REBUILDING HSC SERVICES – STAGE ONE PLAN – Context and Approach

The initial phases of COVID-19 dramatically changed the way services were delivered by the Western Trust. A wide range of services had to be stood down or scaled back due to the risk they might present to patients, service users and staff in a COVID-19 environment, as well as our premises, equipment and workforce capacity constraints. Some new services also had to be introduced to meet the predicted demands of the pandemic and some other services changed considerably to meet new ways of working necessary to sustain services during the pandemic.

The first peak of the COVID-19 outbreak in Northern Ireland has now passed and the incidence of COVID-19 in our acute hospitals is reducing daily. Across NI and the UK the focus has shifted to planning how to restart services, while remaining sufficiently flexible that services can respond to further waves of this disease. It is accepted that COVID-19 remains a public health risk to our population and, a phased and flexible approach is needed to restarting services.

REBUILD PLAN – STAGE ONE: 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 the most urgent services

A set of **guiding principles** have also been established to guide service planning. The Department of Health have asked that service restart 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. The Trust has introduced a **Reset Framework**, to support staff in assessing the impact of scaling up or restarting services, and ensuring there is a rigorous approach to planning these carefully.

What will this look like?

Our Stage 1 Plan identifies the services we have as a Trust maintained throughout these initial months of the COVID-19, across a wide range of areas, and identifies at a high level those which we will continue, begin to restart or scale up, and the important preparation work needed to assess and address the actions needed to provide COVID-19 safe environments and working practices for staff, our patients and service users, and people who we have been supporting in other ways during this period.

There are a number of constraints which are foremost in the planning process, of which availability of Personal Protective Equipment (PPE) is probably the single most important, although availability of drugs and restrictions on the practice of vulnerable staff are also important.

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, Trades Unions, community partners and service users to ensure we reflect the learning from the initial response period and take the opportunity to improve our services as part of our rebuild plans. Reflecting our learning for improvement so far, our **Stage 1 plan** will focus on:

- **Supporting strong community services for frail or older people -** we plan to focus our resources on supporting care homes and care for people at home wherever possible. We will work with GPs and with our hospital teams 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

- **Preparing for the impact of the COVID-19 pandemic on mental health services – we** expect that the demand for mental health services from children and older people will

increase significantly, and we want to find new ways of working which will provide support for many more people in need

- **Managing risk, and providing COVID-19-safe services for Staff and our Service Users –** the need for social distancing requirements, the importance of complying with Infection Prevention and Control requirements, and the challenges of sustaining a secure, high quality supply of Personal and Protective Equipment (PPE), and providing a flexible approach to restarting services are significant challenges.

- **Involving our Staff and Service Users -** We will continue to engage our staff so that we can together plan to rebuild services in a way that recognises the difficulties and uncertainties ahead. It is important that there are clear expectations aimed at building confidence as we work together to restart services. We understand that many new ways of working will be needed and these will be unfamiliar to some staff and to our Service Users. We will work to carefully plan and introduce changes which support our new COVID-19-safe ways of working, and we intend to involve many of our established groups to do this including Pathfinder, and our linkages with other key groups of staff and partner organisations.

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

- **Leadership, and the involvement of staff and partners** - There has been strong leadership from staff at all levels and a shared purpose working together and with our partners to respond to the needs of our population during the pandemic. We have worked closely with Trades Unions, other statutory organisations and with partners from the community and voluntary sector and with the Pathfinder networks on a wide range of challenges presented by the pandemic, and we expect that this will continue as we all focus on the challenges ahead to rebuild services.
- **Protecting staff and Service Users -** In broad terms, the measures designed to keep staff and services users safe and prevent spread of infection have had the effect of reducing our workforce capacity and physical environment significantly. We will work diligently to create COVID-19-safe environments and practice, while we rebuild services. We also recognise that

many of our staff, and those who use our Services are “shielding”, and we will work to provide continuing support to those in need within our population including those who are ‘shielding’, vulnerable people, and people at risk of harm.

- **Listening to staff and service users - building on their experience -** We know how important it will be to create a consistent approach to meaningful involvement of staff in decisions which affect their working lives, and we want to re-design a system of staff engagement that allows us to work collaboratively with them and with their representative organisations to effect change and improvement where they can see opportunities for that in their work. We also want to engage with those who used our services during this difficult period, those who were delayed or deferred in their care or treatment, and our public to enable informed involvement in long term planning for the continued delivery of safe and effective services in the COVID-19 environment
- **New Ways of Working -** Our staff have embraced new ways of working in order to continue their professional and service roles with their patients and service users. These changes have been made possible through rapid decision making and technology enabled solutions and new pathways or processes. As part of our Rebuild Plan we will assess workforce impacts including the ability to safely and appropriately staff the rebuild plans, ensuring our staff feel supported and valued, and managing the resources required for new and differently provided services. We will also ensure we harness opportunities to deliver services differently and with innovative solutions that reduce the need for face to face contact, but deliver effective and safe outcomes.

- **Good Governance** - Throughout the period the Trust has maintained a strong focus on governance, maintaining it’s reporting of clinical and adverse incidents and enhancing its scrutiny arrangements. An ethical committee was established to support clinical teams for the most difficult patient care decisions, and that will continue for the foreseeable future. Issues affecting safe care and Infection prevention and control, including associated estate, environmental factors and PPE, are prominent in the management arrangements established for the pandemic and these will continue to be important and challenging in designing our new ways of working.
- **Extending New Services into the longer term** - Some new services were very rapidly established, and we will need to review and reset these in a way that makes them sustainable for the longer term. Services such as the GP COVID-19 Centres and testing of staff and

patients will need to be delivered by the Trust for many months to come. The programme of work to support shielded people in the community and the wider work which was delivered to support vulnerable people during this period will need careful review, as we assess how it informs our future work on population health and driving out health inequalities. Our system for supply and distribution of Personal Protective Equipment is entirely new and it too will be required to be sustained into the future.

- **Financial Considerations -** It will be important to ensure that all revised service delivery arrangements are delivered at no greater cost than previous arrangements, and that we work diligently to identify any opportunities for improved value for money and develop these with staff and other partners.

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 and minimise transmission of COVID-19**. 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.

We are engaging with our frontline staff to reflect on how we are "holding the gains" as we assess the lessons learned during this extraordinary period, and further work on this will be crucial to inform our plans going forward. This learning and sharing of innovative and changed practice will inform our longer-term operational, strategic and financial planning as well as the wider regional priorities.

Our aim is to improve the health of the population of the Western Trust and to give our staff a sense of pride in their role and contribution as part of a Northern Ireland system of health and social care. There are many challenges which we have faced and will continue to face in the new COVID-19 environment and the Stage 1 Plan is a first step into the work which will rebuild, reset and change services into the future.

Service area: Hospital Services		
Our services	**What did we do during Covid-19 pandemic?**	**What do we plan to do during June 2020?**
Urgent and Emergency Care	❖ Maintained access to our Emergency Departments at Altnagelvin and South West Acute Hospitals for the management of COVID-19 and non-COVID-19 patients. ❖ The minor injuries services at Omagh Hospital and Primary Care Complex continued as normal.	❖ Continue to deliver urgent and emergency care at our acute hospitals. ❖ Review access to urgent and emergency care services in light of their physical capacity and social distancing requirements. ❖ Reinstate ambulatory care capacity and acute medical capacity with direct access for GPs to reduce footfall to the Emergency Department ❖ The cardiac assessment hubs which were introduced during the early part of the pandemic will be maintained.
Critical Care	❖ Intensive Care provision at Altnagelvin was scaled up in line with the agreed regional critical care 'surge' plan to provide up to 24 ICU beds. ❖ Staff with appropriate skills were trained and re-deployed from other areas to support an increase in critical care provision locally and /or to support the regional 'Nightingale Hospital' in BCH if required.	❖ Revert Intensive Care provision to pre – Covid-19 status to provide 10 ICU / HDU beds at Altnagelvin Hospital. ❖ Enable staff to be freed up to support additional urgent and emergency surgery and medical care.
Diagnostics (X-Ray, MRI, CT, cardiac investigations)	❖ A responsive imaging service was maintained for inpatients, Emergency Department and red flag and urgent outpatients.	❖ Continue inpatient, red flag and urgent investigations across all sites ❖ Follow up on patients who were unable to attend for their imaging scan and review routine waiting lists for imaging to reprioritise patients where clinically appropriate. ❖ Assess how services can safely be re-instated using a risk assessment approach.

Screening programmes	Regional screening programmes were paused temporarily: ❖ Abdominal Aortic Aneurysm screening and surveillance monitoring; ❖ Routine breast screening; ❖ Bowel cancer screening; ❖ Routine cervical screening; and ❖ Routine diabetic eye screening and surveillance monitoring.	❖ Regional screening programme will recommence in line with Public Health Agency recommendations
Cancer Services	❖ Chemotherapy and radiotherapy services continued to be delivered on a risk assessed, prioritised basis in line with national and NiCaN regional guidance. ❖ Cancer surgery has continued in our hospitals and using independent sector capacity in line with NHS England and NiCaN prioritisation. ❖ Outpatient clinics for suspected cancer patients have been also continued through a combination of in-house and independent hospitals provision. ❖ The symptomatic breast clinic service has been maintained with 3 to 4 clinics running each week on the Altnagelvin Hospital site depending on demand.	❖ We will continue to deliver prioritised chemotherapy and radiotherapy services. ❖ We will focus on prioritisation of new patient referrals and reviewing patients whose chemotherapy or radiotherapy treatment was paused or deferred. ❖ Arrangements for delivery of cancer surgery and outpatient assessment both in-house and in the Independent hospitals will continue during June.
Day Surgery and Endoscopy Services	❖ Only emergency and red flag/time critical endoscopy procedures were carried out. ❖ A regional risk stratification process for suspect cancer colonoscopy patients was introduced 18 May 2020. ❖ A pathway was introduced to enable some gastroscopies to be undertaken on a case by case triage basis.	❖ Maintain emergency and time critical endoscopy service and continue to operate risk stratification of suspect cancer colonoscopy patients. ❖ Scope our capacity to increase endoscopy sessions taking into account infection control and PPE requirements, and its impact on referrals and patients currently waiting. ❖ Scope requirements to re-commence day case surgery and the capacity available, and its impact.

Outpatient Services	❖ Outpatient services for suspect cancer and urgent referrals have continued to be delivered both virtually and face-to-face where required. ❖ 2 clinics per week were maintained for acute red flag and urgent paediatrics ❖ The Trust has also been able to provide outpatient service for red flag and urgent prioritised patients in the independent hospitals.	❖ Continue telephone and videocall assessments and scope opportunities to further enhance virtual clinic consultations. ❖ Continue arrangements for independent hospital outpatient provision for red flag and urgent patients during June. ❖ Resume consultant and nurse-led paediatric outpatient services focusing on red flag and priority patients through validation of waiting lists. ❖ Assess the impact of ongoing provision of GP COVID Centre facilities ❖ Develop a plan to scale up, taking account of learning and innovations, and social distancing and access requirements.
Sub-regional Services	❖ Urgent and red flag inpatient and outpatient services have been maintained for sub-regional specialties including Trauma and orthopaedics and Ophthalmology ❖ Emergency and urgent surgery continued in both our acute hospitals for sub-regional specialties in line with DoH guidance on Protecting Critical Secondary Care Services and in accordance with its prioritisation guidelines, including trauma and orthopaedics, urology, ophthalmology, oral and maxillo-facial surgery and cardiology, and this was supported through availability of Independent Hospital capacity for general surgery, ophthalmology, breast, urology, oral surgery, gynaecology and orthopaedics.	❖ We will work with colleagues at a regional level to consider how regional specialties will work in the short term and into the future, and assess the impact of the retention of the GP Covid centres on specific outpatient specialties affected, such as ophthalmology. ❖ We will continue to utilise alternative day case capacity in Omagh Hospital and Primary Care Complex, and Independent Hospital capacity for priority patients where that is appropriate

Integrated Maternity and Women's Health	❖ Hospital based maternity services continued and hospital antenatal clinics were provided at Altnagelvin and Omagh HPCC. ❖ Gynaecology services such as cervical screening and routine outpatient clinics were severely affected. Urgent colposcopy and hysteroscopy sessions were maintained although at a reduced level and one emergency gynaecology clinic was maintained. ❖ A face to face service was maintained for suspect cancer referrals and virtual telephone reviews were undertaken.	❖ The emergency gynaecology clinic will increase its capacity and the colposcopy and red flag oncology clinics will be maintained at current levels while also scoping how these can be returned to normal levels. ❖ Waiting list validation will be undertaken to reassess clinical urgency and assign to face to face or virtual appointments. ❖ Resumption of outpatient services will be considered as part of the outpatient step-up plan.
Inpatient Elective and Emergency Surgery for Adults and Paediatrics	❖ Emergency surgery services have continued to be provided in both our acute hospitals and we continued to make provision for non-COVID-19 emergency admissions. ❖ Surgery for urgent and priority patients was continued both in our acute hospitals and in the independent sector, however all routine elective work was stood down. ❖ Inpatient paediatric and neonatal services were centralised at Altnagelvin Hospital.	❖ Continue to provide emergency and urgent/time critical surgery both in the independent hospitals and in our acute hospitals. ❖ Develop a plan for phased resumption of elective surgery. ❖ Re-engage our partners at Meridian to progress the review of the elective surgical pathway. ❖ Offer un-commissioned theatre, day case and endoscopy capacity at SWAH to the region to support waiting list work. ❖ Review our hospital beds utilisation to enable us to make best use of the space available and safely manage COVID-19 and non-COVID-19 patient flows. ❖ Inpatient paediatric and neonatal services resumed at SWAH on 25/5/20.
Older People's Secondary Care	❖ Specialist secondary care nurse led services were stood down and nursing staff deployed to the acute sector. These	❖ We will plan to recommence outpatient clinics using a mixture of virtual (tele and video link) with some urgent face to face consultations with priority given

	included osteoporosis injection clinics and specialist movement disorder clinics. ❖ An urgent referral and crisis review memory service was maintained via telephone appointments and a limited acute TIA stroke service was maintained via consultant telephone assessment, patients attending radiology and receiving diagnosis over the telephone.	to reinstating specialist movement disorder, memory and injection clinics. ❖ The TIA pathway will be redesigned to incorporate a mix of virtual assessment and access to rapid MRI imaging. ❖ Outpatient waiting lists will be reviewed and reprioritised.
Physical Health Psychology Support Service	❖ Outpatient consultations, therapy and group work for Long Term Conditions Management, Hypnotherapy for Oncology and Pain Management patients were all transferred to telephone assessments for new and review urgent appointments.	❖ June will see continued suspension of face to face with the possibility of adopting virtual review for all remaining patients. Proposal to use mobile devices to engage with any urgent inpatients who may be requiring a more immediate assessment.
Primary Care COVID-19 Assessment Centres	❖ GP COVID-19 assessment centres were established on both acute sites staffed by both GP and Trust staff.	❖ Scope future role for assessment centres.
Service area: Mental Health and Adult Disability Services		
Our services	**What did we do during Covid-19 pandemic?**	**What do we plan to do during June 2020?**
Community Services and primary mental health care	❖ Adult mental health crisis services in both hospital and community setting have been maintained. ❖ New and review psychiatry assessments for learning disability were continued utilising virtual technology. ❖ Physical disability services were scaled back or stepped down including neuro-rehabilitation, adult ASD diagnostic assessments and community team services.	❖ Assess capacity to offer new appointments and face to face interventions based on staff and environmental capacity. ❖ Behaviour Support training support services to recommence. ❖ Promote use of Emotional Health & Well-being Framework, NHS Every Mind Matters for individuals, staff and the general public. ❖ Develop relationship and pathways between primary mental health care team and multidisciplinary teams established through GP Federation in the northern sector of the Trust.

Inpatient facilities	❖ Mental Health inpatient facilities were maintained during this period. Visiting Policy was revised as was Planned Leave requirements for Mental Health Patients to ensure adherence to IPC requirements and reduce risk of Covid-19 in inpatient facilities. ❖ Physical and Sensory Disability Inpatient capacity was reduced across this period to enable establishment on a Covid-19 Community Pathway to support discharge from the acute hospital ❖ Learning Disability Inpatient facilities were maintained throughout this period with Day Care staff redeployed to these facilities to provide additional support. Visiting Policy was revised and IPC guidance implemented to reduce the risk of Covid-19 within the facilities.	❖ Maintain stability of Mental Health inpatient facilities whilst adhering to IPC guidance. ❖ Physical and Sensory Disability Inpatient facilities will be reviewed as part of the Community Pathway and Reset plans. Learning Disability Inpatient services will be maintained whilst adhering to IPC requirements.
Day Care and Day Opportunities	❖ Day care was stepped down. Day care support staff continued to provide an in-reach service to vulnerable clients who had previously availed of day care services	❖ We will use Phase 1 to commence planning on the re-opening of Day Centres to include identifying infection control and social distancing requirements as well as exploring the impact that transport will have in facilitating access to Day Centres. Tests of Change during June 2020 will provide the opportunity to assess the impact of changes to service delivery on Learning Disabled and Mental Health Service Users who are most vulnerable. ❖ Service Recovery Plans are being developed including reviewing Day Centre environments to identify requirements to meet infection control and social distancing requirements moving forward.

Respite/Short Breaks	❖ Short break provision was stepped down with in-house provision utilised to meet needs of clients experiencing a crisis situation. Independent sector short break provision was suspended by providers.	❖ Extend in-house short break provision to other families in crisis.
Supported Living	❖ Supported living within Adult Learning Disability and Mental Health was maintained throughout this period. Staff from Mental Health Day Centres were redeployed to provide additional support in Mental Health Supported Living facilities.	❖ Supported Living facilities within Adult Learning Disability and Mental Health will be maintained in accordance with IPC requirements.
Community Addiction Services	❖ Tier 3 addiction services were suspended. Delivery of this service has continued through the use of virtual telecalls/videoconferencing.	❖ Tier 3 Addictions Services will be re-established with an increase in face to face activity where it is safe to do so.
Psychology	❖ Psychology assessments and the behaviour support service were temporarily stood down. ❖ Psychology staff provided support to staff.	❖ Recommence psychology assessments using virtual technology. ❖ Continue to provide support to staff.
Service area: Primary Care and Community Services		
Our services	**What did we do during Covid-19 pandemic?**	**What do we plan to do during June 2020?**
Primary and Community Nursing Services	❖ Community nursing teams have been the single point of contact for the Community COVID-19 Rapid Response Team (CCRRT) service. ❖ Community AHPs have supported the CCRRT and provided services to care homes. This was balanced against reducing footfall into homes to reduce transmission risk ❖ Several Trust residential facilities were remodelled, to provide additional Community beds capacity for EMI and supporting discharge pathways to provide rehabilitation and recovery.	❖ During June we will build upon the early success of the Community COVID Rapid Response Teams (CCRRT) and develop this into both a COVID-19 and non-COVID-19 service, focused on frailty and complex care assessment and treatment with GPs, supported by mobile technology and telephone or videocall consultation ❖ Continued specialist and district and treatment room nursing telephone service and commencement of

	❖ Specialist nurse services for diabetes, respiratory services and stoma care provided telephone triage, advice and support. Urgent home visits were also carried for new stoma patients and those with stoma complications. ❖ District nursing, treatment room nursing and the continence services were maintained for urgent / priority care. ❖ Rapid Response Nursing services were maintained with a move towards increased home visits.	telephone or Videocall clinics and home visits for urgent cases only.
Primary Care	❖ We provided support to our Care Home residents and supported living independent providers throughout April and May, through establishment of: • COVID-19 Community Support Teams across all community adult programmes of care • COVID-19 Community Rapid Response Team (CCRRT) that responds quickly to GP referrals for assessment in care homes or people's own homes • Our established Care Home Support Team provided vital support through a single point of contact for independent sector home providers ❖ We enhanced communication by establishing twice weekly virtual meetings of our Contracting and clinical teams with community independent sector providers.	❖ Continue to provide all of the support put in place in the early phase of the COVID-19 pandemic ❖ Test new ways of working during June which support the aims of providing care at home rather than in a hospital ❖ Work to develop further the communication channels and collaboration with RQIA, PHA/HSCB and care home networks. ❖ Testing of staff and residents will continue to be provided and we will implement any agreed changes to guidance as approved for HSC.
Sexual Health	❖ GUM and sexual health priority services were maintained	❖ Continue to maintain GUM and sexual health priority services.
AHP Services	❖ AHP services were continued across all areas. All referrals were triaged and telephone consultations were undertaken for urgent new and review patients. ❖ Telephone and videocall clinics already established pre-COVID-19 were maintained.	❖ A further roll out of outpatient new and review appointments using telephone and videocall technology is planned subject to securing the required infrastructure.

Community Maternity Services	❖ All antenatal care has continued to be provided. Booking clinics are being undertaken by telephone and midwives have continued to see patients face to face but for shorter time periods. ❖ Postnatal visits have been reduced to 3 face to face visits with other visits by telephone unless further face to face visits required. ❖ Virtual parent craft and ante-natal education classes have been facilitated – all face to face has been suspended and will remain so due to social distancing requirements and the alternative virtual option.	❖ Inpatient and outpatient maternity services will continue to be provided. ❖ Virtual parent craft and ante-natal education classes will continue to be delivered.
Service area: Community Dental		
Our services	**What did we do during Covid-19 pandemic?**	**What do we plan to do during June 2020?**
Community Dental	❖ All routine dental care temporarily ceased ❖ Five urgent care dental centres were established regionally with the Western Trust centre located in Omagh Hospital and Primary Care Centre.	❖ Maintain current services as they are during June 2020.
Service area: children and young people Services		
Our services	**What did we do during Covid-19 pandemic?**	**What do we plan to do during June 2020?**
Health Visiting	❖ Priority health visiting caseload management was maintained.	❖ Continue to provide maintained service. ❖ Scope phased resumption of the offer of home visits to families as required by "Healthy Child, Healthy Future, excluding the contact at 1 year and 2 years which will be undertaken by telephone.
School Nursing	❖ School nursing services were stood down with the exception of the pre-school immunisation service which has been maintained using risk assessment and social distancing measures.	❖ Continue to provide the pre-school immunisation service.

Children with disabilities	❖ All ASD referrals were triaged and all priority assessments across social work and psychology were completed via telephone. ❖ Emergency response to families in crisis has been maintained by the Children's Disability and RISE teams. There has been remote support of all open cases.	❖ Support for priority assessments and active caseloads will continue and focus will move to intervention and support for children with a confirmed diagnosis. ❖ Planning will take place for re-establishing diagnostic assessments and alternative methods of service delivery. ❖ Children's Disability will recommence full level of assessments and intervention using virtual methods with face to face only where necessary.
Child and Adolescent Mental Health Services (CAMHS)	❖ Routine CAMHS work was temporarily stood down ❖ All CAMHS emergency and urgent mental health assessment has been maintained and seen face to face with appropriate COVID-19 triage, social distancing, PPE and strict infection control measures in place. Telephone review of all other active cases maintained and continued.	❖ Emergency and urgent assessments will be maintained and waiting lists will be reviewed to re-evaluate clinical urgency. ❖ Phased recovery Choice appointments via both face to face and virtual appointments. ❖ Phased recovery of ADHD service provision enabling routine medication reviews to be progressed. ❖ Recovery of professional consultation service through visual platform ❖ Reestablishment of Transition Panel for CAMHS/Adult Mental Health through a virtual platform. ❖
Court Children's Services	❖ Emergency application for courts progressed	❖ Court assessments to be restarted
Looked After Children	❖ Family and childcare services were maintained via telephone contact and/or face to face visits on a risk assessed basis.	❖ All LAC reviews and childcare conferences will be resumed via virtual technology

	❖ For 16+ looked after children statutory visits have been maintained, mainly via video call or telephone with some on a face to face basis after risk assessment. ❖ Family time facilitated via zoom or whatsapp. ❖ Fostering and adoption panels have continued via remote access.	❖ Priority family contact to be resumed following risk assessment.
Child Protection	❖ Triage of referrals and all childcare protection and childcare concerns referrals were responded to.	❖ Home visits to be resumed following risk assessment.
Community Paediatric Clinics	❖ Triage of referrals to paediatrics including community paediatric services has been continued and red flag and urgent referrals have continued to be seen. ❖ Nurse-led children's diabetic drive-through clinics were established enabling bloods to be taken on a Monday with a follow up virtual review of results and any issues by medical staff on Thursdays.	❖ Red Flags and Urgent Referrals will continue to be seen. ❖ Triaged New appointments that were not Red Flag or Urgent will now be seen in June. ❖ Review/validation of all paediatric review to assess for any other priority reviews needing to be seen quickly
Population Health / Tackling Health Inequalities	❖ The "Vulnerable Isolated People" programme was delivered in partnership with the 3 councils, the Community and Voluntary Sector, Advice NI and the Department for Communities. Multiagency collaboration has been in place throughout with these partners and with DEARA, PHA, PSNI and Integrated Care Partnerships. ❖ Training for teams call handlers developed including anxiety, suicide prevention, domestic violence and linking to services. ❖ Large numbers of referrals were handled by the Trust Call Handling team with interventions in each council area – DCSDC 1371, FODC 2534, CCG 1205.	❖ We will now re-engage with clients to help prepare for any second wave of COVID-19 and to help gather direct intelligent on population health and wellbeing issues for future planning. ❖ Multiagency work will continue. Learning workshops have been set up in June to progress. ❖ Support to staff through the Trust's TWISTWest resources will be further developed in line with assessed feedback for staff engagement. ❖ We will continue to work with the Pathfinder networks to develop our future ways of working and areas of focus.

	❖ A range of advice, practical support, tools and training for staff and the public were provided on dealing with the pandemic, in particular on mental health and stress related issues. ❖ Our Pathfinder programme of work In Fermanagh and West Tyrone has continued with meetings held by videocall with those who engaged in carers, community services, and mental health workstreams, including involved members of the public, statutory partners, and the community and voluntary sector.	
Visitors	❖ In line with all HSC services, restricted visiting was introduced on 26 March and hospital lockdown was introduced on 31 March 2020. Our hospital chaplains had been providing virtual support to isolated patients and have now reverted to providing support on a face to face basis with the appropriate PPE in place.	❖ There are currently no plans to ease the restrictions on public visiting to our acute hospitals during June.
Corporate Services	❖ An ethical committee and other enhanced governance processes were established, for example Covid-19-19 Surge Planning Framework and emergency planning command and control arrangements. ❖ A new staff and patient testing service was established in Derry and Enniskillen. ❖ The Trust provided detailed briefings to MPs and MLAs within the Trust area by videolink and regular briefing material. ❖ A risk based approach to maintaining Trust Estate, Plant and Equipment via essential PPMs was maintained. ❖ An information App was rapidly developed to provide consistent and accessible COVID-19 data.	❖ Enhanced governance processes will be maintained, including the ethical committee. ❖ The locations for the re-siting of the Trust's testing services will be scoped and business cases written for 3 new locations. ❖ We will restart the delivery of critical aspects of planned maintenance in our hospitals, community facilities and in client homes. ❖ A Further MP/MLA briefing will be provided in June 20. ❖ We will create a consistent approach to meaningful involvement of staff in decisions which affect their working lives. We will also design and implement a

	❖ A PPE receipt and distribution service was established to support the efficient and effective provision of PPE across our service areas in line with PHE guidance. ❖ The contract monitoring regime for the SWAH PFI was revised in line with Cabinet Office guidance ❖ We commenced the testing of a new role to support COVID-19-safe working at all levels in the Trust – COVID-Safety Guardians ❖ A range of training continued to be delivered on-line.	system of staff engagement that enables us to work collaboratively to effect change and improve/ transform services to become a high performing health care system. ❖ The PPE receipt and distribution services will move to a new dedicated location at the end of June. ❖ We will review and re-assess the contract monitoring regime for the SWAH PFI ❖ We will consider the wider application of the COVID-19-safety guardian role based on learning for test areas ❖ Plan and recommence aspects of professional and mandatory training.