Western Health and Social Care Trust

WHSCT Stage 2 Plan – July – September 2020

REBUILDING HSC SERVICES – STAGE TWO PLAN – INTRODUCTION

The initial phases of COVID-19 dramatically changed the way services were delivered by the Western 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. New services and ways of working also had to be introduced to meet the predicted demands of the pandemic, and some services changed considerably.

The Western Trust continues to assess and manage the risk of exposure to COVID-19 for our service users, patients, clients and staff. We have made an assessment of the direct impact that managing COVID-19 has had on our capacity in hospitals and access to a wide range of services for our community. Many of our services are working in different ways and this is affecting the level of service activity we can deliver, often this is much less than before the pandemic.

As we look back on the first phase of this pandemic we want to pay tribute to our staff, who have shown tremendous energy, courage and resilience. Some have had to adapt to new roles and others have provided training and induction to new colleagues; all have had to demonstrate great flexibility. We will be working with all our staff over the coming months to ensure they 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. Our staff have been working extremely hard and under some very difficult conditions over the past few months, and we will be encouraging them to take some leave over the summer so they can rest before the normal pressures of the winter come to bear.

We also need to stay prepared for a potential second surge which could coincide with winter pressures, meaning we cannot return all our services back to the way they were before the pandemic. We need to prioritise and focus on treating the people which have been assessed as our most urgent cases first, and as a result some patients and service users will wait longer for their assessment, contact or intervention.

As requested by the Department of Health the Trust published a Stage 1 plan for our own area covering the period to 30th June 2020 aimed at taking the early steps to plan for and increase capacity locally and across the system. The Department of Health are also leading on planning and preparation of a Stage 2 plan, covering the period from 1 July 2020 to 30 September 2020. In support of this, the Western Trust has set out, in the following document, a high level overview of the services that we plan to **maintain and rebuild as part of the COVID-19 response during July, August and September 2020.**

Working together with our partners across Northern Ireland to implement the recovery of Non-COVID-19 health and social care services, in our plan we will aim to:

- Ensure Equity of Access for the treatment of patients across Northern Ireland;

- Minimise the transmission of COVID-19; and
- Protect the most urgent services.

The Trust is committed to its legal duties under Section 75 of the Northern Ireland Act 1998 as detailed in its approved Equality Scheme and the Rural Needs Act 2016. In terms of assessment of the Western H&SC Trust Rebuild plan, the Trust will screen for both equality and rurality to identify potential adverse impact. **As we work to deliver services for those most in need, our absolute priority will be to keep our patients, service users and staff safe.**

Some of our key challenges and constraints in implementing our plan include:

Rebuilding our services is proving to be complex and requires a large number of risks and issues to be factored in to decision making. We are assessing all plans against the Department of Health "checklist" before and during implementation. Key challenges and constraints include, but are not limited to:

- The current social distancing guidelines and the impact this is having on physical space including the ability to maintain separation of patient flows and social distancing within our existing estate and also accommodate services that were relocated or established during COVID-19;
- Supply chain availability for critical items including medicines and blood products and as well as availability and quality of personal protective equipment (PPE);
- The latest public health and infection prevention and control guidance;
- Being sufficiently flexible to enable an effective ongoing response to COVID-19 while recognising the importance of rebuilding elective services for prioritised clinical groups on an equitable basis for the Northern Ireland population;
- The importance of good communication with staff, Trades Unions and the public on our plans for rebuilding health and social care services, being mindful of our commitment to co-production and engagement and informed involvement in key decision making;
- Ensuring any rebuild plans focus on minimising the risk of COVID-19 infection or its spread to patients, service users or staff and recognise the need for staff to rest after the first wave of the pandemic;
- Staff availability as leave is being encouraged to ensure adequate rest before winter and in advance of any potential further COVID-19 surge. Plans will also be constrained due to the level of staff vacancies across the Trust;
- Ensuring staff support continues to be available in terms of any increase in psychological and occupational health related matters that arise as a consequence of staff experiences during surge 1 COVID-19;
- Anticipated ongoing additional costs to support the infrastructure adaptations that may arise as a consequence of maintaining social distancing, equipment and ICT costs to support rebuild and any necessary increased staffing which will be subject to securing approval.

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New ways of working

During the first phase of COVID-19, our staff have embraced new ways of working in order to continue to deliver services to their patients and service users and we will continue to build on these as we move forward. These changes cover a range of areas including:

- Changes to working practices and processes, in particular the significant increase in virtual service delivery across all programmes of care supported by rapid harnessing and roll out of technology solutions;
- Changes to pathways such as the relocation of the minor injuries stream out of ED, outreach foot clinics in health centres, provision of consultant telephone support to primary care and in-reach to service users who would normally have used our day care and day opportunities services.
- Enhanced partnerships and multi-agency working which enabled our communities to be supported through for example our VIP programme, facilitated alternative accommodation to be sourced for our staff and patients and provided donations of PPE and other essential items to support service users.

What will this look like?

The way services are delivered may look and feel different. Examples are outlined below of what patients and service users should expect:

- To alleviate patient and service user concerns we are working to identify ways to ensure, where possible, services will be provided using separate pathways for patients suspected or confirmed with COVID-19;
- We recognise that some of our service users may be still shielding beyond the end of July 2020 and we are making additional plans to support their care;
- You may be offered planned appointments during the evening and weekends to avoid unnecessary delays;
- Some outpatient appointments with clinical teams may happen by telephone or by video call, as appropriate. There will be limited face to face appointments and these will be given to urgent and priority cases;
- To minimise the time you wait and understand any risks, we will help you to prepare for your appointments in a different way such as screening questionnaires or getting your blood samples taken before arrival;
- People may be given specific times to access services due to limited waiting spaces;
- Staff may be wearing masks and other protective covering to keep you and themselves safe;
- We will use our accommodation in a way which helps us to maintain social distancing;

- There are many factors both local and regional that are interdependent such as transport, cleaning, catering, visiting policies, signage, car parking etc. that we will consider as part of the rebuilding plan;
- We have temporarily restricted the number of visitors across hospitals and community health care settings. At present, all general hospital visiting has stopped in line with the regional visiting policy. There are some exceptions to these restrictions, for example Critical Care areas and end of life care and we have made local arrangements to ensure you can remain in contact with your loved ones; and
- We would encourage you to contact your GP Practice if you are concerned about any symptoms you are experiencing.

Many Trust critical services continued to be sustained during the COVID-19 surge. However, for services that have been significantly impacted as a result of the pandemic - the table below outlines the Trust's 'Stage 2 Service Rebuilding Plan' (period: 1st July to 30 September 2020). The plans included in this table is based on the following assumptions:

- There is no second surge priority to the delivery of the plan at the end of September 2020.
- Shielding guidance is paused from the end of July 2020.
- Implementation of the plan will be informed by learning and feedback from our Stage 1 Plan, and we may make adjustments due to that
- Adequate availability and quality of supplies, eg PPE
- Finances will be available
- Staff will be supported to attend work, eg childcare availability in line with school restart plans
- The current protocols for testing staff and patients will continue into the future

There is agreement that following submission of the plans, Trusts and HSCB will work together to harmonise how we measure and monitor this activity.

Looking ahead

Similar to phase 1, during July, August and September 2020, we will continue to build on new ways of working to continue to provide safe and effective care. This involves working closely with our partners and professional and managerial leaders, using flexible and remote working where appropriate and using technology such as telephone and video calls. We are engaging with our 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 shape our longer-term operational, strategic and financial planning and we will be asked to work collectively with other Trusts and deliver on wider regional priorities.

We will also continue to engage with key partners to ensure that plans are representative of and include the valuable input of those who use our services.

Service Area: Hospital Services

Our services	What did we do during Covid-19 pandemic?	What did we do to rebuild services June 2020 (Stage 1)	What are we planning to do to rebuild services July to September 2020 (Stage 2)
Urgent and Emergency Care	❖ Maintained access to our Emergency Departments (EDs) 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.	❖ Access to emergency care continued to be available with social distancing arrangements in place on all sites. There is a reduction of between 30% to 50% in our ED waiting room capacity depending on existing room space and layout. A business case for the interim expansion of the Altnagelvin ED was prepared which was approved by DoH week commencing 15th June 2020. ❖ Attendances at our EDs had reduced during the COVID-19 surge period (4829 between 9-31 March 2020 and 5818 in April 2020). Attendances have now started to increase with 8640 attendances across our sites in May 2020 and 3734 between 1-12 June 2020 which, in some hospitals is creating problems due to the significant reduction in capacity. ❖ Admission profiles for the Acute Medical Unit (AMU) at Altnagelvin and the Medical and Surgical Assessment Unit (MSAU) at SWAH reverted back to pre-COVID-19 status. However, there is a reduction in the bed capacity in both these areas due to the requirements for managing suspect and confirmed COVID-19 cases.	❖ Continue to provide access to emergency care but in view of the constraints due to social distancing and infection control requirements, we will be working with HSCB and primary care at both local and regional level to prioritise alternative pathways to attendance at ED. ❖ Scope the potential to maximise capacity in the Urgent Care and Treatment Centre on the Omagh Hospital and Primary Care Centre site. ❖ We will plan to reinstate the Ambulatory Care Unit at Altnagelvin and the Same Day Emergency Care unit in SWAH. Constraints in relation to the environment and staffing will be modelled against new ways of working.
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.	❖ Intensive Care provision has been reverted to pre – COVID-19 levels to provide 10 ICU / HDU beds at Altnagelvin Hospital and 6 at SWAH.	❖ Continue with normal critical care provision with ability to increase provision in line with surge plans if required.
Inpatient Elective / Emergency and Day Case 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.	❖ We continued to deliver planned inpatient surgery for cancer and time critical patients and urgent day case surgery through a combination of in-house and Independent Sector provision in line with NiCaN guidance on maintaining cancer care during COVID-19 and DoH Guidance on Protecting Critical Secondary Care Services. Through the Independent Sector we were able to provide up to 15 inpatient and 7 day case sessions per week for red flag and time critical procedures which enabled 366 patients to receive IP and DC treatment between 6 April and 12 June 2020 across a range of specialties including general surgery, urology, orthopaedics, ENT, oral surgery and gynaecology. In addition, 768 elective inpatients and 3020 day cases were treated in our hospitals between 9 March and 12 June 2020.	❖ During COVID-19 we continued to provide 10 inpatient theatre sessions per week at Altnagelvin for red flag and time critical procedures. We will increase capacity to 35% from July to provide 25 inpatient and day case sessions per week increasing to 50% by the end of August 2020 with 43 inpatient and day case sessions. ❖ In the South West Acute Hospital we will provide 10 sessions per week with a combination of GA day case and inpatient procedures as required. ❖ We will increase to 45% capacity at Omagh Hospital and Primary Care Centre to provide 13 sessions per week from 6 July 2020 providing capacity for up to 82 LA and 6 GA procedures for time critical procedures for urology, ECT, pain, ophthalmology and dermatology initially and expanding to include red flag ENT and general surgery as testing and PPE allow. ❖ The contract with the Independent Sector is to be extended to provide 6 fixed sessions and 4 to 5 ad hoc sessions per week mainly for day case and routine patients. ❖ We will develop plans for further resetting of inpatient surgery.

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		❖ We also continued to provide emergency and urgent surgery in a safe environment in line with current guidance on Protecting Critical Secondary Care Services. 1157 non-elective procedures (including endoscopies) were carried out from 9 March to 12 June 2020. ❖ Plans have been developed for resetting further day case surgery taking into account staffing and additional infection control and social distancing requirements which will take effect from July 2020. ❖ We continued to make provision in our acute hospitals for non-COVID-19 emergency admissions from our unscheduled pathways. Between 9 March to 12 June 20 there were 3771 non-elective admissions at Altnagelvin and 1850 at SWAH. ❖ The cardiac assessment hub established at Altnagelvin remained operational. In May, 199 patients were assessed of which 6 required admission to CCU, 69 were able to be discharged with no further follow up and 79 discharged with a further OP investigation or consultant review required and 19 were referred to their GP.	❖ The 3rd party adviser to the Trust (Meridian) will return to continue to work on improvements on the elective surgical pathway. ❖ The Cardiac Assessment Hub will continue to operate.
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.	❖ We continued to provide an emergency and time critical endoscopy service on both acute sites and continued to operate risk stratification of suspect cancer colonoscopy patients. ❖ All endoscopy sessions have been reinstated at Altnagelvin but at 50% capacity due to infection control requirements. Sessions in the South West Acute Hospital were reinstated in June and sessions normally undertaken in Omagh have been temporarily re-provisioned in SWAH. Trust-wide there are some gaps due to vacancies. In May 2020, 148 scopes including bronchoscopy (107 Elective/41 non elective) were delivered and it is estimated that 330 scopes will be delivered in June 2020.	❖ Capacity will continue to be restricted to 50% due to infection control restrictions and also facilitating annual leave in July and August. In addition, late cancellations cannot be replaced due to requirement for swabbing and pre-op self-isolation of 7 days. ❖ FIT testing for red flag colonoscopy referrals has been implemented to risk stratify patients and regionally there may be a pathway for risk stratification of urgent colonoscopy patients ❖ Waiting list initiative funding is being explored and a risk assessment is being completed to establish if viable and ensure all services can support additional lists ❖ Nurse endoscopist trainees will recommence training and work towards independent scoping by the end of Stage 2
Diagnostics (X-Ray, MRI, CT, cardiac investigations)	❖ A responsive imaging service was maintained for inpatients, Emergency Department and red flag and urgent outpatients.	❖ A prioritised service for unscheduled care, red flags, urgent patients and patients on the review cancer pathway was provided. ❖ The Family History “High risk” breast service and surgical review mammograms were maintained. ❖ Imaging support for limited outpatient clinics has been provided on the Omagh Hospital & Primary Care Centre	❖ Unscheduled care, urgent, red flag and cancer patients will continue to be prioritised. ❖ A revalidation of waiting list patients who were referred as routine pre-COVID-19 will be undertaken to ensure the ‘routine’ categorisation remains valid. ❖ The CT colonoscopy service will continue to address waits for red flag and urgent examinations.

Our services	What did we do during Covid-19 pandemic?	What did we do to rebuild services June 2020 (Stage 1)	What are we planning to do to rebuild services July to September 2020 (Stage 2)
		(OHPCC) and Roe Valley sites but this volume of plain film cannot be sustained in the long term. ❖ Patients who either cancelled their examinations or were cancelled during COVID-19 were contacted and re-appointed where appropriate. ❖ The catheter exchange service was continued on a day case basis supported by the specialist urology nursing team for the 2 sessions per month with patients admitted and discharged from the radiology recovery room. ❖ A change in cleaning product was introduced in May which has enabled the significant downtime between patients to be reduced and many areas will achieve some recovery in June 2020.	❖ We will aim to maintain activity levels across all imaging modalities but recognise that this will be challenged by staff availability, ability to continue to use unfunded sessions, availability of funding for overtime and annual leave. ❖ We will work to address a backlog of plain film referrals. Restarting outpatient clinics and co-ordination of GP plain film will be challenging within normal working hours. Achieving plain film recovery to 100% of SBA will require funding for additional out of hours sessions, including admin support for appointing patients who previously availed of the 'walk in service'. ❖ We will develop plans to reinstate the obstetric ultrasound service on both SWAH and Altnagelvin sites on a phased basis taking into account social distancing and PPE requirements and also staffing constraints. ❖ Seating in waiting areas in radiology have been decreased by 70% due to social distancing and the impact of resuming clinics on both Altnagelvin and SWAH sites will need to be carefully balanced with the need to also maintain specialised scanning.
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 continued in our hospitals and using independent sector capacity in line with NHS England and NiCaN prioritisation. ❖ Outpatient clinics for suspected cancer patients continued through a combination of in-house and independent hospitals provision. ❖ The symptomatic breast clinic service was maintained with 3 to 4 clinics running each week on the Altnagelvin Hospital site depending on demand.	❖ We continued to deliver prioritised chemotherapy and radiotherapy services including radiotherapy for patients from ROI as part of service agreement. ❖ We continued to prioritise new patient referrals and reviewing patients whose chemotherapy or radiotherapy treatment was paused or deferred. Between 40%-50% of oncology outpatient reviews were undertaken by telephone across the majority of tumour sites with approximately 80% of breast reviews undertaken by telephone. ❖ Haematology services continued to be delivered with approximately 95% of treatments for haematological cancer proceeding as normal. A virtual model is in place allowing investigations to be performed in the primary care setting under direction of the consultant. A significant proportion of patients were also assessed/reviewed via telephone. In line with national guidance, infusion treatments for a number of patients were paused. The reduced non-medical prescribing service for haematology has been returned to normal. ❖ Cancer and time critical surgery continued to be provided in both our acute hospitals and using independent sector capacity in line with NiCaN guidance on maintaining cancer care during COVID-19. ❖ Outpatient clinics for suspected cancer patients continued through a combination of in-house and independent sector provision. ❖ The symptomatic breast clinic service has been maintained with 3 to 4 clinics running each week on the	❖ We will continue to provide cancer and time critical surgery in our acute hospitals and we will develop a plan for the further resetting of inpatient and day case surgery. ❖ We will continue to make provision for outpatient assessment of red flag referrals and seek to expand this as part of our outpatient reset plans but recognise that there has been a significant reduction in red flag referrals across all tumour sites ❖ We will review patients whose treatment was deferred, not started or stopped due to COVID-19 and prioritise for review and treatment as clinically appropriate. ❖ We will continue to provide telephone review clinics across oncology and radiotherapy services. ❖ We will start to recommence infusion treatments and reinstatement of non-medical prescribing will continue. ❖ The venesection service will be recommenced (40-45 patients per week). ❖ We will review radiotherapy LinAC capacity taking into account PPE requirements, enhanced cleaning, social distancing, etc and will also review working patterns to meet service demand. ❖ We will reinstate on-treatment breast and prostate radiotherapy reviews which had been stood down.

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		Altnagelvin site which have enabled referral demand to be met.	
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	❖ Bowel Screening - there are currently no plans to recommence the bowel screening service. During July to September the Trust will focus on addressing the backlog of patients requiring CT colonoscopy. ❖ Plans to recommence the breast screening service in WHSCT in July are well under way. Recovery will require additional funding for additional radiography sessions due to requirement for 'social distancing' on mobiles.
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.	❖ Outpatient services for suspect cancer and urgent referrals were continued both in-house and in the independent sector via face to face or virtual clinics across a range of specialties. The contract with the IS has been extended which will provide additional sessional capacity. ❖ Within paediatrics virtual clinics have taken place (149 out of 248 appointments between 9 March to 31 May were virtual) and some specialist nurse face to face clinics recommenced. ❖ A reset plan for outpatient services has been developed using learning from new ways of working implemented during COVID-19 and taking into account social distancing and infection control requirements. The ability to implement the reset plan is constrained due to the location of the GP Primary Care COVID Centres in the outpatient departments at Altnagelvin and SWAH and the staffing of these Centres by redeployed Trust staff including outpatient department. ❖ A business case to support the implementation of virtual clinics using a video platform and integrating with existing systems has been developed.	❖ We will progress with plans to step up our outpatient services at Altnagelvin, Roe Valley Hospital and South West Acute Hospital including continuing to provide new and review virtual assessments where appropriate in order to reduce footfall in our hospitals. ❖ We will scope requirements to reset outpatient services at Omagh Hospital and expand our reset plan to include these. ❖ We plan to engage with patients to gain their feedback on virtual clinics using a combination of Care Opinion and telephone questionnaires. ❖ During July, activity will be maintained at June levels which takes into account annual leave and current location of GP Covid Centres in OP Departments. A small increase in activity is planned for August and September which reflects annual leave and the planned step up of face to face activity for a small number of specialties. ❖ Activity estimates are subject to further decisions on service changes which may be made at a regional level and which may affect our ability to deliver outpatient services on the Altnagelvin site.
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,	❖ Red flag and time critical inpatient and outpatient services have been maintained for sub-regional specialties including trauma and orthopaedics and ophthalmology. ❖ Emergency and time critical 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 maxilla-facial surgery and cardiology and this was supported through availability of independent sector capacity for general surgery,	❖ Provision of sub-regional services will be maintained and increased in line with inpatient, day case and outpatient reset plans.

Our services	What did we do during Covid-19 pandemic?	What did we do to rebuild services June 2020 (Stage 1)	What are we planning to do to rebuild services July to September 2020 (Stage 2)
	ophthalmology, breast, urology, oral surgery, gynaecology and orthopaedics.	ophthalmology, breast, urology, oral surgery, gynaecology and orthopaedics.	
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.	❖ Emergency gynaecology, colposcopy and red flag clinics continued to be delivered. Between 9 March and 31 May 2020, there were 614 gynaecology outpatient attendances, 287 colposcopy and 15 urodynamics. ❖ A validation of the waiting list was undertaken. ❖ We continued to make provision for unplanned and planned admissions. Between 9 March to 12 June 2020 there were 113 unplanned admissions and 303 planned. ❖ Antenatal clinics were centralised in the southern sector in Omagh and in Altnagelvin they were moved to Ward 9. There were 3591 obstetric appointments from 9 March to 31 May 2020.	❖ General gynaecology outpatient clinics will be increased incrementally with clinically urgent being the priority for face to face appointments. ❖ Virtual reviews will be continued, however there will be a requirement for face to face review appointments also. ❖ Nurse-led endometriosis face to face clinics will commence in July and the consultant-led clinic will commence in August. ❖ We will work towards establishing another emergency gynaecology clinic in Altnagelvin and to providing the time critical bladder botox service as an outpatient with procedure appointment rather than as a day case. ❖ Antenatal services will continue to be provided and preparations will be made for returning antenatal clinics to their normal locations in SWAH and Altnagelvin. ❖ Postnatal visits will continue to be reduced to 3 face to face visits with other visits by telephone.
Older People's Care	❖ Specialist secondary care nurse led services were stood down and nursing staff deployed to the acute sector. These 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.	❖ Memory assessments were carried out in the patient's own home during the COVID-19 period. From 18th March – 31st May 20, the service delivered a total of 403 contacts (new 28 and review 375) through a mix of face to face and telephone contact. ❖ Face to face psychological therapy was replaced with telephone contact and psychological first aid. ❖ We co-ordinated and wrote information for teams to use with patients experiencing anxieties regarding COVID-19 and changes in service delivery. ❖ Consultants continued to contact patients in areas where face to face clinic appointments had been stood down, eg TIA, stroke, care of the elderly and movement disorder. ❖ Waiting lists have been reviewed and re-triaged and staff have telephoned patients to offer advice and guidance as appropriate. ❖ Service users have provided guidance when contacted by telephone on their preference to attend for face to face appointments of telephone or virtual sessions.	❖ Nurse-led memory assessments will be increased taking into account annual leave requirements. ❖ Consultant-led diagnostic clinics will recommence. ❖ Psychological therapies will continue to be provided virtually in July and August via telephone and video calls with face to face appointments commencing in September. Face to face dementia assessments will be commenced from mid-July 2020. Predicted activity for both services takes into account staff vacancies and sickness absence. ❖ Secondary care outpatient activity will be resumed at approximately 50% of pre-COVID-19 capacity**.** Waiting lists for both new and review patients have been verified and triaged and where an urgent appointment is required patients will be seen from July onwards. All patients will be contacted either virtually or face to face where it has been assessed as required. A phased approach is advocated with TIA/Stroke clinics commencing in July 2020 and care of the elderly where possible in August 2020. Additionally, movement disorder clinics will recommence in this period subject to completion of safe environment and health and safety risk assessments.
Pathology Services	❖ All services were maintained although there was a reduction in workload during COVID-19 due to services being stood down. ❖ Microbiology established Chepid COVID-19 testing (rapid testing) to provide results within 2 hours.	❖ A safe environment risk assessment was completed and modifications have been implemented in the specimen reception. ❖ A business case for the capital and revenue requirements associated with increasing COVID-19 testing capacity has been completed.	❖ Implement plan to ensure the Trust is able to meet the Trust and regional testing needs. ❖ Develop this plan further to include reporting of results. Consultation paper to be taken forward for antibody testing services. ❖ Consider ceasing printed laboratory reports to reduce health & safety risk.

Our services	What did we do during Covid-19 pandemic?	What did we do to rebuild services June 2020 (Stage 1)	What are we planning to do to rebuild services July to September 2020 (Stage 2)
	❖ Cellular Pathology / Microbiology established COVID-19 testing (results within 24 hours) due to manual processing there was limited capacity with tests also being sent to Belfast Trust virology laboratory. ❖ Increased mortuary staffing levels and mortuary body capacity for readiness to respond to pre-surge and surge plans.	❖ A staff consultation exercise is being undertaken in relation to implementing a temporary COVID-19 testing service. ❖ There has been a steady increase in the number of samples received, although still not at the pre-COVID-19 levels. ❖ All point of care distributions were reinstated and new guidelines were developed for disposal of transport boxes and email return of results. Glucose and ketone revalidation training has been made available on the Trust E-learning platform. ❖ We have also participated with the regional speciality forum and relevant partners on the production of regionally agreed virtual based training across all test modalities.	❖ Point of Care - continuation of engagement with the regional speciality forum to establish all necessary virtual training for staff which will be regionally based and accepted in all 5 Trusts going forward. The new blood gas contract will be implemented including validation and testing process.
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.	❖ Outpatient consultations, therapy and group work for all funded specialties were all transferred to telephone/ virtual contact for new and review appointments. Those who had previously attended group-based interventions were offered individual review. ❖ During June there was continued suspension of face to face contact. Outpatient work has been carried out by telephone/video for new/review appointments. Inpatients have been reviewed where feasible by telephone.	❖ Re-design the delivery of Group based interventions (eg Pain Management Program, Long Term Conditions Program) – video-based programmes are being recorded for a number of specialty areas. ❖ Potentially re-instate face-to face contact when approved. ❖ Continue to provide assessment and intervention via telephone/video. ❖ Redesign of referral pathway and process alongside service provision methods to facilitate new ways of working.
Primary Care COVID-19 Assessment Centres	❖ GP COVID-19 assessment centres were established on both acute sites staffed by both GP and Trust staff.	❖ Discussions took place between the Trust and GP's regarding the future role of the Primary Care COVID Centres, which are based at Outpatient areas within both Altnagelvin Hospital and SWAH. Discussions concluded that the Centres would remain in situ for the month of June.	❖ Discussions have taken between the Trust and GP's regarding the role of the Primary Care COVID Centres during July, August and September, which are based at outpatient areas within both Altnagelvin Hospital and SWAH. It has been agreed that the centres will remain during this period with reduced opening hours and work will continue with GPs to agree a suitable alternative location.

Service area: COMMUNITY SERVICES

Our services	What did we do during COVID-19 pandemic?	What did we do to rebuild services June 2020 (Stage 1)	What are we planning to do to rebuild services July to September 2020 (Stage 2)
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. ❖ 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.	❖ We continued to provide a COVID Community Rapid Response Service, delivering 277 contacts ❖ We continued to deliver support to care homes ❖ We provided additional community bed capacity within the Trust and from Independent sector. ❖ Additional smart phones have been rolled out to district nurses to enable video and voice calls to support patients and GPs ❖ Over 600,000 items of PPE have been issued to care homes ❖ We have participated in roll out of the regional testing protocol	❖ Primary and Community Care services will target clients in their own home at most risk who require social work intervention of monitoring and review in line with Professional SW Assurance Framework. For clients in care homes, subject to regional guidance on PPE and visiting, social work staff will monitor and review those clients at highest risk using technology. ❖ District nurse support for home visits for CCRRT will continue. ❖ We will work with Primary Care to support the reset of their services. ❖ Treatment room services will be reassessed in light of social distancing and infection control requirements. ❖ We will assess the impact of the requirement to carry out pre-outpatient work in the community as a result of the move to virtual consultations ❖ Community services will require additional technology devices to facilitate more remote working due to the impact of social distancing in their work spaces.
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.	❖ The COVID Community Rapid Response Team (CCRRT) continued to operate during June. ❖ Specialist nurse triage of all referrals continued ❖ District Nurses continued with home visits ❖ The clinical intervention centre accepted treatment room patients over the weekend. ❖ Greenfield opened with 5 patients and Rectory Field continued to accept patients (has 18 patients). Both facilities are challenged with workforce stability issues.	❖ CCRRT will continue to operate during July to September, undertaking interventions, including swabbing of patients in their own home. ❖ We will start to look at repurposing the acute care at home service and enhancing care home support ❖ District nursing and rapid response services will be re-established to address referrals as a result of increasing acute inpatient activity. ❖ We will commence a phased roll-out of technology to District Nurses to support remote working and video call to GPs while the nurse is in the patient's home. ❖ Increased bed capacity will be maintained in Rectory Field and Greenfield, however beds in Drumclay will reduce back from 22 to 14. ❖ We will work with GPs to enhance community pathways.
Older People's Day Care Services	❖ Day care services were ceased temporarily.	❖ During June, the Trust concentrated on planning for the restart of its statutory day care services. ❖ Individual support has continued to be provided to day care service users, eg, arranging for meals to be delivered to their homes, collection and delivery of prescriptions, grocery shopping, liaising with social workers and other key workers. Some staff have delivered personalised 'Activity Packs' to service users	❖ Statutory day care services will be recommenced on a phased basis with reduced capacity due to social distancing and infection control requirements.

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		and have provided increased telephone support and bereavement support.	
Domiciliary Care	❖ 979 domiciliary care packages were suspended during the COVID-19 period.	❖ During June, the Trust started to recommence domiciliary care packages for those whose alternative support arrangements have changed and require their support plan to be re-started. 32% of packages were recommenced in June 2020. The Trust also started to engage directly with service users to review their current needs and plan for the re-commencement of their support arrangements.	❖ Based on the review of support available to service users and levels of identified risk, 50% of support packages will be re-commenced by the end of July and 75% by the end of August and all care packages re-commenced by the end of September 2020
Learning Disability	❖ New and review psychiatry assessments were continued utilising telephone or videocall consultation means (primarily telephone appointments). ❖ Psychology assessments and the behaviour support service were temporarily stood down. ❖ The social work service was maintained and extended to provide 7 day cover. Home visits were suspended and replaced with telephone or videocall activity for learning disability clients. ❖ Day care was stepped down and day care support staff continued to provide an in-reach service to vulnerable clients who had previously availed of day care services. ❖ 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. ❖ Supported living within Adult Learning Disability was maintained throughout this period.	❖ Outpatient psychiatry review assessments continued to be delivered. ❖ Digital platforms continued to be used for ongoing psychology therapeutic work, consultation and training. Telephone psychology consultations also continued. Face to face appointments were facilitated based on risk assessment. PPSS pre-intervention work was undertaken with staff in preparation for day care reset and hospital discharge. ❖ Social work home visits during this period were determined by application of threshold criteria and aimed at those experiencing crisis situation. The service worked on the basis that 10% of Home Visits would require face to face contact and 90% could receive virtual contact. ❖ Day Care - a Regional Learning Disability Recovery Plan has been developed and each Trust committed to undertake a scoping exercise throughout the month of June to determine the ability to reopen facilities based activities for targeted individuals at risk of breakdown. This process is being taken forward within the Trust and will inform the level of capacity that can safely be facilitated in each Day Care facility. This includes completion of necessary risk assessments of environment, service user and staff. A regionally developed Criteria for Service Provision has been finalised and being applied within the Trust to support Reset and Service Recovery. ❖ Supported Living facilities within Adult Learning Disability were maintained in accordance with IPC requirements. ❖ Emergency short break provision continued.	❖ Begin to reintroduce a level of face to face outpatient appointments for both new and review psychiatry assessments supported by virtual activity and the continuation of telephone assessments for clients that prefer to remain at home. Based on clinical judgement it is anticipated that community outpatient psychiatry assessment attendances will be increased incrementally by 50% in July, 60% August and 80% in September compared to 2019 activity. ❖ Direct psychology interventions are planned for clients whose discharge to a private sector resettlement facility has been delayed and to support clients' transition back to day care. Face to face initial psychology assessments will also be offered subject to capacity and social distancing/infection control measures. ❖ Therapeutic psychology contacts with existing clients via telephone or digital platforms will be continued and increased where possible. ❖ Increase the number of face to face social work home visits beyond the urgent cases and to begin home visits to undertake transition assessments, reviews and carers' assessment. Social work teams are currently working to develop thresholds to support this reset element which will determine the level of activity that needs to be phased across this period. This is still in progress so phased plan is not available at this time. ❖ Stabilise provision of Day Care at 10% and incrementally increase capacity to 50% across this three month period in line with government monitoring of transmission, government guidance, availability of PPE and internal infection control, workforce and environmental factors that will impact on Day Care capacity. A regionally developed criteria for service provision has been finalised and will be applied to support reset. Plans will also be put in place to support the outreach model on a longer term basis. ❖ Increase short break capacity within the independent sector. Trust short break facilities will be used to continue to provide a crisis oriented model to support families at point of breakdown. ❖ Inpatient and services at Lakeview Hospital will be continued and discharge planning will recommence.

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		❖ Stakeholder Engagement has been taken forward within Learning Disability Services throughout June 2020. Reset of Day Care has involved engagement with clients and carers to determine the % that would be keen to return and to understand concerns/issues of those that have outlined that they would not.	❖ The Community LD nursing team will continue to provide essential treatments, testing and assessments. The health facilitation service will resume in line with GP reset guidance. The practice educator LD nurse will be phased back to minimise impact on safe staffing levels within the inpatient hospital facility and the epilepsy LD nurse will also phase back. ❖ In line with the Regional Learning Disability Recovery Plan service user/carer feedback will continue to be a priority within Phase 2.
Mental Health	❖ Adult mental health crisis services in both hospital and community setting have been maintained. ❖ Mental Health inpatient facilities were maintained during this period. Visiting policy was revised as were planned leave requirements for mental health patients to ensure adherence to IPC requirements and reduce risk of COVID-19 in inpatient facilities. ❖ 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 ❖ Supported living within 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 ❖ New and review psychiatry assessments for learning disability were continued utilising virtual technology. ❖ Tier 3 addiction services were suspended. Delivery of this service has continued through the use of virtual telecalls/videoconferencing. ❖ Psychology assessments and the behaviour support service were temporarily stood down. ❖ Psychology staff provided support to staff.	❖ Inpatient and crisis response home treatment services were maintained. A risk assessment of facilities has been completed and plans in place to ensure staff and patients are safe including isolation spaces for new admissions and to await COVID results prior to admission to ward. During the COVID-19 period (March-May 2020) there were a total of 324 admissions to inpatient mental health facilities across the Trust and 1782 contacts were provided to MH patients by Crisis Teams. ❖ Mental health outpatient services have completed a safe working risk assessment and assessed impact on capacity of infection control and social distancing requirements. ❖ Face to face attendances have recommenced on a gradual basis following completion of necessary risk assessment. A level of telephone reviews continues to be in place within this service. March to April 744 contacts were delivered. ❖ Risk assessments were completed for recovery and day care services. ❖ Regional development of a 10000 Voices Service User questionnaire for mental health services with support and input from Service User Consultants across all five Trusts. ❖ Through Pathfinder there has been opportunity to engage with service user and carers to inform Phase 2 plans.	❖ The focus within this period will be to sustain crisis services (hospital and community). Mental health crisis services respond to emergency referrals and admissions and without any regional or national evidence outlining anticipated/predicted impact that COVID-19 would have on inpatient admissions it is difficult to plan what this will look like. Across the COVID-19 period inpatient services experienced a small reduction in admissions when compared to 2019/20 position but this was not significant. Therefore, planning for recovery will aim to meet 2019/20 baseline demand. ❖ Face to face activity within primary care liaison services will be increased based on an assessment that all new referrals and 75% of reviews require face to face. ❖ There will be a gradual increase in the number of routine face to face appointments within Tiers 3 and 4 Addiction Services. ❖ Provide limited face to face day care service for mental health patients based on assessed need and taking into account the impact on other services such as Supported Living Units which have been supported by redeployed day care staff. ❖ Continue to engage with stakeholders across this period.
Physical & Sensory Disability	❖ A range of physical disability services were scaled back or suspended in line with the service's surge plan include neuro-rehabilitation, adult ASD diagnostic assessments, community team services, and day care and short break services. ❖ Contact with existing Community Brain Injury clients open on caseloads has been maintained via telephone contact and videoconference where available.	❖ Risk assessments of statutory day care facilities have commenced and will be completed before the end of June 2020. This has included a Safe Working Environment assessment to determine the level of capacity (both staff and service users) that can safely be facilitated within facilities. Individual risk assessment of clients will also be completed.	❖ Start to reinstate statutory day care using a phased approach taking into account safe capacity levels that can be managed by adhering to infection control, PPE, social distancing and workforce restrictions. It will also take into account the impact of a 3-week closure of centres during the summer months. An outreach will continue to operate to try and meet as much as possible the demand for Day Care. During the COVID period 90% of members were contacted per week; 60% had on-going contact via phone and 30% had activities delivered to their home.

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	❖ ASD Services - client/patient contact has been maintained primarily via telephone and/or video link where assessment and intervention has been appropriate (i.e. providing services as usual) and/or where required (for urgent cases).	❖ Engagement with service users and informal carers has been taken forward within Physical and Sensory Disability Services. In relation to Day Care services, there is a very clear indication of the importance and need to begin re-establishing Day Care services on a phased basis. Over 35% of carers have outlined that their wellbeing has been negatively impacted due to increased caring role during the COVID period but with no access to Short breaks. There has also been a clear appreciation for the in-reach service that has been provided as well as acceptance that recovery plans will be on a phased basis. There is also a willingness to compromise in terms of no. of days clients can avail of services and a willingness to consider alternatives such as day opportunities or keeping connected via technology	❖ Discussions with the Independent Sector providers will be prioritised to agree day care capacity. ❖ Commence gradual reintroduction of short breaks based on engagement with service users and carers to support families and reduce the likelihood of crisis situation presenting. ❖ Phased increase in face to face outpatient services. ❖ Service user engagement and involvement will be key to supporting with Phase 2 plans.
Sexual & Reproductive Health (CASH & GUM)	❖ GUM and sexual health priority services were maintained	❖ GUM and sexual health priority services were maintained ❖ CASH services maintained by telephone ❖ Clients seen face to face only in an emergency	❖ Continue to maintain GUM and sexual health priority services. ❖ Maintain telephone consultations ❖ Postal medication service ❖ Maintain PrEP services (HIV prevention) ❖ Clients presenting with emergency symptoms seen following risk assessment.
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.	❖ AHP outpatient services continued to be delivered using telephone or videocall consultations. ❖ Inpatient services have continued to be maintained. ❖ Occupational Therapy (OT) input to reablement/rehabilitation was maintained and telephone contact was maintained for mental health clients and rheumatology outpatients. A critical face to face service was maintained for hand therapy, adult and children's community services, wheelchairs and neurology. ❖ Orthoptics – new patients triaged as urgent were addressed with face to face appointments offered for patients categorised as red flag patients in line with with professional body guidance. Patients on the orthoptic review waiting list who were due an appointment by 30 May 2020 have been reviewed via virtual consultation, advising on active treatment plans and arranging future dates for virtual consultation, reprioritising waiting list/ discharge in agreement with patient/ parent. Orthoptic support has also continued to be provided to ophthalmology, stroke and other medical professions and referral sources. The visual field service remains	❖ All service areas will start to step up service provision during Stage 2. ❖ OT – the community OT service will continue to deliver interventions by telephone or virtual clinic where appropriate. Outstanding equipment installations, and wheelchair orders that had been put on hold will be processed. Cases that were put on hold during COVID-19 will be progressed and patients who were shielding or declined an appointment will be re-contacted to establish if they are in a position to reengage with the service. Face to face contacts for children's OT will be stepped up where this is indicated as necessary. Hand therapy and rheumatology open caseloads and clients on splinting regime will be reviewed. No new cases will be opened except for urgent or emergency referrals. The face to face service for neurology will be stepped up and delivered either in clinic or on a domiciliary basis and open caseloads will be reviewed. ❖ Orthoptics – at Altnagelvin continue to offer appointment slots for up to 6 patients per week. Approval awaited to recommence clinics in OHPCC which would allow 50-56 face to face appointments per week to be offered along with 14 virtual consultations. 50-56 face to face appointments and 14 virtual consultations per week will be offered at SWAH. Confirmation is awaited on when satellite clinics can recommence. The plan would be to proceed with a 40% capacity model and amend with the aim of maximising service activity within the context of managing the ongoing COVID-19 situation. This will also affect the number of face to face contacts in OHPCC/ SWAH/ AAH, as staff timetable for there will then be required to

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		suspended with only patients with a time critical condition offered an assessment. ❖ Speech & Language Therapy (SALT) – Telephone consultations continues across all parts of the service and virtual clinics were held across adult ENT, paediatric community and community dysphagia. Domiciliary visits were undertaken where deemed appropriate. ❖ Dietetics – ad hoc telephone consultations for new and review patients continued and dietetic input to the virtual diabetes gestational service continued. ❖ Physiotherapy – the musculoskeletal service has maintained a reduced service via 90% virtual contact and 10% face to face contacts for red flag, urgent and routine new patients with a significant change in their condition. Patient appointment letters have been updated to advise on the service position. A safe working environment assessment has been completed.	deliver service in satellite clinic. In SWAH a visual field assessment is offered to patients attending an ophthalmology appointment as required. A similar service will be offered in Altnagelvin and Omagh once the service is resumed. ❖ SALT – it is planned to increase activity by 25% across adult and paediatric services across telephone consultations, virtual clinics in adult ENT, paediatric community and community dysphagia and face to face contacts in acute settings and possibly schools. ❖ Physiotherapy – from 6 July 2020 new musculoskeletal patients will be partial booked to a telephone appointment and the face to face proportion will increase to 20% to include routine patients who are assessed as requiring a face to face contact.
Human Milk Bank	❖ The Human Milk Bank provides an "all-Ireland service" and the service has been fully maintained with 220 Litres donor breast milk supplied to Neonatal units from January 2020 to end of March 2020.	❖ We continued to ensure the human milk bank service was maintained.	❖ Aim to maintain full service to meet demand for donor breast milk throughout Ireland.
Dental Services	❖ 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.	❖ Routine dental care continued to be stood down. ❖ Five urgent care dental centres were established regionally with the Western Trust centre located in Omagh Hospital and Primary Care Centre ❖ Some general anaesthetic (GA) sessions were delivered for paediatric and patients with special needs and there were 12 domiciliary visits.	❖ Increase provision for aerosol generating procedures (AGPs) dependent on HSCB guidance and review waiting lists in relation to AGPs and prioritise as per clinical/medical needs ❖ Continue to develop new information for patients, clients and carers in relation to the upscaling of services ❖ Develop procedures to manage medically compromised patients who continue to shield at home and ensure they have access to services either by remote working or Domiciliary visits as required. ❖ Open 2 more clinics for non-aerosol, non-urgent patients - 4 patients face to face daily per clinic
Children and Young People Services			
Health Visiting & Family Nurse Partnership	❖ Priority health visiting caseload management was maintained.	❖ Priority health visiting caseload management was maintained. ❖ Continuation of pre-school immunisation programme. ❖ Establishment of telephone helpline ❖ Maintained safeguarding service to vulnerable families	❖ Phased resumption of the offer of home visits to families as required by "Healthy Child, Healthy Future (HCHF) depending on percentage of staff available in line with regional Operation Recovery Plan. ❖ Telephone contact with families who do not wish for home visits will be maintained. ❖ Continuation of pre-school immunisation programme.
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.	❖ School nursing services were stood down with the exception of a safeguarding service to school aged children.	❖ Continue to provide a safeguarding service to pre-school children, home visits following risk assessment, attendance at Looked After Children (LAC) case conferences.

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			❖ Catch up on outstanding school age immunisations, mainly school leaver boosters. ❖ Plan for delivery of flu vaccine programme to Years 1 – 8 pupils inclusive.
Children's ASD Service (Autism Spectrum Disorder)	❖ All ASD referrals were triaged and all priority assessments across social work and psychology were completed via telephone.	❖ Online intervention training continued to be developed. First session due to be piloted with parents/carers. ❖ In line with social distancing measures most contact with families has continued to be delivered remotely, except for urgent cases who are seen in person. The team have continued to provide a service by completing developmental histories and other post diagnostic supports and interventions via the telephone. ❖ Referrals continued to be triaged for both assessment and intervention. ❖ A duty rota was established in which clinicians are available to support those who call the service with a diagnosis of ASD, currently awaiting ASD assessment or other professionals requiring support. ❖ The social work team are reviewing priority cases and liaising with families. SDS packages continue to be reviewed and where an emerging need is identified it is presented to the Emergency Disability Resource Panel which meets weekly. The service has experienced an increase in demand. ❖ Resources are being developed and sent out to support families as required. ❖ Feedback from service users around telephone consultation appointments has been positive to date.	❖ Referrals will continue to be triaged for both assessment and intervention. ❖ The duty on-call rota will continue during this period. ❖ The social work team will continue to review priority cases and liaison with families. SDS packages will continue to be reviewed and escalated to the Emergency Disability Resource Panel where required. ❖ Parent intervention sessions level 1 & 2 will be accessible online. ❖ New patient assessments and new patient interventions will continue to be delivered virtually by telephone activity is likely to be reduced due to need for staff to take annual leave. ❖ The need for face to face appointments for child observation diagnostic assessment is being considered by autism clinicians regionally and nationally and additional options for assessments will be actively considered by diagnostic clinicians within the team. In addition school questionnaires and/or school observations which support the diagnostic assessment process are unable to be completed during this time due to school closures. ❖ Capacity will also be reduced due to the physical environment in which the Children's ASD services are currently accommodated within and adherence to social distancing guidelines. ❖ The service is anticipating a further increase in requests for support and intervention due to the length of time children and young people have been out of school and the increased pressure parents/carers are experiencing caring for children. In addition as children and young people prepare to return to the school setting the demand for support and intervention will increase as children face further changes to routine and structure.
Children's Disability Community Teams and Community Nursing Learning Disability (CNLD)	❖ Emergency response to families in crisis has been maintained by the Children's Disability teams. There has been remote support of all open cases.	❖ Every family continued to be contacted remotely weekly and home visits were undertaken if assessed as necessary. ❖ Weekly emergency Family Support Panels took place. ❖ Emergency admissions to Avalon short breaks continued (27 since 23/03/20). ❖ Remote 'check ins' were continued for all open cases. ❖ Support packages were distributed to families ❖ Remote support and liaison was maintained for contracted partners. ❖ Planned feedback sessions in each team area with Head of Service and Service manager	❖ Planned home visits. ❖ Planned assessments/case reviews ❖ Reinstate Multi-Disciplinary Team meetings. ❖ Continuation of Emergency Family Support Panel. ❖ Continuation of emergency admissions to Avalon (4 children per week) ❖ Phased reopening of Rosebud Cottage (2-4 children per week) ❖ Develop staff communication plan ❖ Seek service user views re Learning over COVID period and future service development ❖ Implement learning and views of staff and service user groups ❖ Re-commence CNLD Clinics ❖ Support Contracted partners to phase back direct services/supports
RISE	❖ Staff were redeployed to support other service areas.	❖ Redeployed staff to support other service areas. ❖ Contacted all open cases by telephone offering advice and support and identify those children who are more	❖ Continue to support parents/carers and education staff by telephone ❖ Planned home visits/clinic appointments if necessary for priority children

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		vulnerable. Distributed letters to all 500+ families outlining supports available ❖ Triaged 200+ new referrals ❖ Issued parent surveys to all families and assisted other services with design of parent surveys ❖ Issued staff survey ❖ Developed regional PAGE TIGER link to support parents/carers, education staff and others ❖ Staff have been putting together therapy resources for families and posting out so that families can work on skill development	
Children's Behaviour Support Team	❖ Remote assessments were undertaken with face to face assessments where assessed as necessary	❖ Urgent cases seen face to face were assessed as necessary ❖ Urgent assessments completed remotely	❖ Phased reintroduction of assessments and interventions face to face where necessary. ❖ Maintain baseline levels of activity during July and August taking account of annual leave requirements and current staff availability.
Children's Learning Disability Psychology & Psychiatry	❖ We continued to see urgent cases face to face and new and review assessments were undertaken by telephone. ❖ Case review meetings and consultants were held remotely via telelink.	❖ Urgent cases continued to be seen face to face/ ❖ Current clients were reviewed by telephone and new assessment were commenced by telephone. Outstanding assessments were completed. ❖ Case review meetings and consultations were held by telelink ❖ Small group face to face therapeutic meetings for residential unit were held with appropriate measures in place ❖ Peer supervision, case planning and discharge planning meetings continued by video/telelink ❖ Regional Clinical Psychology meetings by Videolink ❖ Resources for parents and sensory packs for children were developed. ❖ Solihull online training completed	❖ Phased reintroduction of assessments and therapeutic work both face to face and via virtual platforms ❖ Attendance at Multidisciplinary Team Meetings ❖ Continue with telephone contact with families on current caseload ❖ Continue with meetings via remote platforms or face to face ❖ Continue with consultation, case reviews and referral meetings via remote platform or face to face where appropriate ❖ Continue to address difficulties with psychometric assessment by considering all options and linking with regional and national professional bodies
Child & Adolescent Mental Health (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.	❖ We continued to provide up to date information to families and other agencies. ❖ Contact and support for other statutory, voluntary and community services was continued. ❖ An emergency response service continued for young people experiencing a mental health crisis through direct face to face assessment. ❖ Choice appointments through face to face and telephone assessment have been reinstated on a phased basis. ❖ Routine CAMHS partnership reviews continued through either face to face or telephone review. ❖ Recovery of physical monitoring of clinical observations for ADHD Service.	❖ CAMHS service delivery with regards to overall capacity will be affected by approximately 30%. The service has been selected to be early adopters of a digital platform to provide a modality of therapeutic delivery to the most vulnerable and marginalised young people which will strengthen and support capacity lost through the physical environment of work places whilst we adhere to guidance. ❖ It is anticipated that there will be a significant increase in demand for CAMHS over the coming months due to the impact of the pandemic on children and young people's mental health and emotional wellbeing. In addition as children prepare to return to school it is expected that this will also impact upon referrals to the service. ❖ The physical environment in which CAMHS is accommodated in and adherence to the social distancing guidelines will impact on capacity also.

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		❖ Professional CAMHS consultation service has been reinstated using virtual platform. ❖ Remote working was continued. ❖ Contributed to setting up of staff support help line ❖ Work environment and individual staff risk assessments were completed. ❖ An early evaluation of the use of new ways of working by staff and service users through telephone assessment was completed which indicates whilst there is many positives to this way of working limitations are also recognised. The basis of engagement and therapeutic connection through a relationship based service were observation is critical to therapeutic work is seen as paramount to service delivery.	
Court Children's Services	❖ Emergency application for courts progressed.	❖ Emergency court assessments continued.	❖ Court assessments to be restarted in terms of Public Law. The Public Law hearings to take place virtually and final hearings to be scheduled in to be heard in Court where Court Services agree. ❖ Court Children's Services will be fully operational and available to report to Court.
Children and Corporate Parenting	❖ Family and childcare services were maintained via telephone contact and/or face to face visits on a risk assessed basis. ❖ 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. ❖ Triage of referrals and all childcare protection and childcare concerns referrals were responded to.	❖ Gateway, Family Intervention Service (FIS) and Looked After Children (LAC) reviews and childcare conferences have been facilitated via virtual technology and extended working hours and flexible working. ❖ Priority family contact facilitated following risk assessment was maintained. ❖ Fostering and adoption panels continued. ❖ Home visits were resumed following risk assessment.	❖ Gateway- Responding to childcare concerns following assessment will be undertaken on a face to face basis in accordance with PHA guidance. Resetting to undertake normal business as soon as possible complying with PHA guidance and adhering to COVID restrictions. (baseline activity measurements July-Sept 19) ❖ FIS/LAC – increase face to face contact by 50%. In line with DOH Guidance then visits will increase to 100% as legislation changes. Statutory Reviews will increase in line with current legislation working towards 100% either face to face or virtual pending availability of appropriate facility or virtual platform. ❖ Fostering/Adoption- 70% level of activity has been maintained throughout the lockdown by way of reduced physical panel number and virtual contact. This will now be increased to 100% ❖ Virtual Mandatory Training for Adoption/Fostering ❖ Early Years – increase by 50% as providers begin to reopen following lockdown and the restrictions imposed by COVID19 ❖ Contact – Direct contact will be reintroduced following Risk Assessment. Family Centres – Plans in place to fully reinstate Family Centre services by September in line with social distancing requirements.
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	❖ Red Flags and Urgent Referrals continued to be seen. ❖ Virtual clinics continued and some specialist nurse face to face clinics have re-started. ❖ Day case and ward attenders were arranged for twice a week but demand has started to increase.	❖ Waiting lists will continue to be reviewed/triaged and those requiring to be seen will be accommodated either face to face or through virtual means. ❖ Options for paediatric inpatients in Altnagelvin will be explored in advance of winter pressures.

Our services	What did we do during COVID-19 pandemic?	What did we do to rebuild services June 2020 (Stage 1)	What are we planning to do to rebuild services July to September 2020 (Stage 2)
	with a follow up virtual review of results and any issues by medical staff on Thursdays.	❖ The nurse-led children's diabetic drive-through clinics continued to be delivered. ❖ The paediatric assessment unit (PAU) in SWAH remained stood down. ❖ Telephone clinics were set up for paediatric psychology	❖ Increase the number of children being seen as outpatients in SWAH and OHPCC. ❖ Risk assessments will be completed for each area. ❖ Explore options to increase the number of telephone appointments, eg potential for children to be seen by a nurse prior to the appointment with doctor which may increase the number of appointments that could be telephone. ❖ Explore potential for children to have bloods done by CCN/other nurse in advance so results available for consultation. ❖ Incorporate the use of IT further to improve patient experience and reduce travelling time for children and parents. ❖ Consider increasing the number of daycase clinics and re-establishment of PAU in SWAH. ❖ Reset face to face clinics for insulin pump setting up and ongoing training and patient education. Explore potential for zoom/pexip training. ❖ Move to face to face clinics for paediatric psychology.

Service area: CORPORATE

Our services	What did we do during COVID-19 pandemic?	What did we do to rebuild services June 2020 (Stage 1)	What are we planning to do to rebuild services July to September 2020 (Stage 2)
Population Health / Tackling Health Inequalities	❖ Vulnerable Isolated People Programme – delivered in partnership with Derry City & Strabane District Council (DSCSDC), Fermanagh and Omagh District Council (FODC) and Causeway Coast and Glens Borough Council (CCG), Community and Voluntary Sector, Advice NI and the Department for Communities. In addition weekly multiagency collaboration has been in place with all the above partners and DEARA, PHA, PSNI and Integrated Care Partnerships. ❖ Training for teams call handlers developed including anxiety, suicide prevention, domestic violence and linking to services. ❖ 1431 referrals made to WHSCT Call Handling team with a total number of interventions in each council area – DCSDC 1371, FODC 2534, CCG 1205. Multiagency group set up and meets regularly to support the service. ❖ Smoking Cessation Service - was stood up during COVID-19. Nurse practitioners with Active client list of 115 and waiting list of 36. ❖ Travellers Project – Travellers Action Group met to review emerging need for support in WHSCT area. Team have worked with other agencies and CVS to get support to travelling community and following the TAG meeting, consultation with PHA has resulted in the project standing up again as from 25 May 2020. Work	❖ Contacts continued with vulnerable people in our community and shielding patients. ❖ Department for Communities restarted Omagh and Enniskillen Neighbourhood Renewal Health Projects. ❖ A report was presented to Multi-Agency group. Planning started for the evolution of Multi-Agency group including linkages into Community Planning structures. ❖ We supported our staff through psychological support helpline and arrange of tools and supports including those within TWIST-West. ❖ Management of Trust donations and distribution process continued. ❖ Production of health and wellbeing messages through literature and promotional material. ❖ Smoking cessation programmes continued.	❖ Continue to support shielded patients through the Community Hub and community mobilisation efforts until 31 July and continue making contact with shielded patients to support their needs. ❖ We will work with the established Multi-Agency group to agree learning from this first phase of support and remain prepared for any second surge. ❖ Recommence health improvement commissioned programmes and activities where possible within the constraints of social distancing and infection control requirements, including community food and nutrition, physical activity, diabetes prevention and older people's health and wellbeing. ❖ Restart implementation of the Health Literacy action as part of the Community Plan including review of information content, presentation and relevance to the messages for COVID-19 especially for older, shielded and vulnerable individuals. ❖ Finalise Neighbourhood Renewal Omagh and Fermanagh Health groups' action plans and start delivery of actions. ❖ Personal and Public Involvement (PPI) - resume staff training through virtual delivery, update website materials and provide advice and support to services on their reset plans.

	included mental health - Supporting travellers through death ❖ Mental Health - Resources have been developed for staff around mental health and practical psychological responses to COVID-19 through our TWIST West programme of work. Examples include: - Managing anxiety around COVID-19 leaflet, going home poster, we are with you, Infection control uniform poster and online training promoted widely. ❖ Psychological support staff helpline developed and manned via our Health Improvement and Psychology teams. ❖ Resources have also been developed for our public including supporting parents during lockdown; our patients - Your post COVID-19 recovery plan / CRT resource and for those requiring Chaplaincy support.		
Pathfinder	❖ Our pathfinder programme of work In Fermanagh and West Tyrone has continued with five workstreams: • Community Care • Carers • Mental Health • Primary Care • Hospital Care ❖ Telephone or videocall workshops took place during the COVID-19 period in February 2020 with over 200 participants engaging. Three implementation groups have been established (Community, Carers and Mental Health) which have continued to meet during COVID-19 and a work plan for these areas is currently being co-produced with the community implementation groups. ❖ During COVID-19 the role and purpose of Pathfinder Collaborative Implementation groups has temporality shifted to support the community priorities related to COVID-19.	❖ Meetings were held with the Collaborative Implementation Groups (CIGs) to take stock of work which had occurred during COVID-19 and resultant learning.	❖ Implementation group meetings are being arranged for mid-July. CIGs will agree and develop action plans to include work agreed at the "Moving to Action" workshops and learning during COVID-19, reach agreement on CIG membership, in accordance with co-production guidelines and develop terms of reference. ❖ Arrange a further hospital workshop with consultants in SWAH for September. ❖ During COVID-19, meetings were held between the Trust and South West GP Federation to provide social work support to Federation practices during COVID-19. This commenced in June and will remain operational for 3 months initially. ❖ Finalise arrangements for the Connected Communities Project in partnership with the Red Cross.
Transformation Projects	❖ Staff were redeployed to support other areas.	❖ Begin to return staff who had been redeployed to COVID-19 roles to their substantive positions.	❖ Restart or scale up projects the remaining projects which had been affected by the redeployment of staff to support front line COVID-19 effort.
Visitors	❖ In line with all HSC services, restricted visiting was introduced on 26 March 2020 and hospital lockdown was introduced on 31 March 2020. Our hospital chaplains had been providing telephone or videocall support to isolated patients and have now reverted to providing support on a face to face basis with the appropriate PPE in place.	❖ In line with all HSC services, restricted visiting was introduced on 26 March 2020 and hospital lockdown was introduced on 31 March 2020. There are currently no plans to ease the restrictions on visiting during June. ❖ Hospital car parking and food provision arrangements continued in June.	❖ We will implement decisions made at a regional level and locally on the phased re-introduction of visiting at hospital sites where significant restrictions to visiting had been applied. ❖ We will implement any other regional guidance on visiting relevant to our community services and facilities. ❖ Reset plans for site management will be agreed and implemented in line with regional guidance and phased in as appropriate to wider reset plans for visiting and hospital activities.

		❖ Risk assessments of shared and public workspaces and preparation of the "Working Safely Together" campaign launched.	❖ Deployment of materials and measures to support social distancing across all sites.
Chaplaincy Services	❖ Support was provide to isolated patients via telephone or videocall.	❖ Hospital chaplains provided telephone or videocall support to isolated patients and then restarted support on a face to face basis with the appropriate PPE in place.	❖ We will review of the chaplaincy service ongoing throughout the pandemic including the level of support and the use of telephone and videolink support to patients. ❖ Review hospital access including visitors and review impact of potential congestion on communal areas.
Testing of Staff and Patients / Clients	❖ A new staff and patient COVID-19 testing service was established in Derry, and Enniskillen.	❖ A business case to establish longer term community testing centres in three locations across the Trust geography was completed and new locations agreed.	❖ Works to establish 3 sites for new testing centres in Enniskillen, Omagh and Gransha will be completed and initial staff recruited.
Management of PPE	❖ We put in place processes to manage the receipt and distribution of PPE. ❖ We have created COVID-19 Safety Guardians whose role is to provide support with social distancing, infection control arrangements, use of PPE and PPE stock levels and provision of psychological support.	❖ Preparations have been made to facilitate the relocation of the PPE receipt and distribution service to a new dedicated location from July. ❖ Supply issues were managed through regional linkages and across Trusts.	❖ A new store will be commissioned to operationally manage the need for supply of PPE for the future. ❖ We will re-establish the necessary emergency stores. ❖ The management arrangements and the longer term measures for managing PPE will be reviewed and implemented.
Corporate Services	❖ An ethical committee and other enhanced governance processes were established, for example COVID-19 Surge Planning Framework and emergency planning command and control arrangements. ❖ A risk based approach to maintaining Trust Estate, Plant and Equipment via essential PPMs was maintained. ❖ The Trust has provided detailed briefings to MLAs throughout the outbreak. ❖ An information App was rapidly developed to provide consistent and accessible COVID-19 data. ❖ A receipt and distribution service was established to support the efficient and effective provision of PPE across our service areas in line with PHE guidance. ❖ We stepped back to a reduced level of contract monitoring for the SWAH PFI, in line with Cabinet Office guidance.	❖ Enhanced governance processes continued to be implemented. ❖ Planned estate and equipment maintenance restarted using a risk assessed approach. ❖ MLA briefings continued to be provided. ❖ Surge plans for the community bed provision were reviewed. ❖ We are committed to meaningful involvement of staff in decisions that affect their working lives. To that end have continued to work closely with staff and with their representatives to ensure communication, engagement and consultation about the "rebuild" and improvement agenda is effective.	❖ Enhanced governance arrangements will continue over the next three months. This includes continuation of the newly established Clinical Advisory group and the local Clinical Ethics committee. ❖ There will also be increased frequency of meetings of previously established governance arrangements. ❖ Further phased restart of minor works projects and maintenance activities including the SWAH PFI. ❖ Communications with elected representatives will be held regularly and information will be provided on key issues through our Public Affairs staff. ❖ We will keep our surge plans under review and work regionally on any surge preparations required. ❖ We will continue staff engagement work including video links with senior leaders and BAME staff. ❖ We will involve staff at all levels in the planning for services to restart and gather the learning from the first wave of the COVID-19 pandemic. ❖ We will have regular consultation meetings with Trades Unions. ❖ We will work in partnership with staff and their representatives on working groups to plan, design, implement and evaluate changes.
Education, Training and Research	❖ A range of training continued to be delivered on-line.	❖ Plan and recommence aspects of professional and mandatory training.	❖ Further phased reintroduction of training for staff. ❖ We will ask staff to review their mandatory training outstanding and to bring this up to date. ❖ The WHSCT R&D Department will continue to support participation in nationally prioritised COVID-19 Urgent Public Health (UPH) studies. The Trust is participating in 4 of these studies to date.

			❖ The R&D Department is conducting a review of our research portfolio and risk assessing in collaboration with key stakeholders to plan safe restart. ❖ MedEdWest is working in partnership with QUB to support reestablishment of undergraduate Medical Education and with NIMDTA to ensure training needs of doctors in training are met. ❖ There is ongoing development of innovative approaches to teaching, supporting and communicating with both undergraduate and postgraduate students to ensure high quality learning experiences.