Northern Health and Social Care Trust

Rural Needs Impact Assessment Template

Section 1: Define activity subject to Section 1(1) of Rural Needs Act (NI) 2016

1A. Short title describing activity being undertaken that is subject to Section 1(1) of the Rural Needs Act (NI) 2016:

Northern Health and Social Care Trust (NHSCT) resilience plan to address Winter Pressures and any subsequent waves of COVID-19 Pandemic 2020/2021

1B. Are you Developing, Adopting, Implementing or Revising a Policy a Strategy or a Plan? (Underline or Circle)
Or are you delivering or designing a public service? (Underline or Circle) New – plans have been developed to support and respond to anticipated winter pressures and any subsequent waves of COVID-19 pandemic
What is official title of this Policy, Strategy, Plan or Public service (if any)? Northern Health and Social Care Trust (NHSCT) resilience plan to address Winter Pressures and any subsequent waves of COVID-19 Pandemic 2020/2021

1C. Give details of the aims and/or objectives of the Policy, Strategy, Plan or Public Service:

The Northern Health and Social Care Trust (NHSCT) Resilience Plan outlines initiatives required to help respond to additional demand pressures arising during Winter 2020/2021 and through any subsequent waves of COVID-19 Pandemic. Winter pressures impact mainly on our urgent and unscheduled care services however this along with a second COVID 19 surge has the potential to have a wider and more profound impact on services.

This plan groups the action areas into 4 themes to support the Trust to deliver increased resilience through this challenging winter period:

1. **Patient Experience** – ensure a positive patient experience however busy we are.
2. **Protect our staff** - look after our staff to allow them to look after our patients.
3. **Maximising capacity and improving patient flow** – increase capacity in our hospitals and across community services.
4. **Deliver on Reform** – deliver on key reform projects that will improve services this winter.

If the Trust faces winter pressures coupled with a second surge of COVID-19, this will impact on our ability to deliver our proposals to rebuild services. The Trust and the wider HSC system has learned from the first COVID 19 pandemic surge which required services to work in new and innovative ways to meet the challenges and deliver safe emergency services throughout this period. As we prepare for winter and a subsequent surge we will use this learning to respond in a proportionate and informed way, developing approaches that worked well.
The key challenges in delivering our resilience plan are around workforce (availability and resilience), the environment (meeting social distancing requirements) and funding (both revenue for new service initiatives in response to COVID 19 and capital requirements).

The NHSCT, every autumn, prepares an annual winter resilience plan to outline proposals to address the predicted increase in demand for unscheduled secondary care services each winter. Traditionally this is a period when demand for our services is greater than the capacity of our hospitals with demands for beds frequently exceeding capacity. Dependent on the level of demand coming from Winter Pressures and any further COVID-19 Surge(s), the Trust may have to reconfigure our existing acute hospital bed base to ensure that we are able to treat patients and provide appropriate care in the right place at the right time according to their need. The Trust is developing operational plans for additional beds in the community to support hospital step down care towards getting COVID patients home after their illness.

Patient safety remains the Trust's overriding priority at all times and the focus of the combined winter resilience and surge plan 2020/21 is to set out clearly what the Trust intends to do to help ensure patient / client safety. Monitoring arrangements will be put in place within the Trust to ensure the actions are delivered and any obstacles in achieving these addressed.

2020/2021 has been a challenging year to date for the Trust and indeed the wider health and social care system due to the COVID-19 pandemic. In the first wave, we rapidly reconfigured services in order to respond to the pandemic challenge and to reduce the risk of COVID-19 transmission in health and care settings.

It is expected that there will be a second COVID-19 wave later in the year. At this stage, the timing and scale of a second wave is unpredictable as it will depend on a range of factors, including the future approach to social distancing and population adherence to these measures. However, given that a second wave could potentially coincide with colder weather and winter pressures, it will be important that there are comprehensive surge plans in place for critical care, hospital beds and care homes and all the services that support these key areas.

The Trust will endeavour to maintain as many services as possible during any further waves, however managing service demand arising from COVID-19 and winter pressures will take priority over elective care services. This may result in the Trust having to 'cap' or redirect elective activity and this may impact on our ability to deliver against our rebuild plans. This is because those staff who normally carry out this elective work may be required to treat COVID 19 patients. We will continue to prioritise and focus on treating the most urgent cases first and as a result some patients may have to wait longer than we would like.

During the first phase of the pandemic staff demonstrated their energy, courage and resilience, many staff having to adapt to new roles and working environments while others have provided training and induction to new colleagues - all have had to demonstrate great flexibility. We will be continuing to work in partnership with all our staff as we head into what will undoubtedly be an extremely challenging period. We continue to draw on the very valuable resources and expertise of our colleagues in psychological services, occupational health and human resources to provide support wherever it is needed.
The winter resilience and surge plan outlines the approach the NHSCT will adopt to address the anticipated seasonal increase in demand and any further waves of COVID-19.

Planning Principles
The Trust has adopted the following principles in preparing this surge plan as outlined in the DOH Regional Covid-19 Pandemic surge planning

strategic framework (1/9/2020):

- Patient safety remains the overriding priority.
- Adequate staffing remains a key priority and Trusts will engage with Trade Union side on staffing matters in relation to relevant surge plans.
- Trusts should adopt a flexible approach to ensure that 'business as usual' services can be maintained as far as possible, in line with the Rebuilding HSC services Strategic Framework. This should allow Trusts to adapt swiftly to the prevailing COVID-19 context.
- It is recognised that there will be a fine balance between maintaining elective care services and managing service demand arising from COVID-19 and winter pressures. Addressing COVID-19 and winter pressures will take priority over elective care services, although the regional approaches announced such as day case elective care centres and orthopaedic hubs will support continuation of elective activity in the event of further COVID-19 surges.
- The HSC system will consider thresholds of hospital COVID-19 care, which may require downturn of elective care services.
- Trusts' Surge Plans, whilst focusing on potential further COVID-19 surges, should take account of likely winter pressures.
- Trusts should plan for further COVID-19 surges within the context of the regional initiatives outlined in Section 7 of the DOH Regional Covid-19 Pandemic surge planning strategic framework.
- Trusts should as far as possible manage COVID-19 pressures within their own capacity first. Should this not be possible, Trusts are required to make use of the regional Emergency Care facility at Belfast City Hospital or the regional 'step down' facility provided at Whiteabbey Hospital, as appropriate. Trusts will also consider collectively how they will contribute staff resources to support Nightingale hospitals when necessary.
- The Department, HSCB, PHA and the Trusts will closely monitor COVID-19 infections, hospital admissions and ICU admissions to ensure a planned regional response to further COVID-19 surges. This will support continued service delivery.
- The Department will, if COVID-19 infection rates and other indicators give cause for action, recommend further tightening of social distancing measures to the Executive.

When developing the plan account has also been taken of the new Guidance issued 20 August 2020: Version 1 'COVID-19 Guidance for the Remobilisation of services within health and care settings. The Infection Prevention and Control principles in this document apply to all health and care settings. The guidance was issued jointly by the Department of Health and Social Care (DHSC), Public Health Wales (PHW), Public Health Agency (PHA) Northern Ireland, Health Protection Scotland (HPS)/National Services Scotland, Public Health England (PHE) and NHS England as official guidance.

Challenges

Covid-19 global pandemic has presented the health and social care system with a number of unique challenges which have dramatically changed the way services were delivered for various reasons including clinical, patient and staff safety. These challenges include:

Workforce related

- **Sickness absence**: while managers, supported by Occupational Health, will continue to manage absence there will be significant challenges

in providing full staff rotas due to sickness over the winter period (flu and COVID related sickness). Our ability to adequately staff services as part of the rebuild, winter and surge plans needs to be assessed taking into account the possibility of local cluster outbreaks and quarantine requirements.

- **Shielding of staff:** If shielding is implemented through a second surge there will be a significant impact on the Trust's ability to continue to maintain business as usual with staff with underlying health conditions potentially required to shield.
- **Staff wellbeing:** We need to factor in the requirement for staff to take planned annual leave and appropriate breaks and provide the flexible working arrangements necessary to support childcare and caring commitments. In addition we need to ensure staff have access to testing to maintain staff and patient safety in respect of spread of infection. We also need to ensure staff can get easy access to flu vaccination.
- **Redeployment of staff:** It is the expectation that during a second surge there will be less of a down-turn in normal service as 'business as usual' is prioritised and the previous level of staff redeployment will not be acceptable to as many services. This means that fewer staff may be available to be redeployed to critical front line services to treat patients that are the sickest. Our ability to train and upskill existing staff to support essential services will also be reduced.
- **Staffing of Nightingale Hospitals**: In September 2020 the Trust began developing a Nightingale facility on the Whiteabbey Hospital site as part of the regional response to the COVID-19 Pandemic. The Trust is currently in the process of commissioning this unit to operate as a regional rehabilitation facility from early December 2020. While the Northern Trust is leading on the implementation of Whiteabbey Nightingale, along with the BCH Nightingale it will require regional support to provide the necessary workforce to become operational, recognising the constraints of available staffing and the requirement to maintain safe local services.

Infrastructure / Physical Environment

From our ability to meet the social distancing and hygiene requirements in line with current guidance and the segregated pathways COVID 19 has placed on our facilities, it is clear there is a challenge in the limitation of the infrastructure of our buildings. This causes a reduction in site capacity and productivity making managing a growth in seasonal pressures even more complex. There are limited options to provide any additional accommodation required including space in ED, ICU, outpatients and rehabilitation ward space. There is challenge to maintain effective zoning plans in line with Infection Prevention and Control advice and guidance to safely manage the flow of staff and patients within hospital sites and provide adequate catering and rest facilities for our staff.

ICT has already supported working from home and virtual clinics to help reduce footfall on hospital sites. The Trust expects to secure funds under the ICT Digital Rebuild and Mobilisation Programme which would provide investment to increase productivity of staff and remove the reliance on the physical estate through helping front line community staff to be more mobile.

Funding

The delivery of the Trust Resilience Plan to address Winter Pressures and COVID 19 surge will, in some areas, have capital and revenue funding consequences that will be subject to securing DOH approval. Approval timelines for additional resources may impact on our ability to deliver services over this period.

Support to care homes
There is the potential, based on experience from the first surge, of a reduction in care home staff due to sickness and track and trace measures where staff will be required to self-isolate thereby creating staffing shortfalls. There is limited capacity of Trust staff to provide 'step-in' arrangements to care homes when required and an uncertainty around the availability / capacity of General Practice to provide proactive and regular medical input to care homes when required. In addition there will potentially be a significant number of care home residents with severe health related needs that will require transfer to a community or acute hospital setting putting additional pressures on these beds and patient flow.

Support from independent sector care / primary care
As part of its winter / surge plan arrangement for medical cover for those additional community hospital beds and COVID beds will be required. This is dependent on the capacity for this to be provided. This also applies to the availability of independent sector care homes for the booking of beds and the availability of independent sector domiciliary care.

Communication and engagement We need to ensure appropriate and timely communication with staff and service users about changes in guidance and the impact this will have on how we deliver our services. We are mindful of our commitment to co- production and engagement and informed involvement in key decision making as we develop more detailed action plans in preparation for winter and a potential second surge.

COVID 19 Testing
We need to sustain and expand our testing of health care workers and patients if we are to respond effectively to winter pressures and a potential second surge. This is essential to managing any potential local clusters of COVID 19 outbreaks. Our response requires having sufficient staff to swab / test all groups of people that require testing including elective patients, acute inpatients, Trust staff and staff and patients within nursing homes.

Winter Resilience Plan
The focus of the winter resilience plan is patient safety, responding to predictable increases in demand for unscheduled services, particularly from late December through to March 2021. If there is an increase in demand above that normally expected in the winter period the Trust anticipates that this will impact on our ability to achieve the rebuild of services. Any surge in our population with COVID-19 needing access to care and hospital admission will add even more pressure to the unscheduled care system.

Our approach to patient safety will continue to be a consistent focus on acute site safety status
management, through robust assessment, patient flow and bed management. This will be achieved through optimising ambulatory pathways to avoid admission to hospital; maximising appropriate discharges and managing complex case discharge planning. We will continue with the use of our site escalation policy which offers a common methodology across Trusts.

The Trust will develop, as has been done in previous winters, a specific Christmas and New Year Resilience plan detailing staffing rotas for key services over the Christmas and New Year period. This is to ensure there are appropriate levels of staffing in place to maximise discharges and

create capacity in our hospitals, maintain patient flow and deal with the high level of pressure across the system normally experienced directly after the Christmas period and into the first weeks in January.
The winter resilience plan focuses on how best it can maximize and utilise current resources but also recognises a requirement for additional capacity to support secondary and community care services through this period. This may require additional resources which will be in addition to the pressure that another COVID 19 surge will create.

"No More Silos"
The Minister of Health has approved the establishment of an interim No More Silos Network to produce detailed proposals for the reform of Urgent and Emergency Care. The No More Silos Action Plan, sets out the 10 key actions for consideration to ensure that urgent & emergency care services across primary and secondary care can be maintained and improved in an environment that is safe for patients and for staff. This is both in terms of the pressures we anticipate facing this winter and the systemic issues faced by emergency care generally.
The recently established interim No More Silos Network provides the strategic direction and support required to develop the key principles and plans to deliver the 10 key actions. To support the strategic network, local implementation groups have been set up. The NHSCT Local Implementation Group comprises leaders from across primary and secondary care and includes GPs, Trust and Northern Ireland Ambulance Service.

The key elements of the service model to respond to the requirements of 'No More Silos' in the Northern Area are:

- The redesign of Urgent Care Services including a 24/7 telephone / triage service which will have direct access to direct and book appropriate patients into alternate pathways including secondary care services and into our minor injury streams; and
- Support to Care Homes including the creation of Link Worker roles into all our care homes, developing anticipatory care plans for all residents in independent sector homes in our area and the provision on an enhanced care service in-reaching to care homes for a time limited period where residents' health status deteriorates.

Northern Trust and General Practice are tasked with developing a costed draft Implementation Plan to present to the Regional NMS Network for

consideration and on ward approval (by beginning October 2020). It is anticipated that implementation will commence in mid /late November, pending approvals.

The plan groups the action areas into 4 themes to support the Trust to deliver increased resilience through this challenging winter period:

1. **Patient Experience** – ensure a positive patient experience however busy we are.
2. **Protect our staff** - look after our staff to allow them to look after our patients.
3. **Maximising capacity and improving patient flow** – increase capacity in our hospitals and across community services.
4. **Deliver on Reform** – deliver on key reform projects that will improve services this winter.

These 4 themes are detailed below:

Theme 1 – Patient Experience

Our Aim: ensure a positive patient experience however busy we are.
How we plan to achieve this:

- We will seek views from service users during and after their experience of using our services. We will do this through patient satisfaction surveys (both pre and post winter).
- We will use 10,000 Voices and 'Care Opinion' response to collect this information and we will use the learning to improve the patient experience.
- We will encourage only necessary visitors on health care sites whilst ensuring the most vulnerable patients are protected.
- We will assist patients to access IT to communicate with families whilst using our services.
- We will ensure clear, accurate information on services and restrictions is shared with patients and carers via tailored media sources. This includes clear Infection, Prevention and Control information for patients, clients and carers.

Theme 2 – Protect Staff

Our Aim: look after our staff to allow them to look after our patients.
How we plan to achieve this:

- We will promote staff uptake of the flu vaccine and promote the use of peer vaccinators and increase the spread and number of locations of flu clinics. We will support Care Homes in flu vaccinations for staff where helpful.
- We will provide wellness workshops for staff and ensure staff take up available wellbeing support programmes and advice when they need it.
- We will ensure annual leave is planned over the winter period so staff can have the necessary breaks and that adequate cover is provided to

front line services over busy periods.

- We will ensure staff are fit tested for the necessary Personal Protective Equipment (PPE) and it is provided in line with Infection Prevention and Control (IPC) regional guidance and ensure all PPE guidance on its use is clear and unambiguous.
- We will ensure that staff receive appropriate training so they are equipped with necessary skills to manage over the winter period and prepare for any subsequent COVID surge.
- We will ensure the necessary social distancing measures are in place for staff.
- We ensure that the COVID testing arrangements are in place and quickly and easily accessible for staff (including those in care homes in the event of an outbreak).
- We will provide proper recognition and thanks to staff across both acute and community services.

Theme 3 - Maximising capacity and improving patient flow
Our Aim: increase capacity in our hospitals and across community services.

How we plan to achieve this:

- We will increase our Multidisciplinary staffing on our acute hospital sites to support discharge from hospital 7 days per week;
- We will maintain the site coordination model and use real time data to ensure a focus on hospital flow and use the hospital early warning scores and regional escalation if required;
- We will maintain high and low risk pathways in our acute hospitals and implement a 'no corridor' policy for ED;
- We will provide additional paediatric medical cover for ED ensuring rapid turnover.
- We will extend the Pharmacy cover to critical areas and increase the weekend rota at Causeway Hospital;
- We will maximise the use of Outpatient Parental Antibiotic Therapy (OPAT) service supporting discharge through provision of home IV and we will purchase ready to use antibiotics;
- We will increase staffing across a range of community based services to improve patient flow and increase the capacity of the service;
- We will increase our bed capacity in our community hospitals (across the Mid Ulster, Inver, Robinson and Dalriada hospitals) and purchase additional private dementia, delirium and nursing home beds from the private sector;
- We will increase both domiciliary care provision through additional rapid response contracted hours and 1:1 care where required taking into account COVID 19 isolation implications.
- We will continue to use virtual clinics / consultations where clinically appropriate and enhance ICT infrastructure to support workforce mobilisation.

Theme 4 - Deliver on Reform
Our Aim: deliver on key reform projects that will improve services this winter..

How we plan to achieve this:

- We will implement same day emergency care through the DAU / Programmed Treatment Unit in AAH;
- We will further develop the Frailty model on AAH and Causeway sites to reduce the length of stay;
- We will continue to embed the new GP led medical model into WAH Ward 2 to ensure discharges are maximised;
- We will optimise ambulatory pathways across our acute hospitals which includes the design, test and implementation of a Cardiology ambulatory pathway in AAH ED;
- We will develop and implement effective surgical ambulatory pathways to avoid ED / hospitalisation of patients. This includes facilitating direct GP access and providing ambulatory / hot clinics for emergency surgery with direct access to diagnostics, maximising elective day case surgery away from emergencies and increasing ambulatory clinic slots and Emergency Surgical Unit (EmSU) lists at AAH;
- We will test and then implement Active Clinical Referral Triage for General Surgery resulting in less demand for face to face new O/ P appointments.
- We will develop and implement effective gynaecology ambulatory pathways and implement Nurse led hysteroscopy and outpatient with procedures at Antrim Hospital Gynae treatment suite;
- We will continue to use the Maternity Hub model where women receive antenatal and some postnatal care from the Hub rather than the GP surgery and develop the use of virtual maternity bookings via telephone/ zoom and provide breastfeeding support at home;
- We will continue to work on urgent care, focused on reducing ED attendances including front door triage and telephone triage prior to ED attendance in line with 'No More Silos';
- We will introduce enhanced practice radiology through the implementation of Radiographer Authorisation (vetting) of referrals for MRI [followed by CT and US] to release consultant time and decrease waiting times.
- We will implement radiology protected EmSU slots and direct access for primary care and provide Clinical Physiology drive through service for ambulatory monitoring;
- We will continue to work with Care Homes to optimise acute hospital discharges and need for support in acute hospitals for discharge planning;
- We will expand the Anticipatory Care services across Care Homes to reduce demand on ED, GPs and GPOOHs;
- We will provide additional support toCare Homes to avoid attendance at EDs through monitoring the operational status of all 126 Independent sector care homes; increasing the frequency of the MDT meetings dependent on risks;
- We will maintain the 'step in' workforce arrangements to support Care Home staffing; and
- We will provide a 'Winter Wellness' health check and Anticipatory Care Plan with GPs to very frail residents.

Wider health and social care impact of anticipated COVID19 surge

The first section of the Plan explains what the Trust plans to do to respond to normal seasonal pressures at a level experienced over the last few winters. Whilst the Trust will make every effort to keep rebuilding services , it is acknowledged that any future waves of COVID-19 pandemic coupled with winter pressures, would have a significant impact on the ability to deliver a rebuild plan. The Trust will continue to apply the regionally agreed rebuild planning principles to decision making, 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.

Surge impact by service

This section explains the likely measures the Trust would be required to consider to ensure some level of continuity of service during any further COVID-19 surge. Many Trust services continued to be sustained during the first COVID-19 surge. This plan is for those services that experienced a significant impact as a result of the pandemic and explains the actions being proposed to manage any further COVID-19 surge. In developing this high level plan the Trust has participated in and taken account of regional plans such as those for Care Homes, Acute, Children and Critical Care Network Northern Ireland (CCaNNI).

Every effort will be made to continue to rebuild and maintain services but it is essential contingency plans are developed to explain what may occur. There are on-going restrictions in place to manage the current COVID-19 risk that limits the way we use our buildings, such as separating pathways for COVID-19 patients and non- COVID-19 patients and the way we maintain social distancing in departments. A further surge in COVID-19 may mean we need to provide more capacity to meet this demand that would arise from more cases, in addition to seasonal winter pressures.

The table below details by services, the measures that would need to be taken to respond to the next wave of COVID 19 cases.

Our Services	RESPONSE TO SUBSEQUENT WAVES OF COVID-19 PANDEMIC
Hospital Services:	
Urgent and Emergency Care	❖ AAH and Causeway Hospital will continue to treat both COVID 19 and non- COVID 19 patients. ❖ Maintain high and low risk pathways and implement 'no corridor' policy within both AAH and Causeway Hospital ED departments ❖ Review staffing model across urgent and unscheduled care to ensure maximum impact and allow staff rest periods. ❖ Work in partnership with specialities to maximise current pathways to other disciplines from Triage (Paeds Ambulatory, Gynae, EmSU and DAU). ❖ Focus on No More Silos pathways working in partnership with Primary care to consider direct referral to secondary care and streaming of ED attendances.
Critical Care	❖ Plans in place for medium, high and extreme surge with up to 10 ICU beds in AAH and 4 in Causeway available in line with CCaNNI recommendations. This is reliant on redeployment of nurses from theatre, endoscopy and other areas which will impact on the level of elective capacity we can deliver in the next surge.

Diagnostics (X-Ray, MRI, CT, cardiac investigations)	❖ Routine imaging may be scaled back to allow resources to be directed at acute, urgent and cancer care, if deemed necessary. ❖ Rotas to be adjusted to provide consistent staffing 24/7. ❖ Provision of Breast Screening services will be reviewed in collaboration with PHA. ❖ Redeployment of staff to support acute, urgent and cancer services if required.
Cancer Treatment Services	❖ Maintain Systematic Anti-Cancer Therapy (SCAT) throughout surge as far as possible.
Day Surgery & Endoscopy Services	❖ Step down routine day surgery as in the first surge. ❖ Step down outpatient endoscopy in line with professional guidelines as in the first surge.
Outpatient Services	❖ Continue to provide through a mix of virtual and face to face assessments. Reduction in outpatient activity to support COVID related areas.
Integrated Maternity and Women's Health	❖ Births continue at both acute hospital sites ❖ Selective postnatal visiting in the community with virtual Breastfeeding support ❖ Cross site utilisation of Inpatient / day case gynae theatre lists for Red Flag and urgent cases. ❖ All routine gynae outpatient appointments will be stood down during surge ❖ Retain weekly red flag clinics (triage or face to face).
Paediatrics and Neonatal services	❖ Continue to work closely with the regional neonatal network in respect of capacity of cots in AAH. ❖ Stand down all routine face to face Paediatric outpatient appointments and continue with the use of virtual technology for urgent consultations ❖ Revise current paediatric ambulatory pathway to reflect relocation of service within AAH ❖ Retain 2 acute site paediatric inpatient provision
Inpatient Elective and Emergency Surgery for Adults and Paediatrics	❖ Emergency surgery pathways will continue throughout at AAH and Causeway Hospitals. ❖ For elective surgery segregated areas in both Antrim and Causeway to allow cancer and urgent elective to be admitted for

	operations / procedures.
Medical inpatients	❖ The Direct Assessment Unit will support ED and redirect appropriate Primary Care referrals and continue to support ED when in escalation. ❖ Continue with medical model and live take with front door senior decision making. ❖ Re-establish COVID medical wards across both acute sites. ❖ Manage additional respiratory patients and provide support to ICU ❖ Review of clinic provision and continue virtual clinics in line with regional direction. ❖ Develop support networks for rheumatology and diabetic patients. ❖ Review medical and nursing rotas as demand increases. ❖ Implement any regional direction on the mobilisation of junior doctors and students. ❖ Reestablishment of site communication strategy.
Renal	❖ Dialysis schedules reviewed and modified to minimise risk. ❖ Restricted movement of patients on dialysis and outpatients reviewed virtually and face to face based on clinical need.
Pharmacy	❖ Increase the input to procurement to ensure continuation of supply of critical medicines and medical and surgical consumables and review and model Trust PPE requirements and distribution and establish regular “top-ups” of PPE to clinical areas ❖ Implement a rota to cover Pharmacy Causeway Sunday opening and ensure senior staff on sites at weekends to support weekend rota. ❖ Provide enhanced support to ICU, respiratory wards, cancer services, care homes, palliative care and domiciliary care services.
Laboratory	❖ We will continue with COVID 19 testing and the downturn of elective activity will allow labs to focus on COVID19 tests.
Screening Programmes	❖ All screening programmes which were paused are now in recovery (eg. Cervical and bowel screening have restarted), prioritising higher risk patients first depending on available capacity. Each programme is now developing an approach

	regionally that would try to avoid a complete pause where possible in the event of a subsequent surge
Mental Health and Learning Disability:	
Community Addictions	❖ Service will continue. Consideration may need to be given to alternative accommodation for clinic space in the event that current space becomes unavailable. ❖ Alternative approach to initiation and administration of Opiate Substitution Therapy may need to be considered.
Mental Health Service for Older People	❖ Blended approach of face to face/virtual will continue for all services on a risk assessed basis. ❖ Support to care homes will require staffing resource that will be identified through HR bank lists in the first instance. Where this needs augmented, this will be recruited through approaching staff in all MHOP services as opposed to stand down of full services. ❖ Particular consideration will be given to continuation of domiciliary care packages to ensure least impact on provision of this service. ❖ Likely that current waiting lists for dementia assessments will increase as resource will need to be directed to support work in care homes.
Learning Disability Day Care and short breaks/ respite	❖ Day care provision will continue to be offered at a reduced level. Day Opportunities may be impacted if independent providers are unable to accommodate our clients. ❖ Assessments will continue to be carried out to increase Direct Payments. ❖ Online activities will continue to be offered to those who are not able to avail of the same level of day care previously provided pre-COVID 19. ❖ Short breaks/respite will continue at a reduced level.
Community Mental Health Teams	❖ CMHT will continue to offer a blended service with both face to face provision and virtual contact to service users. ❖ CMHTs will group as localities to ensure staffing resource allocated to priority areas.
Specialist Services (eating disorders, personality disorder	❖ Service will continue in a blended approach using face to face and virtual approaches as determined by ongoing risk assessment

services)	
Inpatients - acute	❖ Utilise isolation bays on each ward to reduce risk of transmission within ward and to other wards. ❖ Cease visiting arrangements in line with Regional / Corporate response. ❖ Consider continuation of patient leave arrangements. ❖ Consider cessation of sectorisation to reduce risk of transmission to other wards. ❖ Review regional bed management protocol
Mental Health Service / Crisis response Home Treatment Team	❖ Will continue to provide a service as normal. ❖ Will rely on staffing buddy system with inpatients/CMHTs to ensure adequate, adequate staffing
Condition Management Programme	❖ Continue this service but this will be dependent on Dept. of Education and Learning approach. ❖ Staff from this service will support other priority service areas where necessary.
Psychology	❖ Blended approach of face to face/virtual contact will continue for all services on a risk assessed basis.
Primary Care Services:	
GP Out of Hours / Primary Care COVID-19 Assessment Centres	❖ This is a HSCB commissioned service and the Trust will provide up to 3 Primary Care COVID assessment centres and continue to support GP OOHs (DUC) in the running of this service.
AHP Services:	
Allied Health Professionals	❖ Stand down face to face appointments and increase virtual clinic sessions across all programmes. ❖ Review service users to prioritise face to face contacts for those with the most critical needs in line with regional guidance and risk assessments. ❖ Retain Speech & Language Therapy Dysphagia Service in acute and community settings for adults and children - triage, assess and treat.
Community Services:	
Community Hospitals / beds	❖ COVID community hospital remains as Robinson Hospital. ❖ Statutory Residential Recovery bed capacity will be re-designated to rehabilitation. ❖ A range of additional beds will be purchased in the independent

	sector such as general nursing, dementia and delirium beds. ❖ A further community bed facility will be re-designated as COVID - 19. Additional beds in such a facility will require additional staffing from redeployment and cessation of non-critical services ❖ Adjust hospital profile if necessary to support acute step downs ❖ Cease short breaks ❖ Urgent discharges of medically fit patients ❖ Appoint additional recovery OT & Physio staff to cover these additional beds and continue to accept referrals - only those service users considered to have a critical need will receive assessment/ intervention.
Community rehabilitation	❖ Continue to accept referrals, however only those service users considered critical need, will receive assessment / intervention.
District Nursing	❖ Where possible (due to limit in availability of staff) continue to prioritise urgent treatment / care needs; CRMS triage and defer non-urgent referrals / reprioritise where appropriate.
Hospital Diversion Nursing Care	❖ Increase staffing and continue to prioritise all essential treatments and respond based on needs and it will cease non-essential treatments until after surge.
Treatment Rooms	❖ Consolidate the provision of treatment rooms services to fewer locations
Social Work	❖ Continue to prioritise urgent referrals based on need; stand down new complex eNISAT assessments and reviews until after surge with initial assessment being utilised in the interim period; review of non-complex cases and deferred until after surge.
Community Equipment Service	❖ Move to a 6 day service model (Monday –Saturday) through the appointment of additional staff and continue to review priorities and identify deliveries for urgent provision ❖ Cease Non-urgent/ Routine until after surge.
Wheelchair Service	❖ Review service users to prioritise those with critical needs.
Day Care	❖ Day centres will be reviewed and attendance risk managed in line with regional guidance.
Inpatient Palliative Care	❖ The 6 beds in the AAH Macmillan Unit will be maintained.
Home Care	❖ Review service users to prioritise those with critical needs and redeploy staff from other non-critical areas as required to maintain critical service cover.

Domiciliary Care	❖ Assessment and provision of packages to meet assessed need, prioritised on a risk assessed basis. ❖ Ensure arrangements are in place to rapidly access nursing support, palliative or end of life care, reablement and or rehabilitation services. ❖ Work to secure additional capacity in areas where there are high levels of unmet need. ❖ Support sustainability of care provision through any outbreak using dedicated COVID specific services, consider redeployment of staff from other non-critical areas and engagement with independent sector providers. ❖ Ensure domiciliary care workers are provided with and wear appropriate PPE to protect themselves and clients. ❖ Regular contact will be maintained with service users/informal carers who have suspended/stopped their care package to ensure service users and carers needs continue to be met e.g. through independent sector, direct payments, Self-Directed Support, telecare, signposting to community resources or innovative sources of support. ❖ Continued partnership working across Trust community services to provide individuals with the appropriate clinical support, including reablement and rehabilitation to support them safely at home.
Care Homes	❖ Provide support to Care Homes dependent on the number of outbreaks in care homes within the Trust area. Our response (in line with the Regional Action Plan for the Care Home Sector) requires a rapid identification of care homes in need and will require at severe surge: ❖ Provision of 'step in' senior nursing and social work staff and provide enhanced care to residents whose needs can continue to be met in the Home via input from GPs and other Trust services, ❖ Discussion and planning for residents' transfer to appropriate Trust Community Hospitals where necessary, ❖ Provision practical family liaison support to the Care Homes ❖ Planning transfer of appropriate residents to acute hospital in collaboration with secondary care

	❖ Maintaining daily input from General Practice into Care Home via virtual consultations and provide (via GPs and GPOOHs) a single point of contact for severely affected Care Homes for daily primary care medical services.
Community Dental	❖ Trust continuing to support the General Dental Service through to March 21. ❖ Continue to increase clinics which may need to be adjusted if dental staff are required to assist again with swabbing and other COVID related activity.
Sexual Health:	
Sexual Health	❖ Continue with triage via tele-medicine and using postal medications. ❖ Urgent GUM face to face appointments will continue to be arranged. ❖ Capacity will remain restricted due to location of some clinics and reduction in foot fall. ❖ Regional on-line STI screening continues to be facilitated.
Community Children's Services:	
Looked After Children	❖ Cease Social Work visits with exception of priority cases ❖ Increase the use of technology for contact with children ❖ Identify alternative family arrangements/use of other carers ❖ Downturn respite arrangements ❖ Intensive Support Team will increase rota arrangements ❖ Review residential placements and discharge home if appropriate ❖ Stand down 16+ Reviews ❖ Maintain contact with most vulnerable cases
Child Protection (to include Children's Disability)	❖ Reduce / suspend contact with agreement of parents. ❖ Maintain essential contact arrangements. ❖ Review cases subject to Court proceedings with DLS advice/support. ❖ Prioritise child protection cases for initial and review case conferences.
Gateway services	❖ Retain Single Point of Entry and Locality Gateway Teams. ❖ Only referrals meeting child protection threshold allocated for investigation and assessment. ❖ Maintain oversight and review of unallocated referrals.

Child, Adolescent Mental Health Services	❖ Stand down Tier 2 face to face appointments and continue with virtual appointments. Retain Single Point of Contact for Triage. ❖ Reduce face to face Tier 3 appointments to urgent and resume virtual support where appropriate. ❖ Provide daily oversight of referral and priority cases. ❖ Use of ICT to support families. ❖ The Crisis Service and Eating Disorder will be maintained.
Child Emergency Intervention Service (CEIS)	❖ Stand down routine face to face appointments and continue with virtual appointments.
Early Years' Service	❖ Maintain duty system to respond to providers. ❖ Stand down registration and inspection activity.
Paediatric ASD	❖ ASD service emergency helpline established. ❖ Use of ICT to support families.
Public Health Nursing (Health Visiting, School Nursing, School Immunisation Programme)	❖ Maintain school immunisation programmes and ensure the backlog of immunisations are completed. ❖ Deliver primary visits and support visits to new mothers and babies. ❖ Support mothers with post-natal depression and mothers who are vulnerable. ❖ Provide support for homeless health. ❖ Provide support for vulnerable groups including ethnic minority / Syrian refugees / safeguarding / Looked After Children. ❖ Provide assessment, diagnosis and post diagnostic support for children with ADHD.
Health Protection Programme, Specialist Roles	❖ Provision of screening and management of TB cases Trust wide.
Community Children's Nursing Service	❖ Continue to support high priority care packages for children with complex needs at home. ❖ Provide acute care at home to facilitate hospital discharge.

1D. What definition of 'rural' is the Trust using in respect of the Policy, Strategy, Plan or Public Service:

Rural areas have been classified by whether they are within a 20 or 30 minute drive-time from the centre of a settlement containing at least 10,000 usual residents.

Section 2 - Understanding impact of Policy, Strategy, Plan or Public Service

2A. Is the Policy, Strategy, Plan or Public Service likely to impact on people in rural areas?

Northern Ireland is a region that is composed of a range of settlement structures. As can be demonstrated by the table below, which is based on the results of the most recent population census taken in 2011 as available on NISRA website, these range from cities such as Belfast and Londonderry through to much smaller settlements of less than 5,000 people, the level that is relevant for consideration under rural needs impact assessment. (Band F, intermediate settlements, Band G, villages and Band H, open countryside). As at 2011 these categories of settlements of less than 5,000 people equated to a total of 678,939 people in a total population for the region of 1,810,863. It can be seen that, based on 2011 census information available from NISRA website, 37.5% of the population of NI therefore live in settlements that would require the application of rural needs assessment therefore some of the actions taken in the winter pressures and resilience Plan are likely to have an impact on people in rural areas in the Trust - see section 2B.

Classification	Settlement Development Limit (SDL)	2011 Census Population	20 Minute Drive-time	30 Minute Drive-time
BAND A - BELFAST	BELFAST CITY	280,211	-	-
BAND B - DERRY CITY	DERRY CITY	83,125	-	-
BAND C - LARGE TOWN (POPULATION 18,000+)	METROPOLITAN NEWTOWNABBEY	65,555	-	-
	CRAIGAVON URBAN AREA including AGHACOMMON	64,193	-	-
	BANGOR	61,401	-	-
	METROPOLITAN CASTLEREAGH	55,783	-	-
	LISBURN CITY	45,410	-	-
	METROPOLITAN LISBURN	31,203	-	-

	BALLYMENA	29,467	-	-
	NEWTOWNARDS	28,039	-	-
	CARRICKFERGUS	27,903	-	-
	NEWRY	26,893	-	-
	COLERAINE	24,630	-	-
	ANTRIM	23,353	-	-
	OMAGH TOWN	19,682	-	-
	LARNE	18,705	-	-
Band Total	14	522,217	-	-
BAND D - MEDIUM TOWN (POPULATION 10,000 - 17,999)	BANBRIDGE	16,653	-	-
	ARMAGH	14,749	-	-
	DUNGANNON	14,332	-	-
	ENNISKILLEN	13,790	-	-
	STRABANE	13,147	-	-
	LIMAVADY	12,047	-	-
	COOKSTOWN	11,620	-	-
	HOLYWOOD	11,332	-	-
	DOWNPATRICK	10,874	-	-

	BALLYMONEY*	10,393	-	-
Band Total	10	128,937	-	-
BAND E - SMALL TOWN (POPULATION 5,000 - 9,999)	BALLYCLARE	9,919	Y	Y
	COMBER	9,078	Y	Y
	MAGHERAFELT	8,819	Y	Y
	WARRENPOINT / BURREN	8,721	Y	Y
	PORTSTEWART	8,029	Y	Y
	NEWCASTLE	7,743	N	Y
	CARRYDUFF	6,947	Y	Y
	DONAGHADEE	6,869	Y	Y
	KILKEEL	6,521	N	Y
	PORTRUSH	6,442	Y	Y
	DROMORE_BANBRIDGE	6,011	Y	Y
	BALLYNAHINCH	5,715	N	Y
	COALISLAND	5,700	Y	Y
	GREENISLAND	5,484	Y	Y
	BALLYCASTLE	5,238	N	N
	CRUMLIN*	5,099	N	Y

	RANDALSTOWN	5,099	Y	Y
Band Total	17	117,434	12	16
DEFAULT URBAN/RURAL SPLIT				
BAND F - INTERMEDIATE SETTLEMENT (POPULATION 2,500 - 4,999)	MOIRA	4,584	Y	Y
	MAGHERA	4,217	N	Y
	HILLSBOROUGH AND CULCAVY	3,953	Y	Y
	WHITEHEAD	3,786	Y	Y
	EGLINTON	3,650	Y	Y
	WARINGSTOWN	3,647	Y	Y
	TANDRAGEE	3,486	Y	Y
	CULMORE	3,466	Y	Y
	SAINTFIELD	3,406	Y	Y
	AHOGHILL	3,403	Y	Y
	DUNGIVEN	3,286	N	Y
	KEADY	3,036	Y	Y
	CASTLEDERG	2,985	N	Y
	LISNASKEA	2,960	N	Y
	BALLYGOWAN	2,957	N	Y

	KILLYLEAGH	2,928	Y	Y
	BROUGHSHANE	2,851	Y	Y
	RICHHILL	2,821	Y	Y
	CASTLEWELLAN	2,792	N	Y
	ROSTREVOR	2,788	Y	Y
	BESSBROOK*	2,739	Y	Y
	NEWBUILDINGS	2,599	Y	Y
	CULLYBACKEY	2,569	Y	Y
	PORTAFERRY	2,514	N	Y
Band Total	24	77,423	17	24
BAND G - VILLAGE (POPULATION 1,000 - 2,499)	RATHFRILAND	2,472	N	Y
	MAGHABERRY	2,468	Y	Y
	STRATHFOYLE	2,412	Y	Y
	MILLISLE	2,318	Y	Y
	CASTLEDAWSON	2,292	N	Y
	IRVINESTOWN	2,264	Y	Y
	DOLLINGSTOWN	2,126	Y	Y
	PORTAVOGIE	2,122	N	N

	BALLYKELLY	2,103	Y	Y	
	KELLS / CONNOR	2,053	Y	Y	
	BALLYWALTER	2,027	N	Y	
	GILFORD	1,927	Y	Y	
	SION MILLS	1,903	Y	Y	
	MONEYMORE	1,897	Y	Y	
	CROSSGAR	1,892	Y	Y	
	ANNALONG	1,796	N	N	
	GLENAVY	1,791	N	Y	
	DRAPERSTOWN	1,772	N	Y	
	DONAGHCLONEY*	1,701	Y	Y	
	HILLTOWN*	1,698	N	Y	
	KILREA	1,679	N	Y	
	MARKETHILL	1,652	Y	Y	
	ARDGLASS	1,643	Y	Y	
	CROSSMAGLEN	1,608	N	N	
	MOY	1,603	Y	Y	
	DUNDRUM	1,551	Y	Y	
	NEWTOWNSTEWART	1,547	Y	Y	

	CARNLOUGH	1,512	N	Y	
	MILLTOWN	1,499	Y	Y	
	GREYSTEEL	1,454	Y	Y	
	TEMPLEPATRICK	1,437	Y	Y	
	BALLINAMALLARD	1,432	Y	Y	
	DOAGH	1,390	Y	Y	
	HELEN'S BAY	1,390	Y	Y	
	MONEYREAGH*	1,379	Y	Y	
	BALLYCARRY*	1,371	Y	Y	
	DRUMANESS	1,344	Y	Y	
	MAGHERALIN	1,337	Y	Y	
	CLAUDY	1,336	N	Y	
	CLOGH MILLS	1,309	Y	Y	
	BUSHMILLS	1,292	N	Y	
	CASTLEROCK	1,287	Y	Y	
	LAURELVALE / MULLAVILLY*	1,284	Y	Y	
	CUSHENDALL	1,276	N	N	
	GARVAGH	1,274	N	Y	
	COGRY / KILBRIDE	1,246	N	Y	

	FIVEMILETOWN	1,243	N	N	
	GROOMSPORT	1,233	Y	Y	
	DUNLOY	1,215	Y	Y	
	DROMORE_OMAGH	1,202	Y	Y	
	PORTGLENONE	1,174	N	Y	
	FINTONA	1,160	Y	Y	
	KIRCUBBIN	1,153	N	Y	
	DONAGHMORE*	1,122	Y	Y	
	BELLAGHY	1,115	N	Y	
	RASHARKIN*	1,114	Y	Y	
	LISBELLAW	1,102	Y	Y	
	CAMLOUGH*	1,081	Y	Y	
	CLOUGHEY*	1,075	N	N	
	MAYOBRIDGE*	1,068	Y	Y	
	AGHAGALLON*	1,056	Y	Y	
	ANNAHILT	1,045	Y	Y	
	AUGHNACLOY*	1,041	N	Y	
	MAGUIRESBRIDGE*	1,038	Y	Y	
	KESH*	1,036	N	Y	

	BALLYHALBERT*	1,026	N	N
	SEAHILL	1,018	Y	Y
	BLEARY*	1,011	Y	Y
	DROMARA*	1,006	N	Y
Band Total	69	103,500	44	62
Bands A – D Total (Population 10,000+)	26	1,014,490	26	26
Bands E – G Total (Population 1,000 to 9,999)	110	298,357	73	102
TOTAL A – G	136	1,312,847	99	128
Band H (open countryside)	-	498,016	-	-

* Settlements whose Band classification has changed (from the 2005 report); including 17 additions to Band G, reflecting the overall increase in population since 2001.

Source: NISRA Urban-rural classification, drive times by size of settlement

Please note that the table above also usefully indicates travel time distances attributed to each of the settlements detailed for Northern Ireland in the categories Band A to Band G, travel time exceeding 20 minutes or 30 minutes from the centre of a settlement containing at least 10,000 residents; this is the way that this plan identifies areas in NHSCT geography that has been applied to this RNIA.

2B. How is it likely to impact on people in rural areas?

The Trust's resilience plan includes actions that relate to the temporary standing down of services to allow for capacity to be created to deal with the pandemic – this will impact on people living in both rural and urban areas. This assessment for rural needs concentrates on services being created, services being delivered remotely or virtually to accommodate social distancing by use of broadband or mobile technology or existing services still being provided but where the location of these services continues to be changed.

Actions that are likely to be relevant for rural needs

- **Outpatient Services – mix of virtual and face to face assessments**
- **Integrated Maternity and Women's Health – virtual breastfeeding support, transfer of inpatient/day case gynae theatre lists for Red Flag and urgent cases between Antrim and Causeway, virtual red flag clinics**
- **Paediatric and Neonatal Services – virtual technology for urgent consultations**
- **Medical Inpatients – virtual clinics**
- **Renal – virtual review of outpatients**
- **MHOP- blended face to face and virtual services**
- **Learning Disability – online activities as an alternative to day care**
- **Community Mental Health Teams – blended face to face and virtual provision**
- **Specialist Services- blended face to face and virtual provision**
- **Psychology- blended face to face and virtual provision**
- **Allied Health Professionals – increase virtual clinic sessions**
- **Community Hopsitals – COVID community hospital based in Ballymoney for the Trust plus additional purchase in the independent sector for general nursing, dementia and delirium**
- **Treatment Rooms – consolidated to fewer locations**
- **Sexual Health – triage via tele-medicine and postal medications**
- **Looked After Children- increase use of technology for contact**
- **CAMHS – reduce face to face and increase virtual contact**
- **Child Emergency Intervention Service (CEIS) virtual appts**
- **Paediatric ASD- use of ICT to support families**
- **General staff related – redeployments across the Trust area in response to identified staffing needs**

Please note in normal circumstances, this temporary reconfiguration of services would be subject to a full rural needs assessment and public consultation. In order to protect public health and ensure capacity in the service to protect life and respond to the potential impact of a second wave of COVID-19 these measures have had to be planned as a matter of urgency. Mindful of its obligations under Section 1(1) of the Rural Needs Act (NI) 2016 the Trust has completed and published this rural needs impact assessment template. The Trust's response to COVID-19 is under constant review and further measures may have to be taken at any stage to protect public health. The Trust is also committed to carrying out further rural needs impact assessments and public consultation on any actions that it proposes to take forward on a permanent basis.

2C. If the Policy, Strategy, Plan or Public Service is likely to impact on people in rural areas *differently* from people in urban areas, please explain how it is likely to impact on people in rural areas differently?

- Economic cost of travel and travel time to services which are centrally based in urban areas or in one centralised location in the Trust area

- Ability of individuals in rural areas to travel to clinics which are centrally based in urban areas – availability of public or community transportation.
- For staff redeployments – availability of public or community transportation (travel costs will be reimbursed)
- Access to adequate Broadband or mobile communication in rural areas for remote access to services.

2D. Please indicate which of the following rural policy areas the Policy, Strategy, Plan or Public Service is likely to primarily impact on.

Jobs or Employment in Rural Areas		Community Safety or Rural Crime		Agriculture-Environment	
Education or Training in Rural Areas		Health or Social Care Services in Rural Areas	**X**	Other, please state below;	
Rural Development		Broadband/Mobile Communications in Rural Areas	**X**		
Poverty or Deprivation in Rural Areas		Rural Business, Tourism or Housing			

2E. Please explain why the Policy, Strategy, Plan or Public Service is NOT likely to impact on people in rural areas.

N/A

If you completed 2E above GO TO Section 6

SECTION 3 - Identifying Social and Economic Needs of Persons in Rural Areas

3A. Has the Trust taken steps to identify the social and economic needs of people in rural areas, relevant to the Policy, Strategy, Plan or Public Service? Yes ☒ No ☐ if the response is NO, GO TO Section 3D

3B. Which of following methods or information sources were used by the Trust to identify these needs?

Consultation with relevant stakeholders / Survey or Questionnaire / Research / Statistics / Publications / Other methods. Please provide details:

Research and Statistics at regional level for NI

NI geography specific anticipated rural needs:

- High level information about extent of potential impact based on 2011 census information available from NISRA – Northern Ireland Neighbourhood Information Service (NINIS)
- NISRA – NI multiple deprivation measure 2017 as a combination of the aggregate results of the 7 domains plus specifically the

domains of health deprivation and disability and access to services
- NISRA – dataset on Home Internet and Broadband Access
- OFCOM – Connected Nations Report

3C. What social and economic needs of the people in rural areas have been identified?

The aggregated Northern Ireland Multiple Deprivation Measure (2017) indicates that, of the top 100 most deprived super output areas (SOAs) none are related to rural areas in NHSCT. Deprivation at high levels appears to exist primarily in urban areas.

Two domains were identified as sub sets relevant to rural needs impact assessment for the Covid 19 pandemic Programme; health deprivation and disability and access to services.

Specifically examining the 2017 results in the domain of health deprivation and disability it was found that none of the top 100 most deprived areas were rural in nature.

In the other domain identified as relevant to rural needs impact assessment for health and social care service change, that of access to services, it was identified that, in 2017, 95 out of the top 100 most deprived areas across NI were rural in nature. This is in line with anticipated findings as it is the issue of transport availability and cost of transport that can make access to services difficult for those who reside in rural areas. Alongside this access to adequate Broadband or mobile communication is required for people living in rural areas when accessing services remotely.

The table below fully analyses the top 100 most deprived wards (at SOA level) in respect of access to services and aligns to the relevant Health Trust area. NHSCT has the highest number of areas in the top 100 (39). This information will be relevant for any further analysis or assessment carried on any measures proposed to be taken forward on a permanent basis.

SOA	Access to Services Domain Rank	Trust in which this area sits
Plumbridge	1	Western Trust
Belcoo and Garrison	2	Western Trust
Glenarm	3	Northern Trust
Ballyward	4	Southern Trust
Rosslea	5	Western Trust
Dunnamore	6	Northern Trust
Trillick	7	Western Trust
Sixmilecross	8	Western Trust
Owenkillew	9	Western Trust

Lissan	10	Southern Trust
Florence Court and Kinawley	11	Western Trust
Glack	12	Northern Trust
Ballyhoe and Corkey	13	Northern Trust
Belleek and Boa	14	Western Trust
Fairy Water	15	Western Trust
Donagh	16	Western Trust
Aldergrove 1	17	Northern Trust
Bannside	18	Northern Trust
Shilvodan	19	Northern Trust
Clanabogan	20	Western Trust
Dunnamanagh	21	Western Trust
Newtownsaville	22	Western Trust
Glenderg	23	Western Trust
Swatragh 2	24	Northern Trust
Magilligan	25	Northern Trust
Donaghmore 1	26	Southern Trust
Brookeborough	27	Western Trust
Lisnacree	28	Southern Trust
Mayobridge 2	29	Southern Trust
Lower Glenshane 1	30	Northern Trust
Strangford	31	Southern Trust
Claudy 2	32	Western Trust
Katesbridge	33	South Eastern Trust
Slemish	34	Northern Trust
Killinchy 1	35	South Eastern Trust
Augher	36	Northern Trust
Newtownhamilton	37	Southern Trust
Carnmoon and Dunseverick	38	Northern Trust
Newtownbutler	39	Western Trust

Clogher	40	Northern Trust
Banagher	41	Western Trust
Derrylin	42	Western Trust
Drumquin	43	Western Trust
The Loop	44	Northern Trust
Ballinderry 1	45	South Eastern Trust
Termon	46	Western Trust
Kesh Ederney and Lack 1	47	Western Trust
Boho Cleenish and Letterbreen	48	Western Trust
Grange	49	Northern Trust
Derrygonnelly	50	Western Trust
Ringsend	51	Northern Trust
Slievekirk	52	Western Trust
Altmore	53	Northern Trust
Derrynoose	54	Southern Trust
Armoy and Moss-Side and Moyarget	55	Northern Trust
Ballymacbrennan 2	56	South Eastern Trust
Caledon	57	Northern Trust
The Vow	58	Northern Trust
Oaklands	59	Northern Trust
Clare	60	Western Trust
Creggan	61	Southern Trust
Lower Glenshane 2	62	Northern Trust
The Highlands	63	Northern Trust
Gransha	64	Western Trust
Lecumpher	65	Northern Trust
Seaforde	66	Southern Trust
Silver Bridge 2	67	Southern Trust
Dunloy	68	Northern Trust

Island Magee	69	Northern Trust
Knockaholet	70	Northern Trust
Glenwhirry	71	Northern Trust
Killough 2	72	Southern Trust
Derrytrasna 2	73	Southern Trust
Ballynure 1	74	Northern Trust
Drumnakilly	75	Western Trust
Tollymore 1	76	Southern Trust
Aghanloo 2	77	Northern Trust
Silver Bridge 1	78	Southern Trust
Ardboe	79	Northern Trust
Killycolpy	80	Northern Trust
Tempo	81	Western Trust
Clady	82	Northern Trust
Lisnarrick	83	Western Trust
Parkgate	84	Northern Trust
Glenaan and Glendun	85	Northern Trust
Ballymacbrennan 1	86	South Eastern Trust
Glenavy 2	87	South Eastern Trust
Dromore	88	Western Trust
Killylea	89	Southern Trust
Burren and Kilbroney 1	90	Southern Trust
Pomeroy	91	Northern Trust
Glenravel	92	Northern Trust
Binnian	93	Southern Trust
Forkhill 2	94	Southern Trust
Derryboy 1	95	Southern Trust
The Birches 2	96	Southern Trust
Tullyhappy	97	Southern Trust
Quilly	98	South Eastern

		Trust
Kilwaughter 2	99	Northern Trust
Carrigatuke	100	Southern Trust

In Northern Ireland, for the latest dataset available on NISRA (2018), 16% of households had no home broadband and 15% had no home internet access. These households will not be able to avail of services being delivered remotely using this technology with remote delivery being a focus of the Resilience Plan. In addition. the OFCOM Connected Nations report (2019) acknowledges that more work is needed to improve services in rural areas where some customers who do have access to broadband experience slower speeds that in towns or cities and, further, that 19% of rural dwellers are unable to receive decent broadband.

3D Please explain why no steps were taken by the Trust to identify the social and economic needs of people in rural areas?

N/A

SECTION 4 - Considering Social and Economic Needs of Persons in Rural Areas

4A. What issues were considered in relation to the social and economic needs of people in rural areas?

Consideration has been given to the social and economic needs of people in rural areas listed in section 3C, including for example, access to services in terms of economic cost, availability of public transport and broadband/internet/mobile communication access. The Trust is cognisant of the need to consider and mitigate any potential adverse impact. The Trust's plan will be kept continually under review, given the fluidity of the situation, and in order to respond to emerging needs and challenges. This approach has been assessed as an on-going assessment to monitor the impact of the proposals on an on-going basis to ensure that the impact is not more significant than initially anticipated. See consideration and mitigating measures for potential impact on people in rural areas below:

- The plan outlines the Trust's intention to move towards providing increased care in homes and community settings which has the potential to benefit rural service users in terms of reducing travel to hospital settings.
- With regards to virtual appointments, Trust services continue to offer service users alternatives to video calls depending on access to technology/broadband e.g. telephone calls.
- In the case of staff being redeployed from rural to urban areas, the Trust continues to recognise the importance of enabling staff to have flexibility and has introduced a series of flexible working options to facilitate staff. Each case will be treated on an individual basis.
- The Trust is continuing to engage with frontline staff as well as key partners, service users and carers to ensure that plans are representative of and include the valuable input of those who use its services.
- Eligible service users can avail of the Hospital Travel Costs Scheme – a scheme which helps people on a low income or income-based benefits who may be entitled to reclaim travel expenses for hospital treatment.
- The Trust continues to facilitate virtual visiting for families/carers.

- The World Health Organisation has confirmed the prevention of the spread of COVID-19 and preserving the life and health of those affected or under threat of infection, particularly the most vulnerable are legitimate aims. The Trust is committed to ensuring that accurate and up-to-date information about the virus, access to services, service disruptions, and other aspects of the response to the outbreak is readily available and accessible to all.
- Not all decisions are taken by Northern Trust in the fight against COVID-19, i.e., HSCB, DoH under the HSCs agreed emergency planning arrangements. Decisions are being taken in the greater public interest and in achieving the stated aims at 1C above. Measures undertaken and decisions made to date have been driven by the need to address the unprecedented demands arising from the COVID-19 pandemic and will be kept constantly under review.

SECTION 5 - Influencing the Policy, Strategy, Plan or Public Service

5A. Has the policy, strategy, plan or public service been changed by consideration of the rural needs identified?

Yes ☐ No ☒ if the response is NO, GO TO Section 5C

5B. If yes, how have rural needs influenced the policy, strategy plan or public service?

5C. If no, why have the rural needs identified not influenced the policy, strategy, plan or public service?

Please note, in normal circumstances, this plan would be subject to a full Rural Needs Impact Assessment (RNIA) and public consultation. Mindful of its obligations under the Rural Needs Act 2016, the Trust has completed and published this template. The Trust's Resilience Plan is under constant review and further measures may have to be taken at any stage to protect public health. The Trust is also committed to carrying out a full RNIA and public consultation on any actions that may be taken forward on a permanent basis.

The Trust recognises that there are a number of policy leads/decision makers across HSC who likewise must comply with Section 1(1) of the Rural Needs Act (NI) 2016 in the development and implementation of HSC Trusts Resilience Plans to address winter pressures and any subsequent waves of COVID-19 pandemic. The Trust therefore commits to collaborate, as necessary, with all relevant HSC organisations in seeking to ensure the fulfilment of these statutory duties. This may entail, in some instances, the Trust feeding upward into regional RNIAs led by other HSC Policy Leads e.g. DoH, HSCB et al, contributing to RNIAs by other policy leads where there are for example regional themes, undertaking further individual RNIAs on Trust proposals and, where necessary and appropriate, conducting RNIAs and associated consultation in line with the Rural Needs Act (NI) 2016 and in fulfilment of the requirement of the DoH Circular Guidance 'Change or Withdrawal of Services – Guidance on Roles and Responsibilities' - September 2019 especially where temporary changes are being proposed as permanent.

Section 6: Documentation:

6A. Please tick below to confirm that the RNIA Template will be retained by the Trust and relevant information on the Section 1 activity compiled in accordance with paragraph 6.7 of the guidance.

Northern Health and Social Care Trust

I confirm that the RNIA Template will be retained and relevant information compiled ☒	
Approved by:	NHSCT Executive Team
Date:	28 October 2020