



Western Health  
and Social Care Trust

# **Western Health and Social Care Trust**

## **Rebuild Plan April – June 2021**

**19 March 2021**

## Section 1. Introduction

### Our Trust experience during COVID-19

Since mid-March 2020, the impact of COVID-19 has been felt across all health and social care services provided by the Western Trust and has affected our staff, patients and clients. During this time our priority has been to ensure the safety of our patients, service users and staff. In many areas we have had to suspend or reduce normal services and while we have endeavoured to protect emergency and urgent services, the pandemic has significantly affected access to assessment and treatment for many people over the past 12 months. We are committed to meeting health and social care priorities and there are numerous examples of how our staff and the services they deliver have adapted to support the Trust's response to the pandemic, providing innovative alternatives to ensure our service users continued to be supported throughout this period.

In June 2020, in line with the Department of Health's Strategic Framework for Rebuilding HSC Services, the Western Trust commenced planning for the restart of normal services, followed by the development of quarterly rebuild plans agreed with the Health and Social Care Board (HSCB) aimed at achieving an incremental growth over the course of the year. The Trust was largely able to maintain planned progress in rebuilding services during the second surge of COVID-19 which began in September 2020. However, due to the scale of the third surge the Trust was required to implement actions outlined in its Winter Resilience Plan. A similar surge was experienced across Northern Ireland as a result of which regional surge planning arrangements in relation to critical care, respiratory care and elective care were stood up to ensure sufficient capacity to treat COVID-19 patients on a system-wide basis regardless of place of residence. This saw Altnagelvin's ICU scale up from 10 to 16 beds and South West Acute Hospital increase from 6 to 8 ICU beds in line with the regional Critical Care Network Northern Ireland (CCaNNI) Surge Plan. A regional group was also established to prioritise urgent elective treatments, again to ensure access based on need against a set of agreed criteria.

In December 2020, the Trust also stood up a vaccination programme which included delivery of vaccines to residents and service users in care homes, supported living facilities and day centres as well as the establishment of three Mass Vaccination Centres which have successfully delivered vaccines to our staff and many of our wider population. The Trust will continue to support the vaccination

programme until July 2021, including the continued redeployment of some staff, which will impact on rebuild plans in some service areas.

Throughout this time our staff have worked tirelessly and have gone to great lengths to ensure many services continued to be sustained during the Covid-19 surge and we are grateful for the resilience and dedication that they have shown during this period. We are cognisant of the significant demands that have been placed on staff both physically and emotionally and we remain committed to working in partnership with staff and Trades Unions to support our staff recovery from the pandemic.

The Trust is committed to taking a carefully considered and balanced approach to rebuilding services taking into account lessons learned over the past year whilst also acknowledging 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 social distancing and infection prevention control measures.

### **Key Principles adopted when developing the Rebuild plan**

In this document the Trust sets out a high level overview of the services that we plan to maintain and rebuild during April to June 2021. We are committed to delivering safe and effective care for all our clients and patients but initially our focus will be on treating the most urgent cases first. As a result, some patients may continue to wait longer than we would like. The rebuild process will be guided by the following principles which have been agreed by the regional Rebuilding Management Board, led by the Department of Health:

- **Principle 1:** We de-escalate ICU as a region, informed by demand modelling and staffing availability;
- **Principle 2:** Staff are afforded an opportunity to take annual leave before assuming 'normal' duties;
- **Principle 3:** Elective Care rebuild must reflect regional prioritisation to ensure that those most in clinical need, regardless of place of residence, are prioritised (short notice cancellations may result in the scheduling of routine patients to avoid the loss of theatre capacity);

- **Principle 4:** All Trusts should seek to develop green pathways and schedule theatre lists 2-3 weeks in advance. The aim will be, for any given staffing availability, to maximise theatre throughput;
- **Principle 5:** The Nightingale facilities should be prioritised for de-escalation to increase regional complex surgery capacity as quickly as possible.

The Trust will also continue to work together with our partners locally and across Northern Ireland to implement the recovery of non-COVID-19 health and social care services. Our staff are contributing to regional work streams/areas of focus to support the HSC in delivering for our population based on our agreed regional approach:

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

In taking forward, our rebuild plans, 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 Western Trust Rebuild plan, the Trust will screen for both equality and rurality to identify potential adverse impact.

### **DoH /HSCB Input to our Rebuild Plans**

It is recognised that our rebuild plans need to take account of the regional context and as we develop and progress our rebuild plans, we will be informed and guided by the work of a range of regional rebuild cells covering Critical Care De-escalation, Cancer Services, Regional Waiting List, Orthopaedic Hubs, Day Case Elective Care, No More Silos, Vaccine Programme, Mental Health and Adult Social Care. Section 2 of this plan contains input from the Department of Health and Health and Social Care Board which sets this regional context and provides more information on the regional cells.

**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. This is evidenced through the recent Early Alert to DOH. 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 rebuild plans whilst continuing to support other programmes and manage local outbreaks. We recognise the huge challenges our staff have faced in the past year and are committed to continuing to provide staff physical and mental health and wellbeing support services and also to ensuring that they are given the opportunity to take leave to recover. We know that many staff have not been able to use their annual leave entitlement and recognise the importance of staff taking time to rest before returning to normal duties.
- **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 rebuild plans, 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 support plans to de-escalate wards and enable the rebuild of elective inpatient services;
- The rebuild of some services such as ophthalmology and urology is dependent on access to capacity in other Trusts being reinstated as part of their rebuild plans;
- 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 will be mindful of our commitment to **co-production and engagement** and informed involvement in key decision making in our local agreements to rebuild plans;
- Providing continued support to **those in need within our population** including those who were 'shielding', vulnerable people, and people at risk of harm;
- Rebuilding services safely in some areas requires **capital and revenue funding** to continue to be made available and there is an ongoing need for regional support for services that were stood up as part of the surge response to continue, for example IPC and testing; and
- **Any future surge in COVID-19 transmission** could result in a temporary pause of core services to cope with demand.

This plan is for those services that experienced a significant impact as a result of the pandemic and sets out the actions being proposed to further increase capacity and/ or access from April 2021.

**The table in Section 3 outlines the Western H&SC Trust rebuild plans for April to June 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. Regional Context - DoH/HSCB Input to Trust Rebuild Plans**

A high level summary of the regional cells and the work they are taking forward are detailed below:

### **Critical Care De-escalation**

1. Critical Care Units continue to operate above their baseline bed numbers and this position is currently expected to continue into April and May. The critical care system has been operating at a higher level of beds from the spring last year. This additional pressure for such a prolonged period has been challenging for intensive care staff and the re-deployed staff from other areas in Trusts who have been helping to keep the critical care beds open.
2. It is acknowledged that it will be some time before critical care is able to reduce beds to its baseline funded bed complement of 72 level 3 equivalents. Although there has been a reduction in COVID-19 patients within critical care, from a high of 69% of the patients being cared for to 39%, it is anticipated that there will continue to be between 20- 25 COVID-19 patients in critical care into April and May. Coupled with this, non-COVID demand will increase as elective work resumes.
3. The critical care system will continue to work together across the region to ensure that where and when beds can be de-escalated and staffing allowed to return to their normal positions, after rest and recovery, this is achieved in a managed way, at the local and regional level. Plans are in place to do this safely while supporting mutual aid and ensuring equity across the system.

### **Cancer Services**

4. 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 is currently working with the Department of Health to produce a Cancer Recovery Plan. The 3 year plan builds on the work already

commenced through the Cancer Reset Cell and 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.

5. 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**

6. As we emerge from the latest wave of the pandemic, the focus of the HSC will be on resetting all elective services in an environment that is safe for both staff and patients. It is expected that theatre capacity will continue to be constrained during this period and 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.

7. Trusts, as part of their rebuild plans April to June 2021, will also need to designate 'green' sites by ensuring complete separation of elective and unscheduled services. At the same time, Trusts will need to put in place 'green' pathways at major acute hospitals to ensure that cancer and complex elective surgery (that can only be provided on these sites) can be kept separate to complex unscheduled surgery. While accepting that there are still risks in the system, all organisations will need to be agile and manage this risk proportionally, giving the best opportunity to maximise theatre throughput and patient care.

### **Orthopaedic Hubs**

8. 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. The blueprint document set out a plan to focus services delivery from 2 hub sites initially (Musgrave Park Hospital and Altnagelvin Area Hospital) with the longer term aim to utilise all orthopaedic units in Northern Ireland. Despite the 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. Services remain suspended, however throughout this period the Orthopaedic Network has continued to explore and develop opportunities for regional transformational change for the service.
9. Entering the next phase of service rebuilding, the blueprint will be re-established through the regional Orthopaedic Network. The key aim is to restart regional elective orthopaedic services in a safe and sustainable manner on a dedicated site with a 'Covid light' pathway. 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**

10. In July 2020, the Minister announced that Lagan Valley Hospital in the South Eastern Trust would become a dedicated day procedure centre for the region. While the nature of the site means that it is most suitable for day case surgery and procedures rather than more complex work, the complete separation of elective and unscheduled services at the site has enabled services to continue be delivered throughout the pandemic on a 'covid-light' pathway. In recent months, the site has 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. Work is underway with clinicians across the HSC to identify the types of procedure that will be suitable for the regional day procedure centre at Lagan Valley Hospital as elective activity resumes.
11. Prior to the pandemic, there were also similar initiatives for cataracts and varicose veins in Downe, Omagh, South Tyrone and the Mid-Ulster Hospital. Over time, and as more elective capacity becomes available as pressures at hospitals decrease, it is expected that options for other regional day procedure facilities will be explored by the Day Procedure Network.

### **No More Silos**

12. The Department's COVID-19 Urgent and Emergency Care Action Plan, seeks to implement 10 key actions to maintain and improve services is currently being implemented in all Trusts. Local Implementation Groups have been established in all Trust areas and significant progress has been made over the last quarter.
13. Key developments during the period April to June will include: the roll out of the Phone First telephone triage and assessment service to all Trusts, using a single regional number; establishment of urgent care centres attached to EDs across the region, and development of new direct referral pathways to services in primary, secondary and community settings.

## **Vaccine Programme**

14. The vaccination programme is following the prioritisation list recommended by the Joint Committee on Vaccination and Immunisation (JCVI). While the vaccination programme is dependent on the supply of vaccine, rapid progress has been made and by April it is hoped that the first 9 priority groups will be close to being vaccinated. This will allow the programme to proceed to priority groups 10, 11 and 12 which will cover the remaining adult population aged 18 to 49 years of age. A large portion of these groups are likely to be vaccinated during the period of April to June using a combination of the Trust regional vaccination centres, including the large centre located at the SSE Arena in Belfast, GP Practices and Community Pharmacies.
15. The vaccination programme is still in its early stages and to be sure of its success, we will continue to closely monitor its impact on serious illness and hospitalisations. On a positive note, there is emerging evidence of fewer outbreaks in care homes. The long term success of the programme depends on achieving high uptake rates in all sections of the adult community and therefore every effort will be made to ensure the programme continues to be rolled out rapidly.

## **Mental Health**

16. 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 a threefold increase in special observations and doubling of the proportion of detained patients. Community mental health services are also reporting increasing levels of low level anxiety and depression. A similar position is reflected in our younger population with referrals to CAMHS continuing to increase. It is expected that these pressures will continue.
17. Work has progressed to help and support people's mental health and wellbeing. A reformed Mental Health and Emotional Wellbeing Strategic Working Group will provide strategic direction in the recovery work. 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 the

subject of a public consultation, which closed on 26 March. This will help ensure a cohesive strategic direction for development of mental health services over the next 10 years.

## **Adult Social Care**

18. 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. This has included up to £45m in direct financial support for care homes, as well as income guarantees. Careful consideration is being given to what ongoing financial support is provided into 2021/22, while also assessing the longer term impact the pandemic has had on the sector. The ongoing provision of PPE without charge, where providers cannot access their own supplies, will continue into 2021/22 as will 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. The Department will continue to actively review the frequency of testing in these settings in the coming months; 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.
19. The Department will continue to work with Trusts 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 greater use of direct payments to support the care of individuals. Support to carers will continue to be a priority, recognising the increased burdens that have been placed on those who care throughout the pandemic. 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.

---

### Section 3. Service Rebuild Plans

Throughout the pandemic and in developing our rebuild 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:

- ❖ The establishment of a **dedicated psychological support helpline** to support our staff through the COVID-19 pandemic and beyond. To date almost 800 staff have availed of this service and the Trust has secured funding from the Department of Health until March 2022 which will enable staff to continue to be supported through ongoing surge episodes and during resumption of normal business.
- ❖ 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** has been established with over 100 staff identified as safety champions in their areas of work. This group meets regularly and supports sharing and dissemination of information and learning.
- ❖ A **BAME network** was established to support all BAME staff within the Trust.
- ❖ 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 recently 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.
- ❖ 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 **testing and 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 to provide support to staff during this period and a review of the resources to support this area will be required.
- ❖ **Staff Side** representatives have been involved in surge response and rebuild planning and this will continue through their 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 rebuild plans outlined below.

### **Service Area: Hospital Services**

<b>Our services</b>	<b>What we are planning to do to rebuild services from April – June 2021</b>
<b>Urgent and Emergency Care</b>	<ul style="list-style-type: none"> <li>❖ 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.</li> <li>❖ 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 expansion of ambulatory care services and continued development of the “Phone First” initiative.</li> </ul>
<b>Critical Care</b>	<ul style="list-style-type: none"> <li>❖ Maintain critical care bed provision in accordance with the regional Critical Care Network Northern Ireland (CCaNNI) surge plan. This will include a gradual reduction in ICU beds at both our acute hospital sites to normal levels on a regional, risk assessed basis.</li> <li>❖ Maintain clear pathways for COVID-19 and non-COVID-19 patients.</li> </ul>

<b>Our services</b>	<b>What we are planning to do to rebuild services from April – June 2021</b>
<b>Inpatient Elective / Emergency and Day Case Surgery for Adults and Paediatrics</b>	<ul style="list-style-type: none"> <li>❖ Rebuild and increase theatre capacity in line with the phased reduction in additional critical care bed provision as outlined above which will enable the return of both redeployed nursing staff and physical theatre space.</li> <li>❖ 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.</li> <li>❖ Continue to provide COVID and non-COVID surgical pathways.</li> <li>❖ Maximise opportunities to undertake additional in-house and independent sector activity via waiting list initiatives.</li> <li>❖ Predicted rebuild activity for this period reflects anticipated theatre capacity and staff leave and assumes there will be no further surge in COVID-19 cases. Further surges during this time would impact on the ability to deliver the planned activity.</li> </ul>
<b>Endoscopy Services</b>	<ul style="list-style-type: none"> <li>❖ Continue to deliver endoscopy sessions at 50 -75% capacity depending on type/s of procedure being undertaken.</li> <li>❖ Ensure that there is equitable access for patients based on agreed clinical prioritisation criteria.</li> <li>❖ Additional waiting list initiative sessions will continue to be delivered in-house and the potential to use independent sector capacity will be explored.</li> <li>❖ FIT testing is planned to move to Primary Care, however a date for this to happen has not yet been confirmed.</li> <li>❖ In the event of a further wave of COVID-19, we will maintain the endoscopy service where possible to address waiting lists, emergency patients and inpatients, with timely facilitation of inpatients to expedite patient discharge.</li> </ul>
<b>Diagnostics (X-Ray, MRI, CT, cardiac investigations)</b>	<ul style="list-style-type: none"> <li>❖ Resume daily monitoring of urgent and red flag waits and weekly monitoring of routine/planned waits as prior to COVID-19.</li> <li>❖ Continue to prioritise unscheduled care, urgent, red flag and cancer patients.</li> <li>❖ Continue to maintain activity levels and improve waiting times where staffing levels permit.</li> <li>❖ The service is limited by physical space, which is likely to make a return to previous activity levels challenging which will impact on the ability of the service to meet the rebuild requirements of other services.</li> </ul>

<b>Our services</b>	<b>What we are planning to do to rebuild services from April – June 2021</b>
<b>Cancer Services</b>	<ul style="list-style-type: none"> <li>❖ Continue to provide cancer diagnostics, surgery, haematology, oncology and radiotherapy services in line with national and NICaN guidance.</li> <li>❖ The cancer services team will continue to engage with regional colleagues in relation to prioritisation of cancer patients on a regional basis for diagnostics and surgery.</li> <li>❖ Continue to maximise virtual platforms for review of patients, for example the use of photographs for assessment of skin service referrals. The Service continues to maximise virtual assessment/review clinics where appropriate and will continue to do so in the coming months.</li> <li>❖ Radiotherapy Linac capacity will continue to be monitored and adjusted as required in line with service demand.</li> <li>❖ The routine maintenance venesection service for patients with Haemochromatosis was suspended several months ago. This service will be re-established in Altnagelvin by 22 March 2021. Scoping is currently in progress to fund additional clinics for the venesection service to reduce the waiting list at Altnagelvin.</li> <li>❖ There are plans to resume the Omagh Nurse Led Venesection service commencing Friday 16<sup>th</sup> April. In order to ensure safe working environment it is planned that this service will accommodate 15-20 patients weekly.</li> <li>❖ 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. The service will 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.</li> <li>❖ Plans are underway in relation to the reset of the Macmillan Health &amp; Wellbeing Campus and maximization of virtual support to patients will continue.</li> <li>❖ 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. This includes an 'opt out' information pathway for patients.</li> <li>❖ Continued engagement by the service with regional colleagues at board and departmental level via Cancer Reset and commitment to the ongoing development of the Cancer Strategy and the associated Cancer Recovery, Rebuilding Better Plan.</li> </ul>



<b>Our services</b>	<b>What we are planning to do to rebuild services from April – June 2021</b>
<b>Screening programmes</b>	<ul style="list-style-type: none"> <li>❖ Trust will deliver across all population screening programmes in line with Public Health Agency recommendations.</li> <li>❖ Each screening programme will seek to restore screening capacity to enable the timely offer of screening to all eligible individuals.</li> <li>❖ Trust will work with the Public Health Agency to develop plans to recover screening intervals/ round lengths to recommended timescales.</li> <li>❖ Trust will seek to ensure that timely diagnostic and treatment services are available to those with a positive screening test result.</li> </ul>
<b>Outpatient Services</b>	<ul style="list-style-type: none"> <li>❖ Continue to rebuild outpatient services via face to face and virtual assessments as appropriate taking into account required infection control measures.</li> <li>❖ GP Covid Centres are expected to continue during this period which impact on outpatient rebuild capacity due to the redeployment of outpatient nursing staff and in the SWAH the location of the centre in the outpatient department.</li> <li>❖ A number of specialties, including respiratory, ENT and oral surgery, undertake aerosol generating procedures (AGPs) in an outpatient setting. Current infection prevention and control guidance requires a number of air changes per hour depending on the procedure otherwise the number of patients needs to be reduced. This will be a constraining factor for outpatient rebuild in these areas and during this period the Trust will scope the ventilation upgrades required to address this issue.</li> </ul>
<b>Sub-regional Services</b>	<ul style="list-style-type: none"> <li>❖ Provision of sub-regional services including ophthalmology, urology and orthopaedics will be maintained and increased in line with inpatient, day case and outpatient rebuild plans.</li> </ul>
<b>Integrated Maternity and Women’s Health</b>	<ul style="list-style-type: none"> <li>❖ Gynaecology outpatient clinics will continue in the current reduced format until the general outpatient service is restored. Currently, clinics are running on the gynaecology ward.</li> <li>❖ Specialist nurses and midwives will return to their usual roles.</li> <li>❖ Opportunities to undertake additional activity will be maximised, with a particular focus on colposcopy to reduce waiting times for urgent referrals.</li> <li>❖ Antenatal clinics will continue to be delivered.</li> </ul>

<b>Our services</b>	<b>What we are planning to do to rebuild services from April – June 2021</b>
<b>Older People’s Care</b>	<ul style="list-style-type: none"> <li>❖ Memory services will continue across consultant, nurse led and psychology services.</li> <li>❖ Psychology assessments for older people will continue to be provided and will move to direct face-to-face contacts as experience has shown that telephone and video calls do not work with this patient group. Telephone or video calls will be provided at patient request only.</li> <li>❖ We will build the Southern Sector Hospital at Home service from the initial pilot (Dec 20 to March 21), expanding beyond the Enniskillen test, to across Fermanagh between March and June.</li> <li>❖ We will expand the Northern Sector Acute Care at Home service to a 7-day model, once recruitment of the additional staff has been completed in April.</li> <li>❖ Outpatient care of the elderly clinics will continue to be delivered for TIA/stroke, OPALS, Parkinson’s, movement disorder and osteoporosis.</li> <li>❖ The hospital social work team will continue to support hospital discharges and patient flows.</li> <li>❖ This service would be materially affected by staff absences (planned and unplanned) and/or by a further COVID-19 surge, the situation will be kept under review to manage risk and maintain safety.</li> </ul>
<b>Pathology Services</b>	<ul style="list-style-type: none"> <li>❖ Rebuild of microbiology testing to the normal service levels.</li> <li>❖ Introduce SeeGene for SARS CoV-2 testing subject to securing required staffing resource and continue to use the GeneXpert &amp; Samba testing (staffing permitting).</li> <li>❖ Point of Care Testing - support implementation/extension of Lumira DX testing in Altnagelvin and SWAH and implement new handheld blood gas devices for use in community respiratory teams.</li> <li>❖ Continue to provide virtual and face-to-face haemovigilance training, in association with all other haemovigilance services and continue to provide all services for haematology and blood transfusion services.</li> <li>❖ Within cellular pathology adapt the pathology service to facilitate additional workstreams undertaken by the Trust and continue to implement digital pathology and take forward dissection services.</li> <li>❖ Engage regionally on the introduction of the LIMS and standardised methodologies.</li> </ul>
<b>Pharmacy Services</b>	<ul style="list-style-type: none"> <li>❖ Continue to provide a medicines management and clinical pharmacy service in response to need, increasing in line with the rebuild programme. These services will be provided to ensure safe use of medicines as well as supporting timely patient flow.</li> </ul>

<b>Our services</b>	<b>What we are planning to do to rebuild services from April – June 2021</b>
<b>Physical Health Psychology Support Service</b>	❖ Continue to deliver the physical health psychology service with a planned increase in activity.
<b>Primary Care COVID-19 Assessment Centres</b>	<ul style="list-style-type: none"> <li>❖ The Primary Care COVID-19 Centres at Altnagelvin and SWAH will continue to operate during this time.</li> <li>❖ The appropriate sustainable staffing model to support activity will be kept under review and agreed.</li> </ul>

**Service area: COMMUNITY SERVICES**

Our services	What we are planning to do rebuild services from April – June 2021
<p><b>Primary and Community Care Services</b></p>	<ul style="list-style-type: none"> <li>❖ District nursing services will continue to support the COVID-19 vaccination programme for housebound patients (second doses).</li> <li>❖ 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.</li> <li>❖ Treatment room activity will continue at reduced levels in line with social distancing and infection control requirements.</li> <li>❖ 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</li> <li>❖ Community specialist nursing services for stoma, Parkinson’s, diabetes and respiratory will continue to be provided with prioritisation of patients most at risk.</li> <li>❖ 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.</li> </ul>
<p><b>Primary Care</b></p>	<ul style="list-style-type: none"> <li>❖ 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.</li> <li>❖ The Community Covid Response Team (CCRT) will continue to operate and will evolve into the Enhanced Clinical Pathway into Care Homes model.</li> <li>❖ 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’.</li> <li>❖ 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.</li> <li>❖ 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.</li> </ul>

<b>Our services</b>	<b>What we are planning to do rebuild services from April – June 2021</b>
	<ul style="list-style-type: none"> <li>❖ 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.</li> <li>❖ We will conclude the Phase 2 consultation on the Reform of Social Work Services to put in place a social work structure to ensure that our social care teams and leadership are empowered, supported and resourced to meet demand, to improve social work services, to build leadership and ensure robust professional governance arrangements.</li> <li>❖ The CCRT will provide support to GP practices as in previous surges.</li> <li>❖ Any further surge will be managed on a localised basis in line with the Trust’s surge plan.</li> </ul>
<b>Older People’s Day Care Services</b>	<ul style="list-style-type: none"> <li>❖ Attendance at day care centres has been increasing and will be kept under review and capacity will be increased where it is safe to do so.</li> <li>❖ Gortin outreach service will remain closed due to renovations.</li> <li>❖ It is planned to reopen Thackeray in Limavady in April subject to completion of environmental works.</li> <li>❖ It is planned to resume day care for full days, providing service users with their meal.</li> <li>❖ 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.</li> <li>❖ Our service is open to new referrals with the aim of accepting new service users.</li> <li>❖ Any further surge will be managed taking a localised approach which would mean that day centres would temporarily close if there was a cluster and reopen based on PHA and infection control advice</li> </ul>
<b>Domiciliary Care</b>	<ul style="list-style-type: none"> <li>❖ We will continue to meet regularly with independent sector homecare providers to identify any issues relating to reset of services.</li> <li>❖ The domiciliary care surge plan will be activated as required and has an emphasis on service continuity through workforce availability, service capacity and prioritisation of need.</li> </ul>
<b>Learning Disability</b>	<ul style="list-style-type: none"> <li>❖ 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</li> </ul>

<b>Our services</b>	<b>What we are planning to do rebuild services from April – June 2021</b>
	<p>this sustained pressure on our staff groups and we will endeavour to support them in the challenges of the reset agenda.</p> <ul style="list-style-type: none"> <li>❖ Community outpatient psychiatry assessment attendances will be maintained at levels experienced in August 2020. Physical environments continue to be a constraint.</li> <li>❖ 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.</li> <li>❖ Social work home visits to undertake transitions assessments, reviews and carers assessments and higher risk cases (eg safeguarding and forensic) will continue to be delivered.</li> <li>❖ The Family Support Team will continue to step up support and intervention services.</li> <li>❖ We will aim to maintain day care attendance levels (traditional day care and outreach) in line with recent experience.</li> <li>❖ We will continue to provide a crisis orientated model for short breaks and progress to provision of planned short breaks.</li> <li>❖ The health facilitation service will resume in line with GP reset guidance.</li> <li>❖ Services have surge plans in place - any further surge will be managed in a localised way, where possible.</li> <li>❖ Service user/carer feedback will continue to be a priority, in line with the Regional Learning Disability Recovery Plan.</li> </ul>
<b>Mental Health</b>	<ul style="list-style-type: none"> <li>❖ 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.</li> <li>❖ 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.</li> <li>❖ Mental health services across primary care liaison, addictions, eating disorder, community mental health teams, psychological therapies and specialist services will continue to be delivered.</li> <li>❖ We aim to return capacity to pre-COVID-19 levels in community detoxification hostels.</li> </ul>

<b>Our services</b>	<b>What we are planning to do rebuild services from April – June 2021</b>
	<ul style="list-style-type: none"> <li>❖ We aim to increase capacity to 7 beds out of a pre-COVID capacity of 8 in Asha, Tier 4A complex detoxification and stabilisation unit.</li> <li>❖ 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.</li> <li>❖ There will be a risk assessed phased increase in capacity in the mental health addictions service to pre-covid levels in line with Covid guidance. Currently the inpatient service is operating at 6 out of 8 beds and it is planned to increase to 8 beds when safe to do so. Community based Support Groups are continuing to operate on a virtual basis from a different base. There will be a risk assessed phased increase in capacity within Home Detox Service contracted hostel accommodation. This will return capacity to pre-covid levels.</li> <li>❖ 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.</li> <li>❖ We will continue to engage with stakeholders across this period through our established networks.</li> <li>❖ 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.</li> </ul>
<b>Physical &amp; Sensory Disability</b>	<ul style="list-style-type: none"> <li>❖ 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.</li> <li>❖ Trust day care capacity will continue in line with recent experience for traditional day care and outreach. Capacity to increase further is restricted due to social distancing and transport constraints.</li> <li>❖ Short breaks will continue to be provided in Spruce House at Altnagelvin Hospital based on engagement with service users and carers to support families and reduce the likelihood of a crisis situation presenting.</li> <li>❖ Face to face outpatient services will continue.</li> </ul>

<b>Our services</b>	<b>What we are planning to do rebuild services from April – June 2021</b>
	<ul style="list-style-type: none"> <li>❖ Social work home visits to undertake transitions assessments, reviews and carers assessments and higher risk cases (eg safeguarding and forensic) will continue to be delivered.</li> <li>❖ Adult autism new diagnosis and support and intervention services will continue.</li> <li>❖ Services have surge plans in place - any further surge will be managed in a localised way, where possible.</li> <li>❖ Service user engagement and involvement will continue.</li> </ul>
<p><b>Sexual Health &amp; HIV service / Sexual Reproductive Health</b></p>	<p><u>Sexual Health Services</u></p> <ul style="list-style-type: none"> <li>❖ Core Sexual Health services will 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.</li> <li>❖ Asymptomatic STI testing in the main will be via home sampling (SH24) whilst funding is available.</li> <li>❖ Telephone consultations will continue and a postal medication service for patients who are unable to travel will be maintained.</li> <li>❖ Face to face sexual health will be maintained for those symptomatic patients who require face to face testing/examination/treatment.</li> <li>❖ STI treatments will be provided face to face where appropriate and a postal service will also be available following telemedicine consultation.</li> <li>❖ Routine vaccination for Hepatitis A and B and HPV will restart.</li> <li>❖ HIV prevention services (PrEP) will continue via telemedicine or face to face as required.</li> <li>❖ On-line booking for telemedicine triage/consultation is now fully functional.</li> <li>❖ Follow up for sexual assault will continue on a face to face basis.</li> <li>❖ Omagh service remains closed but aim to reopen pending restrictions/demand for face to face.</li> </ul> <p><u>HIV services</u></p> <ul style="list-style-type: none"> <li>❖ HIV services will continue via telemedicine or face to face as appropriate.</li> <li>❖ Service users with a new diagnosis of HIV or those transferring from outside NI will be seen face to face and commenced on antiretroviral therapy (ART) as a priority and as clinical need requires.</li> <li>❖ Phlebotomy services for people living with HIV (PLWH) usually attending Belfast HIV service will be provided to reduce travel whilst in 'lockdown' restrictions.</li> </ul>



<b>Our services</b>	<b>What we are planning to do rebuild services from April – June 2021</b>
	<p><u>Sexual Reproductive Health</u></p> <ul style="list-style-type: none"> <li>❖ Full contraceptive services continue to be offered in Brae Clinic and Omagh, with priority given to patients fulfilling criteria as laid down by Faculty. The Young Peoples’ Walk-in Clinics in Brae and Omagh remain closed.</li> <li>❖ Telephone consultations will continue with either collection or posting of medications.</li> <li>❖ The early medical abortion clinic will continue to be provided. The Trust awaits confirmation on how this service will be commissioned going forward, and recognises that in the event of staff absence there could be a requirement to refer women out of Trust for this service.</li> <li>❖ Cervical screening will be offered on an opportunistic basis if a patient is attending for another procedure.</li> <li>❖ Asymptomatic STI requests are signposted to SH24</li> <li>❖ Face to face provision as required for long acting reversible contraception (LARCs) and BP checking</li> <li>❖ SWAH and Limavady services remain closed.</li> </ul>
<b>AHP Services</b>	<ul style="list-style-type: none"> <li>❖ 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. Each AHP profession will reset services taking account of staff planned and unplanned leave.</li> <li>❖ Occupational therapy outpatients and community based services are now fully operational currently delivering &gt;90% of services in accordance with infection prevention &amp; 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. Current levels of activity now correlate to the pre-COVID position. Current service priority is increasing the level of new assessments and re-establishing clinic based services within Adult Community Occupational Therapy. School based services for children have resumed and the restart of elective orthopaedic and rheumatology activity is being supported through outpatient OT services.</li> <li>❖ Physiotherapy services plan to gradually increase the levels of activity across all outpatient settings; the service will make 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. This will be achieved through a blended model of service provision including face to face contacts for new patients, telephone/virtual consultations and domiciliary visits where deemed appropriate. In the event of a</li> </ul>

<b>Our services</b>	<b>What we are planning to do rebuild services from April – June 2021</b>
	<p>fourth surge, elective outpatient activity will be reviewed to ensure that essential acute hospital flows are maintained through the redeployment of staff to COVID-19 treatment areas. As on previous occasions, a fourth surge would impact on the ability to deliver planned outpatient activity.</p> <ul style="list-style-type: none"> <li>❖ Nutrition and dietetic services will work towards achieving 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).</li> <li>❖ The podiatry service will maintain new patient capacity and focus on the review backlog, both on a face-to-face basis in this quarter. An increase in capacity is predicted however, this is dependent on demand, staff absence and retention.</li> <li>❖ 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. The majority of assessments will be face to face and if required, will be joint appointments with other relevant professionals (Optometry/Ophthalmology). All urgent new patients will be offered 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. We will continue to provide support to the Ophthalmology eye emergency service in Altnagelvin, as well as the general ophthalmology clinics in Altnagelvin, South West Acute and Omagh Hospital and &amp; Primary Care Complex.</li> <li>❖ In the event of a further surge, elective activity will be reviewed to ensure that essential acute hospital flows are maintained through the redeployment of staff to COVID-19 treatment and recovery areas. This would impact on the ability to deliver planned activity.</li> </ul>
<b>Human Milk Bank</b>	<ul style="list-style-type: none"> <li>❖ Continue to maintain service to meet demand for donor breast milk throughout Ireland and will aim to provide 220 litres of donor milk between April to June 2021.</li> </ul>
<b>Dental Services</b>	<ul style="list-style-type: none"> <li>❖ Community dental services continue to provide urgent care. As the move to more aerosol generating procedure work proceeds, activity will reduce due to the increased cleaning and fallow times involved.</li> <li>❖ As routine elective inpatient and day care services reset, the community dental service will treat patients in sessions allocated to them.</li> </ul>

<b>Our services</b>	<b>What we are planning to do rebuild services from April – June 2021</b>
<b>Health Visiting &amp; Family Nurse Partnership</b>	<ul style="list-style-type: none"> <li>❖ 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.</li> <li>❖ 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 50% of antenatal contacts, 95% of primary visits, 90% of 6-8 week contacts, 90% 14 to 16 week contacts, 90% of 6-9 months contacts and 60% of 1 year and 2 year contacts.</li> <li>❖ Reviews carried out by virtual contacts will be captured via new PCHR documentation.</li> <li>❖ A management plan will be devised to address the backlog of 1 and 2 year reviews.</li> <li>❖ Breast Feeding Support Groups will continue virtually until further regional direction is received.</li> <li>❖ Commence 1:1 face to face interventions for the early years' prevention program in April.</li> <li>❖ Create capacity for service rebuild by reducing public health contribution to the Mass Vaccination Centres.</li> <li>❖ Continue to make representation for permanent funding for multidisciplinary teams in the Derry GP Federation practices to reduce Health Visitor caseloads to 180 to fully implement Healthy Child, Health Futures program.</li> </ul>
<b>School Nursing</b>	<ul style="list-style-type: none"> <li>❖ Continue working with safeguarding families</li> <li>❖ Implement Looked After Children health assessments for post-primary children</li> <li>❖ Continue ChatHealth service</li> <li>❖ Recommence childhood vaccination programme and complete the backlog of School Leaving Booster/MenACWY from 2020 as well as this school year's cohort, school based where possible but also using community clinics if required.</li> <li>❖ Commence Health Assessment for the missed P1 children in 2020 (this year's P2's)</li> <li>❖ Commence this school year's P1 Health Assessments</li> <li>❖ In the event of further school closures, staff will support the Mass Vaccination Centre where possible.</li> </ul>

<b>Our services</b>	<b>What we are planning to do rebuild services from April – June 2021</b>
<p><b>Children’s ASD Service (Autism Spectrum Disorder)</b></p>	<ul style="list-style-type: none"> <li>❖ Triage of referrals for assessment and intervention will continue.</li> <li>❖ The duty on-call rota will be maintained.</li> <li>❖ 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.</li> <li>❖ 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</li> <li>❖ 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.</li> <li>❖ Take forward new developments in children accessing virtual intervention information, e.g. development of a stress management 6 part webinar for children and young people and videos explaining to parents the importance of and demonstration of visual strategies.</li> <li>❖ Face to face and virtual appointments for child observation diagnostic assessment will continue.</li> <li>❖ New patient initial assessments and interventions will continue to be delivered virtually by telephone and/or video call as per parental choice.</li> <li>❖ Access to schools to carry out school observations as part of the autism assessment diagnostic process may present as an issue delaying the assessment process. Where possible information required from schools to support the assessment process will be completed via questionnaire and via telephone contact.</li> <li>❖ Multidisciplinary agency meetings in relation to children continue via virtual platform.</li> <li>❖ The revised post-diagnostic intervention process being implemented will continue to be reviewed.</li> <li>❖ The Autism Team within the Northern Sector of the Trust will be relocating to new accommodation during this period. This may impact upon service delivery however it is intended to keep service disruption to a minimum.</li> </ul>

<b>Our services</b>	<b>What we are planning to do rebuild services from April – June 2021</b>
<b>Children’s Disability Community Teams and Community Nursing Learning Disability (CNLD)</b>	<ul style="list-style-type: none"> <li>❖ Community Children’s Disability teams will continue to provide a range of supports with a blended approach of virtual contact and face to face contact when assessed as required and safe.</li> <li>❖ CNLD will continue to provide a full range of services including clinics</li> <li>❖ Family Support Panel will continue to run weekly to offer rapid response to emergent/urgent needs</li> <li>❖ Community and voluntary contracts will be reviewed in April to determine effectiveness.</li> <li>❖ Children with a Disability (CwD) Services will commence a review of service provision/needs/structures during April - June period.</li> <li>❖ CwD managers are already committed to and will continue work on Task and Finish groups regarding Transitions to Adult services; internal assessment process; and user involvement.</li> <li>❖ 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.</li> </ul>
<b>RISE</b>	<ul style="list-style-type: none"> <li>❖ RISE will fully reinstate supports for children, parents and teachers during April to June.</li> <li>❖ RISE will build upon their digital developments such as webinars and Page tiger resources</li> </ul>
<b>Children’s Behaviour Support Team</b>	<ul style="list-style-type: none"> <li>❖ Children’s Behaviour support Team will prioritise urgent and high risk assessments /interventions as they will be working with 50% staffing capacity during April to June 2021. Staffing issues are expected to be resolved by October 2021.</li> </ul>
<b>Children’s Learning Disability Psychology &amp; Psychiatry</b>	<ul style="list-style-type: none"> <li>❖ Children’s ID Psychiatry continues to be provided by a Locum Consultant.</li> <li>❖ Capacity during January to March 2021 has been severely impacted by staff vacancy and absence. Contingency staffing arrangements have been put in place for April to June to help to address this.</li> <li>❖ April to June plan is to reduce waiting list by 3-6 months.</li> </ul>

<b>Our services</b>	<b>What we are planning to do rebuild services from April – June 2021</b>
<b>Child &amp; Adolescent Mental Health (CAMHS)</b>	<ul style="list-style-type: none"> <li>❖ Emergency and urgent assessments will continue and waiting lists will be kept under review to re-evaluate clinical urgency.</li> <li>❖ Choice appointment allocations to staff that increased temporarily October to December as part of a waiting list action plan has now returned to normal functioning and will continue to do so through April – June 2021</li> <li>❖ The eating disorder service continues to be maintained despite significant challenges and escalating referrals.</li> <li>❖ The ADHD service provision is operational and with the return of children to school this will support ongoing assessments.</li> <li>❖ The external contract with Youth life is reinstated to support the therapeutic intervention pathway.</li> <li>❖ Interagency collaboration continues to be maintained through virtual meetings</li> <li>❖ Virtual platforms are now operational and supporting service delivery.</li> <li>❖ Transition Panel for CAMHS/Adult Mental Health Service will remain operational via a virtual platform.</li> <li>❖ Delivery of rebuild plans may be impacted in the event of a further surge and its level of severity.</li> </ul>
<b>Court Children’s Services</b>	<ul style="list-style-type: none"> <li>❖ Children’s Court Services will continue to provide a full service under continual review of current COVID-19 guidelines.</li> <li>❖ Ongoing assessments will continue with cases which are currently within the court system.</li> </ul>
<b>Children and Corporate Parenting</b>	<ul style="list-style-type: none"> <li>❖ As we review activity following the recent COVID surge the key aim will be to promote a return to direct engagement with families in line with COVID-19 risk assessment processes. This will remain under continual review and the use of virtual technology will continue if warranted.</li> <li>❖ It is planned that Family Intervention Services (FIS) and Looked After Children (LAC) face to face visits will continue in line with COVID-19 risk assessment processes. Plans for any further pandemic surges are based on learning from initial surge and include continued rotas, flexible working, buddy systems, virtual meetings, panels and contact. All essential services will be continued following thorough risk assessment.</li> <li>❖ Fostering/Adoption – Return of statutory functions will be undertaken with the aim of promoting and maintaining face to face contact particularly in relation to newly approved foster carers.</li> <li>❖ Training is a core element of our support for carers and normal activity using virtual technology will be maintained.</li> <li>❖ Registration of Early Years continues to be the subject of ongoing review with HSCB. Limited inspections have taken place on a virtual basis and visits are carried out in line with current COVID risk assessment processes in respect of</li> </ul>

<b>Our services</b>	<b>What we are planning to do rebuild services from April – June 2021</b>
	<p>those providers where there are concerns about compliance with minimum Early Years standards. Going forward, subject to COVID restrictions, inspections will be reviewed in line with minimum standards.</p> <ul style="list-style-type: none"> <li>❖ Contact with parents will be maintained subject to ongoing review.</li> </ul>
<b>Community Paediatric Clinics</b>	<ul style="list-style-type: none"> <li>❖ Paediatric clinical psychology services will continue to be delivered in line with planned levels. There will be an increase in the number of initial assessments carried out on a face to face basis. Patients will be offered a choice on whether their review appointments will be face to face or virtual.</li> <li>❖ Re-establish a paediatric psychology presence in Altnagelvin hospital, OHPCC and SWAH clinics in liaison with the lead nurse.</li> <li>❖ Training with paediatric staff will recommence, eg Model of Attachment Practice (MAP)</li> <li>❖ Community paediatric clinics will continue with a mix of face to face and virtual clinics planned.</li> <li>❖ Paediatric psychology reset will continue and the number of face to face clinics will increase; this will however reduce activity as face to face appointments are longer and also require staff to travel to outreach clinics. Trainee staff are due to finish their placement and additional clinics being undertaken another member of staff will cease at the end of March.</li> </ul>

**Service area: CORPORATE**

Our services	What we are planning to do to rebuild services April – June 2021
<p><b>Population Health / Tackling Health Inequalities</b></p>	<ul style="list-style-type: none"> <li>❖ Deliver health improvement commissioned programmes using online delivery of awareness and training programmes</li> <li>❖ Link with key stakeholders to share health improvement resources and training.</li> <li>❖ Continue to work in partnership with Neighbourhood Renewal areas in the planning and coordination of health programmes that reduce health inequalities</li> <li>❖ Continue to support Trust staff through Twist West website, weekly email newsletter, with investment in programmes, resources and activities</li> <li>❖ Develop Involvement and Co-production within WHSCT through the implementation of Integrated Involvement Plan and No More Silos Involvement Plan</li> <li>❖ Support WHSCT Equality screening and continue to support Trust staff with queries including re interpreting and equality matters.</li> <li>❖ Develop relationships with Rural networks to support rural needs screening</li> <li>❖ Develop NHS Charities Stage 2 and Stage 3 applications to support staff and communities in Covid recovery.</li> </ul>
<p><b>Pathfinder</b></p>	<ul style="list-style-type: none"> <li>❖ Begin implementation of the agreed work programme for each group.</li> <li>❖ Ensure integration within and beyond the Pathfinder programme - to include non HSC partners.</li> <li>❖ Agree the monitoring framework for all projects and for the overall programme of work in relation to the provision of integrated care.</li> <li>❖ Secure implementation resources for all work programmes.</li> <li>❖ Develop and begin implementation of a communication PR strategy.</li> <li>❖ Establish and implement the governance and accountability framework for Pathfinder</li> <li>❖ Develop links with external support organisations i.e. Kings Fund, Health Foundation, Queens University, Rafa Bengoa.</li> <li>❖ Begin to establish work programmes for the three crosscutting themes of Workforce, Access and Multi Morbidities.</li> <li>❖ Clarify the Covid impact on people living with Multi-morbidities – plan that this is addressed in the Multi-morbidities programme of work.</li> </ul>



<b>Our services</b>	<b>What we are planning to do to rebuild services April – June 2021</b>
<b>Visitors</b>	<ul style="list-style-type: none"> <li>❖ 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.</li> </ul>
<b>Chaplaincy Services</b>	<ul style="list-style-type: none"> <li>❖ Chaplaincy services will be maintained and reviewed in line with risk assessment and regional guidance.</li> <li>❖ Mobile phone and video access will continue and visits to designated patients will be facilitated through pre-arrangement with the ward.</li> <li>❖ The prayer room in Altnagelvin has returned to chaplaincy use and an interdenominational service to mark its reopening will be held.</li> <li>❖ Virtual and in-person options for spiritual care will continue including for COVID-19 positive patients following PPE and infection control guidelines.</li> </ul>
<b>Testing of Staff and Patients / Clients</b>	<ul style="list-style-type: none"> <li>❖ Covid Hub testing and phlebotomy will be extended to Omagh, initially 2 days per week. Point of Care staff will support the extension of Lumira DX rapid testing in Altnagelvin and South West Acute Hospitals. LAMP regular rapid testing will be introduced when signed off by the University of Ulster.</li> <li>❖ We will continue to undertake “track and trace” in relation to staff and patient/client outbreaks in order to minimise risk.</li> </ul>
<b>Management of PPE</b>	<ul style="list-style-type: none"> <li>❖ Current arrangements in relation to the supply and distribution of PPE will be maintained.</li> </ul>
<b>Corporate Services</b>	<ul style="list-style-type: none"> <li>❖ The Trust will participate in a regional meeting at the end of March at which the way forward for the return of volunteers will be agreed.</li> <li>❖ 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.</li> <li>❖ We will continue to communicate regularly with elected representatives to provide updates and information on key issues.</li> <li>❖ We will keep our surge plans under review and work regionally on any surge preparations required.</li> <li>❖ 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.</li> <li>❖ We will continue to have regular consultation meetings with Trades Unions.</li> </ul>

<b>Our services</b>	<b>What we are planning to do to rebuild services April – June 2021</b>
<b>Education, Training and Research</b>	<ul style="list-style-type: none"> <li>❖ Ensure that there are adequate training opportunities to support the ongoing supply of doctors for the future working in partnership with QUB and NIMDTA.</li> <li>❖ Development of innovative approaches to teaching, supporting and communicating with undergraduate and postgraduate students will continue.</li> <li>❖ COVID-19 research will continue to be delivered and non-COVID research will be reviewed to consider circumstances in which it may be reinstated.</li> <li>❖ All quality and safety training is being re-established through on-line platforms.</li> </ul>
<b>Vaccination Programme</b>	<ul style="list-style-type: none"> <li>❖ We will continue to support the vaccination programme at the three vaccination centres established in Enniskillen, Omagh and Derry.</li> <li>❖ It is envisaged that the vaccination programme will continue until July 2021.</li> </ul>
<b>Bereavement Support</b>	<ul style="list-style-type: none"> <li>❖ We will continue to provide enhanced bereavement support to families during this period supported by redeployed staff.</li> </ul>