

Final Trust Delivery Plan 2018/2019

Trust Delivery Plan 2018/19 – Contents

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1.0 Introduction and Context

The Trust Delivery Plan (TDP) for 2018/19 sets out the Belfast Health and Social Care Trust (BHSCT) response to the draft Commissioning Directions Plan (CPD), Ministerial objectives set out by the Department of Health (DoH) and Regional and Local Commissioning priorities identified by the Health and Social Care Board (HSCB) and Public Health Agency (PHA).

Belfast Trust's priority is to be one of the safest, most effective and compassionate health and social care organisations. Having established our Collective Leadership Model during 2017/18, we now have multidisciplinary leadership teams in place across the Trust to take forward the delivery of this priority.

In the delivery of this priority, we will work in partnership with our users, carers, volunteers, staff, trades unions and colleagues from across statutory, community and voluntary sectors.

Recent regional reviews have identified the four vital elements of service improvement for our service users, carers, and wider community, that is, creating and supporting the development of: -

- Skilled clinical leadership
- Cultural change, where quality improvement is second nature
- Data linked to goals, measuring quality locally and in real time
- Standardisation of processes where possible.

These are the building blocks for achieving our vision of being one of the safest, most effective and compassionate health and social care organisations.

The Trust will work with HSCB colleagues and the Belfast Local Commissioning Group in supporting delivery of the Ministerial and HSCB priorities in 2018/19.

2.0 Summary of CPD objectives and Regional and Local priorities

Commissioning Plan Directions (CPD) objectives

Of the 71 targets identified, 67 are within the Trust's remit to deliver and 4 (6%) are primarily the responsibility of other agencies. The Trust is on target to achieve or substantially achieve 59 (83%) of the 67 CPD targets within its responsibility. At publication one target is to be clarified (1%) and 7 targets (10%) are unlikely to be achievable / affordable.

The objectives the Trust cannot commit to achieving are in three outcome areas:

Outcome 4: Health and social care services are centred on helping to maintain or improve the quality of life of people who use them. Patients waiting longer than:

- 4 hours and 12 hours to be seen in the Emergency Department;;
- 48 hours for an Urgent Diagnostic report;
- 9 and 52 weeks for an outpatient appointment; and
- 13 and 52 weeks for an inpatient / daycase attendance.

Outcome 5: People, including those with disabilities, long-term conditions, or who are frail, receive the care that matters to them. Patients waiting longer than:

- 13 weeks for an Allied Health Professional (AHP) appointment;
- 7 and 28 days for a discharge for Mental Health and Learning Disability Patients.

Outcome 7: Ensure the sustainability of health and social care services. Patients waiting longer than:

- 48 hours or 7 days for a complex discharge or 6 hours for a non-complex discharge.

HSCB Regional and Local Commissioning priorities

Of the 165 priorities identified by the HSCB, BHSCT are on target to achieve, or substantially achieve, 162 (98%) and 3 (2%) are not likely to be achieved.

The priorities the Trust cannot commit to achieving are on the effective arrangements that should be in place in Cancer Services:

- for the developments within radiotherapy services;
- to establish a testing service for Lynch Syndrome in line with NICE Diagnostic guideline DG27; and
- for the centralisation of partial nephrectomy, hemi nephrectomy and pyeloplasty to the specialist urological centre in Belfast Trust

The TDP reports in detail against all of the objectives and priorities identified by the DoH and HSCB.

3.0 Detailed Trust Delivery Plans

3.1 Trust response to DOH Commissioning Plan Direction - RAG Summary

Summary by Deliverability

Deliverability	RAG	ALL CPD Targets 2018/19	
		Count	Percentage
Objective is Achievable and Affordable	Green	38	54%
Objective is Partially Achievable/Achievable with additional resources	Amber	21	30%
Objective is Unlikely to be Achievable/Affordable	Red	7	10%
To be confirmed		1	1%
'Multi-Agency Objective' The Trust reports on the actions it can take to targets that are the responsibility of other agents, e.g. PHA / NIAS.		4	6%
Total CPD Objectives		71	100%

Summary of deliverability by Outcome Area

Trust Delivery Plan - Summary RAG Status	Red	Amber	Green	(PHA / NIAS)	TBC	Total Outcomes	
Appendix 2: Commissioning Plan Directions							
Outcome 1: Reduction of health inequalities	0	2	13	0	0	15	21%
Outcome 2: People using health and social care services are safe from avoidable harm	0	2	4	1	1	8	11%
Outcome 3: Improve the quality of the healthcare experience.	0	1	4	0	0	5	7%
Outcome 4: Health and social care services are centred on helping to maintain or improve the quality of life of people who use them	4	6	1	2	0	13	18%
Outcome 5: People, including those with disabilities, long term conditions, or who are frail, receive the care that matters to them	2	1	4	0	0	7	10%
Outcome 6: Supporting those who care for others	0	2	1	0	0	3	4%
Outcome 7: Ensure the sustainability of health and social care services	1	2	2	1	0	6	8%
Outcome 8: Supporting and transforming the HSC workforce	0	5	9	0	0	14	20%
Total Outcomes	7	21	38	4	1	71	100%

Detailed CPD RAG status by Outcome

2018 CPD ref	CPD Target (Targets highlighted green are new for 2018/19)	RAG	Green	Amber	Red	(PHA / NIAS/ OTHER)	TBC
Outcome 1: Reduction of health inequalities							
1.1	"Tobacco Control Strategy".		1				
1.2	"Weigh to a Healthy Pregnancy"		1				
1.3	Promotion of breastfeeding the "Breastfeeding Strategy"		1				
1.4	"Healthy Places"		1				
1.5	Make Every Contact Count approach.		1				
1.6	Improve the oral health of young children re teeth extraction		1				
1.7	"Healthier Pregnancy" approach		1				
1.8.1	"Healthy Child Healthy Future" antenatal			1			
1.8.2	,"Healthy Child Healthy Future" two year old reviews		1				
1.9	Family Nurse Partnerships		1				
1.10.1	Children in care no placement change		1				
1.10.2	Children in care adoption <3 years			1			
1.11	"Crisis De-escalation Service" pilot.		1				
1.12	Substitute prescribing		1				
1.13	"Diabetes Strategic Framework".		1				
Outcome 2: People using health and social care services are safe from avoidable harm							
2.1	Phases 2, 3 and 4 of Delivering Care		1				
2.2	Total antibiotic prescribing in primary care	OTHER				1	
2.3	Reducing Gram-negative bloodstream infections	TBC					1
2.4	Clostridium Difficile (110) & MRSA (12).			1			
2.5	NEWS KPI audit guidance		1				
2.6	Operational definitions - falls and pressure ulcers.		1				
2.7	Regional Medicines Optimisation compliance			1			
2.8	Delivery of residential and nursing care		1				
Outcome 3: Improve the quality of the healthcare experience.							
3.1	Same gender accommodation		1				
3.2	Pathway for children in or leaving care.		1				
3.3	Dementia portal access.		1				
3.4	Palliative and end of life care needs			1			
3.5	Co-production model transformational change.		1				
Outcome 4: Health and social care services are centred on helping to maintain or improve the quality of life of people who use them							
4.1	to increase available appointments in GP practices	HSCB				1	
4.2	Urgent calls to GP OOH triaged within 20 minutes.			1			
4.3	Category A (life threatening) calls responses	NIAS				1	
4.4	ED 4hr & 12 hr				1		
4.5	ED triage.			1			
4.6	HIP – 48 hr NoF			1			
4.7	Ischaemic stroke receive thrombolysis treatment		1				
4.8	Urgent diagnostic - two days.				1		
4.9	Cancer – 14 day breast, 31 & 62 day pathways			1			
4.1	Outpatient appointment 9 & 52 week breaches				1		
4.11	Diagnostics 9 & 26 week breaches			1			
4.12	IPDC 13 & 52 week breaches				1		
4.13	MHWL: CAMHS, Adult, Dementia (9 wk); Psych therapy (13 wk)			1			
Outcome 5: People, including those with disabilities, long term conditions, or who are frail, receive the care that matters to them							
5.1	Direct Payments (DPs)		1				
5.2	Self-Directed Support assessments			1			
5.3	AHP 13 week breaches				1		
5.4	Define full swallow assessment.		1				
5.5	Direct Access Physiotherapy service roll out		1				
5.6	Children & YP Framework and implementation plan		1				
5.7	LD & MH Disch 7 & 28 days				1		
2018 CPD ref	CPD Target (Targets highlighted green are new for 2018/19)	RAG	Green	Amber	Red	(PHA / NIAS/ OTHER)	TBC
Outcome 6: Supporting those who care for others							
6.1	Carers' assessments offered		1				
6.2	Adult carers short break hours			1			
6.3	Young carers short break hours			1			
Outcome 7: Ensure the sustainability of health and social care services							
7.1	New contracts community pharmacy services.	PHA				1	
7.2	Outcomes reporting - Delegated Statutory Functions (DSF).		1				
7.3	Baseline - hospital cancelled OP appointments		1				
7.4	Percentage reduction of funded activity			1			
7.5	Complex discharge 48 hour / seven day; non-complex 6 hour.				1		
7.6	Regional Medicines Optimisation Efficiency Programme			1			
Outcome 8: Supporting and transforming the HSC workforce							
8.1	Representatives - programme board HSC Workforce Strategy.			1			
8.2	Representatives project board - HSC careers service.			1			
8.3	Phase I – Implementation of domiciliary care workforce review.			1			
8.4	Representatives - project to produce HSC workforce model.			1			
8.5	Representatives - audit existing provision - Workforce Strategy.			1			
8.6	Business intelligence info & staff		1				
8.7	Seasonal flu vaccine.		1				
8.8	Staff sick absence levels.		1				
8.9	Healthier workplace action plan, Regional Healthier Workplace Network		1				
8.10	Pilot - OBA - strengthen social work workforce supports		1				
8.11.1	Q2020 Attributes Framework – level 1		1				
8.11.2	Q2020 Attributes Framework – level 2		1				
8.12	Implement training plan - suicide awareness and intervention		1				

CPD Targets - Detailed Responses

3.1 Trust response to DOH Commissioning Plan Direction – Detailed responses

Outcome 1: Reduction of health inequalities

2018 CPD ref	CPD Objective / goal for improvement 2018	Provider Response	Director	RAG
1.1	By March 2020, in line with the Department's ten year "Tobacco Control Strategy", to reduce the proportion of 11-16 year old children who smoke to 3%; reduce the proportion of adults who smoke to 15%; and reduce the proportion of pregnant women who smoke to 9%.	The area of smoking prevention and cessation continues to be a key priority for the Health Improvement Department. The Smoking Cessation Team offers specialist stop smoking support and advice to hospital patients, patients of Mental Health services, women within Midwifery services and Belfast Trust staff. The Stop Smoking Specialists offer free Nicotine Replacement Therapy to all suitable patients and staff who are motivated to stop smoking. The Specialists deliver Brief Intervention Training to Trust staff, focusing on key priority areas as directed by the Public Health Agency. All pregnant woman are screened for carbon monoxide at their first antenatal appointment and if the reading is above the threshold a direct referral is made to the Smoking Cessation Specialist Midwives. The two Smoking Cessation Specialist Midwives provide support to pregnant women and their partners. The Smoking Cessation Team continues to deliver smoking prevention programmes in partnership with our community and voluntary partners. The Trust has two Smoking Wardens who liaise with service users, visitors and staff who smoke on Trust sites. The wardens advice on the terms of the smoke free policy and signpost individuals to the Smoking Cessation Service and other relevant external support available to those who are interested in stopping smoking.	Director of Planning, Performance and Informatics	
1.2	By March 2019 to have expanded the "Weigh to a Healthy Pregnancy" to now include women with a BMI over 38. This programme is one element of the Departmental strategy "A Fitter Future for All", which aims by March 2020, to reduce the level of obesity by 4 percentage points and overweight and obesity by 3 percentage points for adults, and by 3 percentage points and 2 percentage points for children.	The Trust continues to work with the PHA and others to deliver against targets in A Fitter Future for All by 2020 and will deliver on agreed targets in year. Currently the Trust is progressing with clinical and other health promotion activities across acute and community services to deliver, for example: <ul style="list-style-type: none"> • Clinical dietetic services for adults and children • Weigh to a healthy pregnancy programme • Training provision in partnership with the Eastern Childcare partnership. • Supporting Community and Voluntary sector, e.g. Conservation Volunteers Dig it and eat it programme and through various other nutrition programmes e.g.: Choose to Lose pilot: Good Food Toolkit, Cook it! I can cook it! and Food Values programmes in addition to obesity reduction related reactive education sessions and production/update of nutrition resource leaflets. • Internal and external partnership links to work within the Trust to support activities aimed at promoting healthy staff and visitor catering 	Director of Planning, Performance and Informatics	

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2018 CPD ref	CPD Objective / goal for improvement 2018	Provider Response	Director	RAG
		<ul style="list-style-type: none"> • Health and Lifestyle Facilitators - trained to deliver a variety of nutrition and physical activity programmes and initiatives across community, voluntary and statutory sectors • Early Movers training targeting professionals who engage with 0-5yr olds, which aims to equip those attending with skills necessary to improve the physical activity levels of this age group. • Ongoing work with Sure starts to promote healthy weaning practices • Coordinating the production of a regional weaning programme aimed at parents and carers of infants • A range of physical activity opportunities including: Walk Leader Training; Art of Healing Dance Training; On your Feet Training; and Chi Me training. • Oral Health team address Nutrition as part of their programme delivery 		
1.3	By March 2019, through continued promotion of breastfeeding to increase in the percentage of infants breastfed, (i) from birth, and (ii) at 6 months. This is an important element in the delivery of the “Breastfeeding Strategy” objectives for achievement by March 2025.	<p>The Trust’s new breastfeeding Progress Monitoring Reports (PMR)’s will support data collection. Run charts to be commenced by end of Q2 and data submission quarterly thereafter. Continued liaison with Child Health Service (CHS) community colleagues regarding collection and collation of breastfeeding activity from hospital discharge to 1 year, in line with Health Child, health Future (HCHF) policy. On-going provision of feedback to HV teams on levels of recording within the Parent held Child Health Record (PCHR) and ensuring staff are aware of their requirements regarding data collection.</p> <p>The Trust continues to work with the PHA and others to deliver the outcomes of the Breastfeeding Strategy objectives, for example:</p> <ul style="list-style-type: none"> • Continue to provide in-house training and updates for qualified and support staff to ensure they have the appropriate knowledge and skills to protect, support and normalise breastfeeding • appointment of an Neonatal Breastfeeding lead in February 2018 • Continue to maintain the UNICEF BFI Baby Friendly Accreditation through Audit and Action planning to promote best practice standards and adhering to the WHO International Code of Marketing of Breastmilk Substitutes. • Infant Feeding leads contribute to various workstrands of the Breastfeeding strategy 	Director of Adult Social & Primary Care / Director of Specialist Hospitals & Women’s Health	

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2018 CPD ref	CPD Objective / goal for improvement 2018	Provider Response	Director	RAG
		<ul style="list-style-type: none"> Regionally meet through NIFN (National Infant Feeding Network) with other Infant feeding Leads to update on UK developments and network to share ideas and ensure continuity (quarterly) Partnership working with outside agencies and health care providers eg. Gps, HV teams, SureStart, Tiny life, Universities Ongoing Recruitment and training of Breastfeeding Peer supporters throughout the Belfast area. Providing Antenatal Breastfeeding Workshops for mothers to be. Providing a Specialist Pathway to ensure Mothers experiencing breastfeeding challenges have specialist help to overcome and continue their breastfeeding journey. 		
1.4	By March 2019, establish a minimum of 2 "Healthy Places" demonstration programmes working with General Practice and partners across community, voluntary and statutory organisations.	The Trust will provide input and support as required.	All/Primary Care	
1.5	By March 2019, to ensure appropriate representation and input to the PHA/HSCB led Strategic Leadership Group in Primary Care to embed the Make Every Contact Count approach.	The Trust will fully participate where appropriate in any group or sub-groups	All	
1.6	By March 2019, to establish a baseline of the number of teeth extracted in children aged 3-5 years - as phase 1 of the work to improve the oral health of young children in Northern Ireland over the next 3 years and seek a reduction in extractions of 5%, against that baseline, by March 2021.	The Trust will work with stakeholders to establish a baseline of the number of teeth extracted in children aged 3-5 years - as phase 1 of the work to improve the oral health of young children.	Director of Specialist Hospitals & Women's Health	
1.7	By March 2019, to have further developed, and implemented the "Healthier Pregnancy" approach to improve maternal and child health and to seek a reduction in the percentage of babies born at low birth weight for gestation.	<p>The Trust will work with colleagues in the PHA / HSCB in their development of a "Healthier Pregnancy Programme" as appropriate.</p> <ul style="list-style-type: none"> Maternity Services have established a low risk-scanning clinic for third trimester pregnancies where there are concerns in relation to fetal growth. Continued carbon monoxide testing and monitoring for all women at booking with or without smoking history with referral to smoking cessation midwives to reduce low birth rate as a result of either direct or indirect smoke inhalation 	Director of Specialist Hospitals & Women's Health	

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2018 CPD ref	CPD Objective / goal for improvement 2018	Provider Response	Director	RAG
		<ul style="list-style-type: none"> • Specialist Obstetrician led clinic for pregnant women with a history of a premature delivery to provide support and reduce the risk of another preterm birth. • Implementation of the 'Getting Ready for Baby' Programme through the provision of antenatal education including social wellbeing and dietary and lifestyle advice, alongside antenatal midwifery care in line with the regionally agreed Core Pathway for Antenatal Car. • Continued development of the Social Wellbeing Antenatal service (SWAN) for women with perinatal mental Health and Social complexities which includes alcohol and drug dependencies providing support and encouraging engagement. 		
1.8.1	<p>By March 2019, ensure the full delivery of the universal child health promotion programme for Northern Ireland, "<i>Healthy Child Healthy Future</i>". By that date: * The antenatal contact will be delivered to all first time mothers.</p>	<p>Antenatal contacts are offered to antenatal mothers where capacity allows. The Trust aims to deliver to 100% of targeted antenatal mothers who accept the offer of an antenatal contact.</p> <p>Other factors impacting on the Trust's ability to deliver contacts to all first time and vulnerable mothers are:</p> <ul style="list-style-type: none"> • Vacancies/maternity leaves/long term sickness absence • recruitment to Health Visiting can only take place once a year (due to the timing of Health Visitor (HV) training); • the introduction of the three year contact as part of the Early Intervention and Transformation Programme (EITP) has taken up more HV time than expected; and • Health Visitors requirement to deliver immunisations at GP clinics impacts on capacity. • Normative staffing-Delivering Phase 4 PHA, still not fully implemented 	Director of Adult Social & Primary Care / Director of Specialist Hospitals & Women's Health	
1.8.2	<p>By March 2019, ensure the full delivery of the universal child health promotion programme for Northern Ireland, "<i>Healthy Child Healthy Future</i>". By that date: * 95% of two year old reviews must be delivered.</p> <p>These activities include the delivery of core contacts by Health Visitors and School Nurses</p>	<p>Reviews at the age of two are offered to 100% of families. Not all families accept this within the tolerance period. Current delivery is 85.79%</p>	Director of Adult Social & Primary Care	

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2018 CPD ref	CPD Objective / goal for improvement 2018	Provider Response	Director	RAG
	which will enable and support children & young adults to become successful, healthy adults through the promotion of health and wellbeing.			
1.9	By March 2019, ensure the full regional roll out of Family Nurse Partnerships, ensuring that all teenage mothers have equal access to the family nurse partnership programme. The successful delivery of this objective will directly contribute to PfG Outcome 14 "We give our children and young people the best start in life".	<p>The Trust has been funded to offer the Family Nurse Partnership (FNP) to a bespoke number of teenage mothers. The level was initially agreed at 100 mothers based on 5 Family Nurses. Maternity leave and long-term sickness within the team has impacted on this outcome.</p> <p>On-going discussions to increase the funding to extend the FNP model has resulted in additional funding for 2 WTE Band 7 Family Nurses for 18 months.</p> <p>The Trust has decided to recruit these posts on a permanent basis, as they are classed as 'difficult to recruit' and a cost pressure paper will be submitted via the Service Manager for Finance. This expansion within the FNP team will allow for roll-out of the programme on a Trust wide basis.</p>	Director of Family and Childcare	
1.10.1	<p>By March 2019, the proportion of children in care for 12 months or longer with no placement change is at least 85%.</p> <p>The aim is to secure earlier permanence for looked after children and offer them greater stability while in care.</p>	<p>The Trust makes every effort to ensure placement stability and to avoid changes to placements for looked after children. There are occasions however when a change of placement is in a child's best interest to meet their needs in care plan, for example a move to a kinship or adoptive placement. As of March 2018, Corporate Parenting returns for the period 1/10/17 – 31/3/18 indicate the Trust's is meeting the target with 89% of children in care for 12 months or longer without a placement change.</p>	Director of Family and Childcare	
1.10.2	<p>By March 2019, 90% of children, who are adopted from care, are adopted within a three year time frame (from date of last admission).</p> <p>The aim is to secure earlier permanence for looked after children and offer them greater stability while in care.</p>	<p>In respect of children adopted from care where the care plan is adoption and adoption has been achieved within the three year time frame for 90% of children, the Trust achieved 83% for the year 2017/18.</p> <p>The Trust maintains a focus on this outcome as a priority area to ensure there are robust policies in place to enable recruitment of a wide range of adopters to match with the children being considered for adoption. Often these children have complex needs that require careful matching with appropriate adopters.</p>	Director of Family and Childcare	

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2018 CPD ref	CPD Objective / goal for improvement 2018	Provider Response	Director	RAG
1.11	By March 2019, to have further enhanced out of hours capacity to de-escalate individuals presenting in social and emotional crisis, including implementation of a "street triage" pilot and a "Crisis De-escalation Service" pilot. This work builds on previous investments in community mental health crisis teams and is an important element of the work to reduce the suicide rate by 10% by 2022 in line with the draft "Protect Life 2 Strategy".	<p>The Trust continues to work with partners from the Community and Voluntary Sector and the PHA through a specific project board to bring forward proposals for the development of a new service to meet the needs of individuals who do not meet the criteria for MH services but who are in social and emotional crises.</p> <p>A number of non-recurrently funded proposals put forward with transformational funding including RAID have the potential to enhance the response to individuals presenting in crisis both in and out of hours and the Trust will work with commissioners in implementing the proposals</p>	Director of Adult Social & Primary Care	
1.12	By September 2018, to have advanced the implementation of revised substitute prescribing services in Northern Ireland, including further exploration of models which are not based in secondary care, to reduce waiting times and improve access. This is an important element in the delivery of the strategy to reduce alcohol and drug related harm and to reduce drug related deaths.	Addictions service – The Trust have participated in the regional task and finish group which is considering the capacity and demand for substitute prescribing services. The Trust has received the investment template for additional investment in staffing, both nursing and medical, in order to stabilize the workforce. However attracting suitable candidates for the new Consultant Psychiatrist post in addictions has proved very challenging and the continued absence of an incumbent for the post will impact negatively on capacity.	Director of Adult Social & Primary Care	
1.13	By July 2018, to provide detailed plans (to include financial profiling) for the regional implementation of the diabetes feet care pathway. Consolidation of preparations for regional deployment of the care pathway will be an important milestone in the delivery of the "Diabetes Strategic Framework".	The business case for the regional Multidisciplinary team has been submitted and recruitment has commenced.	Director of Unscheduled & Acute Care	

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2018 CPD ref	CPD Objective / goal for improvement 2018	Provider Response	Director	RAG
Outcome 2: People using health and social care services are safe from avoidable harm				
2.1	By March 2019 all HSC Trusts should have fully implemented phases 2, 3 and 4 of <i>Delivering Care</i> , to ensure safe and sustainable nurse staffing levels across all emergency departments, health visiting and district nursing services.	<p>The Trust has partially implemented phase one of “Delivering Care” and fully implemented supervisory ward sister model across the 54 wards and is on track to implement all four phases by March 2018.</p> <p>The Trust continues to progress within the financial allocation to implement and monitor “Delivering Care” work strands. The Trust is experiencing ongoing challenges to recruit nurses due to the national shortage of Nurses. Fully engaged in monitoring process with PHA.</p>	Director of Nursing & User Experience	
2.2	By 31 March 2019: · Ensure that total antibiotic prescribing in primary care, measured in items per STAR-PU, is reduced by a further 2%, as per the established recurring annual targets, taking 2015/16 as the baseline figure; and · Taking 2017/18 as the baseline figures, secure in secondary care: o a reduction in total antibiotic use of 1%, measured in DDD per 1000 admissions; o a reduction in carbapenem use of 3%, measured in DDD per 1000 admissions;o a reduction in piperacillin-tazobactam use of 3%, measured in DDD per 1000 admissions, and o EITHER § that at least 55% of antibiotic consumption (as measured in DDD per 1000 admissions) should be antibiotics from the WHO Access AWaRe* category, OR § an increase of 3% in use of antibiotics from the WHO Access AWaRe* category, as a proportion of all antibiotic use. With the aim of reducing total antibiotic prescribing (DDD per 1000 population) by 10% by 31 March 2021. *For the purposes of the WHO Access AWaRe targets, TB drugs are excluded.	The Trust sought clarity from DoH on the data definition for this target as it refers only to Primary Care. The HSCB has advised that the target refers to primary care use of antibiotics and would not be directly relevant to the Trust	Primary Care	Primary Care

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2018 CPD ref	CPD Objective / goal for improvement 2018	Provider Response	Director	RAG
2.3	By 31 March 2019 secure an aggregate reduction of 11% of Escherichia coli, Klebsiella spp. and Pseudomonas aeruginosa bloodstream infections acquired after two days of hospital admission, compared to 2017/18.	<p>The Trust has received its individual target for 2018/19 of 201.</p> <p>The Trust is meeting with the PHA in October 2018. The purpose of this meeting is to seek consensus on processes for data collection, collation and reporting. The Trust will review internal processes to reflect requirements agreed with PHA.</p>	Director of Nursing & User Experience	TBC after meeting
2.4	In the year to March 2019 the Public Health Agency and the Trusts should secure a reduction of 7.5% in the total number of in-patient episodes of Clostridium difficile infection in patients aged 2 years and over, and in-patient episodes of Methicillin-resistant Staphylococcus aureus (MRSA) bloodstream infection compared to 2017/18. (Trust Target advised as C-Difficile 110 and MRSA as 12)	<p>The Trust continues to work with colleagues across the region and internally to improve it's management of HCAI's. The Trust's HCAIT group are addressing an action plan to deliver improvements, where issues have been highlighted.</p> <p>Notable successes include:</p> <ul style="list-style-type: none"> • Aseptic Non-Touch Technique (ANTT) assessor training. A presentation and video now available on The Hub. • Development of e-learning modules on Infection Prevention and Control for clinical and non-clinical staff. • Delivery of a series of HCAI Shared Learning Workshops. • Development and ongoing review of a 'Plan on a Page' with a "walkround" tool to engage frontline staff. • IPCN Independent Hand Hygiene audits – average 81% • The addition of two new IPCN posts <p>The Trust has been advised by DHSSPS that 2018/19 tolerance level is 12 cases for MRSA and 110 cases for CDifficile by March 2019.</p>	Director of Nursing & User Experience	
2.5	Throughout 2018/19 the clinical condition of all patients must be regularly and appropriately monitored in line with the NEWS KPI audit guidance, and timely action taken to respond to any signs of deterioration.	<p>The Trust is in the process of revising from NEWS I to NEWS II.</p> <p>The clinical condition of patients is monitored in line with the measuring and recording of physiological observations policy. The frequency of recording and actions taken is dictated by the NEWS score. Compliance with NEWS is monitored regularly as detailed below:</p> <ul style="list-style-type: none"> • Each ward audits 10 NEWS charts per week and the NDL team carry out independent quarterly audits and results are included in the Care Bundle Balanced Scorecard. An action plan is put in place if there is any non-compliance. 	Director of Nursing & User Experience	

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2018 CPD ref	CPD Objective / goal for improvement 2018	Provider Response	Director	RAG
		<ul style="list-style-type: none"> Independent audits are carried out quarterly in all relevant areas. Results are included in the Balanced Scorecard. <p>Staff have also carried out audits as requested by the Regional NEWS Working Group facilitated by HSC Safety Forum</p>		
2.6	By March 2019, review and regionally agree standardised operational definitions and reporting schedules for falls and pressure ulcers.	The Trust is working with the HSCB to review and regionally agree standardised operational definitions and reporting schedules for falls and pressure ulcers. The Trust is meeting internally to develop on recent discussions with HSCB.	Director of Nursing & User Experience	
2.7	By March 2019, all Trusts must demonstrate 70% compliance with the regional Medicines Optimisation Model against the baseline established at March 2016 and the HSC Board must have established baseline compliance for community pharmacy and general practice. Reports to be provided every six months through the Medicines Optimisation Steering Group.	Work continues to progress the regional medicines optimisation model within the trust. Mid-year compliance had increased from 32% March 2017 to 40% September 2017. Compliance remains at 40% at March 2018. Progress continues to be made, however a significant number of standards are resource dependent.	Director of Surgery & Specialist Services	
2.8	During 2018/19 the HSC, through the application of care standards, should continue to seek improvements in the delivery of residential and nursing care and ensure a reduction in the number of (i) residential homes, (ii) nursing homes, inspected that (a) receive a failure to comply, and (b) subsequently attract a notice of decision, as published by RQIA.	The Trust has established and implemented a Care Review and Support Team (CREST) in this reporting period. The aim of the CREST team is to ensure that all people living permanently in care homes will receive Quality Care that is Safe. This service is already impacting on the quality of care experienced by individuals in residential and nursing home placements, through early identification of risk and timely interventions. However, as an impact of this increased scrutiny and analysis and in the wider context of the current concerns in this sector, the Trust is noting an increase in the number of homes being identified with performance issues. However, this will lead to long term improvements within the sector.	Director of Adult Social & Primary Care	

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2018 CPD ref	CPD Objective / goal for improvement 2018	Provider Response	Director	RAG
Outcome 3: Improve the quality of the healthcare experience				
3.1	By March 2019, all patients in adult inpatient areas should be cared for in same gender accommodation, except in cases when that would not be appropriate for reasons of clinical need including timely access to treatment.	The Trust continues to work to ensure that all patients in adult inpatient areas should be cared for in same gender accommodation, except in cases when that would not be appropriate for reasons of clinical need including timely access to treatment.	Director of Nursing & User Experience	
3.2	During 2018/19 the HSC should ensure that care, permanence and pathway plans for children and young people in or leaving care (where appropriate) take account of the views, wishes and feelings of children and young people.	Belfast Trust is committed to ensuring that all Looked After Children (LAC) have a clear plan for permanence to avoid drift in care and to take account of their views. As part of the LAC review process and Pathway Plans, children and young people are encouraged to participate in the review to have their views heard and to account for their wishes and feelings. To assist young people communicate their views, advocates are available through the Trust's partnership with Voice of Young People In Care (VOYPIC). Children and young people can also contribute to their Care and Pathway Plans in writing if they prefer to do so.	Director of Family and Childcare	
3.3	By March 2019, patients in all Trusts should have access to the Dementia portal.	The Trust awaits further details on the progress of the Regional group on this issue and looks forward to working in collaboration with the HSCB on the implementation of the planned dementia portal.	Director of Adult Social & Primary Care	
3.4	By March 2019, to have arrangements in place to identify individuals with palliative and end of life care needs, both in acute and primary settings, which will then support people to be cared for in their preferred place of care and in the manner best suited to meet their needs.	A second set of senior management ward walk around have taken place to review progress against Directorate action plans, including key priorities of identification, support and discharge planning; and further targeted training has been provided to identified areas. A record of DATIX incidents involving people with palliative care needs or nearing the end of life is now monitored regularly to identify trends and follow up issues with identification and associated support. Ward resource boxes are now available in every ward area. Trust activities during Dying Matters Awareness Week May 2018 raised awareness of the importance of identification and the benefits of identifying people who may be nearing the end of life, advance planning and effective communication. This included raising the profile of the District Nursing role on Radio Ulster and the importance of talking about your wishes with the MAC Belfast as well as encouraging open discussion with art workshops. Mechanisms to enable ongoing education and assessment continue and a dedicated education facilitator is sought.	Director of Adult Social & Primary Care	

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2018 CPD ref	CPD Objective / goal for improvement 2018	Provider Response	Director	RAG
		A task and finish group has been established to roll out Ceilings of Treatment discussions and documentation with a number of championing areas, as part of the wider advance care planning agenda. Identification and palliative care are now embedded into the Trust's Right Person, Place, Right Time pillars. The Belfast Locality Network workshop is arranged for October focusing on improving identification and communication across sectors.		
3.5	By March 2019 the HSC should ensure that the Co-production model is adopted when designing and delivering transformational change. This will include integrating PPI, co-production, patient experience into a single organisational plan.	The Trust will work with partners, in HSC to ensure the adoption of the Co-production model. We will ensure wide circulation and awareness of the TIG Co-production Guide, once it is made available. We continue to develop the infrastructure and training available to ensure that PPI, Co-production and patient experience are further embedded across the organisation. We will continue to develop Appreciative Inquiry as a method of Co-production.	Director of Planning, Performance and Informatics	

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2018 CPD ref	CPD Objective / goal for improvement 2018	Provider Response	Director	RAG
Outcome 4: Health and social care services are centred on helping to maintain or improve the quality of life of people who use them				
4.1	By March 2019, to increase the number of available appointments in GP practices compared to 2017/18	HSCB	HSCB	HSCB
4.2	By March 2019, to have 95% of acute/ urgent calls to GP OOH triaged within 20 minutes. The NI Ambulance Service faces growing demand for the services they provide. In response to this and other challenges the NIAS are transforming how they deliver their services. Although the introduction of new ways of working, such as Alternative (or Appropriate) Care Pathways, has contributed to a reduction in the use of Acute Care facilities demand remains high for a prompt response to life threatening events.	Trust cumulative position, April to July 2018 = 92.35% triaged within 20 minutes. The Trust performance has consistently been above 90% from April 2016, with the exception of December 2017. Challenges <ul style="list-style-type: none"> • Maintaining GP cover as they are independent contractors and mostly work on a locum basis • Age profile of GPs who provide the service – for resilience and future planning of cover • Indemnity for GPs in making it difficult to attract GPs to work more than the number of hours that they have declared to insurance companies Focus during 2018/19 <ul style="list-style-type: none"> • Development of nurse practitioner role working in the providing additional capacity to allow GPs to triage • Continue incentive schemes as funding allows • On-going discussions around indemnity and whether the Trusts can cover this (SHSCT, SEHSCT and BHSCT) 	Director of Unscheduled & Acute Care	
4.3	From April 2018, 72.5% of Category A (life threatening) calls responded to within 8 minutes, 67.5% in each LCG area.	NIAS	NIAS	NIAS
4.4	By March 2019, 95% of patients attending any type 1, 2 or 3 emergency department are either treated and discharged home, or admitted, within four hours of their arrival in the department; and no patient attending any emergency department should wait longer than 12 hours.	The Trust has developed a detailed winter resilience plan with a series of actions and improvement targets in a number of areas including Emergency Department, Medical and Clinical Assessment, Unit, Ambulatory Care, Discharge and Community capacity. The resilience plan is currently under review. The Trust Improvement Target for 2018/19 has been submitted for agreement. The Trust will monitor performance against the submitted trajectory, to deliver an average performance against the 4-hour target of 70% at RVH and 75% at MIH.	Director of Unscheduled & Acute Care / Director of Specialist Hospitals & Women's Health	

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2018 CPD ref	CPD Objective / goal for improvement 2018	Provider Response	Director	RAG
4.5	By March 2019, at least 80% of patients to have commenced treatment, following triage, within 2 hours.	The KPIs for the management of Unscheduled Care are detailed in the Trust's Unscheduled Care Improvement Charter and Implementation Plan. During 2017/18 the Trust achieved on average 77% in this area and will continue to aim to achieve the target of 80% during 2018/19.	Director of Unscheduled & Acute Care / Director of Specialist Hospitals & Women's Health	
4.6	By March 2019, 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.	The Trust will have difficulty achieving this target for the following reasons: <ul style="list-style-type: none"> • Delayed discharges. The Trust continues to work with Care of Elderly colleagues in relation to rehab bed availability, packages of care availability, delivered in a timely manner. • Insufficient bed numbers to meet increasing service demands. The Trust plans to submit a proposal to the HSCB for additional fracture beds. • Recent closure of trauma rehab beds in MPH to facilitate fracture patient transfers. • Recruitment difficulties for ward nursing posts and theatre recovery. The Trust continues to work across Directorate and Corporate Nursing regarding recruitment. • Repatriation issues with other hospitals. The Trust continues to highlight problems with delayed transfers to all areas within Belfast Trust and across the region. • Increased requirement and growing waiting lists for elective patient transfers from MPH for surgery to be performed within the RVH Trauma Unit e.g. higher anaesthetic risk patients. The Trust is reviewing the elective patient pathway to ensure that elective cases as much as possible should be done in MPH. 	Director of Specialist Hospitals & Women's Health	
4.7	By March 2019, ensure that at least 15% of patients with confirmed ischaemic stroke receive thrombolysis treatment, where clinically appropriate.	It must be noted that the Trust's ability to deliver against the target is dependent upon the number of patients for whom thrombolysis is clinically appropriate. The Trust has robust systems in place to identify and treat appropriate patients; these systems are embedded well within the ED and Stroke Service. The Trust currently does not have validated performance figures for the first two quarters of 2018/19 due to clinical coding issues and the transfer of staff to support the Neurology call back.	Director of Adult Social & Primary Care	

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2018 CPD ref	CPD Objective / goal for improvement 2018	Provider Response	Director	RAG
		However the Trust can confirm that its performance January to March 2018 was 16% which is an over performance against the target of 15%.		
4.8	By March 2019, all urgent diagnostic tests should be reported on within two days.	<p>Meeting the urgent reporting turnaround of 48 hours remains a challenge in all areas due to the use of waiting list initiatives, availability of 7 day reporting and specialist areas (MPI). The Trust will aim to deliver at least 2017/18 performance levels and improve on this where possible (assuming similar level of demand). Recurrent funding should be substantially in place in 18/19 should deliver further improvement towards the 100% target</p> <p>The Trust will monitor performance against those areas which are under 100% to investigate what changes in process can be made such as within Imaging in NOUS the extension of Ultrasonographer led reporting sessions and within MPI the development of Physiology led sessions.</p> <p>At the end of June 2018, 80% of diagnostic test results were reported within 2 days.</p>	Director of Unscheduled & Acute Care	
4.9	During 2018/19, all urgent suspected breast cancer referrals should be seen within 14 days; at least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat; and at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days	<p>The Trust is sustaining performance against the 14-day target for breast cancer. It is anticipated that we will remain at 100% for the majority of 2018/19; however, a drop in performance may occur if unforeseen staffing issues or peaks in demand arise.</p> <p>The Trust continues to work towards improving performance against the 31 and 62 day targets by identifying and implementing improvements to patient pathways and highlighting capacity constraints to commissioning colleagues. The key issues in the achievement of these targets include:</p> <ul style="list-style-type: none"> • Urology : diagnostic, surgical, radiological and oncological capacity • Theatre capacity - issues across a range of specialities including thoracic, OG and head and neck. • Diagnostic - CT Colonography, PET waiting times and the need for shorter turnaround times for confirmed cancers • Outpatient Capacity - achieving and sustaining 14 day waiting times to first outpatient appointment across specialities 	Director of Surgery & Specialist Services	

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2018 CPD ref	CPD Objective / goal for improvement 2018	Provider Response	Director	RAG
		<ul style="list-style-type: none"> • ITTs - Late ITTs from other Trusts continue to impact on BHSCT 62-day performance • Complexity - complex diagnostic pathways <p>A performance trajectory has been submitted to HSCB for 2018/19 addressing all 3 cancer access standards</p>		
4.10	By March 2019, 50% of patients should be waiting no longer than 9 weeks for an outpatient appointment and no patient waits longer than 52 weeks.	<p>The delivery of the targets in 2018/19 will be challenging, due to lack of capacity in a number of specialties to meet current demand. At March 2018, 73% of patients on the Trust Acute OP Hospital Waiting lists were waiting longer than 9 weeks of referral.</p> <p>In terms of the 52-week waiting time, specialties currently unable to deliver this include Cardiology, General Surgery, Immunology, Neurology, Ophthalmology, Orthopaedics, Rheumatology, Thoracic Medicine, Urology, and Vascular.</p> <p>Additional funded capacity would need to be available to address the waiting times greater than 52 weeks. The Trust will be seeking to maximise its outpatient capacity within available resources and is continuing with its OP Modernisation Project to support service reform in this area.</p> <p>Work ongoing in these areas includes streamlining care pathways, rollout of e-triage to facilitate initiatives such as discharge with advice, OPWL validation and use of super clinic models.</p>	All Service Directorates	
4.11	By March 2019, 75% of patients should wait no longer than 9 weeks for a diagnostic test and no patient waits longer than 26 weeks.	<p>At the end of March 2018, the Trust had achieved 58% against the 75% target, an improvement of 9% on the previous year. The Trust has now received recurrent funding for the following areas:</p> <ul style="list-style-type: none"> • MRI, Plain Film, NOUS and CT <p>Recurrent solutions will be implemented in full during 2018/19. This will have the impact of delivering 9 weeks in both CT and Plain Film if demand for these services is sustained at current levels.</p> <p>The reduction of waiting times in MRI and NOUS will require a backlog reduction plan and this has now been initiated. Both these areas should achieve 26 weeks by the end of March 2019. The service is currently replacing</p>	Director of Unscheduled & Acute Care	

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2018 CPD ref	CPD Objective / goal for improvement 2018	Provider Response	Director	RAG
		<p>2 MRI scanners at the Musgrave site and when completed will provide the facility to expand capacity in the evenings and at weekends for outpatient referrals.</p> <p>Other areas of diagnostics include the following and the actions to reduce waiting times are listed beside them:</p> <ul style="list-style-type: none"> • Cardiac MRI – bid has been submitted to HSCB for non-recurrent support to reduce backlog. If supported this would reduce to under 26 weeks but would not meet 9 weeks. • Sleep studies – to deliver 9 weeks in this area there is a need for investment. • Neurophysiology – there has been an ongoing challenge with the recruitment of two Consultant posts. However, the funds for these is being used in the interim to source additional activity for NCS/EMG tests. Non recurrent money has been received to send 4,252 patients to the Independent sector before March 2019. MPI – this will achieve 17 weeks. The service is currently developing a Cardiac Physiology led service in order to create additional capacity. • ECHO – the service has received non recurrent support to clear the waiting list down to under 26 weeks. This has been actioned through the use of an IS contract. 		
4.12	By March 2019, 55% of patients should wait no longer than 13 weeks for inpatient / daycase treatment and no patient waits longer than 52 weeks.	<p>The delivery of the targets in 2018/19 will be challenging, due to lack of capacity in a number of specialties to meet current demand. At March 2018, 71% of patients on the Trust Acute Hospital IPDC Waiting lists were waiting longer than 13 weeks, an increase of 8% on the previous year.</p> <p>In terms of a 52-week waiting time, specialties currently unable to deliver this include, General Surgery, ENT, Orthopaedics, Urology, and Vascular. Additional funded capacity would need to be secured to address the waiting times greater than 52 weeks. The Trust will be seeking to maximise its elective capacity within available resources and is continuing with its Elective Improvement Project to support service reform in this area. This includes taking forward enhanced theatre capacity on the BCH and MPH. Theatre capacity has been limited also by the shortage of suitably trained nursing staff, and this situation will continue for the foreseeable future.</p>	All Service Directorates	

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2018 CPD ref	CPD Objective / goal for improvement 2018	Provider Response	Director	RAG
		Elective activity has also been compromised by hospital bed pressures especially in the winter period, and again this is likely to continue.		
4.13	By March 2019, no patient waits longer than: nine weeks to access child and adolescent mental health services; nine weeks to access adult mental health services; nine weeks to access dementia services; and 13 weeks to access psychological therapies (any age).	<p>The Trust submitted its outpatient trajectories for CAMHS, Adult mental Health service, Dementia services and Psychological Services for 2018/19 to HSCB.</p> <p>The Trust achieved its trajectory plan in 2017/18 for Adult Mental Health and Psychological therapies and was slightly behind plan for CAMHS although with an improved position compared to March 2017. Dementia Services were monitored from August 2017 and due to an increase in demand were unable to achieve the end of year plan.</p> <p>Trajectory plans have been submitted for 2018/19 and are monitored monthly.</p> <p>The area presenting most challenge at present is Psychological Services, where resources in the sub-specialty areas of psychosexual, adult health psychology and adult mental health are insufficient to address demand.</p>	Director of Adult Social & Primary Care	

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2018 CPD ref	CPD Objective / goal for improvement 2018	Provider Response	Director	RAG
Outcome 5: People, including those with disabilities, long term conditions, or who are frail, receive the care that matters to them				
5.1	By March 2019, secure a 10% increase in the number of direct payments to all service users.	<p>The Trust continues to improve the uptake of Direct Payments (DPs) and expects to be able to meet the target when it is finalised for 2018/19. The specific target for 2018/19 is still to be confirmed.</p> <p>At the end of March 2018, the outturn was 703 against a planned increase of 661. Over the last 12 months uptake of DPs has increased by 11%</p>	Director of Adult Social & Primary Care	
5.2	By March 2019, all service users and carers will be assessed or reassessed at review under the Self-Directed Support approach, and will be offered the choice to access direct payments, a managed budget, Trust arranged services, or a mix of those options, to meet any eligible needs identified.	<p>There is incremental progress on SDS and efforts are made to embed a personalisation culture throughout the Trust.</p> <p>The Belfast Trust Self Directed support (SDS) Implementation Plan is reviewed regularly with the HSCB. The 2018-2019 plan was submitted to HSCB on 19th June 2018.</p> <p>All five Programmes of Care are implementing SDS, but are at different stages in their plan. The Trust is working to full implementation of SDS by March 2019.</p> <p>One Practice Development Officer in the training team has responsibility for SDS training within the Trust. Attendance and numbers have increased and a training programme is in place for the three levels of training and a Reflective Practice group until March 2019. To date 1,637 staff have received SDS training. Funding has recently been agreed by HSCB for both the Trust Implementation Officer and Practice Development Officer posts.</p> <p>The Trust has developed a robust process for SDS data collection, implemented March 2017. This has enabled the Trust to present a more accurate account of activity via the HSCB monthly return.</p> <p>The current total service users and carers who have a 7 criteria SDS Support plan, who have been assessed or reassessed at review under the SDS approach, was 1,279 at the end of May 2018.</p>	Director of Adult Social & Primary Care	
5.3	By March 2019, no patient should wait longer than 13 weeks from referral to commencement of treatment by an allied health professional.	The waiting time in BHSCT remains above the Ministerial target in some sub-speciality areas of the AHP services due to capacity issues; however, some areas of the services are also experiencing a sustained increase in demand.	Director of Unscheduled & Acute Care	

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2018 CPD ref	CPD Objective / goal for improvement 2018	Provider Response	Director	RAG
		<p>The Trust has had limited access to in year waiting list initiative funding and the AHP services have deployed, as far as it has been possible to do so, a temporary workforce to address the patients waiting longest for assessment and intervention in some sub speciality areas. The 13 week target will not be achieved by the end of March 2019. Waiting times will vary across the sub speciality areas and these can be shared with the HSCB.</p> <p>The Trust is also participating in ongoing discussions with the HSCB to review service demand and capacity issues. The capacity volumes have not been finally agreed with HSCB and a further meeting arranged for November. The Trust continues to take forward recruitment for a number of posts, with a view to addressing the capacity issues and reducing the numbers of patients waiting longer than the target.</p>		
5.4	By March 2019, have developed baseline definition data to ensure patients have timely access to a full swallow assessment.	The Trust has received the definition data document. However the system that is used within PARIS does not yet have the functionality to be able to provide the detail required. The service are working to optimise the use of PARIS to be able to provide this data. A formal response to the data definition has been provided by the Trust's information department.	Director of Unscheduled & Acute Care	
5.5	By March 2019, Direct Access Physiotherapy service will be rolled out across all Health and Social Care Trusts.	The Trust is engaging to ensure that there is Direct access Physiotherapy across the Trust.	Director of Unscheduled & Acute Care	
5.6	By May 2018, to have delivered the Children & Young People's Developmental & Emotional Wellbeing Framework along with a costed implementation plan	The Trust continues to engage with the HSCB/PHA Task & Finish Group to deliver the proposed 'CYP Emotional wellbeing, Autism and ADHD Service Framework'. In addition, through the strategic priorities contained in the draft BHSCT New Directions 2 document, the BHSCT is reviewing internal arrangements to improve pathways for developmental, emotional, behavioural and social communications services	Director of Family and Childcare	
5.7	During 2018/19, ensure that 99% of all learning disability and mental health discharges take place within seven days of the patient being assessed as medically fit for discharge, with no discharge taking more than 28 days.	Trust Mental Health 7 day discharge cumulative position April to May 2018 = 97%. This is slightly higher than the performance in 2017/18. Given the relatively low numbers involved it is very unlikely that the Trust will achieve 100% compliance with 28 day and 99% compliance with 7 day standard, although every effort will be made to increase performance	Director of Adult Social & Primary Care	

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2018 CPD ref	CPD Objective / goal for improvement 2018	Provider Response	Director	RAG
<i>Outcome 6: Supporting those who care for others</i>				
6.1	By March 2019, secure a 10% increase (based on 2017/18 figures) in the number of carers' assessments offered to carers for all service users.	<p>The Trust recently launched a Carers strategy entitled 'Caring Together in Belfast' - A Plan for Supporting Carers in Belfast 2017 - 2020. The key priorities of the strategy are:</p> <ul style="list-style-type: none"> • Reaching Carers of all ages; • Developing Carer support pathways; • Supporting Carer health and wellbeing; and • Communicating with and involving Carers. <p>In Belfast, approximately 44,000 people have identified themselves as Carers, at least 36% of whom are providing care for more than 20 hours a week.</p> <p>In 2016/17, 3,557 assessments were offered compared to 3,069 during 2015/16, an increase of 15.9%.</p> <p>In 2016/17 1,810 assessments were completed compared to 1,397 in 2015/16, an increase of 29.6%.</p> <p>In 2017/18, of the 23,948 Carer referrals accepted, there were 3,407 Carers Assessments offered. Of this 1,684 were declined and 1,723 were accepted / completed.</p> <p>Carers Assessments have increased in both 2016/17 & 2017/18.</p>	Director of Adult Social & Primary Care	
6.2	By March 2019, secure a 5% increase (based on 2017/18 figures) in the number of community based short break hours (i.e. non-residential respite) received by adults across all programmes of care.	<p>The Trust has a Carer Coordinator who oversees the provision of short breaks to adult and young carers across programmes of care. Statistics since the last investment in community short breaks in 2013 generally indicate a steady growth in reported non-residential short breaks for both adults and young people.</p> <p>However, difficulties still exist in that different currencies are used to record different types of short breaks and the Trust is still in discussion with the Department regarding data definitions for short breaks including inclusions and exclusions. The Trust will continue, where possible and in the absence of new</p>	Director of Adult Social & Primary Care	

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2018 CPD ref	CPD Objective / goal for improvement 2018	Provider Response	Director	RAG
		designated funds, to grow its provision of short breaks for young carers within existing budgets.		
6.3	By March 2019, to create a baseline for the number of young carers receiving short breaks (ie non-residential respite).	<p>The Trusts' Carers Coordinator oversees short breaks for young carers. The Trust also has also coproduced and co funded young carer workshops with Action for Children. Significant amounts of short breaks for young carers are provided by Action for Children directly funded by the Department. The Trust will continue, where possible and in the absence of new designated funds, to grow its provision of short breaks for young carers within existing budgets.</p> <p>The Trust will participate fully in the creation of a baseline measure for the monitoring of non-residential short breaks for young carers going forward</p>	Director of Family and Childcare	

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2018 CPD ref	CPD Objective / goal for improvement 2018	Provider Response	Director	RAG
<i>Outcome 7: Ensure the sustainability of health and social care services</i>				
7.1	By March 2019, to have commenced implementation of new contractual arrangements for community pharmacy services.	PHA	PHA	PHA
7.2	By March 2019 to establish an outcomes reporting framework for Delegated Statutory Functions (DSF) that will demonstrate the impact and outcome of services on the social wellbeing of service users and the baseline activity to measure this.	The Trust will participate in a regional process across the DSF reporting period 2018-2019 to pilot the re-formatting of a number of current DSF returns across adults and childrens services into OBA-informed data collation processes. The proposal will address regional consistency in the identification of outcomes and measures at population and service levels and related data collation and assurance processes across activity, performance, service user experience and quality.	Director of Family and Childcare	
7.3	By March 2019, to establish a baseline of the number of hospital cancelled, consultant led, outpatient appointments in the acute programme of care which resulted in the patient waiting longer for their appointment and by March 2020 seek a reduction of 5%.	The Trust continues to put in place actions to reduce the number of hospital cancelled outpatient appointments including: <ul style="list-style-type: none"> • Detailed quarterly reports for hospital cancellations by speciality, consultant and reason have been widely circulated across service directorates. These have also been discussed at specialty elective reform meetings • The Trust has completed the implementation of Outpatient Review Partial Booking and this will assist in reducing cancellations going forward. • Some data quality issues regarding hospital cancellations have been identified and guidance has been issued to admin staff. The Trust will monitor 2018/19 activity to inform the baseline for achievement of a 5% reduction by March 2020.	Director of Planning, Performance and Informatics	
7.4	By March 2019, to reduce the percentage of funded activity associated with elective care service that remains undelivered.	Maximising the delivery of activity within available resources is a priority for the Trust. This is in the context of ensuring safe, high quality services. Service delivery volumes are influenced by a range of issues and where this is not in line with Commissioner expectations detailed explanations are provided (e.g. inability to fill vacant clinical posts due to lack of suitable applicants / impact of changing clinical practices e.g. introduction of Consultant of the week / availability of junior medical staff.).	Director of Planning, Performance and Informatics	

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2018 CPD ref	CPD Objective / goal for improvement 2018	Provider Response	Director	RAG
		<p>The Trust has established an elective improvement project with the aim of taking forward related actions, further increasing delivery of elective activity volumes within available resources.</p> <p>The Trust has submitted projected volumes of activity for 2018/19 in the context of the requested Performance Improvement Trajectories for Elective Care Services.</p> <p>Outturn at March 2018 was 4.5% below 2016/17 for Inpatient and Day Case episodes and 1.5% below for New Consultant Outpatient attendances.</p> <p>With enhancement of theatre capacity together with the continuation of the outpatient modernisation plan the Trust will improve the efficiency and effectiveness of existing resources</p>		
7.5	<p>By March 2019, ensure that 90% of complex discharges from an acute hospital take place within 48 hours, with no complex discharge taking more than seven days; and all non-complex discharges from an acute hospital take place within six hours.</p>	<p>The Community Service Plan is focusing on three key areas to support improvement in performance. These are:</p> <ul style="list-style-type: none"> • Discharge to Assess; • Domiciliary Care; and • Reablement. <p>Key points:</p> <ul style="list-style-type: none"> • There was an increase of 18% in Complex Discharge numbers within 48 hrs. at 31st March 2018, compared to 2016/17. • Two Complex Community Flow Managers have been appointed August 2017. The third post has been interviewed for twice but no successful appointment made • Full Implementation of Community Discharge Hubs was not achieved in RVH & BCH in 2017/18. Workforce had to be redeployed to manage and oversee Interim Beds. RVH Community Discharge Hub Plan has been reviewed and full implementation will be achieved by end of August 2018. There will be Partial Implementation in BCH from Sept/Oct 2018 focusing on Care of Elderly Wards. NB Full implementation in BCH has been delayed due to workforce/recruitment. • Domiciliary Care remains a challenge which affected flow and caused delays across the system. In an effort to address this bottle neck the Trust 	Director of Adult Social & Primary Care	

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2018 CPD ref	CPD Objective / goal for improvement 2018	Provider Response	Director	RAG
		<p>commissioned 113 beds in the independent sector from Dec 2017. These beds will be in place 2018/19.</p> <ul style="list-style-type: none"> • Reablement Service was unable to meet performance targets in 17/18 due to domiciliary bottlenecks which affected flow and this was compounded with 35% vacancy rate with Occupational Therapy. A Task & Finish group has been established to oversee improvement in this area. 		
7.6	By March 2019, to have obtained savings of at least £90m through the 2016-19 Regional Medicines Optimisation Efficiency Programme, separate from PPRS receipts.	<p>The Medicines Optimisation Regional Efficiency Programme (MORE) has had regional efficiency savings targets to deliver over the following years 2016/17 (£30m), 2017/18 (£30m) and 2018/19 (£40m), totalling £100m.</p> <p>HSCB has indicated in-year easement of £10m against the £40m target.</p> <p>The secondary care element of the £30m 2018/19 CYE target is £12.5m and £15m FYE, having been allocated 25% of the in-year £10m easement.</p> <p>The Belfast Trust's shares of the £12.5m (2018/19 CYE) and £15m (2018/19 FYE) targets are as follows: £6m and £7.2m, representing 48% of the overall secondary care targets.</p> <p>Whilst fully recognising the current increasingly challenging financial climate for health and social care, and the continued need to focus on pharmacy and medicines optimisation efficiencies, we believe that £3.5m is the maximum amount that can be delivered in 2018/19.</p> <p>The current plans assume full delivery against a challenging procurement workplan, benchmarking and a complex switching programme of high-cost complex medicine regimes across many specialties. High levels of commitment, clinical leadership and collaborative multidisciplinary working across medical, nursing, pharmacy and management is required to successfully deliver a detailed switching implementation change plan.</p> <p>Based on discussions at the Strategic Finance Forum and Directors of Finance meetings, we are assuming that the CYE shortfall will be the first call on central HSC slippage or an alternative solution will be identified centrally.</p> <p>Based on the current plans it is anticipated that we can deliver the majority of the FYE target of £7.2m from 2019/20.</p>	Director of Finance	

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2018 CPD ref	CPD Objective / goal for improvement 2018	Provider Response	Director	RAG
Outcome 8: Supporting and transforming the HSC workforce				
8.1	By June 2018, to provide appropriate representation on the programme board overseeing the implementation of the health and social care Workforce Strategy.	Email received from DoH Director of Workforce on 28/06/18 seeking one nomination from HSC Trust Directors of HR to participate on the Programme Board overseeing the implementation of the Workforce Strategy. Nomination to be discussed and agreed at HRD Forum meeting with the DoH on 09/07/18.	Director of Human Resources	
8.2	By June 2018, to provide appropriate representation on the project board to establish a health and social care careers service.	The Trust is committed to providing representation as appropriate once this is requested.	Director of Human Resources	
8.3	By March 2019, to have completed the first phase of the implementation of the domiciliary care workforce review.	Working group set up chaired by Director ASPC . This group will report through to Older People Improvement Project Board.	Director of Human Resources/ Director of Adult Social & Primary Care	
8.4	By June 2018, to provide appropriate representation to the project to produce a health and social care workforce model.	The Trust is committed to providing representation as appropriate once this is requested	Director of Human Resources	
8.5	By March 2019, to provide appropriate representation and input to audits of existing provision across the HSC, in line with actions 10 – 14 of the Workforce Strategy.	The Trust is committed to providing representation as appropriate once this is requested	Director of Human Resources	
8.6	By December 2018, to provide the information required to facilitate the proactive use of business intelligence information and provide appropriate personnel to assist with the analysis.	Belfast HSC Trust will continue to develop the skills of the informatics team to support improvement in priority areas, including the development of control room functionality to support management of acute sites. Belfast HSC Trust will support the DoH led Strategic Information Group to develop a single information plan for NI. This will include investment in training and capability development across the HSC, and investment in the creation of a regional informatics team and leadership structure to support further development of the function in Trusts and across the HSC.	Director of Planning, Performance and Informatics	

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2018 CPD ref	CPD Objective / goal for improvement 2018	Provider Response	Director	RAG
8.7	By December 2018, to ensure at least 40% of Trust staff (healthcare and social care staff) have received the seasonal flu vaccine.	<p>The Trust exceeded the target achieving 40.02% by March 2018. The success of the Flu vaccination programme for 2017/18 was largely due to using the peer vaccinator model of delivery.</p> <p>The Trust will continue to build on this year's success and further improve on next year's target. Clinics will commence on 1 October 2018.</p>	Director of Human Resources	
8.8	By March 2019, to reduce Trust staff sick absence levels by a regional average of 5% compared to 2017/18 figure.	<ul style="list-style-type: none"> • The Trust continues to manage absence and focus on supporting managers to reduce levels of sickness absence. • The current absence target for 18/19 is 6.47% and at end June 2018 the absence level was 5.84% • Partnership working between Human Resources and Occupational Health continues to be effective in developing strategies to address key absence management issues including the Occupational Health referral process, management of sickness absence processes and early intervention, training and support for managers and Case Conferences. • During the period 1 April 2017 and 31 March 2018 320 staff and managers were trained, an Attendance Management e-learning programme is currently being developed and Sickness Absence Drop-In Clinics are delivered on a Trust wide basis to help support managers in effective Attendance Management. • There is effective partnership working across the HR team regarding complex absence cases to ensure consistency and professional guidance for Managers and staff. • The Trust is committed to supporting staff with a disability to remain in work and avail of a range of support mechanisms and reasonable adjustments to do so including redeployment to suitable alternative roles • Staff on long-term sickness absence are supported and for those found permanently unfit for work 71 Ill Health Retirements and 101 Ill Health termination of employment took place for the period 1 April 2017 to 31 March 2018. • The Trust Attendance Management Protocol has been updated. An external audit to assess compliance with the Protocol took place in October 2017 and the key actions and findings are being addressed. • Monthly training is delivered by Human Resources & Finance Department colleagues with regards managing and preventing overpayments relating 	Director of Human Resources	

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2018 CPD ref	CPD Objective / goal for improvement 2018	Provider Response	Director	RAG
		<p>to non-compliance with the Management of Attendance Protocol and HRPTS/Timesheet guidance.</p> <ul style="list-style-type: none"> Managers are provided with statistical analysis of absence trends, reasons and triggers through the provision of a suite of monthly & quarterly absence reports and absence management dashboards for directorates. 		
8.9	By March 2019, to have an agreed and systematic action plan to create a healthier workplace across HSC and to have contributed to the Regional Healthier Workplace Network as part of commitments under PfG.	<ul style="list-style-type: none"> The Trust has consistently demonstrated its commitment to promoting and developing a health and wellbeing approach that enables and supports our staff to take responsibility for their own health and that of their families. In June 2018 the Trust B Well strategy and annual action plan was reviewed and new B Well work streams are being developed to focus partnership working with HR, Health Improvement, Occupational Health, Directorates and TU colleagues on key areas; <ul style="list-style-type: none"> B well Champions Network Communication and Social Media Physical Health & Healthy Lifestyle Psychological Wellbeing Ageing Workforce As part of the Trust's b well strategy and action plan a range of initiatives to promote good health and wellbeing are provided including b well health fairs and our lunch and learn sessions for staff on; <ul style="list-style-type: none"> Managing the menopause Diabetes awareness Money matters Parenting NI Drink Work & Me Mindfulness Getting a good night's sleep A wide range of free Here4U activities and events which continue to be popular among staff and include a diverse range of options from spin classes to Choir, Boxing to Pilates is also provided. All vending Machines within the Trust have been updated and provide a larger range of non-sugary drink options. 	Director of Human Resources	

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2018 CPD ref	CPD Objective / goal for improvement 2018	Provider Response	Director	RAG
		<ul style="list-style-type: none"> The Health Improvement team and B Well initiative jointly continue to raise awareness of public health matters through the HUB, bwell website and social media platforms on varied issues including Mental Health, Eating Disorders, Ovarian Cancer and Oral Health. The Trust actively participates in the PHA Healthier Workplace Network. Through this shared approach to learning and networking, best practice is shared with other organisations and supports continuous improvement in the roll out of the Trust Bwell Strategy and Action Plan ensuring that it continues to reflect best practice and meet the diverse needs of our staff. 		
8.10	By March 2019 to pilot an OBA approach to strengthen supports for the social work workforce	<p>The Trust will work with the Department in taking forward a pilot focussing on Outcomes Based Assessment in social work</p> <p>Please see 7.2 above. The Trust will be engaged in the embedding of the UNOCINI-based pathway onto PARIS in Childrens Services and, in particular, the optimising of PARIS reporting functionality to deliver the suite of DSF returns. As part of the regional implementation of Signs of Safety (SoS), the Trust will pursue ICT solutions to upload SoS recording documentation onto PARIS and to enable the drawing down of SoS data reports to inform DSF returns where possible. This will be a significant challenge.</p>	Director of Adult Social & Primary Care / Director of Family and Childcare	
8.11.1	By March 2019, 50% of the HSC workforce should have achieved training at level 1 in the Q2020 Attributes Framework.	<p>Q2020: Level 1:</p> <p>As at the end of June 2018 47% of Belfast Trust staff (10,024) had completed the Level 1 training in the Q2020 Attributes Framework. 6,170 completed this training via face-to-face workshops whilst the remaining 3,854 staff completed the training via e-Learning.</p>	Director of Human Resources	
8.11.2	By March 2020, 5% to have achieved training at level 2.	<p>Q2020: Level 2</p> <p>The Trust has in place four training programmes that meet level 2 of the Q2020 attributes framework:</p> <ul style="list-style-type: none"> Safety and Quality Belfast (SQB); STEP (Specialist Trainees Engaged in Leadership Programme); First Step; and STrIDE (SAS Doctor Training in Improvement and Driving Excellence) 	Director of Human Resources	

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2018 CPD ref	CPD Objective / goal for improvement 2018	Provider Response	Director	RAG
		<p>Each of the programmes involves a mix of teaching, on-line training and the completion of a Quality Improvement project.</p> <p>From September 2018 SQB will consist of 2 cohorts per year. The first cohort will run from September 2018 – January 2019, the 2nd from February 2019 until June 2019, both cohorts will train 100 staff (200 in total).</p> <p>The Trust has delivered training to 703 across the Q2020 Level 2 programmes (SQB – 364; STRIDE 50; STEP 197; and First STEP 92) representing 3.4% of staff at June 2018.</p> <p>From September 2018 additional staff will be trained via the training programmes listed and we have also introduced a programme called QIST which will have three cohorts of 24 staff per year. QIST meets the standard of level 2 if participants undertake the IHI on-line modules. By the end of 2019 we will have trained approximately 300 more staff in QI methodology to level 2. This projects to around 4.4% by March 2019 and we will be on target to achieve 5% by March 2020.</p> <p>The Trust has trained over 50 staff to Level 3 of the Quality 2020 framework and have a cohort of 30 staff being trained in 2018/19 via the Scottish Improvement Leader programme.</p>		
8.12	By March 2019, to have developed and commenced implementation of a training plan on suicide awareness and suicide intervention for all HSC staff with a view to achieving 50% staff trained (concentrating initially on frontline staff) by 2022 in line with the draft Protect Life 2 strategy.	The Health Improvement Department will contribute to the training target through the delivery of a range of training programmes (Top Tips for Looking After Yourself, Mental Health First Aid, SafeTALK and Applied Suicide Intervention Training) to Trust staff / Community & Voluntary Sector, throughout the year, that builds awareness, knowledge and skill to promote resilience, emotional wellbeing, mental health and suicide prevention.	Director of Planning, Performance and Informatics	
8.13	By March 2019, Dysphagia awareness training designed by speech and language therapy to be available to Trust staff in all Trusts.	Dysphagia Awareness training is available to BHSCT staff	Director of Unscheduled & Acute Care	

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3.2 TRUST RESPONSE TO REGIONAL COMMISSIONING PLAN PRIORITIES

Trust Delivery Plan (TDP) Regional and Local Commissioning Objectives

Deliverability	RAG	TDP Regional and Local Objectives 2018/19				
Objective is Achievable and Affordable	Green	121	73%	121	73%	Green and Amber
Objective is Partially Achievable/Achievable with additional resources	Amber	34	21%	155	94%	
Objective is Unlikely to be Achievable/Affordable	Red	3	2%	158	96%	Red
To be confirmed		7	4%	165	100%	
'Multi-Agency Objective' The Trust reports on the actions it can take to targets that are the responsibility of other agents, e.g. PHA / NIAS.		0	0%			
Total CPD Objectives		165	100%			

Trust Delivery Plan - Summary RAG Status	Red	Amber	Green	(PHA / NIAS)	TBC	Total Outcomes

APPENDIX 3: Regional Commissioning						
Unscheduled Care (9)		4	5			9
Elective Care (7)		1	6			7
Maternity and Child Health (14)		2	12			14
Family and Childcare (13)		2	11			13
Care of the Elderly (13) – 4 responses awaited		1	8		4	13
Mental Health (10)		5	5			10
Learning Disability (6) – 3 responses awaited			3		3	6
Physical Disability (3)			3			3
Specialist Services (14)		2	12			14
Cancer Services (13)+1 (7a +7b)	3	6	5			14
Long Term Conditions						
Stroke (7)		3	4			7
Diabetes (11)		3	8			11
Respiratory (4)			4			4
Pain Management (7)			7			7
Cardiovascular (5)			4			4
Sexual Health (11)			11			11
Palliative Care Services (7)		1	6			7
Appendix 4: Local Commissioning						
		4	7			11
Total Regional and Local	3	34	121	0	7	165

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UNSCHEDULED CARE (9)

R	A	G
4	5	

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
1. Effective arrangements should be in place to enhance a therapeutic frontline home based intermediate care team, responding rapidly and with a focus on recovery, independence and patient experience.	Trust responses should demonstrate plans to deliver rapid response with professional review at home by a member of the team within 4 hours, bed days saved, re-admission avoidance & admission avoidance.	<p>The Trust will recruit additional staff to include rehabilitation workers and allied health professional staff. This service will promote further the principles of 'Home First' and will enhance the existing community facing rehabilitation teams. This enhanced service will accept and action referrals across seven days.</p> <p>The service will promote further the 'discharge to assess' ethos across the Unscheduled Care Pathway and will facilitate the discharge of service users with varying complexity of need.</p> <p>Recruitment is underway for the additional rehabilitation workers. This enhanced service will be operational pending recruitment from January 2019. From January – March 2019 it is proposed the service will accept an additional 60 service users.</p> <p>The Trust continues to have significant challenges with both hospital and community flow due to lack of domiciliary care. There is a risk that this service will not achieve the objectives if adequate flow is not achieved and maintained.</p>	
2. Effective arrangements should be in place to ensure availability of a	Trust responses should demonstrate how the service will enhance the governance and stewardship of	An investment proposal is currently being developed (August 2018), which will identify the key areas where investment is required in the Trust to	

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ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
regional Outpatient Parenteral Antibiotic Therapy project	intravenous antibiotic prescriptions and reduce the number prescribed, as well as reduce the number of patients waiting in hospital be discharged on appropriate IV antibiotics.	initiate this project. Further discussion will take place with the Commissioner once that proposal is completed	
3. Effective arrangements should be in place to build on the 7 day working for Physiotherapists, Occupational Therapists, Pharmacists and Social Workers in base wards building on the 2014 paper "Improving Patient Flow in HSC Services".	Trust responses should demonstrate a reduction in time from referral to / request for AHP support to first contact; a reduction in patients declared as a complex delay over 48 hours; increased AHP contacts at weekends and over holiday periods.	<p>The Trust has proposed to profile the additional Transformation funds made available to enhance the AHP services as follows:</p> <ul style="list-style-type: none"> • Enhancement of the Occupational Therapy Medical & Surgical team in RVH to improve referral response times to within 24 hours and to provide a targeted weekend service which will assist in providing safe, effective and timely discharge planning • Provision of additional afternoon Physiotherapy cover on Saturday and Sunday afternoons for the RVH and Mater sites to improve referral response times and to enhance the targeted weekend service assisting in the provision of safe, effective and timely discharge planning • Provision of additional Speech & Language Therapy on the RVH, BCH and Mater sites including the introduction of a Sunday morning service on both the BCH and Mater sites to improve referral response times to within 24 hours across the week and to provide a targeted weekend service which will assist in providing safe, effective and timely discharge planning <p>Commencement of a Senior Manager weekend rota to support complex discharge planning – this was the Social Work element as agreed with Marie Heaney</p>	

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ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
4. Effective arrangements should be in place to ensure Trusts have in place local arrangements for site co-ordination / control room to manage patient flow.	Trust responses should demonstrate a sustainable robust rota over 7 days, 365 days of the year that provides a single point of contact for system control.	The trust has put in place a control room rota which is on-site, 8am – 8pm seven days a week with on-call structures outside these hours	
5. Effective arrangements should be in place to provide Acute / Enhanced Care at Home that provides active treatment by health care professionals in the persons own home for a condition that would otherwise require acute hospital in-patient care.	Trust responses should demonstrate how, working with appropriate partners Acute / Enhanced Care at Home services will be made available 24/7 and linkages to core primary / community care teams and NIAS.	Acute care at home service work in collaboration with core District nursing teams, out of hours nursing teams, community rehab and reablement in the seamless delivery of care. The team receive referrals for assessment directly from NIAS, therefore avoiding a hospital attendance. The team ensure continuity of care over 24 hours by providing updated information to OOH GP services on a daily basis and OOH nursing as and when required.	
6. Effective arrangements should be in place to provide care to seriously injured patients at a regional Major Trauma Centre with the aim of increasing survival following major trauma and reducing the incidence of long-term disability from injuries.	Trust responses should demonstrate how arrangements will be put into place to provide a consultant-led service for the care and coordination of patients including rapid access to specialist services related to trauma.	Belfast Trust working in partnership with the Regional Trauma network on appropriate pathways of referral and repatriation. Parallel discussions with the Board re upscaling of workforce capacity	
7. Effective arrangements should be in place to ensure patients receive access to rehabilitation services to maximise their recovery following major trauma.	Trust responses should demonstrate how patient care will be enhanced by arrangements for AHP resources to support timely access to rehabilitation services in acute and general care settings.	The Trust is engaged with the Regional Trauma network to develop the regional rehabilitation pathway. An IPT has been submitted by the Trust which includes the AHP resources required to facilitate the delivery of a 7 day rehabilitation service to the Trauma unit in the RVH. Once approved recruitment will get underway and this service will be implemented	
8. Effective arrangements should be in place to ensure Trusts are able to respond to major trauma in their	Trust responses should demonstrate how processes will be implemented to alert local Trust trauma teams to	Belfast Trust continues to work in partnership with the Regional Trauma network on appropriate pathways of referral and repatriation. Parallel	

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ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
<p>local Emergency Department as part of a regional Major Trauma Network.</p>	<p>respond to major trauma calls and ensure teams have adequate and up to date training. Process should also include 'call and send' for patient requiring onward transfer to the Major Trauma Centre.</p>	<p>discussions with the Board re upscaling of workforce capacity.</p> <p>The Trust continues to discuss with HSCB the resources required at RVH to support the introduction of bypass arrangements to the MTC</p> <p>The resources and service capacity need to be confirmed and in place at RVH to support the delivery of the desired service model</p>	<p align="center">Yellow</p>
<p>9. Effective arrangements should be in place to increase the number of unscheduled care patients managed on ambulatory pathways avoiding the need to be admitted to hospital</p>	<p>Trust responses should demonstrate the ambulatory care pathways prioritised for implementation / enhancement in 2018/19 plans for same day / next day referrals to services as well as direct GP access for patient management advice.</p>	<p>The Trust has established Emergency Ambulatory Care service 7 days per week on RVH site. Development of emergency ambulatory care pathways is planned on MIH site with signposting and access to services on RVH and BCH sites.</p>	<p align="center">Green</p>

ELECTIVE CARE (7)

R	A	G
1	6	

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
1. Effective arrangements should be in place to establish a regional programme of pathology transformation.	Trust responses should demonstrate how they are supporting delivery of regional pathology transformation programme objectives, which are broadly as follows: <ul style="list-style-type: none"> • To enable managerial reform, including necessary regional standardisation; • To ensure future workforce & service sustainability; • To further develop the quality, performance & regulatory framework for pathology; • To develop a strategy for Pathology to support delivery of effective clinical services; • To procure & implement replacement regional LIMS, blood production and tracking systems, and an interim digital pathology solution. 	The Trust is fully engaged with the regional programme of pathology transformation with representation on the Regional Network Board, Specialty Fora, LIMS Steering Group, LIMS Project Group, Keele Benchmarking Group, Digital Pathology Group, Regional Workforce Group and Regional ALMS Procurement Group. There are also a number of pathology modernisation projects going on within the Trust. For example, cellular pathology services have consolidated from two sites to one site during the year with a tender awarded to modernise the equipment and goods and services. In addition, the blood sciences out of hours service is now provided from one site instead of three	
2. Effective arrangements should be in place to make the best use of resources in surgical and related specialties.	Trusts should demonstrate plans to ensure that existing effective use of resources guidance is being adhered to. Trust should also provide plans, subject to consultation, on the proposed expansion of this guidance in 2018/19.	EUS policy is in place Plastics and Burns Service. The Trust will discuss any expansion of the 'effective use of resources' guidance.	

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ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
<p>3. Effective arrangements should be in place in primary and community care settings to minimise the need for patients to be referred by GPs to hospital consultants for specialist assessment.</p>	<p>Trust responses should confirm that they will continue to engage with and support the regional scheduled care reform process, working with appropriate partners, to support the development of new enhanced services in primary and community care settings in a range of specialities including:</p> <ul style="list-style-type: none"> • Minor Surgery • Gastroenterology • ENT • Gynaecology • Dermatology • Dermatology Photo Triage • Rheumatology • MSK/Pain Management • Trauma & Orthopaedics • Cardiology • Neurology • Urology • Ophthalmology • Vascular surgery • Vasectomy 	<p>The Trust will continue to engage and support the regional scheduled care reform process. Trust clinicians and managers are actively contributing in working groups related to a number of specialities</p>	
<p>4. Effective arrangements should be in place at the interface between primary and secondary care, organised around the needs of patients with effective communication between GPs and hospital consultants.</p>	<p>Trust responses should confirm that they will continue to engage with and support the regional scheduled care reform process, working with appropriate partners, to include further roll out of e-referral and e-triage arrangements.</p> <p>Actions should improve the efficiency and effectiveness of outpatients,</p>	<p>The Trust will continue to engage with and support the regional scheduled care process and is rolling out the implementation of e-triage and e-referral.</p>	

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ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
	<p>diagnostics and treatment services in line with the Transformation, Reform and Modernisation agenda, which includes partnership working with ICPs.</p>		
<p>5. Effective arrangements should be in place to ensure the regional priorities for Endometriosis and vaginal mesh services are implemented by Trusts.</p>	<p>Trust response should detail plans that complement the regional strategic direction for both endometriosis and vaginal mesh services.</p>	<p>The Trust is working with colleagues in PHA/HSCB and in other Trusts to develop business case for Regional Vaginal Mesh Service. Draft costings have been forwarded to PHA/HSCB colleagues on 2nd August 2018.</p> <p>An IPT for endometriosis was developed and submitted to commissioners and from this Band 7 CNS was funded and recruited by BHSCT. There is still a number of outstanding elements unfunded in IPT but BHSCT is working with HSCB/PHA colleagues to move this forward.</p>	
<p>6. Effective arrangements should be in place to improve further the efficiency and effectiveness of elective care services (outpatients, diagnostics and inpatients/day case treatment) delivered by Trusts.</p>	<p>Trust responses should demonstrate the specific actions being taken in 2018/19, working with appropriate partners, to improve elective care efficiency and effectiveness including:</p> <ul style="list-style-type: none"> • Development of one stop 'see and treat' services, linked to unscheduled care services as appropriate • The rollout and uptake of e triage to help streamline the patient pathway • Application of Transforming Cancer Follow Up principles to transform review pathways • Maximisation of skill mix opportunities in the delivery of 	<p>The Trust has in place an elective care improvement plan and a number of initiatives aimed at improving efficiency and effectiveness in this area.</p> <p>E-Triage is being further rolled out across the Trust.</p> <p>Resource issues continue to be discussed with the HSCB.</p> <p>Adoption of the Transforming Cancer Follow Up principles continues to transform review pathways across many disease sites including Breast, Gynaecology, Colorectal, Haematology, Urology and Lung.</p>	

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ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
	assessment, diagnostic and treatment services • Direct access diagnostic pathways to improve patient access to appropriate tests.		
7. Effective arrangements should be in place to ensure the appropriate volume and case mix of staff are in place to deliver the agreed strategic priorities	Trust responses should demonstrate that all reasonable steps have been taken to fill all vacant posts and where clinically appropriate maximise the use of available skill mix	The Trust follows a robust process for recruitment of new and vacant posts. Where difficulty is encountered in filling posts a wider scope is used to attract suitable applicants, including overseas recruitment where necessary. The Trust always seeks to maximise the use of available skill mix where clinically appropriate.	

MATERNITY & CHILD HEALTH (14)

R	A	G
2	12	

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
1. Effective arrangements should be in place to ensure that appropriate pre-conceptual advice and care is available to women at low and higher risk to ensure women are supported to be as healthy as possible at the time of conception to improve outcomes for mother and baby.	Trusts should work with the HSCB, PHA and other partners through the maternity strategy implementation group to develop population based approaches and pre-conceptual pathways for women who may become pregnant.	<p>The Trust Maternity services continues to be represented on the NI Maternity Strategy Implementation Group. The Preconceptional Care Sub Group has continued to meet to develop information materials and key messages for the public regarding how to achieve a healthy pregnancy.</p> <p>Key areas of focus have included working with NI Direct colleagues to increase the range of information about healthy choices in preparing for pregnancy that is available online, with links to local supports. The Group has also been developing printed materials which can be given to women in summary and more detailed formats.</p> <p>The Group has also formed links with QUB research staff who have already undertaken pilot work with community pharmacies and useful sample materials from that have been shared, with a view to developing our own materials.</p>	
2. Effective arrangements should be in place to ensure that care is provided as close to home as possible with children only being transferred to the regional children's hospital for a tertiary	Trust responses should describe arrangements for primary care to access senior decision makers and how same day and next day assessment is facilitated. Trusts should continue to work with the HSCB/PHA to develop and test	The Trust continues to work collaboratively in a number of regional networks supporting the development of regional guidance through for example, the NI Critical Care Network, the Paediatric Network and the regionally established NISTAR group.	

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ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
<p>service which is not provided locally.</p>	<p>models of care which reduce the reliance on in-patient and secondary care paediatric services.</p> <p>Trust responses should demonstrate how they will work through the developing Child Health Partnership and the existing Critical Care Network to develop pathways of care and ensure they can safely provide a range of interventions including high flow oxygen for children in line with the regional pathway being developed.</p>	<p>The paediatric networks continue to function and address issues eg working with DGH around cardiology to upskill general paediatricians in providing a local service.</p>	<p align="center">Yellow</p>
<p>3. Effective arrangements should be in place to ensure that required data is captured to monitor service activity, compliance with standards and to underpin quality improvement work.</p>	<p>Trust responses should demonstrate commitment to collecting data to evidence best practice and identify opportunities for further service improvement. Plans should include evidence of full utilisation of NIMATS and Badgernet.</p> <p>Assurance should be provided on the collection of data to facilitate the regional outcome focused dashboards developed for maternity and neonatal care under the Maternity Collaborative and Neonatal network.</p>	<p>Both NIMATS and Badgernet are operating within the Trust. All updates to NIMATS have been implemented across the maternity service.</p> <p>The Trust's Maternity Services provide a collection of data on clinical outcomes and trends, in the form of a maternity dashboard, which is shared with the Maternity Strategy Implementation Group (MSIG).</p> <p>Reports are produced from NIMATS when requested including: for Diabetes Specialist Midwives, Perinatal Mental Health Midwife, Consultants and clinical staff for audit/research. Weekly activity data to the CPIT (Cessation in Pregnancy Incentives Trial), Research Nurse, QUB. Monthly reports are provided to the Weigh to a Healthy Pregnancy and the Smoking Cessation Midwives. The following NIMATS reports are available on ECR: Maternity Booking Interview, Labour Summary, Neonatal Summary, Notification</p>	<p align="center">Green</p>

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ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
		of Birth, Maternal Discharge and Neonatal discharge	
4	Effective arrangements are in place to support multidisciplinary learning and service improvement through regular multi-disciplinary morbidity and mortality review.	Trust responses should evidence how they are taking forward Departmental direction to implement a child death process which is based on multi-disciplinary mortality review. Trust responses should detail how the multi-disciplinary aspect of this is being developed.	Regular M&M meetings take place on a multi disciplinary basis. All deaths are discussed and necessary learning is shared across the Trust where relevant. Live governance meetings take place weekly to review any current issues.
5.	Effective arrangements should be in place to ensure that the agreed regional antenatal care pathway is delivered. This pathway, developed by the Maternity Strategy Implementation Group, is designed to promote a healthy pregnancy and improve outcomes for mothers and babies – including a reduction in low birth weight – through a range of actions including reducing smoking and high quality antenatal care.	Trust responses should demonstrate how they will implement the agreed regional care pathway for antenatal care for women with low risk pregnancies. Responses should evidence how they are taking forward antenatal group-based care and education. Responses should also evidence that Trusts are implementing UNICEF Baby Friendly Initiative Standards.	The Trust currently provides a range of general and specialist antenatal clinics across a range of facilities within the Trust's geographical area and have completed a process of centralising these on Trust premises where feasible and accessible to women e.g. Grove, Ballyowen and Finaghy HCs. The regional Antenatal care pathway has been implemented since Q3 2017. Midwifery led care clinics are in place across the Trust Maternity service and these clinics also facilitate the pathway. Group based antenatal care is underway in the Mater Midwifery Led unit and an Trust Implementation group consisting of three task and finish groups is now established to explore the requirements to further implement this approach across acute and community settings. The Trust continues to provide smoking cessation services with additional CO monitoring being offered to women where growth concerns have been identified.

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
		Baby Friendly accreditation has been achieved and maintained by the Trust since 2014.	
6. Effective arrangements should be in place to ensure that women with more complex pregnancies are offered the best possible care in line with national evidence based guidelines.	Trusts should also demonstrate how they will deliver services to meet the needs of more complex pregnancies. Responses should evidence: <ul style="list-style-type: none"> • Recent investment in ante-natal diabetic services. • Plans to implement the 'Weigh to a Healthy Pregnancy' programme targeting women with a BMI of >40. • Progress in implementing the NICE guidelines on multiple pregnancies, including the delivery of dedicated 'twin clinics'. • Plans to implement the regional care pathway for women with epilepsy. 	The Trust Maternity Services continue to provide the following services for complex pregnancies: <ul style="list-style-type: none"> • Diabetes Midwife specialist (1.0 wte band 7) to coordinate the care of women with type 1 and 2 diabetes in pregnancy. • Dedicated twins and multiples clinics are in place within Belfast Trust Maternity Services. • Epilepsy Specialist Midwife attends relevant antenatal clinics. • The Weigh to a Healthy Pregnancy programme has been enhanced by the addition of 12 hours Midwifery time and 16 hours Dietician time to expand the remit of the programme to BMI 38. • Perinatal Mental Health Midwife specialist (1.0 wte band 7) to co-ordinate the care of women with mental health issues and complex social issues. • Additional dedicated clinic for women booking with increased BMI >35 supported by the WTHP multidisciplinary team. • 2 smoking cessation midwives providing support for pregnant women • Birth Choice Clinic • Weekly joint cardiac/metabolic and obstetric antenatal clinic. • Joint haematology and obstetric clinic run alternate Tues mornings (Consultant led) 	

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		<ul style="list-style-type: none"> • Previous premature birth clinic on Wed mornings (Consultant led) <p>Further investment is being sought in collaboration with endocrine colleagues to secure additional funding for an additional Diabetes Specialist Midwife, Diabetes Nurses Specialist and Dietetic support.</p> <p>The Trust's Dedicated Early Pregnancy Service Monday to Friday is augmented by 24/7 Maternity Department Admissions to effectively manage these women.</p>	
7.	Effective arrangements should be in place to offer early pregnancy assessment pathways for women.	Trusts should continue to work with the HSCB/ PHA on the development and implementation of early pregnancy assessment pathways based on NICE guidelines.	
8.	Effective arrangements should be in place to offer short stay assessment and ambulatory models of care in all paediatric units. These should be available during times of peak demand.	Trusts should provide direct access to senior decision makers to support primary care in the management of acutely unwell children. Trusts should have arrangements for same day and next day assessment of children where this is deemed appropriate.	
		<p>RBHSC has a Short Stay Surgery Assessment Unit that is open 24/7. Access for primary care remains through the Emergency Department, as previously agreed with Commissioners. The use of the SSAU is dependent on patient demand and bed availability throughout RBHSC. This will be flexible and in accordance with any reduction in need/demand and access for primary care remains through the Emergency Department.</p> <p>The Trust will continue to work with the HSCB/PHA to support, develop and test models of ambulatory care that reduce the reliance on inpatient and secondary care paediatric services</p>	

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ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
		RQIA undertook an inspection of the short-stay paediatric assessment unit (SSPAU), and have made recommendations that require the Trust to secure additional resources. The Trust will work closely with the Board to action recommendations.	
9. Effective arrangements should be in place to ensure that there is appropriate monitoring of transfers to the RoI that take place because of capacity constraints.	Trust should put in place effective processes to monitor the number and care pathway for in-utero and ex-utero transfers from NI to the RoI that take place due to lack of local neonatal capacity. Data collected should be collated regionally and reviewed jointly by the Maternity Collaborative and the Neonatal Network.	Infant discharge is recorded on PAS using NU = NON UK HOSP for ROI and the name of the hospital is recorded in free text on PAS. A report can be run from PAS to provide this activity. Infants delivered in RJMS or Mater and admitted to Neonatal are recorded on NIMATS. Infants transferred from another hospital to Neonatal Unit, RJMS – the information is not recorded on NIMATS however the admission/discharge is recorded on PAS. NIMATS to BadgerNet Interface – work is ongoing to develop the two way interface between BadgerNet and NIMATS to ensure accurate and consistent recording of clinical information.	
10. Effective arrangements should be in place to ensure that opportunities to offer early intervention and prevention of long term disability by enhanced therapy services in neonatal units are realised.	Trust responses should evidence how recent investment in AHP services for neonatal units is being deployed and how they will ensure that the input will focus on neurodevelopment and nutritional support.	<ul style="list-style-type: none"> • Physio, OT, Speech Therapist & Dietician commenced posts JAN /April 2017. • Identifying at risk babies • Assessing & providing treatment in the neonatal unit • Quick referrals to community development teams to ensure early intervention • Planned education programme for parents and carers • Commencing parent groups Sept 2017 • On going education and training for staff • On going baseline audits 	

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ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
		Use of badgernet to capture care episodes & ensure continuity of care between units.	
11. Effective arrangements should be in place to care for women who have recurrent miscarriages	Trusts should continue to work with the PHA and HSCB to standardise and implement an agreed clinical pathway for women who have recurrent miscarriage.	The Trust will work with PHA and HSCB to clarify and standardise the referral and clinic pathways for women with recurrent miscarriages	
12. Effective arrangements should be in place to ensure children and young people receive age appropriate care up to their 16th birthday.	<p>Trust responses should demonstrate that their paediatric services can accommodate children up to their 16th birthday.</p> <p>Trust responses should also demonstrate how they ensure that children's care is supported by all specialties and support services required to provide high quality and safe care only transferring to the regional centre to access a tertiary service.</p> <p>Trusts should also describe how they will ensure that children aged up to their 16th birthday, who are admitted to hospital, are cared for in an age appropriate environment by staff with paediatric expertise with input from paediatricians where necessary.</p>	<p>The Trust is fully committed to the development of an age appropriate environment for 14-16 year olds in hospital.</p> <p>Paediatricians and adult clinicians work closely on an individual patient basis when required.</p> <p>A number of the paediatric specialties within RBHSC have been able to transition to the upper age limit of 16 however, a small few have not.</p> <p>A proposed timescale of April 2017 was not achievable due to insufficient physical accommodation to house the additional demand for inpatients/day cases for children up to the 16th birthday, while revenue funding was also not available to facilitate this. Discussion with the HSCB is ongoing in relation to this and the requirements needed to best deliver environments that are more appropriate for children aged up to their 16th birthday</p>	
13. Effective arrangements should be in place to ensure that mothers and babies are not separated unless there is a clinical reason to do so.	Trusts should demonstrate how antenatal, postnatal and neonatal services aim to prevent avoidable admissions to neonatal units and paediatric services.	Transitional care cots are available on postnatal wards and Midwives provide enhanced new born care for babies requiring interventions e.g. phototherapy, IV antibiotics.	

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		Whilst funding has not been identified, Trusts should continue to work with PHA and HSCB to scope out the requirement for transitional care and outreach services.	Antenatal care is provided for high risk pregnancies to prevent premature birth and prolong pregnancy where possible e.g. diabetic mothers and placental abnormalities.	
14.	There would be an opportunity to enhance skill mix further with the appointment of additional maternity support workers to work alongside midwives to support mothers	Trusts should demonstrate plans to work with PHA and HSCB to scope out the requirement for additional maternity support workers and how they could be best utilised to support services.	BHSCT representatives are participating in work led by the PHA to scope out the requirement for additional maternity support workers and how they could be best utilised to support services. The Trust has also deployed existing MSWs into Community Midwifery areas and developed and implemented a Band 4 role to assist in Obstetric theatres.	

FAMILY AND CHILDCARE (13)

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ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
1. Effective arrangements should be in place to implement the Managed Care Network for Children and Young People with Acute and High Intensity Care Needs as recommended by the independent review into CAMHS Inpatient Services	Trust responses should demonstrate plans to contribute to the development and establishment of a Managed Care Network for Acute CAMHS which includes Secure Care, Youth Justice and Forensic CAMHS to deliver a more consistent service across the region and equitable access to acute services.	<p>The Trust welcomes the recent IPT for the managed care network. The Trust will demonstrate its commitment to this area of service development through its response to this IPT and would anticipate (subject to staffing availability) to have the service established early in 2019.</p> <p>CAHMS continues to be an active partner in the necessary changes to the Autism and ADHD pathway within Trust</p>	
2. Effective arrangements should be in place to prevent the increasing threat of Child Sexual Exploitation (CSE) as identified by the Marshall Inquiry.	Trust responses should detail their reporting arrangements to the HSCB in relation to the regional action plan.	<p>A band 7 Senior practitioner for Child Sexual Exploitation (CSE) lead post remains in place. She is co-located with PSNI in the local PPU. The practitioner is managed within the safeguarding area of the service Directorate. She also avails of monthly contact in a joint forum with the 4 other Trust's CSE leads. A quarterly CSE briefing session is chaired by a Children's Service Manager and attended by senior managers from across the service Directorate. The Trust also convenes an Operational Liaison Group (OLG) with PSNI monthly to review trends, identify potential concerns, and map patterns. She also attends monthly meetings with Head of Service and local Police to review all children who go missing from care and whom may be involved in CSE.</p> <p>The Trust has engaged with the SBNI Re-Audit and co-operated with the other Trusts in doing so.</p>	

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ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
		<p>The SP reports monthly to HSCB on all CSE assessments completed by social workers in the Trust. This information is on a database with other demographics and is forwarded to the Board via the Regional CSE Lead. Similar reports go to the HSCB on statistics on young people reported missing to Police.</p> <p>The recommendations from the Marshall report have been addressed regionally with BHSCT input to these.</p>	
<p>3. Effective arrangements should be in place to safeguard children and promote their welfare in line with Co-operating to Safeguard Children (2017).</p>	<p>Trusts responses should demonstrate plans to</p> <ul style="list-style-type: none"> • provide effective safeguarding services • ensure robust HSC child protection processes are in place • ensure safeguarding policy and procedures are in place relating to referrals, assessment, service planning, case management and record keeping • monitor and audit effectiveness of policy, practice and service provision in achieving specified outcomes for children and young people. • to ensure access to an effective range of therapeutic supports based on assessed needs. 	<p>Over the past year, the Gateway Service has pursued compliance with the Child Protection Policy and Procedures. The Gateway Service has provided a range of safeguarding returns including:</p> <ul style="list-style-type: none"> • monthly returns in relation to the allocation of child protection referrals to a social worker; • children who are the subjects of child protection referrals being seen and spoken to by a social worker within 24 hours of receipt of a referral; • and in those circumstances in which warranted, the progression to and convening of an Initial Child Protection Case Conference within 15 days from the date that the case was thresholded as child protection. <p>The Service continues to be subject to regular review and audit by operational and Service Managers in terms of ensuring compliance with UNOCINI standards and Child Protection Policy and Procedures for allocation and assessment. The Trust participated in the <i>RQIA Regional Review of</i></p>	

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		<p><i>the Governance for Child Protection in the HSC in NI: May 2018</i> and is currently engaged in the delivery of a regional Action Plan to address recommendations arising from the Review. The provision of monthly supervision of staff is monitored by the Service Managers with a view to addressing any issues/gaps arising. The Service has continued to promote a learning and improvement culture centred on the workforce's access to accredited training delivery programmes and participation in reflective learning events and improvement initiatives. The Region's adoption of <i>Signs of Safety</i> reflects a commitment to a strengths-based/ outcomes centred approach across the safeguarding service delivery continuum.</p> <p>The quality and effectiveness of supervision is audited by the Service Managers on an annual basis. Where learning has arisen as identified through SAIs and CMRs, this is shared across the workforce as appropriate. The Trust's Annual Delegated Statutory Functions and six-monthly Corporate Parenting reports provide an overview of the Service's performance and assurance processes underpinning the discharge of its delegated statutory functions including those pertaining to safeguarding.</p> <p>The Trust has continued to pursue investment in the development of therapeutic services across the range of safeguarding provision.</p>	

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<p>4. Effective arrangements should be in place to improve data collection in CAMHS services to capture need, demand activity, outcomes and service user experience.</p>	<p>Trust responses should demonstrate how they will use information to assess the effectiveness of CAMHS and evaluate outcomes, fully implement the "Choice And Partnership Approach" (CAPA) and ensure effective case management in line with NICE guidance.</p> <p>Trusts responses should demonstrate plans to strengthen NICE approved Psychological Therapies to include a skills analysis and workforce plan to identify gaps in the delivery of evidenced based therapies and skill mix requirements to deliver a range of therapeutic interventions.</p> <p>Trusts should demonstrate how the findings from the Sensemaker Audit on service user experience of CAMHS will drive any required service improvements.</p>	<p>The BHSCT are collecting Data using the regionally agreed CAMHS dataset, and also for the third year inputting data to the NHS benchmarking data set for the UK. The Trust has also joined CORC (Clinical Outcomes Research Consortium) and is providing year 1 returns on clinical outcomes; this will be built on year on year.</p> <p>This information is being used to plan service capacity and workforce planning.</p> <p>CAPA is in place in all step 3 CAMHS teams however a small level of sickness or vacancy can mean that demand outweighs capacity. Partnership delivered is in line with nice guidelines in all teams</p> <p>Training plan is in place based on the evaluation of the stepped care model and in line with Trauma Informed Practice. Training matrix is held in each CAMHS team.</p> <p>CAMHS have funded places within the psychological therapies stream in CBT, TFCBT, mentalisation, family therapy and trauma informed practice.</p> <p>BHSCT CAMHS have a participation group in place with youth advisors employed to ensure that the users voice is fully part of the CAMHS leadership.</p>	<p align="center">Green</p>
<p>5. Effective arrangements should be in place to appropriately manage the increasing number of children</p>	<p>Trust responses should demonstrate how service provision will meet the needs of children with complex health care needs and challenging behaviour.</p>	<p>The service complies with UNOCINI pathways and ensures compliance with Unocini Guidance. The service evaluates and assesses all service requests at its fortnightly Resource Panel and</p>	<p align="center">Yellow</p>

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<p>with complex health care needs and challenging behaviour.</p>		<p>ensures that assessments and need are evaluated and matched.</p> <p>Children's Therapeutic Services (CTS) team is making a valuable contribution to supporting families of children with complex needs and challenging behaviour and is a vital resource to Social work and nursing colleagues. The service has developed a series of workshops for parents that will be delivered from September onwards and is providing a weekly consultation service to colleagues.</p> <p>Children with Disabilities (CWD) continues to work closely with colleagues in assessment and treatment services and provides dedicated short breaks and residential care for families of children with challenging behaviour and complex health care needs as part of a wider family support plan.</p> <p>Positive Behaviour Support (PBS) continues to be a strong ethos within the service and those who require PBS plans and intervention are continuing to be identified and supported.</p> <p>The service has expanded its range of services as outlined above. This cohort of children can fluctuate both in terms of needs and complexity but their needs are identified within the service as a priority group.</p> <p>Early intervention workshops will also be delivered to families in need who do not require an intensive.</p>	

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		<p>The Service has collaborated with the Fostering Service to recruit specific foster carers to care for children with complex needs and challenging behaviours on a long term and short break basis. Both the CWD and Fostering Service jointly train and assess potential carers, and to date have successfully recruited 5 child specific placements for those most complex children/young people. Additionally, the fostering service matches children and young people with complex health and behavioural needs and supports these placements through fostering social work support along with children's disability social support and TSS. Bespoke fostering training is accessed also to support complex placements.</p> <p>Should an appropriate match in house not be available, the Fostering service will out-source a suitable placement from the independent fostering agencies to best meet an individual child/young person's needs.</p> <p>The Trust has been involved in a regional exercise that has identified a number of children with a disability who are on the edge of care. The provision of services to fully meet the needs of this group of children is challenging.</p>	
<p>6. Effective arrangements should be in place to appropriately manage the increasing number of Looked After Children (LAC) entering the system.</p>	<p>Trusts responses should demonstrate how:</p> <ul style="list-style-type: none"> • criteria will be set to ensure children become looked after where there is a clear indication that their long term outcomes will be improved or 	<p>The Parent and Adolescent Community Support Service (PACSS) which was established 2 years ago works with all young people from aged 11 years that are in crisis and are on the brink of entering the care system. PACSS provides a wraparound intensive support package to families</p>	

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	<p>removal is required in order to safeguard the child/young person;</p> <ul style="list-style-type: none"> • initiatives will be put in place to increase the number of placements and specify how these will be provided; • support will be provided to young (16/17 year olds), homeless individuals who are seeking to achieve a safe, stable return to a family; • Specialist Therapeutic Foster Carer placements in keeping with the needs of children and in line with regional criteria will be provided which will be monitored as part of the DSF process; • appropriate safeguarding measures will be put in place for extra-ordinary placements; • intensive edge of care interventions and family support will be provided to enable children to remain within their families where this is in the child's best interest. • required volumes of service activity for 2018/19 will be delivered. 	<p>to prevent care admissions and build upon family resilience and restore relationships. Planned admissions for this age group can only be admitted to care where there is an assessment that evidences that care will improve outcomes for the any young person admitted. The PACS Service also offers young people short term breaks with foster carers to provide "time out" for young people and families in crisis in the community, to help de-escalate tensions and repair relationships.</p> <p>The Resource Panel is held on a fortnightly basis and reviews all children / young people on the brink of care admission or disruption within their current placement. It acts as an effective gate-keeping mechanism to ensure children come into care when all alternative options have been exhausted, assessments have been completed and long-term outcomes improved.</p> <p>Identified Social Work support (One band 7 and one band 6) is available to young 16 / 17 year olds who become homeless and every effort is made to secure a return to family within as short a period as possible. There is a potential risk herein as when a young person remains in placement in excess of 24 hours, the young person must be considered a Looked After Child (LAC). This has been subject to legal scrutiny.</p> <p>Over the last year, the Co-Director has chaired a regional fostering recruitment project, The outcome of this project will be launched and disseminated in</p>	

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		<p>November 2018 and this will inform the development of a regional fostering long-term strategy across 5 Trusts which will support the recruitment of foster carers from a diverse range of backgrounds. In tandem with the dissemination of the out-workings of this project; the Regional Fostering and Adoption Service is establishing a regional team of social workers to recruit foster carers across N. Ireland and this will also involve foster carers for the unaccompanied minors and asylum seeking population. A mother and baby placement initiative will also be established in the next 12 months, which is specially set out to offer assessment and support to young people with babies.</p> <p>The Trust continues to hold specific annual recruitment campaigns to increase the number of placements for children requiring permanence via long term fostering.</p> <p>The Trust continues to recruit placements within its Adolescent Fostering Partnership Service, which provides specific foster placements for young people 12+ and is key to prevent unplanned admission into residential care.</p> <p>The CWD service has supported colleagues in Fostering to establish and develop a specialist Fostering scheme for this group of children. The scheme currently has 5 carers and 5 placements, which support 4 complex young people.</p>	

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		<p>The Trust is concerned that placement options for challenging children with complex disabilities and needs are extremely limited and is working with colleagues across the region to raise the profile of this issue and to find appropriate solutions.</p>	
<p>7. Effective arrangements should be in place to ensure the stability of mainstream care placement arrangements for children in care</p>	<p>Trust responses should demonstrate a reduction in unplanned care placement moves for children in care and use of effective interventions to deescalate crisis and prevent moves for children in care, particularly into high end regional facilities</p>	<p>The PACS Service is specifically established to work with children/young people and families in crisis and on the brink of admission into care. In doing so, PACSS reduces emergency admissions into the care system, and only those young people assessed as requiring to be 'in care' are placed.</p> <p>A 'placement under pressure' forum has been established which is chaired by the Co-Director to review cases whereby children/young people may be at risk of multiple placement moves due to complexities, and will assess the most appropriate resource to meet specific needs.</p> <p>Multi-disciplinary Panels are held for placement in Secure Accommodation and in Donard house. Only those young people whom meet the criteria for such placements will be offered placements.</p> <p>The Trust's Looked After Children Service, Residential and Fostering Services work collaboratively together to ensure that long-term foster and residential placements are matched following assessment and appropriate supports, for example Therapeutic Support Service, are put in place to maintain these placements and provide stability for children. The LAC review process and Care Planning Meetings ensure that a focus is</p>	

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		<p>maintained on all aspects of a placement in order to avoid, where possible, an unplanned move.</p> <p>Unfortunately, however these are occasions when a child or young person has to move from a placement either due to the complexities and exhibited behaviours or a change of circumstances in a foster placement.</p> <p>Within residential, all efforts are made by trained staff to de-escalate crisis and work in a positive manner to maintain a placement, but at times, the needs of a young person can be best met by a move to a regional facility or indeed in a small number of cases, to a facility outside N.I.</p>	
<p>8. Effective arrangements should be in place to appropriately manage the increasing number of unplanned/emergency placements where children are known to a Trust.</p>	<p>Trust responses should demonstrate plans to ensure that admissions to care are planned and children are provided with placements matched to their assessed need to provide stability and continuity.</p>	<p>Prior to admission into Care, all family / kin arrangements are considered at the point of admission into stranger foster care via FGC or preliminary assessment checks on suitable family members as part of safety plans and contingency planning.</p> <p>The Trust Resource Panel, Family Group conferencing, Pre-proceedings are also mechanisms to ensure planned admissions into care and if children are admitted to care, plans for Permanence are made in a timely manner via the Permanence Panel.</p> <p>The diverse range of foster placements aim to ensure children are matched to assessed need which encompasses dual approval, concurrent and HOT placements, alongside availability of sibling,</p>	

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
		<p>adolescent, kinship, short term, long term placements/carers and children with complex health needs.</p> <p>The Trust's Edge of Care Service (PACS) aims for young people to remain with their family and where entry into care is necessary, the service supports the young person with this transition in a planned way.</p>	
<p>9. Effective arrangements should be in place to ensure a seamless care pathway for LAC which promotes stability and permanency for children.</p>	<p>Trust responses should demonstrate how effective arrangements are in place to ensure a stable care pathway for LAC (where placement moves are kept to an absolute minimum) and to deliver permanency for them within the quickest possible timeframe.</p> <p>Trusts should have effective arrangements and monitoring should be put in place to ensure LAC have plans for and can achieve permanence in line with the agreed policy. Trusts should also report on challenges to achieve these and plans to address these.</p>	<p>All Looked After Children who are transferred into the LAC teams remain with their team until they reach the age of 18 and transfer to Leaving Care. This service means there is a seamless pathway through to adulthood with stability provided by the looked after child maintaining continuity of social work intervention and support. Every effort is made to minimise placement moves, but if a move is in keeping with a care plan, for example a kinship option, adoption or rehabilitation to parents, then such a move is subject to robust planning and a timetable set for the move.</p> <p>Support is provided to placements by fieldwork, fostering, Therapeutic Support Services, or any other identified source of support, to ensure placements are as settled and stable as possible.</p> <p>Supervision of placements and The Lac Review process monitor the implementation of care plans and achieving permanence for Looked After Children is a key objective.</p>	

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		<p>At times there are challenges in maintaining placement stability due to the complex needs of the children and young people in both fostering and residential placements. Any such placements are kept under close scrutiny and reviewed by all professionals and carers involved, to ensure placements are sustained, if possible, or alternative more appropriate placements are identified.</p>	
<p>10. Effective arrangements should be in place to ensure that children's care plans explicitly state what is to be achieved by the admission to care, the child and young person's views about their care plan, what is expected from parents in order for the child to return home and the anticipated duration of the placement.</p>	<p>Trust responses should demonstrate how robust assessments (in keeping with policy and procedures) will be undertaken for all children who are to return home, enabling the Trust to determine the feasibility of such a move and to identify any support required to maintain the placement and discharge any existing Care Order. This assessment should outline how the child/young person's views have been taken into account in agreeing the care plan.</p>	<p>The Looked After Child (LAC) review process ensures that care planning is explicit when a child is admitted to care to enable parents and children to be clear about what is the likely duration of the care placement and the work to be undertaken to achieve rehabilitation in the short-term. For many children however, the care plan changes to long-term care and while stability and permanence is vital, the potential for rehabilitation back to parental care is still kept under review as part of the LAC review process.</p> <p>If parental circumstances change and rehabilitation is considered to be in the children's best interests and having taken account of their needs, then subject to assessment, a return home can be achieved. Any such decision is made within the LAC review process adhering to the regulations framework set out in the Placement with Parent's Regulations.</p> <p>When children are to return home, a support package is put in place and the placements remain subject to LAC review process. Ultimately, once a placement has demonstrated security and stability</p>	

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		<p>over a prolonged period of time then the LAC review process will consider discharge of an existing care order. This process takes account of parental review and those of a child/ young person, plus an agreed support package if required.</p> <p>The Trust's project to review those placements, subject to Care Orders at home, is continuing with an in depth analysis of each placement to determine if an application could be made to discharge the Care Order.</p>	
<p>11. Effective arrangements should be in place to manage an increasing number of children who are looked after, those who are placed in kinship and non-kinship foster care, in keeping with the provisions and entitlements of GEM</p>	<p>Trust responses should demonstrate how recent investments will ensure equitable access by all young people in foster care to avail of GEM.</p>	<p>All Young People in care are fully supported to remain in their kinship or non-kinship foster placements post 18, if this is keeping with their pathway plan. The GEM Scheme Guidance provides advice on the range of categories of financial support available to those young people and carers who meet the respective GEM criteria and this is monitored through bi-annual reviews of the young person's Pathway Plan. There is a GEM Social Worker based in the Leaving Care Service, who has oversight of the scheme and provides monthly data on the number of young people and carers and the financial support that they receive. The GEM Social Worker in partnership with the young person, carer, Leaving Care Social Worker (or if applicable, the Personal Advisor) monitors on-going membership of the scheme.</p>	
<p>12. Effective arrangements should be in place to meet the increasing demand for Autism Services to include the creation of an integrated care system for</p>	<p>Trust responses should demonstrate plans to address autism waiting lists in line with the Autism Access Standard and support the development of an integrated service model to include</p>	<p>BHSCT has continued to press for the development of the Managed Care Network and has been fully engaged in the development of the regional review's report into this area of care for our Children and Young People (C&YP).</p>	

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ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
<p>Children, Young People with Developmental, Emotional and Mental Health services.</p>	<p>assessment, early intervention, diagnostic and transitional services.</p>	<p>The BHSCT continues to utilise all available funding to deliver increasing ASD capacity in an effort to reduce the backlog of assessment and intervention referrals to meet the maximum 13 week waiting time. The number of children waiting more than 14 weeks for assessment has reduced by 58% from its peak in late 2016.</p> <p>The Trust continues to engage with the HSCB/PHA Task & Finish Group to deliver the proposed 'CYP Emotional wellbeing, Autism and ADHD Service Framework'. In addition, through the strategic priorities contained in the draft BHSCT New Directions 2 document, the BHSCT is reviewing internal arrangements to improve pathways for developmental, emotional, behavioural and social communications services.</p>	<p></p>
<p>13. Effective arrangements should be in place to manage the increasing demand in CAMHS and the continued implementation of the stepped care model focusing on: improvement of the interfaces between acute and CAMHS community care including secure care and Youth Justice; integration of CAMHS and children's neurodevelopmental (autism and ADHD) provision.</p>	<p>Trusts should demonstrate plans to:</p> <ul style="list-style-type: none"> • Demonstrate the management of service demand • Improve interface arrangements between CAMHS acute and community care, secure care and with Youth Justice • Integrate CAMHS, Autism and ADHD services to ensure effective access based on assessed needs to children, young people and their families • Ensure implementation of the CAMHS Integrated Care Pathway (March 2018) 	<p>BHSCT continues to roll out the CAPA methodology across its CAMHS community services to align services more closely to need. A CAPA analysis which includes the adoption of the full CAPA methodology has been completed and will require significant investment if it is to be implemented in full across all community teams.</p> <p>BHSCT has taken the findings of the sensemaker audit and has made some immediate practical changes to services through the employment of Youth Advisors, the roll out of the CAUSE Carers contract and the primary mental health care system.</p>	<p></p>

CARE OF THE ELDERLY (13)

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ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
1.	Effective arrangements should be in place to ensure the implementation of requirements contained in Adult Safeguarding and Protection in Partnership (2015).	Trust responses should demonstrate plans to promote the development of the Adult Protection Gateway model.	The Trust is collating a full response and will submit this to HSCB when finalised	
2.	Effective arrangements should be in place to further develop ICP initiatives targeted at frail older people.	Trust responses should demonstrate plans that engage with the range of integrated care initiatives/projects designed to maintain older people in the community.	<p>The Trust's Acute Care At Home (ACAH) team work in partnership with other ICP services e.g. Respiratory team. This client group are most likely to suffer long-term conditions that may intermittently need acute care to prevent a hospital admission and maintain the frail elderly in their own home.</p> <p>The Trust's Connected Community Care Hub is a partnership approach between GP Federations, BHSCT and Community and Voluntary Providers. One work stream will have a particular focus on supporting older people. The Connected Community Care Hub commenced receiving referrals from February 2018. Four Wellbeing Co-ordinators have been appointed for North, South, East and West Belfast. The Local Commissioning Group set a target for the hub of having 4000 contacts for a full year effect.</p>	

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ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG																																																																												
		<p data-bbox="1281 201 1955 264">Please see below for referrals from Feb 18 – Jul 18 inc.</p> <table border="1" data-bbox="1281 300 1839 1007"> <thead> <tr> <th data-bbox="1292 308 1451 336">Total</th> <th data-bbox="1496 308 1547 336">258</th> <th data-bbox="1621 308 1673 336">103</th> <th data-bbox="1749 308 1800 336">361</th> </tr> </thead> <tbody> <tr> <td data-bbox="1292 360 1417 389">by Gender</td> <td data-bbox="1496 360 1525 389">GP</td> <td data-bbox="1621 360 1650 389">SW</td> <td data-bbox="1749 360 1800 389">TOT</td> </tr> <tr> <td data-bbox="1292 397 1375 426">Female</td> <td data-bbox="1496 397 1547 426">156</td> <td data-bbox="1621 397 1650 426">60</td> <td data-bbox="1749 397 1800 426">216</td> </tr> <tr> <td data-bbox="1292 434 1352 462">Male</td> <td data-bbox="1496 434 1547 462">102</td> <td data-bbox="1621 434 1650 462">43</td> <td data-bbox="1749 434 1800 462">145</td> </tr> <tr> <td data-bbox="1292 486 1384 515">by Area</td> <td data-bbox="1496 486 1525 515">GP</td> <td data-bbox="1621 486 1650 515">SW</td> <td data-bbox="1749 486 1800 515">TOT</td> </tr> <tr> <td data-bbox="1292 523 1352 552">East</td> <td data-bbox="1496 523 1525 552">36</td> <td data-bbox="1621 523 1650 552">36</td> <td data-bbox="1749 523 1800 552">72</td> </tr> <tr> <td data-bbox="1292 560 1352 588">North</td> <td data-bbox="1496 560 1525 588">86</td> <td data-bbox="1621 560 1650 588">31</td> <td data-bbox="1749 560 1800 588">117</td> </tr> <tr> <td data-bbox="1292 596 1352 625">South</td> <td data-bbox="1496 596 1547 625">106</td> <td data-bbox="1621 596 1650 625">19</td> <td data-bbox="1749 596 1800 625">125</td> </tr> <tr> <td data-bbox="1292 633 1352 662">West</td> <td data-bbox="1496 633 1525 662">30</td> <td data-bbox="1621 633 1650 662">17</td> <td data-bbox="1749 633 1800 662">47</td> </tr> <tr> <td data-bbox="1292 686 1442 715">by Age Band</td> <td data-bbox="1496 686 1525 715">GP</td> <td data-bbox="1621 686 1650 715">SW</td> <td data-bbox="1749 686 1800 715">TOT</td> </tr> <tr> <td data-bbox="1292 722 1375 751">18 - 30</td> <td data-bbox="1496 722 1525 751">22</td> <td data-bbox="1621 722 1650 751">0</td> <td data-bbox="1749 722 1800 751">22</td> </tr> <tr> <td data-bbox="1292 759 1375 788">31 - 40</td> <td data-bbox="1496 759 1525 788">25</td> <td data-bbox="1621 759 1650 788">1</td> <td data-bbox="1749 759 1800 788">26</td> </tr> <tr> <td data-bbox="1292 796 1375 825">41 - 50</td> <td data-bbox="1496 796 1525 825">48</td> <td data-bbox="1621 796 1650 825">0</td> <td data-bbox="1749 796 1800 825">48</td> </tr> <tr> <td data-bbox="1292 833 1375 861">51 - 60</td> <td data-bbox="1496 833 1525 861">51</td> <td data-bbox="1621 833 1650 861">3</td> <td data-bbox="1749 833 1800 861">54</td> </tr> <tr> <td data-bbox="1292 869 1375 898">61 - 70</td> <td data-bbox="1496 869 1525 898">32</td> <td data-bbox="1621 869 1650 898">19</td> <td data-bbox="1749 869 1800 898">51</td> </tr> <tr> <td data-bbox="1292 906 1375 935">71 - 80</td> <td data-bbox="1496 906 1525 935">39</td> <td data-bbox="1621 906 1650 935">33</td> <td data-bbox="1749 906 1800 935">72</td> </tr> <tr> <td data-bbox="1292 943 1375 971">81 - 90</td> <td data-bbox="1496 943 1525 971">33</td> <td data-bbox="1621 943 1650 971">34</td> <td data-bbox="1749 943 1800 971">67</td> </tr> <tr> <td data-bbox="1292 979 1375 1008">91 - 100</td> <td data-bbox="1496 979 1503 1008">8</td> <td data-bbox="1621 979 1650 1008">12</td> <td data-bbox="1749 979 1800 1008">20</td> </tr> <tr> <td data-bbox="1292 1016 1375 1045">over 100</td> <td data-bbox="1496 1016 1503 1045">0</td> <td data-bbox="1621 1016 1650 1045">1</td> <td data-bbox="1749 1016 1800 1045">1</td> </tr> </tbody> </table> <p data-bbox="1281 1046 1955 1305">The hub has been implemented and created through a community development approach in co-production with older people. It will also work with partners through the Health Aging Strategic Partnership and will look at key projects on addressing the 'hidden need' and looking at those vulnerable adults who are at highest risk of</p>	Total	258	103	361	by Gender	GP	SW	TOT	Female	156	60	216	Male	102	43	145	by Area	GP	SW	TOT	East	36	36	72	North	86	31	117	South	106	19	125	West	30	17	47	by Age Band	GP	SW	TOT	18 - 30	22	0	22	31 - 40	25	1	26	41 - 50	48	0	48	51 - 60	51	3	54	61 - 70	32	19	51	71 - 80	39	33	72	81 - 90	33	34	67	91 - 100	8	12	20	over 100	0	1	1	
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ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
		<p>becoming socially isolated and lonely. The hub has identified that people under 65 are also feeling socially isolated. A co production plan has been developed and service provision is being enhanced to to ensure that activities for older people are both relevant and meaningful and are inclusive of people with dementia older people in their own homes</p>	
<p>3. Effective arrangements should be in place to provide a standardised model for the delivery of services to older people and individuals with dementia.</p>	<p>Trust responses should outline plans to work with ICPs to implement the New Stepped Care Model for Older People and for people with dementia.</p>	<p>The Trust was fully represented on the working group, which developed the Stepped Care Model for People with Dementia. Work on this will progress once funding approval has been indicated</p> <p>In August 2018 funding was confirmed for two Service Improvement Leads for Belfast Trust, to support service developments and improvements in Dementia Care. Once regional job description is developed the Trust will seek to appoint to these posts.</p> <p>At the request of the HSC the Trust will a cost proposal for the implementation of the Regional Stepped Care Model and submit to the HSC by 1 October towards the development of a regional business case.</p>	
<p>4. Effective arrangements should be in place to optimise capacity to meet the number of people with</p>	<p>Trust responses should demonstrate plans to work within the regional strategic implementation arrangements</p>	<p>The Trust has continued to embed and build on service improvements commenced in 2018.</p>	

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ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
<p>dementia which is projected to increase by 35% by 2025.</p>	<p>to develop early intervention models and timely access to memory services.</p>	<p>The Trust is currently represented on all regional groups associated with the Regional Review of Memory Services and the implementation of the NI Dementia Strategy.</p> <p>On 09/08/18 the HSC confirmed funding for the following posts:</p> <ol style="list-style-type: none"> 1. Dementia Navigators x 2 – the Trust will now work to recruit permanently to these posts. The Community Dementia Navigator are aligned with the Connect Community Hubs and has been embedded within this service as a resource offering information, advice and signposting to people living with Dementia and their carers over the last 12 months. 2. Dementia Companions to support improving dementia care in Acute Sector. These posts will be funded from January 19. The Trust will now work to recruit to these posts. 3. 2 x Service Improvement Leads – the Trust will be represented on group to develop the regional JD for these posts and once available will work to recruit to these posts. <p>The Trust is currently preparing a costing of the enhanced resource that will be required to implement the regional Dementia Care Pathway.</p>	

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ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
		<p>This costing will be submitted to the HSC by 1 October 2018.</p> <p>The Trust has undertaken significant service improvement and development work across memory services in line with the Memory Service National Accreditation Programme (MSNAP). The Trust is currently an affiliated member of MSNAP, and following a peer review in June will be advised by October 2018 if they have been awarded full accreditation by MSNAP.</p>	
<p>5. Effective arrangements should be in place to address the issue of delayed discharges from the acute sector and other institutional settings due to the non-availability of independent sector community based services especially domiciliary care.</p>	<p>Trust responses should demonstrate plans to ensure capacity within the community /domiciliary sector to accommodate timely hospital discharge.</p>	<p>The Trust is currently undergoing a recruitment process to recruit 30 additional staff to the statutory homecare service as well as exploring the continued development of a rapid response social care project in conjunction with private providers. However, significant challenges across the sector are resulting in a service capacity shortfall at present. The Trust welcomes the investment in a 8a Manager by the HSCB to develop further this market, as part of the regional strategy.</p>	
<p>6. Effective arrangements should be in place to support services for carers that can be developed to maintain individuals to live as independently as possible in their own home.</p>	<p>Trust responses should demonstrate plans to expand and promote the assessment of needs and the availability and uptake of short breaks.</p>	<p>Supporting Carer Health and Wellbeing is one of the priorities of the Trust's 'Caring Together in Belfast' Carer Strategy 2017-2020. At 31st March 2018, a range of short break provision had been provided to 652 carers in the Trust – domiciliary care,</p>	

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ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
		residential/nursing homes, day care, sitting services as well as self-directed support options.	
7. Effective arrangements should be in place to review existing day opportunities for older people to ensure that they meet current needs and expectations.	Trust responses should demonstrate plans to review existing day care provision to make best use of resources.	The Trust has carried out an extensive review of Physical and Sensory Disability Day Care and commencing a review of Older Peoples' Day Care in September 2018 using an Appreciative Inquiry approach. Staff and service users have undergone training in Appreciative Inquiry to ensure that the review is meaningful and all stakeholders are engaged in the process. The three themes of the review will be: Promoting Independence, Good Practice and Connecting Our Communities to Our Day Centres. A key priority of the Trust is to extend the range of day opportunities for older people and adults with disabilities. Two Community Access Workers in the Trust are making great efforts to extend the menu of day opportunities and the promotion of self-directed support in the Trust has resulted in service users utilising alternatives to traditional day care.	
8. Effective arrangements should be in place to support the full implementation of the regional model of reablement.	Trust responses should demonstrate a review of local progress with reablement, in line with the regional model and targets.	The Trust is collating a full response and will submit this to HSCB when finalised	
9. Effective arrangements should be in place to optimise recent demography funding to meet	Trust responses should demonstrate plans to deliver the recent investment in	The Trust is collating a full response and will submit this to HSCB when finalised	

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ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
domiciliary care demand and wider demographic demand.	demography to meet the needs of the aging population.		
10. Effective arrangements should be in place to optimise capacity to support the numbers of people aged over 65 and over 85 which are projected to increase by 12% and 22% by 2022 respectively, to maintain healthy lifestyles.	Trust responses should demonstrate plans to actively promote a range of healthy ageing initiatives in areas such as promoting good nutrition, social inclusion and falls prevention.	The Trust's Connected Community Care hub is a partnership approach between GP Federations, BHSCT and Community and Voluntary providers. The Connected Community Care model has been established in February 2018 and has developed a community centred approach to health and wellbeing by co-ordinating and connecting people to assets within their local area to meet their individual needs. This will increase people's control over their own lives, supporting them to remain independent thus improving their overall health, wellbeing and social participation. This will empower individuals to take ownership for their own lives, changing lifestyle behaviours and remaining physically and socially active. The Wellbeing Co-ordinators have referred older people to a range of activities that has addresses their diet and physical activity needs such as the Healthwise scheme, yoga, dancing, dog walking and local cook it programmes. The hub has worked with agencies such as the PHA and the Health Improvement Team in the Belfast Trust to develop an early intervention and prevention model to support people enjoy long, healthy, active lives by connecting to existing resources within their local communities and capacity has been increased. The	

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ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
		<p>four local Wellbeing Co-ordinators have worked in partnership with Health and Lifestyle Officers to promote a range of healthy aging initiatives such as promoting good nutrition and social inclusion ensuring these services are relevant and meaningful. Gaps in service provision has been identified and the hub will seek to address this unmet need in a strategic collaborative approach, to ensure that people with long-term conditions or those at risk of long-term conditions are supported to avoid/manage their illness. Consideration has also been given to services that maybe are current available but are unstable and may cease in the future thus creating further gaps in provision.</p>	
<p>11. Effective arrangements should be in place to support an appropriate balance of services between the statutory and independent sectors in relation to domiciliary and residential care.</p>	<p>Trust responses should demonstrate a commitment to remain engaged with both the current reform of statutory residential care, domiciliary care and the Reform of Adult Social Care. These projects are seeking the most appropriate balance and focus of statutory/independent sector domiciliary and social care provision.</p>	<p>The Trust is committed to remaining engaged with both the current reform of statutory residential care, domiciliary care and the Reform of Adult Social Care. The trust continues to work with the independent sector to seek opportunities for further capacity and supply. The Trust welcomes the investment in a 8a Manager by the HSCB to develop further the domiciliary care market, as part of the regional strategy</p>	
<p>12. Effective arrangements should be in place to support the development of intermediate/step down care to relieve pressures on</p>	<p>Trust responses should demonstrate review options for remodelling existing provision or developing new services to increase availability of these services.</p>	<p>The Trust is collating a full response and will submit this to HSCB when finalised</p>	

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ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
acute care and promote rehabilitation.			
13. Effective arrangements should be in place to ensure the promotion of personalisation through Self Directed Support to increase individual choice and facilitate responsive remodelling of service models.	Trust responses should demonstrate plans to deliver progress with the regional project implementation targets to optimise opportunities for services tailored to user needs and include the training and development needs of staff.	The Trust has a SDS Implementation Plan for all Programmes of Care, which is reviewed quarterly. The Trust SDS Steering Group and the SDS Implementation Group meet regularly to ensure compliance with the target of implementation of SDS for all service users and carers by March 2019. To date 1637 staff have attended SDS training. Additionally, 1514 Support Plans under the SDS framework have been completed by service areas. All service areas have implemented the ASCOT outcomes tool and have completed 164 returns	

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MENTAL HEALTH (10)

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ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
1. Effective arrangements should be in place to improve the physical health care of people with serious mental illness	Trust responses should demonstrate how they will develop medical monitoring and physical health care support for people undergoing treatment for an eating disorder. The Trust should also demonstrate how they are supporting people with long-term mental health conditions to support their physical health outcomes.	Mental Health Services has welcomed the investment made into the development of a physical health pathway. We are in the process of implementing this initial investment to provide better physical care for the Service Users directly affected by these developments (specifically those with an Eating Disorder). However, a lot remains to be done with the wider group of individuals who have a Severe or Enduring Mental Illness. The physical health of these individuals needs a more concerted and specific approach if we are to address the unacceptable difference in life expectancy. Without additional resource we will continue to address these issues at the margins.	
2. Effective arrangements should be in place to provide evidence of the impact on all mental health services.	Trust responses should demonstrate what measures are in place to ensure that an annual comprehensive analysis will be provided in line with the indicators set out in the new Mental Health Services Framework and that this will include an overview of presenting need, the volume of interventions provided, the outcomes achieved and the quality of people's experience of using the services.	There are a number of piecemeal projects and areas that can fully meet the objective e.g. the use of CORE OM in the PTT Hubs, in the trialing of the use of outcome measures in CAMHS and in a range of projects seeking to improve the quality of care, e.g. the peer accreditation schemes of the Royal College, NHS Benchmarking etc. With our current I.T. system (PARIS) there is little hope of being able to fundamentally address the issue of correctly gathering and analyzing volumes, outcomes and need across all 41 of the services in MH in BHSCT.	

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ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
		<p>ASCOT is being rolled out this year, would be 12-18 months before we'd have outcomes. CANSAS tool is used in the Community Rehab Team.</p> <p>Local feedback on service improvement for Clozapine Team has been completed</p> <p>The Trust is taking service user feedback forward as a theme this year.</p> <p>The Trust and HSCB/PHA are in discussion around specialist practitioners and training for Nursing.</p>	<p style="background-color: yellow;">RAG</p>
<p>3. Effective arrangements should be in place to ensure that people with mental health needs and their families receive the right services, at the right time by the right combination of professionals.</p>	<p>Trust responses should demonstrate what specific measures will be taken in 2018/19 to further embed the Regional Mental Health Care Pathway and to strengthen the provision of psychological care within the role and function of Community Mental Health Services.</p>	<p>The Trust continues to work with colleagues who are developing the regional care pathway to identify opportunities for implementing the 'You in Mind' framework; specifically in this year as we move towards our new Acute In-Patient unit we have plans to address the significant needs for these service users to access appropriate psychological care e.g. CBT for Psychosis</p>	<p style="background-color: #90EE90;">RAG</p>
<p>4. Effective arrangements should be in place to improve the effectiveness of Acute Inpatient Services through the provision of modern therapeutically focused inpatient care to safeguard those people who are experiencing acute mental health needs.</p>	<p>Trusts should participate proactively in the review of acute mental health care pathway to ensure regional consistency with best practice benchmarks and standards.</p>	<p>BHSCT continue to work with commissioners and colleague Trusts to address the significant levels of over-occupancy (currently 107%) of its acute MH in-patient beds and will continue to seek implementation of the recommendations of the Crisp Review and the upcoming review of Acute MH care in Northern Ireland.</p> <p>We very much welcome the significant investment in our new in-patient unit and we are preparing for this significant development through regular use of the National Benchmark standards, the Royal</p>	<p style="background-color: #90EE90;">RAG</p>

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ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
		<p>College of Psychiatry Centre for Quality Improvement standards and accreditation processes (BHSCT have achieved AIMs and HTAS accreditation with CQI).</p> <p>The Trust has already submitted proposals for the development of the RAID model in Belfast to the Commissioner and is awaiting the Investment Business Case. We are however acutely aware that staffing these developments may have a very significant impact on the Trust's ability to staff core services given the attractiveness of these new posts and the scarcity of staffing resources.</p>	
<p>5. Effective arrangements should be in place to strengthen approaches to support people on their recovery journey in line with the principles and objectives of the Regional ImROC Programme.</p>	<p>Trusts should support the development of peer led self-sustaining relapse prevention groups and family carer support groups</p>	<p>Trust Mental Health services has had a Lived Experience consultant on its senior management team for 8 years and was the first Trust in Northern Ireland to employ such a position. In addition, a range of peer educators and peer support workers are employed, most recently in the Self-harm PD service. The Trust is shortly to employ a number of peer support workers in year in the Acute MH service.</p> <p>The Trust has had an active range of advocacy services in MH for a number of years for both service users and carers. This has recently been expanded in CAMHS.</p>	
<p>6. Ensure the effective provision of community based Addiction services to address growing demand, including opiate substitute prescribing (Tier 3). Likewise, in-patient and residential</p>	<p>Trusts should participate in the planned review of community based Addiction services, the outcome of which should be to ensure that a more effective service provision model is in place given increasing demand (this will include</p>	<p>BHSCT have participated in the regional task and finish group which is considering the capacity and demand for substitute prescribing services. BHSCT has received the investment template for additional investment in staffing, both nursing and medical, in order to stabilize the workforce. However attracting</p>	

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ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
<p>rehabilitation services (Tier 4A & 4B) must be provided within a regional Network arrangement accessible by all Trusts.</p>	<p>exploring the potential for service coordination regionally).</p> <p>A key focus will be the future design of opiate substitute prescribing services (encompassing appropriate harm reduction measures). Additional investment, being deployed promptly, should be evidenced through increased service activity and reduced waiting times.</p>	<p>suitable candidates for the new Consultant Psychiatrist post in addictions has proved very challenging and the continued absence of an incumbent for the post will impact negatively on our capacity.</p> <p>BHSCT has modernized the existing Community Addiction Service with specific regard to more closely aligning existing capacity at Step 2 & 3 in order to more effectively deal with demand and to ensure ministerial targets are being met.</p>	<p align="center">Yellow</p>
<p>7. Effective arrangements should be in place to support the new Regional Mental Health Trauma Network.</p>	<p>Trust responses should demonstrate plans to support and participate in the development and implementation of the Network.</p>	<p>The Trust continues to be a formal partner in the regional trauma network and will continue to participate in the development of trauma services for the region.</p>	<p align="center">Green</p>
<p>8. Effective arrangements should be in place to support the new Forensic Managed Care Network.</p>	<p>Trust responses should demonstrate plans to support the development and implementation of the Network including:</p> <ul style="list-style-type: none"> • advancing training and education of the forensic workforce • research and quality improvement, • improving interagency collaboration and learning from clinical practice 	<p>The Trust is a lead partner in the regional Forensic network, and will continue to participate in the development of Forensic Services for the region through the appointment of a network manager.</p>	<p align="center">Green</p>
<p>9. Effective arrangements should be in place to ensure that the workforce delivering mental health care is appropriately skilled</p>	<p>Trust responses should demonstrate the actions to be taken to implement the Mental Health Learning Together Framework. Details of Trusts' mental health workforce plans should also be provided.</p>	<p>BHSCT continues to participate in the training of staff in evidence based psychological therapies. The Trust will be working with the PHA to develop a specific psychotherapy service for CAMHS in addition to the existing work with adults across the services.</p>	<p align="center">Yellow</p>

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ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
		<p>BHSCT has a workforce plan derived in 2016 and which is being updated as part of the Trust's wider ASPC workforce plan.</p> <p>However the Trust wish to draw the attention of colleagues to the significant difficulties there are in recruiting to Community Services, Acute In-Patient Services and to specialist services in nursing, Psychiatry and in some instances Social Work. The provision of a full out of hours rota for approved Social Workers continues to cause significant challenges.</p>	
<p>10</p> <p>Effective arrangements should be in place to enhance clinical and personal outcomes by improving access to evidence based NICE approved psychological therapies including increasing the range and scope of Talking Therapies in primary care.</p>	<p>Trust responses should demonstrate how the range and scope of psychological therapies will be strengthened, including releasing core mental health staff to avail of training opportunities to develop skills in various modalities of psychological therapies and improve psychological approaches underpinning mental health treatment.</p>	<p>BHSCT continues to seek to provide its staff with a portfolio of skills and treatment modalities through the provision of a multi-disciplinary approach. In addition to specialist teams such as psychotherapy and Cognitive Behavioural Therapy (CBT) the Trust has invested heavily in training in IPT, DBT and in Trauma informed practice for a range of staff across AMH and CAMHS.</p> <p>Given our on-going challenges with staffing in nursing, psychiatry and Social Work we will not be in a position to free up as many staff in the coming year due to service pressures.</p>	

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LEARNING DISABILITY (6)

R	A	G
3	3	

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
<p>1. Effective arrangements should be in place to increase the number of individuals availing of community based Day Opportunities.</p>	<p>Trust responses should demonstrate what specific actions will be taken to increase the number of Day Opportunity placements in partnership with community / voluntary / independent sector organisations to meet the needs of individuals already in services or coming through transition.</p>	<p>The Trust has engaged with a number of new community and voluntary sector providers and developed specific day opportunities for adults with a Learning Disability (LD), The Trust has also developed opportunities in mainstream community services and plan to develop these further in the next year. These include street soccer, arts for all, dance, allotment work and a Community choir. We are also at the initial stages in developing further employment and training opportunities for people with LD and exploring opportunities for the development of more Social Enterprise opportunities for 2018/19 implementation</p> <p>The Trust is also developing both bespoke packages for those complex young people in Transition as well as developing the skill mix of the multidisciplinary team to further support young people with complex need in transition.</p> <p>The numbers of people accessing Day Opportunities increased from 581 in 2016/17 to 631 in 2017/18 with Day Opportunity sessions increasing from 4,993 to 5,244 over the same period. 360 people achieved nationally accredited qualifications in 2017/18 an increase of 105 on the previous year.</p>	

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ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
		<p>We also increased the number of partner organisations from 8 to 11 with an increased focus on physical activity through Hillwalking and Street Soccer.</p> <p>As a major employer 2017/18 saw internal work to begin to establish ring fenced posts or people with intellectual disabilities across the organization. These ring fenced posts are expected to come to fruition in 2018/19.</p>	
<p>2. Effective arrangements should be in place to complete the resettlement of people from learning disability hospitals to appropriate places in the community.</p>	<p>BHSCT, NHSCT and SEHSCT Trust responses should demonstrate what processes are in place to complete the person centred resettlement of individuals from learning disability hospitals into the community, with appropriate long term support, in line with recent investments.</p>	<p>The Trust is collating a full response and will submit this to HSCB when finalised</p>	
<p>3. Effective arrangements should be in place to improve physical health care for people with a learning disability.</p>	<p>Trusts should continue to ensure key information gathered through the annual health check initiative is collated, analysed and shared.</p> <p>Trusts should participate in the evaluation of the “health passport” for people with a learning disability.</p> <p>Trusts should continue to support people with a learning disability to access mainstream health screening initiatives</p>	<p>The Trust has increased the number of Learning Disability registered nurses in the community settings due to successful recruitment drives. This ensures community teams now have the capacity to analysis and share key information gained through annual health checks and health passports.</p> <p>The Trust has employed two Health Facilitator for People with Learning Disabilities to ensure Adults with a Learning Disability receive mainstream health screening initiatives and ensure they receive person centred services, for example attending appointments when surgeries are less busy or out of hours. Both Health Facilitator for People with Learning Disabilities key role is “driving” health</p>	

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ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
		screening and ensuring all service users have a health passport. Significant work has been completed to date	
4. Effective arrangements should be in place to appropriately manage people with a learning disability developing dementia and other conditions associated with old age including short breaks/respite which are varied and flexible in nature.	Trust responses should demonstrate how short breaks/respite will be extended outside of the traditional model in order to meet the needs of families/carers including Dementia Memory Services and other appropriate services.	The Trust is collating a full response and will submit this to HSCB when finalised	
5. Effective arrangements should be in place for discharge once the patient has been declared medically fit for discharge.	Trust responses should outline clear protocols, processes and procedures to ensure timely discharge from hospital with appropriate support, where required.	The Trust is collating a full response and will submit this to HSCB when finalised	
6. HSCB & PHA will work with people who use services, their families, Trusts and other stakeholders to develop a regionally consistent service model for people with a learning disability and costed implementation plan.	Trust responses should demonstrate plans to work collaboratively with service users and to develop a new NI service model for learning disability services and costed implementation plan.	Significant work has been completed over the past year working with service users and families in relation to Day Service development. Utilising the Appreciative Inquiry methodology over 300 service users and their families were involved in developing the short, medium and long term goals of our Day Services. This work is shared through the Regional Interdepartmental Group chaired by the HSCB, to ensure consistency in planning and services.	

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PHYSICAL DISABILITY (3)

R	A	G
		3

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
<p>1. Effective arrangements should be in place to ensure the seamless transition of people with Physical and/ or Sensory Disability from children's services to adult services and from adult services to Older People's services.</p>	<p>Trust responses should demonstrate plans that ensure seamless transition for people with Physical and Sensory Disability who are approaching age thresholds for Adult services and Older People's services.</p>	<p>The service area continues to work with Children's services to ensure improved transitional planning from Children's Services to Adult Services. The Trust has established a protocol directly with those schools providing special education in the Belfast Area, to ensure appropriate and timely transitional planning.</p> <p>There is close liaison with the Education Transition Coordinators from BELB who identify those children who will be moving to adult services. The Trust attends meetings with the multi-disciplinary teams within the special schools to plan this transition.</p> <p>Children with Disabilities service has engaged with Physical and Sensory Disability colleagues to amend the existing protocols to ensure that they reflect the needs of children and young people with physical and sensory disabilities. A protocol, has been developed to facilitate the transition from children's to adult services which includes co-working for a period of time.</p> <p>Due to changes in the Older People's management structure the Physical and Sensory Disability managers met with Older People's Services managers to update the protocols and procedures for transition. Clear guidelines and checklists have</p>	

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ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
		been developed to ensure the seamless transition between the two service areas.	
<p>2. Effective arrangements should be in place to develop a Physical and Sensory Disability structure/network which facilitates regional, multi-agency strategic planning for the needs of people with Physical and/ or Sensory Disability.</p>	<p>Trust responses should demonstrate equitable access to Health and Social Care for people with Physical and Sensory Disability including:</p> <p>Access</p> <ul style="list-style-type: none"> • Trusts to ensure people with Sensory loss/ Disability are empowered to access HSC services (i.e. statutory HSC services and services provided by Community & Voluntary / Independent sectors). • Trusts should ensure communication with people with sensory loss is in an accessible format to include appointments, access to interpreting, signage and access to healthcare information <p>Buildings</p> <ul style="list-style-type: none"> • Trusts should ensure all HSC facilities have visual display units and hearing loops which are working and ensure HSC staff are fully trained in use. • Signage in HSC facilities should meet HSC accessibility minimum standards. <p>Equipment</p>	<p>There is currently a Regional Sensory Network, comprising the Sensory Support Teams from the 5 HSCT. This group has been meeting quarterly since 2008/09 and has been involved in the on-going development and standardisation of sensory services regionally. This includes a Regional Sensory Policy Manual (2013) with regular review of these processes.</p> <p>The Sensory Support Team has provided advice on accessibility for people with sensory loss to Trust facilities including the Bradbury, Arches and Knockbreda Health and Wellbeing Centres and more recently the foyer at Belfast City Hospital. People with a physical disability are referred to Occupational Therapy (OT) and assessed by them for assistive technology.</p> <p>Service users with sensory loss are provided with support and advice on assistive technology by the Sensory Support Team.</p> <p>The 5 regional Sensory Support Teams have been involved with the Regional Sensory Implementation Groups (RSIG) as part of the Physical and Sensory Disability strategy. This has included a Regional Communication Strategy to standardise interpreting and communication support regionally, sensory care pathways, regional sensory training framework for all trust staff and more recently regional equipment procurement.</p>	

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
	<ul style="list-style-type: none"> Trusts should ensure equitable access to equipment (including adaptive/ assistive technologies) and accessible, age appropriate accommodation/ care facilities for people with Physical and/or Sensory Disability. 	<p>There have been some developments to address the need for age appropriate accommodation for people with a physical disability however this is still an area that needs considerable work. The Trust is currently working with a voluntary organisation to develop a rehabilitation unit for people with Alcohol Related Brain Injury.</p> <p>There is a gap in residential and nursing home accommodation for service users with sensory loss with appropriately trained staff to meet their communication needs. The Sensory Support Team may provide sensory awareness training and communication aids in homes where service users are placed. However staff turnover in these homes can result in a lack of available trained staff who are able to communicate effectively with residents.</p>	
3.	Trusts and Arm's Length Bodies should have effective arrangements in place to ensure staff are trained to understand the disparate needs of people with Physical and/or Sensory Disability.	<p>Trust responses should demonstrate plans to ensure all HSC staff including HSC provider staff in Community & Voluntary / Independent sectors receive mandatory disability training.</p> <p>The Trust provides staff with training on specific conditions, such as Multiple Sclerosis (MS), Parkinson's, Stroke, Huntington's, Diabetes, Palliative Care, as well as Sight Loss and Deaf Awareness, British Sign Language level 1 and 2 etc.</p> <p>The HSCB has developed e-learning training for staff with regard to sensory loss.</p> <p>Keeping You Safe and Adult Safeguarding training is provided to Trust staff, as well as to the independent, community and voluntary sectors. There are also adult safeguarding champions identified in these organisations.</p>	

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SPECIALIST SERVICES (14)

R	A	G
2	12	

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
<p>1. Effective arrangements should be in place to ensure:</p> <ul style="list-style-type: none"> • New patients continue to access previously approved specialist drug therapies • Access to new NICE TAs and other NICE recommended therapies approved during 2018/19 	<p>Trust responses should demonstrate how they will engage with the HSCB to inform the projected requirements associated with the increase in the number of patients on existing treatment regimes across a range of conditions. Responses should also demonstrate how Trusts will deliver on the requirements of new NICE TAs in line with planned investments.</p>	<p>There is a well established robust process in place between HSCB and Trust to review the annual changes to numbers requiring specialist drug therapies across a range of specialties, where both the drug costs and associated infrastructure are addressed.</p> <p>The corporate team coordinate dissemination of NICE guidelines and TAs to relevant Directorate colleagues, follow up and collate Trust status in relation to compliance, providing assurance or flagging gaps etc. These processes are in place and have been for some time</p>	
<p>2. Effective arrangements should be in place to continue to progress the implementation of the Northern Ireland Rare Disease Plan working in partnership with the NI Rare Disease Partnership</p> <p>HSCB/PHA membership of the national Rare Disease Advisory Group ensuring that Northern Ireland is fully engaged in the planning and evaluation of highly specialist services</p>	<p>Belfast Trust should outline, by the end of September 2018, the key priorities for development to further support the delivery of the Northern Ireland Rare Disease Implementation Plan.</p> <p>This may cross reference to developments in progress in other specialist services areas as support of rare disease commissioning is common to other areas of work.</p> <p>The Belfast Trust is asked to bring forward options and proposals to identify a clinical lead/leads for adult</p>	<p>The Rare Diseases Implementation plan straddles multiple services areas within the Trust. The Trust welcomes the opportunity to put forward proposals and will link closely with the HSCB to enable a coordinated and comprehensive response.</p> <p>RVH pharmacy will act as a central holding point a range of rarely used medicines as requested by HSCB. Any commissioned drugs to treat rare diseases are provided as requested.</p>	

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ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
	<p>specialist services for consideration and agreement in 2018/19.</p> <p>The Belfast Trust is asked to bring forward options and proposals for interface with the Northern Ireland Rare Disease Partnership for consideration and discussion in 2018/19.</p>		
<p>3. Effective arrangements should be in place to provide a specialist adult pulmonary hypertension service for Northern Ireland</p>	<p>Belfast and South Eastern Trusts are requested to agree and bring forward detailed proposals for a specialist adult pulmonary hypertension service for the population of Northern Ireland. This will take into account the recommendations of the National Peer Review of Pulmonary Hypertension Services, 2016/17.</p>	<p>Discussions have already taken place and a paper with costs submitted. Negotiations are currently taking place with a centre in the UK who will help support the service.</p>	
<p>4. Effective arrangements should be in place for the provision of Paediatric Cardiac Services in line with the Ministerial decision on the establishment of an All-Island Network.</p> <p>A range of elective cardiac procedures, as well as emergency and urgent cases are now being accommodated in the ROI.</p>	<p>Belfast Trust should demonstrate how it will work with the HSCB/PHA through the specialist paediatrics group and all-island structures to take forward the implementation of the service model for congenital cardiac services set out in the full business case for the All-Island CHD Network. This should include local developments as well as developments planned on an all-island basis.</p>	<p>The Trust will work in collaboration with the HSCB/PHA and the newly appointed Cardiology network Manager through the specialist paediatrics group to progress the recommendations of the report and implementation of the service model</p>	
<p>5. Effective arrangements should be in place to improve the resilience, sustainability and access to specialist paediatric services</p>	<p>Belfast Trust should demonstrate arrangements which improve resilience, sustainability and access to specialist paediatric services including:</p>	<p>The Trust is progressing an expression of interest for this role.</p>	

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ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
	<ul style="list-style-type: none"> Planned arrangements for the paediatric lead for rare disease by 30 September 2018. Plans for a Paediatric Waiting List Office. This will ensure equity of access for patients waiting for tertiary services. New arrangements for the management of children with hepatitis B in conjunction with Birmingham Children's Hospital. A framework to support leads in paediatric cardiology, specialist paediatrics, paediatric network, NISTAR and the critical care and trauma networks in improving communication and ensuring complementary service planning and delivery for the paediatric population. 	<p>A paediatric waiting list office is in place and centralised booking is scheduled to be fully in place by Autumn 2018.</p> <p>New arrangements for the management of children with hepatitis B are being progressed. The Trust will continue to work with the Board and other Trusts through the network to develop new pathways to make best use of local services.</p>	
6.	<p>Effective arrangements should be in place to deliver an Adult Infectious Diseases (ID) service specification and phased investment within available resources.</p> <p>Belfast Trust should work with HSCB/PHA and DoH in developing a plan to improve the resilience and sustainability of the Adult Infectious Disease Service. By Autumn 2018, the Trust will have agreed with HSCB/PHA a service specification for Northern Ireland including both specialist care and the role and function of local DGH acute medicine in the management of ID conditions with a view to establishing the new model from April 2019.</p>	<p>The Trust currently has a contract with a Trust in Newcastle to support the on-call service and also to provide a monthly all day outpatient session on the RVH site.</p> <p>Discussions are ongoing</p>	

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ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
<p>7. Effective arrangements should be in place to appropriately manage the service need of patients requiring specialist services.</p>	<p>Belfast Trust's response should demonstrate how the Trust will deliver the required volumes of service activity in light of the changing population need and demand for specialist services in 2018/19. Belfast Trust should also advise of any emerging vulnerabilities in specialist services including proposed contingency arrangements.</p>	<p>Where there are pressures on service capacity as a result of population need the Trust will discuss with HSCB colleagues all options to address those gaps</p>	
<p>8. Effective arrangements should be in place to progress the work of the Plastics & Burns Project Board which will provide strategic direction for the service and respond to the RQIA recommendations (2017)</p> <p>In particular, the project board will agree a service specification and develop options for the future configuration of plastics and burns services, including consideration of a single service/site model.</p>	<p>Belfast and South Eastern Trusts should continue to take forward actions in the RQIA review, reporting progress to the Plastics and Burns Project Board. The Trusts should input to project products, including:</p> <ul style="list-style-type: none"> • Needs assessment • Service profile • Service specification • Gap analysis 	<p>The Trust continues to meet with South Eastern Trust to take forward actions in the RQIA review.</p>	
<p>9. Effective arrangements should be in place to deliver a sustainable scoliosis service.</p>	<p>Belfast Trust should demonstrate plans to:</p> <ul style="list-style-type: none"> • deliver a timely, accurate and effective monitoring of programme of activity and waiting lists consistent and compliant with extant DoH guidance • ensure commissioned capacity is fully utilised (RVH, MPH and 	<p>The Trust will work with HSCB to ensure: -</p> <ul style="list-style-type: none"> • activity and waiting lists are provided according to extant guidance – the format of waiting list reports and clinical coding have been improved • full utilisation of commissioned capacity – the Trust will work with the Commissioner to provide assurance that commissioned levels are being met, and if not, reasons provided 	

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ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
	<p>RBHSC) and is accessible, for appropriate cases, within the clinically recommended timescale.</p> <ul style="list-style-type: none"> • deliver scoliosis surgery within ministerial targets detailing any short to medium term subvention required to fully deliver these. • submit a formal escalation plan for any projected breach outwith the specified clinically determined window for treatment detailing the process by which this will be addressed to secure treatment within the planned timescale. • detail proposed service models, level of investment to meet any gap in service, both in RVH and RBHSC, expected volumes to be delivered in 2018/19 from new investment by September 2018. 	<ul style="list-style-type: none"> • level of funding required to deliver scoliosis surgery within ministerial targets is identified – as part of an overall investment proposal within Orthopaedics two additional spinal surgeons were appointed at the beginning of August. Non-recurrent funding will allow appropriate cases to be treated in specialist UK NHS facilities • Investment required to address recognised gaps in service is identified. As mentioned above additional funding is being finalised to address capacity requirements within the Scoliosis service as part of a wider Orthopaedic proposal. 	
<p>10. Effective arrangements should be in place to ensure the continued progress with implementing the service specification for patients with Multiple Sclerosis (MS)</p>	<p>Trust responses should identify how the Trust will implement the key priorities from the specification namely; the provision of dedicated multidisciplinary clinics for patients with MS, the local presence of specialist MS nursing staff and the local provision of infusion delivered disease modifying therapies.</p>	<p>The Trust has been in discussion with the Commissioners regarding investment in the MS service. In the absence of the ability to recruit an additional Consultant post a Clinical fellow is now in place from the beginning of August 2018 for a period of 2 years.</p> <p>Investment has been received to allow the MS nurses to move away from delivery of the Tsyabri service and allow it to be performed by infusion nurses instead.</p>	

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
		Plans are also in place to move the treatment of other Trusts tsyabri patients to a local service	
11. Effective arrangements should be in place to ensure the transfer of the management of immunoglobulin therapies to Trust pharmacies from the Northern Ireland Blood and Transfusion service	Trust responses should identify how Trusts will ensure that arrangements are in place to manage the transfer of the management of these therapies by October 2018 to improve the governance arrangements in line with medicines management principles.	Transfer of supply arrangements for immunoglobulins to hospital pharmacies commences 1 st October 2018. A workshop is planned to ensure a smooth transition. BHSCT Immunoglobulin policy has been updated to reflect the new arrangements and documentation prepared which will embed governance arrangements. Current worldwide shortage of immunoglobulin will be challenging to manage but will be facilitated by the strengthened governance which supports proactive management	
12. Effective arrangements should be in place to improve the pathway for patients accessing Gender Reassignment Services including: <ul style="list-style-type: none"> • Setting out the arrangements for specialist surgery as part of the pathway • Improving referral and assessment of patients to improve the pathway and ensuring workforce issues are addressed. 	Belfast Trust's response should demonstrate plans to: <ul style="list-style-type: none"> • consider issues arising from the HSCB's Gender Reassignment Surgery consultation with a view to outlining how the Trust will address and implement these in the future, as appropriate. • develop options to ensure the continued delivery of the Regional Gender Identity Service including recruitment to fill key staff vacancies. 	The United Nations has recently specified that those seeking the full range of Gender Reassignment services should no longer be managed through Mental Health services as this approach is discriminatory and stigmatises Service Users. <p>Demand for the Gender Service has grown significantly over recent years with no increase in capacity. One lead clinician has recently moved from the service effectively reducing the Consultant resource by 50%. In addition onward referral for surgical services (purchased by Extra Contractual Referral) in the independent sector in England has been the subject of significant realignment. This will require the HSC to contract with specific providers under contract. This process remains to be finalised awaiting Board approval.</p>	

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ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
		<p>The Trust has been working closely with Board officers to regularise these arrangements and to source alternative Service provision. We will continue to work with Board colleagues to address both the required shift from Mental Health service model to one that meets the UN requirement and to address the significant disparity between capacity and demand for all aspects of Gender Reassignment Services.</p>	
<p>13. Effective arrangements should be in place to ensure the opening of the Phase 2B Critical Care Unit to accommodate the transfer of ICU/HDU capacity with the service to be fully operational in 2018/19.</p> <p>Work will continue to progress during 2018/9 on the current role, scope of responsibility and accountability arrangements offered by the Northern Ireland Critical Care Network and how it might best develop consistent with the vision set out in <i>Delivering Together</i>.</p>	<p>Belfast Trust should demonstrate, via a project plan, how it will secure the balance of the Phase 2B staffing to deliver a full bed complement of 8 HDU and 17 ICU beds as well as the 2 ICU beds associated with trauma which will also transfer into Phase 2B.</p> <p>All Trusts should demonstrate full commitment to collaborate in the provision of safe, effective, clinically equitable access to ICU. The Northern Ireland Critical Care Network will support this with improvements in timely monitoring of bed availability, clear escalation protocols, timely discharge and staffing levels.</p>	<p>The Trust continues to work collaboratively with the NI Critical Care Network to provide assurance that timely monitoring arrangements are in place to confirm bed availability, escalation measures, staffing levels and timely discharge of patients from Critical Care. Medical and nursing recruitment for the move to Phase 2B is now complete. There are daily meetings with patient flow regarding patient discharges and senior staff in Critical care attend the 2 hourly control room meetings. The network is also updated when there is Critical care escalation</p>	
<p>14. Effective arrangements should be in place to deliver a sustainable neuromuscular service for Northern Ireland.</p>	<p>Belfast Trust's response should detail proposals for a sustainable service model by December 2018 including a phased implementation approach.</p>	<p>The Trust received funding for a Consultant and Specialist nursing post. The service was unable to recruit the Consultant, and is using the available funds to provide an ad hoc locum service and a full time physiotherapy service.</p>	

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ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
		The specialist nurse is now in post. Discussions now need to take place on deciding what is the sustainable model for Northern Ireland, A number of meetings with the Commissioner and PHA are due to take place after the summer.	

CANCER SERVICES (13)+1 (7a +7b)

R	A	G
3	6	5

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
1. Effective arrangements should be in place to deliver cancer access targets	Trust responses should demonstrate plans to improve compliance against cancer access standards across all relevant services.	<p>The Trust continues to work towards improving performance against the 31 and 62 day targets by identifying and implementing improvements to patient pathways and highlighting capacity constraints to commissioning colleagues. The following work is planned/underway to improve compliance against the cancer access standards:</p> <ul style="list-style-type: none"> • Weekly review of breast performance and demand to maintain 14 day standard • Weekly escalation and review of demand and capacity for urology • Implementation of pre-biopsy MRI and close working with radiology colleagues to reduce waiting time • Plan to establish local TP biopsy service • IPT in development for investment in thoracic surgical service • Work with radiology, pharmacy and nursing to further reduce the waiting time for CT Colonography • Additional waiting list clinics across cancer pathways where capacity issues are known • Continued education and improvement work on OG pathway across Trust to sustain improved performance • Piloting of reduced turnaround for staging CT scans for colorectal and head and neck cancers 	

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ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
		<ul style="list-style-type: none"> • Planned pilot of reduced turnaround for staging MRI scan for colorectal • Work to identify courier service to improve turnaround of scans for patients going to Dublin for PET CT. Continued work with HSCB and DOH towards implementing the second PET scanner in 2019/20. • Implementation of regional Sarcoma MDT which should streamline Sarcoma pathway <p>Despite this work, achievement of the 31 and 62 day targets will continue to be a challenge for the Trust. The key issues in the achievement of these targets include:</p> <ul style="list-style-type: none"> • Urology : diagnostic, surgical, radiological and oncological capacity • Theatre capacity - issues across a range of specialities including thoracic, OG and head and neck. • Diagnostic - CT Colonography, PET waiting times and the need for shorter turnaround times for confirmed cancers • Outpatient Capacity - achieving and sustaining 14 day waiting times to first outpatient appointment across specialities • ITTs - Late ITTs from other Trusts continue to impact on BHSCT 62 day performance • Complexity - complex diagnostic pathways 	
2.	Effective arrangements should be in place to take forward recommendations from the Review of Breast Assessment Services	Trust responses should demonstrate how they will support the implementation of recommendations arising from the Review of Breast Assessment Services.	

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ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
		<p>A Project Assessment Review (PAR) has been undertaken on behalf of the Health & Social Care Board. The PAR was to assess the evidence provided to date by the Project Board and establish whether there is additional expert evidence available to verify that breast cancer assessment and treatment services need to be co-located to ensure continuity of care, as reflected by the Project Board's clinical view that co-location would optimise continuity.</p> <p>The Belfast Trust will support the implementation of any recommendations arising from the Review of Breast Assessment Services.</p>	
3.	Effective arrangements should be in place to support the transformation of non-surgical oncology services, to include the development and delivery of local quality improvement projects.	Trust responses should demonstrate how they will support the review of non-surgical oncology to include the development and delivery of local quality improvement projects.	The Trust will continue to participate in the Oncology Services Transformation Project with membership on both the Project Board and the Core Team. The Trust has identified and is progressing with a range of local quality improvement projects as part of this project, the outcome of which will inform the deliberations of the Project.
4.	Effective arrangements should be in place to ensure implementation of the Regional Information System for Oncology & Haematology (RISOH) within haematology services.	Trust responses should demonstrate how they will fully implement the electronic patient record and electronic prescribing modules of RISOH within haematology services in line with the agreed regional project plan.	The Haematology service fully implemented the electronic patient record component of RISOH in September 2017 and are currently working towards the implementation of electronic prescribing by January 2019.
5.	Effective arrangements should be in place to establish a regional coordination service for Metastatic Spinal Cord Compression (MSCC).	Belfast Trust should demonstrate a commitment, working in partnership with all Trusts, to taking forward this service development on behalf of the region.	The Trust will work in partnership with all Trusts across the region in the establishment of a regional coordination service for MSCC. An IPT is awaited from HSCB and will be completed as soon as possible to allow recruitment to proceed.

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ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
6.	Effective arrangements should be in place for the treatment of basal cell carcinoma to include Mohs surgery and the provision of radiation therapy.	Belfast Trust should demonstrate plans to take forward an expansion of Mohs provision. NWCC to develop a regional radiation therapy service for Basal Cell Carcinoma (Superficial X-Ray).	The plans to take forward an expansion of Mohs provision in BHSCT have been set out in a paper submitted to HCSB in 2017/18. BHSCT is developing an IPT to support expansion of this service, and plans are being developed to take forward Consultant recruitment.	
7a.	Effective arrangements should be in place for the developments within radiotherapy services.	Northern Ireland Cancer Centre (NICC) and North West Cancer Centre (NWCC) to roll out delivery of DIBH across Northern Ireland to people with breast cancer who would benefit from this Radiotherapy technique.	DIBH There are approximately 47 patients per month referred to the oncology service in the Northern Ireland Cancer Centre (NICC), with left sided breast cancer, who would benefit from DIBH. NICC are currently delivering DIBH to 5 patients per month. NICC and the North West Cancer Centre are working together to implement DIBH. NICC have completed a revenue business case that has been submitted to HSCB seeking additional funding in order to roll out the service to all patients.	
7b.		Oligo-metastatic Service Belfast Trust response should confirm the establishment of a regional service to deliver SABR for Oligometastatic disease and people with lung cancer at NICC during 2018/19.	NICC has established a regional oligometastatic service for patients with lung, spine and prostate cancer. The service has also established a weekly oligometastatic MDT.	
8.	Effective arrangements should be in place to improve the patient experience of cancer services. Commissioners will take forward a further regional Cancer patient Experience Survey in June 2018.	Trust responses should demonstrate plans to take forward any actions arising from the findings of the 2018 survey, which will report in the Autumn 2018.	The Trust will work closely with all Cancer MDTs to review the results of the 2018 Cancer Patient Experience Survey, to identify areas for improvement and to lead service change as needed. The Trust will also continue local surveys and initiatives to improve patient experience, working closely with the existing and new clinical nurse specialist workforce	

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ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
9.	Effective arrangements should be in place to establish a testing service for Lynch Syndrome in line with NICE Diagnostic guideline DG27.	Belfast Trust response should demonstrate a willingness to take forward the establishment of a regional testing service during 2018/19.	The Trust submitted an IPT to establish a testing service for Lynch syndrome in line with NICE Diagnostic guideline DG27 on 20 December 2017. After discussion with Commissioners, it was agreed that this would be taken to the regional Cellular Pathology Specialty Forum to secure agreement that each Trust supported the referral pathway. A consensus was not reached but 4/5 Trusts agreed to the referral pathway. The Trust awaits direction from Commissioners and requires approval of this IPT before it can proceed with testing arrangements.	
10.	Effective arrangements should be in place for the centralisation of partial nephrectomy, hemi nephrectomy and pyeloplasty to the specialist urological centre in Belfast Trust.	Belfast Trust response should demonstrate a commitment to taking forward the centralisation of this surgery within the specialist team.	The Belfast Trust is committed to developing a centralised regional partial nephrectomy, hemi nephrectomy and pyeloplasty service at the Belfast City Hospital. The delivery of additional theatre and bed capacity will be a significant challenge but the Trust is working closely on an IPT with colleagues in the Southern and Western Trusts.	
11.	Effective arrangements should be in place to expand the clinical nurse specialist (CNS) workforce in Northern Ireland in line with national benchmarks and the agreed regional CNS development plan.	Trust responses should demonstrate the particular actions to be taken in 2018/19 to expand the CNS workforce, and in doing so, how this will increase opportunities to modernize care pathways and improve the patient experience of care.	The Trust continues to work with HSCB/PHA and Macmillan/Friends of the Cancer Centre to expand the CNS workforce in Belfast Trust. To date, the Trust has recruited an additional 8.4 wte Clinical Nurse Specialists and 4 wte Band 3 Support Workers. In 2018/19 the Trust will recruit an additional thyroid CNS, skin CNS, Lung CNS and an additional Support Worker. For each post the Trust will look at opportunities to transform direct patient care, follow up and improve patient experience.	
12.	Effective arrangements should be in place to take forward the expansion of non-medical	Trust responses should demonstrate how they will take forward plans for the	The following resource currently exists/is being developed: Nursing: Oncology -2.8 wte Nurse Practitioners to participate in SACT NMP. This is	

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ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
prescribing of Systemic Anti-Cancer Therapy (SACT).	expansion of non-medical prescribing of SACT.	<p>further supported through the CNS Oncology/ Haematology workforce who also provide a small proportion of time within existing job plans for NMP.</p> <p>Following recent investment there is a 3-year plan to take forward the expansion of NMP within Oncology and Haematology. This model for expansion will include pharmacists. This investment involves recruiting 3.0 WTE Band 7 NMPs and providing a financial allocation to pharmacy to support their NMP expansion. Ultimately, this will expand the number of NMP SACT clinics within Oncology and Haematology</p>	
13. Effective arrangements should be in place to bring forward radiographer skills mix within breast assessment services.	Trust responses should demonstrate commitment to the development of advanced practitioner and consultant radiographer roles within breast assessment services.	<p>Advanced Practitioner The radiology service has developed one Radiographer to the level of Advanced Practitioner-reporting mammograms, performing Vacuum Assisted Biopsies. Other Radiographers perform Breast Ultrasound, perform VABs and report on Mammograms.</p> <p>Consultant The Trust had scoped the development of a Consultant Radiographer role to support the service and potentially support the region. However, to date there has not been the support of the Breast Consultant Radiologists to develop the required Breast Ultrasound skills. The Trust will revisit the Consultant Radiographer role in the future.</p>	

LONG TERM CONDITIONS

Stroke (7)

R	A	G
	3	4

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
1. Effective arrangements should be in place to provide appropriate stroke services for younger people as 20% of all stroke occurs in people aged under 65	Trust responses should demonstrate plans to improve stroke services for younger stroke patients in line with the recommendations of the RQIA inspection report (2014) to include vocational rehabilitation.	The Trust's Vocational Rehabilitation is provided at the Regional Acquired Brain Injury Unit (RABIU). Younger patients with stroke are referred for both inpatient and outpatient treatment.	
2. Effective arrangements should be in place to ensure that all stroke patients are admitted directly to a stroke unit within 4 hours in line with NICE guidance	Trust responses should outline plans to review their operational protocols for admission and develop processes that ensure that more than 90% of acute stroke patients are admitted to a stroke unit as the ward of first admission.	<p>The admission protocol is that patients with stroke are admitted directly to the stroke unit. While this is not always possible if beds are not available. Work is ongoing to ensure that patients are admitted to the stroke ward.</p> <p>The reasons that prevent direct admissions to the stroke unit are;</p> <ul style="list-style-type: none"> • Delayed discharges of stroke patients; and • Delays in repatriation of patients outside the Belfast Trust • Medical inliers; <p>The service has developed an escalation plan in an attempt to ensure access to the stroke unit. Work is ongoing with Patient Flow and Control Room site Mangers to ensure that patients requiring stroke admission are placed in the stroke unit.</p>	
3. Effective arrangements should be in place to provide appropriate	Trust responses should outline plans to work with the regional stroke network to	Low level Spasticity treatment is provided at ward level. Speciality Spasticity Services are provided at the RABIU	

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ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
specialist spasticity services for stroke survivors.	develop a regional pathway for the management of spasticity after stroke.		
4. Effective arrangements should be in place to provide thrombolysis as a treatment for acute ischaemic stroke.	Trust responses should demonstrate initiatives to ensure at least 15% of acute ischemic stroke patients, attending each of its hospitals, receive thrombolysis and that those patients who receive thrombolysis do so within 60 minutes of arrival.	There is a Lysis pathway in place to ensure that all potential cases are considered for Lysis without delay. Door to needle times are continuously monitored, with review of opportunities to improve treatment times.	
5. Effective arrangements should be in place to provide mechanical thrombectomy for large vessel stroke as an effective intervention for selected stroke patients	The Belfast Trust response should demonstrate plans for the continued development of regional stroke mechanical thrombectomy services as per the NICE guidance.	The BHSCT is the Regional Stroke Network regarding plans to provide an <i>in - hours</i> Thrombectomy service. To extend to a 24/7 Thrombectomy service would require substantial investment. Work is required to establish repatriation arrangement to ensure access is optimised.	
6. Effective arrangements should be in place to provide weekend outpatient assessment for TIA patients with high risk TIA patients assessed within 24 hours of an event and commence appropriate treatments to prevent stroke.	Trust responses should demonstrate plans to provide ambulatory services for suspected high risk TIA patients seven days a week, in line with NICE guidance.	Stroke service offers a 5/7 day assessment TIA service, this was piloted from the 1 st July 2017 within existing resources. A weekend service is not possible with the current medical and nursing staffing levels. At weekends patients presenting with TIA's at ED are either admitted or have treatment commenced in ED and are referred to next appropriate clinic. Provision of a weekend services would require additional resources	
7. Effective arrangements should be in place to facilitate, where appropriate, early supported discharge (ESD) of acute stroke patients from hospital.	Trust responses should detail how ESD services for stroke patients will be made available seven days a week, able to respond within 24 hours of discharge and providing the required levels of therapy.	The ESD services commenced on the 1 st July 2017. The service is currently offered 6 days per week and it is planned to mover to a 7 day models as soon as possible.	

Diabetes (11)

R	A	G
	3	8

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
1.	Effective arrangements should be put in place to develop services for women with diabetes in pregnancy in Northern Ireland	Trusts responses should demonstrate plans to build capacity in clinical delivery through additional commitment of consultants, midwifery, nursing etc. (or combination of all).	Business cases have been submitted to build capacity in midwifery, nursing, dietetics, Ultrasonography and administration. These have been agreed with Commissioners	
2.	Effective arrangements should be put in place to implement the recommendations arising from the Northern Ireland Inpatient Audit 2016.	Trusts responses should demonstrate action plans to address the recommendations of the Inpatient Audit 2016.	The Inpatient Regional Subgroup of the NI Diabetes Network is reviewing this area and additional resource to employ new diabetic specialist nursing staff may be forthcoming. It is possible that a 6 months pilot may be funded in the RVH to explore the benefits of a dedicated Inpatient Diabetes Care Team	
3.	Effective arrangements should be put in place to develop a regional Diabetes Prevention Programme (DPP)	Trust responses should demonstrate plans to implement NICE PH38 with a particular focus on supporting behaviour change in high-risk groups within community settings.	Recent non-recurring funding has recently been designated by DOH for each trust to support the delivery of a NI pilot aiming diabetes prevention. The details of this are still being finalised.	
4.	Effective arrangements should be put in place to provide education and support for people recently diagnosed with diabetes.	Trust responses should demonstrate plans to expand access to Structured Diabetes Education (SDE) and the associated catch up programme for those requiring it.	Belfast ICP funding has been made available to expand access to Structured Diabetes Education for people with newly diagnosed diabetes.	
5.	Effective arrangements should be put in place to develop patient pathways for insulin pumps and Continuous Glucose Monitoring (CGM).	Trust responses should demonstrate plans to expand access to insulin pumps and CGM in-year.	Currently the Trust receives a very limited budget from the DOH to support start a small number of people on insulin pumps and for replacement pumps. No provision is made for CGMS other than through IFRs.	

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ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
		Recurring funding (for each Trust) has recently been designated at Commissioning Level for pumps and CGMS and should be available over the next 12 months.	
6.	Effective arrangements should be put in place to ensure appropriate usage of Freestyle Libre.	Trust responses should demonstrate plans to complete the ABCD audit of Freestyle Libre in 2018/19.	
7.	Effective arrangements should be put in place to improve transition arrangements for transfer of care from paediatric to adult diabetes services.	<p>Trust responses should demonstrate plans to use 'Ready Steady Go Hello' materials in transition planning.</p> <p>A registrar carried out a pilot project for a short period last year on ready steady go, however no formal programme is in place at present. The transition clinic is already in place. However, the service metrics need to be agreed and measured.</p> <p>The Trust will commit to carrying out the following:</p> <ul style="list-style-type: none"> • Scope the transition services across the other Trust areas • Work with organisations, parents, carers and the patient to introduce and improve self management techniques • Service metrics still need to be agreed and measured • The Trust will work to establish key worker roles <p>All of these actions will be carried out in partnership with the HSCB groups for diabetes. Any gaps in investment will be identified and discussed</p>	

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ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
<p>8. Effective arrangements should be put in place to provide education and support for children with diabetes.</p>	<p>Trust responses should demonstrate plans to ensure all children have updated “annual health plans” and promote the use of the communication booklets among parents for insulin injections and insulin pumps.</p>	<p>CHOICE course runs weekly empowering patients to adjust doses of insulin to improve diabetes control. CHOICE refresher training days also undertaken. 1:1 sessions provided for those struggling to cope in large groups Progress is evidence at clinic based on HbA1c levels. It is also demonstrated at clinic appointments that parents/child and carers are competent and confident in making changes to insulin doses based on the skills learnt following completion of CHOICE course. Bespoke CHOICE training packages and education specific to the needs of each child/young person and families has been developed and delivered.</p>	<p style="background-color: #90EE90;"></p>
<p>9. Effective arrangements should be put in place to ensure children with diabetes are treated in age appropriate settings</p>	<p>Trust responses should demonstrate plans to accommodate children with diabetes up to their 16th birthday for in-patients and out services and confirm arrangements are in place for monitoring blood glucose and blood ketones.</p>	<p>The Trust is fully committed to the development of an age appropriate environment for 14-16 year olds in hospital. Paediatricians and adult clinicians work closely on an individual patient basis when required. A number of the paediatric specialties within RBHSC have been able to transition to the upper age limit of 16 however, a small few have not. A proposed timescale of April 2017 was not achievable due to insufficient physical accommodation to house the additional demand for inpatients/day cases for children up to the 16th birthday, while revenue funding was also not available to facilitate this. Discussion with the HSCB is ongoing in relation to this and the requirements needed to best deliver environments</p>	<p style="background-color: #FFD700;"></p>

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ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
		that are more appropriate for children aged up to their 16th birthday.	
10. Effective arrangements should be put in place to implement relevant areas of the Northern Ireland Diabetes Foot Care Pathway.	Trust responses should demonstrate plans to develop all areas of the agreed pathway including the vascular surgery interface.	The Business case for the regional Multidisciplinary team have been submitted and recruitment commenced. Discussions are ongoing with Podiatry, Endocrine and other services to decide how best Vascular Surgery should input into this, with appropriate pathways	
11. Effective arrangements should be put in place to develop new models of care for people with diabetes.	Trusts responses should demonstrate plans to develop community diabetes capacity and address the needs of vulnerable groups. This will be supported through the 'New Models of Care' work stream which will be launched in 2018/19.	To date this has been accommodated by the introduction of the Type 2 Diabetes Pathway using funding via IPT. The Type 2 Pathway was launched on 14 th November 2017 and works collaboratively with Primary Care and GP stakeholders to identify patients with diabetes Type 2 and to manage complex needs for this patient population. Ongoing work will highlight the requirement for the element of "early prevention" (i.e. lifestyles etc) and looking at ways to enhance the current management of Type one Diabetes in the Community. With regard to the latter "New Models of Care" work will complement ongoing work for Type 1 and Type 2 Diabetes.	

Respiratory (4)

R	A	G
		4

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
1. Effective arrangements should be in place to deliver findings from the annual respiratory baseline assessment (subject to some alterations to targets agreed with DoH and limitations of recording mechanisms).	Trust responses should demonstrate that plans are in place to contribute to: <ul style="list-style-type: none"> • Maintenance of current service standards and, where applicable, meeting minimum standards as outlined in the baseline review undertaken in years 1 and 2 of the revised Respiratory Service Framework. • Development of services in line with Year 3 requirement arising from the baseline assessment (where not otherwise explicitly mentioned in this summary) 	The Trust has re-organised adult respiratory management structures and a senior management team meet regularly to monitor and address service operational issues. Alongside that, the Trust has re-formed it's multi-disciplinary Respiratory Steering Group which will mainly focus on seeking to develop and sustain our services in keeping with the standards of the Respiratory Service Framework and representatives will continue to engage with HSCB to discuss relevant issues and progress. The service have indicated their funding priorities to the HSCB.	
2. Effective arrangements should be in place to ensure local health economies deliver appropriate integrated pathways for adults and children across community, primary, secondary and tertiary care.	Trust responses should demonstrate that plans are in place to contribute to: <ul style="list-style-type: none"> • Ongoing implementation of the paediatric asthma pathway in remaining Trusts, including primary care elements • Working with colleagues in HSCB to develop effective counting and coding methodologies to record relevant service and patient level data • Completion of the implementation of recommendations from the RQIA Review of Community Services 	All the recommendations within the RQIA Review of Community Services have been completed and work continues through the Integrated Care Partnership with Senior clinical and managerial leadership strongly in place across the Trust	

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ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
	<ul style="list-style-type: none"> Effective arrangements for managing the 'local network' for respiratory care through Integrated Care Partnerships amongst others, including senior level clinical and managerial leadership 		
<p>3. Effective arrangements should be in place to:</p> <ul style="list-style-type: none"> promote self-management, self-directed care and other suitable training programmes for patients. reflect the concepts of co-design and co-production in improving and developing services in line with the Delivering Together agenda 	<p>Trust responses should demonstrate plans to deliver referral pathways to appropriate self-management programmes.</p> <p>Trust responses should demonstrate plans to deliver:</p> <ul style="list-style-type: none"> In-house or onward referral pathways to appropriate self-management programmes Demonstrate how co-design for and co-production of service delivery is being taken forward at a local level by Trusts or ICPs with people with respiratory diseases and their carers 	<p>Self Management is incorporated in the grade A evidence based pulmonary rehab programmes across the Trust and also referral is made to the Expert Self -Management Programme run in collaboration with Chest Heart and Stroke NI.</p> <p>A patient reference group was established to discuss and design respiratory services for Belfast through Chest Heart and Stroke NI. An ongoing patient support group has been well established and is consulted on any developments or design work across Belfast</p>	
<p>4. Effective arrangements should be in place to support the development of networked services across Northern Ireland for the following:</p> <ul style="list-style-type: none"> Interstitial Lung Disease (ILD) Neuromuscular related respiratory disease (NMD) Non-Invasive Ventilation (NIV) Obstructive Sleep Apnoea (OSA) 	<p>Trust responses should demonstrate plans to:</p> <ul style="list-style-type: none"> Develop a network approach for ILD as a conduit for referral, treatment and advice across HSCTs and via standardised pathways Progress one stop shop clinics between neurology and respiratory services to manage patients with specialist needs due to neuromuscular diseases across 	<p>All recommendations from the COPD audit are being implemented.</p> <p>Respiratory teams have access to same day assessment and this is used to either facilitate a rapid admission or assessment and ongoing follow up care within the community via BCH Direct or Mater MAU as part of the ambulatory care pathway.</p>	

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ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
<ul style="list-style-type: none"> • Ambulatory Care Pathways in the Unscheduled Care Reform Programme • Home IV antibiotics service • Difficult asthma guidelines • Implementation of COPD, bronchiectasis and paediatric asthma audit recommendations 	<p>Northern Ireland including diagnostics in BHSCT and WHSCT.</p> <ul style="list-style-type: none"> • Facilitate progress of the ongoing regional procurement exercise for Non Invasive Ventilation (NIV) methods • Continue to reduce waiting lists for sleep studies in BHSCT. • Facilitate respiratory teams to develop ambulatory care pathways for patients requiring same day respiratory care, where appropriate • Participate in a regional task and finish group to standardise the Home Intravenous Anti biotic and Anti-Viral service for respiratory patients (OPAT) as required. • Deliver difficult asthma services for children, young people and adults ensuring implementation of NICE TA's. 	<p>The community respiratory team also work on a joint protocol for admission avoidance with NIAS 7 day / week.</p> <p>The Trust is represented on the OPAT regional task and finish group.</p> <p>The Trust is represented on the procurement team for Non-Invasive Ventilation (NIV) provision.</p> <p>Adult Social Care The Trust's OPHAT group are represented on the Regional OPHAT working group. This is currently progressing Phase 1 of the hospital guidance in relation to OPHAT. Trust medical and nursing staff contribute to this work regionally</p>	

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Pain Management (7)

R	A	G
		7

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
<p>1. Effective arrangements should be in place to enhance the skills and capacity of secondary care pain management teams and their scope for integrated working in line with Core Standards for Pain Management Services in the UK published by the Faculty of Pain Medicine at the Royal College of Anaesthetists in 2015.</p> <p>This needs to include capacity for a leadership role in educating and training practitioner colleagues in other secondary, primary and community care services.</p>	<p>Trust responses should demonstrate plans to:</p> <ul style="list-style-type: none"> • Support staff education and training for improved and integrated bio psychosocial management patients with persistent pain. • Contribute to the development and delivery of pain related public awareness, information and education projects through the Northern Ireland Pain Forum. • Transform services to ensure more patients with complex needs can be seen earlier to prevent or halt irreversible deterioration. 	<p>The Trust bi-monthly governance meeting focuses on education.</p> <p>All staff attend weekly MDT meetings.</p> <p>BHSCT provides undergraduate/postgraduate medical education in long-term pain management. Specialist nurses are in training posts.</p> <p>MDT attendance at NI Pain Society and the Regional pain forum</p> <p>The service is currently operating a pilot which will change the way the whole service operates for all of its patients. The pilot service needs recurrent funding in order to roll it out across the total service</p>	
<p>2. Effective arrangements should be in place to ensure regional and local prescribing guidelines are followed and supported through regular medication reviews in line with NICE recommendations.</p>	<p>Trust responses should demonstrate plans to optimise prescribing practice, reduce the risk of side effects, misuse and addiction, as well as reducing prescribing costs by supporting services in secondary, primary and community care.</p>	<p>The service reviews the efficacy and use of the red listed drugs such as Nabilone and ketamine to ensure that benefit use is obtained. There is monthly participation in the Controlled drugs audits. Departmental prescribing is in line with BHSCT formulary</p>	
<p>3. Effective arrangements should be in place to ensure patients have timely access to supported self-management options as part of a stepped care model, including</p>	<p>Trust responses should demonstrate plans for a range of supported self-management options in line with a stepped care model. Depending on local</p>	<p>Since 2013, the service has provided an information / education sessions to all new referrals with an emphasis on self-management techniques. The pain management programme has been</p>	

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ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
<p>those provided with the help of expert patients, peer and lay trainers.</p>	<p>service configuration and priorities, this may include:</p> <ul style="list-style-type: none"> • reworking of existing contracts with voluntary providers of self-management programmes and local support groups, • reconfiguration of community and primary care services , • collaboration with other government agencies to booster condition management programmes (CMPs), and • increasing capacity of pain management programmes (PMP) provided by specialist pain management teams. 	<p>modernised to ensure that maximum capacity can be realised from it.</p> <p>The service is operating a pilot in a new pathway whereby the emphasis will be on lifestyle skills and assisting patients to manage their condition.</p>	
<p>4. Effective arrangements should be in place to ensure patients are managed along regionally agreed integrated pathways to improve outcomes and patient experience.</p>	<p>Trust responses should demonstrate plans to support ICPs in developing integrated patient pathways including initial assessment for painful conditions of MSK conditions, fibromyalgia, endometriosis and other long term surgical and medical conditions.</p>	<p>The service commenced a pilot in November 2017 where patients enter the service on a new pathway and depending on their condition will be offered a mixture of services best suited to their condition</p>	
<p>5. Effective arrangements should be in place to ensure patients with persistent pain have equitable access to evidence based services, including interventional techniques like neuromodulation and radiofrequency ablation.</p>	<p>Trust responses should demonstrate plans to optimise patient flows by improving referral pathways for patients with painful conditions.</p> <p>This should include consideration of:</p> <ul style="list-style-type: none"> • cross speciality triage criteria between primary care, core physiotherapy, ICATS, rheumatology, orthopaedics and pain management 	<p>Effective triage of patient is in place within the service and the service will now commence a new pathway pilot which if effective will be rolled out to the whole service (once funded).</p> <p>The service will participate in any developments but any increase in demand requires investment in the suitable pathway</p>	

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ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
	<ul style="list-style-type: none"> the use of the Clinical Communication Gateway (CCG) and e triage improved access to evidence base interventional pain management treatments as well as discontinuing treatment modalities that are no longer considered effective 		
6.	Effective arrangements need to be put in place to develop a medically led regional diagnostic service for patients with ME and related conditions supported by locally available management support services.	Trust responses should demonstrate a commitment to participate in the development of a sustainable and effective regional service model for diagnosis in partnership with service users and carers.	The service will participate in any developments but any increase in demand requires investment in the suitable pathway
7.	Effective arrangements need to be put in place to deliver a sustainable regional multidisciplinary persistent pain management service for children and young people with complex needs.	Belfast Trust response should demonstrate plans to reconfigure existing resources seek additional ones and support delivery of this service on a sustainable basis in line with multidisciplinary models of good practice.	The service is in discussion with Commissioners regarding the demand in this area. It is recognised that additional resource is required to sustain the current service especially investment in nursing. Physiotherapy and psychology

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Cardiovascular (5)

R	A	G
		4

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
1. Effective arrangements should be in place to further develop services for patients awaiting Transcatheter Aortic Valve Implantation (TAVI) in Northern Ireland.	<p>Belfast Trust should ensure a regular submission of monitoring data on regional patient numbers and waiting times for TAVI. They should also aim for inpatients waiting on TAVI to have their procedure completed within 7 working days of being deemed fit for the procedure.</p> <p>All Trusts should demonstrate plans to streamline investigations for patients awaiting TAVI within 28 working days.</p>	<p>The Trust has met with the HSCB and has agreed that a weekly template will be submitted.</p> <p>The Trust agrees that inpatients should have their procedure within 7 days</p> <p>BHSCT has requested that patients awaiting their TAVI procedure have the work up completed in their own Trust so that the pathway can be streamlined</p>	
2. Effective arrangements should be in place to scope plans for a phased implementation of NICE CG95 (Chest pain of recent onset) through a regional approach in partnership with cardiology and radiology regional leads.	Trust responses should demonstrate plans that secure a phased implementation of NICE CG 95 (Chest Pain of recent onset) in NI which will see a move away from exercise stress testing to CT angiography.	The Trust received funding during 2018/19 for cardiac CT service. This is now in place.	
3. Effective arrangements should be in place to support the recent implementation of the Clinical Communication Gateways (CCGs) for direct access to Echo, Rapid Access Chest Pain Clinics, holter monitoring and blood pressure monitoring.	Trust responses should demonstrate plans to support direct referrals from GPs for these cardiac investigations and support the timely analysis and follow up of results.	The Trust already has direct access for GPs to Echo and Chest pain services and is willing to work on other areas if required	

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ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
<p>4. Effective arrangements should be put in place to develop and test a new model of care within cardiac rehabilitation and heart failure in the Western Trust.</p>	<p>The Western Trust response should demonstrate plans to pilot a new model of care within cardiac rehabilitation and heart failure in the first instance with the potential over time to implement with other patient groups such as people at high risk of heart disease, patients with diabetes and patients with peripheral vascular disease, etc.</p> <p>All Trusts will share in the learning from the pilot outcomes.</p>	<p>Not applicable – Western Trust only</p>	
<p>5. Effective arrangements should be put in place to develop new models of care for patients with heart failure in light of the NCEPOD report – Acute Heart Failure and the NICE CG 187.</p>	<p>All Trusts should demonstrate plans to actively participate in a task and finish group to consider the management of heart failure.</p>	<p>BHSCT continues to participate in this group.</p>	

SEXUAL HEALTH (11)

R	A	G
		11

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
1. Effective arrangements should be in place to ensure provision of clinical sexual health services in higher education settings, including services such as condom distribution, pregnancy testing, contraception advice and STI testing.	Trust responses should demonstrate actions that continue to refine and develop the Further Education model for delivering sexual health and wellbeing services/initiatives to youths under 25 years of age.	<p>Children’s Community Services The Public Health HYPE Team deliver accessible sexual health and wellbeing drop-in services for young people attending further education /training centres, young people associated with social services and young people living within supported accommodation.</p> <p>Specialist Hospitals and Women’s Health - GUM A meeting with all stakeholders took place (HSCB/ PHA/Trust), and since then pilot has been running with a dedicated student GUM clinic, and now this is being costed to evaluate resource required to run this service on a permanent basis and for the provision of facilities.</p>	
2. Effective arrangements should be in place for safe and clinically governable SRH and GUM services to respond to patient need within 48 hours	<p>Trust responses should demonstrate plans to improve patient access times and clinical governance arrangements by appointing the required clinical support staff particularly in the NHSCT and SHSCT areas.</p> <p>Trust responses should demonstrate actions to strengthen sexual health service provision for uncomplicated patients closer to home in collaboration with Primary Care Providers through partnership and collaborative working.</p>	<p>The Trust GUM Clinic has telephone triage system for all patients requesting appointment. Patients requesting emergency appointments are triaged appropriately and offered appointments based on need. If no capacity available clinicians will overbook clinics or make special arrangements to manage emergency referrals,</p> <p>Trust S&RH are walk in clinics and patients can be seen when they attend. If clinic is full and patient requesting emergency appointment attends they will be triaged by nurse and suitable arrangements made.</p>	

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		<p>BHSCT has submitted IPT for on-line appointment booking system for GUM Clinics which will be funded through Charitable Funds. This will give 24/7 access for patients to book appointments. BHSCT IT Exec. Team is being asked to authorise this in August 2018.</p>	
<p>3. Effective arrangements should be in place for patients to access telephone and online advice for clinical sexual health matters including family planning and sexually transmitted infections.</p>	<p>Trust responses should demonstrate plans to:</p> <ul style="list-style-type: none"> • Prioritise responses to patients seeking sexual health services and triage these according to need; this requires enough administrative support staff to respond to all telephone calls by patients within a clinically justifiable time frame • Support consolidation of electronic patient management systems across Northern Ireland and exploration of online and postal testing services for uncomplicated sexual health, contraceptive and STI related needs of patients. 	<p>The Trust GUM Clinic has telephone triage system for all patients requesting appointment. Patients requesting without symptoms are offered appointments at Nurse Led Level 1 clinics by Administration staff but if any symptoms or high risk then these calls are forwarded to nurse led triage. Nurse will then phone patient back and following triage will either discharge with advice, signpost to another service or offer an appointment with correct clinician in GUM Clinic.</p> <p>Management of the Trust GUM and S&RH Departments are fully engaged with HSCB / PHA in their Commissioning Plan 2017/18 - Section 5 - inclusion of 2013 RQIA Clinical Sexual Health Services Review recommendations. This includes supporting consolidation of electronic patient management systems across NI (Lillie) and exploration of online and postal testing services for uncomplicated sexual health, contraceptive and STI related needs of patients.</p> <p>BHSCT has submitted IPT for on-line appointment booking system for GUM Clinics which will be funded through Charitable Funds. This will give 24/7 access for patients to book appointments.</p>	

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		<p>BHSCT Capital Group is being asked to authorise this in August 2018</p> <p>Information on STI's is available on GUM webpage, as well as HIV-specific information, which is also on the "Healthy Living" section on the Corporate website.</p> <p>Family Planning - Sexual and Reproductive Health (S&RH) Clinic details, majority of which are walk in, are also provided on Belfast Trust Corporate Website, as well as details of HYPE clinics for young people up to age 25 years on their own webpage.</p> <p>The HYPE Team has established a fast track referral pathway to GUM services for vulnerable and isolated young people.</p> <p>Sexual health information is also listed on the BWELL website (including links to the above websites/pages).</p>	
<p>4. Effective arrangements should be in place for evidence-based promotion of sexual health and wellbeing for young people and adults, including HIV awareness, STI prevention, with a particular focus on those most at risk.</p>	<p>Trust responses should demonstrate plans to provide targeted sexual health promotion messages, focusing on those most at risk and explore the potential of social media and other technologies in collaboration with PHA.</p>	<p>The Public Health HYPE Team deliver personal development programmes, using a peer education model to access isolated and vulnerable young people.</p> <p>The programmes are facilitated in a group or individual basis depending on the needs of the young people.</p> <p>Health Improvement Team (PPI) The Trust will continue to work with the PHA and other statutory, voluntary and community partners to deliver on the sexual health strategy (including</p>	

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
		<p>Addendum) through the work of the Belfast Area Sexual Health Project Board. The commissioning arrangements with PHA have changed, as PHA has taken back 13 of the contracts that BHSCT had previously managed. BHSCT now commission one sexual health project directly, which is Start360's "Lads to Dads" until 31st March 2019. Health Improvement continue to lead on the coordination of the Belfast Area Sexual Health Project Board and the 'Sexual Health Comms Group'.</p> <p>This 'Sexual Health Comms Group' comprises of representatives from various departments across the Trust [Health for Youth through Peer Education (HYPE), Sexual Health Team, Human Immunodeficiency Virus (HIV) Social Work Team, Public Health / Homeless Team, Health Improvement (HI), Sexual and Reproductive Health (S&RH) and Genito Urinary Medicine (GUM)]. The group brings together key BHSCT sexual health staff to communicate and co-ordinate the promotion of sexual health work by raising the profile through the Hub, corporate website and using social media.</p> <p>The Sexual Health Training Team "Destination Adolescence" Parents Programmes will be delivered to Trust Staff.</p>	
<p>5. Effective arrangements should be in place for Trust Health promotion staff to support the whole schools model of Relationships & Sex Education (RSE) provided by the BHSCT Sexual Health team.</p>	<p>Trust responses should demonstrate plans to continue to provide support through their staff to those schools who receive whole school RSE training in their area as required.</p>	<p>Trust Health Improvement (HI) Staff are available to provide support as and when required.</p> <p>Sexual Health Training Team RSE teacher training courses also provided by Sexual Health Training Team for all primary</p>	

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		<p>schools within BHSCT area, as well as whole school training courses.</p> <p>Sexual Health Training Team engagement with School Nursing and Health Visiting re RSE in primary schools.</p> <p>“Destination Adolescence” programme to be delivered in Primary schools within BHSCT.</p>	
<p>6. Effective arrangements should be in place to support the sexual health needs of individuals with learning disabilities.</p>	<p>Trust responses should demonstrate plans to ensure uptake of learning disability sexual health training for all relevant staff.</p>	<p>Children’s Community Services</p> <p>Public Health Hype Team deliver individual sexual health education programmes for young people with learning disabilities. The programmes are developed and delivered to meet the needs of young people.</p> <p>Sexual Health Training Team deliver regional RSE Training course for teachers in Special Educational Needs Schools. This course is delivered in partnership with FPA (The Family Planning Association) and continual Special Educational Needs Schools whole school training x 1 per year</p> <p>HSCB-Funded fpa Training</p> <p>HSCB continue to fund FPA to deliver training programmes for professionals working with people with learning disabilities to HSCT staff. Level One will continue to be delivered to a range of BSHCT Learning Disability (LD) staff and Level Two targeted training to 5 staff in each HSCT and this is continuing into 2018/19. The Trust will continue to work to support the delivery of this training.</p>	

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
<p>7. Effective arrangements should be in place to provide integrated sexual health services to vulnerable parts of the population</p>	<p>Trust responses should demonstrate plans to develop the co-location of GUM and SRH service delivery in geographical areas of need, and to vulnerable populations e.g. in prisons and children's homes.</p>	<p>Children's Community Services The Public Health Team NINES carry out health assessments and Blood Borne Viruses (BBV) testing for new entrants. Bloods are taken to check for BBV including Hepatitis B, Hepatitis C and HIV. A fast track referral pathway is in place to GUM and other appropriate health services, for these vulnerable and isolated populations.</p> <p>The Public Health Team Homeless (also known as Homeless Public Health Nursing Service) carry out health assessments, screening and BBV testing for the homeless population. Bloods are taken to check for BBV including Hepatitis B, Hepatitis C and HIV. The homeless service offers 'point of care dry blood spot testing' and Hepatitis B vaccination for those experiencing homelessness and those who inject drugs. Partnership working and referral pathways are in place with Drug Outreach Teams, GUM and Hepatology providing harm reduction and timely access to appropriate treatment for this client group.</p> <p>The Belfast Sex Worker Service is a dedicated Advanced Nurse Practitioner led Drop-in service operating within City Centre Belfast and is specifically for those working in commercial sex.</p> <p>Specialist Hospitals and Women's Health The HYPE Team facilitate individual and group work with LAC by delivering tailored personal development sexual health programmes.</p> <p>As per 2013 RQIA Clinical Sexual Health Services Review recommendations, during 2017/18 BHSCT</p>	

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
		<p>GUM and S&RH Departments piloted co-location of Level 1 asymptomatic GUM clinics with S&RH Clinics in Bradbury H&WBC and Beechall H&WBC. These were such a success that these clinics have been permanently established.</p> <p>During 2017/18 GUM increased opening hours within Level 3 Outpatient Department, BCH to include some evening clinics. It is planned that this will be expanded further through 2018/19 with discussions ongoing on developing weekend clinics.</p> <p>GUM are in negotiations with colleagues in BHSC Corporate Redevelopment Team on establishing a permanent community base in Crumlin Road Health centre. This has potential to approximately 10 clinics per day (5 in AM and 5 in PM) Level 1 to 3 GUM Clinics and Erectile Dysfunction Clinics FROM Level 3 OPD RCH to community.</p> <p>Trust representatives sit on the regional Sexual Health Improvement Network and SEHST (the Trust with the regional remit for the prison population) provide updates at these meetings.</p>	
<p>8. Effective arrangements should be in place to ensure that HIV prevention clinics are established for high risk groups.</p>	<p>Belfast Trust response should confirm the timescales for implementing the HIV prevention clinics. The Trust response should also confirm that the patient pathway and eligibility criteria for accessing these clinics have been shared with relevant colleagues in other Trusts.</p>	<p>Specialist Hospitals and Women's Health - GUM Risk reductions clinics have been set up and running since 17th July 2018.</p>	

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	<p>The HSCB/PHA will work with the Trust to put in place formal arrangements to monitor and evaluate these clinics.</p>		
<p>9. Effective arrangements should be in place between local and regional GUM services to support a two year prototype HIV high risk reduction clinic within the defined agreed eligibility criteria for the administration of PrEP as part of a clinically agreed risk reduction package for the assessed patient</p>	<p>Trust responses should demonstrate how they would support and monitor the effectiveness of the two weekly clinics which all Trusts will refer into for those identified as high risk and meeting agreed eligibility criteria including changes in testing behaviours; changes in STI and HIV diagnoses; assessing improved equality/equity of service with other parts of the UK; seeking improvement in the quality and experience of care; building capacity in prevention of HIV and other STIs; supporting and empowering GUM clinic staff</p>	<p>Having been allocated transitional monies for 18/19 and 19/20 for provision of Risk Reduction Service, BHSCT GUM are currently working on IPT with PHA/HSCB colleagues on how this would be delivered including monitoring and evaluation criteria.</p> <p>Regional referral guidelines have been developed and communicated to colleagues across GUM Services in NI and clinics commenced July 2018</p>	
<p>10. Effective arrangements need to be put in place to ensure sustainability of clinical sexual health services</p>	<p>Trust responses should demonstrate actions to identify staff training and replacement needs and communicate these to appropriate regional workforce planning colleagues.</p>	<p>GUM Clinic times and information and Sexual and Reproductive Health (S&RH) Clinic details are provided on Belfast Trust Corporate Website.</p> <p>Children's Community Services The Public Health HYPE Team inform young people about relevant service provision and support them in the uptake of these services, by providing information and advice at health fairs, promotional events and taster sessions. A fast track referral pathway to GUM services has also been established for vulnerable and isolated young people.</p>	

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
		<p>Specialist Hospitals Management of Trust GUM and S&RH Departments are fully engaged with HSCB/PHA in their Commissioning Plan - inclusion of 2013 RQIA Clinical Sexual Health Services Review recommendations. This includes identification of gaps in service provision and workforce planning issues.</p>	
<p>11. Effective arrangements should be in place to ensure all relevant staff are trained in sexual health issues, including core skills such as awareness, attitudes, information, communication skills, sexuality and relationships.</p>	<p>Trust responses should demonstrate actions to ensure the identification of staff who require training in sexual health promotion and deliver of training as required.</p>	<p>Sexual Health Training Team</p> <ul style="list-style-type: none"> • Management and delivery of the Regional HIV Training for Trainers Programme • HIV Update Newsletter • Annual HIV Trainers Update Day • Management and co-ordination of the Annual Regional Sexual Health Conference for Northern Ireland. <p>Specialist Hospitals and Women's Health Mandatory sexual health training (focusing on HIV and Sexually Transmitted Infections (STI's)) for Trust staff is managed and delivered by the Sexual Health Training Team (within Social Work / Children's Community Services). The awareness model considers basic information about modes of transmission, law and current trends, whilst vigorously promoting services and encouraging reflection on attitudes and values that will help to help eradicate HIV related stigma for all Belfast Trust staff who have direct patient or client contact and striving to ensure patients living with HIV are treated and cared for to the highest standards. Staff can avail of the training by booking a place on the mandatory section of HRPTS, giving access to approximately 100 planned sessions,</p>	

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		which are facilitated in a range of locations each year to Belfast Trust Staff. Bespoke targeted training is also available on request, for example: - GUM Clinic Staff – Sexually Transmitted Infection Foundation (STIF) Training.	

PALLIATIVE CARE SERVICES (7)

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ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
1. Effective arrangements should be in place to ensure the full implementation of the key worker function.	Trust responses should demonstrate plans to implement the regionally agreed key worker function in line with the roll-out of Delivering Care.	BHSCT has detailed guidance on how a main key worker is to be agreed for people nearing the end of life; and the role and responsibilities of this central contact. This has been implemented across the Trust and mechanisms are in place to review application of a named key worker. Details of the named main key worker for palliative care for each identified individual is available to all linked staff and is accessible via the Community Information System (accessible across the Trust). Allocation of a named main key worker for palliative care is monitored via the electronic palliative and end of life care coordination system on CIS.	
2. Effective arrangements should be in place to embed Advance Care Planning within operational systems.	Trust responses should demonstrate plans to ensure that those with progressive conditions should be offered the opportunity to access and to record their individual wishes.	Systems have been put in place to enable identification and support of people with palliative and end of life care needs across the Trust. This includes flexible systems for identification in inpatient settings, discharge standard for people with palliative and end of life care needs, named key worker in community, holistic assessment, promotion of appropriate communication standards across settings and advance care planning. Hospital wards, clinics and district nursing teams have been provided with a palliative care resource box which includes copies of Your Life and Your Choices: Plan Ahead and how to order more for their area. Each area also has an identified palliative care champion, responsible for keeping	

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		<p>this up to date. Advance care planning training is ongoing and encouraged for all appropriate staff.</p> <p>During Dying Matters Awareness Week 2018, copies Your Life, Your Choices: Plan Ahead were supplied to members of the public in conjunction with the MAC theatre, to engage with audience members to start the conversation and to introduce advance care planning to a wider public awareness</p> <p>The focus for 2017/18 is to ensure these systems are embedded into practice across the Trust, including directed support and education to relevant areas.</p>	
<p>3. Effective arrangements should be in place to improve the identification of palliative care patients in primary care – identification prototype.</p>	<p>Trust responses should demonstrate plans to ensure that practices taking part in the prototype are supported to hold regular MDT meetings [details of practices taking part in the prototype will be shared with Trusts].</p>	<p>The Trust is committed to identifying patients in any setting. Within Trust hospitals senior management ward walk abouts take place annually to review progress against Directorate action plans, including key priorities of identification, support and discharge planning.</p> <p>The Trust hopes to be involved in the identification project in primary care to enable community staff to be actively engaged in improved multidisciplinary palliative care meetings.</p>	
<p>4. Effective arrangements should be in place to improve the education and training of the professional workforce in palliative care.</p>	<p>Trust responses should demonstrate plans to ensure to support staff to attend relevant courses to strengthen palliative care capacity.</p>	<p>The current focus of education and training is 'Ceilings of Treatment' discussions, which can act as a catalyst for identification, full advance care planning etc. Having piloted with respiratory, this is now being shared with a view to implementing in a number of championing areas, including nephrology, hepatology, cardiology and neurology.</p>	

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		<p>Training programmes are in place across the trust for a range of identified needs including Advance Communication Skills; Sage and Thyme; Final Journeys; Induction; Palliative Awareness; Identification and ELCOS; Advance Care Planning; palliative and end of life electronic coordination system on CIS; Bereavement; verification of death; and Care after Death with the majority being provided in house with the support of the Trust palliative care teams in community and hospital.</p> <p>Ward walkabouts identified some training needs and focused workshops took place with older people's wards with very positive feedback. The Trust hopes to extend this and offer this to more areas, where possible.</p> <p>We continue to seek opportunities for an education facilitator to support embedding good palliative care across the trust under our tenet that "palliative care is everyone's responsibility".</p>	
<p>5. Effective arrangements should be in place to increase the capacity of the out of hours rapid response nursing service across the region to provide full regional coverage of the Marie Curie led service.</p>	<p>Trust responses should demonstrate plans to ensure that current gaps in the service are addressed and that specific proposals are brought forward by the Belfast and South Eastern Trusts/Localities to describe how the service integrates with the generic out of hours district nursing services.</p>	<p>As the key workers for patients requiring palliative and end of life care District Nurses in the Belfast Trust provide a service over the 24-hour period. It is important to keep this care pathway streamlined to ensure continuity and a co-ordinated service. The Trust works collaboratively with both Marie Curie and the Northern Ireland Hospice in delivering services to support people to remain at home with the appropriate support. The Trust has a specific contact in place with Marie Curie to provide night sitting services to support patients and their families. Phase two of the Trust Modernisation of District Nursing and Workforce planning will review</p>	

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		the current out of hours services and identify any gaps in service provision. This service improvement work will commence in August 2018.	
6. Effective arrangements should be in place to implement a regional specialist palliative care out of hours advisory rota.	Trust responses should demonstrate plans to ensure commitment to working collectively and with voluntary partners to develop a sustainable regional rota for access to specialist palliative care advice out of hours.	The Trust will work collectively with voluntary partners and HSCB to consider how best to provide specialist palliative care out of hours advice across Northern Ireland. It is our view that further discussion is required with medical colleagues to consider all possible options for providing this service, of which one option is a regional rota. There are other options that should also be considered.	
7. Effective arrangements should be in place to enhance the Specialist palliative care workforce.	Trust responses should demonstrate plans to implement the recommendations of the review of the specialist palliative care workforce and work through their locality board to progress implementation.	<p>The SPC Workforce Review is still ongoing and due to report later this year in 2018/19. We will develop plans to implement the recommendations of this review once published.</p> <p>In the interim, funding has been allocated to enhance existing specialist palliative care (SPC) services, and the Trust is completing IPTs for the proposed additional posts –</p> <ul style="list-style-type: none"> • 1 WTE SPC Physiotherapist • 1 WTE SPC Occupational Therapist • 1 WTE SPC Social Worker 	

3.3 BELFAST TRUST RESPONSE TO LOCAL COMMISSIONING PLAN PRIORITIES (11)

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LOCAL ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
B1	Effective arrangements should be in place to ensure that the volumes of activity to be delivered reflect commissioned services and investment.	Belfast Trust should state the volumes by service which it will deliver in addition to the 2017/18 Service and Budget Agreement which reflect the Full Year Effect of investments in 2017/18 and additional funding provided within this Commissioning Plan	The Trust will work with Local Commissioning colleagues at the HSCB to reflect the impact of 2017/8 investments in the 2018/19 SBA volumes	
B2	Effective arrangements should be in place to ensure unscheduled care services in the Belfast LCG/Trust area are safe, sustainable and accessible.	<p>Belfast Trust should work with its ICP partners to expand ambulatory care and secure direct access for GPs.</p> <p>The Trust should contribute to the production and implementation of a comprehensive Winter Resilience Population Plan.</p>	<p>B2a) Belfast Trust has, following the successful development of a Clinical Assessment Unit (CAU) on the RVH site, established a CAU on the Mater site since January 2018. A pilot project with North Belfast GP Practices has enabled urgent GP referrals to be filtered to Mater CAU and this is being expanded across all North and West Belfast GP Practices from Autumn 2018. The project has been supported by the LCG and communicated with the support of the Locality Network Group.</p> <p>B2b) The Trust is fully engaged in contributing to the Winter Resilience Population Plan, with 2 workshops already held with the Locality Network Group and a third planned for November 2018. These workshops have utilised the results of 18/9 to adjust plans for 19/20 across out-of-hours, assessment, bed management, discharge management, rehabilitation capacity and discussions are ongoing with local</p>	

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LOCAL ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
			General Practice and the LCG on co-ordination of efforts and data sharing. Significant investment in these areas along with a central control room team has been supported.	
B3	Effective arrangements should be in place to ensure that maternity services are arranged to meet the needs of all pregnant women.	Belfast Trust should provide a plan for the development of midwifery services, which includes the development of community midwifery hubs, and midwifery-led care in the new Maternity Hospital.	<p>The Trust currently provides a range of general and specialist antenatal clinics across a range of facilities within the Trust's geographical area and have completed a process of centralising these on Trust premises where feasible and accessible to women e.g. Grove, Ballyowen and Finaghy health facilities. The regional Antenatal care pathway has been implemented since Q3 2017. Midwifery led care clinics are in place across the Trust Maternity service and these clinics comply with the pathway.</p> <p>The Early Intervention Programme, 'Getting Ready for Baby' that provides group based antenatal care is already underway in the Mater Midwifery Led unit. A Trust Implementation group consisting of three task and finish groups is now established to explore the requirements to further implement and sustain this approach across acute and community settings.</p> <p>A project lead will be appointed by August 2018 to further develop and promote the alongside MLU in readiness for the new build.</p>	
B4	Effective arrangements should be in place to ensure patients who can be discharged to their own home should be supported to do so as soon as appropriate.	Belfast Trust should implement the recommendations of the Northern Ireland Intermediate Care Audit and provide more home-based community rehabilitation.	<p>The NIAIC highlighted a dependency on bed based rehabilitation services and a lack of "step-up" services to prevent hospital admission. To address this:</p> <p>B4a) The BHSC are seeking TIG Funding to increase the number of rehabilitation assistants and professional staff to enhance Community home</p>	

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LOCAL ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
		<p>based rehabilitation teams. The additional funding will enable an increase in the number of service users discharging home first instead of receiving bed based rehabilitation and to develop further the ethos of 'discharge to assess' model.</p> <p>B4b) The BHSCT has commenced the implementation of a Community discharge and Support Hub across a number of hospital sites including the Ulster Hospital and Royal Victoria Hospital with plans to extend to Belfast City Hospitals. The service aims to ensure people with complex needs are discharged from hospital within standard timeframes, once medically fit, with the aim to return home first where possible. This Community facing HUB can facilitate hospital discharge pathways with community follow-up by OT and PT if required and also refer patients to the appropriate pathways for ongoing rehabilitation or care services.</p> <p>B4c) The BHSCT is piloting a "Community Discharge Co-ordinator" role to improve patient flow within the acute sector and Community Rehabilitation service</p> <p>B4d) The BHSCT have developed a "step-up" pathway to facilitate community rehabilitation patients requiring bed-based provision in Residential and Nursing Home facilities.</p> <p>B4e) The extension of 7 day working to professional staff within Community Rehabilitation and Reablement services will facilitate management of new referrals over weekends.</p>	

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			<p>Risks associated with implementing the NIAC recommendations include the following:</p> <p>Availability of Domiciliary Care. The main key obstacle in achieving patient flow across Intermediate Care services and timely discharges from the acute sector continues to be the ongoing lack of availability of Domiciliary Care packages.</p> <p>There is significant delay within the recruitment process with HR and BSO – however relationships are being established with HR in an effort to manage this</p>	
B5	Effective arrangements should be in place to ensure patients referred by GPs for Talking Therapies should be able to access the service to meet their needs as soon as possible.	Belfast Trust should work with its ICP partners to ensure that patients who are referred can access the service in a timely way	The Trust has witnessed an on-going >100% increase in demand for the Talking Therapy Hubs and the resources allocated for the service are not able to match demand on a long-term basis. The Trust will continue to seek additional resources for this service and to streamline the referral pathway to remove some existing inefficiencies	
B7	Effective arrangements should be in place to ensure patients with specialist rehabilitation needs should be able to access these as soon as they need them in an appropriate environment as close to home as possible.	Belfast Trust should submit an improvement plan for a seamless and timely pathway from specialist surgical services to appropriate rehabilitation.	<p>The Trust is working on Service proposals for increased capacity for Specialist Rehabilitation on Musgrave site, with a Neurology proposal submitted August 2018 to HSCB.</p> <p>The service has evidenced that intensive Physiotherapy and Occupational Therapy services reduce inpatient length of stay, and would welcome discussion with the Commissioner on a range of pathway improvements that would increase the effectiveness and efficiency of the Specialist Rehabilitation bed compliment, with the ultimate objective of optimising the patient experience</p>	

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LOCAL ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
<p>B8 Effective arrangements should be in place to plan appropriate care for people at risk of hospital admission in the Belfast LCG/Trust area.</p>	<p>Belfast Trust should work with its ICP partners to extend access to the Falls service which provides support for patients to remain at home.</p>	<p>Access to the Falls service was developed initially through NIAS & RVH ED pathway– this was completed by June 2017 with an original KPI of 170 referrals per month achieved.</p> <p>From April 2018, the service has expanded to include:</p> <ul style="list-style-type: none"> • Mater ED • GPs Trust wide • NI Fire & Rescue Service • Community Connected HUBS <p>Further scoping is being undertaken with ICP Community pharmacists for better awareness of the Falls service/ Leaflet drops to all Community Pharmacists across BHSCT Geographical area and to promote self-referral to Community strength and balance programmes. Self-referral process for Community strength and balance programmes implemented from March 2018.</p> <p>The referrals per month consistently exceed the KPI target of 170 :</p> <ul style="list-style-type: none"> • 283 referred - May 2018 • 224 referred - June 2018 • 334 referred - July 2018 <p>The service continues to be responsive to meet the KPIs in relation to urgent referrals, however further investment is required to meet this increasing demand and the expansion of referral sources. For Routine referrals in order that the team manage Falls in a timely and responsive manner.</p>	

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LOCAL ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
B9	Effective arrangements and infrastructure should be in place to support an integrated model of care across the Belfast LCG/Trust area.	Belfast Trust should demonstrate how it will re-configure its community services and estate to support multi-disciplinary working embedded with general practice, including co-location.	<p>BHSCT had made a joint application with the West Belfast GP Federation to the DoH to become an initial pilot site for the Primary Care Multi-disciplinary Team- the application has been shortlisted and may be included in a 2019/20 phase of the project.</p> <p>There is full commitment from the Trust and West Belfast GP Federation that this Joint Pilot, ensures ongoing reshaping of pathways, providing continued alignment to complement and enhance primary care facing services. This will provide better access for Service Users whilst ensuring continuity of care.</p> <p>Current established examples include:</p> <ul style="list-style-type: none"> • Integrated Care Partnerships • Connected Community Care Hubs • Community Mental Health Hubs • Continuing development of CCG to enable GPs to refer and receive advice. • <p>The MDT Joint Pilot will focus on improving the physical, psychological and social wellbeing of people in the locality. The MDT will work with individuals across their life course to support access to timely and appropriate care. Ongoing partnership working with other agencies to reduce health inequalities and improve access to services will continue. This enhanced MDT working, will enable professionals to have the right tools, skills to diagnose, treat, and co-ordinate care for the majority of Service Users in primary care whilst supporting GPs in optimum care delivery. This model will provide First Contact Practitioners who will aligned to practices, designated to deliver care for the practice population, caring across the life span. These</p>	

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LOCAL ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
			<p>autonomous MDT staff will work within their professional boundaries, sharing key information, delivering best practice via collaborative decision-making and shared patient outcomes. There will be a focus to avoid disease occurrence via early detection, intervention and facilitating the support of long-term condition management. To facilitate full MDT integration it is intended that these staff will be co-located with GP practices where possible.</p> <p>GPs in the locality working in practices, via Integrated Care Partnerships and through GP Federations have demonstrated a strong track record of working collaboratively with the Trust, the community and voluntary sector, users and carers and community pharmacists to deliver innovative services that improve access to care and reduce health inequalities. The Joint Pilot will enable us to build on these examples and develop a truly primary care facing service.</p> <p>The MDT model will link with and enhance these established services and reforms by fully connecting and utilising community and third sector services including signposting and social prescribing. This will enhance direct access as well as play an important role in helping service users and staff to navigate the full range of primary care facing services. This will also play a crucial role in linking with secondary care and improving the quality and appropriateness of referrals made.</p>	
B10	Effective arrangements should be in place to ensure people at risk of	Belfast Trust should work with its ICP partners to develop a prevention programme for Type 2 diabetes	The Trust are currently working with the PHA, 4 other Trust and ICP's to develop a Diabetes Prevention programme. This will entail the delivery of a NICE	

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LOCAL ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
	Type 2 Diabetes should be offered self-management support		Public Health Guideline 38 compliant diabetes prevention programme. This will complement a range of existing health promotion programmes that are delivered to help people address the lifestyle risk factors associated with Diabetes.	
B11	Effective arrangements should be in place to ensure people who require palliative care are identified and an appropriate care plan developed with them and their carers.	Belfast Trust should work with its ICP partners to ensure that people who require urgent or emergency care and are terminally-ill are identified and have a care plan developed.	<p>The Trust is committed to identifying patients in any setting. Systems have been put in place to enable identification and support of people with palliative and end of life care needs across the Trust. This includes processes for identification in inpatient settings (Hospital Anticipatory Care Planning) discharge standards for people with palliative and end of life care needs, named key worker in community, holistic assessment and promotion of appropriate communication standards across settings and advance care planning. These are monitored through the Trust's electronic palliative and end of life coordination system. (ELCOS)</p> <p>The focus for 2017/18 is to ensure these systems are embedded within practice across the Trust, including directed support and education to relevant areas.</p> <p>Hospital wards, clinics and district nursing teams have been provided with a palliative care resource box which includes copies of all the key resources which are also easily accessible on the Trust's dedicated palliative care pages on the HUB (intranet). Each area also has an identified palliative care champion and have been supplied with laminated ELCOS and the BHSCT palliative discharge standard for display and easy reference. The use of these are monitored through directorate action plans and senior management ward rounds.</p>	

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LOCAL ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
		<p>The current focus is on the implementation of hospital anticipatory care plans, which can act as a catalyst for identification and wider advanced care planning. Initially work has been progressed within Respiratory and the learning shared across a number of areas in a number of areas, including nephrology, hematology, cardiology and neurology.</p> <p>A range of Training programs are delivered across the trust including Advance Communication Skills; Sage and Thyme; Final Journeys; Induction; Palliative Awareness; Identification and ELCOS; Advance Care Planning; palliative and end of life electronic coordination system on CIS; Bereavement; verification of death; and Care after Death with the majority being provided in house with the support of the Trust Specialist palliative care teams in both community and hospital.</p>	

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4.0 Resource Utilisation

Executive Summary

The Belfast Trust is currently anticipating a break even position for 2018/19. This is contingent on the Trust continuing to work with DOH and HSCB to identify other measures such as additional non recurrent funding from monitoring rounds, cost containment, further Trust slippage on investments or regional solutions to reduce the current projected deficit of £10.95m deficit to enable the Trust to break even.

The Trust began the 2018/19 financial year with an opening gross deficit of £52.2m. This deficit included:

- a roll forward deficit of £19.69m brought forward from 2016/17, largely associated with unmet bed closures savings in 2015/16
- a recurrent gap in relation to 2017/18 cost pressures of £11.83m
- a recurrent gap due to 2017/18 unmet savings of £20.68m

The Trust understands that this £52.2m was included in the Department of Health and HSCB's overall HSC financial plan for 2018/19.

In summary, the opening gap has been adjusted by the following leaving a net 2018/19 deficit of £10.95m:

- £15.98m of recurrent and £23.7m of non recurrent income as a contribution towards the roll forward deficit
- A reduction in roll forward deficit of £0.82m in respect of reducing pressures
- Efficiency savings target of £23.8m
- Anticipated savings of £18.5m
- 2018/19 new inescapable emerging cost pressures £13.45m not included in HSC plan
- Non recurrent income of £11m to meet the control total deficit
- Non recurrent HSC income to bridge savings gap of £2.475m
- Accounting adjustments and other Trust measures of £2.92m
- Additional non recurrent HSC slippage funding £2.4m

The £23.8m savings target the Trust has been set by DOH has three elements, a general efficiency target of £17.2m, an in year MORE pharmacy procurement and medicines optimisation target of £6m and a voluntary and community sector efficiency target of £0.6m. The Trust is working closely with DOH and HSCB colleagues in relation to identifying additional income towards cost pressures, some elements of which have been bid for in the October monitoring round, further additional potential slippage at Trust or HSC level and other HSC system wide opportunities or solutions.

The table below provides a summary of the revised financial 2018/19 deficit which is a synopsis of the financial plan detailed within this document:

Table 4.1: Summary of financial deficit 2018/19

		CYE £'m
Savings Gap against £23.8m target	2.82	
2018/18 Emerging Cost Pressures	13.45	
Total gap		16.27
Accounting adjustments & other Trust measures	(2.92)	
Additional non recurrent HSC slippage funding	(2.40)	
Net deficit		10.95
Anticipated other non recurrent measures		(10.95)
Net 2018/19 deficit		0.00

4.1 Financial Plan

4.1.1 Financial Context for 2018/19

It is widely acknowledged that there are unprecedented financial challenges facing the NHS and by implication the HSC. An analysis of healthcare funding in Northern Ireland in comparison with England from 2011 to 2015 showed that Northern Ireland was underfunded by up to £540m if you use the level determined by the comparative English model. This was prior to the new funding announced in June 2018 in relation to the NHS England revenue settlement. NHS England will receive an average 3.4 per cent a year increase in funding in real terms over the next five years, an increase of £20.5bn in real terms per year by the end of the five years compared to today. The Barnett consequence equivalent for Northern Ireland (which would exclude the social care element of the HSC) would be around £650m.

In March 2018, the Secretary of State identified an allocation for DoH for 2018/19 of £5.3bn. This allocation represented a funding increase in real terms of around 2.6% compared with 2017/18 and resulted in an anticipated financial gap of £169m for 2018/19. DoH submitted a draft plan to address a substantial element of the £169m gap which included regional drugs savings of £40m and £44.7m of Trust expenditure reduction, efficiency and reprofiling savings. The latter has been increased recently by £3.5m to reflect anticipated community and voluntary sector savings target which had previously been identified as deliverable by DoH. The plan proposed an unmet regional gap of almost £60m which included 1% pay award.

The Trust's financial plan for 2018/19 is set firmly within the context of the Department's overall HSC financial plan.

4.1.2 Introduction

Trusts are currently held directly accountable by the Health and Social Care Board (HSCB) through the Trust Delivery Plan (TDP) for the effective deployment of all the resources at their disposal. This includes income, expenditure, capital, workforce and estate.

This section provides details of the financial plan for the Belfast Trust for 2018/19. It sets out the strategic context and financial parameters within which the Trust is bound to operate for 2018/19. The income and expenditure positions are summarised and key areas of risk are highlighted.

The approach to financial planning for 2018/19 began in January 2017 when the Trust's underlying recurrent deficit of £52.2m was formally shared with HSCB albeit a recurrent underlying deficit had been highlighted in the 2017/18 financial plan.

HSCB issued 2018/19 indicative RRLs on 29 June 2018. These figures have been used as the basis of the Trust's income budget in its 2018/19 financial plan.

In the financial plan, the recurrent opening deficit for 2018/19 and in-year position are identified, along with a review of planned efficiency, productivity and other cash savings. A small number of income assumptions have been made and the Trust continues to work with its commissioners to confirm those assumptions.

This financial plan sets out the efficiency targets set by the DoH to be delivered by the Trust in 2018/19. The various targets have been calculated on an equity-adjusted basis which requires a greater proportion of savings to be delivered by Belfast and Western Trusts in comparison to other Trusts. The overall enhanced savings requirement poses a significant risk for the Trust, particularly given the year-on-year reducing opportunities for efficiency savings. This matter has been formally raised with HSCB and DoH.

The savings plan within this financial plan outlines the Trust's approach to efficiency and productivity savings, and provides an assessment of the planned potential savings for 2018/19, together with the underlying assumptions and associated risks.

In the context of the current increasingly challenging financial climate, the Trust is committed to continue its focus on efficiency and productivity. This is despite having delivered efficiency and productivity savings in excess of £300m over the last ten years, and the fact that the opportunities are diminishing as time progresses. At this stage, the Trust believes it can only achieve a proportion of the savings targets through recurrent cash-releasing efficiency saving measures. Delivery of the full savings targets will therefore be reliant on a combination of non-recurrent slippage and one-off opportunities within the Trust, together with progressing agreements with HSCB and DOH for a priority call on potential central slippage and/or non-recurrent funding relief, through monitoring rounds for example.

The savings plan for 2018/19 will outline the proposed measures against the new 2018/19 targets, and will also consider delivery against the £18m non-recurrent workforce savings target achieved over the past number of years, despite increasing reliance on high cost agency, and is included in 2018/19 financial planning assumptions.

Delivery of our savings plan will be through the Trust's MORE (Maximising Outcomes Resources & Efficiencies) programme, which has successfully delivered efficiency and productivity savings at scale since the inception of the Trust. The programme has been updated to maximise ownership of the efficiency and productivity agenda by clinicians in line with the Trust's new collective leadership strategy and infrastructure. In addition, work is ongoing in respect of the alignment with the Trust's Quality Improvement programme, linking with organisations such as East London NHS Foundation Trust who have successfully combined financial and quality improvement agendas.

Further detail of the Trust's savings plan is provided in Section 4.2 below.

4.1.3 Financial context- lessons from 2017/18

Although the Trust ended the 2017/18 financial year in a balanced financial position, this was only achieved, as was the case in previous financial years, through a combination of substantial non-recurrent funding from HSCB, one-off accounting measures, and both internal and HSCB slippage on a number of service developments. The year-end outturn position does not adequately reflect the severe financial challenges encountered in 2017/18 which are important when setting the scene for 2018/19 financial planning.

In 2017/18 the Trust was expected to deliver efficiency savings of £32.3m, comprising general savings of £26.3m and pharmacy procurement & medicines optimisation savings of £6m. The Trust had, through its MORE programme, identified recurrent savings of £11.6m¹ and non-recurrent opportunities of £7.7m, totalling £19.3m, against the overall target. This left a £13m gap. Despite extensive engagement exercises across the Trust to seek out further efficiency proposals, these could not be identified.

¹ The £11.6m recurrent savings had two components: (1) £5.6m general savings which included two elements comprising £2.9m recurrent savings and £2.7m of non-recurrent measures which would be repeated in 2018/19, and (2) £6m pharmacy procurement /medicines optimisation savings which although not fully deliverable in 2017/18, the Trust committed to deliver in full recurrently in 2018/19. The in-year 2017/18 shortfall was addressed through non-recurrent rebates etc.

Consequently, the Trust had no option but to propose service impact and risk-related savings of £13m in order to meet its statutory duty to breakeven under DoH circular HSC (F) 21/2012. These schemes included significant reductions across the following areas; nursing and residential home places, domiciliary care packages, elective care procedures, and access to high-cost drug regimens and fertility treatments. These proposals were considered to be the only possible alternatives available to the Trust given the extent of efficiency opportunities previously exploited.

The 2017/18 savings process resulted in an extremely challenging period for the Trust. The potential impacts on patients, service users and their families, as well as the widespread system-wide impacts for the health and social care sector were extremely controversial as evidenced in feedback from the public consultation process carried out in the Autumn 2017. The development of detailed implementation and equality plans associated with the service impact proposals, together with stakeholder feedback, provided profound insights into the severity of the Trust's proposals, if implemented. This period was even more challenging given the need, at that time, to put in place additional services to deal with demographic pressures, winter plans and a potentially very serious flu epidemic.

Fortunately, additional funding and non-recurrent measures were identified towards the end of the public consultation process which enabled the majority of these savings to be stood down. This, in turn, enabled the Trust to achieve a breakeven position.

Given this context, the Trust is critically aware of the requirement to continue its focus on efficiency and productivity and avoid the need to instigate service impact savings measures, wherever possible. A repeat of the actions taken in 2017/18 would be damaging for the Trust and highly detrimental to the HSC transformation programme, which is progressing at scale and pace due to the additional funding under the Confidence and Supply agreement. For the reasons outlined above, the Trust is committed to working closely with the HSCB and DOH to resolve the significant risks associated with the delivery of the 2018/19 financial plan without recourse to high impact measures.

4.1.4 Detailed breakdown of 2018/19 Financial Position

In 2017/18, the Trust began the year with an opening deficit of £48.58m. There was recurrent funding of £28.89m and non recurrent funding of £25.3m allocated against this. Added to this deficit were 2017/18 emerging pressures and FYE pressures of £15.81m along with a savings target of £32.28m. This gave a net opening deficit 18/19, before recurrent savings, of £93.08m. After recurrent savings of £11.6m and funding to be given recurrently of £29.28m have been applied, the 2018/19 opening deficit is £52.2m. A summary of the opening gap at April 2018, derived from the 2017/18 opening position is shown below in table 4.2.

The HSCB indicative allocation, issued at the end June, included £15.98m recurrent funding and £23.7m non recurrent funding against the roll forward deficit. The rolled forward pressures reduced by £0.82m in relation to international nurse recruitment and supporting people. This left a residual opening deficit of £11.7m. The Trust has been notified of non recurrent income of £11m to address the allowable deficit or control total, which was part of DOH overall deficit. Although appreciative this funding has been made available in year this still poses a financial risk recurrently, particularly as the Trust's control total was as a result of a methodology aimed at addressing equity and efficiency and is proportionately higher than its business share of the regional deficit.

The DoH, through HSCB, also levied a new savings target comprising the Trust's equity adjusted share of both a £44.7m regional general Trust savings target (£17.2m), a £15m regional secondary care pharmacy savings (£7.2m fye, reduced to £6m cye due to a central

easement of £1.2m in year) and then a further community and voluntary sector savings target £0.6m.

It is anticipated that the Trust will be able to achieve, through a mixture of recurrent and non recurrent measures, a total of £14.7m of its 2018/19 general savings target and half of the £0.6m voluntary and community savings target is anticipated, leaving a shortfall of £2.8m for these saving elements. Pharmacy savings of £3.5m are envisaged, leaving a shortfall of £2.5m. The total of savings anticipated through both recurrent and non recurrent measures would be £18.5m. The Trust has been notified that it will be allocated £2.475m non recurrent monies which can be used against the savings gap. The Trust will therefore face a residual savings gap of £2.82m. Details of savings plans can be found in the savings section 4.2.

The current HSC financial plan does not allow for emerging cost pressures despite the fact that it is widely acknowledged that significant pressures will arise each year in both health and social care services; indeed until recently Trusts would have received a considerable uplift each year (circa 3%) in recognition of maintaining existing service pressures. Since April, additional pressures totalling £13.45m (£16.9m FYE) have emerged which have been added to the opening gross deficit. Details of inescapable pressures can be found in Annex A.

Table 4.2 Summary Opening Financial Gap 2018/19

	£'m	£'m
Recurrent Rolled forward Deficit	48.58	
less Recurrently funded	(28.89)	
Opening 17/18 deficit		19.69
2017/18 unfunded cost pressures	9.29	
Target savings 17/18	32.28	
		61.26
<u>plus FYE pressures</u>		
FYE 17/18 demography	2.02	
RCCE shortfall	4.50	
Total FYE pressures		6.52
<u>Plus pressures addressed non recurrently in 2017/18</u>		
2017/18 inescapable cost pressures	16.98	
2017/18 demography pressures	1.40	
MH resettlement & LD community pressures	1.13	
Transformational funds	4.38	
supporting people funding cut	1.41	
Total 2017/18 non recurrent funding slip		25.30
Net Opening Deficit 2018/19 before savings		93.08
less Estimated recurrent savings 17/18		(11.60)
Net Opening Deficit 2018/19 after savings		81.48
<u>less Items funding to be funded recurrently</u>		
Demography cye non recurrent	(1.40)	
Further Inescapable budget pressures	(16.98)	
RCCE 17/18	(4.50)	
Transformational funds	(4.38)	
Demography 17/18 FYE	(2.02)	
		(29.28)
Net Opening Position 2018/19		52.20

The Trust's savings gap and pressures have been further reduced by the Trust identifying a number of non recurrent accounting adjustments and other measures amounting to £2.92m and further HSCB non recurrent slippage amounting to £2.4m. This has reduced the deficit to £10.95m (0.8% of total budget). The Trust is continuing to work with DOH and HSCB to identify other measures to reduce this deficit such as additional non recurrent funding from monitoring rounds, cost containment, further Trust slippage or regional solutions which will enable the Trust to break even. Further information has been sought from HSCB regarding slippage from

investments. The Trust is aware, for example, that there will be slip on high cost drugs but at this point HSCB have not confirmed whether the Trust can avail of this slip or whether this will materialise as a HSCB surplus. It is imperative that the Trust, HSCB and DOH work together to resolve the position to avoid a repeat of the damaging service-impact savings exercise conducted in 2017/18 which had significant implications for the Trust, its patients, service users and staff, and HSC generally.

The summary of revised high level financial plan 2018/19 is shown in table 4.3 below.

Table 4.3 Summary of Revised High Level Financial Plan 2018/19

		CYE £'m
Gross opening deficit 18/19		52.20
Recurrent funding towards rolled forward deficit	(15.98)	
Non-recurrent funding towards rolled forward deficit (includes funding for 17/18 savings shortfall)	(23.70)	
Reduction of roll forward pressures	(0.82)	
		(40.50)
Residual opening deficit 2018/19		11.70
2018/19 General Savings Target	17.20	
Regional pharmacy Target	6.00	
Community & Voluntary Sector Savings	0.60	
Total Savings Target 2018/19		23.80
Gross Opening Deficit for 2018/19		35.50
Anticipated Savings		
2018/19 General Savings	(14.70)	
Regional pharmacy	(3.50)	
Community & Voluntary Sector Savings	(0.30)	
Total savings 2018/19		(18.50)
Inescapable cost pressures 2018/19		13.45
Deficit 2018/19 before control total funding		30.45
Non recurrent HSC control total funding		(11.00)
Non recurrent HSC support to savings gap		(2.48)
Reduction in opening deficit re INR & slippage		(0.70)
Accounting Adjustments & other measures		(2.92)
Additional HSC non recurrent funding		(2.40)
Other non recurrent measures to be determined		(10.95)
Net Deficit 2018/19		0.00

4.2 2018/19 Savings Plans

4.2.1 Introduction

The MORE programme (Maximising Outcomes Resources and Efficiencies) continues to operate effectively as the Trust's reform, efficiency and productivity improvement programme. Its high profile and relentless focus and drive for efficiencies and productivity gains has traction in the organisation, and has helped contribute to the very challenging financial agenda over the past years. The MORE programme has successfully delivered efficiency and productivity savings totalling over £300m since the inception of the Trust.

The MORE infrastructure routinely provides benchmark information and external efficiency reviews to help directorates seek out further efficiency opportunities. For example, Lord Carter of Cole's report, *Operational productivity & performance in English NHS acute hospitals – unwarranted variations*, published in February 2016. The Trust has also worked with HFMA to support the update of the NHS efficiency map for the NHS Improvement's Cost Improvement Programme (CIP) Group and has utilised information/research and networks gained by involvement in this programme.

In addition, efficiency schemes identified by other Trust's across the region in prior years are circulated to directorates as routine practice, with the expectation that these schemes must be reviewed and explored by directorates under the DoH's 'comply or explain' principle.

The Trust's focus and drive to achieve efficiencies, productivity gains and reduce variation and waste will continue for 2018/19 and beyond.

4.2.2 Savings Targets

The efficiency targets set by DOH for the Trust for 2018/19 are outlined below:

Table 4.4: Efficiency Targets	CYE £'m	FYE £'m
General Efficiencies	£17.2m	£17.2m
Pharmacy Procurement & Medicines Optimisation	£6.0m	£7.2m
Voluntary & Community Sector efficiencies	£0.6m	£0.6m
Total	£23.8m	£25m
Car parking	No notification of target – it is assumed that this target will be based on the work of the DOH-led regional group and will be directed to the specific Trust where opportunities have been scoped	

The Trust's share of the general efficiency target is 38% of the overall HSC target. This compares with our business share of HSC resources, which is circa 33% and a capitation share, which is circa 21%.

The Trust has raised concerns on the appropriateness of using of the current equity analysis, without some form of modification, to allocate the regional savings targets and the control total, particularly given the accuracy of the input information and the implication that targeted equity savings would have to be made in areas deemed to be underfunded such as learning disability and mental health. Such an approach would be counter strategic and contrary to the transformation agenda.

In a similar vein, the Trust's share of the pharmacy procurement and medicines optimisation target represents 48% of the total target for secondary care. We understand that this disproportionate share is attributable to the fact that a significant element of the target is linked to drugs expenditure levels across Trusts. Belfast is therefore being penalised due to its level of provision of high cost specialist drugs for the region. It seems inequitable to single out specific elements of expenditure for certain efficiency targets, particularly where the potential to save the total amounts involved is not evidenced, whilst at the same time having general targets based on overall expenditure, albeit these have also been skewed for Belfast as outlined above. Moreover, it is widely acknowledged that there is little likelihood that the pharmacy savings target will be achieved in 2018/19, so in effect the Trust has been allocated a disproportionate share of an expected deficit.

4.2.3 Savings Proposals

This section outlines the main areas targeted to deliver efficiency savings and areas of expenditure which we believe could be reduced, albeit non-recurrently, to set against the above targets.

Table 4.5: Summary Analysis of Total Savings Plans 2018/19	CYE £'m	FYE £'m
Total efficiency targets	£23.8m	£25m
Recurrent savings – general efficiency	(£4.3m)	(£4.3m)
Recurrent savings – pharmacy procurement & medicines optimisation	(£3.5m)	(£7.2m)

Internal Trust non-recurrent efficiencies or one-off measures- Not fully identified	(£10.7m)	Nil
Total measures proposed without impacting on current services	(£18.5m)	(£11.5m)
Proposed central measures – central HSC slippage or in-year monitoring	(£2.48m)	
Savings surplus/ (deficit)	(£2.82m)	(£13.5m)

The tables below summarise the proposals against the respective targets.

Table 4.6 A – General Efficiency Target	CYE £'m	FYE £'m
General Efficiency target ²	£17.8m	£17.8m
Recurrent savings	(£4.3m)	(£4.3m)
Internal Trust non-recurrent efficiencies or one-off measures	(£10.7m)	Nil
Total measures proposed without impacting current services	(£15m)	(£4.3m)
Proposed central measures – central HSC slippage or In-year monitoring	(£2.48m)	
Savings surplus/ (deficit)	(£0.32m)	(£13.5m)

² The £17.8m target includes £0.6m in respect of the community and voluntary sector savings target.

Table 4.6 B – Pharmacy Procurement & Medicines Optimisation Target	CYE £'m	FYE £'m
Pharmacy procurement & Medicines Optimisation target	£7.2m	£7.2m
In-year easement	(£1.2m)	Nil
Recurrent savings	(£3.5m)	(£7.2m)
Savings surplus/ (deficit)	(£2.5m)	Nil

Recurrent efficiency savings of around £7.8m aim to be delivered across the following key areas:

- **pharmacy procurement and medicines optimisation (£3.5m CYE, £7.2m FYE)**

The work of this workstream is focused on progressing the regional pharmacy procurement workplan, the main aim of which is to deliver savings from gaining price reductions for both general and high cost drugs through pharmacy procurement intelligence and robust contract negotiations. During 2018/19, the RPCEG workplan will cover generics groups 3 and 4, surgical dressings, wound care, benchmarking non COPE medicines and regional patent transitions.

In addition, the Trust is proactively progressing a clinically-led high-cost biologic to biosimilar switching programme across a wide range of specialties. The Trust, due to its previous experience and expertise in this area, is assisting other Trusts across the region to replicate potential savings within their areas.

The Trust is also leading the regional benchmarking programme. Unlicensed medicines and licensed generic medicines are the focus of the work for 2018/19, given the extent of price elasticity in these areas. HSC Trusts share all non-contract/ non framework

pricing information and have a regional benchmarking huddle twice monthly as part of this workstream.

The Trust has also, through the use of Victoria Pharmaceuticals, provided access to medicines for community pharmacists in Northern Ireland, resulting in efficiency savings for primary care.

Whilst the Trust believes it can achieve its FYE target of £7.2m from 2019/20, current expectations are that we can only deliver around £3.5m of our £6m in-year target in 2018/19.

The Trust has fully contributed to the regional secondary care pharmacy/ medicines optimisation savings plan for 2018/19 which was presented at the medicines optimisation regional efficiency programme board on 26 September 2018. The pharmacy/ medicines optimisation savings plan for 2018/19 is attached for further information in Annex B.

- **procurement and goods and services savings (£2.1m CYE & FYE)**

The Trust will continue to proactively engage with PALS to deliver procurement savings from regional contracting programmes and, where advantageous, undertake additional mini-tenders under framework agreements.

The Trust has commissioned PALS to undertake a 'deep-dive' procurement efficiency exercise within Trauma and Orthopaedics following a recent 'Getting It Right First Time' (GIRFT) review. The Trust's clinical lead is proactively engaged in this work and is keen to maximise opportunities for savings from anticipated recommendations in respect of rationalisation and standardisation of products.

The Trust has also commenced a benchmarking exercise with the UK National Joint Registry (NJR). The NJR data and evidence driven approach will drive efficiencies in 2018/19, as well as providing assurances regarding the best patient care and outcomes.

The Trust, in its annual contract renegotiations with the voluntary and community sector, continues to ensure best value for money is secured.

There has been a full analysis of discretionary expenditure and the following discretionary spend areas have been targeted in recent years - printing and stationery, books and publications, training, courses and conferences, records storage, general waste, and travel and subsistence. A further target will be levied on directorates in 2018/19; however it is assumed that the residual savings available in this area will be minimal.

- **estates management savings (£2m CYE & FYE)**

The Trust will continue to proactively target delivery of efficiencies within estates, with year-on-year targets levied within this area. Estates service and maintenance contracts and income from the transfer of the PFI car parking contract back to the Trust will be specifically targeted.

- **administration and management costs (£0.2m CYE & FYE)**

There has been a continued focus on administration and management costs, particularly within corporate and support services directorates, utilising the HSC voluntary exit scheme, where appropriate, to gain savings.

However, it must be pointed out the Trust's management costs represent 2.8% of the Trust's income, the lowest in Northern Ireland. In addition, the year-on-year reductions in administration staff is impacting on professional staff as more expensive professional time is being spent on administrative duties. Moreover, there is continued focus on increased governance, compliance and information which is adding to demands on administrative resources. Additional staff are being recruited this year to meet the requirements for GDPR and cyber security for example, without additional funding.

The Trust provided a comprehensive report to DoH following its request in January 2017, outlining the reducing trends in numbers and costs of administration and clerical staff, including senior management, since 2013/14. This paper highlighted the critical roles that administration staff play across the Trust in supporting the delivery of safe and effective health and social care services. A further copy of this report can be provided, as necessary.

The level of proposed recurrent efficiency savings identified above (circa £7.8m) is deemed to be a realistic ask given the magnitude of efficiency savings achieved over the last ten years, and the diminishing amounts achieved in recent years. Only £7.9m was achieved recurrently in 2017/18.

The Trust is assuming at this stage, based on performance in previous years, that non-recurrent savings of circa £10.7m will be delivered in 2018/19. Whilst these have not yet been identified, they are likely to be derived from:

- low impact measures currently being ascertained;
- slippage on 2017/18 and 2018/19 investments;
- other non-recurrent measures, such as one-off accounting adjustments.

The Trust continually and routinely challenges itself to provide efficient and productive services through the Trust's MORE programme.

It is important to stress the financial challenge associated with identifying and achieving the above £10.7m non recurrent savings. In previous years a significant element of non-recurrent Trust savings came from in-year slippage on investment funding. However this year the potential for the Trust to avail of this slippage has greatly reduced due to a reduction in the overall level of new investment, and a significant amount of slippage, in relation to RCCE and demographic growth funding, which have generated considerable slippage in previous years, has already been taken into account by HSCB/DOH as part of the HSC financial plan. However, The Trust has assumed full slippage on 2018/19 demography monies it has been allocated and has identified other 2017/18 investment slippage which it is attributing to these non recurrent savings. The Trust is awaiting further information from HSCB regarding slippage from investments, for example, high cost drugs but at this point HSCB have not confirmed whether the Trust can avail of this slip or whether this will materialise as a HSCB surplus

4.2.4 Cash-avoidance measures

In the past, the Trust has been able to offset demographic pressures by increasing productivity and new ways of working in areas such as ED and older people's services, and subsequently release earmarked demographic funding towards savings targets. In 2016/17 £2.5m was released recurrently in this way and a further £1m in 2017/18.

For 2018/19, the Trust has reviewed its potential demographic pressures against the available funding and concluded that is not possible to relieve demographic demands and thereby reduce funding requirements on a recurrent basis. Indeed a number of the pressures identified for

2018/19 would indicate that the funding identified for demographic growth does not adequately take account of increasing premiums in areas of service growth, for example within Looked After Children's services, Learning Disability, Mental Health and Older Peoples services.

4.2.5 Other Savings required to be delivered in 2018/19

Workforce controls- vacancies & backfill

In addition to delivery against new year-on-year savings targets, the Trust has delivered £18m of non-recurrent workforce control savings over the past number of years which need to be maintained. Continuing to secure this level of savings, which represents approximately 3% of the workforce, relies on tight workforce scrutiny controls and backfill approval processes at team, directorate and senior executive levels. The Trust recognises that this is not a recurrent or sustainable solution, and that the processes and control mechanisms create on-going challenges across the organisation which are increasingly difficult to maintain.

Delivering £18m of workforce control savings is particularly difficult in the current financial climate when opportunities for slippage on developments have already been exploited. In addition, significant efforts have been made to increase workforce utilisation rates, for example through nursing and medical rostering programmes, and yet the benefits arising from these initiatives have been offset by marked increases in the use of high cost agencies.

The Trust cannot therefore deliver further workforce control savings above the existing 3% levels. The Trust provided a detailed analysis of this position to HSCB and DoH on 7 February 2018, outlining clearly the reasons why this target could not be increased.

Despite the challenges outlined above, the Trust is committed to sustaining £18m workforce control savings in 2018/19 through ongoing targeted action. The Trust is experiencing agency pressures over and above last year's levels (an increase of £3.5m in agency costs compared to same period last year). These pressures have not been raised at a regional level and the Trust is effectively managing this increased pressure.

The Trust will ensure that safety and quality are not compromised by the maintenance of this level of vacancies, net of backfill.

4.2.6 Improving Value through the Safety Quality Improvement programme

In 2016/17, the Trust embarked on a substantial Quality Improvement programme, Safety Quality Belfast (SQB).

This programme, which is clinically led and managerially supported, focuses on continuous improvement, innovation and the relentless reduction of patient harm.

Whilst it is recognised that this programme will not deliver cash efficiencies, this programme will deliver improvements in safety and quality, increased productivity and value and enhanced patient experience across all areas of the Trust.

The main elements of this programme are set out below.



4.3 Key Assumptions and Risks

It is important that income assumptions are confirmed as soon as possible to assist detailed financial planning and facilitate more accurate forecasting in the Trust during the year.

There are a number of risks in the Trust's financial plan for 2018/19, the most significant of which are:

- Deliverability of £10.95m through additional non recurrent funding from monitoring rounds, cost containment, further Trust slippage or regional solutions;
- Deliverability of 2018/19 savings totalling £18.5m for 2018/19 for which firm plans have not yet fully been developed;
- There is limited new investment included within anticipated income from HSC, with the exception of drugs, to yield significant slippage in year;
- Continuation of the £18m workforce management savings delivered in 2018/19 in light of the marked increases in the use of high cost agencies arising from recruitment and retention difficulties particularly amongst medical and nursing staff throughout the Trust;
- The Trust has not included medical and nursing agency pressures within new emerging pressures, in line with previous years where the Trust attempts to manage this pressure within its workforce management. The Trust continues to observe an increase in agency costs, particularly medical and nurse agency, and would anticipate that this pressure may worsen as core staff move to transformation projects. The Trust will continue to monitor its workforce management and its challenging target.

A number of assumptions have also been made in the plan. If these prove to be incorrect, the anticipated deficit will grow. The key assumptions at risk are highlighted below.

- It is assumed that treatment costs and administration costs associated with the referral and management of independent sector elective patients will be funded in full or that costs can be contained within available resources;

- It is assumed that there will no cost pressure in relation to winter pressures above the level addressed through demographic funding and productivity;
- It is assumed that any further increases in domiciliary care tariffs would be fully funded;
- It is assumed that no pressure will arise in relation to SUMDE income in 2018/19.

The Trust will continue to review and update its plan and will keep DoH and HSCB advised of any material changes to the current estimates which will ultimately impact on the 2018/19 position.

The financial plan assumes that no further material cost pressures will arise before the end of 2018/19 above anticipated levels. It is important to emphasise that the Trust will have no capacity to deal with any new unfunded pressures.

Finally, the current financial plan does not allow for any other unforeseen pressures, relating to safety and quality for example, which may arise during 2018/19 and which are not included in either the Trust's plan or the HSC Board's overall HSC financial plan. It should be noted that any such pressures would increase the anticipated gap for the HSC as a whole in 2018/19.

4.4 Summary 2018/19 Position and beyond

The Trust began the financial year with an opening deficit of £52.2m which has been adjusted to take account of additional funding, new savings targets and emerging cost pressures. The financial plan outlines a range of efficiencies, slippage and other measures which will be taken by the Trust to reduce its in-year deficit to a break even position, without impacting on patient and client services. The Trust is committed to achieving its statutory duty to breakeven whilst delivering safe and effective, high quality services.

There are a number of financial risks to the reported position, the greatest of which is the deliverability of the 2018/19 new savings plan of £23.8m (as above) in addition to sustaining workforce management savings of £18m.

In delivering this position, the Trust will be required to address, through HSCB collaboration and/or funding, any new cost pressures emerging this year. As always, the Trust will keep all pressures and assumptions under constant review and will work closely with HSCB for the remainder of the year to ensure a shared understanding of any changes to the projected year-end outturn.

The Trust will continue to ensure that it makes the best use of the resources available to it. We will, through our MORE programme, continue to focus on efficiencies, enhanced productivity, changing the way services are delivered, eliminating waste and maximising value for money. The robust governance framework around MORE will ensure that savings opportunities are continuously reviewed, processes are in place to continually identify new potential efficiency savings and manage cost pressures, and we share learning and learn from other organisations.

The Trust is preparing its recurrent 2019/20 position to reflect non-recurrent funding, the full year effect of cost pressures and recurrent savings. Transformation funding is a risk. The Trust is concerned about the ability to spend in-year, given the lead-in time, and recruitment risks although we remain fully committed to the transformation agenda and will take all necessary steps to implement the agreed schemes as early as we can. However, on the basis that schemes are implemented at some stage this year, there is a risk that there will be insufficient funding in 2019/20 to meet 2019/20 commitments. We will work closely with DoH and HSCB to quantify this risk. More significantly, there is a recurrent risk from 2020/21 associated with the recruitment of permanent staff to non-recurrently funded initiatives. However, the Trust believes that in most cases permanent recruitment is the only option and we are proceeding on this basis.

The risk will be mitigated in part by future turnover, albeit this is not likely to cover any future gap in full in the short term. The position will be closely monitored moving forward.

The Trust is also acutely aware that, in coming to a break even position in 2018/19, it will have relied upon non recurrent funding and a range of non recurrent measures in the region of £64m.

4.5 CAPITAL INVESTMENT PLAN

4.5.1 Introduction

The Capital Resource Limit (CRL) issued by DoH provides funding for the Trust to incur capital expenditure. Similar to other HSC Trusts, the Belfast Trust is required to live within its CRL.

The CRL for the Trust comprises specific capital allocations for major schemes and a general capital allocation which the Trust spends on smaller projects which are within its delegated limit.

DoH has issued a 2018/19 CRL which includes the following schemes:

Project	CRL 2018/19 £'000s
Regional Children's Hospital	14,916
RGH - Maternity New build	14,957
BCH – Mental Health Inpatient Unit	9,418
RGH Energy Centre	501
RGH Critical Care Block	100
Imaging Diagnostics	1,570
Genomes R&D	2,012
ICT	2,145
General Capital	14,361
Total	59,980

4.5.2 Approved Capital schemes

Redevelopment schemes continue across the Trust. The 2018/19 capital programmes cover a wide area of service provision and are in line with previously agreed investment priorities.

The inclusion of a Research & Development scheme within the CRL is associated with compliance to EU accounting standards, this would previously been treated as revenue expenditure.

4.5.3 General Capital Allocation

Substantial funding continues to be required to maintain the infrastructure and replace essential equipment to ensure continuity of existing Trust services. Compliance with fire code regulations and statutory standards across the Trust's estate also compete for capital funding.

The Trust continues to allocate its available general capital funding to those schemes considered to have the highest priority.

The Trust will ensure it avails of any opportunities provided by the Department, to bid for additional capital funding in-year.

4.5.4 Revenue Consequences of Capital Schemes

It is assumed that the revenue consequences of capital schemes will be fully funded.

4.5.5 Asset Management

Disposal of surplus land at Muckamore Abbey Hospital had been planned for 2017/18, however due to circumstances outwith the Trust's control, the disposal did not complete and continues to be treated as an Asset Held for Sale.

The Director of Finance, who has responsibility for capital planning, reports on the progress of asset disposals twice yearly through the Trust's accountability review process. The Co-director for capital redevelopment reports quarterly on progress to the Strategic Investment Group.

4.2 Workforce Strategy

The Commissioning Plan for 2018/19 sets out the priorities to be taken forward by the Trust, to support the realisation of the HSC to deliver the overarching strategic themes and statutory obligations identified by the Minister:

- a. To improve the health of our citizens;
- b. To improve the quality and experience of health and social care;
- c. To ensure the sustainability of health and social care services provided;
- d. To support and empower staff delivering health and social care services.

In 2018/19 a summary of the key Workforce Strategies relevant to the Trust Delivery Plan in response to the overarching strategic themes are set out below:

In addition the Trust will be working with the Department in the implementation of the Regional Workforce Strategy.

4.2.1 To Improve the Health of our Citizens

4.2.1.1 Improving Health and Wellbeing

A key theme of the HSC Workforce Strategy 2026 is to build on, consolidate and promote health and wellbeing. The Trust has consistently demonstrated its commitment to promoting and developing a health and wellbeing approach that enables and supports staff to take responsibility for their own health and that of their families.

Partnership with Occupational Health, Health Improvement and Human Resources has been effective and, through the Trust bwell Steering Group, the B Well Strategy and annual Action Plan has been reviewed. New B Well work streams are being developed to further focus partnership working with Directorates and TU colleagues on key areas:

- B well Champions Network
- Communication and Social Media
- Physical Health & Healthy Lifestyle
- Psychological Wellbeing
- Ageing Workforce

The Trust actively participates in the HSC PHA Healthier Workplace Network. Through this shared approach to learning and networking, best practice is shared with other organisations and this supports continuous improvement in the roll out of the Trust bwell Strategy and Action Plan, ensuring that it continues to reflect best practice and meet the diverse needs of our staff.

Healthier Workplaces is a key component of the Healthier Lives Programme set out in the draft PfG Delivery Plan .Within this context the Trust continues to deliver a range of initiatives aimed at developing and promoting good health and wellbeing including b well health fairs, promotion of the award winning bwell website and App and lunch and learn sessions for staff on:

- Managing the menopause
- Diabetes awareness
- Money matters
- Parenting NI
- Drink Work & Me
- Mindfulness
- Getting a good night's sleep

A wide range of free [Here4U](#) activities and events continue to be popular among staff and include a diverse range of options from Spin Classes to Choir, Boxing to Pilates. These are provided based on staff feedback to ensure that subject matter, start times, frequency and locations reflect staff need.

The Health Improvement team and B Well initiative jointly continue to raise awareness of public health matters through the HUB, [bwell website](#) and social media platforms on varied issues including Mental Health, Eating Disorders, Ovarian Cancer and Oral Health. All vending Machines within the Trust have been updated and provide a larger range of non-sugary drink options

There is continued development of resources for staff to promote and enable good mental and emotional health. The Mind Ur Mind Toolkit aimed at providing Managers and Staff with a holistic, one-stop-shop approach to understanding and supporting mental health issues and is promoted as a B Well resource and a Mental Health Pathway for supporting staff is currently being developed.

As part of SAFEtember 2018 Mindfulness sessions for Staff are being coordinated with Clinical Psychology colleagues and HR in partnership with Clinical Psychology & Recovery College Colleagues, will present at the Business in the Community Responsible Business Summit in October 2018 on Mental Health in the Workplace.

A quality Improvement project to increase Human Resource's awareness of neurodiversity (ASD, ADHD, Dyslexia, Tourettes etc.) highlighting strengths and difficulties which may arise within the workplace, is planned for early 2019.

4.2.1.2 Attendance Management

Effective absence management is an integral part of the wider commitment to staff health and wellbeing under the HSC Workforce Strategy 2026. The Trust continues to focus on the robust management of sickness absence and supporting managers to reduce levels of sickness absence. The current absence target for 18/19 is 6.47% and at end June 2018 the absence level was 5.84%

A key development to support this has been increased focus on partnership working between Human Resources and Occupational Health and this has been effective in developing strategies to address key absence management issues including the Occupational Health referral process, management of sickness absence processes and early intervention, training and support for managers and Case Conferences. Action learning sets have been established with Human Resource and Occupational Health to discuss challenging cases and ensure a consistent approach, shared learning and direct communication between each team. The Absence Management Team also work closely with Human Resources colleagues to ensure employment and equality legislation and best practice is upheld and to jointly support managers and staff with professional and consistent guidance.

The staff in the Absence Management team are developed and trained to ensure the continued support of staff and managers with regard to reasonable adjustments, timely and relevant interventions and ensuring that staff and managers are aware of their key responsibilities under the Trust Attendance Management Protocol and associated Policies. An external audit to assess compliance with the Protocol took place in October 2017 and the key actions and findings are being addressed.

The Trust is committed to supporting staff with a disability to remain in work and avail of a range of support mechanisms and reasonable adjustments to do so including redeployment to suitable alternative roles. Staff on long-term sickness absence are supported and for those found

permanently unfit for work; 71 Ill Health Retirements and 101 Ill Health termination of employment, took place for the period 1 April 2017 to 30 March 2018. For the period 1 April 2018 to 30 June 2018 there were 25 staff who retired on ill health grounds and 20 staff whose contracts of employment were terminated on ill health grounds.

Human Resource Drop in clinics are scheduled each month across the Trust, providing Managers the opportunity to raise their concerns, obtain guidance and support and manage their staff. Mandatory absence training is provided for Managers and staff and during the period 1 April 2017 and 31 March 2018, 320 staff and managers were trained. For the period 1 April 2018 – June 2018 84 staff and managers were trained. An Attendance Management e-learning programme is currently being developed. In addition monthly training is delivered by Human Resources & Finance Department colleagues with regards managing and preventing overpayments relating to non-compliance with the Management of Attendance Protocol and HRPTS/Timesheet guidance.

HR reporting and analytics will continue to be reviewed to ensure that data is meaningful and supports managers in managing absence, and reviewing “hot spot” areas and addressing key triggers. Managers are provided with statistical analysis of absence trends, reasons and triggers through the provision of a suite of monthly & quarterly absence reports and absence management dashboards for directorates

4.2.1.3 Flu Vaccination

Annual flu vaccination remains the most effective way for staff to protect themselves, their patients and families against the flu virus. By encouraging as many of our staff as possible to take up the offer of flu vaccination, the Trust can approach winter with increased confidence.

Similar to last year’s target, the DHSS target for front-line health care staff to receive the flu vaccine this year is 40%. Encouragingly, the Belfast Trust was the only regional Trust to achieve last year’s 40% target. The Trust will build on this success to achieve an even higher uptake this year.

The Flu Steering Group commenced planning for the 2018/19 flu campaign in April 2018. Undoubtedly, the success of last year’s campaign was a direct result of a robust communication plan, the commitment and drive of Directorate flu champions and the mobilisation of more than 80 dedicated Peer Vaccinators who promoted and delivered flu vaccinations at a local level. This year’s Flu Vaccination Action Plan has identified a number of key actions, including effective communication, improving local accessibility and increasing the number of peer vaccinators. The Trust will continue to liaise with Flu Fighters England to learn from high performing Trusts in England and Wales.

Occupational Health will operate large vaccination clinics on the BCH, RVH, KHCP and Mater sites for a period of 3 weeks commencing 1 October 2018. In addition, peer vaccinators will offer local, accessible flu vaccinations from 1 October 2018 onwards.

4.2.1.4 Improving Working Lives

A range of initiatives continues to be offered within the Trust to improve the working lives of staff, support their caring responsibilities and to ensure that the Trust remains an Employer of Choice. Engagement with staff helps to inform the range of Improving Working Lives initiatives provided and the findings of the 2019 Regional Staff Survey will further support this development.

Work Life Balance is a key theme in the HSC Workforce Strategy 2026. The Trust has a comprehensive suite of Work Life Policies and a Special Leave Policy that enable staff to balance both home and work commitments and improve their working lives. These are:

- Job Sharing
- Employment Break
- Part-Time Working
- Term-Time Working
- Flexi-Time Scheme
- Compressed Working
- Homeworking
- Flexible Retirement

From 1 April 2017 to 30 June 2018 there were 2218 applications received with an 82% approval rate.

The Improving Working Lives Team continue to support Directorates with a range of HR Drop In Clinics, Staff Health Fairs, Maternity Information Sessions and provides advice and guidance on a range of issues. The Health and Wellbeing action plan is a key contributor to our initiatives to improve the working lives of staff as detailed in 4.2. Currently, a Financial Wellbeing programme is being co-developed in partnership with Payroll, Finance and Bank of Ireland to include an overview of managing money, savings through work, donating to charities (including Trust charities) and sources of support for those staff facing financial difficulty.

In addition the Menopause lunch and learn information sessions continue to be popular with staff and it is planned to work with Business in the Community to develop a podcast of information for staff regarding menopause.

To support our staff with caring responsibilities a new Childcare Framework and Action Plan has been developed and reflects the Trust's continuing commitment to supporting working parents, childcare provision and opportunities for further expansion of our existing childcare schemes.

The Trust has continued to grow the existing summer scheme, which has been in operation for eleven years and is now delivered across four venues for approximately 500 children of staff. The Scheme is now also operational over the Hallowe'en break. Our highly commended scheme further enables our staff as working parents to continue to carry out their roles and responsibilities during school holidays. Our family friendly practices and innovative approach to supporting our staff were recognised by Employers For Childcare and we were highly commended at their annual awards in September 2017.

We have a range of initiatives that support staff as carers and have co-developed in partnership with Carers co-ordinator, a Carers Framework offering support and guidance. This proactive and engaging approach enhances employee health and wellbeing and supports all staff as carers. Through a collaborative and partnership approach, across services and with external stakeholders including Carers NI, staff can access on benefits, avail of health and wellbeing support and interventions, request flexible working arrangements and our special leave policies can assist staff to balance their caring commitments with their job.

Cognisant of the fact that we have an ageing workforce and we are an exemplar employer of choice, a series of Age Focus Groups were conducted during 2017 encouraging staff to share their experiences as an older worker. As a direct result of same, we have reviewed our preparation for retirement sessions and the Flexible Retirement Policy has been further updated and reviewed, reflecting our commitment to support older workers as an employer of choice and

retain valued skills. The Menopause information sessions referred to above were also as a direct result of our Age Focus Groups.

In September 2017, Vitality Health and The Financial Times identified the Trust as one of UK's healthiest workplaces in recognition of our b well initiatives that improve staff health and wellbeing.

4.2.1.5 Employment Equality

Our aim is to ensure that the new S75 Equality Action Plan and Disability Action Plan 2018-23 Plan supports the Trust's People Strategy of "caring, supporting, improving, together", where our people are at the core of everything we do for the benefit of the communities we serve.

As part of the National HPMA Awards, The Employment Equality Team were shortlisted finalists for 2018 HR Team of the Year. This was in recognition of the innovative work, ground breaking work they lead in partnership with a range of stakeholders including persons with a mental health condition and learning disability, a range of Directorates within the Trust, the Equality Commission for NI and Disability organisations.

As an accredited employer of excellence by Employers for Disability, the Trust will continue to develop its employability and best practice initiatives for staff with disabilities under the Disability Action Plan. The regional policy regarding the employment of persons with a disability has been reviewed. We continue to provide support to the Disability Steering Group to enable and support the employment of disabled persons and continue to promote the employability programme supporting persons with a learning disability into employment.

In the 2018 Legal Island Diversity Awards for Best Disability Initiative the Trust was highly commended.

We will continue to work in partnership with local communities and our Trade Union colleagues regarding our Affirmative Action Programme.

We have co-developed a draft regional Gender Identity and Expression Employment Policy.

Our participation in the Gender Project (In partnership with BITC and PWC) and innovation with regards promoting gender equality was recognised by Legal Island as we won the 2018 Diversity Award for Best Gender Initiative.

We will continue to support and promotion of the regional LGBT Network.

A comprehensive programme of training continues to be provided in partnership with Health & Social Inequalities and Employment Law teams and 2,473 staff have been trained since April 2017.

We continue to provide a confidential bullying and harassment support service for Trust staff and support the Trust's Domestic Abuse Support Service.

4.2.2 To Improve the Quality and Experience in Health and Social Care

4.2.2.1 Organisational Development

We continue to build on our long-term programme of work to develop a culture of safe, effective and compassionate care. As described in our Corporate Plan (2018-2021) and supporting Quality Improvement Strategy (2017-2020), developing the necessary culture to support our

revised Trust vision requires organisational development (OD) activities that support innovation, learning and collaboration, and improved leadership, decision making and team based working.

This work aligns with the Trust's values and its revised corporate objectives, and the Regional HSC Collective Leadership Strategy.

Key OD actions in 2018-19 (aligned to the four strategic themes as set out in the Commissioning Plan for 2018-19) include:

To improve the health of our citizens:

- Further support and embed new ways of working as part of the divisional leadership structure, the majority of which is now in place across all service facing Directorates within the Trust. This structure is designed to support person centeredness by shifting responsibility and autonomy for decision making and improvement closer to the point of care through teams of senior health professionals and managers at Divisional level. Specific OD activities will include, for example, ongoing discussions with divisional leadership teams about leadership roles and responsibilities, and alignment of divisional activities with the Trust's revised performance and accountability framework, and the Divisional and Corporate Plans.

To improve the quality and experience of health and social care:

- Complete (in late 2018) the initial phase (the Discovery Phase) of our culture and leadership capability assessment which is designed to provide a baseline position. The outworking of this initial phase (using an targeted staff survey, focus groups, senior leadership interviews, and reviews of existing staff and patient experience information) will be used to inform the Trust's collective leadership approach, identifying further OD activities required to support our Trust vision to be one of the safest, most effective and compassionate health and social care organisations. This work will complement related activities including assessment against Investors in People sixth generation, culture assessment work planned as part of the Regional HSC Collective Leadership Strategy, and the national NHS staff engagement survey which is expected in 2019.

To ensure the sustainability of health and social care services provided:

- Continue to establish and support forums and channels to support cross division and cross directorate learning and improvement. Recent examples have included in the cross divisional forum (six weekly), and subsequently the new Senior Leadership Committee (monthly).

To support and empower staff delivering health and social care services:

- Continue to implement team effectiveness activities within and across the new divisional leadership teams, and to commence the roll out of similar activities at Delivery Service level teams in 2018-19.
- Design and implement an engagement and communication approach and plan to support the wider programme of change (ImPACT) – of which People & Culture (to which the OD activities discussed above relate) is a key work-stream.

4.2.2.2 Quality 2020

In our Trust's Organisational Development Framework, launched April 2016, we have set out Safety and Quality as a core priority alongside collective leadership and research and innovation. The Framework clearly sets out our commitment to grow the culture and behaviours to sustain safety and quality, in line with Quality 2020, and supported by life-long learning. We are continuing to develop internal capacity and capability for safety and quality across all our

working practices and to implement planned activities that directly and positively impact how we protect and improve the safety and quality of the health and social care we deliver.

In particular we will implement the Trust's Quality Improvement strategy and further engage staff to focus on patient and client safety and quality improvement and support a culture which prioritises the quality of care above all else and delivers a relentless pursuit of continuous quality improvement.

4.2.2.3 Level 1 Awareness Quality Attributes Framework

The Human Resources, Learning and Development team continue to lead on the delivery of Level 1 training across the Trust to achieve the 30% target set by the Department of Health for 2017-18. The Level 1 training programme provides staff with an introduction to Quality Improvement, small step change and a solid understanding of the critical role they play in improving services for patients, clients and service users.



Through ongoing promotion and communication with Service Managers the Learning and Development team have continued to see a steady uptake of the programme. As part of the SAFETember campaign, the team offered Quality 2020 Level 1 training every day throughout the month of September: in this month the training was delivered across 45 teams to 572 staff, with a further 185 staff completing the eLearning

programme.

The 30% target set by the Department of Health for 2017-18 has been exceeded by 18%. In total 48% of Belfast Trust staff have now completed Level 1 training either through attendance at face-to-face workshops or completion of the regional eLearning training programme.

4.2.2.4 Level 2 Delivering Improvement Quality Attributes (Colin McMullan to update)

The Trust has already established a modular development programme to meet the level 2 of the Quality attributes framework and is entering its third year of implementation. To date approximately 180 staff have completed the 10-month programme with another 150 participants commencing in September 2017. This programme provides a combination of classroom based learning with expert speakers, online learning through the Institute of Health Improvement as well as completion of a quality improvement project aligned with the Trust's Quality Improvement Plan. All project teams are mentored within the Trust by staff who are experienced in improvement science. The delivery of level 2 programmes is resource intensive however the Trust is continuing to explore ways to support staff to complete this level of training so that they can use their skills within their own service area. We will therefore work towards meeting the target of 5% of staff trained as efficiently and as effectively as possible.

4.2.2.5 Level 3 & 4 Driving and Directing Improvement Quality Attributes Framework

In 2018/19 we will continue to participate in the regional group established by the Chief Nursing Officer to develop and agree approaches to enable the Trust to meet level 3 and 4 of the Framework.

4.2.3 To Ensure the Sustainability of Health and Social Care Services Provided

4.2.3.1 Workforce Modernisation

The Trust has a track record of implementation of its Strategic Reform and Modernisation programmes. A main focus of the Trusts Workforce Management efficiencies continues to be absence management, workforce productivity, reduction in backfill, review of agency and locum expenditure, vacancy management, harmonisation of staffing levels grade and skill mix.

An integral aspect of the Human Resources Modernisation and Workforce Planning Team within the Trust is supporting the Trusts Strategic Reform and Modernisation programmes, leading effective change management in support of service redesign, implementing service reconfiguration and making change happen.

In 2017/18 in order to achieve and support the successful delivery of the Trust's Delivery Plan and Reform and Modernisation programme the following workforce actions have been identified:

- To support the development of New Directions (2), Improving Elective Care and Unscheduled Care and supporting more people to live at home.
- We will continue to engage and consult with our Trade Unions at local and regional level, as applicable, and the local community and other key stakeholders as set out within the Trust's updated 'Good Practice Consultation and Communication Guide'

4.2.3.2 Workforce Planning

Inextricably linked to Workforce Modernisation is Workforce Planning. In 2017/18, the focus will be on developing a Trust wide high-level workforce plan to support New Directions 2 and to create a programme to develop Workforce Plans in priority areas, each covering a five-year period.

4.2.3.3 Medical Workforce Strategy

The Trust will develop a strategy for medical staffing to focus specifically on recruitment, retention and engagement to ensure the Trust realises its aim of becoming an employer of choice for medical staff and an organisation that is recognised as caring both for its staff and service users.

4.2.3.5 Workforce Governance

The Safer Recruitment and Employment Group will progress the annual Action Plan for 2018/19. Key issues include the Trust's Safer Recruitment and Employment Framework, associated Audits, Policy Reviews, Working Time Regulations, HR Controls Assurance Standards, HR Quality Standard Framework review and the Leaver's Checklist for Managers. In line with GDPR, HR have implemented a Privacy Notice for staff regarding the management, processing and handling of employee data and we have recently nominated Information Asset Administrators (IAA) who will report to the Information Asset Officer (IAO) for HR. The Trust continues to participate in BSO Audits and take forward appropriate action in relation to the 2018/19 Audit Plan.

4.2.3.6 BSTP / HRPTS / Shared Services

The Trust continues to work in partnership with the Business Services Organisation to ensure on-going improvement in the delivery of Finance, Payroll and Recruitment shared services.

In respect of the delivery of recruitment services the Trust is continuing to meet with RSSC representatives on a regular basis to both improve the services provided and resolve any arising issues.

At a regional level, the Trust is involved in a Strategic Resourcing and Innovation Forum with colleagues from the other Trusts and regional organisations. This Forum was established to take forward a programme of continuous improvement in respect of all aspects of recruitment services.

We also continue to participate in international recruitment campaigns to fill critical Medical and Nursing workforce shortages.

In addition to our regional work, the HR and Nursing Directorate continue to introduce innovative approaches to recruitment and this year we have remodeled our Nursing and Midwifery open days to both increase awareness of the event and to improve the candidate experience.

These changes have been positive to date and we will continue to expand on this work both within nursing and other professional areas during 2018/19.

4.2.4.7 'Your HR – Delivering Excellence'

'Your HR' was introduced in response to feedback from the HR Survey and in recognition of the increasing pressures across all HR functional teams. A new model of service delivery, Your HR provides all Trust employees with access to a wide range of useful information and answers to Frequently Asked Questions on the HR Portal and also a dedicated telephone number for contacting the HR Department. Any questions which cannot be dealt with by the Your HR team are escalated to the appropriate specialist staff who will deal with the query. 'Your HR' is now well embedded as the preferred model of delivering a timely service to staff contacting the HR Directorate for answers and support in dealing with queries. The results of the HR Survey have clearly shown that the introduction of 'Your HR' has improved communication for staff contacting the HR directorate and has improved overall customer satisfaction with the HR service. 'Your HR' will continue to be developed in 2018/19 as part of the directorate's commitment to the provision of a professional, timely and responsive HR service to meet the needs of the Trust.

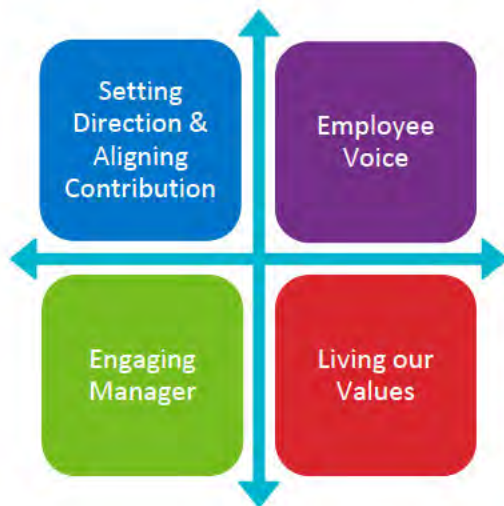
The model introduced in the Belfast Trust has been shared with regional HSC colleagues. As a result of this another Trust have adopted a similar model.

4.2.3.8 Digitalisation

In 2018/19, we will continue on our journey to maximise the use of digital technologies to support a range of HR functions. We will continue to up-skill staff to use a range of digital learning technologies and scope the use of online technologies to support pre-boarding and on-boarding activities and expand our current model of delivery for Statutory and Mandatory training.

4.2.4 To Support and Empower Staff Delivering Health and Social Care Services

4.2.4.1 Engagement



The Trust continues to work towards strengthening employee engagement and to improve how we engage with our front line staff. The Trust's Engagement Framework guides the work in this area. Directorates have now developed People & Culture action plans with a view to improving engagement scores as tested through the regional staff survey and other 'pulse' surveys.

The HR Learning and Development Team continue to actively promote and deliver our in-house training for Engaging Managers. 186 participants attended this programme in 17/18 and there will be at least one course available per month in 2018-19. The recently developed Employee

Engagement Toolkit is currently being updated to include Joy in Work.

4.2.4.2 Learning and Development Strategy

A commissioned evaluation of the Trust's learning and development strategy for 2014 – 2017 was completed by the HSC Leadership Centre with the purpose of assessing if the strategy delivered its stated purpose and aims, and the degree to which it supported the delivery of the Trust's objectives. The evaluation highlighted examples of trust wide successes including:

- the Trust's achievement of Investors in People (bronze)
- the contribution of the Values workshops in embedding a caring, accountable culture
- the positive impact of the Supporting Belfast strategy
- the Leading with Care development initiative supporting the Trust's approach to Collective Leadership

The findings have been used to inform the incoming strategy for 2018 – 2021. The aim of the 2018 – 2021 strategy is to support the Trust to make measureable improvements towards achieving our vision and aim to be in the top 20% of high performing Trusts by 2020. It has eight main themes that will help realise this aim:

- Management Skills
- Safety and Quality
- Vocational Progression
- Coaching
- Culture and Leadership
- Learning Ecosystem & Digital Learning
- Core Training
- Learning Analytics

We also continue to progress major initiatives to contribute to our learning culture:

Investors in People

Following the Trust's successful accreditation with IIP Bronze in March 2016, we are working towards assessment against the Generation VI Framework. The IIP Steering Group and Leading Supporting Improving Team (LSIT) Leads are working towards meeting the key milestones set out in the updated implementation plan for reaccreditation in 2019. In 2018-19 a Mock Assessment has been carried out with areas of strength and areas for improvement for the entire Trust and directorates specifically. Later in the Autumn/Winter the online assessment will be rolled-out to staff to gauge their perceptions on life in the Trust and

the face-to-face meetings will be held in March 2019. A lot of effort continues to be put in by the Steering Group, LSITs and other staff as we countdown to the final result in April 2019.

Statutory and Mandatory Training

We have continued to support and work in partnership with Trust colleagues to improve the Trust's compliance with Statutory and Mandatory Training. To achieve the levels required the Trust is progressing a renewed and radically different approach to the delivery of Statutory and Mandatory Training. To progress this new approach a workshop attended by Senior Responsible Officers for Statutory and Mandatory Training was held in July 2016, with the outputs informing the development of a Project Action Plan. Since the ratification of The Project Action Plan, a number of key objectives are underway and will continue to be progressed:

- The Trust's Statutory and Mandatory Training Matrix has been reviewed to include, in the first instance, Statutory and Mandatory Training applicable to ALL Trust staff.
- Funding to develop an Outline Business Case for a Learning Management System was secured.
- A proposal paper has been drafted outlining a radically different approach to the delivery of Corporate Statutory and Mandatory Training for new employees.
- The technical solution to support compliance reporting from The Trust's centralised recording system (HRPTS) has been developed and is expected to be available in autumn 2017.

Embedding Values

The Trust continues to embed a values based culture. The HR learning and development department continues its emphasis on the roll out of team values workshops and have identified an increase in requests on the back of IIP. In 2017/18 there were 94 values workshops completed comprising of 1091 participants. The team are also targeting those teams who have already completed level I to further embed the values through the values II workshops. These workshops provide teams with an opportunity to review and refresh their Team Values Charter established during their Stage I workshop. Content also includes:

- Opportunities to reinforce acceptable behaviours
- Identification of non-acceptable team behaviours
- Importance of personal accountability behaviours
- Development of skills to challenge inconsistent behaviours

An action Plan has been created for 2018-19 to sustain the uptake of these workshops, the aim is to deliver approximately 150 workshops in the year. An evaluation strategy of the workshops will also be undertaken in order to determine whether outcomes are being met and to identify ways to further improve the workshops.

Leadership Development

The Trust launched the Leading with Care programme for Tier 5 post holders and to date there have been 10 cohorts enrolled in programme. The 2018-19 programme is being 'fine-tuned' based on feedback from evaluations of early cohorts. All participants complete a collective leadership challenge and have the opportunity for 'front line' experiential learning.

The Trust launched a new Nurse Leadership development programme and 8 cohorts completed this initiative with the first in April 2017. A programme evaluation has been compiled for early cohorts which demonstrated positive outcomes such as an increased awareness of strategic leadership in the Trust, greater awareness of Trust Values and service improvements in clinical settings. There will be three further cohorts in 2018-19 starting in September with continued collaboration between HR Learning & Development and Central Nursing.

We are continuing to implement the actions set out in our Leadership and Management Framework that was launched in March 2017. The framework supports our commitment to developing a culture of collective leadership and to growing our community of leaders. This means having leaders at all levels of the organisation working together towards achieving high performance and improvement for our patients and clients. This idea is fully embedded in all leadership programmes delivered such as ILM Leadership and Management and Engaging Manager.

Succession Planning

The Trust's Succession Planning initiative continues to be reviewed and we have extended the initiative for current Tier 6 post holders, typically for those in band 6/7 positions who are aspiring senior managers, having reviewed and adapted the model used to meet the needs of this group of staff. This new initiative was launched in May 2018 with 18 applications for the September 2018 start date.

Supporting Belfast Strategy

Implementation of the Supporting Belfast Strategy continues. With almost 9000 support staff working at bands 1 to 4 in the Belfast Trust the HR Learning and Development team have been actively working to ensure that the trust is supporting support workers to achieve their potential, have an equal opportunity to participate in learning and development activities and obtain the skills and knowledge they need to do their jobs well and provide first class patient care.

In the past year the HR Learning and Development Team have reviewed their delivery model and now offer a service that is much more flexible. A number of programmes within the Learning and Development Portfolio can be delivered outside the traditional 9 to 5 working pattern and at the participants' place of work, making attendance at training more accessible.

To support career progression for staff in bands 1 to 4 the HR Learning and Development will be delivering a number of vocational learning programmes throughout 2018-19 for Nursing Assistants and Medical Records staff including ProQual Level 2 and Level 3 Certificates in Health Care Support, ILM level 2 in Team Leadership and Level 3 in Leadership and Management.

To further promote the benefits of continuous learning and development for life and work support and participation in regional and national learning initiatives such as Learning at Work Week and the Belfast Festival of Learning will continue throughout 2018-19. It is also planned to continue with the promotion of Belfast Trust as an employer of choice and in particular the range of support worker roles that exist across the trust. Trust teams will attend employment and careers fairs working in collaboration with organisations such as the Belfast City Council, Department for Communities, Employment East and The West Belfast Employment Partnership as well as a number of other local community organisations to support initiatives aimed at engaging and supporting the long term unemployed.

5.0 Governance

5.1 Introduction

The Board of Directors of the Belfast HSC Trust (The Board) has a responsibility to provide high quality care, which is safe for patients, clients, visitors and staff and which is underpinned by the public service values of accountability, probity and openness.

The Board is responsible for ensuring it has effective systems in place for governance, essential for the achievements of its organisational objectives. The Assurance Framework provides the structure by which the Board's responsibilities are fulfilled.

The Assurance Framework is an integral part of the governance arrangements for the Belfast HSC Trust and should be read in conjunction with the Corporate Plan.

The Assurance Framework (and Principal Risk Document) describes the organisational objectives, identifies potential risks to their achievement, the key controls through which these risks will be managed and the sources of assurance about the effectiveness of these controls. It lays out the sources of evidence which the Board will use to be assured of the soundness and effectiveness of the systems and processes in place to meet objectives and deliver appropriate outcomes.

This framework should provide the Board with confidence that the systems, policies, and people are operating effectively, are subject to appropriate scrutiny and that the Board is able to demonstrate that they have been informed about key risks affecting the organisation.

5.2 Assurance

The Board can properly fulfil its responsibilities when it has a full grasp of the principal risks facing the organisation. Based on the knowledge of risks identified, the Directors will determine the level of assurance that should be available to them with regard to those risks. There are many individuals, functions and processes, within and outside an organisation, that produce assurances. These range from statutory duties (such as those under health and safety legislation) to regulatory inspections that may or may not be HSC-specific, to voluntary accreditation schemes and to management and other employee assurances. Taking stock of all such activities and their relationship (if any) to key risks is a substantial but necessary task.

The Board is committed to the effective and efficient deployment of all the Trust's resources. This will require some consideration of the principle of reasonable rather than absolute assurance. In determining reasonable assurance it is necessary to balance both the likelihood of any given risk materialising and the severity of the consequences should it do so, against the cost of eliminating, reducing or minimising it (within available resources).

The Assurance Framework defines the approach of the Board of the Belfast HSC Trust to reasonable assurance. It is clear that assurance, from whatever source, will never provide absolute certainty. Such a degree of assurance does not exist, and pursuit of it is counter-productive.

5.3 Assurance Framework

The Board has an approved Assurance Framework; this was reviewed in July 2018 to ensure it continues to reflect the structure of the Trust and the process of setting objectives in response to DHSSPS and HSCB commissioning targets at that time. The Assurance Framework outlines the Chief Executive's overall responsibility and accountability for risk management. The Framework also sets out a system of delegation of responsibility at Trust Board, Executive Team

and Directorate levels. While ensuring local ownership in managing and controlling all elements of risk to which the Trust may have been exposed, there is a clear line of accountability through to Trust Board.

The Assurance Framework allows an integrated approach to performance, targets and standards which include controls assurance standards and quality standards for health and social care. The Assurance Framework describes the relationship between organisational objectives, identified potential risks to their achievement and the key controls through which these risks will be managed, as well as the sources of assurance surrounding the effectiveness of these controls. The Assurance Framework incorporates the Risk Management Policy and establishes the context in which the Belfast Trust Management Plan was developed, as well as determining the mechanism through which assurances were provided to the Trust Board.

5.4 Risk Management

Risk management is at the core of the Belfast HSC Trust's performance and assurance arrangements. The Trust Board has approved a Risk Management Strategy and the associated Risk Management Action Plan which was reviewed and updated in July 2018. The Strategy is underpinned by its policy on risk. The Trust has established an Assurance Committee whose membership includes a Non-Executive Director and is chaired by the Trust's Chairman. This provides Board level oversight in this key area. The Assurance Committee reports directly to the Trust Board. This Committee, along with the Audit Committee, will continue to scrutinise the effectiveness of the Risk Management Strategy. The Belfast Trust acknowledges that it is impossible to eliminate all risks and that systems of control should not be so rigid that they stifle innovation and imaginative use of limited resources. Inevitably the Belfast Trust may have to set priorities for the management of risk. There is a need to balance potentially high financial costs of risk elimination against the severity and likelihood of potential harm. The Belfast Trust will balance the acceptability of any risk against the potential advantages of new and innovative methods of service. The Belfast Trust recognises that risks to its objectives may be shared with or principally owned by other individuals or organisations. The Belfast Trust will continue to involve its service users, public representatives, contractors and other external stakeholders in the implementation of the Risk Management Strategy.

Risk management is integral to the training of all staff as relevant to their grade and situation, both at induction and in-service. To support staff through the risk management process, expert guidance and facilitation has been available along with access to policies and procedures, outlining responsibilities and the means by which risks are identified and controlled. Actions taken to reduce risk have been regularly monitored and reported with trends being analysed at Directorate, Corporate and Board levels. Dissemination of good practice has been facilitated by a range of mechanisms including systems for the implementation and monitoring of authoritative guidance, clinical supervision and reflective practice, performance management, continuing professional development, management of adverse events and complaints, multi-professional audit and the application of evidence based practice.

5.5 Assurance Committee/Assurance Group

The Assurance Committee is supported by an Assurance Group which is chaired by the Chief Executive. The Assurance Group last reviewed its membership and terms of reference in January 2017, and will go through a further review following the updated Assurance Framework. It has an established sub group, the Risk Register Review Group that scrutinises the evaluation of all significant risks arising from Directorate. The Assurance Group has reviewed its arrangements to scrutinise the efficiency and efficacy of the professional and advisory committees and Directorate assurance committees to consolidate the arrangements for integrated governance. Each Directorate has maintained and further developed systems to identify risk, assess impact and likelihood of harm occurring, and to maintain control in line with

the Assurance Framework and the Risk Management Strategy. These risks are used to populate the operational Risk Registers, which are updated on an on-going basis and which feed into the Belfast Trust's Corporate Risk Register and Assurance Framework Principal Risks and Controls. (See Appendices 2 A & 2 B showing sub-committee structure).

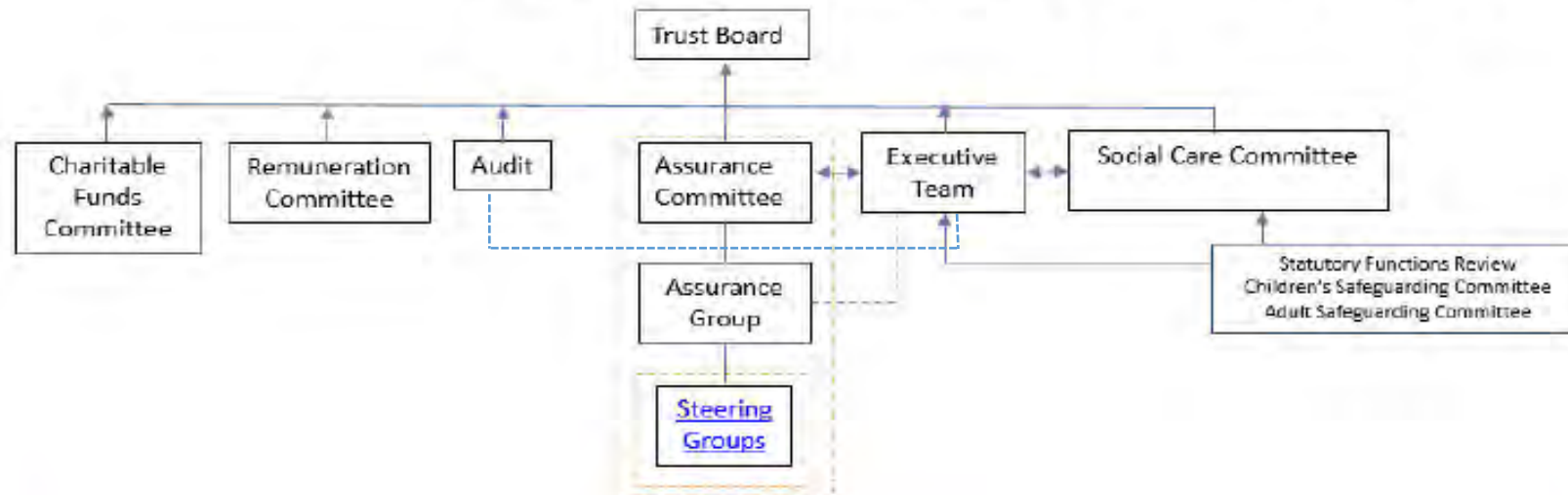
5.6 Assurance Standards

The Controls Assurance process formally ceased in April 2018. Suitable alternatives to provide appropriate assurance for our accounting officer for 2018/2019 are being finalised. The Belfast Trust established system of identified key Directors to be accountable for action planning against each standard remains in place. The results will continue to be used to inform the Trust's corporate risk register and will be mainstreamed with other aspects of the Trust's Delivery Plan through the Assurance Framework as required.

The Belfast HSC Trust assessed its compliance with the Controls Assurance Standards and achieved substantive compliance against all twenty two standards in 2017/18.

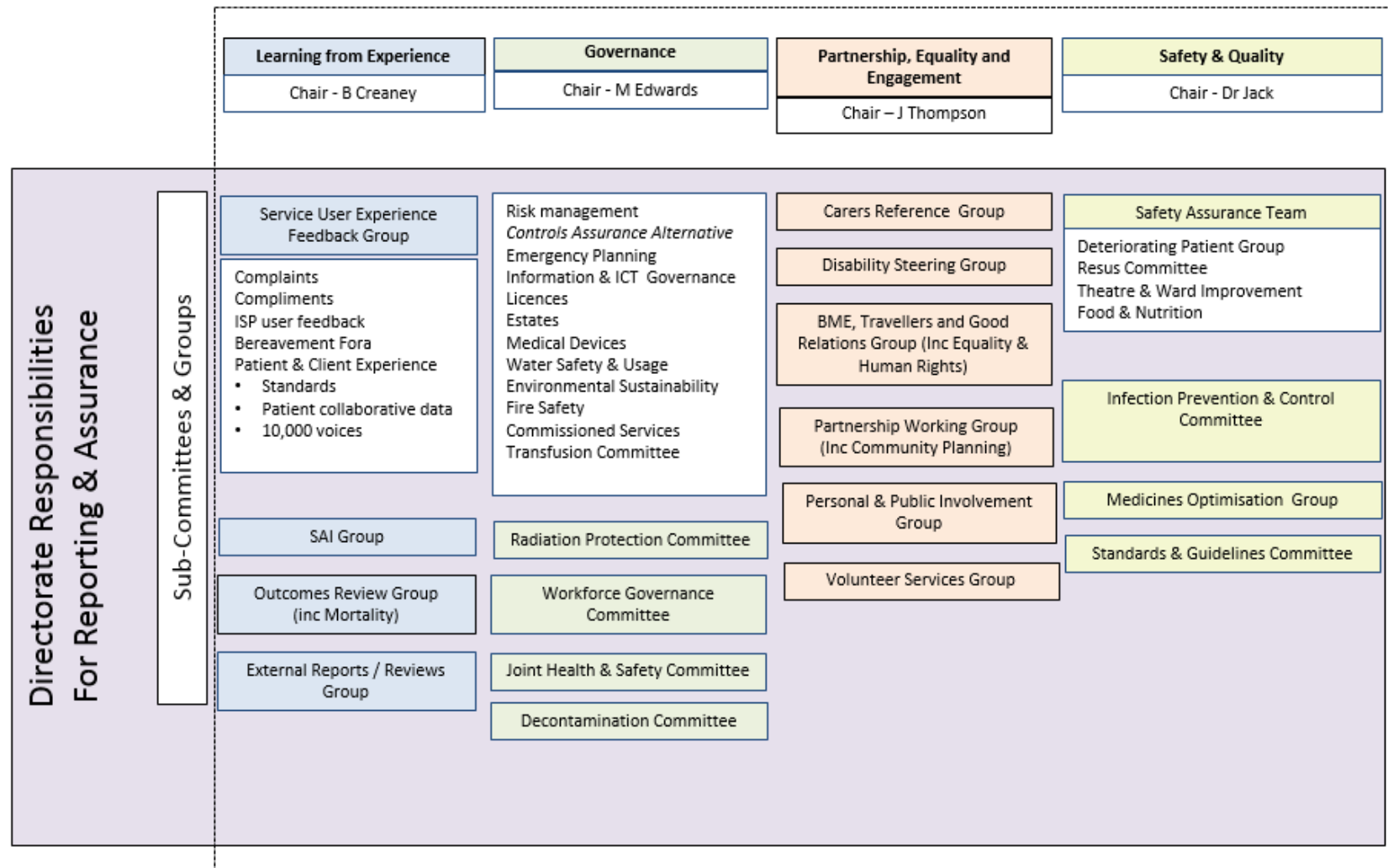
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Trust Assurance & Accountability Organisational Overview



Five Corporate Themes				
Safety, Quality & Experience	Service Delivery	Strategy	People & Culture	Resources
Key Objectives				
Deliver Quality Improvement Plan 2017-2020, linked to Experience	Drive Improvement across elective care, unscheduled and community services	Develop and deliver strategic change with partners	Implement Collective Leadership and Culture Strategy	Build Infrastructure fit for purpose

Steering Groups and Assurance subcommittees



6.0 Promoting Well-being, PPI and Patient Experience

The Trust recognise that investment in prevention is a key contributor to reducing future demand for health and social care and therefore we work to a transformation agenda that will drive and support the implementing of Making Life Better - the whole system strategic framework for public health and support the delivery on the draft Programme for Government outcomes.. The Trust will work in partnership across health and social care, government departments and a range of delivery organisations in statutory, community, voluntary and private sectors to coordinate action to improve health and reduce health inequalities. This will include delivery on the main MLB themes of

- Giving Every Child the Best Start
- Equipped Throughout Life
- Empowering Healthy Living
- Creating the Conditions
- Empowering Communities
- Developing Collaboration

The Trust will continue to work with the whole Belfast population while targeting programmes at key disadvantaged groups i.e. BME, Travellers, Roma LGB&T, looked after children, older people, men, disadvantaged communities and those with a disability. The Trust will also further develop evidenced based health improvement programmes, information and support services covering a wide range of area's including obesity, tobacco, suicide prevention and self-harm, alcohol, sexual health, poverty – fuel, food and financial, long term conditions, early intervention and parenting programmes.

The Trust will continue to integrate health improvement and community development principles into all Directorate/Divisional planning and activities, to ensure the achieving of Making Life Better objectives and encourage healthier choices. This work will be supported by the Trust Health Improvement and Community Development teams, with effort targeted on reducing inequalities in health and wellbeing. In particular, the teams will work closely with Trust Directorates, the local community, the Local Commissioning Group and Integrated Care Partnership's to ensure prevention is given priority.

The Health Improvement and Community Development Teams will work with local community groups and partnerships to support them in improving the health of the local population, through training, advice, funding and delivery of programmes.

The teams will continue to look for innovative ways to improve the service that we deliver within reduced resources and we will maximise this potential by exploring new opportunities of working in partnership. In particular, the Trust will continue to work with the Public Health Agency and Belfast City Council through the Belfast Strategic Partnership to contribute to the implementation of the Framework of Action as well as supporting the delivery and oversight of Community Planning with local government in both Belfast and Lisburn and Castlereagh, to improve health and social wellbeing and reduce health inequalities.

The Trust's will continue to implement it's PPI Framework to further support the development of PPI across the organisation. The framework enables the Trust to continue to embed PPI in all Directorates and adhere to the standards and key performance indicators for PPI. The Trust will continue to deliver PPI training for staff, using the Engage and Involve training programme. This training aims to provide a context for PPI within Health and Social care and to increase awareness and demonstrate the value of PPI. It offers staff an opportunity to develop the knowledge and skills needed to facilitate PPI and encourage them to reflect on current practice

and areas for development. The Trust will continue to be represented on the Regional PPI Forum and its associated sub-groups.

The Trust will work with the PHA to develop regional initiatives to support PPI and will continue to be active in taking a community development approach to working with community and voluntary sector partners to explore opportunities for engagement. The Trust will continue work with the PHA to look at systematic evaluation of PPI activity.

In addition, the Trust will continue to adopt a co-production and co-design model to bring forward change and will utilise the Department guide to deliver transformational change which supports the adoption of a population health approach.

INFORMATION FOR TRUST DELIVERY PLANS 2017/18
Financial Planning pro-forma
(Reference: Appendix 5 Commissioning Direction Plan)

Annex A

2018/19 Inescapable Cost Pressures

	CYE £'m
Auto enrolment superannuation	6.00
Energy	0.90
MH Pressures	1.00
LAC	0.75
Labs	0.90
3rd cleans	0.50
Other - GDPR, GP OOHs, cybersecurity, TPN	0.50
Muckamore Abbey Hospital	1.00
Neurology Review	1.00
3 high cost cases in LAC	0.90
Total	13.45

Superannuation

Over 50% of the inescapable pressures relates to the auto enrolment of superannuation. It is understood that Payroll Shared Services undertook an exercise to review the position of all staff in relation to pension scheme membership prior to April 2016. This work was completed in December 2017 and resulted in a significant number of staff being auto enrolled to the 2015 pension scheme for each Trust. Subsequently a small number of staff have opted out of the 2015 scheme. The numbers not previously in the pension scheme but remaining in it for the Trust are 1447.65wte. This is a new cost for the Trust and without additional funding will have a detrimental impact on workforce management.

Energy

The energy pressure is two fold. There is a change in the pass through price from the electricity regulator and a gas price increase of 8.1%. The gas price increase was from 1st April and the regulator increase was effective from 1st June. The Trust is leading with a piece of work with the Strategic Investment Board around potential invest to save energy initiatives. This may generate savings in future years but is unlikely to yield anything in year. The increase in the pass through price from the electricity regulator was £230k. Increases in price for gas from £0.0304705per Kwh to £0.032944 which is a cost increase of £600k and a price increase for electricity of 0.098706 per Kwh to 0.099171283 causing a pressure of nearly £50k.

Labs

There has been a growth in cost pressures in Laboratories as a result of the increase in number, range and scope of Laboratory tests, including price increases, over and above the price index inflation, for managed equipment contracts. In addition a number of clinical service areas have expanded their service provision without the associated investment in the Laboratory to support this, for example GUM clinic, Hepatology Service, HpB Service.

3rd Cleans

National Patient Safety Agency (NPSA) guidance on cleanliness standards in health supports 3 x daily cleans.

There is no question increased standards in environmental cleanliness has a direct impact in the control of HCAs and this is very well documented. In circumstances where increased incidents of HCAs are identified by IPCN colleagues or indeed an outbreak is declared the first response is a 3rd clean of sanitary ware and frequent hand touch surfaces. It is considered that the 3rd clean does contribute significantly to minimise HCAs.

LACPrivate Fostering placements £300k cye

Where the Trust is unable to place children within its own fostering care system they use private placements. The growth on Private Placements is a regional problem. We had previously 88 placements and now have 98 although costs vary depending on the complexity of the child and the organization in which they are placed.

Fostering payments pressure £300k cye Barnardos Adolescent foster placement £150k cye

Over recent years the Trust has received specific non-recurrent funding to attract and increase the numbers of Foster Carers it has in its employment; again this has been a regional issue i.e. a lack of new Foster Carers coming forward. To this end the Trust has been relatively successful in that following advertising campaigns and public engagement sessions new carers have been recruited post the necessary assessment/evaluation processes. This has brought with it a corollary increase in the associated Goods & Services spend in foster care payments, for example bedding, cots, prams, furniture, general household items etc.

Coupled with this, is the fact that due to the increasing complex nature of children being placed in Foster Care, the demand for day care or some form of temporary respite care has sharply increased and in the view of the service manager is only likely to continue to grow. Again, this cost is coded under Foster Care Payments.

Other Costs

GDPR- £210k

GP OOH's

Cyber security- This is to manage the risk of cyber security as identified in internal audit report around management of devices and patching.

3 High Cost Cases in LAC

Client 1 has been within the care of Camphill Community Glenraig since the 30th April this year. Up to the 31st of August we have received invoices for VR to the value of £120k (CYE= £330k, FYE = £360k).

Client 2 was due to be placed in Camphill from 1st August 18 and that the estimate of cost for 18/19 was £333k and that the FYE was circa £500k. To the end of August 18 the Trust has been invoiced for £6k and we understand that the charge is for the educational element only of the package and that residential placement of the client will take place from 1st October, after a period of further assessment in September. Based on the previous costs we had received for KO we estimate that the CYE would be £250k.

A further HCC refers to client LD, for which the service manager has prepared a ECR bid, I am unsure if this has been submitted to HSC colleagues. This client was due to be placed in an organisation called 'Three Steps' in Navan (R.o.I). The value of this placement was expected to be £453k FYE (or £8,720 per week or E10,000/week). This case was in court today and as of this afternoon, the Judge has granted a court order to place the child in Three Steps Navan and LD is likely to be placed from next week or the week after. The placement is likely to last 2 years minimum when at this stage the therapeutic input may mean the child could be placed in a Unit closer to home in Northern Ireland. Assuming the child is placed in the next two weeks as per the court order the CYE is £220k.

These are 3 specific high cost children pressures which are new this year and we have no option but to place these children in the units that best care for them, infact we now have a legal obligation for one child.

Pharmacy optimisation savings plan

REPB-39-18

Secondary Care Report

To

**Medicines Optimisation Regional
Efficiency Programme Board**

(MORE)

Version 3 (25.9.2017)

Introduction

This paper, version 3, provides a further update on secondary care plans for the delivery of savings in pharmacy procurement and medicines optimisation for 2018/19, and on a full-year effect, following the presentation of version 2 to Medicines Optimisation Regional Efficiency Programme Board on 26 July 2018, and additional work undertaken by a number of Trusts over the summer period.

Initial Efficiency Savings Plans

On 17 May 2018, Trusts collectively presented a first draft of their outline plans to the Medicines Optimisation Regional Efficiency (MORE) Programme Board. An in-year projected deficit of £11.28m was reported for 2018/19 to the MORE Programme Board.

The outline plans and deficit were based on the following assumptions:

- final targets were not agreed for secondary care. However, given that the overall pharmacy target for 2018/19 was indicated to be £30m (after £10m in-year easement), which was the same as the 2017/18 target, we assumed that the secondary care target for 2018/19 would match the 2017/18 target,
- the plan did not include HSCB's easement against the carried forward pharmacy deficits from 2017/18 as the extent of support was not known, and
- only Belfast Trust had modelled up and included potential savings in respect of switching programmes for high-cost biologics to biosimilar medicines, and therefore further work was required by other Trusts to scope savings in this area.

Efficiency Savings Targets

On 29 June 2018, HSCB notified Trusts of their pharmacy targets. It was anticipated that secondary care would get a proportionate share of the 2018/19 easement of circa £10m identified by HSCB for pharmacy savings. 37.5% or £3.75m was expected in line with the expenditure split between primary and secondary care. In reality, secondary care has only received £2.5m, representing 25% of the total easement. In addition, only three Trusts received funding towards carried forward deficits, and the amounts identified fall short of Trusts' requirements.

Further work to deliver Efficiency Savings

Following the MORE meetings on 17 May and 26 July 2018, Trusts have worked collaboratively to maximise the opportunities for efficiency savings for 2018/19, and on a full-year-effect.

The Regional Pharmaceutical Contracting Executive Group (RPCEG) reviewed and updated the regional pharmacy procurement workplan for 2018/19 with the savings expected against the following categories: generics groups 3 and 4, surgical dressings, wound care, benchmarking non-COPE medicines and regional patent transitions. See Appendix B for further details.

In addition, Belfast Trust, due to its previous experience and expertise in this area, assisted all Trusts to scope potential savings from biologic to biosimilar switching within their areas. Belfast shared the key principles for a successful clinically led switching programme based on patient safety. Examples of ways to ensure clinical leadership and secure patient engagement and consent were shared, in addition to the methodologies for estimating savings. All Trusts have now used the same methodology and assumptions, albeit the phasing of switch programmes is dependent on local circumstances. Infrastructure is a critical factor to the success of switching. Infrastructure costs, at defined reasonable levels,

have been factored into the efficiency calculations and netted off gross savings. See Appendix B and Case Study 1 for further details of efficiencies from switching programmes.

All Trusts are actively engaged in the regional secondary care benchmarking programme. Unlicensed medicines and licensed generic medicines are the focus of the work for 2018/19, given the extent of price elasticity in these areas. HSC Trusts share all non-contract/ non-framework pricing information and have a regional benchmarking huddle twice monthly as part of this workstream. See Appendix B and Case Study 2 for further details.

Trusts are also working with primary care in respect of Cost Effective Choices. Secondary care is currently auditing compliance with NI Formulary, CEC, and the use of generic prescribing within outpatients as this may have an impact on prescribing choices in primary care. The outcome data will provide assurances regarding compliance across the primary – secondary care interface and may identify key actions points to ensure prescribing is in line with the aforementioned regional standards. See Appendix B for further details, including the outcomes from the ENT outpatient audits.

In addition, Belfast Trust is keen to support efficiency savings for primary care through the use of Victoria Pharmaceuticals (VP). In 2016/17, VP provided access to Hepa Merz medicines to community pharmacists across Northern Ireland, resulting in efficiency savings for primary care under the High cost- Low Volume Boost workstream. See Case Study 3 under Appendix B for further details.

Under the above two workstreams, although secondary care work to support and generate savings, these savings are attributable to primary care.

Secondary care will continue to work with HSCB to help influence change and facilitate delivery of the 2018/19 Pharmaceutical Clinical Effectiveness programme which focuses on diabetes, anticholinergics, CNS -pain management & epilepsy and ONS.

In addition, secondary care is committed to supporting DoH-led regional workstreams in respect of nutritional products, blood glucose monitoring and medicines for self-care conditions. These projects are at different scoping stages.

Efficiency Savings Plans for 2018/19

The table below outlines the updated position for secondary care.

	2018/19 CYE £'m	FYE £'m
Carried Forward Deficits from 2017/18	£2.44m	£2.44m
2018/19 Savings Targets	£15.0m	£15.0m
Easement against 2017/18 Carried Forward Deficits	(£1.51m)	(£1.51m)
In-year Easement on 2018/19 Savings Targets	(£2.5m)	nil
Total Efficiency Savings Plans for Secondary Care	(£6.7m)	(£13.1m)
Deficit	£6.73m	£2.83m

Full details to support the secondary care Savings Plans are shown in Appendices A and B. Appendix A shows the financial values under each savings category, and by Trust. Appendix B shows the underlying assumptions, the activities involved, together with the risks and challenges. Details of specific case studies, which evidence work in the above areas, are also outlined.

Summary

Whilst fully recognising the current increasingly challenging financial climate for health and social care, and the continued need to focus on pharmacy and medicines optimisation efficiencies, we believe that £6.7m is the maximum can be delivered in 2018/19 within secondary care.

The current plans assume full delivery against a challenging procurement workplan and a complex switching programme of high-cost complex medicine regimes across many

specialties. High levels of commitment, clinical leadership and collaborative multidisciplinary working across medical, nursing, pharmacy and management is required to successfully deliver a detailed switching implementation change plan.

Based on discussions at the Strategic Finance Forum and Directors of Finance meetings, secondary care is assuming that the CYE shortfall will be the first call on central HSC slippage or an alternative solution will be identified centrally.

Based on the current plans it is anticipated that secondary care can deliver 80% of the FYE target of £15m from 2019/20, with an estimated £3m shortfall.

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Regional Secondary Care Pharmacy Efficiency Plan 2018/19

2018/19												
	BHSCT CYE	BHSCT FYE	NHSCT CYE	NHSCT FYE	SEHSCT CYE	SEHSCT FYE	SHSCT CYE	SHSCT FYE	WHSCT CYE	WHSCT FYE	TOTAL CYE	TOTAL FYE
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Regional Procurement												
Generics 3	- 100.00	- 120.00	- 25.08	- 28.35	- 22.33	- 25.24	- 27.91	- 31.55	- 74.31	- 84.01	- 249.64	- 289.15
Patent Transition	- 231.00	- 551.00							- 0.33	- 1.34	- 231.33	- 552.34
Generics 4	- 42.00	- 126.00	- 14.39	- 43.17	- 9.87	- 29.62	- 9.35	- 28.04	- 10.75	- 32.26	- 86.37	- 259.10
G4new			- 0.99	- 2.98	- 1.00	- 3.00	- 0.95	- 2.86	- 1.25	- 3.74	- 4.19	- 12.58
Wound Management	- 75.00	- 160.00	- 34.21	- 68.43	- 30.60	- 61.20	- 56.17	- 112.34	- 23.33	- 46.67	- 219.32	- 448.64
Total	- 448.00	- 957.00	- 74.68	- 142.94	- 63.80	- 119.06	- 94.38	- 174.80	- 109.98	- 168.01	- 790.85	- 1,561.81
Switching												
Adalimumab	-1,406.59	-3,832.01	- 287.61	- 690.27	- 265.48	- 535.10	- 333.56	- 800.56	- 346.24	- 830.98	-2,639.48	- 6,688.91
Etanercept	- 65.00	- 252.22	- 270.27	- 648.65	3.70	- 28.08	- 8.30	- 63.59	- 119.05	- 285.71	- 458.91	- 1,278.25
Rituximab	- 270.54	- 611.34	- 251.12	- 290.19	- 1.85	- 30.18	- 41.58	- 249.46	- 80.54	- 138.07	- 645.63	- 1,319.24
Infliximab	- 49.40	- 148.21	- 19.39	- 106.40	- 68.77	- 101.24	- 10.17	- 46.09	- 49.88	- 122.42	- 197.61	- 524.36
Pegfilgrastim	- 44.75	- 89.51	- 28.06	- 56.12	- 17.42	- 28.08	- 12.97	- 22.23	- 19.32	- 33.11	- 122.51	- 229.04
Switching Costs - adj	113.12	111.89								-	113.12	111.89
Hepatitis C	- 500.00	- 500.00									- 500.00	- 500.00
Total Switching	-2,223.16	-5,321.40	- 856.45	-1,791.62	- 349.82	- 722.69	- 406.58	-1,181.93	- 615.02	-1,410.29	-4,451.03	-10,427.92
Bench Marking	- 122.00	- 122.00	- 25.00	- 25.00	- 25.00	- 25.00	- 25.00	- 25.00	- 25.00	- 25.00	- 222.00	- 222.00
Contract price Reduction	- 800.00	- 800.00	- 22.50	- 22.50	- 22.50	- 22.50	- 22.50	- 22.50	- 22.50	- 22.50	- 890.00	- 890.00
Non Recurring Rebates			- 100.00		- 247.20						- 347.20	-
Total 2018/19	-3,593.16	-7,200.40	-1,078.63	-1,982.05	- 708.32	- 889.25	- 548.46	-1,404.23	- 772.50	-1,625.80	-6,701.08	-13,101.73

Appendix B

Supporting Narrative to Regional Secondary Care Efficiency Savings Plan 2018/19

Regional Procurement, including Non-Recurrent Procurement Savings, e.g. Rebates

Assumptions, including investment requirements to deliver	Details of activities planned/ required to deliver savings	Risks & challenges to deliver
<p>The NHSCT, working with BSO PaLS as the accredited COPE, operate the pharmacy procurement shared services centre for Northern Ireland. All Trusts contribute to the cost of the centre and collaborate to gain maximum procurement benefits for the region</p> <p>The efficiency savings generated from the work of the regional centre is based on a comprehensive regional procurement plan agreed by all Trusts</p> <p>Governance issues and contract compliance are also factored into the procurement plan, and therefore opportunities for maximum efficiency may be lost due to resource capacity to deal with this multi-faceted agenda</p> <p>It is assumed that competition will continue to drive prices down however the results of market forces (e.g. divestment, supply chain failures), globalisation and other unknown conditions may result in cost pressures in some areas which will reduce efficiency savings</p>	<p>Ongoing market review</p> <p>Procurement work plan set by RPCEG</p> <p>The key areas of the workplan expected to deliver savings are:</p> <ul style="list-style-type: none"> • Generics group 3 and 4 • Wound care • Benchmarking non COPE medicines • Patent transitions <p>Other potential opportunities include:</p> <ul style="list-style-type: none"> • Distribution services framework (will ensure compliance and may release efficiencies) • Surgical dressing framework may release some efficiencies • Optimisation of the biologics and homecare framework with further review of contracting including mini competition with a focus on adalimumab and optimising the timing for best return (This is linked to switching –see Section 2) • Sterile fluids (however query any potential for efficiency) 	<p>Risks:</p> <p>Bids not received from suppliers- impact of NHS Framework which has reduced the number of suppliers in England, and consequently these bidders are not bidding for smaller Northern Ireland contracts</p> <p>Incorrect assumptions regarding estimated price reductions and timing of the reductions</p> <p>Delays in regional procurement plan</p> <p>Cost pressures- higher cost bids received</p> <p>Supply chain failures and knock-on effect on prices</p> <p>Rebates are opportunistic and non-recurrent savings</p>

Switching		
Assumptions, including investment requirements to deliver	Details of activities planned/ required to deliver savings	Risks & challenges to deliver
<p>All switching is clinically led, with supporting investment in infrastructure required of circa 10%</p> <p>Assumes high levels of clinical engagement and leadership in respect of the switching programme</p> <p>High-level assumptions made in ambitious switching programme as follows:</p> <ul style="list-style-type: none"> • estimated prices of biosimilars entering the market (assumed at a price 50% lower than the biologic) • % of biologic to biosimilar switching across specialties (ranging from 75% to 100%) • the duration and phasing of the switch programme (dependent on outpatient capacity for example) and • the estimated price reductions of the biologic i.e. biologic price reductions applicable to patients' regimes until they are switched to biosimilars (assumed a price decrease of 25% for the biologic) 	<p>There are 2 parts to switching</p> <ul style="list-style-type: none"> • adalimumab • remainder of biologicals and biosimilars on/pending on the current framework <p>Establish a switching policy driven by a clinically led multi-disciplinary working group with quality driven criteria for the planned change</p> <p>Ensure stability for clinical specialties during a defined switching period</p> <p>Establishing criteria for decisions not to switch, with an appropriate review period</p> <p>All Trusts to plan their innovator and biosimilar activity in a 2018-2020 monthly timeline for switching</p> <p>Establishing assurance on biosimilar initiation for new patients when the biosimilar enters the market and is more cost effective than the innovator</p> <p>Agree key date milestones in the biosimilar journey for stakeholder engagement – for example the pharmaceutical industry, NICAN etc</p> <p>Clinically led governance structure established to drive programme – propose Trusts integrate biosimilar management into their medicines optimisation committees Infrastructure in place prior to switching programme beginning</p>	<p>If the switch rate is slower than predicted – for example due to recruitment</p> <p>If the price reductions predicted for biosimilar and biologic are not as predicted</p> <p>BSO can support mini-competition within RPCEG work plan once biosimilar switching plans are finalised</p>

See Case Study 1 below		
Benchmarking		
Assumptions, including investment requirements to deliver	Details of activities planned/ required to deliver savings	Risks & challenges to deliver
<p>The assumptions for this workstream are based on the successes of the last 2 years of benchmarking activity, recognising that efficiency savings opportunities are reduced as benchmarking and procurement work delivers savings year on year</p> <p>A major challenge is tracking of information in a very dynamic UK medicines supply chain environment</p>	<p>Terms of reference have been established and agreed for the regional benchmarking workstream and will be kept under review</p> <p>There is a regional benchmarking huddle twice monthly attended by all Trusts</p> <p>HSC Trusts share all non-contract/non framework pricing information</p> <p>The greatest price elasticity is with unlicensed medicines and licensed generic medicines and this remains the focus of work for 2018/19</p> <p>The workstream involves maximising the brand to generic transition of patented medicines by negotiating innovator price reductions or moving to generic medicines or alternative new brand</p> <p>The further development of the model used for Hepa-Merz in 2016/17 for other activities is also being considered for primary care savings</p>	<p>Benchmarking work often addresses cost avoidance issues rather than generating additional efficiency savings</p> <p>The greatest risk relates to achieving recurrent savings, as benchmarking is an activity in advance of regional procurement contract activity and savings</p> <p>Drug shortages pose a financial risk to achieving savings</p>

See Case Study 2 below		
Cost Effective Choices in secondary care, including work in Outpatients		
Assumptions, including investment requirements to deliver	Details of activities planned/ required to deliver savings	Risks & challenges to deliver
<p>Use of Cost Effective Choices (CEC) in secondary “boosts” the use of these drugs in primary care</p> <p>The secondary care outpatient-prescribing project is currently auditing compliance with NI Formulary, CEC, and the use of generic prescribing within outpatients across all Trusts as this may have an impact on prescribing choices in primary care</p> <p>The outcome data will provide assurances regarding compliance across the primary –secondary care interface and may identify key actions points to ensure prescribing is in line with the aforementioned regional standards</p> <p>This outpatient work, if implemented at scale, would need a resource to support audit</p>	<p>Local and regional procurement processes ensure that only the CEC is purchased in all Trusts, unless there are valid clinical reasons to purchase an alternative. This ensures that all inpatients will receive the CEC during their inpatient stay and on discharge A report has been developed to show % adherence within Trusts to CEC, which is reviewed, and action taken as necessary</p> <p>QIP methodology has been employed to track the up-take of CEC</p> <p>A regional group has been set up by DOH to review secondary care outpatient prescribing:</p> <ul style="list-style-type: none"> • All Trusts and HSCB are represented on the group • At each meeting a speciality area is selected • Between meetings each Trust representative audits 50 Patient Centre letters selected randomly from an agreed week of that specialities outpatient clinics • The results from the audit are brought back to the next meeting along with ideas/actions being taken to address any issues identified by that Trust. (It should be noted that the results for ENT clinics showed a high compliance with CEC, with marginal efficiencies) • COMPASS reports per LCG are under development and will be used to track impact of clinician engagement in each LCG area 	<p>The availability of the CEC brand for a few products has not been consistent</p> <p>Ongoing price fluctuations mean that some CECs become less advantageous over time</p> <p>Lack of electronic prescribing in outpatients. Manual Recommendation to Prescribe Letters means time-consuming paper based audits Use of NIECR for confirmation of audit decisions is currently being checked</p> <p>Lack of pharmacist outpatient resource to scale up audit work, however a DoH transformation bid for a project manager may assist with this work</p> <p>In addition, there is no scope for decision support at point of prescribing</p> <p>Not all prescribing originates in outpatients, so it is essential for the success of the ‘Boost’ project that CECs are effectively promoted in both primary and secondary care. This will ensure that variation in the uptake of CEC in primary care is minimised</p> <p>To achieve savings in primary care, CEC need to be prescribed by brand. This conflicts with Trusts’ Generic</p>

	<p>Some CECs involve therapeutic switching e.g. diabetes and anticholinergics. Clinician engagement and buy-in essential for implementation</p>	<p>Prescribing policies. This presents a risk to achieving the saving but also a clinical risk due to non-adherence to generic prescribing policies</p> <p>Governance arrangements need to be agreed clinically to ensure safe, patient centred prescribing that aligns with MOQF (Medicines Optimisation Quality framework)</p>
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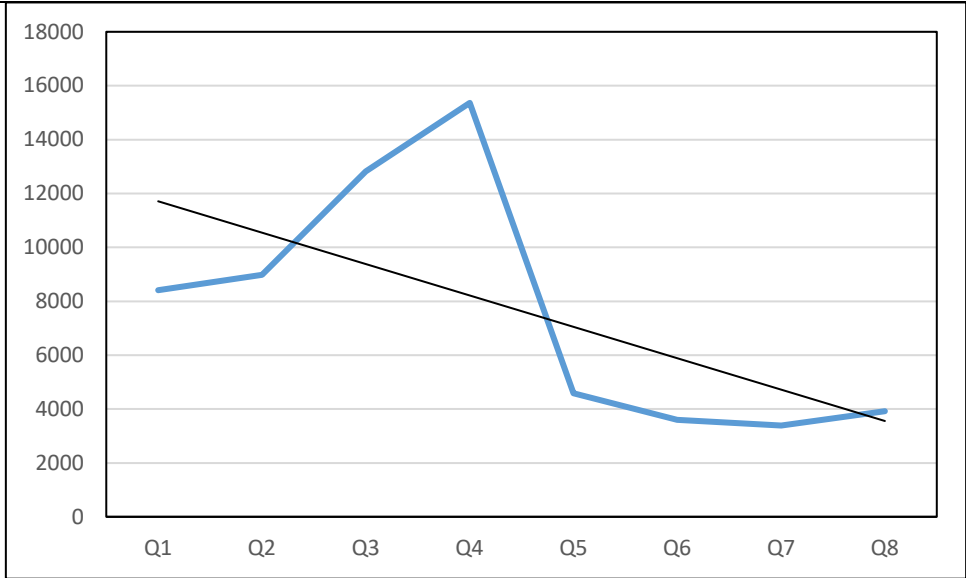
Appendix B

Case Studies of successful Efficiency Work in Secondary Care

<p>Case Study 1: Switching programme from complex high-cost biological medicines to biosimilar alternatives</p>	
<p>Clinically led, patient centred and safe switching from innovator biological medicines to biosimilar alternative in inflammatory bowel disease.</p>	
<p>BACKGROUND</p>	<p>Biosimilar medicines entered the UK market and offered significant opportunity for a safe, clinically led switching programme from the innovator biological medicine to the biosimilar alternative.</p> <p>Belfast Trust considered that following the British Society of Gastroenterologists guidance on switching Infliximab from Remicade to Biosimilar (February 2016), it was imperative to gain experience of a biosimilar switching programme that would inform future practice in other clinical specialties across the Trust and NI.</p>
<p>ACTION</p>	<p>BHSCT established key quality and safety principles that maintain the patient at the centre of any switching process.</p> <p>In Spring 2016 – an investment proposal was agreed with the commissioner that identified funding for a pharmacist and consultant medical time, the latter to allow the development of an audit group for Inflammatory Bowel Disease that allowed sharing of information across NI and the UK.</p> <p>The switching programme commenced in September 2016. At that time, there were 226 patients on the innovator Remicade and it was aimed, based on other UK sites, to achieve a 90% switch rate to the Biosimilar Remsima. The clinical pharmacist with medical oversight led the switch programme.</p> <p>A patient education program was developed with clinicians and patients explaining the reasons why the Trust favoured changing brands. Patient concerns were a priority and were collected prior to the switch. Patients were supported to make an informed, consented decision to switch to Remsima®.</p> <p>The clinical pharmacist designed a letter and face-to-face counselling session and both were tested in a pilot over one week of appointments. Using the feedback, the letter was revamped and counselling session improved and switching commenced as follows:</p> <div style="text-align: center;"> <pre> graph LR A[Consultation with Pharmacist when having infusion] --> B[Information given and patient had until next infusion to decide] B --> C[If patient had no concerns then biosimilar at next infusion] </pre> </div>
<p>RESULTS</p>	<p>An overall switch rate of 90% was achieved.</p> <p>The graph below illustrates the increase in usage of Remsima against the reduced use of Remicade over an 11-month period. It clearly demonstrates the successful switch to the more cost effective agent.</p>

	<table border="1"> <caption>Estimated Data from Bar Chart</caption> <thead> <tr> <th>Category</th> <th>Remicade</th> <th>Remsima</th> </tr> </thead> <tbody> <tr><td>1</td><td>105</td><td>15</td></tr> <tr><td>2</td><td>105</td><td>10</td></tr> <tr><td>3</td><td>15</td><td>90</td></tr> <tr><td>4</td><td>95</td><td>60</td></tr> <tr><td>5</td><td>15</td><td>125</td></tr> <tr><td>6</td><td>20</td><td>95</td></tr> <tr><td>7</td><td>10</td><td>65</td></tr> <tr><td>8</td><td>0</td><td>100</td></tr> <tr><td>9</td><td>10</td><td>90</td></tr> <tr><td>10</td><td>15</td><td>115</td></tr> <tr><td>11</td><td>10</td><td>80</td></tr> </tbody> </table> <p>The project delivered net full year efficiency savings of over £700K.</p>	Category	Remicade	Remsima	1	105	15	2	105	10	3	15	90	4	95	60	5	15	125	6	20	95	7	10	65	8	0	100	9	10	90	10	15	115	11	10	80
Category	Remicade	Remsima																																			
1	105	15																																			
2	105	10																																			
3	15	90																																			
4	95	60																																			
5	15	125																																			
6	20	95																																			
7	10	65																																			
8	0	100																																			
9	10	90																																			
10	15	115																																			
11	10	80																																			
<p>CONCLUSION</p>	<p>This innovative work, successfully undertaken in one clinical area in BHSCT, has been shared across the Trust and all HSC Trusts, in order to work collaboratively to develop future switching programmes as new biosimilars emerge.</p> <p>Clinically led innovator biologicals to biosimilar switching programmes will be a key contributor to the secondary care target for 2018/19 within the Regional Medicines Optimisation Efficiency Programme.</p> <p>It is important to highlight in this case study, that (i) key quality and safety principles maintained the patient at the centre of the change process (ii) the biosimilar or generic has the same UK marketing authorisation as the innovator (iii) the change was clinician-led and implemented through a robust multidisciplinary change management plan with directorate, medical, nursing and pharmaceutical approval (iv) planning and infrastructure investment ensured the necessary resources were in place in advance of the change date.</p> <p>BHSCT is now able to participate in UK national audit for IBP and benchmarking can be carried out.</p> <p>Similar switching programmes have taken place in haematology and fertility (IVF/ICSI)</p>																																				

Case Study 2: Benchmarking	
Using supplier engagement to manage both clinical and financial risks and make efficiency savings	
BACKGROUND	<p>Approximately £180 million per year is spent within secondary care on over 8000 medicines and related products. These medicines contribute daily to patient care across all clinical specialities within the HSC.</p> <p>With increasing demands on the UK pharmacy supply chain, there is emerging price elasticity within certain categories of medicine – most notably unlicensed medicines.</p> <p>Belfast Trust (BHSCT) has been engaged in benchmarking work over a number of years. Because of its expertise, experience, networks and systems, BHSCT took the lead to strengthen the network for sharing medicines supply chain intelligence across Northern Ireland.</p>
ACTION	<p>The regional benchmarking workstream was established in April 2016 under the Regional Medicines Optimisation Efficiency Programme. Its role is</p> <ul style="list-style-type: none"> - to continue to be safe for patients ensuring same or improved outcomes - share good practice locally and nationally - to capture key supply chain pressures and opportunities and share intelligence in advance of a regional contract award and implementation - to mitigate cost pressures, as far as operationally possible <p>One example of successful benchmarking was the management of both the clinical and financial risks associated with the supply of the medicine Potassium Phosphate Intravenous Solution.</p> <p>This product is a high-risk medicine and the subject of a number National Patient Safety alerts. It is known as an unlicensed special, is used regularly in clinical practice and is available from a limited number of pharmaceutical manufacturing units in the UK. Historically there has been significant variability in:</p> <ul style="list-style-type: none"> - performance in supply – (note failure in supply can introduce internal clinical risk highlighted by the NPSA) - finished product testing (a key indicator towards risk assessment) - labelling - pricing <p>Through the benchmarking workstream, HSC Trusts standardised practice by procuring a bespoke intravenous infusion with appropriate labelling and finished product testing.</p>
RESULTS	<ol style="list-style-type: none"> 1. Standardised practice across the region 2. A robust supply chain – there have been no supply failures since adoption of the product 3. Labelling designed by the BHSCT Medicines Governance Team 4. Price reduction and stability – the following trend line shows the reduction in expenditure (£) and efficiency in one Trust, BHSCT, over a 2-year period (8 quarters).



Across all projects, the benchmarking workstream has delivered successfully on its target set within the Regional Medicines Optimisation Efficiency Programme from 2016-2018.

	Target – FYE	Achieved – FYE
2016/17	£0.125m	£0.125m
2017/18	£0.250m	£0.440m

CONCLUSION

Regular benchmarking and sharing of medicines supply chain information contributes to the management of clinical and financial risks and delivery of efficiency savings across HSC secondary care.

Case Study 3 : High Cost Low Volume Activity Medicines	
<p>Secondary Care leads using the established pharmaceutical quality system in BHSCT's Victoria Pharmaceuticals (VP) provided access to Hepa Merz for community pharmacists in Northern Ireland, resulting in efficiency savings for primary care.</p>	
BACKGROUND	<p>Hepa-Merz® is a combination of the amino acids ornithine and aspartate, which is used in the management of hepatic encephalopathy.</p> <p>Hepa-Merz is an unlicensed medicine and therefore in secondary care is procured in line with the Regional Unlicensed Medicines Policy. Following patient discharge, the GP will prescribe further Hepa Merz to be dispensed by the community pharmacist.</p> <p>There are a number of UK suppliers of Hepa-Merz® sachets of various European origin and therefore each product varies considerably in terms of presentation packaging and price.</p>
ACTION	<p>The SHSCT and BHSCT worked collaboratively to make Hepa-Merz available to primary care through the VP specials license.</p> <p>Under its pharmaceutical quality system, BHSCT VP planned a programme to procure, risk assess and over label Hepa-Merz. BHSCT then used its storage and distribution partner to provide access to this product to community pharmacists in NI.</p> <p>The HSC Board supported BHSCT VP in developing a communication to community pharmacists outlining the new choice of supplier.</p>
RESULTS	<p>From 2017, there has been substantial uptake of VP Hepa Merz by community pharmacists in Northern Ireland (estimated 90%).</p> <p>The VP product is standardised, risk assessed and distributed under its pharmaceutical quality system. The distribution partner delivers medicines to community pharmacy each day, including those produced by Victoria Pharmaceuticals.</p> <p>Efficiencies are estimated at between £75-£100k annually.</p>
CONCLUSION	<p>This is an effective supply model that achieves both quality and efficiency savings.</p> <p>It is an example of proactive collaborative working to achieve efficiency savings in primary care.</p> <p>The Hepa Merz model has now been extended to the four oral liquid paediatric medicines recently standardised in primary and secondary care: Melatonin, Omeprazole, Sodium Chloride and Spironolactone.</p> <p>Using the same model these medicines are sourced by VP and then risk assessed, labelled and released to the distribution partner who can deliver each day to community pharmacy.</p>

