

## Rebuilding HSC Services – phase 1 (June 2020)

### *Our Approach: Rebuilding Health and Social Care Services in the Northern Trust*

We are now past the first peak of the Covid-19 outbreak in Northern Ireland, and the time has come to begin to rebuild our health and social care services. As we do so we have to recognise that Coronavirus will be with us for some time, and this will change the way we provide many of our services.

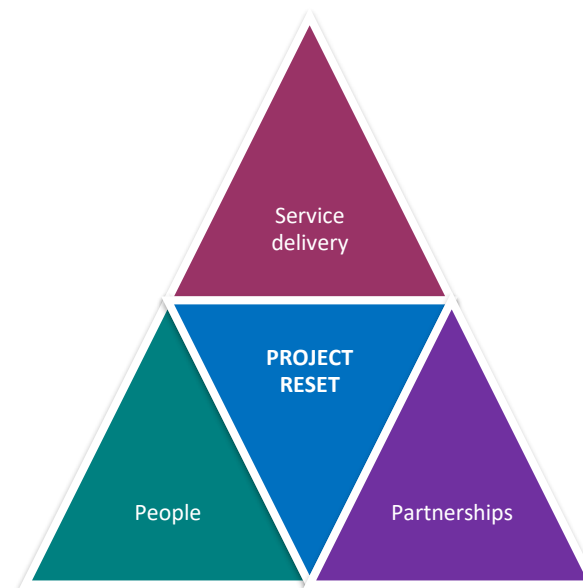
The Coronavirus pandemic has meant that many services have been stood down or significantly reduced. However the pandemic period has also been a time of great innovation, with barriers being broken down and services being delivered in very different ways, including much greater use of technology. Throughout this period our staff have shown tremendous resilience and creativity and have continued to deliver high quality care in some very difficult circumstances, and we have demonstrated the value of working in partnership with those outside the Trust.

As we move towards the future, we will be focusing on three key areas through our Project Reset:

**Service delivery:** we will rebuild and re-form services, using the learning from the Coronavirus period to establish a ‘new normal’, providing safe, high-quality health and social care to our patients and service users.

**People:** our staff are at the heart of all we do and we will support them to learn from their experience, with our continued focus on making NHSCT a great place to work.

**Partnerships:** we will reach out to develop and strengthen our partnerships with those outside the Trust, with the overarching aim of improving the health and wellbeing of our population.



The following pages set out our plan for June 2020, showing how we will begin the journey of rebuilding health and social care across all our services. Along with our partners across Northern Ireland, we will be working together 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.

**Our Key Challenges in respect of implementing our Plan include:**

1. Rebuilding elective services for prioritised groups while continuing to respond effectively to Covid-19.
2. Assessment of workforce pressures including the ability to safely and appropriately staff the rebuild plans, ensuring our staff feel supported and valued and managing the resources required for testing to maintain patient and staff safety in respect of spread of infection.
3. Ongoing requirements to maintain Covid and non-Covid pathways in line with IPC advice and guidance to safely manage the flow of staff and patients and utilisation of PPE.
4. Maintaining our commitment to co-production, engagement and informed involvement in key decision making.
5. Ensuring any rebuild plans focus on keeping our staff, patients and service users safe.
6. Ensuring we harness opportunities to deliver services differently and with innovative solutions that reduce the need for direct patient contact but which can effectively and safely deliver health and social care services.
7. Our hospital based infrastructure is poor and achieving effective implementation of social distancing measures will present significant challenges including a reduction in site capacity and productivity.

## RESET PLAN PHASE 1 JUNE 2020

### SERVICE AREA: OUR HOSPITALS

Our services	What did we do during Covid-19 pandemic?	What do we plan to do during June 2020?
<b>Urgent and Emergency Care</b>	❖ Managing patients suspected / diagnosed with covid-19 and non-covid-19 at Antrim Area Hospital and Causeway Hospital Emergency Departments.	❖ Review access to emergency care services within the Trust in light of social distancing requirements. ❖ Maximise Primary Care Partnerships to develop RESET plans in collaboration.
<b>Critical Care</b>	❖ Intensive Care provision at AAH was scaled up in line with the agreed regional critical care 'surge' plan to provide up to 20 ICU beds. ❖ Staff with appropriate skills and training re-deployed from other areas to support an increase in critical care provision locally.	❖ Retain Intensive Care provision to 'presurge Covid status' to provide 8 level 3 ICU beds at AAH and 4 at Causeway Hospital. ❖ Enable a number of non-ICU staff to return to support additional urgent and emergency services.
<b>Diagnostics (X-Ray, MRI, CT, cardiac investigations)</b>	❖ Whilst services continued for both elective (red flag) and unscheduled patients routine investigations were ceased on 20 <sup>th</sup> April.	❖ Continue inpatient, red flag and urgent investigations across (all sites) ❖ Scheduled diagnostics will resume with reduced capacity due to infection control constraints. ❖ Pursue access to additional independent sector provision to increase availability for MRI investigations. ❖ Breast Surveillance although initially paused has been fully restored since early May.
<b>Cancer Treatment Services</b>	❖ Cancer Surgery has continued as per NHS England and NICA regional prioritisation. Treatments; oncology and haematology Systemic anti-cancer treatments (SACT) continue and in accordance with national and NICA regional guidance with 20% reduction in capacity.	❖ SACT will continue to be provided in response to demand. ❖ Surgical activity will increase in a phased way. ❖ Activity has been gradually increasing since early May with an increase in phone/video assessments.



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<b>Day Surgery &amp; Endoscopy Services</b>	<ul style="list-style-type: none"> <li>❖ Only emergency and in-patient procedures were carried out during Covid-19.</li> </ul>	<ul style="list-style-type: none"> <li>❖ All endoscopy procedures are to be re-established albeit with reduced capacity due to Covid related Infection Control and Social Distancing.</li> <li>❖ Day surgery provided for urgent procedures.</li> </ul>
<b>Outpatient Services</b>	<ul style="list-style-type: none"> <li>❖ Reduced services continued using phone/video and some face-to-face clinics where required for urgent and red flag patients. Over a 6 week period (mid-March to end of April) there was a total of 2542 new Outpatient appointments, 42% of which were by phone/video and 11231 review appointments of which 48% were by phone/video.</li> <li>❖ Introduced risk assessment in LGI and UGI eg qFIT, to triage those patients most in need of further assessment.</li> </ul>	<ul style="list-style-type: none"> <li>❖ Outpatients – continue telephone and video assessments for urgent, red flag and review as well as limited priority face to face (Trust wide). A step up plan taking account of social distancing and access requirements is being developed.</li> </ul>
<b>Integrated Maternity and Women's Health</b>	<ul style="list-style-type: none"> <li>❖ We consolidated inpatient obstetrics on the Antrim Hospital site to ensure safe delivery of care during the pandemic. Causeway maternity unit provided outpatient antenatal care, and community midwifery continued across the Trust in the antenatal and postnatal period.</li> <li>❖ Gynaecological Services such as Cervical Screening, Botox, routine outpatient clinics and See and Treat Gynae clinics were severely affected by Covid-19.</li> </ul>	<ul style="list-style-type: none"> <li>❖ The provision of inpatient Obstetrics on the Causeway site has been heavily dependent upon locums, several of whom are no longer available for a variety of COVID-related reasons. We are now carrying out an options appraisal, which will include consideration of all possible options to maintain the service at Causeway. The Causeway Maternity Unit will continue to provide Outpatient antenatal care Monday to Friday 9am-5pm and Community midwifery across the Trust continues in the antenatal and postnatal period</li> <li>❖ To continue telephone and video assessments for urgent, red flag and review as well as limited priority face to face (Trust wide). A step up plan taking account of social distancing and access requirements is being developed.</li> </ul>
<b>Inpatient Elective and Emergency Surgery for Adults and Paediatrics</b>	<ul style="list-style-type: none"> <li>❖ Emergency surgical services have continued throughout the pandemic.</li> <li>❖ EmSU was established to deal with surgical emergencies directly from GP.</li> </ul>	<ul style="list-style-type: none"> <li>❖ Elective inpatient surgery will increase in a phased way with a continued focus on red flag &amp; urgent patients in the first instance due to Covid related constraints.</li> <li>❖ Continue the reformed Emergency Surgical Pathway in Antrim Hospital.</li> </ul>

	<ul style="list-style-type: none"> <li>❖ All routine elective work was stood down during Covid surge.</li> <li>❖ Cancer surgery transferred to Causeway Hospital.</li> <li>❖ The Paediatric Inpatient service at Causeway Hospital was diverted to AAH to provide a stable rota. Significant resources from AAH paediatrics was redeployed to the Covid-19 surge effort resulting in a reduced inpatient and Ambulatory Service.</li> </ul>	<ul style="list-style-type: none"> <li>❖ The paediatric inpatient facility in Causeway and the Ambulatory Unit in Antrim Area Hospital will return to normal activity by 15<sup>th</sup> June. A temporary reduction in bed capacity at AAH children's ward will be necessary as result of staffing deficits.</li> </ul>
<b>Pharmacy</b>	<ul style="list-style-type: none"> <li>❖ Whilst the majority of Pharmacy Services were maintained, a downturn in some activities e.g. Discharge Follow-Up, Pre-admission Clinics, Antimicrobial Stewardship, facilitated redeployment of staff to support the Covid-19 effort in Critical Care / Palliative Care / PPE management and distribution.</li> <li>❖ Pharmacy-led clinics in Rheumatology / Anticoagulation / Renal continued as phone/video clinics.</li> </ul>	<ul style="list-style-type: none"> <li>❖ Discharge Follow-Up and Antimicrobial stewardship to restart</li> <li>❖ Continue 7 day service to Critical Care and Palliative Care</li> <li>❖ Continue 7 day distribution PPE</li> <li>❖ Phone/video clinics to continue</li> </ul>

#### SERVICE AREA: MENTAL HEALTH AND LEARNING DISABILITY

Our services	What did we do during Covid-19 pandemic?	What do we plan to do during June 2020?
<b>Community Health &amp; Well being</b>	<ul style="list-style-type: none"> <li>❖ Community H&amp;WB Services such as Farm Families, Arts for Health and Mental Health initiatives were initially stood down before being restarted by phone/video from 4<sup>th</sup> May 2020.</li> </ul>	<ul style="list-style-type: none"> <li>❖ A new Arts for Health programme for shielding clients and mental wellbeing under pandemic will be available from early June 2020.</li> <li>❖ By the end of June a plan to re-establish Loneliness Networks will be prepared with the importance and profile increased during the pandemic.</li> <li>❖ New volunteer roles such as 'End of Life Companion' role are being developed in line with Trust services reset.</li> </ul>
<b>Inpatient facilities</b>	<ul style="list-style-type: none"> <li>❖ Adult Inpatient facilities at Holywell Hospital and Ross Thompson Unit remained open with the exception of the inpatient addictions unit at Holywell which closed to elective admissions to accommodate the Covid 19 ward.</li> </ul>	<ul style="list-style-type: none"> <li>❖ Preparing during June for the reopening of the Addiction ward in July. This will not open at full capacity due to social distancing requirements and restrictions in ward layout.</li> </ul>



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<b>Learning Disability (Day Services)</b>	<ul style="list-style-type: none"> <li>❖ Adult Centre facilities were stood down during Covid-19 with Antrim Day Centres being used as a Primary Care Covid 19 Assessment Centre.</li> <li>❖ As a result of closure Outreach Support in the community and home based support was provided for urgent and critical need.</li> </ul>	<ul style="list-style-type: none"> <li>❖ We will use Phase 1 to plan for service users to return to Trust Day Centres in a phased way.</li> <li>❖ All facilities are currently being assessed in conjunction with RQIA capacity guidelines. Service Recovery Plans are being developed and will be communicated in due course.</li> </ul>
<b>Condition Management Programme</b>	<ul style="list-style-type: none"> <li>❖ Caseload was suspended in March 2020 due to Covid-19.</li> </ul>	<ul style="list-style-type: none"> <li>❖ Service will be re-established initially through telephone contact only.</li> </ul>

## SERVICE AREA: PRIMARY CARE

Our services	What did we do during Covid-19 pandemic?	What do we plan to do during June 2020?
<b>GP Out of Hours</b>	<ul style="list-style-type: none"> <li>❖ The GP OOHs service (provided by DUC) consolidated on the AAH and Causeway Hospital sites to provide non- Covid primary care OOHs facilities.</li> </ul>	<ul style="list-style-type: none"> <li>❖ The HSCB and DOH are to review the longer term plans for Primary Care Covid Assessment centres and this will then impact on the GP OOHs service within the NHSCT area.</li> </ul>
<b>Primary Care Covid Assessment Centres</b>	<ul style="list-style-type: none"> <li>❖ 3 Primary Care Covid Assessment Centres were set up in Antrim (Adult Centre), Ballymena (DUC premises) and Coleraine (Causeway Hospital site). 1724 referrals and 304 home visits took place (up to 21/5/20).</li> </ul>	

## SERVICE AREA: ALLIED HEALTH SERVICES

Our services	What did we do during Covid-19 pandemic?	What do we plan to do during June 2020?
<b>Physiotherapy</b>	<ul style="list-style-type: none"> <li>❖ As with most Allied Health Professional Services, Physiotherapy was stood down during Covid-19 surge</li> </ul>	<ul style="list-style-type: none"> <li>❖ Physiotherapy services are to restart in June with a proportion of attendances face to face combined with telephone and Zoom contacts.</li> </ul>
<b>Occupational Therapy</b>	<ul style="list-style-type: none"> <li>❖ Community OT Critical Need Service was maintained through Covid. OT provided support to Home Care, Statutory Nursing Homes and Swabbing Teams</li> <li>❖ Acute OT service was maintained, due to reduced demand staff were redeployed to support Community Hospitals.</li> </ul>	<ul style="list-style-type: none"> <li>❖ Planning for phased introduction of new and review face to face clinics for critical and urgent cases.</li> <li>❖ Planning for phased return to full service provision based on service demands.</li> </ul>

	❖ Recovery OT services were reduced and critical service maintained. Recovery OT staff provided support primarily to Home Care, Community Hospitals and Statutory Residential Homes.	❖ Prepare for phased return to full service provision based on service demands.
<b>Orthoptics</b>	❖ Initially stood down, join paediatric orthoptic services were re-started on 13 <sup>th</sup> May for most urgent patients.	❖ Adult orthoptic services will restart in June for urgent patients only. ❖ Visual Fields tests have been reinstated for urgent neurological patients.
<b>Speech &amp; Language Therapy</b>	❖ Routine and Community clinics cancelled, dysphagia assessments continued based on clinical need.	❖ Paediatric & all Adult SLT are to re-establish Face to Face dysphagia OP clinics, new assessment & priority review & routine communication clinics.
<b>Podiatry</b>	❖ Service stood down to meeting critical need only. Use of technology supported decision making in triage to manage risk.	❖ Phased approach to re-establishment of service for urgent and priority cases.

#### SERVICE AREA: COMMUNITY SERVICES

Our services	What did we do during Covid-19 pandemic?	What do we plan to do during June 2020?
<b>Community Hospitals</b>	❖ Increased bed capacity across community hospitals Identified two community hospital as Covid 19 Positive Wards.	❖ Maintain current position and evaluate in line with infection rates.
<b>District Nursing</b>	❖ Critical DN service continued to be provided throughout Covid surge.	❖ Phased approach will focus on completing activities deferred during surge with the aim of resuming all routine work, including proactive/ preventative, during June/July 2020.
<b>Treatment Rooms</b>	❖ Treatment Room services were stood down with critical need met through four locality treatment room hubs. Treatment room staff supported District Nursing services throughout the COVID 19 pandemic to date.	❖ Phased approach to the re-establishment of treatment room service provision in partnership with primary care colleagues.



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<b>Social Work</b>	<ul style="list-style-type: none"><li>❖ Planned short breaks were ceased. New assessments for short breaks stood down Routine SW reviews temporarily stood down. Community SW prioritised resources to support independent care home sector and maintain discharge flows from acute hospitals.</li></ul>	<ul style="list-style-type: none"><li>❖ Phased approach to the re-establishment of SW reviews for critical services. These will be undertaken by phone/video , where appropriate, to reduce footfall in domiciliary settings.</li></ul>
<b>Community Stroke Service</b>	<ul style="list-style-type: none"><li>❖ Service face to face contact reduced to critical need only. Other care provided remotely by phone/video.</li></ul>	<ul style="list-style-type: none"><li>❖ Prepare for phased return to full service provision.</li></ul>
<b>Community Equipment Services</b>	<ul style="list-style-type: none"><li>❖ Ceased the routine collection of equipment from service users. Met critical need for the delivery of equipment to services users.</li><li>❖ CES Service was re-purposed to manage the storage and distribution of PPE centrally across Trust community services and independent sector, as required.</li></ul>	<ul style="list-style-type: none"><li>❖ Reduction of frequency of delivery of PPE to create capacity for return to normal business of equipment distribution and collection to and from service users.</li><li>❖ Re-modelling of service provision to meet acute and community equipment demands going forward.</li></ul>
<b>Wheelchairs &amp; Continence</b>	<ul style="list-style-type: none"><li>❖ Service stood down to meeting critical need only.</li></ul>	<ul style="list-style-type: none"><li>❖ Phased approach to re-establishment of service.</li></ul>
<b>Residential Homes</b>	<ul style="list-style-type: none"><li>❖ Freed up capacity across Statutory Residential Homes by discharging residents home with home based programmes and support. Created additional bed capacity with the support of redeployed staff from other non-critical service areas.</li></ul>	<ul style="list-style-type: none"><li>❖ Evaluation of current position based on COVID infection rates; consideration to be given to a phased approach of re-introducing rehabilitation services within statutory residential care.</li></ul>
<b>Day Care</b>	<ul style="list-style-type: none"><li>❖ Day Care services stood down and staff redeployed to other critical services.</li></ul>	<ul style="list-style-type: none"><li>❖ Prepare for Day Care provision to be re-established in a phased way.</li></ul>
<b>Macmillan Unit</b>	<ul style="list-style-type: none"><li>❖ Relocated from AAH to MUH.</li></ul>	<ul style="list-style-type: none"><li>❖ Service to be maintained at MUH pending review of Covid pressures in early summer.</li></ul>



**Sensory Support**

❖ Service stood down.

❖ Phased approach to re-establishment of service.

**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 dental calls were triaged centrally during Covid to ensure appropriate response.	❖ We are establishing a model for the safe delivery of urgent dental care to patients unable to travel from their residences. ❖ Dentistry is largely a high level PPE service so return to pre-covid practice will take significant planning in our community settings.

**SERVICE AREA: SEXUAL HEALTH**

Our services	What did we do during Covid-19 pandemic?	What do we plan to do during June 2020?
The Rowan	❖ The service continued to operate 24/7 however the face to face follow up appointments ceased. Some operational practices were adapted.	❖ These Face to Face appointments have recently recommenced operating on a triage system. This will continue on this basis. An on line testing pilot continues.
CASH	❖ All routine appointments stopped (1330/month) and all walk in appointments stopped. Primary and secondary care triage took place via tele-calls / telemedicine. 600 prescriptions for the contraceptive pill were posted to patients.	❖ A plan to re-establish the service will be developed to determine which clinics and how these can recommence. This will be dependent on social distancing requirements and the decant of services currently using CASH accommodation.

**SERVICE AREA: COMMUNITY CHILDREN'S SERVICES**

Our services	What did we do during Covid-19 pandemic?	What do we plan to do during June 2020?
Health Visiting and Community Paediatric services	❖ Paediatric Services such as CPMS and Occupational Therapy have continued to meet the needs of the most complex cases during Covid-19.	❖ Innovative contactless online solutions are being deployed, such as video conferencing, telephone assessments and CPMS online triage.

	❖ Health Visiting & School Nursing services were stood down during the pandemic.	❖ Ante-natal home visits will be re-established and School Nursing Clinics will re-start depending on how schools re-open.
<b>Immunisation programme</b>	❖ A letter was issued to parents of children who did not receive school based immunisation programme due to school closures.	❖ Awaiting DOH & PHA direction on recommencing school based immunisation programmes
<b>Looked After Children</b>	❖ The LAC service has provided a reduced service during the pandemic utilising Zoom and telephone contact with children in care, family contact and in respect of reviews. Some visiting and reviews were postponed.	❖ The service intends to immediately start phasing up of direct contact in line with regional plan and government guidance, reinstating reviews either by phone/video or face to face where social distancing is possible.
<b>Child Protection (to include Children's Disability)</b>	❖ Child protection visits occurred on a reduced basis subject to individual risk assessment and in line with regional guidance. Case Conference Reviews were reduced and occurred where needed via Zoom.	❖ To restart CP visits for all cases on at least a monthly basis. ❖ Case conferences to continue face to face or remotely as risk assessment dictates.
<b>Gateway services</b>	❖ Child Protection and High level family support visits being undertaken face to face.	❖ Continue to undertake face to face child protection visits ❖ Increase face to face visits to family support referrals
<b>Family Group Conferencing</b>	❖ Face to Face Group meetings were replaced by Zoom Conference Calls.	❖ FGC will continue to treat new and urgent referrals from Gateway as a priority via Zoom due to social distancing requirements.
<b>Child, Adolescent Mental Health Services</b>	❖ Routine service was maintained during pandemic via Zoom and telephone contact. ❖ CAMHS Crisis Team have maintained a full service throughout the pandemic. ❖ Eating Disorder service continued without disruption.	❖ Appointments will be offered to those clients who declined Zoom or telephone contact during pandemic.
<b>CEIS</b>	❖ A Safe & Well Helpline was implemented to provide advice and assistance to children, young people and carers.	❖ The Helpline will continue during the present period of service disruption. ❖ Physical environment has been assessed with service relocated where necessary with a strategy in place to limit footfall in Family Centres to meet social distancing requirements.
<b>Paed ASD</b>	❖ Telephone consult/support service made available to support practitioners & families of children with ASD or those awaiting assessment.	❖ Maintain Telephone Consult/Support service with bookable appointment slots for families of children with ASD or those awaiting assessment .

- ❖ Reduced number of routine appointments via telephone consults or zoom
- ❖ All face to face diagnostic assessments, intervention groups & parent training courses stood down

- ❖ develop a resource pack & toolkit to support children & Young people & their families to manage anxieties in relation to returning to school

<b>Paed OT</b>	<ul style="list-style-type: none"> <li>❖ Continued to meet the needs of complex cases</li> </ul>	<ul style="list-style-type: none"> <li>❖ Extend service provision for complex cases to prevent escalation to acute services.</li> <li>❖ Progress review of service model to include triage and service pathway, scoping viability of providing consultative role via online platforms and developing regional online platform of resources for families.</li> </ul>
<b>SEN coordination</b>	<ul style="list-style-type: none"> <li>❖ Service continued as normal</li> </ul>	
<b>CPMS</b>	<ul style="list-style-type: none"> <li>❖ Continued to meet the needs of complex children including face- to-face consults as necessary to prevent escalation to acute services.</li> <li>❖ Continued to provide assessment and review as per normal pathways using Zoom and telephone.</li> <li>❖ BCG Clinic continued.</li> <li>❖ CDC assessments continued via Zoom or face to face in Southern Hub.</li> </ul>	<ul style="list-style-type: none"> <li>❖ Plan in place to re-establish Northern Hub CDC clinics June 2020 as CDC accommodation is returned for use by the MDT.</li> <li>❖ Continue as outlined.</li> </ul>

#### **SERVICE AREA: CORPORATE**

<b>Our services</b>	<b>What did we do during Covid-19 pandemic?</b>	<b>What do we plan to do during June 2020?</b>
<b>Corporate Nursing</b>	<ul style="list-style-type: none"> <li>❖ REaCH Services have maintained regular, visible support and connection with Nursing Homes in NHSCT.</li> <li>❖ The Dementia Companion Service has continued where safe to do so with a reduced service due to shielding constraints.</li> </ul>	<ul style="list-style-type: none"> <li>❖ Delivery of REaCH Masterclasses to Care Homes as clinical training needs is identified via face to face and on line platforms such as Zoom.</li> <li>❖ This service will be gradually returned to normal as resources become available and ward areas are returned from Covid usage.</li> </ul>
<b>Tissue Viability Nursing Team</b>	<ul style="list-style-type: none"> <li>❖ Tissue Viability maintained a reduced service through telephone triage/support with a small number of face to face reviews.</li> </ul>	<ul style="list-style-type: none"> <li>❖ This service will continue to provide telephone support with increased use of technology to view remotely images of tissue viability conditions.</li> </ul>



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## Visitors

- ❖ In line with all HSC services, we have temporarily restricted the number of visitors across hospitals and Health Care settings. At present, all general hospital visiting has stopped. There are some exceptions to these restrictions, for example Critical Care areas and Palliative (end of life) care and we have made local arrangements to ensure our patients and residents can remain in contact with loved ones.
  - ❖ Until it is safe to do so, visiting across hospitals and health care settings will continue to be restricted.
-