

Service Delivery Plan for Belfast Health and Social Care Trust

July - August 2021



Section 1: Introduction

Our people, patients, service users, carers, staff and the wider Belfast community, are at the centre of all that we do in Belfast Trust.

The purpose of this two month Service Delivery Plan is to show how we will balance their ongoing needs from the pandemic and to address the impact on all our services, particularly elective waiting times and lists, services for children, older people and those who have mental health needs. We need to do this whilst recognising the ongoing restrictions in the community and our safety precautions.

We know that COVID-19 has had a particularly negative impact on those already experiencing health inequalities. The Trust will continue to work in partnership across health and social care, with GP colleagues, government departments and organisations in statutory, community, voluntary and private sectors to address and reduce health inequalities. This includes partnership working through the joint Belfast Health Development Unit and work to progress the Community Planning process through the Belfast Agenda and Lisburn and Castlereagh Council Community Plans. The Trust will continue to work with the whole Belfast population while targeting programmes at key disadvantaged groups, including Ethnic Minority communities such as Travellers and Roma, people from LGB&T+ communities, looked after children, older people, those in more deprived communities and those who are disabled.

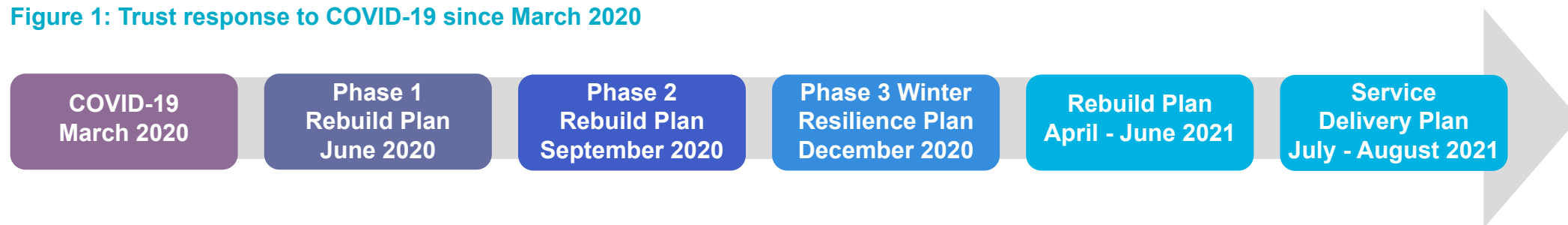
For those individuals suffering from the long term effects of COVID, plans are being finalised for the establishment of a new multidisciplinary assessment service to offer dedicated support for the assessment and treatment of post-COVID-19 syndrome over the short and medium term.

Our agreed regional approach remains:

- **To ensure Equity of Access for the treatment of patients across Northern Ireland;**
- **To minimise transmission of COVID-19; and**
- **To protect access to the most urgent services for our population.**

Since July 2020, the Belfast Trust has implemented a series of quarterly plans (Figure 1) agreed with the Health and Social Care Board (HSCB) and in collaboration with other HSC Trusts to upscale and reduce service provision in response to fluctuating levels of COVID-19. These plans have been carefully developed and are evidence-based, proportionate, necessary and sustainable. A year on, this Service Delivery Plan outlines how the Trust will continue to safely deliver our services within available resources.

Figure 1: Trust response to COVID-19 since March 2020



With the welcome reduction in COVID-19 community transmission and resulting admissions to our hospitals, the Trust has been able to rebuild services successfully in May and June. Some services are now delivering activity that is in line with that of pre-COVID levels.

The Trust will continue to support the vaccination programme and to staff the COVID testing centres along with GP colleagues. The continued redeployment of staff may impact on service delivery plans in some service areas. While recognising the success of the vaccination programme, it is important to acknowledge that we will continue to live with COVID-19 for some time. This will continue to impact on how we deliver our services safely, including ongoing requirements for social distancing, increased cleaning / sanitising and infection prevention control measures.

The Trust is committed to its legal duties under Section 75 of the Northern Ireland Act 1998 as detailed in our approved Equality Scheme and under the Rural Needs Act 2016. We will screen this Service Delivery Plan for both equality and rurality impacts with mitigation measures introduced if potential adverse impacts are identified as appropriate.

Our Staff

Protecting the health, safety and wellbeing of our staff, as well as our patients, service users, families and carers continues to be of the utmost importance. The ongoing dedication, resilience, innovation and flexibility of our staff has enabled us to meet the needs of our community throughout the COVID-19 pandemic. We know that we will continue to live with the challenges of COVID-19 for some time and whilst many staff have been returned to their substantive posts, a number of them remain redeployed to support services. We continue to be committed to working in partnership with our local and regional Trade Unions in the delivery of services and protecting the health, safety and well-being of our staff.

Supports for staff wellbeing:

Ongoing initiatives remain in place for our staff:

- Dedicated COVID-advice and psychological support helplines continue to be operational as well as information to support staff health and wellbeing. This includes the development of an online staff support pack.

- A new confidential specialist psychological therapy service “Thrive” tailored to meet the needs of staff who have worked in health and social care services during the pandemic. “Thrive” is an enhanced occupational health service ensuring that specialist psychological support and therapy is available for staff who wish to avail of it.
- The Occupational Health Service continues to provide confidential advisory support to staff in regard to Medical, Nursing, Occupational Therapy, Physiotherapy, Psychology and Psychiatry services. In addition, there is provision of a seven-day week advice line for staff, wellness calls to staff, COVID-19 test results and contact tracing.
- Staffcare, a confidential employee assistance programme, continues to offer a 24/7 self-referral counselling service for all staff.
- An Ethnic Minority Staff Network has been established to support staff from minority ethnic communities.
- An extensive COVID-19 Vaccination programme as part of the Regional Programme.
- Regular risk assessments.
- Rapid test and contact tracing and asymptomatic testing for staff.
- The Joint Health & Safety Committee continue to review COVID-related health & safety issues.
- A range of other support resources for Staff and Managers including Safe Working During COVID-19 and support for Redeployed Workers.

Some of the Key Challenges in implementing our plans:

- Balancing **safety and risk** through regional agreements. We must ensure both an effective ongoing response to COVID-19 locally and the need to deliver elective surgical and diagnostic services for prioritised clinical groups on an equitable basis for the Northern Ireland population, taking account of specific Trust differences, for example, available accommodation;
- Assessing **workforce pressures** including the ability to safely and appropriately staff the service delivery plan. We must ensure our staff are **supported and feel valued** by providing those who were redeployed to ICU and other areas, time to recover. Our staff have been working relentlessly and have not been able to take sufficient periods of annual leave, therefore, it is important to give them the opportunity to avail of **annual leave** before they return to their roles. We also need to ensure that we can staff both the **COVID Centres and the vaccination programme**, manage local cluster outbreaks and enable flexible working necessary to support childcare and caring commitments;
- Building on **new ways of working and innovations** to provide safe and effective care. Recognising the widespread adoption of telephone triage, virtual clinics and video calls during COVID-19, we will continue to work innovatively with our Primary Care/Community partners and our clinical leaders to maximise the rapid scaling of technology;
- Continuing to maintain effective **COVID-19 zoning plans in line with Infection Prevention and Control (IPC)** advice and guidance, to safely manage separate pathways for the flow of staff and patients across all sites, optimise efficient utilisation of Personal and Protective Equipment (PPE) and ensure adequate catering and rest facilities for our staff;
- Assessing the ability of our **accommodation and transport infrastructure** to support and enable restart plans across our hospital and community sites;

- Sustaining models for **‘swabbing’ and ‘testing’** of health care workers and patients/clients as part of our ongoing response to COVID-19;
- **Public adherence to the restrictions and precautionary measures** before coming to a Trust facility or accessing care eg. pre-surgery COVID testing
- Sustaining a **reliable supply of critical PPE**, blood products and medicines to enable us to safely increase our services. In this plan the Trust has assumed a supply of PPE to meet the anticipated activity levels;
- Providing necessary **support and resources to the nursing / care home sector** on an ongoing basis alongside the successful delivery of Trust-based services;
- We are committed to **co-production and involvement** of service users, carers, Trade Unions and the wider public in key decision-making in our local agreements to rebuild plans, while also harnessing opportunities to deliver services differently with innovative solutions and aligned to our social distancing commitments and need to deliver safe and effective health and social care services;
- Providing continued support to family carers and **those in need** within our population including vulnerable people, and people at risk of harm.

We will continue to monitor the implications on service delivery arising from financial constraints, with limited recurrent growth funding, significant existing pressures and the potential for any future surge in COVID-19 transmission. Working together, we will continue to play our part in sustaining this reduction in transmission, to preserve life and support our health and social care service.

Section 2 provides a regional context to Trust plans from the Department of Health (DoH) and the Health and Social Care Board (HSCB).

Section 3 details the Belfast Trust Service Delivery Plan for July and August 2021.*

*It is important to recognise that the Trust’s ability to deliver against this plan is linked to the effect of any subsequent surges during this period.

Section 2: Regional Context

Tackling Health Inequalities

1. The 'Health Inequalities Annual Report 2020' (<https://www.health-ni.gov.uk/publications/health-inequalities-annual-report-2020>) clearly demonstrates that inequalities in health outcomes continue to be a key issue and challenge in Northern Ireland. Given the multi-faceted causes of inequalities in health, tackling this issue needs sustained focus within the health and social care system and increased collaboration across departments and agencies, local government, the community and voluntary sector, and with communities themselves to address the factors which impact on health and wellbeing locally and regionally.
2. Making Life Better (<https://www.health-ni.gov.uk/articles/making-life-better-strategic-framework-public-health>) is the overarching strategic framework for public health through which the Executive committed to creating the conditions for individuals, families and communities to take greater control over their lives, and be enabled and supported to lead healthy lives. It is vital that the Health and Social Care System continues to support the delivery of Making Life Better, particularly as COVID-19 is likely to have exacerbated the inequalities that already exist and this will require a continued focus and population health approach to address in the long term. Improving health and wellbeing, increasing health literacy and reducing inequalities in health outcomes, will be a key part of ensuring we build greater health resilience in the population into the future and help to reduce the impact of potential future pandemics.

Critical Care

3. Critical care beds are all open and operational throughout Northern Ireland at their commissioned bed levels. Belfast Trust continue to manage a different bed configuration across its units, than that commissioned, to enable urgent elective care on BCH site and non-elective care on the Royal site. This is not without challenges however, the Trust will work with HSC, PHA and CCaNNI to fully understand the implications of this and minimise impact on the wider critical care system. Similarly, work is ongoing to aim to minimise delayed discharges from ICU, which has been a growing issue recently due to wider Trust pressures.

Regional Management of Unscheduled Care

4. The challenge of managing Unscheduled Care pressures has been exacerbated in the past year by the tremendous system effort to cope in the face of significant surges in hospitalisation due to COVID-19 infection. The system collaborated closely and effectively in particular through the Critical Care and Respiratory Operational Hub and the lessons from that approach are now being considered in the regional management of Unscheduled Care.
5. Unscheduled Care is a broad service area encapsulating adults and paediatrics, emergency and urgent care, major trauma, critical care, neonatal care and hospital flow, including discharge. Consideration needs to be given to this breadth and the various processes currently in place to manage these. As demand increases and our hospitals start to move towards pre-COVID attendances and admissions, it is important to fully

understand the impact that COVID will continue to have on our physical space and the need to manage patient flows in a safe environment.

6. The Health and Social Care Board is currently working collaboratively with the Public Health Agency, NIAS and the five provider Trusts to improve waiting times at our Emergency Departments, enhance flows through the system and facilitate timely discharge.

Cancer Services

7. Cancer waiting times were unacceptable before the COVID-19 pandemic. Cancer referrals, and screening, diagnostic and treatment services have all been significantly impacted by the pandemic resulting in immeasurable distress for patients. The service needs to act now not just to build services back but to build them back better. The Health and Social Care Board has worked with the Department of Health to produce a Cancer Recovery Plan. This 3 year plan pulls forward a number of early actions associated with recommendations included in the draft Cancer Strategy, which is being co-produced with patients, the wider service and the voluntary sector. The plan will aim to improve cancer waiting times by addressing backlogs that have arisen as a consequence of the COVID-19 pandemic, as well as seeking to address capacity gaps that existed pre-COVID. It will do this through an expansion in capacity (both staffing and equipment), the modernisation of care pathways and the adoption of new tests and technologies. All of this will be underpinned by a focus on skills mix and multi-professional education and training.
8. The plan does not specifically address cancer surgery which is being looked at as part of the wider elective plan. It covers the following key areas:
 - Supporting patients
 - Screening
 - Awareness & early detection
 - Safety netting & patient flow
 - Diagnostics to include imaging, endoscopy, colposcopy and pathology
 - Prehabilitation & Rehabilitation
 - Oncology & Haematology
 - Palliative care.

Regional Waiting List

9. The focus of the HSC continues to be on delivering all elective services in an environment that is safe for both staff and patients. Whilst it is expected that theatre capacity will continue to be constrained during this period, the HSC will continue to seek to maximise activity. It is likely that theatre access will vary across Northern Ireland, potentially resulting in differential waiting times. It is therefore essential that capacity is protected for the highest priority patients and that access to this capacity is provided equitably across Northern Ireland. The Regional Prioritisation Oversight Group (RPOG) will continue to play a key role in ensuring that the clinical prioritisation of cancer and time critical/urgent cases across surgical specialities and Trust boundaries, is consistent and transparent and to ensure the utilisation of all available capacity (in-house and in the Independent Sector) is fully and appropriately maximised.

Orthopaedic Hubs

10. In July 2020, the Minister announced plans for the regional rebuilding of elective orthopaedic services with the publication of the blueprint document 'Rebuilding, Transition and Transformation of Elective Orthopaedic Care delivered by Health and Social Care in Northern Ireland', and the establishment of a regional Orthopaedic Network to take this forward. Unfortunately, elective orthopaedic services were suspended in October as resources were redeployed to address the immediate pressures arising as a result of the COVID-19 surge. Waiting times for orthopaedic services were already the longest in the UK prior to the onset of the pandemic and demand for these services continues to increase in line with ageing demographics. It is therefore vital that orthopaedic capacity is increased and protected as far as possible at each of the hub sites of Craigavon, Altnagelvin and Musgrave Park in line with the orthopaedic recovery blueprint.
11. Throughout this period, the Orthopaedic Network has continued to explore and develop opportunities for regional transformational change for the service. Entering the next phase of service rebuilding, it is intended that a recovery plan for orthopaedics will be published in August. The recovery plan will set out priority actions and timescales to bring orthopaedic activity back to commissioned levels, and to increase activity as effectively as possible, maximising the use of all available capacity across the region to increase activity. This will be taken forward on a phased basis, addressing as a priority those patients with the greatest clinical need, whilst at the same time working to deliver long-term transformational change to the service.

Day Case Elective Care

12. In July 2020 the Minister announced that Lagan Valley Hospital in the South Eastern Trust would become a dedicated elective care centre for the region. Whilst the nature of the site means that it is most suitable for daycase surgery and procedures rather than more complex work, the complete separation of elective and unscheduled services at the site, enabled services to continue be delivered throughout the pandemic on a 'COVID-light' or 'green' pathway. During the pandemic, the centre delivered red flag and other high priority lists on behalf of the region where these could not be accommodated at the hospital of origin due to pandemic pressures. In recent months the centre has begun to provide high volume, low complexity procedures for the region across a range of specialties. The team at the Day Procedure Centre in Lagan Valley is working to maximise the efficiency of service delivery in the space available. There are also similar initiatives for cataracts and varicose veins in Downe, Omagh, South Tyrone and the Mid-Ulster Hospital.
13. While the overall model for Lagan Valley Hospital is still developing, it has already demonstrated the benefits of having dedicated elective care capacity. Alongside the work to develop the model at Lagan Valley, consideration is also being given to expanding this approach to further sites on a managed basis.

No More Silos (NMS)

14. The funding constraints across all health and social care services in this financial year are placing significant pressure on our ability to continue to implement NMS. There is general recognition that the implementation of NMS is extremely positive work which should continue. It may be

necessary to prioritise key elements of the action plan to ensure the maximum benefit within the limited resources available.

15. In transforming urgent and emergency care services, the Department is seeking to ensure that patients are able to receive the right care, in the right place and at the right time. The review seeks to keep emergency departments for emergencies by ensuring that patients who require urgent care have appropriate pathways into the services that they require. These services may be within primary or secondary care.
16. The Department intends to publish its review of Urgent and Emergency Care during the summer 2021.

Vaccine Programme

17. The COVID-19 vaccination programme was launched on the 20 December 2020 with the vaccination of the JCVI priority group 1 and by the 26 May 2021 the programme had been extended to the last part of the final cohort, JCVI priority group 12. Everyone aged 18 years and over is now eligible to receive a COVID-19 vaccine in NI. There are 7 Trust operated vaccination centres, and in addition Trust special mobile teams, working with the PHA, are being deployed to areas of low vaccine uptake rates.
18. The vaccination programme has helped to protect the most vulnerable in the community most quickly against the severe outcomes of disease. We are now seeing clear evidence that the vaccination programme is contributing to reduction of the wider health service pressures. The roll out of the programme remains critically dependent on vaccine production, supply and distribution. The pace of the programme slowed slightly as a result of the updated advice from JCVI, which advised that it was preferable for those aged under 40 years of age to receive an alternative to the AstraZeneca vaccine. Due to the limited supply of the Pfizer vaccine, the programme is now expected to complete first doses by the end of July with second doses expected to be completed by early September.

Mental Health

19. Mental Health services continue to face considerable pressures as a result of the COVID-19 pandemic. Adult in-patient services regularly see bed occupancy rates over 100% and heightened acuity levels including increase in special observations and in the proportion of detained patients. Community Mental Health services are also reporting increasing referrals for secondary mental health assessment, and subsequent care and treatment. A similar position is reflected in our younger population with referrals to CAMHS continuing to increase. It is expected that these pressures will continue.
20. Work has progressed to help and support people's mental health and wellbeing. A reformed Mental Health Pandemic Response Group will provide strategic direction to support this. Additional funding has also been invested in Mental Health services, with commitments for a new specialist perinatal Mental Health service and managed care networks for CAMHS and forensic mental health. DoH will also allocate £1.5m recurrent funding from 2021/22 to support the implementation of the new Emotional Health and Wellbeing in Education Framework. The new Mental Health Strategy is expected to be published in the summer. This will help ensure a cohesive strategic direction for development of Mental Health services over the next 10 years.

Adult Social Care

21. Significant financial and in-kind support has been provided to independent sector providers of adult social care, helping to keep our care homes safe and ensure essential services such as domiciliary care (homecare) continue. In addition to more than £45m of direct financial support provided last financial year, the Minister has approved £4m of funding to support enhanced sick pay, additional cleaning and costs associated with facilitating safe visiting in care homes. The ongoing provision of PPE without charge, where providers cannot access their own supplies continues, as does the use of routine asymptomatic testing, and testing in situations where there is a suspected or confirmed COVID-19 outbreak, to help protect care homes and supported living settings. Plans are being progressed to develop an appropriate testing pathway to extend the availability of COVID-19 testing to all asymptomatic domiciliary care staff and personal assistants. The frequency and type of testing to be deployed across this sector is still under consideration. The Department will continue to actively review the frequency of testing in these settings; any requirement to vary testing frequency will be appropriately informed by emerging scientific evidence and other contributory factors, including local community transmission rates and the deployment of the COVID-19 vaccination programme.
22. The Department continues to work with Trusts and the PHA to ensure all options are explored to ensure day centre services, day opportunities and short breaks capacity is maximised – and that we build on new ways of working, such as the greater use of direct payments to support the care of individuals. Support to carers continues to be a priority, recognising the increased burdens that have been placed on those who care throughout the pandemic. To that end, a £4m fund to support organisations working for and with unpaid carers has been established. The pandemic has reinforced the need to secure long term change and reform of adult social care, in line with the priorities set out in Power to the People.

Long COVID

23. The Minister of Health has recently approved proposals for the assessment and treatment of people who continue to experience long-term health effects as a result of COVID-19 infection. The proposals encompass 5 separate strands:
- Post COVID-19 Syndrome patients referred by primary or secondary care to a one-stop-shop MDT assessment service;
 - Bespoke pulmonary rehabilitation / dysfunctional breathing service for patients with significant respiratory symptoms post COVID-19;
 - Patients discharged from critical care (both COVID-19 and non-COVID-19);
 - Strengthening psychology support to all Trusts; and,
 - Signposting and access to self-management resources.
24. Commissioning the services will take a number of months and it is anticipated that with services will be established by end of October 2021. In the meantime patients displaying long COVID symptoms will continue to be treated via existing services in both primary and secondary care.

Our services

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Service Area : Adult Community & Older People's Services

Care Homes

We will continue to provide the necessary care and support to the most vulnerable in our nursing and residential care sector. This includes, but is not limited to, the following:

- Proactive and ongoing support from the multi-disciplinary team including primary care aligning service improvement with the Strategic Direction and wider care home reform workstreams.
- Ensuring a whole Trust integrated, collaborative approach to enhanced Multi-Disciplinary Team support to care homes and governance oversight through a Care Home monthly meeting.
- For COVID-19 patients, the Hospital at Home team will continue to work in collaboration with the Care Home Nursing Support Team to assess, treat or provide onward assessment of residents in nursing and residential care settings where necessary.
- Actively participate in co-production in the redesign of the service with service users, carers and their families as well as our staff teams.
- The Care Home Support Team will continue to provide support, education and outbreak assessment and monitoring within the care home settings. It will continue to work in close collaboration with Hospital at Home for COVID-19 patients.
- The Trust Infection Prevention Control (IPC) team will continue to support residential and supported living facilities in relation to IPC advice and guidance and the provision of Personal Protective Equipment.
- Progress the learning from previous COVID-19 surges with continued engagement with all key stakeholders.
- Through the No More Silos Programme, the service will continue to engage with key stakeholders in community, primary and acute care in order to integrate services and to streamline the clinical care pathways in line with the proposed regional wellness pathway. This will ensure the safe, equitable and timely service delivery for care home residents and their lived experience.
- Through the No More Silos work streams, the service will seek to enhance the Care Home Support Team with Allied Health Professionals to ensure a responsive service in the management and rehabilitation of residents
- Actively recruit to ensure the Care Home Support Teams have the capacity for safe staffing and safe caseloads to meet professional and statutory obligations.
- Review the Care Review and Support Team (CReST) model to assess sustainability of service in supporting residents and families permanently placed in care homes.
- Continue to progress completion of Mental Capacity Act assessments, targeting resource to address legacy cases.

Dementia and Older People's Mental Health Services

- Psychiatry of Old Age and Memory Services will continue to work collaboratively in the provision of cognitive assessment, dementia diagnosis, treatment and support for people living with dementia and their families.
- We will continue to engage with relevant stakeholders to define and scope the vision for the Trust's four statutory dementia residential care homes with a focus on the internal and external environment standards, leadership, staffing and governance arrangements, taking cognisance of best practice and regional care home reform and learning.

Our services

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- The service will complete a proposal in partnership with Housing Association colleagues, staff and service users to widen the criteria to access three of the Trust's five supported housing schemes which are currently only for dementia.
- The service will recruit an additional Consultant Psychiatry of Old Age post and continue work to reduce waiting times to access the service to enhance equitable and timely diagnosis and supports.
- The service will promote the single point of access to older people's mental health services to primary care colleagues ensuring knowledge of service and referral pathways.
- The service will realign the outreach dementia team with the community mental health team and build capacity in this service to ensure a responsive and effective use of this resource.

Community Care - Teams

- Our Community Nursing and Social Work teams will continue to provide services and will support the most vulnerable people in our care. This includes, but is not limited to, the following:
- Providing end of life care to patients in their own home. This will include working closely with specialist nursing teams such as Hospital at Home, Respiratory and Specialist Oncology and Palliative Care (SOAP) team.
 - District Nursing will continue to support Primary Care by delivering the vaccination programme to housebound patients.
 - The Community teams will continue to identify and manage patient risk and take appropriate actions when necessary. This is to ensure timely, effective and equitable care to the most vulnerable patients in the community.
 - Community Social Work services will resume face-to-face contact as the primary method for undertaking first assessments and statutory reviews. The service will introduce face-to-face monitoring visits to service users living in their own homes or explore virtual options for undertaking monitoring.
 - Community Social Work services will focus on its key priorities, including safe staffing levels, safe caseloads in line with the Social Care Workforce Plan, statutory obligation, emerging mental capacity requirements, review of the duty system and preparedness for future legislation.
 - District Nursing services will continue to progress its modernisation agenda with close collaboration with Trade Union representatives, including the regionally agreed work streams such as the District Nursing Framework, career pathway development for Band 7 and Band 6s, appropriate staffing and alignment of caseloads with GP Federations.
 - We will continue to ensure safe, equitable and timely service delivery for service users and their lived experience, including the ongoing implementation of the No More Silos programme, continuing with the implementation of the Mental Capacity Act and the ongoing development of Social Work within the Multi-Disciplinary Team.

Community Care - Respite

- Urgent respite care will continue to be facilitated as requested by service users and families.
- The service will explore respite options and work to develop a range of services that will meet a variety of need and increasing complexity with ongoing promotion of self-directed support options.

Our services

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Connected Communities Hub

- The Connected Communities Hub will continue preventative work with its partners/key stakeholders across the city for people with long-term conditions. It will focus on social support to existing and new clients with a particular emphasis on emotional well-being, reducing isolation and loneliness.

Pathways to support older people through hospital

- A Delirium Recovery Unit (independent sector) with a capacity of ten beds is operational. This service has been implemented as part of a test of change and will be reviewed and evaluated to determine its effectiveness in supporting hospital discharge and achieving positive outcomes for service users.
- Hospital Social Workers will continue to offer the option of Self-Directed Support based on assessed need to support the timely discharge from hospital.
- There will be additional domiciliary capacity created to assist in implementing 'discharge to assess' hospital discharge pathways.

Intermediate care services

- A review of intermediate care service delivery is to be undertaken with key stakeholders including primary care, secondary care and acute care to enable the service to meet growth in demand, including unmet need in delirium/dementia. This will include proposing new structures which will ensure safe staffing, safe caseloads and will deliver the best optimum outcomes for service users.
- We will actively participate in co-production in the redesign of the service with service users, carers and their families as well as our staff teams.
- Intermediate care will engage in all regional and internal work streams associated with hospital discharge.
- Through the No More Silos Programme, we will engage with key stakeholders to integrate services and to streamline the clinical care pathways to ensure the safe, equitable and timely service delivery for care home residents and their lived experience. Intermediate care will enhance its social worker resource to support timely assessment, rehabilitation and discharge from intermediate care services.

Day Centres – for Older People/ People with physical disability

- Our fourteen Day Centres will continue to be open to service users, with daily attendance as per individual centre capacity detailed in the risk assessment of the centre.
- Services will continue to review current provision in line with Covid-19 restrictions and the impact of vaccinations.
- Outreach will continue with phone calls, activity packs, home visits and outings offered to service users and continued support for their families.
- Our service will continue to offer a blended approach to service delivery with all service users offered attendance across at least a fortnightly basis, with a higher level offered on the basis of risk assessment.

Domiciliary Care

- The Trust Infection Prevention Control (IPC) team will continue to support domiciliary care services in relation to IPC advice and guidance and the provision of PPE.

Our services

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- Monthly engagement with the independent domiciliary care providers continues to ensure responsive, timely and equitable provision to meet demand.
- The Commissioned Services Governance Lead will continue to engage in monthly sessions with all domiciliary care providers to work in partnership to ensure sustained service delivery
- Communication & engagement sessions will be scheduled over the summer months with staff and trade union representatives.
- During July and August, we will continue to monitor and review levels of unmet need with a focus on exploring options to maximise domiciliary capacity.
- We will progress the modernisation agenda for statutory homecare with all relevant partners.

Community COVID-19 Testing

- Given the potential rise in incidents of the Delta variant, the Trust and Primary Care colleagues will need to continue to staff the COVID-19 centre and this will impact on staff being facilitated to return to their substantive post.
- Clinical pathways have been developed to ensure patients get access to the right service promptly ie. Hospital at Home and acute hospital admission for emergency care if appropriate.
- The Primary Care COVID-19 Centres will be reviewed in line with Ministerial direction.

Service Area : Learning Disability Services

Muckamore Abbey Hospital

- Muckamore Abbey Hospital (MAH) continues to extend the delivery of positive behavioural supports for patients.
- A plan for family visiting has been developed in line with the regional policy. Visits are by appointment on a daily basis. This is reviewed on a weekly basis or following change in Department of Health guidance.
- Our resettlement programme has restarted with plans for necessary assessments, in-reach and trial leave commenced. A number of patients are currently on trial resettlement.

Learning Disability Day Centres (including day opportunities)

- In line with the Health and Social Care Board (HSCB) Recovery Plan for Adult Day Care in Northern Ireland, service users who live at home with a family member or carer, have been prioritised and are being offered two sessions per week. Currently, we are supporting 55% of service users in our Day Centres and we expect this to reach 60% over the next Phase. Almost 90% of service users living with a family member / carer are accessing these sessions.
- We plan to enhance the Community Day Services by opening a new Pod@Connswater. This will allow us to offer some additional community based attendance as opposed to centre-based activity. In addition, through contracts with the Community and Voluntary organisations, we hope to further enhance the opening hours of both the Pod@Cityside and the new Pod@Connswater, and provide more varied activities including community circus, craft and exercise sessions.
- A number of day opportunities have been reopened due to the government guidance around social distancing.
- As the guidance continues to relax, we will review the level of attendances that we can support at the various day centres and day opportunities.

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Learning Disability Residential & Supported Housing

- Residential and Supported Housing services will continue with increased family visiting in place and ongoing staff reviews with residents in line with the regional visiting policy.
- Continued usage of statutory short break beds as surge beds to support families in crisis due to COVID-19 related reasons.

Community Learning Disability Outpatient Clinics

- Virtual outpatient assessment continues, where possible.

Service Area : Mental Health / Child and Adolescent Mental Health Services

Inpatient services

- All inpatient services will remain operational.
- Additional step-down facilities will continue to support individuals leaving the Adult Mental Health Inpatient Centre, resulting in fewer patients based in outlying wards and a reduced level of patients awaiting discharge.

Community Mental Health Teams

- Home Treatment House (HTH) team will continue to admit service users to avoid admission to the inpatient facilities, when appropriate.
- Substitute Prescribing Team (SPT) Oral Substitute Team (OST) continues to work through the current waiting list and will continue to embed new substitute medication preparations as these become available. New referrals continue to be received onto OST with four inductions per week onto OST treatment. Waiting time has been reduced to 3 weeks from referral.
- Day Opportunity services are now beginning to reopen to service users as COVID guidelines allow.
- Capacity in Day Opportunities and therapeutic groups will continue to be built, adhering to social distancing to maximise service users' ability to access these services.
- The Mental Health Service will work with the DoH and HSCB to implement the DoH Mental Health Action Plan. The Action Plan contains 38 actions, including a commitment to produce a mental health strategy, which will include a comprehensive funding plan for mental health.

Mental Health Outpatients

- We will sustain our new approach to delivering outpatient appointments through the use of technology, providing an individualised approach to service users to meet their mental health needs.

Service Area : Psychological Services

Inpatient & Outpatient Services

- Whilst previously we had relied solely on face-to-face engagement for autism diagnostics, we have now agreed and piloted alternative assessment processes to balance the need for robust assessment and minimising the risk of COVID-19 transmission.
- These pilots have been very successful to date. Therefore, the service will continue to incrementally increase the number of assessments delivered each month while maintaining a focus on the safety of our patients, their families and our staff. It is

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also important to note that COVID-19 impact and mitigating measures have reduced capacity in a service that already had significantly less capacity than demand.

Service Area : Allied Health Professional community services and clinics

Allied Health
Professional (AHP)
community
services and
clinics

- Incorporating Physiotherapy, Occupational Therapy, Speech & Language Therapy, Dietetics and Podiatry:
- We will maintain our services across the acute hospital sites to facilitate the timely discharge of patients.
 - We will continue to offer a blended approach of virtual and face-to-face for our elective services. We will aim to increase capacity and activity, re-establishing where possible, face-to-face clinic sessions within the constraints of social distancing, available space and facility risk assessments.
 - We will collaborate with all services to assist with service delivery. We will continue with a centralised approach to prioritisation for service delivery across the Trust.
 - We will re-establish some group sessions for children in line with Covid guidelines.
 - We will re-establish a limited Podiatry Diabetes screening service.

Service Area : Palliative Care

Palliative Care
(General/Specialist)

- General Palliative Care services will continue to be delivered through the Community Nursing teams.
- Specialist Palliative care advice and support continues to be available in Belfast City Hospital (BCH), NI Cancer Centre, Royal Victoria Hospital (RVH) and the Mater Hospital (MIH), this will be extended to cover Musgrave Park Hospital (MPH) from July/ August 2021.
- Education sessions continue to be delivered via Zoom for all Nursing and Medical staff.
- An Out of Hours (OOH) specialist palliative care advice line is now available.

Service Area : Children's Community Services

Early Years teams

- Registrations / Inspections of Childminder and Day Care facilities will now increase in line with amendments to Departmental Guidance.

Child Health

- Staff have been returned from redeployment and are seeing children aged 30-36 months who have missed earlier health screening. Clinics/home contact will be offered to parents. Two year health reviews have resumed face to face and the three year health reviews are almost complete.
- School Health: Healthy Child Healthy Future Programme: To address unmet need, clinics will be offered during the months of July and August in community settings.
- Vaccination clinics will be offered in community settings during the months of July and August to address the unmet need.
- Overnight care has and will continue to be prioritised for children with complex health care needs.

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Children with Disability Teams

- Somerton Road Children's Home will remain open. Children will continue to be admitted to this facility where assessed as appropriate.
- Forest Lodge will no longer be identified as an isolation home for children who require to be placed in isolation due to COVID-related care issues. The facility will gradually increase residential short breaks provision subject to increased staff levels and infection prevention control measures that require to be implemented.
- Willow Lodge short breaks provision will continue to be temporarily paused but where possible, Direct Payment provision will be increased in lieu of residential short breaks or after schools short breaks provision.
- Community and voluntary sector partners will continue to deliver contracted services in line with COVID Regulations.
- Face-to-face visiting will continue to increase to support families in keeping with their Family Support / Child Protection Pathway Plans.
- Online and telephone support will continue to be provided to families where face-to-face contact is not possible.
- Allied Health Professional services will continue to engage with Education to deliver services to children attending special schools.
- The Children with Disability fieldwork service will continue to provide proactive Duty Calls to families in need.

Child Care Centre

- The Child Care Centre will continue to provide assessment and therapeutic interventions to children and the provision of reports to the Courts.

Family Centres

- The Family Centres will increase the provision of parental assessments and other specialist assessments in line with children's pathway assessments / court directed assessments.

Trust Contact Centre

- The Contact Centres will continue to provide contact to those children who have been assessed as requiring face-to-face contact. This remains subject to risk assessment in line with Government guidelines.

Public Health Services: New Entrants

- The Northern Ireland New Entrants Service (NINES) will be delivering second COVID vaccines for asylum seekers in July. The team has reset Mantoux clinics and these will be ongoing. Home visits are continuing with Blood Borne Virus testing, IGRA (Blood test for Tuberculosis) and opportunistic vaccinations are carried out at these visits.

Homeless Inclusion Service

- HYPE (Sexual Health & Reproductive Healthcare Drop In Clinic) will be establishing Youth Advice Services for young people now that a sexual & reproductive health care nurse has been recruited to the team. This will be operating in partnership with the Family Nurse Practitioner.
- Increased partnership work with the Looked After Children nurse in residential units.
- Individual work for young people who have compromised their sexual health, while under the influence of drugs and/or alcohol will continue.
- Screening continues within the homeless population for COVID and an emerging outbreak of Hepatitis and HIV. The multidisciplinary team are delivering clinics within COVID guidelines.

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Regional Emergency • This service will continue to operate its normal business.
Social Work service

Service Area : Hospital Services

Urgent & Emergency Care

- The Belfast City Hospital (BCH) has been designated as the regional elective surgical centre and is working in tandem with Trusts across the region to prioritise urgent and time critical surgical and cancer treatment.
- The Royal Victoria Hospital (RVH) continues as the non-COVID-19 Emergency and Trauma Centre and for Unscheduled Care services and regional surgery for NI Ambulance Service and GP referred patients, with strict adherence to social distancing in place. The Trust has established an Urgent Care Centre to support urgent patient care and maintain patient flow across unscheduled care.
- The Mater Hospital (MIH) Emergency Department is open to medical and respiratory emergencies and admissions. The hospital also remains ready to treat COVID medical patients and remains as the Trust's COVID hospital.
- The Musgrave Park Hospital (MPH) will continue to assist in the care of ambulatory fracture patients and prioritised elective surgical patients with increasing access for urgent elective patients as nursing workforce permits. RVH will continue to provide frailty fracture and major trauma operating (including spine) in partnership with the region. Regular regional communication continues between all trauma and orthopaedic units in Northern Ireland to ensure optimal resource use. Belfast Trust will also be supporting the development of a new regional Orthopaedic Model and Clinical Network to rebuild orthopaedics in light of current regional waiting times, as well as the importance of ensuring equity of access for patients from all parts of Northern Ireland.
- The Royal Belfast Hospital for Sick Children (RBHSC) Emergency Department temporarily lifted the age of children seen, up to the age of 16. Work continues with Belfast Trust and region to deliver age-appropriate care. RBHSC continues to rebuild inpatient, day case and outpatient services with an increase in face-to-face contact determined by risk assessments and flow through the site. A COVID-19 designated area continues to be ready for use as required.

GP Out Of Hours (GPOOH) Service

- The service is currently reviewing the options for skill mix within the service and has already secured paramedic support for covering home visits at the weekends to relieve the pressure on the GP workforce. Other options being investigated are nurse triage and pharmacy support. The Trust and GPs are working closely together to look at the best integrated urgent care model.

Planned Surgery

- We will continue to deliver prioritised planned surgery for patients with cancer and/or time-critical patients in Belfast City Hospital (BCH), Royal Victoria Hospital (RVH), Musgrave Park Hospital (MPH), and The Royal Belfast Hospital for Sick Children (RBHSC) and with the support of the Independent Sector.
- We will work with other Trusts regionally to ensure theatre access for those prioritised patients in line with regional plans.
- We will deliver theatre services in line with pre-Covid levels including the delivery of theatres on the BCH site to support

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complex cancer surgery.

- We will deliver theatre services for Cardiac patients to pre-COVID level.
- Should there be a further surge in COVID-19 cases, this would ultimately impact on the Trust's ability to deliver planned elective surgery.
- Continued delivery of 23-hour post-anaesthetic care units on the RVH and BCH sites to support patients following surgery who do not require admission to ICU.
- We will continue to support patients requiring emergency surgery 24/7 at the RVH including those patients who have been transferred via Helicopter Emergency Medical Service (HEMS) or have suffered major trauma.
- An increasing amount of prioritised elective orthopaedic surgery will commence subject to nursing workforce availability.

Cancer & Specialist Medicine Services

- Radiotherapy services continue to deliver at normal activity levels to meet patient needs.
- Oncology: Ambulatory assessment and treatments continue as normal. Service continues to maximise virtual assessments where this is clinically appropriate and safe to do so.
- Haematology: Specialist regional service will continue to provide high dose chemotherapy and stem cell transplantation. Stem cell transplantation for patients with standard risk myeloma has recommenced. Haematology ambulatory assessments and treatments and the Comprehensive Haemophilia Centre will continue as per normal seasonal activity, and we will continue to develop and adopt clinical technology where possible. The Phlebotomy Service continues for low risk, benign disease.
- Belfast Trust Cancer Support Service: Face-to-face services have recommenced via a patient booking systems. We will continue virtual consultations/classes as alternative support for service users.
- Renal: The living and deceased donor transplant programmes have resumed, we continue to monitor against our transplant recovery plan.
- Renal failure patients continue to be reviewed and prioritised for procedures according to clinical presentation
- Chronic haemodialysis treatments continue in both Belfast City Hospital (BCH) and Knockbracken Health & Well Being Centre. We will continue acute dialysis treatments in BCH and in Royal Victoria Hospital (RVH).
- Interventional Radiology service for renal patients continues on BCH site.
- Renal outpatient appointments continue as normal. Where clinically appropriate, we continue to maximise virtual consultations.
- Dermatology: continues to maximise the use of virtual consultations, with a triage process to prioritise patients who require face-to-face assessment and treatment. We continue to maximise our clinics in BCH and Paediatrics Clinics whilst adhering to Covid restrictions.
- Integrated Clinical Assessment Treatment Service (ICATs) referrals continue to be clinically prioritised and appointed, maximising video/ virtual consultation platforms.
- Phototherapy and inflammatory disease clinics have been reinstated.

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	<ul style="list-style-type: none"> • Rheumatology continues to maximise the use of virtual consultations, with a triage process to prioritise patients who require face-to-face assessment and treatment. • Biologic treatment and Joint Injection clinics continue in Musgrave Park Hospital. • Rapid Access Clinic, to assess and treat clinically urgent patients continues on MPH site.
Critical Care	<ul style="list-style-type: none"> • Continue to provide the Regional Intensive Care Unit on the Royal Victoria Hospital (RVH) site. • Provision of Intensive Care Unit (ICU) in the BCH to support patients following planned surgery. • Provision of Cardiac ICU on the RVH site to support patients following cardiac surgery. • BCH will support patients following cancer surgery using a Post Anaesthetic Care Unit (PACU) model. • We will continue to liaise with the regional Critical Care Hub to ensure sufficient capacity for any further COVID surges and where possible, ensure critical care beds to support planned surgery. • The Intensive Care Unit (ICU) follow up clinic will continue to support patients post discharge who had been admitted with COVID-19 via a Multi-Disciplinary Team approach. • The Major Trauma Ward will continue to support patients who have suffered major trauma but no longer require ICU care. • Paediatric Intensive Care in the Royal Belfast Hospital for Sick Children continues to provide the regional service for children.
Day Surgery	<ul style="list-style-type: none"> • We will seek to enhance utilisation of Day Procedure cases within the Gardner Robb Unit on the Belfast City Hospital (BCH) site to enhance efficiency of lists and ensure use of main theatres for more complex cases. • Continued utilisation of the admission on day of surgery service to ensure efficient use of ward beds for post and pre-operative care.
Diagnostics (X-Ray, MRI, CT, cardiac investigations and Neuro-physiology)	<ul style="list-style-type: none"> • Imaging Services have continued to rebuild its core services in all areas in line with service plans. Activity levels for CT, MRI and non-obstetric US have returned to pre COVID-19 levels. Plain film examinations are lower due to a fall in demand. • Additional CT capacity has been maintained with the introduction of a regional modular CT scanner based at MPH (operational since November 2020). • Additional funded capacity secured in the Independent Sector for MRI and Fluoroscopy guided injections to address red flag and urgent waiting times. • Imaging Services have also successfully bid for further additional MRI capacity in the Independent Sector.
Endoscopy (diagnostic & therapeutic)	<ul style="list-style-type: none"> • Imaging Services have continued to rebuild its core services in all areas in line with service plans. Activity levels for CT, MRI and non-obstetric US have returned to pre COVID-19 levels. Plain film examinations are lower due to a fall in demand. • Additional CT capacity has been maintained with the introduction at regional modular CT scanner based at MPH (operational since November 2020). • Additional funded capacity secured in the Independent Sector for MRI and Fluoroscopy guided injections to address red flag

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	<p>and urgent waiting times.</p> <ul style="list-style-type: none"> Imaging Services have also successfully bid for further additional MRI capacity in the Independent Sector.
Maternity & Neonatal Care, including outpatients	<ul style="list-style-type: none"> Maternity & Neonatal services will continue via the Royal Jubilee Maternity Service (RJMS). Midwifery-led antenatal outpatients remain at the Mater site. Due to workforce pressures, the Midwifery-led Unit usually based in the Mater will continue to operate out of RJMS during July-August. Home births will continue to be facilitated. The Maternity Helpline will continue, designed to reduce footfall in RJMS and enhance communication with women.
Gynaecology, Sexual Health, Reproductive Health, Regional Fertility Centre	<ul style="list-style-type: none"> Our Sexual and Reproductive Health Clinic (Family Planning) will continue to see emergency patients via face-to-face and virtual consultations in College Street and Carlisle Health & Well Being Centre. We will continue Early Medical Abortion (EMA) services up to 9+6 weeks gestation. Face-to-face appointments for Long Acting Reversible Contraception (LARC) and insertion of Coils will continue. The Regional Fertility Clinic will be delivering frozen embryo transfers, semen analysis and testicular biopsies. IVF and ICSI treatments will continue to be delivered for NHS patients. Self-funded patients will resume in September. Outpatient review appointments will be delivered out of RFC and the Grove on some weekends in July and August. Urgent Gynaecology outpatients will continue in the Mater Hospital including hysteroscopy and cystoscopy service. HRT Clinics will continue on the Mater site. Gynae-Oncology Clinics including Post-Menopausal Bleed (PMB) Service will continue in Wing E Outpatients and Colposcopy Clinics will continue in Bradbury Health & Wellbeing Centre. GUM Clinic will continue to see emergency patients via face-to-face and virtual consultations with HIV Service continuing uninterrupted. Erectile Dysfunction Clinic has restarted in May and will continue throughout the summer.
Neuro-rehabilitation Services	<ul style="list-style-type: none"> Acute neurology patients will continue to be transferred to Neurology service Musgrave Park Hospital (MPH) for ongoing care. Neurology respite patients requiring admission have recommenced to the unit. Regional Acquired Brain Injury Unit (RABIU) will continue with increasing outpatient services for priority outpatients on face-to-face basis, alongside ongoing virtual outpatient clinics. RABIU inpatient services continue with transfers Province-wide. Inpatient amputee service will continue to operate with increased access for prioritised patients as bed numbers have increased.
Regional Disablement service	<ul style="list-style-type: none"> Priority patients will continue to be reviewed, utilising virtual clinics and increasing face-to-face consultations within appropriate restrictions.

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- Clinics will continue to be held in each Trust area with local arrangements in place.
- The Approved Repairer Service for wheelchairs will continue to respond to the service demand.

- Hospital Outpatients
- We will continue to deliver outpatient clinics in line with the departmental safety guidelines at that time.
 - We will continue to virtually deliver Outpatient services through telephone and video calls where possible. Face-to-face Outpatient services will be delivered where possible, with reduced patient numbers in line with appropriate safety measures.
 - A Phlebotomy Centre has been established in Musgrave Park Hospital to enable patients to have bloods taken for clinics.

- Phlebotomy Centre
- Patients continue to be able to have their bloods taken in advance of virtual outpatient appointments through the stand-alone Phlebotomy Centre in Musgrave Park Hospital grounds.

- Dental Services
- All hospital dentistry will continue but with reduced face-to-face capacity for outpatient aerosol generating procedures.
 - All community dentistry will continue but with reduced face-to-face capacity for outpatient aerosol generating procedures.
 - Domiciliary and Nursing Home Screening are re-established but with reduced capacity.
 - The Urgent Dental Clinic in Carlisle Wellbeing & Treatment Centre will continue during weekends and public holidays. This a demand led service managed by the General Dental Service but will continue to be facilitated by the Belfast Trust.
 - Surgical procedures requiring general anaesthetic are re-established, with priority given to special care dentistry and paediatric patients.
 - The QUB Undergraduate Degree in Dentistry will continue within the School of Dentistry until 31/7/21.
 - Dentistry for the homeless inclusion service will continue but with reduced face-to-face capacity. This service will continue two days per week and is demand driven and works directly with the Inclusion Hub and Hostels as required.

- Laboratory Services
- Laboratory Services will continue to deliver diagnostic support to clinical services. We will support any increase in testing as a result of the re-build of elective and cancer services. This has already shown to have a significant impact on Cellular Pathology Services.
 - SARS-CoV-2 – Patient and Key Worker Testing will continue through PCR and point of care tests, with a capacity of between 2600-2700 tests per day.
 - Asymptomatic Staff Screening will continue through COVID serology (antibody) testing, Asymptomatic testing of HCWs using saliva (Optigene), the SIREN (Sarscov2 Immunity & REinfection EvaluationN) Study and use of Lateral Flow Tests for staff including Agency and Locum Workers.
 - Sequencing of SARS-CoV2 positive samples will continue in partnership with QUB to help identify current and new variants of SARS-CoV2.
 - Blood Supply and Blood Products will continue to work with Northern Ireland Blood Transfusion Services to ensure adequate supply of blood and blood products.

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Service Area : Corporate

Pharmacy	<ul style="list-style-type: none"> • We will continue to monitor workload in pharmacy at site level and support any increased activity. • We will support the medicines management arrangements for new regional models and/or increased Independent Sector (IS) activity and continue to work at both Trust level and with the region to ensure sufficient supply of medicines. • We will continue to delivery pharmacy services from the Trust Vaccination Centre and also provide support to the Regional Vaccination Centre at the SSE arena.
Health Improvement	<ul style="list-style-type: none"> • We will deliver a hybrid model of face-to-face and virtual model of delivery of Health Improvement programmes as the COVID regulations allow, including: Diabetes Prevention Programme; Smoking Cessation; Mental & Emotional Health & Wellbeing; Physical Activity; Oral Health etc.
Community Development	<ul style="list-style-type: none"> • Work with Community Planning partners to redress inequalities in health outcomes, utilising new Population Health profiles, as basis for collaborative action in community settings.
Carers	<ul style="list-style-type: none"> • Promote and support the involvement of service users, carers and the public in the rebuild and reform workstreams. • Engage and support carers by identifying new ways of working, facilitating access to resources, advice and information.
Visiting	<ul style="list-style-type: none"> • Belfast HSC Trust visiting arrangements will continue to follow the Regional Principles of Visiting Guidelines. The visiting guidance is currently reviewed regularly by the DoH and reflect the Regional Alert Position. Changes to visiting restrictions will be communicated Trust-wide and services will be supported to ensure that the guidance can be met. • “A Pathway to Enhanced Visiting” has been developed in consultation with colleagues from across the statutory and hospice sector, to set out a new approach to visiting in hospices and hospitals - it strikes a balance between the desire for more visiting and the need to remain vigilant about the continuing threat from the virus. • Service areas will continue to carry out dynamic risk assessments to assure COVID safe measures are achievable across wards and departments.
Domestic Abuse & Sexual Violence	<ul style="list-style-type: none"> • Five Domestic Violence Awareness Sessions were delivered via zoom prior to June 2021 to hairdressers. Evaluation feedback from participants was very positive. • Awareness raising sessions to City Councillors are planned in order to enhance their knowledge of encouraging males to speak out against a range of behaviours to tackle domestic abuse and violence against women and girls. • We delivered an awareness session specifically highlighting the needs of male victims and those from the LGBTQ+ community who experience domestic and sexual violence. Evaluation feedback received from participants was very positive. • We developed a range of “Safety Planning Cards” which included key contacts who can provide support/services for victims of domestic and sexual violence and disseminated them widely across the Belfast area. • We have commenced preparation work with the Department for Justice (DoJ) to develop an animation to highlight the new

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domestic abuse offence which will be aimed at the general public to help understanding of the new offence and encourage reporting.

- Work has commenced by the Belfast Domestic and Sexual Violence Partnership to prepare for a seminar on the importance of having a Workplace Policy on domestic abuse, aimed at the business community. Belfast Trust will present on their workplace model and support service for staff.

Screening programmes

- Trusts will continue to deliver across all population screening programmes in line with Public Health Agency recommendations.
- Trusts will seek to restore screening capacity to enable the timely offer of screening to all eligible individuals.
- Trusts will continue to work with the Public Health Agency to implement plans to recover all population screening programmes and seek to bring screening intervals/ round lengths back to meeting the relevant national standards.
- Trusts will seek to ensure that appropriate timely diagnostic and treatment services are available to those with a positive screening test result.