

Trust Rebuild Plan from April 2021 to June 2021

Since March 2020 the Covid-19 Pandemic has had a profound effect on the delivery of health and social care services both across the region and within the Southern Trust. It has had a major impact on our capacity to safely deliver services both in our hospitals and in the community. In response to the Pandemic the Trust has had to take necessary actions at short notice to ensure that patient and staff safety remained our priority focus, some services had to be stopped others have been scaled back with the redeployment of staff to support service areas with the greatest need. In July 2020 the Trust commenced with its plan to rebuild services however the ability and speed at which we could rebuild was dictated by the arrival of both the second surge in September 2020 followed by a third surge in December 2020. The scale of the third surge had a major bearing on delivery of secondary care services. During the third peak the R rate in the Trusts catchment area was the highest in Northern Ireland, as a result our hospitals experienced the highest number of Covid inpatient admissions both locally and in the region. Regional surge planning arrangements in relation to critical care, respiratory and elective care were set up to ensure sufficient capacity working collaboratively as one system.

In December 2020 the Trust commenced roll out of its local vaccination programme which included the delivery of vaccines to residents and service users in care homes, supported living facilities and day care centre, as well as the establishment of a mass Vaccination Centre at South Lakes Leisure Centre, Craigavon as well as a number of pop up vaccine clinics across Trust facilities. To date we have successfully delivered vaccines to our staff and many of our population. The continuation of this programme will be dependent on the availability of staff as many were redeployed to facilitate the roll out, and will now be required to return to their service areas as part of the rebuild of our essential services.

As we look back over the past year of this pandemic and in particular the last few months we want to pay tribute to our staff, who have worked tirelessly to ensure that many services continued to be sustained during the Covid-19 Surge periods. Due to the immense service pressures many of our staff have been unable to take annual leave and we recognise that they need to rest before returning to normal duties. We remain committed to work in partnership with staff and Trade Unions to support our staff recovery from the pandemic and to ensure staff get a chance to rest, but also drawing on the expertise of our colleagues in psychological services and occupational health to provide support wherever it is needed.

As we come out of Surge 3 the Trust is committed to taking a carefully considered and balanced approach to the rebuilding of services taking into account lessons learnt over the past year whilst also acknowledging that we will continue to live with Covid-19 for some time and this will continue to influence on how we can deliver our services including social distancing and infection prevention control measures.

Key Principles adopted when developing the Rebuild Plan

The Trust has set out in this document, a high level overview of the services that we plan to maintain and rebuild during April to June 2021. The Trust remains committed to delivering safe and effective care for our clients and patients and the focus will be on treating the most urgent cases first. As a result some patients may continue to wait longer than we would like.

In accordance with the Regional Rebuilding Management Board, chaired by the Permanent Secretary for Health the process of rebuild will be guided by the following five principles:

- **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.

As well as these regional principles the Trust will continue to work together with our partners across Northern Ireland to implement the recovery of Non-Covid-19 Health and Social Care Services and will contribute to workstreams that 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.

REGIONAL REBUILDING CELLS

The regional cells established during the pandemic are working to outline likely rebuild developments over this period, which are informing the Trust Rebuild plans. These include 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. A high level summary of the plans 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 2021. 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 beds. 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-19 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 returning 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 – Cancer Recovery Plan

- 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 differentiated 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 Lisburn 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 to 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 Hospitals. Over time, and as more elective capacity becomes available and 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, that 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 continued 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, and 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 service are also reporting increasing levels of low level anxiety and depression. A similar position is reflected in our younger population with referrals to Child and Adolescent Mental Health Services (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. The 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, due to close on 26 March 2021. 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 Personal Protective Equipment (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 also 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 the Departments plan: *Power to the People*.

LOCAL REBUILD

The Trust is committed to its legal duties under Section 75 of the Northern Ireland Act 1998 as detailed in its approved Equality Scheme and the Rural Needs Act 2016. In terms of assessment of the Southern Trust Rebuild plan, the Trust will screen for both equality and rurality to identify potential adverse impact.

Some of the Key Challenges in implementing our plans

implementing effective compliance with the safety requirements of Covid-19 is a key challenge however, there are other on-going **challenges** that impact on the Trust's April to June rebuild plan including:

- Assessing **workforce** pressures including the ability to safely and appropriately staff the rebuild plans, taking into consideration the impact of local cluster outbreaks within staff and patient groups. Over the last year, staff have been working unrelentingly and have not been able to use their annual leave entitlement, therefore it is important to promote health and wellbeing by ensuring they have opportunity to avail of annual leave and decompress before they return to normal duties. We must also ensure our staff are protected from burn-out and feel supported in work. The impact of staffing requirements to support the vaccination programme, workforce resources required for testing and contact tracing to maintain patient and staff safety in respect of spread of infection and flexible working necessary to support childcare and caring commitments all needs factored into our rebuild 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, including for example access to suitable accommodation.
- Continuing to **maintain effective Covid-19 zoning plans** in line with Infection Prevention and Control advice and guidance, to safely manage separate pathways for flow of staff and patients across all acute sites, optimise efficient utilisation of PPE and ensure safe and appropriate catering and rest facilities for our staff.
- Assessing the ability of our **accommodation and transport infrastructure** to support and enable restart plans across our hospital and community care teams presents significant challenges and will include a reduction in capacity and productivity.
- Establishing sustainable **new models for 'swabbing' and 'testing'** of health care workers and patients as part of our ongoing response to Covid-19.
- Attaining and sustaining a **reliable supply of critical PPE, blood products and medicines** to enable us to safely resume services. In this plan the Trust has assumed a supply of PPE to meet the anticipated activity levels. The Regional PPE group will consider restart plans from all Trusts and it is anticipated if there are challenges with critical supplies the Trust will be advised and adjustments may be required.

- Under the banner of Mutual Aid and Resilience, the Trust continues to provide necessary **support and resources to the nursing/ care home and supported living sector** on an ongoing basis. This alongside ensuring that Trust based services can be safely rebuilt, will impact on the pace and scale as we seek to meet demand across all service areas.
- Support to the two GP led Covid-19 Assessment Centres in the local area is also placing continued demand on Trust staff and facilities limiting capacity to restart some other services, which were stood-down previously.
- We are mindful of our commitment to **co-production and engagement** and informed involvement in key decision making in our local agreements to rebuild plans, while ensuring we harness opportunities to deliver services differently and with innovative solutions that reduce the need for direct patient contact but that can effectively and safely deliver health and social care services.
- Providing continued support to **those in need within our population** including those who are ‘shielding’, vulnerable people, and people at risk of harm.
- Re- establishing some of our services safely in some areas has been and remains challenging and will continue to require **capital and revenue funding** that will be subject to securing DOH approval. **Covid-19 has further highlighted the difficulties faced dealing with a Pandemic with sub-standard hospital accommodation.** The majority of our hospital accommodation is 40-50 years old and this has limited our ability to adequately provide safe social distancing for our staff and patients with limited physical bed and circulation space. Our ability to nurse Covid-19 patients who required aerosol generated procedures has been limited by appropriate ventilation systems and oxygen capacity and our ability to adequately control the spread of infection due to a lack of side rooms and adequate sanitary facilities. These pressures will continue to intensify in the absence of much needed investment. Furthermore, our ability to scale up surgical capacity will be constrained by access to safe and appropriate bed spaces.
- It is anticipated that any **further surge in Covid-19 transmission** could result in a temporary pause of core services to cope with demand. Responding to this is a complex and long-term undertaking and it will be some time before the vaccination programme is rolled out to the majority of the population. We all need to play our part in sustaining this reduction in transmission to preserve life and support our health service.

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** and staff support in reach service to support our staff through the COVID-19 pandemic and beyond. NHS Charities funding was secured to supplement the existing Occupational Health & Wellbeing Consultant Clinical Psychologist to enable staff to continue to be supported through ongoing surge episodes and during resumption of normal business.
- ❖ **Regular Health & Safety Committee** meetings took place 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 guidance to provide the framework to assess and support the safety and wellbeing of our staff, visitors and service users.
- ❖ **A range of staff health and wellbeing resources** on the U-matter hub and weekly email reminder, including on-line nutrition and exercise programmes, stress management sessions and advice and support on a range of issues such as managing anxiety, building resilience and coping mechanisms, sleep well resources and mental health support for adults and young people.
- ❖ The Trust 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.

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.

The following table outlines the Trust's service plans commencing April 2021- June 2021. It is important to recognise that the Trusts' ability to deliver against this plan is linked to the effect of any subsequent surges during this period.

REBUILDING PLAN APRIL 2021 – JUNE 2021

SERVICE AREA: OUR HOSPITALS	What we are planning to do to rebuild services from April 2021 – June 2021
Urgent and Emergency Care	<ul style="list-style-type: none"> ❖ Through our local implementation group we continue to progress the development of new ways working and models of care in response to the No More Silos Regional Direction. Focus will be on implementation of the regional ‘phone first’ number (including extension of operational hours) and streamlined referrals to ED from primary care via Clinical Communication Gateway (CCG) process. Plans to further extend CCG to enable referral to ambulatory pathway including Urgent Care Centre will also be explored. ❖ Key priority areas have been agreed in respect of assessment and ambulatory pathways within medicine, surgical and older people services. ❖ Estates work to establish an Ambulance Hand over areas (NMS Action 8) are underway, however additional capital funding from 21/22 allocation is required to provide access to medical gases in order to safely operationalise this area. ❖ The Trust will continue Minor Injuries scheduling appointments across the three Minor Injuries services at CAH DHH and STYH .
Critical Care	<ul style="list-style-type: none"> ❖ Continue to provide Critical care beds in line with the Critical Care Network Northern Ireland (CCaNNI) regional de-escalation plan and redeployed staff to be returned to their core roles and support increased diagnostics, elective surgery, outpatients and specialist nursing clinics.
Diagnostics (X-Ray, MRI, CT, cardiac investigations)	<ul style="list-style-type: none"> ❖ Continue to provide diagnostics services across a range of sites in the Trust ❖ Working collaboratively with other Trusts to equalise waiting times ❖ Utilise significant capacity in the Independent Sector for CT, MRI and Non Obstetric Ultrasound, securing additional capacity for red flag and urgent referrals ❖ Working to reduce the total number of patients waiting for scans and also addressing long waiters
Cancer services	<ul style="list-style-type: none"> ❖ Continue to provide cancer diagnostics, surgery, oncology and Haematology systemic anti-cancer treatments including chemotherapy as per the national and Northern Ireland Cancer Network (NICaN) regional guidance ❖ Working collaboratively with other Trust to ensure priority cases are seen on the basis on equity on a Northern Ireland basis. ❖ Continue to encourage the public to contact their GP with any concerns about signs and symptoms they are experiencing.
Day Surgery and Endoscopy(elective provision)	<ul style="list-style-type: none"> ❖ Maintain endoscopy service provision in line with previous rebuild plans focusing on core activity, in-house additionality and Independent sector provision. ❖ As critical care de-escalates the Trust will restart with ‘green pathway activity’ commencing in order of: <ul style="list-style-type: none"> ❖ South Tyrone Hospital & Day Surgery Unit in Craigavon Area Hospital ❖ Daisy Hill Hospital Urgent Bookable List ❖ Craigavon Area Hospital Urgent Bookable List
Outpatient Services	<ul style="list-style-type: none"> ❖ Maintain level of activity including face to face, virtual clinics and the use of video consultations as outlined in previous rebuild plans ❖ Reinstate the drive through phlebotomy service in Armagh and further extend the provision through a second location in

	Lurgan, subject to approval of recurrent funding.
Integrated Maternity and Women's Health	<ul style="list-style-type: none"> ❖ Trust continues to experience recruitment difficulties, actions are being progressed at a local and regional level ❖ The Fertility Service has been recommenced as of March 2021 ❖ Home births service recommenced for low risk pregnancies March 2021 ❖ The weekly early medical abortion clinic continues to be provided. The Trust awaits confirmation on how this service will be commissioned going forward ❖ Visiting for post-natal maternity services has recommenced in CAH and DHH albeit with some restrictions in place
Inpatient Elective and Emergency Surgery for Adults and Paediatrics	<ul style="list-style-type: none"> ❖ Continue with current provision of urgent bookable lists on both acute hospital sites ❖ Plans to progress further ambulatory pathways across a number of specialities, including, surgery, gynae and urology, will be developed as part of the review of urgent and emergency care. ❖ The Trust will work with the Regional Orthopaedic hub to review Trauma and Orthopaedic Services across the Southern Trust with a view to understanding demand, capacity and deliverability over the next 5-10 years. Plans to recommence some elective orthopaedic services in CAH, dependent upon continuing de-escalation of critical care and availability of staffing. ❖ Progress the general Surgery model across both acute hospital sites ❖ Progress the workforce plan for theatre nursing to increase capacity for elective surgery
Medicine	<ul style="list-style-type: none"> ❖ Maintain level of Outpatient activity, virtual clinics and telephone clinics and reinstate face to face clinics where appropriate. ❖ Continue with current provision of Day Clinical Centre activity in STH and DHH ❖ Plans to progress further ambulatory pathways across a number of specialities, including acute medicine, and older people, cardiology, respiratory will be developed under the review of urgent and emergency care. ❖ Reinstate Lumbar Puncture daycases for Neurology ❖ Maintain ERCP lists for inpatients – rebuild to provide capacity for outpatient Endoscopic Retrograde Cholangio Pancreatography (ERCPS) ❖ Increase Airlab activity on the DHH site ❖ Airlab CAH will be recommenced at end of May 2021 following completion of estates work ❖ Plans to Increase Cardiac Investigations on CAH site
Screening Programmes	<ul style="list-style-type: none"> ❖ Trust will deliver across all population screening programmes in line with Public Health Agency recommendations. ❖ Each screening programme will seek to restore screening capacity to enable the timely offer of screening to all eligible individuals. ❖ Trust will work with the Public Health Agency to develop plans to recover screening intervals/ round lengths to recommended timescales. ❖ Trust will seek to ensure that timely diagnostic and treatment services are available to those with a positive screening test result.

SERVICE AREA: MENTAL HEALTH AND ADULT DISABILITY SERVICES	What we are planning to do to rebuild services from April 2021 – June 2021
Community Services: Primary and Recovery mental health care and Memory Services	<ul style="list-style-type: none"> ❖ Maintain current level of activity in line with social distancing, staff availability, IP&C requirements and clinical need. Continue face-to-face and virtual clinics as clinically appropriate. ❖ The majority of psychology contacts will continue to be delivered virtually. By exception contacts where this cannot be facilitated will be delivered by face to face contact.
Inpatient facilities	<ul style="list-style-type: none"> ❖ Sustain current level of ECT activity. ❖ Maintain inpatient facilities in Dorsy in line with safe staffing levels and continue to undertake individual risk assessments prior to social outings taking place.
Day Care and Day Opportunities	<ul style="list-style-type: none"> ❖ Incremental increase in day service provision in collaboration with Independent Sector. ❖ Support uptake of physical disability day care placements. ❖ Scope the potential to access existing or alternative accommodation from other Public Sector partners from which to provide day opportunities.
Community Disability Services	<ul style="list-style-type: none"> ❖ Case managers plan to further increase face to face contacts with service users and carers including offering face to face carer reviews. ❖ Link Nurse will continue to facilitate monitoring visits in residential / nursing homes. ❖ Phased re-establishment of neurology led epilepsy clinics. ❖ Plan to restart sensory low vision clinics.
Disability Elective/AHP/Outpatients	<ul style="list-style-type: none"> ❖ Phased increase in level of AHP and psychiatry services (outpatient and elective activity) to reduce waiting times through a range of mechanisms including face to face and virtual appointment options.
Respite Care	<ul style="list-style-type: none"> ❖ Liaise with Independent Sector providers to explore alternative short break provision. ❖ Offer increased flexible short-break options using direct payments.
Supported Living	<ul style="list-style-type: none"> ❖ The Trust will continue to support a range of individual community outings and scheduled appointments as per assessed need.
Community Addiction Services	<ul style="list-style-type: none"> ❖ Maintain current level of activity in line with social distancing, staff availability, IP&C requirements and clinical need. ❖ Continue face-to-face and virtual clinics as clinically appropriate.
Unscheduled Mental Health Services	<ul style="list-style-type: none"> ❖ Continue to meet current level of activity in line with clinical need.
SERVICE AREA: PRIMARY CARE & COMMUNITY SERVICES	What we are planning to do to rebuild services from April 2021 – June 2021
Community Clinic and	<ul style="list-style-type: none"> ❖ Re-establish virtual and face to face clinic activity incrementally in line with availability of staff, clinical facilities and IPC guidance

Rehabilitation Services	<p>in relation to environment, social distancing etc. (Falls, Geriatric Outpatients, Rapid Access clinics)</p> <ul style="list-style-type: none"> ❖ Phased increased in Orthopaedic ICATS clinics and associated activity. ❖ Continue with home based assessment and review where appropriate.
Primary Care / GP led services	<ul style="list-style-type: none"> ❖ Continue to work collaboratively with Primary Care in the development of new models and ways of working. Example urgent and emergency care services and primary care MDT. ❖ Continue to support and maintain Covid-19 assessment centres on the Banbridge and South Tyrone sites in line with regional direction. Work has been taken forward to reduce the footprint to free up access to other clinical services for more consultation rooms in line with limited capacity.
Sexual Health Services	<ul style="list-style-type: none"> ❖ Health Hub Clinics in Further Education colleges will be delivered through a mix of virtual and face to face appointments across college campuses. This will be kept under review and in line with requirements of the local population.
Promoting Well-being Services (incorporating health improvement, community development, support for carers and support for volunteers)	<ul style="list-style-type: none"> ❖ The Promoting Wellbeing Division will continue to provide services, support and training utilising a range of approaches to include virtual, telephone and face-to-face delivery when guidance around community gatherings allows. ❖ Health Improvement activity will include service delivery, training and support in the following areas: Mental Health and Emotional Wellbeing, Suicide Prevention, Sexual Health Improvement, Parenting Support, Diabetes Prevention, Home Accident Prevention, Stop Smoking Support Cancer Information and Wellbeing Support, Healthy Eating and Weight management. ❖ Continue to support Trust staff health and wellbeing through provision of information, resources and online programmes in support of health and wellbeing. ❖ Continue to participate actively in community planning to support the implementation of services, projects and initiatives to improve health, wellbeing and social conditions for our population. ❖ Partnership working to support delivery of the volunteering element of the local vaccination centre. ❖ Continue to co-ordinate support for carers through our Community Carers Support Contract. ❖ Development of directorate and divisional PPI plans, in line with relevant guidance and strategy.
SERVICE AREA: CHILDREN & YOUNG PEOPLE SERVICES	What we are planning to do to rebuild services from April 2021 – June 2021
Health Visiting	<ul style="list-style-type: none"> ❖ Health visiting contacts to be delivered under Healthy Child Healthy Future Programme based on staff capacity and will prioritise infants under 1 year and families in receipt of level 3 and 4 contacts e.g. safeguarding.
School Nursing Service	<ul style="list-style-type: none"> ❖ Plan will be put in place with schools following direction from the DoH to address backlog of school health and immunisation programmes during April to August and with direction from the CMO in relation to carrying this out under current Covid lockdown restrictions. For this to be achieved additional resources will be required.

Children with disabilities	<ul style="list-style-type: none"> ❖ Ongoing review of community / voluntary sector contracts and consider adjustments which may be required in Covid-19 context ❖ Provide bespoke supports to children with Disabilities and their families if School provision, other community supports or Trust provided overnight short breaks is disrupted as a consequence of Covid-19. ❖ Seek to increase overnight short breaks provision for children with disabilities assessed as requiring this service.
Autism Spectrum Disorder (ASD) Service Children and Adults	<ul style="list-style-type: none"> ❖ Subject to safe staffing levels the ASD Service will maintain the 13 week target for new children and young people. ❖ Review of community/voluntary sector contracts ❖ Continue to deliver face to face contact where there is a clinical need
Child and Adolescent Mental Health Services (CAMHS)	<ul style="list-style-type: none"> ❖ CAMHS will continue to expand new and review appointments using both virtual and face to face contacts where clinically appropriate to do so. ❖ Implement recommendations from the Service Review which was undertaken by the head of Service with operational leads to identify learning from Covid-19 to reset the service with learning gained.
Court Children's Services	<ul style="list-style-type: none"> ❖ Court Children's Service do not have capacity to meet demand to respond to new private law referrals. Plan in place to prioritise workload.
Child Protection	<ul style="list-style-type: none"> ❖ Continue to deliver face to face interventions for children placed on the child protection register. ❖ Audio and visual links will continue to be available to facilitate attendance of case conference members. ❖ Where possible parents and their support person to attend Case Conferences in person.
Domestic Violence	<ul style="list-style-type: none"> ❖ Continue domestic abuse worker pilot in in Craigavon Area Hospital in 21/22. ❖ DVA outreach pilot involving Children's services/FSHs/Women's Aid due to finish 31.3.2021. Evaluation to be completed. Continuation of pilot will be dependent on availability of funding 21/22.
Outreach Service Pilot	<ul style="list-style-type: none"> ❖ Recurrent funding secured to continue to support families to maintain young people at home.
Looked After Children (LAC)	<ul style="list-style-type: none"> ❖ Maintain regular face to face contact between the social worker and child/young person for all looked after children. ❖ Increase level of face to face parental contact with LAC where consistent with child's care plan and safe to do so. ❖ Use of technology to facilitate statutory review meeting requirements for looked after children, and when deemed necessary facilitate face to face meetings between meeting chairperson and parents. ❖ Focus on educational support to LAC as schools start to re-open following COVID disruption
Acute and Community Paediatric Service	<ul style="list-style-type: none"> ❖ Acute and Community Paediatric Outpatient Clinics will continue to be provided through face to face and virtual appointments. ❖ Continue with face to face appointments within the Child Development Clinic (CDC). ❖ Provide dedicated paediatric outpatient clinical accommodation on DHH site following completion of refurbishment works from mid-April.
Paediatric Inpatient Services	<ul style="list-style-type: none"> ❖ Continue to operate with reduced inpatient beds (9) in DHH due to COVID Pressure requirements. ❖ Work towards restarting paediatric day services elective work in DHH

	<ul style="list-style-type: none"> ❖ There will be full integration of Paediatric Psychology Service into the Diabetes, Asthma, Allergy and Epilepsy Teams with provision of psychological assessment and intervention via telehealth or in person as appropriate
Allied Health Professional Services – for children	<ul style="list-style-type: none"> ❖ AHP services will continue to progress the rebuild services through a mixture of face to face, virtual and telephone reviews in partnership with parents. ❖ AHP Services will continue to provide services in Special Schools within current IPC arrangements as agreed with Education.
SERVICE AREA: OLDER PEOPLE SERVICES	What we are planning to do to rebuild services from April 2021 – June 2021
Residential / Nursing and Community Care Services	<ul style="list-style-type: none"> ❖ Under the banner of Mutual Aid and Resilience and in keeping with the Regional Care Home Surge Plan, the Care Home Support Team will continue to provide support, advice and assistance to care homes as required. ❖ Members of Infection Prevention Control Team will continue to provide support through the Care Home hub meetings to give advice and support as required. ❖ Continue to deliver Domiciliary Care to clients in their own homes continuing with recruitment to increase capacity within the service.
Day Care	<ul style="list-style-type: none"> ❖ Maintain current Day Care Services operating from Orchard, Clogher Valley & Meadows Day Centres and plan for incremental increase of attendees in line with IPC requirements and social distancing measures. ❖ Engage with Service Users, Carers ICT and Memory Services to rebuild and restore Day Care services in Lisanally, Edenderry, Keady and Donard Day Centres with phased restarts commencing Mid-March - April 2021 in line with IPC requirements and social distancing measures as well as availability of staff previously redeployed and successful recruitment of new staff to back fill vacant posts. ❖ Maintain the delivery of the Outreach service established with day care staff from Crozier Lodge and Edenderry day centre and evaluate impact and potential benefits to sustain longer term.
SERVICE AREA: COMMUNITY DENTAL	What we are planning to do to rebuild services from April 2021 – June 2021
Community Dental Services	<ul style="list-style-type: none"> ❖ All Community Dental Clinics will remain operational. This will be dependent upon having a stable workforce. ❖ Protocols are in place to allow aerosol generating procedures across all community dental clinics. ❖ Urgent paediatric dental extractions continuing under GA and exploring options to increase capacity to reduce current waiting list.
SERVICE AREA: CORPORATE AND SUPPORT SERVICES	What we are planning to do to rebuild services from April 2021 – June 2021
Multidisciplinary Support to our Operational Services	<ul style="list-style-type: none"> ❖ Support teams in Estates, HR and planning and IT will continue to support a range of actions to maintain services including completion of estate works to service areas, modification of work spaces, establishment of alternative accommodation and

	<p>working practices and support for remote working where possible to optimise the Trust's ability to return clinical services to the hospital sites and to ensure the health and safety of staff.</p> <ul style="list-style-type: none"> ❖ Support services will continue to support operational directorates with rebuild and Covid-19 response plans as required going forward.
Infection Prevention & Control	<ul style="list-style-type: none"> ❖ Continue to liaise with IPC colleagues in response to Covid-19 with specific measures put in place to deal with local cluster outbreaks as they arise. ❖ A bid for additional IPC staffing to support the small team has been submitted and plans are being progressed to procure additional patient and staff testing capacity ❖ Continue to reinforce training and awareness for all staff on use of PPE in line with current and any further changes in local and regional policy. ❖ Provide guidance for establishment of safe premises in respect of IPC requirements for rebuild of services across facilities
Expanding, Redeploying and training our Clinical and Social Care Workforce	<ul style="list-style-type: none"> ❖ Continue to use Video Platform to provide corporate mandatory training and to support any necessary professional training and development requirements as appropriate ❖ Additional resource for International nurse recruitment has been approved with a view to increasing the number of recruits to fill vacant Band 5 posts. ❖ Continue with implementation and monitoring of new Band 5 recruitment model for posts across Acute and Mental Health and Disability with the aim of ensuring effective and efficient recruitment processes are in place ❖ Open recruitment for Nursing Assistants and Senior Nursing Assistants, Band 2/3 posts continues
Psychological Services	<ul style="list-style-type: none"> ❖ Bespoke staff support service will continue to be made available in line with available resources and identified need.
Visitors	<ul style="list-style-type: none"> ❖ Visiting policy will continually be reviewed in response to management of local cluster outbreaks within hospital settings and in line with regional guidance as appropriate.
Statutory Functions	<ul style="list-style-type: none"> ❖ Taking account of any current temporary amendments to regulations approved by the Department of Health, the Trust will continue to deliver on its responsibilities in respect of its Statutory Functions, as part of the development and rebuild of services