

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

As lockdown measures in the community are eased, the Department of Health requires Trusts to complete risk assessments as part of incremental plans to resume service delivery in areas affected by the pandemic response. This virus has demonstrated that it is very transmissible, much of the spread occurs before symptoms are recognised and a small but significant number of patients develop a severe and fatal illness.

For the Southern Trust, this means assessing the risk of exposure to Covid-19 for our patients and staff as well as the risk associated with the direct impact that managing covid-19 has on reducing the capacity and access to other services for our community. The likelihood that a vaccine can be deployed effectively and at scale is anticipated to be approximately 12 months away. Now is the time to consider and plan to implement the rebuilding of our services over the next 1 month, 3 month and 12 month horizon.

The Department of Health have stated their intention, subject to ministerial approval, to introduce a new “**Strategic Framework for Rebuilding HSC Services**” and has asked each Trust to prepare and publish a Stage 1 plan for their own area covering the period to 30th June 2020. The Department of Health will lead on planning and preparation of a ‘*Stage 2 plan*’, covering the period from 1 July 20 to 30 September 20. In support of this, the Southern Trust has set out, in the following document, a high level overview of the services that we plan to **maintain as part of the Covid-19 response** and those that we **plan to rebuild during the month of June 2020** as the Stage 1 plan for the Southern area. Further planning and risk assessment for the next stage will also progress during Stage 1.

STAGE 1 Plan: 1st June – 30th June 2020

In working together with our partners across Northern Ireland to implement the recovery of Non – Covid-19 Health and Social Care Services, our agreed regional approach will be to:

- Ensure Equity of Access for the treatment of patients across Northern Ireland
- Minimise transmission of Covid-19; and
- Protect access to the most urgent services for our population.

What will this look like?

The Department of Health have asked that service plans be assessed against a “checklist” to ensure that they have been subject to a rigorous risk assessment, take account of new ways of working and can be safely implemented in line with social distancing, personal protective equipment (PPE) and infection prevention and control requirements. As a result, the way services are delivered may look and feel different. It will take some time to rebuild services within the Trust aligned to these guiding principles with greater challenges anticipated in areas where we continue to respond to Covid-19 with our top priority being to ensure we can provide covid-19 -safe environments and working practices for our staff, patients and service users.

Important preparations for rebuilding our services have already commenced. We have reviewed and amended our Corporate Risk Register to reflect Covid-19 risks through our Governance Committee and we are involving staff, community partners and service users in engagement sessions to ensure we reflect ‘lessons learned’ from the initial response period and optimise opportunities to improve our services as part of our rebuild plans. Reflecting our learning for improvement so far, our **Stage 1 plan** will focus on:

- **Our Community First** - we plan to focus our resources on supporting acute care in the community home/ care home wherever possible in the first instance i.e. ‘step- up’ services. We will also focus our resources on community support following acute hospital covid-19/ non-covid-19 hospital admissions to home/ care home in the first instance i.e. ‘step- down’ services
- **Prioritising Health and Social Well-being of our Services Users and our Staff** - the need to assure compliance with social distancing requirements, meeting Infection Prevention and Control compliance and ensuring we optimise our Personal and Protective Equipment (PPE) and staffing resources is our principal challenge. We will continue to engage our staff and provide a ‘roadmap’ for rebuilding services with clear expectations aimed at building confidence and providing support to our front line staff to achieve. In terms of the urgency and phasing of our restart plans, we will consider the overall health and social care impact on our services users and our staff cross all our programmes of care and alternative approaches where necessary will be implemented. This may include changes to how we use our ‘resources’ both staff and our facilities.

While implementing effective compliance with the safety requirement of covid-19 is our principle challenge, there are other **challenges** that will impact on the Trust’s stage 1 plan including:

- 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.

- Assessing workforce pressures including the ability to safely and appropriately staff the rebuild plans, ensuring our staff feel supported and valued, and managing the resources required for testing and swabbing to maintain patient and staff safety in respect of spread of infection.
- Continuing to maintain effective Covid-19 zoning plans in line with Infection Prevention and Control advice and guidance, to safely manage separate pathways for flow of staff and patients across all acute sites, optimise efficient utilisation of PPE and ensure adequate catering and rest facilities for our staff.
- Establishing sustainable models for new services that have been set up specifically to respond to covid-19 such as ‘swabbing’ and ‘testing’ of health care workers and patients.
- Changing approaches to care and treatment to ensure a covid-19-safe environment for patients and staff. Our hospital based infrastructure is poor and achieving effective implementation of social distancing measures will present significant challenges and include a reduction in site capacity and productivity.
- Attaining and 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 service demands are met.
- Ongoing local discussion and agreements to rebuilding health and social services plans, being mindful of our commitment to co-production and engagement and informed involvement in key decision making.
- Ensuring we harness opportunities to deliver services differently and with innovative solutions that reduce the need for direct patient contact but which can effectively and safely deliver health and social care services.
- Providing continued support to those in need within our population including those who are ‘shielding’, vulnerable people, and people at risk of harm.

Looking ahead

During June 2020, as we prepare for the next stage of the regional rebuilding plan for July, August and September 2020, we will be using the opportunity to **build on new ways of working to continue to provide safe and effective care**. This will involve working closely with our primary care and community partners and our clinical leaders, using flexible and remote working where appropriate and rapid scaling of technology such as telephone and video calls.

We are engaging with our frontline staff to reflect on the many ‘lessons learned’ and further work on this will be crucial to inform our plans going forward. This learning and sharing of best practice will inform our longer-term operational, strategic and financial planning as well as the wider regional priorities.

REBUILDING PLAN PHASE ONE: 1 – 30 JUNE 2020

SERVICE AREA: OUR HOSPITALS	What did we do during Covid-19 pandemic?	What do we plan to do during June 2020?
Urgent and Emergency Care	<ul style="list-style-type: none"> ❖ To manage risk to patients and staff from covid-19, the Trust's access to emergency department (ED) care was changed with new routes established including: <ul style="list-style-type: none"> - Temporary closure of the ED at Daisy Hill Hospital to create single access via Craigavon Area Hospital (CAH) - Split Respiratory and Non-Respiratory ED flow at CAH - Paediatric ED established in Blossom Children's Unit - Mental Health Emergency Assessment Unit created within Bluestone Mental Health Unit - Minor Injuries Services continued at South Tyrone Hospital (STH) ❖ The Trust established a COVID-19 Virtual Hospital service providing individualised clinical support to suspected and confirmed COVID-19 cases discharged from ED and self-isolating at home during their period of clinical risk. This highlighted specific requirements for outreach to support individuals from our ethnic minority community. 	<ul style="list-style-type: none"> ❖ The Trust will continue to deliver emergency care through these current service models over the next four weeks and will scope the potential for recommencement of Paediatric triage through ED. ❖ Establish an ED GP Hotline. ❖ Extend the Transition ward to operate 24 hours a day 7 days a week. ❖ An evaluation of the impact of the new ED models will be undertaken to assess lessons learned from the new approaches that can inform longer term service improvement. Ongoing monitoring of service demand and assessment of both covid-19 and non-covid19 activity will continue. ❖ The Trust is committed to the reinstatement of the ED at DHH in the longer term plan. For stage 1, services will remain as they are currently and options will be developed to further consider interim safe models of service delivery. ❖ Establish and strengthen community links to minority groups where possible, focusing initially on developing a robust an inclusive communication infrastructure. ❖ Maintain the Virtual Hospital service and look to enhance the input engaging shielded medical and nursing staff to support the existing clinicians that are co-ordinating this service. ❖ The evaluation and learning of outcomes from the virtual hospital will be shared and fed into the Regional Contact and Trace Service in June.
Critical Care	<ul style="list-style-type: none"> ❖ Intensive Care provision was scaled up in line with the agreed regional critical care 'surge' plan to provide up to 16 ICU beds at CAH. ❖ Staff with appropriate skills and training have been re- 	<ul style="list-style-type: none"> ❖ Revert Intensive Care provision to pre – Covid-19 status to provide 10 critical care/high dependency beds at CAH. ❖ Enable staff to be freed up to support additional urgent and emergency surgery. ❖ Provide more resources to enable staff rotation and flexible shift

	<p>deployed from other areas to support the increase in critical care provision locally and /or to support the regional 'nightingale ward' in Belfast if required.</p>	<p>patterns for teams managing additional challenges associated with providing care for patients with covid-19.</p>
<p>Diagnostics (X-Ray, MRI, CT, cardiac investigations)</p>	<ul style="list-style-type: none"> ❖ Services continued for elective (Cancer/ 'Red Flag'/urgent) and emergency patients only. ❖ Breast Screening was 'paused' on a regional basis by the Public Health Agency. ❖ Symptomatic breast clinics were provided x 3 days per week 	<ul style="list-style-type: none"> ❖ Inpatient, red flag and urgent investigations will continue across all sites. ❖ Access to additional independent sector provision will be pursued to increase availability for MRI and non-obstetric ultrasound investigations. ❖ Interventional radiology work will increase with appropriate safety checks put in place for swabbing patients. ❖ CT Colonography will restart in line with new guidance received from Royal Colleges. This will support patients on cancer pathways. ❖ DEXA scans will restart in South Tyrone Hospital to support the fracture pathway. ❖ Regional support will be in place to progress New born hearing tests for babies born during April and May to be completed in June. ❖ Re-establish 7 day inpatient service for Cardiac Investigations and scope the potential to re-establish a 7 day out patient service
<p>Cancer services</p>	<ul style="list-style-type: none"> ❖ Diagnostics delivered in accordance with national and regional guidance. ❖ Cancer Surgery continues per NHS England prioritisation list and Northern Ireland Cancer Network (NICaN) ❖ Treatments; oncology and haematology Systemic anti-cancer treatments (SACT) including chemotherapy continue in accordance with national and NICaN regional guidance 	<ul style="list-style-type: none"> ❖ Surgical activity will increase in a phased way for red flag and urgent referrals based on clinical priority. ❖ Further embed Haematology and Palliative care pilots for video/telephone clinics. ❖ Re-establish Intravesical chemotherapy for bladder cancer, for new and recurrent bladder cancer patients.
<p>Day Surgery and Endoscopy</p>	<ul style="list-style-type: none"> ❖ Day case surgery was temporarily ceased across all hospital sites. ❖ Endoscopy lists continued at DHH 	<ul style="list-style-type: none"> ❖ Further increase Endoscopy provision (including Flexible Cystoscopies) at Daisy Hill Hospital and South Tyrone Hospital and via the independent sector. ❖ Re-establish bowel cancer screening at South Tyrone Hospital. ❖ Re-establish stone treatment procedures in Urology.

		<ul style="list-style-type: none"> ❖ Re-establish a weekly Bronchoscopy list. ❖ Further embed swabbing and shielding/ isolation arrangements and scheduling for day case and inpatients in line with Covid-19 guidance and regional guidelines.
<p>Outpatient Services</p>	<ul style="list-style-type: none"> ❖ Services continued mainly using video/telephone (Virtual) clinics with some face to face clinic appointments for urgent and Red Flag patients only. ❖ Face to face clinics continued for Fracture, Anti-Coagulant, Red Flag ENT, Red Flag Dermatology and Red Flag Breast assessment 	<ul style="list-style-type: none"> ❖ Opportunities to further expand video/telephone clinics where this has proved effective will continue e.g haematology and palliative care. Secure IT platforms for supporting this way of working will be further tested across a number of specialties. ❖ Video/telephone clinics will be established and start in June for the following specialties: General Surgery, Urology, Pain, Pre-assessment, Ophthalmology, Oral Surgery, Rheumatology, Neurology, Gastroenterology, Cardiology, Respiratory, Dermatology, Diabetes, Endocrine, Stroke and Chemical Pathology, working within the compromised space available in hospital sites and maximising alternative accommodation options where possible. ❖ A phased increase in face to face consultations will recommence for prioritised red flag/urgent and time sensitive patients where video clinic consultation cannot be accommodated.
<p>Integrated Maternity and Womens Health</p>	<ul style="list-style-type: none"> ❖ The home birthing service was stood down ❖ Consultant and midwife clinics were reduced. Nurse led clinics ceased. ❖ Home visits for postnatal women changed to women being seen in local health and care centres. ❖ Minimal gynaecology clinics continued at both Craigavon and Daisy Hill Hospitals for colposcopy/hysteroscopy and red flag referrals. ❖ Our staff changed working patterns to deliver services differently across CAH and DHH sites in line with our initial covid-19 response. 	<ul style="list-style-type: none"> ❖ Increase the ability to provide home births. ❖ Midwife /Nurse led smear and pessary clinics to restart at both Craigavon Area Hospital and Daisy Hill Hospital. ❖ Early Medical Abortion (EMA) – weekly clinics recently commenced in line with legislative requirements. ❖ Increase the number of gynaecology clinics on both Craigavon and Daisy Hill sites. ❖ Recommence home visits for postnatal women on a phased basis. ❖ Theatre lists for gynaecology patients to recommence as part of urgent bookable lists.

Inpatient Elective and Emergency Surgery for Adults and Paediatrics	<ul style="list-style-type: none"> ❖ Emergency Surgery only at CAH site ❖ Urgent bookable surgical list on the DHH site ❖ New technology enabling 'virtual' (video/telephone) contact with patients/ families was introduced in wards and the ICU/ neonatal unit at Craigavon Area Hospital. 	<ul style="list-style-type: none"> ❖ Urgent bookable surgery list recommenced on the Craigavon Area Hospital site. ❖ Continue urgent bookable list on the DHH site. ❖ Further roll out of planned 'virtual visits' across inpatient areas.
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SERVICE AREA: MENTAL HEALTH AND ADULT DISABILITY SERVICES

What did we do during Covid-19 pandemic?

What do we plan to do during June 2020?

Community Services: Primary and Recovery mental health care and Memory Services	<ul style="list-style-type: none"> ❖ Maintained telephone review and urgent appointments 	<ul style="list-style-type: none"> ❖ Service Recovery Plans are being developed. ❖ All facilities are currently being assessed in conjunction with RQIA capacity guidelines. ❖ We will plan for service users to return to Trust Day Centres in a phased way.
Inpatient facilities	<ul style="list-style-type: none"> ❖ Electroconvulsive therapy (ECT) service was temporarily stood down ❖ Reduced number of social outings for learning disability inpatients 	<ul style="list-style-type: none"> ❖ Recommence urgent ECT in the Bluestone Unit ❖ Increase social outings for Learning Disability inpatients
Day Care and Day Opportunities	<ul style="list-style-type: none"> ❖ All Statutory and Independent sector day care and day opportunity services were temporarily stood down 	<ul style="list-style-type: none"> ❖ We will use Phase 1 to plan for service users to return to Trust Day Centres in a phased way. ❖ All facilities are currently being assessed in conjunction with RQIA capacity guidelines. Service Recovery Plans are being developed and will be communicated in due course.
Respite Care	<ul style="list-style-type: none"> ❖ All respite provision was temporarily stood down 	<ul style="list-style-type: none"> ❖ Increase access to independent sector respite services. ❖ Scope the capacity of Woodlawn House to provide respite and assist in supporting the community Covid-19 response.
Supported Living	<ul style="list-style-type: none"> ❖ Reduced social outings of learning disability clients in supported living schemes 	<ul style="list-style-type: none"> ❖ Increase social outings for clients with a learning disability and support mental health clients to re-engage with social activities as appropriate.
Community Addiction Services	<ul style="list-style-type: none"> ❖ Community addiction service was scaled backed to provide urgent appointments via video/telephone clinics and maintenance of 	<ul style="list-style-type: none"> ❖ Scale up the community addiction service to deliver new and review video/telephone and face to face clinics within staffing capacity. ❖ Scope capacity to recommence opiate substitution therapy

patients on opiate substitution.

assessment and induction.

SERVICE AREA: PRIMARY CARE & COMMUNITY SERVICES

What did we do during Covid-19 pandemic?

What do we plan to do during June 2020?

COVID-19 Telephone Advice Line

- ❖ Established a Public Covid -19 telephone advice line to support the Regional Helpline.

- ❖ Continue to provide the public telephone advice line.

Community Clinic and Rehabilitation Services

- ❖ Community rehabilitation services focussed on new patients.
- ❖ Orthopaedic Integrated Clinical Assessment and Treatment (ICATS) Service was stood down.
- ❖ Falls Service was ceased
- ❖ Allied Health Professional (AHP's include physiotherapy occupational health, dietetics, podiatry and speech and language therapy) routine clinics were stood down however essential face to face appointments have been facilitated and use made where possible of telephone consultations.
- ❖ Fracture Liaison Clinics were ceased.
- ❖ Rapid Access services were scaled down.
- ❖ Heart Failure clinics were stood down.
- ❖ Diabetes service provided a scaled down service continued to see new patients.
- ❖ Geriatric Outpatient Services were scaled down

- ❖ Recommence community rehabilitation services input to patients in need of review.
- ❖ Recommence orthopaedic ICATS.
- ❖ Recommence falls service with priority focus on patients who have had a recent fall.
- ❖ Recommence for face to face contact with patients in need of an urgent response.
- ❖ Recommence Fracture Liaison Clinic.
- ❖ Recommence Rapid Access Clinics – Mullinure, South Tyrone and Newry
- ❖ Recommence Heart failure clinics for new patient & diagnostics clinic
- ❖ Recommence Respiratory Home, Oxygen Assessment Service and the AGB clinic.
- ❖ Recommence continence new patient and diagnostic clinic
- ❖ Recommence Diabetes urgent follow-up clinic
- ❖ Recommence Geriatric Outpatient medical clinics across the Trust.

Primary Care / GP led services

- ❖ Provided enhanced direct access to Paediatric consultation for primary care/ GPs. Primary Care have worked in partnership with Paediatrics to review pathways and enhance access to services.
- ❖ Established 2 primary care led Co i-19 assessment centres in Banbridge Polyclinic and on the South Tyrone Hospital site.

- ❖ We will continue to build on the collaborative working relationships between Primary Care and Paediatrics.
- ❖ Covid-19 Assessment Centres will continue with scope for expansion of intake to be reviewed.

Sexual Health Services

- ❖ All routine and 'walk-in' appointments were ceased.

- ❖ Recommence the Family Planning device fitting service.

SERVICE AREA: CHILDREN & YOUNG PEOPLE SERVICES	What did we do during Covid-19 pandemic?	What do we plan to do during June 2020?
Health Visiting	❖ Maintained Health Visiting for priority and urgent cases.	❖ Commence incrementally health visiting contacts under the Healthy Child Healthy Future Strategy including safeguarding visits.
School Nursing	❖ School nursing stood down to all except children's safeguarding work	❖ Address backlog in immunisations in post primary school age children. ❖ Awaiting Regional Guidance with regard to school opening to help plan for school nursing contacts ❖ School nursing contacts will resume in line with the Department of Education guidance relating to the opening of schools.
Immunisation	❖ School health immunisation temporarily ceased	❖ Awaiting DOH and PHA direction on recommencing school based immunisation programmes.
Children with disabilities	❖ Short breaks for families and carers were temporarily stood down. However, in partnership with the community voluntary sector a number of individual packages have been provided to vulnerable families	❖ We will continue to provide support to vulnerable families through bespoke, individual packages and during June will begin to scope the potential for reinstatement of services within the guidelines.
Child and Adolescent Mental Health Services (CAMHS)	❖ Routine CAMHS and Autism work was temporarily stood down ❖ The CAMHS Assessment Crisis Team remained Operational	❖ Commence video/telephone clinics for CAMHS and Autism across all areas and introduce online options for group based therapeutic intervention.
Court Children's Services	❖ Courts dealing with emergencies only.	❖ Redeployed staff to return to Court Children's Team by mid-June to address the backlog in private law Court work.
Looked After Children (LAC)	❖ Statutory visits and reviews appointments for LAC were partially stood down and alternative opportunities for providing support were established. Child protection visits were risk assessed to determine if a visit could take place. Where possible Case Conferences and LAC	❖ Children on the Child Protection Register will have face to face visits as required. All face to face visits to LAC will be subject to risk assessment. ❖ Commence the new outreach 'edge of care' pilot focusing on preventing admissions and preventing placement

	Reviews to take place remotely (by video or telephone).	breakdown.
Acute and Community Paediatric Service	<ul style="list-style-type: none"> ❖ Provided 'virtual' (video/telephone) acute and community paediatric outpatient clinics only ❖ Community Children's Nursing Service providing on call 24/7 end of life care and urgent respite care. 	<ul style="list-style-type: none"> ❖ Commence face to face paediatric outpatient clinics for urgent cases. ❖ Commence video/telephone clinics for Child Development Clinic.
Paediatric Inpatient Services	<ul style="list-style-type: none"> ❖ Temporary closure of DHH Paediatric Inpatient beds and centralised all paediatric inpatient care to the Blossom Unit on the CAH site ❖ Emergency Respiratory Physiotherapy response provided from Children and Young People's staff to free Acute and on call staff to deal with increased ICU and Respiratory demand 	<ul style="list-style-type: none"> ❖ Enabling works are required to facilitate the reinstatement of 5 inpatient beds on the DHH site. These will be progressed during the month of June. ❖ Respiratory Physio Response to be handed back to the Acute Physiotherapy team. Flexibility will be required regarding the approach moving forward to adapt to changing need.
Allied Health Professional Services – for children	<ul style="list-style-type: none"> ❖ Telephone reviews are being carried out for routine cases. Advice and therapy packs are being given. ❖ All families of children seen by school based AHP Services have been given alternative contact details for support from therapists. 	<ul style="list-style-type: none"> ❖ Face to face appointments will be provided for urgent cases either in clinic or at their own home for domiciliary assessments

SERVICE AREA: OLDER PEOPLE SERVICES

What did we do during Covid-19 pandemic?

What do we plan to do during June 2020?

Residential / Nursing and Community Care Services	<ul style="list-style-type: none"> ❖ Established a multi-disciplinary approach to providing support to our local residential and care home providers with in- reach from our Acute Care At Home an Enhanced Community Response Team (including specialist Community Nursing Teams, District Nursing, AHPs, Social Work staff). ❖ Provided an additional a c.35 'bedded virtual ward' by providing medical input to covid-19 patients in their own/ care homes and virtual monitoring and support to an additional 100 covid-19 positive patients in the community. 	<ul style="list-style-type: none"> ❖ Maintain and further enhance our Acute Care at Home and Enhanced Community Response Team to support additional people requiring care and support in their own home and in care homes. ❖ The Trust will continue to provide this service in line with the needs in our community.
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Day Care	<ul style="list-style-type: none"> ❖ Day care centre facilities temporarily closed. 	<ul style="list-style-type: none"> ❖ Day centres will remain closed during the month of June.
SERVICE AREA: COMMUNITY DENTAL	What did we do during Covid-19 pandemic?	What do we plan to do during June 2020?
Community Dental Services	<ul style="list-style-type: none"> ❖ All routine dental care temporarily ceased ❖ Paediatric general anaesthetic list was maintained for urgent dental extraction ❖ Five urgent care dental centres were established regionally. 	<ul style="list-style-type: none"> ❖ Maintain current services as they are during June 2020.
SERVICE AREA: CORPORATE AND SUPPORT SERVICES	What did we do during Covid-19 pandemic?	What do we plan to do during June 2020?
Multidisciplinary Support to our Operational Services	<ul style="list-style-type: none"> ❖ COVID 19 related upskilling, education and training for all professional staff was undertaken to support critical care services during this period. ❖ During the initial Covid-19 period staff from all disciplines across each of our operational and Directorate support areas were redeployed and diverted into new roles during the initial COVID-19 peak period. This included critical care areas, and support to our residents in the Care Home Sector as well as practical support areas such as: <ul style="list-style-type: none"> ❖ Deploying computers and I.T. support to enable 'new' ways of working for our staff and patients. ❖ Reconfiguring our physical infrastructure and estate to create a 'staff village' including canteen and rest areas, additional clinical facilities, testing pods and two COVID 19 Assessment centres. ❖ Co-ordination of the many kind donations received by the Trust from the community. ❖ Providing enhanced Occupational Health advisory service and associated help line for staff re Covid concerns and staff testing and HR support for staff and managers re pay and conditions and redeployment etc. ❖ The Trust Bereavement Service was significantly expanded from a multidisciplinary perspective to provide 	<ul style="list-style-type: none"> ❖ Further education, training and targeted deployment of operational support staff will continue in line with service needs during this next stage. ❖ Staff will continue to support our response to Covid-19 where required in critical care areas and in support of our care home sector during June unless required to return to service areas agreed for restart in our Stage 1 plan. ❖ Estate services will move to progress Trust backlog maintenance plans. ❖ This service will continue to offer support to all families bereaved either through a death in hospital or a care home

	<p>an enhanced bereavement service to our population.</p> <ul style="list-style-type: none"> ❖ Corporate communications provided an enhanced internal and external corporate communications service to support staff and service users during the COVID 19 period 	<p>setting within the Trust area.</p> <ul style="list-style-type: none"> ❖ Will continue to provide an enhanced corporate communications service.
Infection Prevention & Control	<ul style="list-style-type: none"> ❖ Expert clinical advice and support, to support Trustwide control and management of COVID 19, and at the request of the PHA support to Care Home Sector (ISP). ❖ Implementation of PPE and Zoning strategy. ❖ Implementation of COVID 19 testing ❖ Procuring and distributing critical Personal Protective Equipment (PPE) to Acute, community and Independent Sector services. 	<ul style="list-style-type: none"> ❖ IPC team continue to redirect resources to support control and prevention of transmission of COVID-19 and advise on IPC aspects of restart, where resources permit, in a phased approach services will be restarted on a risk managed basis.
Expanding, Redeploying and training our Clinical and Social Care Workforce	<ul style="list-style-type: none"> ❖ To support the rapid need to expand our clinical workforce in response to Covid-19, the Trust took a range of actions to expand our workforce including: <ul style="list-style-type: none"> -HSC Workforce Appeal -Facilitating early qualification of final year students -Employing nursing and social work students and recently retired staff to join our workforce - Employing medical students to take on a wide number of crucial support roles - ❖ Medical staff redeployed to support our key specialities during the Covid-19 initial phase. ❖ Social Care staff redeployed and some retrained and upskilled to support our key specialities during the Covid-19 initial phase. This included moving from Community to Acute services; enhancing the bereavement service; and establishing the Staying Connected Service (a Helpline for vulnerable children, young people and their carers). 	<ul style="list-style-type: none"> ❖ Service provision options for supporting staff in the longer term will continue during June ❖ Medics will return to their base speciality areas, with an understanding that they may be redeployed if there is a second surge ❖ This will largely continue throughout June. The Staying Connected Helpline will continue on a reduced rota. Some staff will be redeployed to support the Edge of Care/ outreach Pilot and some health promotion programmes focussed on prevention and support services will recommence. ❖ Training programmes will largely remain at minimum levels in June with some areas resuming training programmes using social distancing and virtual (video) platforms

	<ul style="list-style-type: none"> ❖ Workforce Development and Training programmes across the Trust were scaled back during the initial phase with only core social care training schedules maintained to keep staff competencies current. In addition support and training packages were developed for staff and a range of service user groups. ❖ In partnership with Queens University, the Northern Ireland Medical and Dental Training Agency and the General Medical Council; various strands of undergraduate education, clinical rotations and medical revalidation were suspended and mortality and morbidity meetings temporarily paused as per regional guidance. . 	<ul style="list-style-type: none"> ❖ New and innovative methods of providing undergraduate teaching are being identified and some post graduate training will recommence including use of digital technology where possible and a range of clinical trials that have commenced nationally in response to covid-19 will be supported. ❖ Mortality Reviews using new innovative formats will be re-instated in June 2020.and a COVID-19 reference group is being established tasked to review Trust COVID-19 related mortality
Psychological Services	<ul style="list-style-type: none"> ❖ Psychological services across programmes of care have been provided at a reduced level to families in a number of areas. ❖ The challenges staff faced in managing covid-19 patients and the operational requirements for PPE and new ways of working with families and carers is unprecedented. Our psychological services have been providing an enhanced focus on supporting our staff health and wellbeing during the initial covid-19 peak period. 	<ul style="list-style-type: none"> ❖ This will continue in June. We will also commence to plan how we will increase core services going forward.
Visitors	<ul style="list-style-type: none"> ❖ In line with all HSC services, we have temporarily restricted the number of visitors across our hospitals and Health Care settings. At present, all general hospital visiting has stopped. There are some exceptions to these restrictions, for example, critical care areas and palliative (end of life) care and local arrangements are in place to ensure our patients and residents can remain in contact with loved ones. 	<ul style="list-style-type: none"> ❖ Visiting across hospitals and health care setting will remain restricted to maintain the safety of our staff and visitors.