre-COVID capacity levels. ❖ The Asha Tier 4a complex detoxification and stabilisation unit has increased capacity to 7 out of 8 bed availability and this will be maintained.

Our services	What we are planning to do to during July-August 2021
	<ul style="list-style-type: none"> ❖ We aim to maintain day care attendance levels (traditional day care and outreach) in line with recent experience, based on assessed need and taking account of staffing levels, social distancing measures and environmental constraints as well the continued public concern regarding shared spaces. ❖ Community based Support Groups are continuing to operate on a virtual basis from a different base. Home Detox service contracted hostel accommodation has returned to capacity to pre-covid levels. ❖ We continue to offer psychological therapies appointments in a range of formats across Mental Health, Physical and Sensory Disability and Adult Learning Disability to build on new and innovative practice including virtual, telephone, and digital communications. We are also increasing/reintroducing face to face contacts where appropriately risk assessed. ❖ We will continue to engage with stakeholders across this period through our established networks. ❖ Any further surge will be managed in a localised way, where possible. The services have surge plans in place to support both community and inpatient facilities including plans to stand up isolation facilities if required.
Physical & Sensory Disability	<ul style="list-style-type: none"> ❖ Services continue to experience demand pressures, however constraints due to social distancing, transport restrictions and public concern regarding shared spaces continue to impact on capacity. We recognise the impact of this sustained pressure on our staff groups and we will endeavour to support them in the challenges of the reset agenda. DoH have commissioned a rapid review of the impact of Social Distancing on Day Care, Short Breaks and use of transport. ❖ Trust day care capacity will continue in line with recent experience for traditional day care and outreach. There has been significant growth in outreach activities and opportunities for social engagement, supported by the vaccination program, enabling service users to receive additional support during in-building capacity restrictions. ❖ Short breaks continue to support families and reduce the likelihood of a crisis situation presenting. Following the vaccine programme individuals are increasingly confident to return to Spruce for their short stay, resulting in an increased demand on this service, which is operating at full capacity. ❖ Face to face outpatient services continue. ❖ With the gradual lifting of lock-down restrictions there is increasing pressure on Physical Disability / Brain Injury services. Staff are gradually increasing domiciliary and nursing home visits to undertake assessments and reviews

Our services	What we are planning to do to during July-August 2021
	<p>with safeguarding work being prioritised. Whilst demand is expected to continue to grow, this needs to be balanced with work force pressures and staff taking summer leave.</p> <ul style="list-style-type: none"> ❖ Social work home visits to undertake transitions assessments, reviews and carers assessments and higher risk cases (e.g. safeguarding and forensic) will continue to be delivered. ❖ Adult autism new diagnosis and support and intervention services will continue. The waiting list for diagnostic assessment continues to grow. There is also significant demand on the support and intervention element of this service. ❖ With increased activity across health and social care there is an increase in face-to-face appointments in the Sensory Support Service. This has been supported with the ongoing development of the remote interpreting service. Staff are slowly introducing elements of rehabilitation where it is deemed safe to do so. ❖ Services have surge plans in place - any further surge will be managed in a localised way, where possible. ❖ Service user engagement and involvement will continue.
<p>Sexual Health & HIV service / Sexual Reproductive Health</p>	<p><u>Sexual Health Services</u></p> <ul style="list-style-type: none"> ❖ Core Sexual Health services continue to be maintained with a move to offering some choice for booked face to face appointment for those who have preference/need as restrictions ease. Walk-in services remain closed. ❖ Asymptomatic STI testing in the main will be via home sampling (SH24) whilst funding is available. ❖ Telephone consultations continue and a postal medication service for patients who are unable to travel will be maintained. ❖ Face to face sexual health will be maintained for those symptomatic patients who require face to face testing/examination/treatment. ❖ STI treatments will be provided face to face where appropriate and a postal service will also be available following telemedicine consultation. ❖ Routine vaccination for Hepatitis A and B and HPV will continue. ❖ HIV prevention services (PrEP) will continue via telemedicine or face to face as required. ❖ On-line booking for telemedicine triage/consultation is now fully functional. ❖ Follow up for sexual assault continues on a face to face basis. ❖ Omagh sexual health service remains closed but aim to reopen when staffing levels allows.

Our services	What we are planning to do to during July-August 2021
	<p><u>HIV services</u></p> <ul style="list-style-type: none"> ❖ HIV services will continue via telemedicine or face to face as appropriate. ❖ Service users with a new diagnosis of HIV or those transferring from outside NI are seen face to face and commenced on antiretroviral therapy (ART) as a priority and as clinical need requires. ❖ Phlebotomy services for people living with HIV (PLWH) usually attending Belfast HIV service continue to be provided to reduce travel whilst in 'lockdown' restrictions. <p><u>Sexual Reproductive Health</u></p> <ul style="list-style-type: none"> ❖ Limited contraceptive services will be offered in Brae Clinic and Omagh, with priority given to patients fulfilling criteria as laid down by Faculty of Sexual & Reproductive Health. The Young Peoples' Walk-in Clinics in Brae and Omagh remain closed but telephone consultations will continue with either collection or posting of medications. ❖ The Early Medical Abortion clinic (EMA) has been paused due to staff absence. The Trust is working to recruit additional staff for this service. However, the Trust awaits confirmation on how this service will be commissioned going forward. Telephone requests for EMA are referred to Informing Choices NI. ❖ Cervical screening will continue to be offered on an opportunistic basis if a patient is attending for another procedure. ❖ Asymptomatic STI requests are signposted to SH24 ❖ Face to face provision as required for long acting reversible contraception (LARCs) and BP checking ❖ Face to face contacts will resume in SWAH but Limavady services remain closed due to staff shortages.
AHP Services	<ul style="list-style-type: none"> ❖ AHP services plan to sustain or increase the levels of planned activity across all settings whilst also ensuring that services are delivered in a COVID-19 safe environment, observing social distancing and infection control requirements within clinical assessment and treatment areas. Planned activity for each AHP profession takes account of planned summer leave. ❖ Continue to delivery occupational therapy outpatients and community based services at >90% of normal services in accordance with infection prevention and control and COVID-19 guidelines. The service will continue to be delivered through a blended service model incorporating 70% new and review face to face, and 30% virtual and telephone contacts. The service priority remains to increase the level of new assessments and re-establish clinic based services within Adult Community Occupational Therapy and continuing to support acute outpatient clinics.

Our services	What we are planning to do to during July-August 2021
	<ul style="list-style-type: none"> ❖ Physiotherapy services plan to sustain the levels of activity across all outpatient settings. This will be maintained through a blended model of service provision including face to face contacts for new patients, telephone/virtual consultations and domiciliary visits where deemed appropriate (CEV status). The service has made efforts to reinstate group interventions on a PDSA approach whilst ensuring that services are delivered in a COVID-19 safe environment; observing social distancing and infection control requirements within clinical assessment and treatment areas, however, the group numbers that can be accommodated in our facilities are low compared to pre-COVID (3 versus 8 per group). In an effort to address the latter the service is currently in discussion with Derry City & Strabane and Omagh & Fermanagh district councils in an effort to secure concessionary / partnership terms to enable use of their facilities off-peak. This will also be explored with Causeway Coast & Glens. ❖ Nutrition and dietetic services will maintain 70% activity again through a blended model of delivery; face to face, telephone/ virtual and domiciliary/nursing home visits when deemed safe and appropriate to do so. ❖ The podiatry service plan to maintain current levels of activity in this quarter with a focus on review backlog. This will be delivered via a blended approach using virtual, face to face and domiciliary contacts where safe and appropriate. Urgent, High risk and Active patients will continue to be prioritised. Maintenance of this level of activity is dependent on demand, staff absence and retention and availability of clinical space. ❖ The orthoptic service plan to gradually increase the level of outpatient activity depending on the level of COVID-19 safety requirements that continue to be in place. At present we are working at 50% pre-COVID capacity, increasing to 60% by August/ September 2021. The majority of assessments will be face to face and if required, will be joint appointments with other relevant professionals (Optometry/Ophthalmology). During this period we will continue to prioritise all urgent new patients, offering them an appointment and those deemed “routine”, will have an enhanced triage, where the Orthoptist will contact the patient to discuss their concerns and action accordingly. “Time sensitive” review patients will be given priority whilst Orthoptists will undertake a “notes” review of the other review patients that have yet to be offered an appointment to re-prioritise, if necessary and action accordingly. There remains a backlog of new and review patients waiting to be seen/ assessed. Funding has been secured to undertake additional sessions to address new patient backlog which will commence during this period. The Ophthalmology eye emergency service in Altnagelvin and general ophthalmology clinics in Altnagelvin, South West Acute and Omagh Hospital and & Primary Care Complex will continue to be supported.

Our services	What we are planning to do to during July-August 2021
	<ul style="list-style-type: none"> ❖ Speech and Language Therapy services plan to maintain service provision at 85% of pre-COVID activity levels, reflecting reduced capacity due to COVID restrictions. Adult and paediatric services will continue to be delivered through a blended model of provision using face to face and virtual as appropriate to the service user.
Human Milk Bank	<ul style="list-style-type: none"> ❖ From April to date 249 litres of DEBM have been provided to units throughout Ireland which has fully met the demand for DEBM. This service will continue to be provided and it is projected that 200 litres will be provided in July and August 2021.
Dental Services	<ul style="list-style-type: none"> ❖ Community dental services will continue to be delivered, with reduced numbers of review outpatients due to annual leave and vacant posts. Fallow times and cleaning requirements mean there is no capacity to increase numbers.
Health Visiting & Family Nurse Partnership	<ul style="list-style-type: none"> ❖ Family Nurse Partnership (FNP) will maintain service provision to existing clients during this period. Current staffing capacity means that FNP are unable to offer the programme to new clients as all of the family nurse caseloads have reached full capacity. ❖ Health Visiting will prioritise delivery of the pre-school immunisation programme, the Healthy Child Healthy Future Programme and support to families at levels 2 to 4 of the Hardikar model. The service will aim to achieve 60% of antenatal contacts, 95% of primary visits, 90% of 6-8 week contacts, 95% 14 to 16 week contacts, 90% of 6-9 months contacts and 65% of 1 year and 2 year contacts. ❖ 30% of the backlog of 1 and 2 year reviews will be completed by August 2021. ❖ Breast Feeding Support Groups continue virtually and have been well received by families. ❖ Early Intervention Transformation Programme commenced in a limited capacity. Children are not seen in school but those children for whom there are concerns are seen within their family homes. ❖ Public Health Nurses and Health Visitors continue to work in the Mass Vaccination Centres due to limited availability of Trust vaccinators.

Our services	What we are planning to do to during July-August 2021
School Nursing	<ul style="list-style-type: none"> ❖ Continue working with safeguarding families ❖ Looked After Children health assessments for 12/16 year olds has been implemented. ❖ Continue to deliver the ChatHealth service. ❖ The vaccination programme to address the backlog of School Leaving Booster/MenACWY from 2020 has been completed alongside the current school year’s cohort. Work will continue in relation to HPV 2 which remains outstanding. ❖ Health Assessment for the Primary 1 children missed in 2020 (this year’s Primary 2’s) has been completed and Health Assessments of this school year’s Primary 1 children are ongoing ❖ Staff continue to provide support into the Mass Vaccination Centre where possible.
Children’s ASD Service (Autism Spectrum Disorder)	<ul style="list-style-type: none"> ❖ Triage of referrals for assessment and intervention will continue. ❖ The duty on-call rota will be maintained. ❖ The social work team will continue to review priority and routine cases, liaise with families and review self-directed support (SDS) packages and escalate to the Emergency Disability Resource Panel where required. ❖ Psychological and family support intervention will continue to prioritise families in need and all interventions are operational either virtually or face to face where appropriate and required ❖ Level 1 and Level 2 Parent/Carer intervention sessions will continue to be shared virtually following confirmation of an autism diagnosis. Alternative provision will be made for those parents/carers who are unable to access and/or use sessions virtually. ❖ Take forward new developments in children accessing virtual intervention to support their needs. ❖ Face to face and virtual appointments for child observation diagnostic assessment will continue. ❖ New patient initial assessments and interventions will continue to be delivered virtually by telephone and/or video call as per parental choice. ❖ Multidisciplinary agency meetings in relation to children continue via virtual platform. ❖ The revised post-diagnostic intervention process being implemented will continue to be reviewed.

Our services	What we are planning to do to during July-August 2021
<p>Children’s Disability Community Teams and Community Nursing Learning Disability (CNLD)</p>	<ul style="list-style-type: none"> ❖ Community Children’s Disability teams will continue to provide a range of supports with a blended approach of virtual and face to face contact when assessed as required and safe. ❖ CNLD will continue to provide a full range of services including clinics. This includes access to a new family friendly medical room in LILAC villa with its own monitoring equipment reducing the need for families to travel to Altnagelvin Hospital. ❖ Family Support Panel will run monthly but managers have authority to be able to offer rapid response to emergent/urgent needs ❖ Community and voluntary contracts will be monitored to determine effectiveness in line with standing up of face to face activities ❖ Children with a Disability (CwD) Services will continue a review of service provision/needs/structures during July and August including establishment of Project Board and Thematic groups. ❖ CwD managers are already committed to and will continue work on Task and Finish groups regarding Transitions to Adult services; & internal assessment process. ❖ The CwD Service will continue close liaison and support for special schools and the Education Authority who have managed to keep our schools open full time in WHSCT area. ❖ CwD Managers will explore possibility of developing Our Journey through Disability programme to enable Parents/Carers to participate in Review of Services and Structure ❖ CwD Residential short break facility in Avalon will seek to raise safe level of admissions from current 3 closer to Statement of Purpose of 8 admissions. The facility at Rosebud will similarly look to increase from 3 to 6. Rosebud will continue recruitment process in July and August to reach optimum staffing rota by September which would allow movement from part time to Full time opening each week. ❖ CwD long term residential home will complete child specific training to better manage the Behaviour support plan and review staffing ratio. ❖ CwD community teams will review current waiting lists ❖ CwD staff will link with special schools to support dedicated summer schemes
<p>RISE</p>	<ul style="list-style-type: none"> ❖ RISE will stand down most services in line with school term time but will continue to offer Support line and specific summer activities.

Our services	What we are planning to do to during July-August 2021
Children’s Behaviour Support Team	<ul style="list-style-type: none"> ❖ Staffing capacity will remain depleted for July and August but the service will be re organised to sit under the Consultant ID Psychologist. This will also address prioritising cases across the Trust to meet need in Derry area where there is currently no Behaviour Support Therapist.
Children’s Learning Disability Psychology & Psychiatry	<ul style="list-style-type: none"> ❖ Children’s ID Psychiatry continues to be provided by a Locum Consultant. ❖ Contingency staffing arrangements continue to be in place for July and August to help to address increased waiting list caused by Staff absence and delay in recruiting Asst Psychologist. ❖ Interviews will be arranged for the above post and to replace the Current Consultant. ❖ ID Psychologists are still trying to get professional governance re face to face assessments which is adding delay to waiting list.
Child & Adolescent Mental Health (CAMHS)	<ul style="list-style-type: none"> ❖ Response in a timely manner to young people requiring emergency and urgent mental health presentation will continue and remain a priority for the Service. ❖ Capacity issues continue with respect to securing a bed within the Regional Inpatient MH Unit. Community CAMHS will work with the wider networks to attempt to mitigate risk in instances were young people require inpatient admission and no beds are available. Community CAMHS notwithstanding serious pressures will attempt to work intensively with this cohort of YP to minimize risk. Intensive working will impact on delivery of service throughout the steps. ❖ Routine Choice appointments remain operational through face to face and virtual medium. ❖ Out-patient reviews will continue through face to face and virtual medium. ❖ Eating disorder Service, DAMHS and ADHD Service operational ❖ Professional Consultation Service may be impacted owing to school closure over summer period. ❖ Recruitment to vacant position will continue to be progressed over summer period. ❖ Commitment to afford staff summer annual leave entitlements. ❖ Tender to be progressed to Community and Voluntary sectors when additional funding released by HSCB to support YP in receipt of CAMHS services through a partnership project which is hoped to increase capacity in the Service ❖ Aim to strengthen eating disorder provision following receipt of ED funding from HSCB given exponential rise in complexity and demand ❖ Continue with training workshop with our colleagues acute medical/paediatric/AMHS

Our services	What we are planning to do to during July-August 2021
Court Children's Services	<ul style="list-style-type: none"> ❖ Children's Court Services will continue to provide a full service under continual review of current COVID-19 guidelines and risk assessment. ❖
Children and Corporate Parenting	<ul style="list-style-type: none"> ❖ During this reporting period, the Trust continues to focus on promoting direct engagement with families subject to risk assessment. ❖ Gateway, Family Intervention Services (FIS) & Children Looked After (CLA) teams - Application of virtual technology for Child Protection and CLA reviews will continue to remain in place. This will be balanced with face to face reviews subject to risk assessment. Face to face visits will continue in line with risk assessment. Planning for interventions reflects previous learning from Covid-19 surges to ensure essential services for safeguarding, protection and children looked after are maintained. ❖ Fostering & Adoption teams – face to face contact with approved foster carers continues to remain a key focus subject to risk assessment. Key training events for foster carers will continue to apply virtual technology. Fostering panels will balance application of remote technology with face to face panel contact. The adoption panel has commenced with face to face panel meetings with virtual remote access for those panel members who wish to avail of same. ❖ Early Years team – Following engagement with the HSCB, early years inspections have been increased from 1 visit to 2 visits in line with regional guidance. ❖ Registration of early years services continues to progress. Two events for registration of prospective childminders have been held virtually. ❖ The Trust will continue to liaise with the HSCB in respect of early years services given the Covid-19 context. ❖ Contact with parents to be maintained subject to risk assessment and COVID-19 processes.
Community Paediatric Clinics	<ul style="list-style-type: none"> ❖ Paediatric psychology services will increase the number of new outpatients and this will reduce capacity for reviews. Trainee staff will not be available over these months. ❖ Community paediatric clinics will continue at the current level due to restrictions related to social distancing and enhanced cleaning.

Service area: CORPORATE

Our services	What we are planning to do to rebuild services from July-August 2021
<p>Population Health / Tackling Health Inequalities</p>	<ul style="list-style-type: none"> ❖ Continue to deliver PHA commissioned Health Improvement Programmes. ❖ Continue to meet with multi-agency groups for communication and planning on localised response to Covid-19. ❖ Coordination of Department for Communities Neighbourhood Renewal groups and support for delivery of programmes that reduce health inequalities. ❖ Pilot face to face staff wellbeing sessions with view to recommence in September 2021. ❖ Continue support Involvement in No More Silos. ❖ Submit Stage 2 application to NHS Charities. ❖ Support equality screening and training on Rural Needs screening.
<p>Pathfinder</p>	<ul style="list-style-type: none"> ❖ Continue to develop an agreed work programme with Pathfinder Workstreams. ❖ Work will continue to develop models of integrated working that support population health based working within the Pathfinder geography with other cross sectoral partners including PHA, HSCB, Community Planning and CVS partners. ❖ An OBA monitoring framework to oversee the programme of work will be developed and implemented which will support the overall programme of work. ❖ Work will continue to support an Involvement approach within the programme of work supporting Co-Production using best practice and peer experts in this field. ❖ The Pathfinder programme of work will continue to be supported by Communication/ PR plan. This work will continue to regularly highlight the work of the Pathfinder programme. ❖ Continue to establish work programmes for the crosscutting themes of Workforce, Access, Multi Morbidities and Mental Health. ❖ Continue to plan for the development of MDT within the Pathfinder geography, however implementation remains funding dependent. ❖ Currently established Social Work support to remain in place (funding dependent) for Southern Sector GP Federation area.

Our services	What we are planning to do to rebuild services from July-August 2021
	<ul style="list-style-type: none"> ❖ Pathfinder will continue to support a range of models that support Integrated working such as Our Hearts Our Minds, Hospital At Home and development of a Multi Morbidity Hub in SWAH (Funding dependent) ❖ Pathfinder will continue to support the Implementation of the new Mental Health Strategy NI and prepare for rollout of Talking Therapies and develop further connected communities with the CVS sector. ❖ Pathfinder will continue to ensure that links are in place that ensure the programme of work is data driven and has access to relevant population health data to inform planning.
Visitors	<ul style="list-style-type: none"> ❖ We will continue to review our visiting policy to ensure we are able to respond promptly using a risk-assessed approach and taking account of regional decisions or new guidance.
Chaplaincy Services	<ul style="list-style-type: none"> ❖ Community ministers are now allowed to visit hospitals following the Health Ministers announcement in May. They will continue to adhere to the same infection prevention and control and PPE guidance as Trust chaplains who have been allowed to visit following the same guidelines for a number of months. ❖ A second prayer room is open on the Altnagelvin site to ensure social distancing is maintained.
Testing of Staff and Patients / Clients	<ul style="list-style-type: none"> ❖ Implement criteria for referrals to COVID-19 testing hubs to continue to meet demand as service delivery increases. ❖ Pilot a mobile team to support staff clusters / outbreaks with the support of bank staff. ❖ Open a Phlebotomy hub in Omagh 5 days per week. ❖ Progress business case for Phlebotomy hub accommodation in Enniskillen. ❖ Support the expansion of Lumira DX and introduce other platforms for point of care COVID testing. ❖ Continue to develop asymptomatic staff testing in efforts to protect patients and staff. ❖ LAMP testing is anticipated to go live from September, work continues with CITRIX sand Ulster University who are leading on this with support from the Trust.
Management of PPE	<ul style="list-style-type: none"> ❖ Current arrangements in relation to the supply and distribution of PPE will be maintained.

Our services	What we are planning to do to rebuild services from July-August 2021
Corporate Services	<ul style="list-style-type: none"> ❖ We will continue to work with services to consider alternatives to work experience for young people so that they can continue to be supported to make informed health related career decisions. ❖ We will continue to communicate regularly with elected representatives to provide updates and information on key issues. ❖ We will keep our surge plans under review and work regionally on any surge preparations required. ❖ We will involve staff in the planning for services to restart and ensure that learning from previous surges and rebuild plans is taken into account. ❖ We will continue to have regular consultation meetings with Trades Unions.
Education, Training and Research	<ul style="list-style-type: none"> ❖ Ensure that there are adequate training opportunities to support the ongoing supply of doctors for the future working in partnership with QUB and NIMDTA. ❖ Development of innovative approaches to teaching, supporting and communicating with undergraduate and postgraduate students will continue. ❖ COVID-19 research will continue to be delivered and non-COVID research will be reviewed to consider circumstances in which it may be reinstated. ❖ All quality and safety training is being re-established through on-line platforms.
Vaccination Programme	<ul style="list-style-type: none"> ❖ The three MVC's will continue to be operational during July and August. Vaccination numbers are dependent on the number of vaccines received, uptake by the public and the availability of staff to cover during the summer months when staff will be taking leave.
Bereavement Support	<ul style="list-style-type: none"> ❖ We will continue to provide enhanced bereavement support to families during this period supported by redeployed staff