



Item xx
Trust Board – 13/03/2014

Belfast Trust Business Plan 2014/15 - DRAFT



**Belfast Health and
Social Care Trust**

Belfast Trust Business Plan

2014/15

DRAFT

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1. Introduction

This document sets out the Belfast Trust Annual Business Plan for 2014/15.

Part A sets out the organisational governance arrangements for the Trust and details of how the Trust will meet the DHSSPS priorities under the following three assurance and accountability domains – Governance, Resources and Quality.

Part B details the Trust response to the Health and Social Care (Commissioning Plan) Direction (Northern Ireland) 2014/15 and the HSCB Commissioning Plan 2014/15.

Local Context

The purpose of the Belfast Health and Social Care Trust is to improve health and well-being and reduce health and social inequalities. We aim to achieve this by delivering services to our patients and clients which are safe, effective and patient and client centered.

Ensuring we deliver high quality, safe services is our key priority and this is set against a backdrop of ongoing financial challenge for the organisation in 2014/15.

A £19m cash release plus £6m productivity/efficiency target has been set for the Belfast Trust in 2014/15. In view of the 2013/14 financial performance and given that we will begin the new financial year with a substantial underlying deficit, the delivery of the 2014/15 targets and the achievement of financial balance is not deemed possible without additional recurrent funding from HSCB. A level of in-year bridging income is also expected to be needed given the lead in time required to implement major reform and modernisation.

The Trust has recently commenced its 2014/15 savings plans process. The HSCB Commissioning Plan and 2014/15 IPOP will form an integral part of any future savings plan.

As always, the Trust will aim to deliver its savings targets through a range of reform and modernisation initiatives. Given the magnitude of savings delivered over the past few years, identifying achievable savings which will have no or minimal impact on direct care services will be a challenge.

The Trust aims to produce its financial plan over the next two months in conjunction with Commissioning colleagues and the Resources Section of this Plan will be updated at that stage. This will include an overview of the key risks and assumptions underlying the financial plan.

Transforming Your Care: A Vision to Action, proposes significant and major changes across the HPSS, to be delivered over the next years. Despite the challenging financial position, the Trust is committed to driving forward a significant reform and modernisation agenda, in line with the strategic direction outlined in TYC. In 2013/14, we launched a new Leadership and Innovation Academy to provide a focus and support towards leading edge service modernisation and reform. In 2014/15, our priorities will include completing the resettlement programme for our long stay mental

health and learning disability institutions, fully implementing reablement within elderly care services, working with our primary care and HSCB colleagues to establish the new integrated care partnerships, continuing strategic service reform across our acute sites to deliver high quality clinical care efficiently and effectively and focusing on the opportunities for reform within children's residential and community services.

The Trust will work with HSCB colleagues and the Belfast Local Commissioning Group in delivering this challenging change and reform agenda and Ministerial and HSCB Commissioning Direction priorities in 2014/15.

The Trust acknowledges that recent concerns have been raised in relation to some areas of service delivery within the Belfast Trust, particularly the emergency department. The Trust understands that it is essential that there is confidence in the full range of services that we deliver. We are committed as an organisation to working with Department and Board colleagues over the coming months, to drive forward improvements that need to be made in specific areas.

In addition to the Business Plan, the Trust has in place a Vision and Corporate Plan for 2013/14 – 2015/16, which sets out a broad, balanced range of organisational objectives for the 3 year period. The Trust Business Plan (incorporating the Trust Delivery Plan) and the Corporate Plan together will provide assurance to the public of our commitment to the delivery of high quality services, going forward into 2014/15.

Part A: Organisational Governance

2. Governance

a) 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.

b) 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.

c) Assurance Framework

The Board has an approved Assurance Framework; this was revised in June 2013 to take account of evolving committee structures. 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.

d) 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 was revised and approved in June 2013. 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.

e) Assurance Committee/Assurance Group

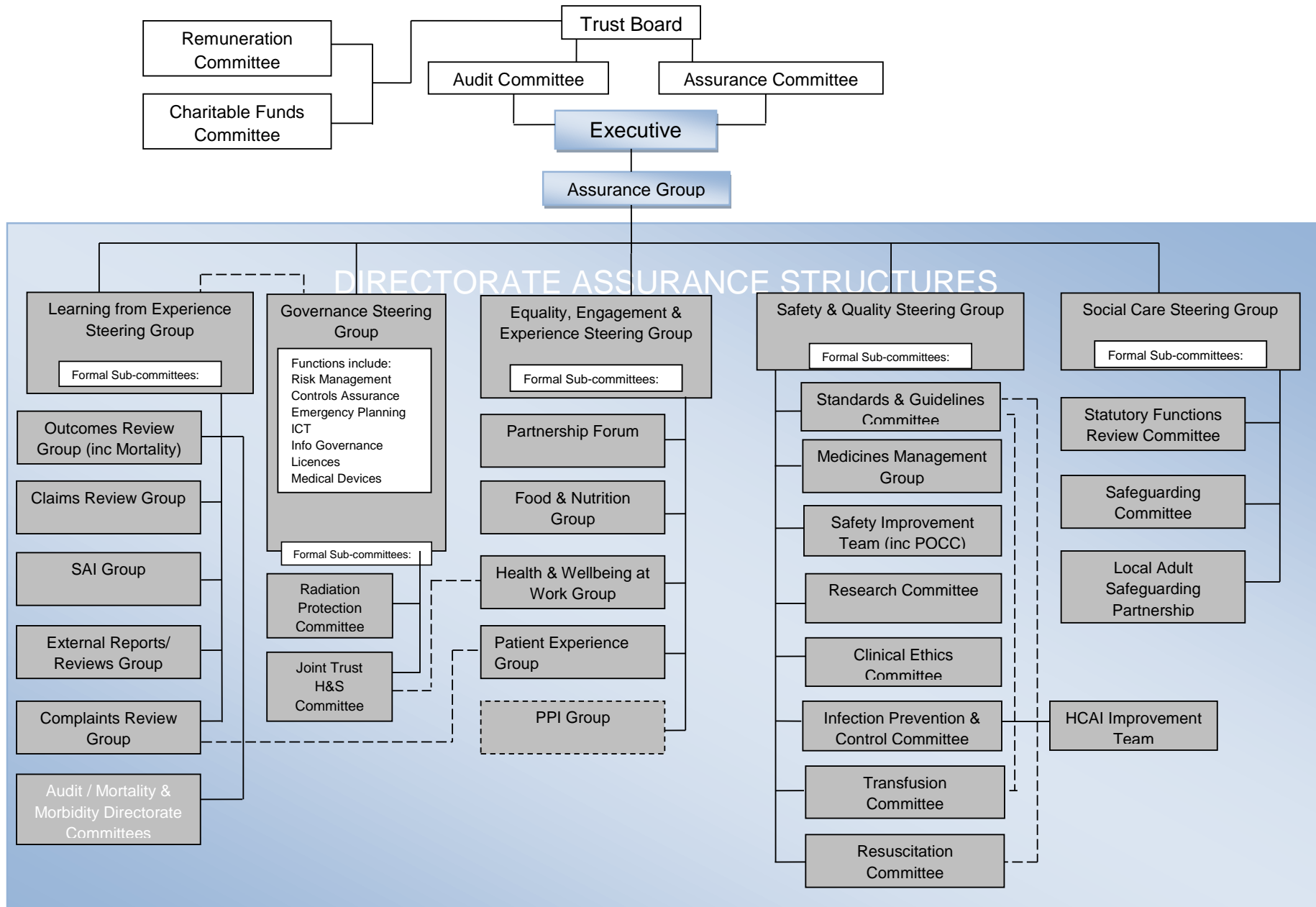
The Assurance Committee is supported by an Assurance Group which is chaired by the Chief Executive. The Assurance Group has reviewed its membership and terms of reference for 2013/14. It has an established sub group, the Risk Register Review Group that scrutinises the evaluation of all significant risks arising from Directorate and Controls Assurance Risk Registers. The Assurance Group has reviewed its arrangements to scrutinise the efficiency and efficacy of the professional and advisory committee 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 Directorate Risk Registers, which are updated on an ongoing basis and which feed into the Belfast Trust's Corporate Risk Register and Assurance Framework Principal Risks and Controls.

f) Controls Assurance Standards

Controls Assurance will remain a key process for the Belfast Trust. The Belfast Trust has identified key Directors to be accountable for action planning against each standard. 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.

The Belfast HSC Trust assessed its compliance with the Controls Assurance Standards and achieved substantive compliance against all twenty two standards in 2012/2013. Compliance in 2013/2014 will be available after the end of March 14. The Trust has developed action plans to address any gaps in controls or assurance identified in the self assessment process.

BELFAST TRUST ASSURANCE SUB-COMMITTEE STRUCTURE



BELFAST HSCT: 2014-15 DEPARTMENTAL OBJECTIVES

2.2 Trust Response to Theme/Domain 1: Governance		
<u>Objective: To maintain and work to strengthen Governance, risk management and control systems</u>		
DHSSPS Performance Standard/Actions/Events	BHSCT Response	Lead Director
Milestone: To comply with the Department's ALB business planning and performance monitoring requirements.		
1.1a Meet the timescales of the Department's ALB business planning process and ensure that draft business plans are with the Department by mid-January each year.	The Trust will submit a draft business plan in line with departmental timescales.	Director of Performance, Planning & Informatics
1.1b Provide the Department with accurate and timely information which meets the Department's performance management & reporting requirements and deadlines.	The Trust will continue to provide the HSCB with all monitoring information they require to discharge their commissioning function within the timeframes outlined in their reporting framework. The Trust will establish whatever data capturing systems are required to support the monitoring of new targets defined in the 14/15 commissioning plan when that plan is finalised.	Director of Performance, Planning & Informatics
Milestone: Full compliance with the Department's governance requirements and specified timescales.		
1.2a Compliance with Department's processes and timescales for the completion of : <ul style="list-style-type: none"> • Mid-year Assurance Statements and End year 	The Trust will be submitting the year-end 2013/14 Governance Statement and mid-year 2014/15 Assurance Statement in accordance	Director of Finance, Medical Director

Governance Statements;	with the Department's timetable.	
<ul style="list-style-type: none"> Board Governance Self-assessment Tool; 	The Trust will be submitting the annual self-assessment on Board Governance in accordance with the DHSSPS timetable.	Deputy Chief Executive, Medical Director
<ul style="list-style-type: none"> NAO Audit Committee Checklist; 	The Audit Committee self assessment checklist will be completed and returned to the Department in accordance with the Departments timetable.	Director of Finance
<ul style="list-style-type: none"> Mid-year and End-year accountability meetings; and 	The Trust will comply with the processes and timescales as required by the Department for mid-year and end-year accountability meetings	Deputy Chief Executive
<ul style="list-style-type: none"> the Controls Assurance Standards process. 	The Trust will continue to maintain established processes for the verification and reporting of compliance with the Controls Assurance Standards in line with DHSS processes and timescales. As result of these processes the Trust will continue to monitor and review action plans which demonstrate management of associated risks and which support continued improved compliance at both standard and individual criteria level, as appropriate.	Medical Director
1.2b By 31 March 2015 achieve substantive compliance with the Information Management Controls Assurance Standard.	A working group comprising Health Records, Information Services, Information Governance and ICT have been working to develop action plans for each requirement defined in the Information Management Controls Assurance	Director of Performance, Planning & Informatics

	Standard and are on target to achieve substantive compliance by March 2015.	
1.2c By 31 st March 2015, carry out an independent evaluation of the Board governance arrangements.	The Trust will explore the options for carrying out an independent evaluation of Board Governance arrangements.	Deputy Chief Executive
Milestone: 1.3 Emergency preparedness/Business continuity		
1.3b During 2014/15 test and review business continuity management plans to ensure arrangements to maintain services to a pre-defined level through a business disruption.	We will test our resilience for managing major incidents and maintaining service continuity and ensure that business continuity plans are aligned to British Standard (BS ISO 22301:2012) for priority services. The pandemic flu plans will be reviewed in line with regional guidance.	Medical Director

3 Resource Utilisation

3.1 Financial Plan

The Trust aims to produce its financial plan over the next two months in line the reporting timetable. The Trust will work collaboratively with HSCB to determine income for 2014/15 which will involve a discussion on key underlying cost pressures. The 2014/15 financial planning process has commenced, with Trust Directors and their teams expected to develop their draft cash releasing and productivity savings plans in the last quarter of 2013/14. The Resources section of this plan will be updated following the completion of the financial plan. This will include an overview of the key risks and assumptions underlying the financial plan.

3.2 Capital Investment Plan

3.2.1 Introduction

The Capital Resource Limit (CRL) issued by DHSSPS to the Trust provides the budgetary cover to enable the Trust to incur capital expenditure. The Belfast Trust, like all Trusts, is required to live within its Capital Resource Limit.

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.

An indicative 2014/15 CRL letter was issued by DHSSPS on 3 March 2014 and includes the following schemes.

Table 3.4: Details of Schemes in relation to the 2014/15 CRL

Project	CRL 2014-15 £'000
Old See House	1,000
RGH - Phase 2B Critical Care	4,556
RBHSC – MRI Scanner	2,520
RGH – Maternity New Build	8,434
BCH – Mental Health Inpatient Unit	2,440
Duke of Connaught Unit	1,700
RGH Phase 2A/B IT	1,087
Dentistry Equipment	300
RVH Cardiac Catheterisation Laboratory	3,320
General Capital	9,139
Total	34,496

3.2.2 Approved Capital schemes

Redevelopment schemes continue across the Trust. The 2014/15 capital programmes cover a wide area of service provision and are in line with previously agreed investment priorities.

Work will continue on the BCH Mental Health Inpatient Unit project during 2014/15. The Old See House project and the Phase 2B development at Royal Victoria Hospital will become operational during the year and the Maternity New Build project will commence.

3.2.3 General Capital Allocation

Significant funding is required to maintain existing services (MES) and to address deminimis fire code and statutory standards across the Trust's estate. There is an on-going requirement to meet environmental standards, address cross infection risks and to replace ageing equipment. The Trust continues to prioritise required schemes within the available allocation. The level of maintaining existing services work that can be undertaken is not only constrained by the availability of capital funding but also the Trust's delegated limits. The general capital allocation is significantly less than the 2013/14 allocation and in 2014/15 includes £2,139k for MES Projects.

The Trust's Capital Evaluation Team met on 13 January 2014. Initial allocations were made based on the indicative 2014/15 general capital allocation. Progress will be reviewed at the June meeting.

It has been the Trust's experience that additional general capital may become available in the latter part of the financial year. While this would seem unlikely in the current financial climate, the Trust would intend to be in a position to avail of as much of that additional resource as possible should it become available. The capital strategy will therefore identify additional priority investments above its initial allocation, which can be developed to tender stage potentially allowing expedient progress in the final quarter of 2014/15.

3.2.4 Revenue Consequences of Capital Schemes

The revenue available in relation to schemes which completed in 2013/14 or are due to complete in 2014/15 falls short of the total recurrent requirement in some cases. The Trust will continue to work with HSCB to ensure that appropriate levels of funding are provided to meet agreed service needs.

3.2.5 Asset Disposal Plan

In order to achieve the regional target for the disposal of assets, the Belfast Trust, with the agreement of DHSSPS, is taking the following actions:

- The Trust has engaged an estate agency to market Belvoir Park Hospital on the open market. This work is on-going.
- In addition, it is proposed to dispose of the following Trust properties in 2014/15:
 - 53-57 Davaar Avenue
 - 89 Durham Street
 - 414 Ormeau Road
 - Shaftesbury Square Hospital
 - 195 Templemore Avenue
 - 16 Cupar Street
 - Millars Lane
 - Grovetree House
 - 14 Lower Crescent
 - Land at Knockbracken Healthcare Park
 - Land at Muckamore Abbey Hospital

The realisation of these assets is subject, however, to the current economic climate which is outwith the Trust's control.

The Director of Finance who has responsibility for capital planning reports on the progress of assets disposal twice yearly through the Trust's accountability review process. The Co-Director for Capital Redevelopment reports quarterly on progress to the Strategic Investment Group.

3.2.6 The Estate Development/Control Plan

The Estates Control Plan details the proposals for aligning the existing estate with the strategic direction of the Trust. It includes:

- an analysis of its physical condition and performance as an asset;
- all the proposed changes to the estate over the next decade to meet service needs
- a comprehensive estate investment programme including all capital expenditure proposals for:
 - estate rationalisation and disposal plans;
 - estate development plans to meet service needs
- Plans for improvements in key estate performance indicators.
- Management of the estates risks within current buildings

The Director of Finance who has responsibility for the Estates Department reports on progress twice yearly through the Trusts accountability review process.

3.3 Trust response to Theme/Domain 2A Financial Resources		
Objective: To promote the efficient, economic and effective use of staff, monies, equipment, estates and other resources		
DHSSPS Performance Standard/Actions/Events	BHSCT Response	Response/Lead Director
Milestone: Deliver on key Departmental and Executive financial commitments/requirements:		
2A1.a Achieve the financial breakeven target of 0.25% or £20k (whichever is the greater) of revenue allocation by March 2015.	This target will be addressed in the 2014/15 TDP (Finance section) due to be submitted by the 31 March 2014.	Director of Finance
2A1.b Achieve/maintain the minimum standard of paying 95% of undisputed invoices within 30 days throughout 2014/15.	The Trust will seek to improve on its current performance of 84%. During 2014/15 this will become a responsibility of the BSO, in conjunction with the Trust under the Shared Services arrangements.	Director of Finance
2A1.c Reflecting on the 10 day target set for 2013/14, establish and deliver a realistic 10 day prompt payment target for the organisation, expressed as a percentage of invoices to be paid within 10 working days.	The Trust will establish a revised realistic 10 day prompt payment target based on 2013/14 performance. During 2014/15 this will become a responsibility of the BSO, in conjunction with the Trust under the Shared Services arrangements.	Director of Finance
2A1.d Annual Report and Accounts for 2013/14 to be certified by the C&AG and laid in the Assembly before the 2014 summer recess.	The Trust will prepare and submit the Annual Report and Accounts for 2013/14 before the summer recess and in line with the Departments timetable.	Director of Finance

Milestone: Deliver accurate financial reports and financial forecasts on a timely basis in accordance with Departmental timescales		
2A 2.a The actual year-end forecast and monthly profiled financial forecast of expenditure provided to DHSSPS each month is prepared on a robust basis and that any variances +/- 5% of the previous month's forecast are fully explained.	The Trust will ensure forecasts are prepared on a robust basis.	Director of Finance
2A 2.b The monthly year-end financial forecast as at September 2014 (and subsequent months) should be within +/- 0.5% of the final outturn.	The Trust will strive to ensure that this is the case.	Director of Finance
2A 2.d Ensure that the monthly forecasts of clinical negligence cases to be settled during 2014/15 is consistent with, and prepared in conjunction with, the information provided by the Directorate of Legal Services.	The Trust will continue to ensure that FRS 12 figures are updated according to DLS/ Counsels' advice to ensure consistency.	Medical Director
Milestone: 2A.3 - Improve Efficiency and Value for Money		
2A 3.a Delivering productivity and cash releasing efficiencies as set out in 2014/15 Savings Plans, by March 2015.	The Trust will refresh its 2014/15 'cash out' and productivity savings plans for 2014/15, agree these with the HSCB and strive for full delivery in 2014/15 (or agree slippage where appropriate with the HSCB).	Director of Finance

<p>2A 3.b Developing plans to deliver efficiencies (productivity and cash releasing) in 2015/16 by 30 June 2014.</p>	<p>Awaiting guidance from the HSCB in relation to financial planning for 2015/16.</p>	<p>Director of Finance</p>
<p>2A 3.c For capital, external consultancy/revenue business cases, ensure that submission to the Department is in line with agreed timeframes.</p>	<p>The Trust will ensure that such cases are submitted in line with agreed timeframes.</p>	<p>Director of Finance</p>
<p>2A 3.d Ensure that a suitable skills base is maintained/developed to develop business cases and provide written assurance to your Board by March 2015.</p>	<p>The Trust continues to review it's skill base for the development of business cases and meets quarterly with the DHSSPSNI.</p>	<p>Director of Finance</p>
<p>Milestone: Ensure compliance with public procurement policy</p>		
<p>2A 4.a Ensure STAs >£30k are publicly published on a monthly basis in line with CPD requirements</p>	<p>The Trust will ensure that STAs > £30k are provided for publication on a monthly basis.</p>	<p>Director of Finance</p>

<p>2A 4.b Establish a process by June 2014 to provide assurance to your Board that your organisation has adopted and maintained good procurement practice, as specified in the Department's Review of Procurement, or as separately promulgated by the Department. Report to the Board in September 2014 and March 2015 on this matter. <i>(This should include consideration of DFP and Departmental requirements/guidance such as Procurement Guidance Notes as set out in HSC Finance circulars, Procurement Estates Letters (PELs) and the Ministerially approved recommendations in the Department's Review of Procurement).</i></p>	<p>The Trust will establish such a process.</p>	<p>Director of Finance</p>
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Theme/Domain 2B: Health Estates		
Objective: To promote the efficient, economic and effective use of resources		
DHSSPS Performance Standard/Actions/Events	BHSCT Response	Response/Lead Director
Milestone: Assets & Estate Management		
Ensure property costs demonstrate value for money: 2B.1 (a) Submit a Property Asset Management Plan, in line with Department requirements, to the Department on 30 th April 2014. Dispose of surplus assets in line with current Guidance:	The Trust submitted Property Asset Management Plan (2013 - 14) earlier this year will produce the next PAM plan in April 2014.	Director of Finance
2B.1 (b) Updates to current, planned and potential annual disposal plans to be submitted to the Department on a quarterly basis.	The Trust continues to dispose of its' surplus assets in line with current guidance. The Department is kept updated with progress on current, planned and potential annual disposal plans. Twelve asset disposals are planned for 2014/15.	Director of Finance
Milestone: Sustainable Development		
To support the DHSSPS Sustainable Development Duty: 2B.2 (a) To submit a Sustainable Development Report, in line with Department requirements, by 30 th April 2014.	The Trust will submit a Sustainable Development Report in line with the Departmental timescales.	Director of Finance

3.4 Resources - Workforce

3.4.1 Workforce Strategy

The Trust Delivery Plan 2014/15 sets out another challenging and changing time in the delivery of services to patients and clients in the provision of Health and Social Care. The overriding purpose is to 'improve health and wellbeing and reduce health and social inequalities'.

Service change and modernisation is well established and underway within the Trust. The implementation of the Trust's New Directions 2008–11 reconfiguring a wide range of services is complete. The Trust's MORE Programme (Maximising, Outcomes, Resources and Efficiencies) continues to have a strong track record of delivery on complex, challenging reform programmes and efficiency savings.

In 2014/15 this experience and structure will continue to be used to take forward the delivery of Transforming Your Care: the Health and Social Care Review.

In 2013/14 the Trust set out its updated Trust Vision and Corporate Plan for 2013/14 – 2015/15. It sets out how our services will change and develop to ensure they meet the health and social care needs of the population of Belfast, Castlereagh and across Northern Ireland. This Corporate Plan outlines our guiding principles and values and describes how we will develop services over the next three years.

In achieving this, the Trust recognises the significant importance and vital contribution of the staff who deliver the care and a workforce strategy that is designed, developed and delivered to meet the challenges and address the required changes. In the Trust Vision and Corporate Plan we have clearly set out 'we will achieve excellence in the services we deliver through the efforts of a skilled, committed and engaged workforce'. In addition it sets out 'Our People' commitments, actions and expected outcomes.

In 2014/15 a summary of the key workforce strategies relevant to the Trust Delivery Plan is detailed below.

3.4.2 Workforce Modernisation

The Trust has a track record of implementation of its Strategic Reform and Modernisation programmes and meeting its efficiency targets. A main focus of the Trust's Workforce Management efficiencies include absence management, improved workforce productivity, reduction in backfill, agency and locum expenditure, vacancy management, harmonisation of staffing levels, grades and skill mix. Information on these for 2014/15 is detailed below.

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

Workforce Modernisation continues to be shaped and directed to support the existing and new programmes of work identified in implementing Transforming Your Care and the Trust's QICR programme.

2014/15 brings new challenges and a requirement for continuous development and reform of existing services in order to meet the changing needs of service users. The HR Modernisation team continues to support corporate and service Directorates throughout the programme of change and configuration of service delivery.

In 2014/15 in order to achieve the successful delivery of service reform and modernisation, quality improvements, increased productivity and reduced costs, the Workforce Modernisation programme will :-

- Continue to lead effective change management in support of the Trust's Strategic Reform and Modernisation programme, including implementation of :-
 - Phase III of the Acute Services Review
 - Integrated Stroke Unit
 - Muckamore Abbey Hospital Resettlement of programme
 - Phase I redeployment of staff regarding Shared Services
 - Community Unscheduled Care
 - Homecare
- To support the implementation of Reablement within Older People Services and Community Integration, the resettlement of Learning Disability patients and clients in line with the regional direction and plan
- To lead and support, as required, workstreams associated with implementation of the Trust's QICR plan in regard to staff productivity, Social Care Reform, Acute Productivity / Reform, Communication, Consultation and Engagement
- To continue to engage and consult with our staff, Trade Unions and the community in support of service improvement, reform and modernisation
- To support the use and capacity of Trust Managers to use continuous improvement techniques, including LEAN and Productive Ward / Theatres methodologies and practices to review and improve service delivery
- To continue to explore and develop new roles, redesigning existing roles to improve productivity and including, as required, new ways of working

3.4.3 Organisational and Workforce Learning and Development

A key part of the Workforce Strategy will be in Organisational Development and in the continued implementation of the Trust's Learning and Development Strategies. In particular in 2014/15 we will also progress the implementation of the Trust's Organisational Development (OD) Strategy which drives forward a range of planned interventions to bring about significant improvements in organisational effectiveness.

The launch of the Trust's Leadership and Innovation Academy in 2013/14 and subsequent focus on innovation and continuous improvement will also support the achievement of the objectives of our OD Plan. The Trust, in its key objectives, commits to showing leadership and excellence through organisational and workforce development and to using our resources to improve quality, performance and productivity. The achievements of these objectives will be realised and supported in 2014/15 in the following ways:-

- To provide the required support and learning for the organisation, its managers and staff to enable the required transformational change and change programmes
- To raise awareness, learning and capacity to support managers to undertake service improvements and/or redesign in support of the Trusts QICR plan
- To further embed the Investors in People Standard and implement our improvement plan. The accreditation of the Trust as an IIP organisation continues to be a key enabler to support us, through our people management practices, to improve patient and client care and support implementation of the reform and modernisation programmes
- To develop the Trust's Leadership and Innovation Academy so that we can explore new ways of innovative working which will support the delivery of high quality and more effective services
- To further embed the Belfast Trust Succession Planning model to Tier 3, 4 and 5 Managers designed to provide bespoke tailored development programmes around individual and organisational needs
- To develop a suite of leadership development products to meet the needs of Tier 3 and 4 Managers as a second phase of our Living Leadership initiative
- To develop a Medical Leadership Framework for the Belfast Trust
- To continue implementation of the Trust's updated Team Development / Team Effectiveness Framework available to a wide range of teams to facilitate change and service improvements
- To continue implementation of the Trust's Support Worker Learning Strategy (Bands 1 – 4) who are primarily front-line staff and whose development is critical to the provision of safe and effective health and social care
- To continue to work towards full implementation of our Personal Contribution Framework so that by 30th June 2014 90% of staff will have had an annual appraisal and current personal development plan
- To implement the Trust's Employee Engagement Framework targeted at staff in Bands 1 - 7

The Trust also recognises the skills and knowledge requirements of front-line staff who will be impacted upon by 'Transforming Your Care.' These needs will be reviewed, assessed and development opportunities provided.

3.4.4 Workforce Planning

The Trust continues to develop its Workforce Planning function by taking a building block approach to the development of Workforce Plans. A number of departmental Workforce Plans have been completed and are being used to facilitate skill mix adjustments as well as providing background information for MORE projects to both reduce cost and improve efficiency. Central Nurse Managers continue to develop Workforce Plans based on bed ratios in collaboration with other colleagues, the HSC Board and the DHSSPS. The Trust in conjunction with the Department of Health is working with Skills for Health, to develop and enhance the internal awareness and capability in Workforce Planning Techniques. In 2014/15 the Trust will focus on the development of Directorate Workforce Plans, commencing with Adult Social and Primary Care Directorate.

3.4.5 Agency and Locums

The Trust has significantly reduced its expenditure on agency staff over the past number of years. The Trust has a bank in place with over 5,000 members. The Bank makes a significant contribution to controlling agency costs. The Trust is currently contributing to the Regional Bank for Medical Staff Project which is being managed by the Business Services Organisation as part of the shared services initiative and as part of this will be taking forward an initiative to incorporate the management of the medical eLocum bank within the Trusts central bank office. Following a report for the Public Accounts Committee the Trust will be implementing its recommendation with a view to reduction of agency costs.

The Trust is seeking to implement the regional medical e locum service in preparation for Business Service Organisation (BSO) managing this across Health and Social Care (HSC).

3.4.6 Workforce Governance

The Trust's Workforce Governance Steering Group is chaired by the HR Co-Director with membership from Service and Corporate Directorates. This Group brings all key strategic issues around Workforce Governance under the one umbrella. Key issues include the Trust's Safer Recruitment and Employment Framework and associated audits, Agency and Locum Audits, Vetting and Barring Scheme Review, and the Working Time Regulations. This forum facilitates a coordinated approach to workforce governance issues and ensures ownership and accountability.

3.4.7 Agency Audits

Following on from the completion of the comprehensive audit of compliance with the Trust's Safer Recruitment and Employment Practices Framework in relation to Agencies the Trust has audited Managers' compliance with audit procedures and will focus on ensuring improved compliance and implementing the recommendations of the BSO audit report.

3.4.8 Attendance Management

The Trust continues to seek to maximise resource utilisation through ensuring that an effective and proactive attendance management strategy is in place to promote employee health and well-being *and* assist managers and employees manage attendance issues on a consistent and fair basis in line with Trust protocol and policy. The Trust will work to achieve the DHSSPS absence target and set specific targets for Directorates.

The Trust has reviewed its mandatory training to managers and employees on the Trust Attendance Management Framework and this more comprehensive programme with a focus on health and well-being initiatives, reasonable adjustments and the managerial skills required to manage often complex and sensitive cases will be rolled out in 2014/15.

The Trust also has an on line training programme which managers and staff can access at a time which suits them and which will provide the underpinning knowledge and good practice guidance in managing sickness absence. The Trust Health and Well Being Steering Group ensures a collaborative and partnership approach at a strategic level to the development of a range of initiatives set out in the Health and Well Being Action Plan. This Action Plan supports proactive management of long term absence, prevention of stress, and the promotion of employee wellness and health improvement programmes. Musculo-skeletal and mental health related conditions continue to be the most frequent reasons for absenteeism within the Trust and these areas will be targeted.

The Trust has in place a comprehensive flu vaccination programme for all staff which aims to protect both staff and the public. Various strategies are being employed to encourage uptake of the vaccine and the Trust has set an internal target for 14/15 of 35% uptake.

3.4.9 Employment Equality

The Trust will work to achieve the objectives set out in its Employment Equality and Diversity Plan 2011–2014 with a particular focus on continuing to provide mandatory equality training for staff and managers. The recommendations of the Trust's second Article 55 review under FETO will be taken forward in 2014/15 in relation to affirmative action and outreach measures and Section 75 employment equality screening responsibilities will be met. 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.

3.4.10 Improving Working Lives

A range of initiatives are in place to ensure the Trust remains an employer of choice. The Trust's seventh Summer Scheme will be provided for 400 children of staff enabling staff to work more effectively to meet service needs over the school holiday period. The Trust's eight work life balance policies will be promoted and facilitated and child care vouchers, special leave arrangements and other improving working lives initiatives will be provided.

3.4.11 Business System Transformation Programme (BSTP)

The Trust remains an active participant in the regional programme which is seeking to improve the quality and effectiveness of corporate services in the HSC through the implementation of modern ICT systems for Human Resources, Finance, Procurement and Logistics while developing an approach to Shared Service working.

3.4.12 Finance Procurement and Logistics (FPL)

The Trust has implemented its FPL systems within the organisation.

3.4.13 Human Resource, Payroll and Travel System (HRPTS)

The Belfast Trust went live with HRPTS on 24th October 2013 with its core users (Human Resource and Finance) and have commenced implementation of Manager Self Service (MSS) and Employee Self Service (ESS). This is a significant transformational change programme for staff, Managers and the provision of Human Resource and Financial services. In 2014/15 the Trust will progress implementation of MSS and ESS within the Trust. This is a significant undertaking in terms of resource for the Human Resource function, however it is recognised that it is required to realise the benefits of a modern workforce and payroll system and a key enabler for Shared Services.

3.4.14 Shared Services

In 2013/14 Shared Service Centres for Income, Payments, Payroll and Recruitment are scheduled. It is critical that the Shared Services Centres are in a position to provide the required qualitative and quantitative services for the Trust, as Payroll and Recruitment staff are integral to the delivery of Health and Social Care.

The Trust continues to work as part of the Shared Services implementation groups to ensure the development and service will be fit for purpose.

3.4.15 Industrial Relations

Management continue to work in partnership with the Trust Trade Unions to deal with the challenging environment that currently exists in the organisation. Trade Unions are engaged both through the formal Industrial Relations machinery which exists and through ad-hoc groups dealing with issues that emerge which have a direct and indirect impact on the workforce.

3.4.16 Tackling Health Inequalities

The Trust is fully committed to improving health and wellbeing and reducing health inequalities which is the overall purpose of the organisation.

The Human Resource Directorate incorporating Health and Social Inequalities have direct responsibility for mainstreaming equality and human rights compliance and best practice across the Trust and work closely with colleagues in Community Development in support of addressing health inequalities. In 2014/2015 the Trust will:-

- Conduct and consult on the three year review of the Trust's Equality Scheme
- Draft and consult on its forthcoming Section 75 action based plan 2014 - 2017

- Develop the Trust's third Employment Equality and Diversity Plan
- Implement a Good Relations Strategy for the Trust
- Continue to work in partnership on its wide range of employability initiatives in support of groups and people who are furthest away from employment. These include the long-term unemployed in locally deprived areas within Belfast, Young People in Care, People with a Disability.

3.4 Trust Response to Theme/Domain 2C: Human Resources		
Objective: To promote the efficient, economic and effective use of resources		
DHSSPS Performance Standard/Actions/Events	BHSCT Response	Response/Lead Director
Milestone: Staff Sickness Absence		
2C.1 (a) Reduce or maintain staff absence rates to 5%	<p>The Trust will continue to make significant efforts to reduce absence levels to meet DHSSPS and Trust targets. Targets for 2014/15 will be set for each Directorate and Co Director area.</p> <p>Mangers will be supported in implementing the Attendance Management Protocol through mandatory absence training and will be provided with support and guidance in relation to analysis and reporting, including the new reporting facilities under HRPTS. Advice and support will be given in relation to complex case management meetings, case conferences, ill health retirements, ill health terminations and disciplinary activity.</p> <p>The Trust will focus on proactive and best practice absence management, compliance with policy and procedure and a holistic approach to the health and well being of its staff. The Trust's Health and Well Being Group provides leadership and direction to the implementation of the Health and Well Being Action Plan which sets out a range of initiatives under Here 4 U, Health and Safety, Improving Working Lives, Health Improvement and</p>	Director of Human Resources

	<p>Occupational Health. The Trust will continue to target resources at addressing the two highest reasons for absence - mental ill health and musculoskeletal.</p> <p>The Trust will continue to take account of and action the recommendations of the BSO Attendance Management Audit and the NI Audit Office Report.</p>	
Milestone: Staff appraisal/development		
<p>2C.2 (a) by 30th June 2014 90% of staff to have had an annual appraisal of their performance during 2013/14 and an agreed personal development plan for 14/15.</p> <p>Revised as per DHSSPS letter of 11th July –</p> <p><i>by 30th June 2014 95% of medical staff and 80% of other staff to have had an annual appraisal of their performance during 2013/14 and an agreed personal development plan for 14/15.</i></p>	<p>In 2014/15 the Trust will:-</p> <ul style="list-style-type: none"> • continue to work towards full implementation of the Personal Contribution Framework so that by 30th June 2014 90% of staff will have had an annual appraisal and current personal development plan • Continue to monitor and report on Directorate compliance in line with Trust Accountability meetings • Review the functionality of the HRPTS system to capture, and monitor compliance of PCF towards the target and fully utilise once implemented • Provide regular training for both appraisees and appraisers 	<p>Director of Human Resources</p>

4. Quality and Service Delivery/Improvement

4.1 Quality and Patient Safety

Quality and patients safety remains a high priority for the Trust and we will continue to work to contribute to the objectives set out in "Quality 2020". Working within the context of the Trust Assurance Framework the Trust Safety and Quality Steering Group continues to provide a focus to ensure the integration of patient and client safety into management planning and performance management. The group co-ordinates the work of a number of sub-committees focusing on patient safety areas including; Safety Improvement Teams, Infection Prevention and Control, Medicines Management, Standards and Guidelines, Resuscitation and Transfusion.

The Trust has recently published it's first Annual Quality Report 2013 which compares the Trust's performance to that of other similar organisations in the NHS. The Annual Quality Report reflects the achievements that have been made in the areas of quality and safety e.g.:-

- Hospital Standardised Mortality Ratio
- Rate of emergency Readmissions
- Emergency department four hour standard
- Mental Health and Learning Disability indicators
- Social Care indicators
- Reducing Healthcare Associated Infections
- Improving safety in surgery
- Promoting good nutrition
- Complaints and Compliments

The Trust will also be updating and implementing a Quality, Experience and Safety Improvement Plan during 14/15.

Staff in the Belfast Trust are determined in their commitment to do their best for the people they serve. In 2013 the Belfast Trust was successfully reaccredited as an Investor in People (IIP) organisation. This international quality award is an external endorsement of the measures the Trust takes to continually improve our performance for the benefits of those we care for.

Statutory Functions Reporting

The Statutory Functions Reporting Framework affords the principal assurance mechanism with regard to the Trust's discharge of statutory functions pertaining to social care services. The Trust's Annual and Interim Statutory Functions and the six-monthly Corporate Parenting Reports provide an overview of the Trust's delivery of statutory services to adults, children and their families and its compliance at individual Service Area and corporate levels with the standards in respect of same detailed in the Regional Scheme for the Delegation of Statutory Functions. The Annual Statutory Functions and Corporate Parenting Reports are presented to Trust Board for its consideration and endorsement. The Reports are formally reviewed by the Commissioner and the Trust in a series of structured meetings which facilitate a detailed scrutiny of the Trust's performance and provide a framework within which to consider current and emerging themes/challenges impacting on statutory service

delivery. Statutory Functions are a standing item on the agendas for the annual and mid-year Departmental Accountability Reviews with the Trust.

4.2 Transforming Your Care (TYC)

The Trust will continue to work in partnership with the HSCB to take forward service reform and modernisation in line with Transforming Your Care. The Belfast area TYC Collaborative Board and Co-ordination Group are well established and continue to meet regularly to oversee the Belfast area reform agenda.

The Trust will be focusing on delivering a significant reform agenda across all programmes of care in 2014/15, which includes Mental Health and Learning Disability Resettlement, further development of Elderly rehabilitation and use of technology to support people in their own homes, establishment of new services through the ICP arrangements, embedding family support units across Belfast and reviewing older peoples and children's residential service models. In maternity services, following the successful establishment of the midwifery unit at the Mater Hospital in 2013/4, the focus will be on the further implementation of the Maternity Services strategy and in child health, work will continue on the ongoing establishment of family nurse partnerships.

The Trust has received confirmation of transitional funding available to March 2015 to support the reform agenda in service areas which include acute services, family and childcare, the development of self directed support, telecare and learning and physical disability day opportunities. We are working closely with LCG Colleagues to finalise investment requirements for the Integrated Care Partnerships in the areas of COPD, diabetes, frail elderly and stroke to enable new developments to be established as quickly as possible in 2014/15.

Given that the transitional funding is available to March 2015, a key challenge for the reform programme will be ensuring service changes are fully implemented and planned outcomes delivered to support the planned 5% shift from hospital services to be reinvested recurrently in primary, community and social care services.

4.3 Unscheduled Care

Improving the Emergency Department waiting times towards the target of 95% of patients being treated, discharged or admitted within 4 hours and no patients waiting more than 12 hours is a high priority for the Trust. This involves constantly reviewing the patient pathway from the front door of the hospital through the entire patient stay. Building on and embedding the initiatives which have already been undertaken such as the development of the RVH Acute Medical Unit, Emergency Surgical Unit, speciality take and diagnostic work in relation to patient flows. The finalisation of an updated Trust wide escalation plan with multi-disciplinary team will provide a robust operational protocol for implementation. The Trust continues to work with Health & Social Care Board colleagues to implement the recommendations of the action plan following the invited College of Emergency Medicine visit.

4.4 Continuous Improvement

The Belfast Trust has a central role in the delivery of health and social care services in Northern Ireland. As the largest provider, with a highly professional and skilled

workforce providing local and regional services and with strong links to leading edge academic and research institutions through Queen's University of Belfast and the University of Ulster, the Trust is uniquely placed to deliver excellence in health and social care.

The Trust's ambition is to build on these strengths by ensuring that innovation and creativity are central to how we take forward service delivery and transformational change, using opportunities presented by technological advances and through our strong working relationships with key partners and stakeholders. The Trust plans to harness the skills, ideas, commitment and efforts of staff in achieving our vision, contribute to the wider social issues related to health and social inequalities and build strong leadership across our services to deliver and sustain our vision.

The development of a Leadership and Innovation Academy is an important development to stimulate and support innovation, creativity and leadership at all levels in the organisation and to facilitate excellence in service delivery and transformational change. An External Reference Group, comprising key individuals in the Leadership and Innovation fields, is critical in supporting the development of the Leadership and Innovation Academy.

The Academy is a resource for the entire organisation, with the following functions:

- To support the Trust- wide development in innovation and leadership across all areas of the organisation, led by Executive Team, supported by an Internal and External Reference Group and delivered via the Innovation Lead Group;
- To develop resources to stimulate and support innovation throughout the Trust, for example:
 - To support the generation, development and implementation of innovative ideas across service teams which offer potential opportunities in the Trust;
 - To provide a resource centre and Intelligence Hub to enable Trust-wide sharing of ongoing service improvement work and act as a catalyst for new opportunities;
- To provide facilitation and expertise in service improvement methodologies;
- The Leadership and Innovation Academy is initially staffed by a core group of organisation development professionals working within the Service Improvement / Planning / OD Directorate, led by a Co-Director within the Trust designated to take this forward;

4.4.1 Purpose of the Leadership & Innovation Academy:

To enthuse, energise and engender collaboration amongst Trust staff and, through our networks, to find new ways of innovative working which will support the delivery of high quality and more effective services for our patients and clients.

4.4.2 Objectives of the Leadership & Innovation Academy:

- Ideas Generation

To harness innovative ideas from staff, taking forward those which will deliver benefits for the people who use our services and review what's already in place, looking for opportunities to transfer learning to deliver joined up solutions.

- **Research and Development and ICT**
To identify opportunities for translating research into positive outcomes and for developing Innovative Technology, to support our teams in their focus on continuously improving service delivery to patients and clients.
- **Innovation Priorities**
To identify good practice, generate learning and support collaboration with excellent organisations which have led transformational change.
- **Leadership Priorities**
To challenge and support leaders and teams implementing change across the Trust, with innovative leadership development initiatives.

4.5 Strategic Service Reform

The Belfast Trust strategic review of major services, consulted in 2010/2011, has now been almost fully implemented.

In addition, a range of additional services have been subject to strategic change:

- **Paediatric Congenital Cardiac Surgery** – a commissioned review and public consultation was completed in 2013/14 and the Minister of Health has announced that a further review will be undertaken with international medical input. In the interim, Belfast Trust is working closely with Dublin Children's Hospital to maintain surgical and interventional catheterisation laboratory support in Belfast.
- A Ministerial decision is awaited on the outcome of the HSCB Emergency Department (ED) Consultation paper for Belfast, undertaken in summer 2013, with a proposal to maintain two EDs in the Royal Victoria Hospital and the Mater Hospital.
- Further work on the strategic direction of the Trust acute hospital sites will be undertaken during 2014/5 to ensure services are appropriately co-located.

4.2 Trust Response to Theme/Domain 4: Quality		
Objective: To Provide High Quality Services		
DHSSPS Performance Standard/Actions/Events	BHSCT Response	Response/Lead Director
Milestone: Quality 2020		
3.1a By September 2014, to publish an individual ALB 2013/14 Annual Quality Report.	The Trust will work with the HSC Board to agree the minimum dataset and publish an Annual Quality Report for the 13/14 year by September 2014.	Medical Director
Milestone: NICE Guidance		
3.2a to plan for and deliver the implementation of NICE guidance in accordance with relevant circulars and provide assurance to the HSCB in line with Departmental Guidance.	The Trust has processes in place to disseminate and insure compliance with relevant circulars and Guidance. In 14/15 there will be a particular focus on NICE Clinical Guidelines with a target of implementing 75 identified Clinical Guidelines by March 2015.	Medical Director
Milestone: Patient Safety		
3.4b During 2014/15 promote the effective reporting and management of, and implement the learning from, serious adverse incidents/adverse incidents, near misses, complaints, and provide evidence to the HSCB/PHA that these requirements are being met.	The Trust has robust systems in place and will continue to promote the effective management of adverse incidents and complaints through induction, training and awareness programmes. The Trust will continue to provide evidence to the HSCB and external agencies that requirements are met.	Medical Director

<p>3.4c By 30 September 2014 carry out an audit to determine compliance with Regional NEWS in adult settings and provide a report to the Department. HSS (MD) 39/2012</p>	<p>The Trust will insure that audit of the Regional NEWS Chart takes place across the Trust and provide updates to the DHSS as required.</p>	<p>Medical Director</p>
<p>Milestone: Continue to improve the quality and performance of services using evidence based practice, feedback from patient and client experience and early interventions to maximise patient outcomes.</p>		
<p>3.6 a Trusts should continue to work with the PHA to evidence improved outcomes based on the key themes of the Patient Client Experience 2013/14 report (Measurement: Annual report provided to the CNO through the PHA)</p>	<p>The Trust will continue to work with the PHA on the Patient and Client Experience. The Trust is represented on both the PHA P&CES Steering Group and the PHA P&CES Working Group. The Trust has established an internal mechanism to evidence improved outcomes within the P&CES area. These include the P&CES Working Group that reports to the 3Es Committee</p>	<p>Director of Nursing</p>

<p>3.6 b Trusts should work with NIPEC to agree two new measurable KPIs for nursing. These should be ready for use within Acute and Community settings from April 2015</p>	<p>The Trust continues to work with NIPEC, as well as colleagues in all other Trusts, to agree a range of KPIs for nursing for use within Acute and Community settings.</p> <p>Also, work has commenced on gathering feedback from patients/clients on their experience of nursing KPIs as part of the 10,000 voices project.</p>	<p>Director of Nursing</p>
<p>3.6 c By March 2015, EDoNs, should evidence that the recommendations of Departmental professional strategies and guidance issued through the office of the CNO and NIPEC continue to be implemented through robust governance arrangements (Measurement: Annual report from Trusts to the CNO with details of RAG status against Departmental recommendations/actions)</p>	<p>The Trust will ensure that the recommendations of Departmental professional strategies and guidance will continue to be implemented through its governance arrangements in line with Departmental timescales.</p>	<p>Director of Nursing</p>

<p>3.6 d By March 2015 Trusts should evidence that they have worked with the PHA and NIPEC to develop and implement Normative Nurse Staffing within the delivery of services looking beyond those detailed within the commissioning plan across all areas of care (Measurement: Annual report detailing the development of tools in new settings ready for use within the Normative staffing model from April 2015)</p>	<p>This work is progressing towards completion by 2015. Phase One normative staffing for medical and surgical environments is presently been quality assured. The Emergency Department work has been put on hold by PHA and Phase Three has commenced in relation to community.</p>	<p>Director of Nursing</p>
<p>3.6 e By 31 March 2015 Trusts, in partnership with the PHA and BSO, will have developed the Child Health System to a level where it can comprehensively report on activity across the Child Health Promotion programme (0-19 years). In addition, mechanisms should be in place to ensure timely and continuous update to the CHS to reflect changes within the child health promotion programme (Measurement: Quarterly progress reports via the PHA)</p>	<p>The Trust will continue to work with the PHA and BSO to develop the Child Health System.</p> <p>Community Child Health staff attend work stream meetings with the PHA to identify changes required for the CHS.</p> <p>The CHS is managed and financed by the PHA who work closely with Trusts.</p>	<p>Director of Children's Community Services</p>

5. Promoting Health and Wellbeing, Health Inequalities, PPI and Patient Client Experience

a) Promoting health and wellbeing and reducing health inequalities

The Trust will continue to integrate health improvement and community development principles into all Directorate's planning and activities, to ensure the Trust's contribution to the achievement of Priorities for Action and Investing for Health Targets for improving health. 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, Transforming Your Care work streams, the Local Commissioning Group and Integrated Care Partnership's to ensure prevention is given priority.

The Trust also looks forward to the publication of the new DHSSPS Public Health Strategy which will provide additional support for the promoting health and wellbeing work within the locality.

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, for example through the Belfast Trust Innovation Academy.

In addition, the Trust will continue to work with the Belfast Strategic Partnership and the Belfast Health Development Unit to contribute to the implementation of the Framework of Action to reduce health inequalities in Belfast.

The Belfast Health and Social Care Trust's overarching purpose is to improve health and wellbeing and reduce health inequalities. Throughout the Trust a wide range of initiatives are delivered that contribute to the achievement of this purpose and these are set within the context of 'Not just health: a strategy for Belfast Health and Social Care Trust to address inequalities in health'. For 2014/15 the focus will continue to be on early childhood through a range of programmes; strengthening partnership working; using every opportunity to promote health with the people who use our services; promoting the health and wellbeing of our workforce; involving users, carers and communities; and further reducing our carbon footprint.

b) Personal & Public Involvement (PPI)

Following a recent review within the Belfast Trust in relation to PPI, the Executive Team has tasked the Director of Performance, Planning and Informatics to develop a new strategic approach to PPI. The planned development of a strategic framework and toolkit will enable the Trust to embed PPI across the organisation. Accountability will be through the Trust Medical Director who leads on Community Development and Health Improvement and the Director of Nursing who leads on Patient and Client Experience.

The development of a strategic approach will embed PPI within service directorates. This will build on the extensive PPI work that has been developed across the Trust and will ensure a successful partnership with Trust senior managers, community, voluntary sectors, as well as carers and users.

The Trust will continue to deliver the Introduction to PPI training for staff. 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 reflect on current practice and to identify potential areas of work where PPI could be developed. The Trust will continue to be represented on the Regional PPI Forum's Training Sub-group and will support the delivery of the PPI training commissioned by the Public Health Agency.

Directorates will continue to be supported to develop PPI Action Plans for their services and the Trust will ensure that accountability is strengthened by reporting to Trust Board via the Engagement, Experience and Equality assurance group.

The Trust works closely with the Patient and Client Council and 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 also work with the PHA to look at systematic evaluation of PPI activity.

c) User Experience

The Belfast Trust is committed to improving all aspects of the patient and client experience, this is evidenced by a range of activities.

The Trust has been active in engaging Trust Board in the development of robust mechanisms that can provide assurance on all aspects of the patient experience, whilst at the same time profiling and supporting activity that is making an impact within the organisation. This will continue to be through the Equality, Engagement and Experience Steering Committee, which is integral to the Trust's assurance framework.

The Trust has been active in the promotion of the regional patient and client experience standards, which focus on communication, attitudes, behaviour, respect and privacy and dignity. This strand of work promotes the ethos that ensuring a positive experience is everyone's business, and monitoring has been targeted across all staff groupings. The Belfast Trust has played a key role in the implementation of the regional standards, through leadership offered to the regional Working Group. Monitoring has been ongoing and reported on a quarterly basis as part of the Trust's ongoing performance review.

d) Consultation

The Belfast Trust continues to recognise the importance of proper and timely consultation as integral part of fulfilling its statutory obligation to make arrangements with a view to securing involvement and consultation with service users, carers, the Public, and the Patient and Client Council on decisions on planning and proposals for change affecting provision of services the Belfast Trust is responsible for. The Trust has relationships with a wide range of community, voluntary, statutory sector partnerships as well as established Trust User/Carer Groups and will continue to use these networks to promote the Consultation Scheme. The Communications department continues to co-ordinate all programmes of consultation to ensure maximum involvement.

Part B: Trust Response to DHSSPS Commissioning Plan Direction Priorities and the HSCB Commissioning Plan

Commissioning Priorities

The table below sets out the Trust response to the HSC (Commissioning Plan) Direction 2014/15 priorities and the Regional and Local Commissioning Priorities 2014/15 (taking account of the local commissioning context).

The Trust has indicated in its responses actions being taken to maximise performance against the targets / indicators.

Of the 34 Commissioning Plan Direction Ministerial Targets 2014/15 (relevant to the Belfast Trust), the Trust is expecting to achieve 27. Achievement of 11 of these is however linked to additional resources, additional capacity being available and/or other specific issues noted in the detailed Trust response. A summary outlining these and those where there is a material risk to full or substantial delivery (6 targets) or position is to be confirmed (1 targets) is set out in the Summary Table below. Actions being taken to minimise the risk to delivery are outlined in the detailed Table 1.

The Trust has also indicated achievability of the Regional and local priorities in Tables 2 and 3.

Of the 18 Regional Commissioning priorities relevant to the for the Belfast Trust, 15 are achievable with 5 of these subject to additional resources, additional capacity being available and/or other specific issues noted in the detailed Trust response. 3 areas are at risk to delivery as noted in Table 2.

Of the 35 Belfast Trust Local Commissioning priorities, 33 are achievable with 8 of these subject to additional resources, additional capacity being available and/or other specific issues noted in the detailed Trust response. 2 areas are at risk to delivery as noted in Table 3.

* KEY

A – Achievable

A (STF) – Achievable subject to funding confirmation/capacity/other issues noted

RTA – Risk to achievement

Summary Table – Achievability of Ministerial Targets 2014/15

Target achievable. Those linked to funding confirmation, capacity availability or other specific issues noted in the body of the Trust response are referenced with an **.

Target where there is a risk to full or substantial delivery.

Target	March 2015
To improve and protect health and well-being and reduce inequalities through a focus on prevention, health promotion, anticipation and earlier intervention	
1.1 Bowel cancer screening – HSC to extend programme from April 2014	
1.2 Family Nurse Partnership – Improving long-term outcomes for children of teenage mothers	
1.3 Substance misuse – Seven day integrated & coordinated liaison services	
1.4 Tackling Obesity – Weigh to Healthy Pregnancy Programme	
To improve the quality of services and outcomes for patients, clients and carers through the provision of timely, safe, resilient and sustainable services in the most appropriate setting	
1.5 Hip Fractures – No longer than 48 hours for inpatient treatment	
1.6 Cancer care services – timeframes for referrals and first definitive treatment	
1.7 Unscheduled care – 95% Patients attending ED treated & discharged/admitted within 4 hours	
1.8 Unscheduled care – 72.5% of life threatening calls responded to within 8 minutes	N/A
1.9 Hospital readmissions – 5% reduction in the number of emergency readmissions	
1.10 * Elective care OP– 80% of patients wait no longer than 9 weeks for 1 st outpatient appointment & no-one waits longer than 15 weeks	
1.11* Elective care Diagnostics– no patient wait longer than 9 weeks for a diagnostic test	
1.12 * Elective care IPDC – 80% of inpatients & daycases are treated within 13 weeks & no-one waits longer than 26 weeks	
1.13 Healthcare acquired infections – Secure a further reduction in MRSA and Clostridium difficile	TBC
1.14 Organ Transplants – Ensure delivery of minimum of 80 kidney transplants	
1.15 Specialist Drugs – No pt waits longer than 3 mths to commence NICE approved specialist therapies	
1.16 Stroke patients – At least 12% of patients receive thrombolysis	
1.17 Pressure ulcers – Secure a 10% reduction in pressure ulcers	
1.18 Medicines Formulary – ensure all therapeutic areas relevant to primary care are included	N/A
To improve the quality of services and outcomes for patients, clients and carers through the provision of timely, safe, resilient and sustainable services in the most appropriate setting	
1.19 * Allied Health Professionals (AHP) – No patient waits longer than 9 weeks for treatment	
1.20 Telehealth – deliver 500,000 monitored patient days	
1.21 Unplanned Admissions – reduce number of unplanned admission by 5 %	
To improve the quality of services and outcomes for patients, clients and carers through the provision of timely, safe, resilient and sustainable services in the most appropriate setting	
1.22 Carers' Assessments – secure a 10% increase in number of assessments offered	
1.23 Direct payments – secure a 5% increase in the number of direct payments	
1.24 Telecare – deliver 800,000 monitored patient days	
To improve the design, delivery and evaluation of health and social care services through the involvement of individuals, communities and the community, voluntary and independent sector	
1.25 Patient experience – assist to deliver a regional survey of inpatient & A&E patient experience	
1.26 Integrated Care Partnerships – identify and manage Care Pathways for 95% of patients	
To improve productivity by ensuring effective and efficient allocation and utilisation of all available resources in line with Ministerial priorities	
1.27 Delivering transformation – transfer BHSCT share of £83m into primary, community & social care services	
1.28 Normative staffing – continue to lead and monitor programme of work	
1.29 Unnecessary hospital stays – reduce number of excess bed days for acute programme of care	
1.30 Cancelled clinics – reduce number of cancelled consultant-led outpatient appointments by 17%	
1.31 Patient discharge – ensure 99% of LD & MH discharges take place within 7 days	
To ensure the most vulnerable in our society, including children and adults at risk of harm, are looked after effectively across all our services	
1.32 Learning Disability & Mental Health – resettle remaining long-stay patients	
1.33 Mental Health Services – timeframes for patients to access services	
1.34 Children in care – increase number of children in care with no placement change to 85%	
1.35 Children in care – ensure a 3 year time frame for 90% of children who are to be adopted	
1.36 Children in care – ensure all school-age children in care for more than 12 months have a PEP	

*Although targets not fully delivered from 1st April, the Trust will be working to achieve the target in 14/15.

Table 1: MINISTERIAL PRIORITIES 2014 - 2015

Ministerial Priorities

1: To improve and protect health and well-being and reduce inequalities through a focus on prevention, health promotion, anticipation and earlier intervention

	Standards and Targets 2014/15	BHSCT Response	Responsibility	Achievable
1.1	<p>Bowel cancer screening</p> <p>The HSC will extend the bowel cancer screening programme from April 2014 to invite, by March 2015, 50% of all eligible men and women aged 60-74, with an uptake of at least 55% of those invited.</p>	<p>To enable the Trust to meet this target funding has been made available from January 2014 by the HSC/PHA to increase the Specialist Screening Practitioners hours. This increase in staffing will enable the Trust to meet the increased demand generated by the age extension and to maintain the 2 week access target for SSP appointments. It is hoped that these positions will be filled early in 2014/15</p> <p>The Trust has recently also increased the number of Bowel cancer screening colonoscopy lists per week from 2 to 3 to ensure delivery of the 2 week access target for colonoscopy following the SSP appointment.</p> <p>This ministerial priority for the SSP service is achievable if the predicted uptake remains stable.</p>	<p>Director of Unscheduled & Acute Care</p>	<p>A</p>

Ministerial Priorities

1: To improve and protect health and well-being and reduce inequalities through a focus on prevention, health promotion, anticipation and earlier intervention

	Standards and Targets 2014/15	BHSCT Response	Responsibility	Achievable
1.2	<p>Family Nurse Partnership</p> <p>By March 2015, improve long-term outcomes for the children of teenage mothers by establishing a test site of the Family Nurse Partnership Programme within each Trust.</p>	<p>The test site within BHSCT has been established with 46 teenage mothers enrolled with FNP and a further 7 waiting to be processed.</p> <p>Long term outcomes cannot be measured at this point in the programme but some of the expected outcomes are:-</p> <ul style="list-style-type: none"> • Improve pregnancy outcomes • Reduce child abuse and neglect • Improve child health and development, school readiness and future achievements • Increase parents economic self sufficiency • Decrease subsequent pregnancies (greater intervals between births) • Improve parenting practice and behaviour • Increase and improve father’s involvement • Substance misuse (reduce, eliminate, prevent) • Breastfeeding (initiate, sustain and support) <p>A data system is being developed to monitor short term outcomes and this is imminent.</p>	Director of Children’s Community Services	A (STF)

Ministerial Priorities

1: To improve and protect health and well-being and reduce inequalities through a focus on prevention, health promotion, anticipation and earlier intervention

	Standards and Targets 2014/15	BHSCT Response	Responsibility	Achievable
1.3	<p>Substance misuse</p> <p>By March 2015, services should be commissioned and in place that provide seven day integrated and coordinated substance misuse liaison services within all appropriate HSC acute hospital settings undertaking regionally agreed Structured Brief Advice or Intervention programmes.</p>	<p>The Trust is currently in discussion with the commissioner regarding the development of 7 day substance misuse liaison services building upon the existing alcohol liaison service provision in 3 Acute sites. The Trust will further develop appropriate pathway patient flow to both statutory/ community and voluntary sector provision.</p>	<p>Director of Adult Social & Primary Care</p>	A
1.4	<p>Tackling obesity</p> <p>By March 2015, all eligible pregnant women, aged 18 years or over, with a BMI of 40kg/m² or more at booking are offered the Weigh to a Healthy Pregnancy programme with an uptake of at least 65% of those invited.</p>	<p>The Trust is participating in the Weigh to Healthy Pregnancy pilot and can confirm that all eligible pregnant women are offered this opportunity.</p>	<p>Director of Specialist Hospitals & Women's Health</p>	A

Ministerial Priorities

2. To improve the quality of services and outcomes for patients, clients and carers through the provision of timely, safe, resilient and sustainable services in the most appropriate setting

	Standards and Targets 2014/15	BHSCT Response	Responsibility	Achievable
1.5	<p>Hip fractures</p> <p>From April 2014, 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.</p>	<p>Performance has continued to slip throughout 13/14 with 84% treated at end of December within 48 hours.</p> <p>The Trust has submitted a paper to HSCB regarding significant pressures within the Fractures Service including a growth of 12% and a need to increase theatre capacity at weekends. Without this additional resource the Trust will be unable to meet the 95% target if current levels of demand continue.</p>	Director of Specialist Hospitals & Women's Health	A (STF)

Ministerial Priorities

2. To improve the quality of services and outcomes for patients, clients and carers through the provision of timely, safe, resilient and sustainable services in the most appropriate setting

	Standards and Targets 2014/15	BHSCT Response	Responsibility	Achievable
1.6	<p>Cancer care services</p> <p>From April 2014, all urgent 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>	<p>The Trust continues to work towards achievement of these cancer targets and to highlight the main capacity constraints for Commissioners to address. These include:</p> <ul style="list-style-type: none"> • Urology outpatient, diagnostic and surgical capacity • Prostate Brachytherapy capacity • CT Colonography, Endo-bronchial Ultrasound • SBAR • Late ITTs from other Trusts <p>In addition there are a range of process issues and a need for pathway redesign across a number of different tumour sites which require support regionally from NICaN and HSCB. This work has started through the NICaN Regional Groups.</p> <p>The 14 day breast cancer and 31 day targets are achievable, subject to funding. The 62 day target is at risk of delivery due to the issues noted above.</p>	Director of Surgery & Specialist Services	<p>A (STF) 14 and 31 day targets</p> <p>RTA 62 day target</p>

Ministerial Priorities

2. To improve the quality of services and outcomes for patients, clients and carers through the provision of timely, safe, resilient and sustainable services in the most appropriate setting

	Standards and Targets 2014/15	BHSCT Response	Responsibility	Achievable
1.7	<p>Unscheduled care</p> <p>From April 2014, 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.</p>	<p>The Trust will aim to ensure that no patient waits longer than 12 hours and will work to reduce the current waits within the Emergency Department.</p> <p>The Minister of Health has commissioned a RQIA review which will report by June 2014. The focus of the Review is on the RVH as the province's major trauma centre. However, there is expected to be learning which can be of benefit more generally across the system. The Review will therefore identify and recommend opportunities for all parts of the healthcare system to contribute to improving emergency care in Northern Ireland. It will look at how the whole system could remove some of the burden on emergency departments and also offer a much improved patient experience.</p> <p>A business case for unscheduled care within BHSCT s being submitted to the Board in early March 2014.</p>	Director of Unscheduled & Acute Care	RTA

Ministerial Priorities

2. To improve the quality of services and outcomes for patients, clients and carers through the provision of timely, safe, resilient and sustainable services in the most appropriate setting

	Standards and Targets 2014/15	BHSCT Response	Responsibility	Achievable
1.8	<p>Unscheduled care</p> <p>By March 2015, 72.5% of Category A (life threatening) calls responded to within eight minutes, 67.5% in each LCG area.</p>	N/A	N/A	N/A
1.9	<p>Hospital readmissions</p> <p>By March 2015, secure a 5% reduction in the number of emergency readmissions within 30 days (using 2012/13 data as the baseline).</p>	The base line for the BHSCT is 7723 admissions. The Target for 2014/2015 will be to reduce to 7337. Initiatives being under taken that will support delivery of the target include e.g. in mental health recruitment of a Discharge Coordinator to ensure robust plans and packages are in place for patients being discharged from acute mental health wards, and a number of community support workers to assertively follow up patients who have frequent admissions and who don't engage well with services.	Directors of USC & Acute Care, Surgery & Spec Services, Adult Social & Primary Care, Women's Health & Spec Hosp	A
1.10	<p>Elective care – outpatients / diagnostics/ inpatients</p> <p>From April 2014, at least 80% of patients wait no longer than nine weeks for their first outpatient appointment and no patient waits longer than 15 weeks.</p>	The Trust has not been able to achieve the 15 week waiting time for all specialties at the end of March 14. However, we will aim to deliver on both elements of the target during 14/15. This will require the HSCB and Trust to agree the capacity gaps and funding to be made available. Availability of capacity in some smaller sub-specialties with recognised gaps remains an ongoing issue in 14/15.	Directors of USC & Acute Care, Surgery & Spec Services, Adult Social & Primary Care, Women's Health & Spec Hosp	A (STF)

Ministerial Priorities

2. To improve the quality of services and outcomes for patients, clients and carers through the provision of timely, safe, resilient and sustainable services in the most appropriate setting

	Standards and Targets 2014/15	BHSCT Response	Responsibility	Achievable
1.11	<p>Elective care – outpatients / diagnostics/ inpatients</p> <p>From April 2014, no patient waits longer than nine weeks for a diagnostic test and all urgent diagnostic tests are reported on within two days of the test being undertaken.</p>	<p>At the beginning of April 2014 a number of modalities will not have achieved 9 weeks. The plans for these areas to reduce waiting times during 14/15 are detailed below:</p> <p>MRI – estimated position at the end March 2014 will be 17 weeks and the service will work to bring this down to 13 weeks during 2014/15. The case mix of patients on the RVH site that have to remain there, coupled with the demands of unscheduled care indicate that a 9 week position will not be achievable from April 14 until additional in house capacity is secured. The strategic outline case for an additional MRI scanner will be submitted by the end March 2014.</p> <p>GA MRI – The Trust will implement the recurrent business case proposal during 2014/15 before the service moves to the new scanner in RBHSC. To reduce waiting times to 9 weeks the use of the independent sector would have to supplement this.</p> <p>CT and USS – the Trust will achieve 9 weeks in these modalities due to the award of an open tender. The ability to</p>	Director of Unscheduled & Acute Care	A (STF)

Ministerial Priorities

2. To improve the quality of services and outcomes for patients, clients and carers through the provision of timely, safe, resilient and sustainable services in the most appropriate setting

	Standards and Targets 2014/15	BHSCT Response	Responsibility	Achievable
		<p>sustain a 9 week waiting position depends on capacity discussions which have taken place with the HSCB and funding allocations.</p> <p>PET CT – 9 weeks is achievable with the new investment</p> <p>Fluoroscopy – there are challenges with diagnostics in this area and various solutions will have to be investigated to reduce the waiting time to 9 weeks by March 2015.</p> <p>Echo – the Trust will have to use the independent sector to reduce the waiting time to 9 weeks by March 2015. A solution for consultant led echo will have to be funded and implemented to achieve 9 weeks.</p> <p>MPI – The Trust will seek to resolve the governance issues around reducing the waiting time in this area from 17 weeks to 9 weeks. This will be in conjunction with Medical Physics.</p> <p>Cardiac MRI – there is a backstop in place of 30 weeks and the ability to reduce this further depends on additional</p>		

Ministerial Priorities

2. To improve the quality of services and outcomes for patients, clients and carers through the provision of timely, safe, resilient and sustainable services in the most appropriate setting

	Standards and Targets 2014/15	BHSCT Response	Responsibility	Achievable
		<p>funding and capacity being made available.</p> <p>Neurophysiology – the Trust has not been able to recruit 2 consultants and at the moment has to rely on the use of the independent sector to reduce this waiting time to 9 weeks. This will therefore be dependent on securing funding.</p> <p>Sleep studies – the Trust has experienced an increase in the number of referrals and is seeking solutions to address the waiting time and reduce to 9 weeks.</p>		
1.12	<p>Elective care – outpatients / diagnostics/ inpatients</p> <p>From April 2014, at least 80% of inpatients and daycases are treated within 13 weeks and no patient waits longer than 26 weeks</p>	<p>The Trust has not been able to deliver the 26 weeks week maximum waiting time for a number of specialties at the end of March 14. However, we will aim to deliver on both elements of the target during 14/15.</p> <p>This will require the HSCB and Trust to agree the capacity gaps and funding to be made available.</p> <p>Availability of capacity in some specialties with recognised gaps remains an ongoing issue in 14/15 e.g. General Surgery, Vascular Surgery, Urology. Agreement has also not been reached between the Trust and HSCB on levels of recurrent</p>	<p>Directors of USC & Acute Care, Surgery & Spec Services, Adult Social & Primary Care, Women's Health & Spec Hosp</p>	A (STF)

Ministerial Priorities

2. To improve the quality of services and outcomes for patients, clients and carers through the provision of timely, safe, resilient and sustainable services in the most appropriate setting

	Standards and Targets 2014/15	BHSCT Response	Responsibility	Achievable
		funding for some areas with agreed capacity gaps. These issues need resolved in 14/15 to enable identified recurrent funding to be put in place during 14/15 to support delivery of these waiting time targets.		
1.13	<p>Healthcare acquired infections</p> <p>By March 2015, secure a further reduction of x% in MRSA and <i>Clostridium difficile</i> infections compared to 2013/14. [x to be available in March 2014]</p>	<p>The targets for 2014/2015 are yet to be confirmed.</p> <p>The Trust will continue to work towards a year on year reduction in the numbers of patients with MRSA and <i>Clostridium difficile</i> infections.</p> <p>A reduction in these infections is a Primary Driver on the Trust Healthcare Quality and Safety Improvement Plan.</p>	Director of Nursing & User Experience	Awaiting target
1.14	<p>Organ transplants</p> <p>By March 2015, ensure delivery of a minimum of 80 kidney transplants in total, to include live, DCD and DBD donors.</p>	This is achievable subject to population dynamics and the recurrent funding required to support the renal surgery and transplant service.	Director of Surgery & Specialist Services	A (STF)
1.15	<p>Specialist drugs</p> <p>From April 2014, no patient should wait longer than three months to commence NICE approved specialist therapies for rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis or psoriasis.</p>	This is achievable subject to recurrent funding to support the increase in patients commencing treatment during 14/15.	Director of Surgery & Specialist Services	A (STF)

Ministerial Priorities

2. To improve the quality of services and outcomes for patients, clients and carers through the provision of timely, safe, resilient and sustainable services in the most appropriate setting

	Standards and Targets 2014/15	BHSCT Response	Responsibility	Achievable
1.16	<p>Stroke patients</p> <p>From April 2014, ensure that at least 12% of patients with confirmed ischaemic stroke receive thrombolysis.</p>	<p>The Trust has a thrombolysis service in place and aims to ensure that at least 12% of confirmed ischaemic stroke patients will undergo thrombolysis treatment.</p>	<p>Director of Adult Social & Primary Care</p>	A
1.17	<p>Pressure ulcers</p> <p>By March 2015, secure a 10% reduction in pressure ulcers in all adult inpatient wards.</p>	<p>The Trust will continue to work towards a reduction in pressure ulcers in all adult inpatient wards.</p> <p>A reduction in the percentage of pressure ulcers is a Primary Driver on the Trust Healthcare Quality and Safety Improvement Plan.</p> <p>The Trust has realised a reduction in the number of Grade 3, 4 and Deep Tissue Injury ulcers. Given this improvement work, a further 10% reduction in these ulcers would be challenging.</p>	<p>Director of Nursing & User Experience</p>	A
1.18	<p>Medicines Formulary</p> <p>From April 2014, ensure that all therapeutic areas relevant to primary care are included in the NI Medicines Formulary and 70% prescribing compliance is achieved in each area.</p>	N/A	N/A	N/A

Ministerial Priorities

3. To improve the management of long-term conditions in the community, with a view to improving the quality of care provided and reducing the incidence of acute hospital admissions for patients with one or more long term conditions

	Standards and Targets 2014/15	BHSCT Response	Responsibility	Achievable
1.19	<p>Allied Health Professionals (AHP)</p> <p>From April 2014, no patient waits longer than nine weeks from referral to commencement of AHP treatment.</p>	<p>The Trust will not have met the 9 week target for AHP treatment at the end of March 2014 and therefore will not be able to sustain a position of 9 weeks from April 2014. This position has been discussed internally within the Trust and externally with HSCB and PHA organisations.</p> <p>The position during 2014/15 will be that the AHP services will aim to reduce the waiting time to 9 weeks. However this is contingent on the availability of workforce to clear the backlog down to 9 weeks and sustain it at this position.</p> <p>There are also a number of areas within the AHP services which require discussion with the Commissioners on demand and capacity. This will require recurrent investment going forward to deliver a sustainable position.</p>	Director of Unscheduled & Acute Care	A (STF)

Ministerial Priorities

3. To improve the management of long-term conditions in the community, with a view to improving the quality of care provided and reducing the incidence of acute hospital admissions for patients with one or more long term conditions

	Standards and Targets 2014/15	BHSCT Response	Responsibility	Achievable
1.20	<p>Telehealth</p> <p>By March 2015, deliver 500,000 Telehealth Monitored Patient Days (equivalent to approximately 2,800 patients) from the provision of remote telemonitoring services through the Telemonitoring NI contract.</p>	<p>The Belfast Trust share of the Telehealth target in 2013/14 was adjusted by the PHA in Jan 14 to: Monitored patient days – 43,890 Indicative Patients - 251</p> <p>This target is still challenging for the Trust, however, the Trust welcomes the PHA intention to discuss adjusting the target to a more achievable level rather than continuing with a capitation split in future years.</p> <p>The Trust will continue to investigate all areas for potential referrals and integrate this service into the range of services which the Trust offers to patients. However referrals will be made on the basis of clinical need.</p> <p>This ministerial priority is at risk of achievement.</p>	Director of Performance, Planning & informatics	RTA

Ministerial Priorities

3. To improve the management of long-term conditions in the community, with a view to improving the quality of care provided and reducing the incidence of acute hospital admissions for patients with one or more long term conditions

	Standards and Targets 2014/15	BHSCT Response	Responsibility	Achievable												
1.21	<p>Unplanned admissions</p> <p>By March 2015, reduce the number of unplanned admissions to hospital by 5% for adults with specified long term conditions (using 2012/13 data as the baseline).</p>	<p>Baseline data for the BHSCT for 12/13 is as follows:</p> <table border="1"> <tbody> <tr> <td>LTC</td> <td>12/13</td> </tr> <tr> <td>Asthma</td> <td>210</td> </tr> <tr> <td>COPD</td> <td>1397</td> </tr> <tr> <td>Diabetes</td> <td>303</td> </tr> <tr> <td>Heart Failure</td> <td>496</td> </tr> <tr> <td>Total</td> <td>2406</td> </tr> </tbody> </table> <p>The Trust will be working as part of the Integrated Care Partnership arrangements in 14/15 to establish a range of services which will contribute to this target in 14/15.</p>	LTC	12/13	Asthma	210	COPD	1397	Diabetes	303	Heart Failure	496	Total	2406	Director of Unscheduled & Acute Care	A (STF)
LTC	12/13															
Asthma	210															
COPD	1397															
Diabetes	303															
Heart Failure	496															
Total	2406															

Ministerial Priorities

4. To promote social inclusion, choice, control, support and independence for people living in the community, especially older people and those individuals and their families living with disabilities

	Standards and Targets 2014/15	BHSCT Response	Responsibility	Achievable*
1.22	<p>Carers' assessments</p> <p>By March 2015, secure a 10% increase in the number of carers' assessments offered.</p>	<p>Assessments are offered for all new referrals, all new requests for service provision and all applications for carers services. Assessments are also offered whenever service need changes or there is a change in circumstances which impacts on the carer. The Trust will</p>	Director of Adult Social & Primary Care	A

Ministerial Priorities

4. To promote social inclusion, choice, control, support and independence for people living in the community, especially older people and those individuals and their families living with disabilities

	Standards and Targets 2014/15	BHSCT Response	Responsibility	Achievable*
		closely monitor progress towards this priority, mindful of the level of achievement to date.		
1.23	<p>Direct payments</p> <p>By March 2015, secure a 5% increase in the number of direct payments across all programmes of care.</p>	The Trust will achieve a 5% increase in the number of direct payments but anticipates that such an increase will create a proportionate cost pressure. Turnover and reablement can be a limiting factor in some service areas.	Director of Adult Social & Primary Care	A
1.24	<p>Telecare</p> <p>By March 2015, deliver 800,000 Telecare Monitored Patient Days (equivalent to approximately 2,300 patients) from the provision of remote telecare services including those provided through the Telemonitoring NI contract.</p>	<p>The 14/15 Belfast Trust share of the target for Telecare has not yet been allocated.</p> <p>This is a relatively new service for the BHSCT. The Trust has begun implementation with 69 clients availing of the service. The Trust is currently reviewing the management arrangements of the Telehealth/Telecare service, with a view to maximising purposeful use of the service in 14/15. However, achievement of the monitored patient days will be challenging for the Trust.</p> <p>This ministerial priority is at risk of achievement.</p>	Director of Performance, Planning & Informatics	RTA

Ministerial Priorities

5. To improve the design, delivery and evaluation of health and social care services through the involvement of individuals, communities and the community, voluntary and independent sector

	Standards and Targets 2014/15	BHSCT Response	Responsibility	Achievable*
1.25	<p>Patient experience</p> <p>The Regional Agency, in liaison with the Regional Board and HSC Trusts, to assist the Department to deliver a regional survey of inpatient and A&E patient experience during 2014/15, in order to baseline the position regarding patient experience and put in place a programme of work to secure improvements.</p>	<p>The Trust will liaise with colleagues in the PHA and HSCB to deliver a baseline position regarding patient experience in inpatients and A&E during 2014/15.</p>	<p>Director of Nursing & User Experience</p>	A
1.26	<p>Integrated Care Partnerships</p> <p>By March 2015, 95% of patients within the four ICP priority areas [frail elderly, diabetes, stroke, respiratory] will have been identified and will be actively managed on the agreed Care Pathway.</p>	<p>The Trust is working as part of the ICP's to support the finalisation of proposals for implementation in 14/15. Trust staff will contribute towards delivery of the target in 14/15.</p>	<p>Director of Performance, Planning & Informatics</p>	A (STF)

Ministerial Priorities

6. To improve productivity by ensuring effective and efficient allocation and utilisation of all available resources in line with Ministerial priorities

	Standards and Targets 2014/15	BHSCT Response	Responsibility	Achievable*
1.27	<p>Delivering transformation</p> <p>By March 2015, transfer £83m (excluding transitional funding) from hospital/institutional based care into primary, community and social care services.</p>	<p>The Trust is working with HSCB colleagues to develop and implement ICPs and other proposals which will contribute to the Belfast share of the £83m. A number of proposals to support the funding transfer will only be fully implemented towards the end of 14/15 and there is a risk to delivery within the proposed timescale of March 2015. This will need reviewed further with the HSCB.</p>	<p>Director of Performance, Planning & Informatics</p>	RTA
1.28	<p>Normative staffing</p> <p>The Regional Agency should continue to lead and monitor the programme of work to develop and implement Normative Nurse Staffing which should be used to commission and deliver services as follows:</p> <ul style="list-style-type: none"> i From April 2014, the Normative Nurse Staffing Tool should be applied to all inpatient general and specialist adult hospital medical and surgical care settings; ii By March 2015 normative staffing ranges will be developed and introduced for Health Visiting within a range which secures the delivery of the service model detailed within the Departmental Strategy 'Healthy Futures'. 	<p>The Trust will continue to engage with this programme of work and will begin using the tool once the implementation plan is received from the HSCB.</p> <p>Funding issues associated with normative nurse staffing will need discussed with the HSCB.</p>	<p>Director of Nursing & User Experience</p>	A (STF)

Ministerial Priorities

6. To improve productivity by ensuring effective and efficient allocation and utilisation of all available resources in line with Ministerial priorities

	Standards and Targets 2014/15	BHSCT Response	Responsibility	Achievable*
1.29	<p>Unnecessary hospital stays</p> <p>By March 2015, reduce the number of excess bed days for the acute programme of care by 10% (using 2012/13 data as the baseline).</p>	<p>The definition of excess bed days needs to be clarified by the HSCB. As part of our QICR Acute Reform Programme the Trust has identified bed efficiencies to be achieved against peer benchmarked performance. The Trust has also received the HSCB latest IPOP related to bed day efficiencies. Work is ongoing to identify key opportunities for reducing excess bed days including introduction of ambulatory models in e.g. neurology/cardiology, reducing delayed discharges (more proactive discharge planning, once patients are declared medically fit). The Trust has submitted an IPT to the HSCB which has identified, investment areas needed to address demands and also support the introduction of models to reduce LOS in 14/15.</p>	<p>Director of Unscheduled & Acute Care</p>	A (STF)
1.30	<p>Cancelled clinics</p> <p>By March 2015, reduce the number of hospital cancelled consultant-led outpatient appointments by 17%.</p>	<p>The Trust is continuing to put in place actions to reduce the number of hospital cancellations including:-</p> <ul style="list-style-type: none"> • Monitoring compliance with the Trust process for cancelling clinics through quarterly audits • Reminding medical staff that 6 weeks notice of leave must be given apart from exceptional circumstances • The Trust has implemented and complies with regional cancellation 	<p>Directors of USC & Acute Care, Surgery & Spec Services, Adult Social & Primary Care, Women's Health & Spec Hosp</p>	A

Ministerial Priorities

6. To improve productivity by ensuring effective and efficient allocation and utilisation of all available resources in line with Ministerial priorities

	Standards and Targets 2014/15	BHSCT Response	Responsibility	Achievable*
		<p>codes for cancellation by Hospital and has the ability to look at how hospital cancellations impact on the patient.</p>		
1.31	<p>Patient discharge</p> <p>From April 2014, 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; 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>LD – The Trust is in active discussion with the commissioner regarding the difficulty in all instances in identifying specialist bespoke placements to meet the complex delayed discharge population within the required timescale. It is also recognised that funding needs to be identified to meet the needs of all those awaiting discharge or those with exceptionally complex needs.</p> <p>MH – community placements are problematic for young people who have a diagnosis of schizophrenia and substance misuse problems whose behaviour is challenging.</p> <p>OP/PDSS - Service area is planning an initiative to address the barriers in achieving targets in complex discharges.</p> <p>This ministerial target is at risk of delivery due to the complexity of discharges, particularly in LD where not all discharges can be achieved within 7 days.</p>	<p>Director of Adult Social & Primary Care</p>	<p>RTA</p>

Ministerial Priorities

7. To ensure the most vulnerable in our society, including children and adults at risk of harm, are looked after effectively across all our services

	Standards and Targets 2014/15	BHSCT Response	Responsibility	Achievable*
1.32	<p>Learning disability and mental health</p> <p>By March 2015, resettle the remaining long-stay patients in learning disability and psychiatric hospitals to appropriate places in the community.</p>	<p>The Trust considers that this is achievable but also recognises that those awaiting discharge are largely those with the most complex needs and/or risk factors. An additional feature for some is significant family opposition. A challenge is the timescale for completion of supported living options which is mainly March 2015 and this may cause delay in achieving this target. Complex needs are also related to community placement costs which could, on average, exceed the identified per capita funding.</p>	<p>Director of Adult Social & Primary Care</p>	A
1.33	<p>Mental health services</p> <p>From April 2014, 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>	<p>In relation to adult/child and adolescent LD and CAMHS services the Trust anticipates being able to meet this target.</p> <p>The Trust is also conscious that issues of delivering psychological therapies within time limits will remain challenging due to demand versus capacity. This is especially the case within areas of Clinical Health Psychology and the delivery of psychological therapies into physical healthcare. Work continues with local and regional commissioners to address areas of key need.</p>	<p>Director of Adult Social & Primary Care</p>	A

Ministerial Priorities

7. To ensure the most vulnerable in our society, including children and adults at risk of harm, are looked after effectively across all our services

	Standards and Targets 2014/15	BHSCT Response	Responsibility	Achievable*
		In relation to adult Mental Health it is anticipated that the establishment of the Primary Care Hubs may cause an initial uplift in referral to Trust Mental Health services which would put pressure on the current services to meet this target in the first instance. It is anticipated that once the hubs are well established this target is achievable.		Psychological Therapies – RTA)
1.34	<p>Children in care</p> <p>From April 2014, increase the number of children in care for 12 months or longer with no placement change to 85%.</p>	<p>The Trust is taking forward the following key actions related to the target:-</p> <ul style="list-style-type: none"> Continuing support to placements by the child's Social Worker and dedicated staff from the Fostering Service. Timely referral to the Trust's Permanence Panel to ensure plans for Permanence are achieved or on target, as outlined in the Regional Adoption Policy & Procedures. Monitoring of placement activity to be able to audit progress of achieving the target. Review of any placement disruptions to reflect on the cause and improve practice from any learning. Partnership with voluntary organisations who also support children and young people in care e.g. VOYPIC, Fostering Network. 	Director of Children's Community Services	A

Ministerial Priorities

7. To ensure the most vulnerable in our society, including children and adults at risk of harm, are looked after effectively across all our services

	Standards and Targets 2014/15	BHSCT Response	Responsibility	Achievable*
		<p>While every effort is made to support all placements for children in care, there will be occasions when a placement change is necessary or preferred, which may impact on the target being achieved. Examples of such occasions are:</p> <p>Foster placements are reliant on the foster carers personal circumstances which can often influence the sustainability of the placements. A placement change may also be in a child's interests to achieve permanency via adoption, or a move to a long-term foster placement. Often the Care Plan cannot be achieved within twelve months due to cases being before the Court.</p> <p>These issues may impact on delivery of the target. There is also the matter of still awaiting guidance from the HSCNI regarding the definition of this target.</p> <p>While we have recorded the priority as achievable this is subject to the issues identified above.</p>		
1.35	<p>Children in care</p> <p>By March 2015, ensure a three year time frame for 90% of</p>	The Trust is taking forward the following key actions related to the target:-	Director of Children's Community	A

Ministerial Priorities

7. To ensure the most vulnerable in our society, including children and adults at risk of harm, are looked after effectively across all our services

	Standards and Targets 2014/15	BHSCT Response	Responsibility	Achievable*
	<p>children who are to be adopted from care.</p>	<ul style="list-style-type: none"> • Timely referral of cases to the Trust’s Adoption Panel if adoption is considered to be in the child’s best interests. • Monitoring of such cases to ensure cases are progressed through the different stages to achieve adoption in the time frame. • Any undue delays to progress to be reported to Senior Management. • Audit of all current adoption cases to review likely time frame <p>There is also the matter of still awaiting guidance from the HSCNI, with regard to the definition of this target.</p> <p>The Trust is considering the starting point as the Best Interests Recommendation being made by the Adoption Panel.</p> <p>The target should be achievable if all the necessary processes are followed and goals achieved, however these are often reliant on external factors. For example, Court decision making at Care Planning stage, matching of placements, adopters submitting their application to Court to adopt the child in their care. These factors may prevent the target being achieved, but will be kept under review.</p>	<p>Services</p>	

Ministerial Priorities

7. To ensure the most vulnerable in our society, including children and adults at risk of harm, are looked after effectively across all our services

	Standards and Targets 2014/15	BHSCT Response	Responsibility	Achievable*
		<p>While we have recorded the priority as achievable this is subject to the issues identified above.</p>		
1.36	<p>Children in care</p> <p>From April 2014, ensure that all school-age children who have been in care for 12 months or longer have a Personal Educational Plan (PEP).</p>	<p>The Trust has established a local LACPEP Implementation Group, to take forward and oversee the implementation of the LAC Personal Education Plan across Children’s Community Services. A system for data collection has been set up, and clarity has been provided to Social Work staff regarding eligibility.</p> <p>The Trust is also represented on the Regional Implementation Group. This group is currently in the process of revising and updating the Regional Guidance on Personal Education Plans. This revision is a joint venture with the Department of Education, who has representation on the Regional Group.</p> <p>This target should be achievable.</p>	<p>Director of Children’s Community Services</p>	<p>A</p>

Table 2: Regional Commissioning Priorities Applicable to Belfast Trust 2014 -2015

REGIONAL COMMISSIONING PRIORITIES 2014/2015
(Values & volumes to be inserted by HSCB following agreement of financial plan)

	Regional Commissioning Priority	BHSCT Trust Response	Responsibility	Achievable*
POC 1 Acute Services – Specialist Services				
2.1	Belfast and Western Trusts should ensure that arrangements are in place to ensure that, as a minimum, patients can access specialist ophthalmology regimes, such as Wet AMD	Following significant investment in 2013/14, recruitment of additional staff is underway to increase the infrastructure within the Macular Service to provide access for patients with wet AMD and to fully implement a service for patients with diabetic macular oedema. The Trust has implemented a range of measures to create service stability and resilience such as Ophthalmic Nurse Practitioner and Optometry led clinics. This target is achievable.	Director of Surgery & Specialist Services	A
2.2	Belfast Trust should progress full implementation of network arrangements for specialist paediatric services, as per the Royal Belfast Hospital for Sick Children Network Plan	The Trust continues to work with commissioners to fully implement network arrangements for vulnerable paediatric specialities in line with the agreed plan.	Director of Specialist Hospitals & Women's Health	A
2.3	Belfast Trust will supply a plan to reinstate ICU capacity and will submit a detailed action plan as part of their TDP response as to how this will be achieved during 2014/15	The Trust is not in a position to reinstate the ICU capacity as resources are no longer available (included as part of previous CSR savings plan).	Director of Unscheduled & Acute Care	RTA

REGIONAL COMMISSIONING PRIORITIES 2014/2015				
	Regional Commissioning Priority	BHSCT Trust Response	Responsibility	Achievable*
POC 8 Health Promotion & Disease Prevention - Sceneing				
2.4	Increase the number of JAG accredited units by one in 2015/16	It is the Trust objective that all endoscopy units will be JAG accredited. The only risk in achieving this is the current decontamination facilities within the RVH and MIH units. There is a business case with the Department of Health to centralise the decontamination onto one site and when this has been funded the Trust will achieve this priority.	Director of Unscheduled & Acute Care	A (STF)
2.5	All Trusts should report on the implementation of their action plan to enhance informed choice for the eligible populations for bowel, breast and cervical cancer. These should be aligned with the PHA's Action Plan on Promoting Informed Choice in Cancer Screening.	The Trust will fulfil it's obligations as set out in the PHA action plan.	Director of Surgery & Specialist Services	A
2.6	PHA, HSCB, Primary care and BHSCT should work together to ensure robust processes are in place to maintain the screening interval and grading for diabetic retinopathy.	Having stabilised the screening interval in 2013 the Trust will work towards modernising the service in 2014/15. This will include the implementation of new software and new ways of working to ensure service continuity.	Director of Surgery & Specialist Services	A
2.7	BHSCT, NHSCT, SHSCT and WHSCT should implement their local action plans to complete the roll out of digital mammography across N Ireland by October 2013.	The Trust was unable to complete the roll out by October 2013 due to a challenge in the procurement process. There is currently a process in place for implementation with building works	Director of Unscheduled & Acute Care	A by July 14

REGIONAL COMMISSIONING PRIORITIES 2014/2015

	Regional Commissioning Priority	BHSCT Trust Response	Responsibility	Achievable*
		having commenced within the static unit on 24 th February 2014 and both Linenhall Street and Belfast City sites expected to be operational by 23 rd June 2014.		
2.8	BHSCT, NHSCT, SHSCT and WHSCT should ensure that they have a quality management system (QMS) in place which supports the safe and effective provision of breast screening.	An action plan is in place and the Trust is implementing QMS.	Director of Unscheduled & Acute Care	A
2.9	From April 2014 all hospital Trusts to have robust referral mechanisms into the screening surveillance programme for newly identified women at higher risk (X8) of breast cancer.	The Trust has identified the relevant women and has referral pathways in place into the screening surveillance programme.	Director of Surgery & Specialist Services	A

REGIONAL COMMISSIONING PRIORITIES 2014/2015

	Regional Commissioning Priority	BHSCT Trust Response	Responsibility	Achievable*
	POC 8 Health Promotion & Disease Prevention – Prisoner Health			
2.10	Mental Health services for the prison population should be further developed in accordance with delivering the Bamford Action Plan 2012 – 2015 for people with Mental Health and Learning Disability.	The Trust will continue to work with the HSC Board, other Trusts and agencies to develop a more effective service response to the needs of prisoners. As the great majority of prisoners with Mental Health needs in Maghaberry Prison are from the Belfast area there is a significant resource implication in taking this proposal forward. This has been signalled through the Trust's engagement with the Bamford Group and the joint strategy development workstream. The Trust	Director of Adult Social & Primary Care	A (STF)

REGIONAL COMMISSIONING PRIORITIES 2014/2015

	Regional Commissioning Priority	BHSCT Trust Response	Responsibility	Achievable*
		looks forward to a constructive engagement with the Commissioner with regard to this aspect of Mental Health care.		
2.11	Trusts should continue to work together to develop care pathways, into and out of prison, for prisoners with complex needs.	The Trust will continue to work with the HSC Board, other Trusts and agencies to develop a more effective service response to the needs of prisoners. As the great majority of prisoners with Mental Health needs in Maghaberry Prison are from the Belfast area there is a significant resource implication in taking this proposal forward. This has been signalled through the Trust's engagement with the Bamford Group and the joint strategy development workstream. The Trust looks forward to a constructive engagement with the Commissioner with regard to this aspect of Mental Health care.	Director of Adult Social & Primary Care	A (STF)
2.12	Trust based information systems should be further developed to help facilitate a whole systems approach to prisoner healthcare.	The Trust will continue to work with the HSC Board, other Trusts and agencies to develop a more effective service response to the needs of prisoners. As the great majority of prisoners with Mental Health needs in Maghaberry Prison are from the Belfast area there is a significant resource implication in taking this proposal forward. This has been signalled through the Trust's engagement with the	Director of Adult Social & Primary Care	A (STF)

REGIONAL COMMISSIONING PRIORITIES 2014/2015

	Regional Commissioning Priority	BHSCT Trust Response	Responsibility	Achievable*
		Bamford Group and the joint strategy development workstream. The Trust looks forward to a constructive engagement with the Commissioner with regard to this aspect of Mental Health care.		

REGIONAL COMMISSIONING PRIORITIES 2014/2015

	Regional Commissioning Priority	BHSCT Response	Responsibility	Achievable*
	POC 8 Health Promotion & Disease Prevention – Medicine Management			
2.13	All Trusts and ICPs to ensure the formulary is embedded within prescribing practice through active dissemination within electronic prescribing platforms	The Trust awaits introduction of the regional electronic prescribing system and understands that the formulary will be embedded in this	Director of Surgery & Specialist Services & Medical Director	RTA
2.14	All Trusts and ICPs will work with the Health & Social Care Board in 2013/2014 to establish the baseline position with ICPs ensuring 70% compliance by end 13/14 and Trusts attaining target delivery in 2014/2015.	The Trust will work with ICPs and the HSCB in the delivery of this target. Attainment of compliance will be dependent on the baseline position.	Director of Surgery & Specialist Services & Medical Director	RTA
2.15	All Trusts and ICPs should put in place arrangements to manage regional monthly managed entry recommendations including monitoring, reporting and disinvestment arrangements	Directorates within the Trust will put in place arrangements to manage regional monthly managed entry recommendations.	Director of Surgery & Specialist Services & Medical Director	A
2.16	All Trusts and ICPs to ensure 100% compliance with local delivery against the Regional Pharmaceutical Clinical Effectiveness Programmes such that all targets are met	Full clinical engagement is required across all specialties to achieve 100% compliance with the Pharmaceutical	Director of Surgery & Specialist	A

REGIONAL COMMISSIONING PRIORITIES 2014/2015

	Regional Commissioning Priority	BHSCT Response	Responsibility	Achievable*
		Effectiveness Programme. New guidance must be ratified by the Trust to ensure successful implementation.	Services & Medical Director	
2.17	All Trusts and ICPs should support development of e-prescribing in hospitals through identification of clinical champions and leads and co-ordination of local Trust implementation teams	The Trust will establish a local implementation team in 14/15.	Director of Surgery & Specialist Services & Medical Director	A
2.18	All Trusts and ICPs should ensure that all patients with highest risks (complexity; high risk medicines) have their medicines reconciled on admission and at discharge in line with NICE guidance (http://guidance.nice.org.uk/PSG001) – baseline in 13/14; delivery 14/15	Whilst the Trust will endeavour to meet this target, the current paper- based prescribing system does not permit easy identification of high-risk medicines to audit. Where there are clinical pharmacy services, the Trust will work to ensure medicines are reconciled on admission and at discharge within pharmacy capacity. The Trust would note there is a substantial gap in clinical pharmacy services within the Trust.	Director of Surgery & Specialist Services & Medical Director	A(STF)

Table 3: BELFAST TRUST COMMISSIONING PLAN 2014- 2015

BELFAST TRUST COMMISSIONING PLAN 2014 /2015					
POC 1: Acute					
	Regional Commissioning Objective	Associated Local Requirement	BHSCT Response	Responsibility	Achievable*
3.1	Commission sufficient capacity to meet demand for planned care, including services for patients with chronic pain	Trusts are required to deliver commissioned levels of hospital and related activity in the SBA	The Trust will be working to deliver agreed SBA levels of activity in 14/15. The Trust has not however signed up to the HSCB proposed volumes in 13/14 for those specialities which included up lifts applied (either 2% or previous years' outturn) and this will need resolved in agreeing baselines for 14/15. In addition the Trust has identified specialities which require an SBA volume review (e.g. Ophthalmology OP) due to changes in medical models since original volumes were identified. Discussions are ongoing with the HSCB in relation to these areas.	Directors of USC & Acute Care, Surgery & Spec Services, Adult Social & Primary Care, Women's Health & Spec Hosp	A (STF)
3.2	Undertake work with Trusts to reduce cancelled sessions, increase day case rates, increase the number of patients per session, and reduce new: review ratios where appropriate Undertake a review and take forward opportunities to consolidate the	Belfast Trust is expected to put plans in place to ensure that during 2014/15 commissioned services are delivered at least in line with the relevant average peer benchmarks for efficient and effective service provision, working towards top quartile performance by March 2015.	The Trust has already undertaken a bench marking exercise against the upper quartile peer performance for speciality level LOS/day case performance etc. and has identified opportunities for efficiencies. This will be reviewed alongside the IPOP data provided by the HSCB. Work is ongoing with the TPOT service improvement work to identify and implement areas for theatre productivity improvement. Opportunities to improve N:R ratios are also a focus at speciality level. The Trust has already undertaken a	Directors of USC & Acute Care, Surgery & Spec Services, Adult Social & Primary Care, Women's Health & Spec Hosp	A

BELFAST TRUST COMMISSIONING PLAN 2014 /2015
POC 1: Acute

	Regional Commissioning Objective	Associated Local Requirement	BHSCT Response	Responsibility	Achievable*
	provision of intermediate care beds and/or acute beds		review of intermediate care provision and work is ongoing to implement changes to the service model.		
3.3	Enable GPs to complete more of a patient's management through timely (same/next day) advice, assessment and/or diagnostic support from secondary care clinicians.	Belfast Trust is expected to work with GPs through ICPs to provide timely advice, assessment and diagnostic support.	The Trust is working as part of the ICPs to finalise investment proposals for any implementation in 14/15. Proposals include more timely access to a range of services which will support delivery of the target.	Director of Performance, Planning & Informatics	A (STF)
3.4	Reduce waits during the inpatient stay and support earlier discharge through 7-day proactive management by senior decision-makers in hospital with support from 7-day diagnostic services, social care and Allied Health Professions	Trusts are expected to put in place any arrangements necessary across the whole week and in the evenings to meet these requirements. The LCG will develop an Unscheduled Care Improvement Plan which will ensure that appropriate hospital and community services are commissioned to support this.	<p>Diagnostics A non recurrent Sunday ultrasound service is currently in place on the RVH site and this will be extended to Saturdays by the end of March 2014. The Trust will also introduce 7 day working for CT on RVH by the beginning of April 2014.</p> <p>Allied Health professionals A weekend service is currently in place for OT and physio within AMU on the RVH site. This is a non recurrently funded service. An exercise is currently being undertaken within the AHP services to identify the</p>	Director of Unscheduled & Acute Care	A (STF)

BELFAST TRUST COMMISSIONING PLAN 2014 /2015
POC 1: Acute

	Regional Commissioning Objective	Associated Local Requirement	BHSCT Response	Responsibility	Achievable*
			<p>impact of introducing 7 day services across the 5 areas in order to identify the areas of need.</p> <p>Both of these areas have been included in the Unscheduled care bid to be submitted to the HSCB early March 2014</p>		
3.5	Enhance end of life care, particularly in the community and Nursing Home sector	Providers within ICPs are expected to put in place additional primary and community services, including contributions from community and voluntary providers which contribute to a reduction in the use of hospital services and provide alternative care at home and in nursing homes for people who are at the end of life.	Older People's Services are working closely with the HSCB to develop models of care and IPTs to improve capacity of district nursing to deliver complex acute palliative and end of life care.	Director of Adult Social & Primary Care	A
3.6	Complete an analysis of the current workforce within Physiotherapy and Occupational Therapy to ensure the Ministerial targets are fully achieved and that these services respond appropriately to patients presenting within Emergency Care	Belfast Trust is expected to ensure that sufficient AHP capacity is available to support timely ambulatory care and hospital discharge on a 24/7 basis.	The Trust is currently compiling a return which will be submitted to the HSCB by the beginning of March 2014. This has been compiled across all 6 AHP professions. The achievement of the targets highlighted depends on the availability of AHP resource to deliver, especially the response time of 24 hours.	Director of Unscheduled & Acute Care	A (STF)

BELFAST TRUST COMMISSIONING PLAN 2014 /2015
POC 1: Acute

	Regional Commissioning Objective	Associated Local Requirement	BHSCT Response	Responsibility	Achievable*
	settings during the 24 hour period				
3.7		Providers within ICPs are expected to contribute to the transformation of outpatient services including a risk stratified approach to follow up care.	The Trust will work as part of the ICP's to support delivery of the target.	Director of Performance, Planning & Informatics	A
3.8		Providers within ICPs are expected to contribute to the transformation of care pathways for Eye Care and Musculo-skeletal conditions.	The Trust will work as part of the ICP's to support delivery of the target. Ophthalmology Services will continue to develop and enhance the Integrated Care Pathway model to refine referral management and see and treat patients with 'simple' conditions in the right place at the right time and in doing so deflecting referrals from secondary care.	Director of Surgery & Specialist Services	A
3.9		Providers within ICPs are expected to contribute to the development of an integrated approach to minor illness.	The Trust will work as part of the ICP's to support delivery of the target.	Director of Performance, Planning & Informatics	A

BELFAST TRUST COMMISSIONING PLAN 2014 /2015					
POC 2: Maternal & Child health					
	Regional Commissioning Objective	Associated Local Requirement	BHSCT Response	Responsibility	Achievable*
3.10	Work with Trusts to ensure services meet Commissioning requirements to standardise the minimum upper age limit for children in Paediatric wards (15 years in 14/15)	The Belfast Trust is expected to increase the age limit for admission to the RBHSC to 14 years from 1 April 2014, to be raised to 15 years during 2014-15.	The Trust is currently reviewing with commissioners the impact on Paediatric Services of this age increase. Pathways of care need to be developed and agreed across the region as do the specialities affected. A full scoping exercise should be completed and there is possibly the need for further commissioned services. The Trust is currently arranging a series of meetings with the HSCB.	Director of Specialist Hospitals & Women's Health	A (STF)

BELFAST TRUST COMMISSIONING PLAN 2014 /2015					
POC 3: Children and Families' Service					
	Regional Commissioning Objective	Associated Local Requirement	BHSCT Response	Responsibility	Achievable*
3.11	Work with CYPSP and outcomes groups to progress the establishment and consolidation of family support hubs by 1st September 2014.	Providers will be expected to contribute to the further development of family support through locality planning and family support hubs.	By the end of March 2015, there will be seven Family Support Hubs operational in the Belfast Trust area. Key Trust staff from Gateway Service, CAMHS and Health Visiting will have ongoing links with the Hubs. Trust staff will continue to attend and contribute to the four Locality Planning Groups in Belfast area.	Director of Children's Community Services	A
3.12		Belfast Trust is expected to bring forward plans to manage demand for ASD services.	The Trust continues to work with the HSCB regarding the capacity shortfall given the demand for ASD services.	Director of Adult Social & Primary Care	A

			<p>Additional non-recurrent funding was secured and work is on-going to reduce patients who breach waiting times in Children's diagnostics.</p> <p>Capacity/Demand mapping has been submitted for Childhood Diagnostics, the shortfall identified and additional funding requested. Developments in diagnostic provision ensures consistent approaches are applied in assessment which are compliant with NICE Guidance and the Six Steps of Autism Care.</p> <p>Whilst the Trust will have no breaches by the end of March 2014, this is solely due to the additional non-recurrent funding provided and is not sustainable without on-going funding. The development of adult services is on-going, and templates for submission of information to the HSCB are in discussion.</p> <p>The Trust continues to work closely in partnership with community and voluntary bodies in implementing the Autism Strategy and maximising service provision.</p> <p>The Trust is developing further its relationships with local statutory partners from DOJ, DEL, DSD, and DE in implementing the cross-departmental Autism Strategy.</p>		
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BELFAST TRUST COMMISSIONING PLAN 2014 /2015
POC 4: Older People

	Regional Commissioning Objective	Associated Local Requirement	BHSCT Response	Responsibility	Achievable*
3.13	Transformation of older people's service with a focus on home as the hub of care and the promotion of choice and independence.	ICPs are expected to bring forward proposals for acute care at home with secondary care services supporting primary and community care teams, access to social care and community and voluntary provision of practical support.	The Trust will continue to work with the ICP to develop and implement the IPTs in the four identified areas for reform. Full achievement will be subject to full financial support and implementation extending into 15/16. The Trust has previously piloted and evaluated a model of urgent care and learning will be incorporated into proposal.	Director of Adult Social & Primary Care	A (STF)
3.14	Agreed service developments in dementia services with associated performance targets	Providers are expected to respond to commissioner specifications for the further development of memory services.	An IPT for memory services has been submitted and accepted by the HSCB.	Director of Adult Social & Primary Care	A
3.15	Provision of improved support for carers through increased access to carer assessments and respite options.	Belfast Trust is expected to increase access to carer assessments and respite through the implementation of LCG investment in 2013-14.	Plans are in place to increase respite through additional LCG investment. This has provided an increase in respite options and enabled more creative supportive approaches e.g. carers groups	Director of Adult Social & Primary Care	A
3.16	Increase uptake of Direct Payments	Belfast Trust is expected to increase the proportion of care packages which are subject to direct payments	The Trust will achieve a 5% increase in the number of direct payments but	Director of Adult Social & Primary Care	A

BELFAST TRUST COMMISSIONING PLAN 2014 /2015
POC 4: Older People

	Regional Commissioning Objective	Associated Local Requirement	BHSCT Response	Responsibility	Achievable*
		and in particular to work with the CLARE social enterprise in North Belfast to encourage the development of life plans as an alternative to statutory care.	anticipates that such an increase will create a proportionate cost pressure. The Trust has been working closely with the CLARE project and will be supporting the development of community preventative services to reduce reliance on statutory provision. DPs are a relatively small aspect of this project to date.		
3.17	Development of a more coordinated understanding of and approach to intermediate care provision underpinned by more effective monitoring arrangements to improve discharge arrangements. Agreed specification for the delivery of Trust intermediate care services	ICPs are expected to bring forward proposals for transforming services for the Frail Elderly which provide a more coordinated approach to intermediate care, including arrangements for hospital discharge, direct access to specialist assessment at home or, if necessary, at a hospital or other healthcare setting.	The Trust will work as part of the ICP's to support delivery of the target. The Trust has already undertaken a review of intermediate care provision and work is ongoing to implement changes to the service model.	Director of Adult Social & Primary Care,	A
3.18	Continued roll-out of targeted preventative health and well-being improvement programmes and promote active ageing.	ICPs are expected to bring forward proposals for improved Falls Prevention and Nutrition as part of their proposals for Frail Elderly services. Belfast Trust and Age Sector organisations are expected to	The Trust will work as part of the ICP's to support delivery of the target. The Trust will continue to partner with the Belfast Strategic Partnership in the	Director of Adult Social & Primary Care & Medical Director	A

BELFAST TRUST COMMISSIONING PLAN 2014 /2015
POC 4: Older People

	Regional Commissioning Objective	Associated Local Requirement	BHSCT Response	Responsibility	Achievable*
		contribute to the Belfast Age Friendly Action Plan to be submitted to WHO following consultation and endorsement by the Belfast Strategic Partnership.	development and delivery of preventative health and well being improvement programmes. This will include physical activity and nutrition programmes and programmes that seek to reduce social isolation.		

BELFAST TRUST COMMISSIONING PLAN 2014 /2015
POC 5: Mental Health

	Regional Commissioning Objective	Associated Local Requirement	BHSCT Response	Responsibility	Achievable*
3.19	Promoting Recovery Approaches and implementation of the Regional Mental Health Care Pathway	The Trust is expected to work closely with GPs and other ICP providers to bring forward proposals for the establishment of a Primary Care Talking Therapies Service building on the learning from the pilot Referral Hub in West Belfast.	The Trust will continue to build upon the West Belfast Pilot and has agreed infra-structure funding from the HSCB to begin that development. Further community capacity development and roll out across Belfast will commence when the LCG funding is in place.	Director of Adult Social & Primary Care	A (STF)
3.20	Consolidation of acute inpatient beds to a single site in each of three Trust areas (Belfast Trust, Northern,	The Trust is expected to continue to reduce the use of hospital capacity through the effective use of community capacity in preparation for	Plans for the new single site inpatient unit are on target with plans to open early 2017. Three further beds to close by	Director of Adult Social & Primary Care	A

BELFAST TRUST COMMISSIONING PLAN 2014 /2015
POC 5: Mental Health

	Regional Commissioning Objective	Associated Local Requirement	BHSCT Response	Responsibility	Achievable*
	Southern and South Eastern	the opening of the new Acute mental Health Unit.	Sept 14.		
3.21	Provision of increased community treatment and care including: psychological therapies; further enhancement of Crisis Resolution, Assertive Outreach and Home Treatment functions.	The Trust is expected to bring forward proposals in response to a commissioning specification for further enhancement of Crisis Resolution, Assertive Outreach and Home Treatment functions.	Additional staff are currently being recruited to facilitate an assertive outreach function within the community Mental Health teams. This will require additional infrastructure funding to develop further. A new 6 bed home treatment house facility to open May 14 and will lead to reduction of further 3 acute beds.	Director of Adult Social & Primary Care	A
3.22	Supporting carers through increased access to carer assessments and respite options.	The Trust is expected to bring forward proposals in response to a commissioner specification for enhancement of capacity for older carers.	The Trust will develop a proposal in conjunction with older carers.	Director of Adult Social & Primary Care	A

BELFAST TRUST COMMISSIONING PLAN 2014 /2015					
POC 6: Learning Disability					
	Regional Commissioning Objective	Associated Local Requirement	BHSCT Response	Responsibility	Achievable*
3.23	Improving the physical and mental health of people with a learning disability through the delivery of health promotion initiatives and extension of the DES for learning disability.	GP Practices are expected to respond to the opportunity presented by the DES to offer annual physical and mental health checks to people with a learning disability.	Through the DES funding the Trust has a full time practitioner in place which continues to prove effective in achieving improvement. The Trust however recognises, as reflected in the Boards commissioning plan, that this expectation of GP practices must be reinforced through the Boards contractual arrangements. The Trust is currently in discussion with the Board regarding our disproportionately low resource (compared to other Trusts) to enhance our support to GP's to meet their obligations. The Trust also recognises, and is in discussion with the commissioner regarding the importance of GMS services extending equally to those in hospital.	Director of Adult Social & Primary Care	A
3.24	Promoting independence and inclusion through greater choice and improved	The Trust is expected to bring forward proposals in response to a commissioner specification for	The Trust is currently committing the resources from its earlier IPT bids to realise	Director of Adult Social & Primary Care	A

BELFAST TRUST COMMISSIONING PLAN 2014 /2015
POC 6: Learning Disability

	Regional Commissioning Objective	Associated Local Requirement	BHSCT Response	Responsibility	Achievable*
	community infrastructure.	improved community infrastructure.	an improved community care and treatment infrastructure, including a targeted extended hours service. The Trust is also reviewing the choice and opportunities available to service users through its work in relation to day opportunities, the review of accommodation and respite and achieving optimum social inclusion.		
3.25	Supporting carers through enhanced short break and respite services.	The Trust is expected to ensure that carer support is enhanced including deployment of funding provided by the LCG.	The Trust will ensure that carer support is enhanced in accordance with the funding provided.	Director of Adult Social & Primary Care	A

BELFAST TRUST COMMISSIONING PLAN 2014 /2015					
POC 7: Physical Disability and Sensory Impairment					
	Regional Commissioning Objective	Associated Local Requirement	BHSCT Response	Responsibility	Achievable*
3.26	Promote and pilot the potential for telecare to maintain individual independence and security in the community.	Belfast Trust is expected to work with community and voluntary providers and housing agencies to offer telecare where this will help maintain individual independence and security in the community.	The Trust is appointing a project manager to promote and increase the use of Telecare and uptake is being monitored. A local strategy has been developed with steering group established to oversee.	Director of Adult Social & Primary Care	A
3.27	Increase uptake of carers assessments	The Trust is expected to increase access to carer assessments and respite through the implementation of LCG investment in 2013-14.	Plans are in place to increase respite through additional LCG investment. This has provided an increase in respite options and enabled more creative supportive approaches e.g. carers groups	Director of Adult Social & Primary Care	A
3.28	Increase uptake of Direct Payments	Belfast Trust is expected to increase the proportion of care packages which are subject to direct payments and in particular to work with the CLARE social enterprise in North Belfast to encourage the development of life plans as an alternative to statutory care.	The Trust will achieve a 5% increase in the number of direct payments but anticipates that such an increase will create a proportionate cost pressure. Physical Health & Sensory Disability and Older People's services are continuing to work with the CLARE social enterprise.	Director of Adult Social & Primary Care	A

BELFAST TRUST COMMISSIONING PLAN 2014 /2015
POC 8: Health Promotion

	Regional Commissioning Objective	Associated Local Requirement	BHSCT Response	Responsibility	Achievable*
3.29	<p>All Trusts will support the Early Intervention Transformation programme and ensure delivery of a range of evidence based early years intervention programmes including:</p> <ul style="list-style-type: none"> • Roots of Empathy • Family Nurse Partnership • Infant Mental Health Training • Parenting support. 	<p>Belfast Trust is expected to continue to consolidate the implementation of the Roots of Empathy Programme across 35 schools in the Belfast LCG area. 60 Health and Social Care staff will receive infant mental health training to improve their assessment and intervention capacity</p>	<p>The Trust will continue to deliver and support early years intervention programmes. Thirty five schools in the Belfast area have been in receipt of the Roots of Empathy programme, with instructors trained to deliver the programme. The Trust will also deliver to 60 Health and Social Care staff, infant mental health training to improve their assessment and intervention capacity.</p> <p>The Trust continues to roll out Solihull Training to key Social Work staff in Children's Services. The Trust has established a Work Plan overseen by the Infant Mental Health Group, chaired by Children's Services Director.</p>	<p>Director of Children's Community Services, Medical Director</p>	A

**BELFAST TRUST COMMISSIONING PLAN 2014 /2015
POC 8: Health Promotion**

	Regional Commissioning Objective	Associated Local Requirement	BHSCT Response	Responsibility	Achievable*
3.30	<p>Trust should ensure that existing service provision is tailored to meet the needs of vulnerable groups including:</p> <ul style="list-style-type: none"> • Looked After Children; • Homeless people • LGBT • Travellers • Migrant groups 	<p>Belfast Trust is expected to submit an action plan to the LCG by June 2014 showing how it will improve the accessibility and uptake of services by vulnerable groups.</p> <p>The Trust is expected to raise awareness amongst LAC staff of support for smoking cessation services and BHSCT smoke-free policy. All LAC staff to be offered BIT and key staff to be identified to attend specialist smoking cessation training.</p>	<p>LGBT Services for LGBT groups will be delivered in partnership with the Rainbow project and other LGBT groups this will include sexual health and other health promotion initiatives.</p> <p>Travellers The Trust will ensure that through its Health Inequalities Strategy, “Not Just Health” programmes will be targeted at those most in need. Through the Trusts Travellers Strategy group, specific health improving initiatives will be delivered through the Trust Traveller Liaison Workers and through An Munia Tober.</p>	<p>Director of Children’s Community Services, Medical Director</p>	A

**BELFAST TRUST COMMISSIONING PLAN 2014 /2015
POC 8: Health Promotion**

	Regional Commissioning Objective	Associated Local Requirement	BHSCT Response	Responsibility	Achievable*
			<p>Migrant Groups The Trust has a new NINES service to offer health assessment and immunisations to new entrants to N.I. The Trust will continue to support Roma communities in Belfast accessing appropriate healthcare.</p> <p>The Trust has commenced work to promote smoking cessation throughout its Residential Children’s Homes. LAC staff have agreed to have a designated person within their home to be trained in Stop Smoking Specialist Training. This designated person will provide support to LAC who wishes to stop smoking.</p>		

BELFAST TRUST COMMISSIONING PLAN 2014 /2015					
POC 8: Health Promotion					
	Regional Commissioning Objective	Associated Local Requirement	BHSCT Response	Responsibility	Achievable*
3.31	<p>All Trusts are expected to deliver on the implementation of 'Fitter Futures for All' framework including:</p> <ul style="list-style-type: none"> • Pilot pregnancy programmes; • Achieving UNICEF Baby Friendly Standards and peer support initiatives to support breast feeding; • Provision of weight loss programmes for adults and children as appropriate; • Support the implementation of a regional Physical Activity Referral Scheme; 	<p>Providers within ICPs are expected to continue to support the roll-out and development of the Healthwise programme in conjunction with PHA, Belfast City Council and Sport NI.</p>	<p>The Trust has full BFI accreditation. There is a peer support worker co coordinator in post and the service makes referrals to community peer support workers.</p> <p>Weight Loss Programmes for adults and children such as Weigh to Health and Fresh are supported by the Trust's Health Improvement Department by delivery of Cook It!, Healthy Lunch Boxes and Healthy Hearts.</p> <p>The Trust will continue to commit to the Active Belfast Partnership which endeavours to encourage those in the Belfast Trust Area to engage in physical activity, particularly focusing funding and resources on geographical areas and population groups where it is most needed. The Trust will support the roll out and development of Healthwise and assist with employment of staff as needed.</p>	<p>Directors of Specialist Hospitals & Women's Health, Nursing & User Experience</p>	A

BELFAST TRUST COMMISSIONING PLAN 2014 /2015

POC 8: Health Promotion

	Regional Commissioning Objective	Associated Local Requirement	BHSCT Response	Responsibility	Achievable*
	<ul style="list-style-type: none"> Provision of healthy food choices in all HSC facilities. 	<p>Belfast Trust is expected to continue to support the rollout of the RAFAEL programme aimed at increasing the proportion of fresh, local and sustainable food in HSC facilities.</p>	<p>The Trust is obliged to comply with public sector purchasing regulations and must award all contracts in line with EU Treaty principles. The Trust looks to PaLS to ensure such standards are in place. To facilitate the rollout of the RAFAEL programme aimed at increasing the proportion of fresh, local and sustainable food in HSC facilities, the Trust in conjunction with PaLS, has been involved in working with members of RAFAEL to assist local producers to understand the procurement processes involved in tendering for Health and Social Care contracts.</p> <p>The Trust is also currently reviewing its menus through a multidisciplinary process and basing them on food and nutrient standards for the specific population groups being catered for.</p>		

BELFAST TRUST COMMISSIONING PLAN 2014 /2015					
POC 8: Health Promotion					
	Regional Commissioning Objective	Associated Local Requirement	BHSCT Response	Responsibility	Achievable*
			Furthermore the Trust has carried out a survey of over 1,000 patients to garner their views on food provision and take into account their preference on how they wish to consume food throughout the day. As patients usually consume a wider range of foods at lunch and evening meals, the menu is designed to account for a greater proportion of intake at these times.		

BELFAST TRUST COMMISSIONING PLAN 2014 /2015					
POC 8: Health Promotion					
	Regional Commissioning Objective	Associated Local Requirement	BHSCT Response	Responsibility	Achievable*
3.32	<p>All Trusts will ensure that they support the implementation of key public health strategies including:</p> <ul style="list-style-type: none"> Tobacco cessation services and BIT in particular for pregnant women and other vulnerable groups; e.g. Looked After Children; 	<p>Belfast Trust should ensure smoking cessation services available to the following groups:</p> <ul style="list-style-type: none"> 150 professional staff for brief intervention training 200 pregnant women to participate in smoking cessation services 1500 routine manual workers 20 children in LAC residential homes <p>BHSCT to develop common guidelines and policy on smoke free facilities including LAC residential homes</p>	<p>Smoking Cessation Support and BIT will continue to be provided across the Belfast Trust. The Trust will deliver on the targets listed. However currently the PHA target for professional staff is 100 to received Brief Intervention Training. Staff are offered training, however at times there is very limited uptake as it is not mandatory.</p> <p>3 part time midwives are now providing smoking cessation support to pregnant woman. All pregnant women who smoke are offered support and advice on how to stop smoking.</p> <p>All staff who smoke are offered smoking cessation support and 12 weeks free NRT. Staff in PCSS are targeted as high levels of smoking in this area.</p>	Medical Director	A

BELFAST TRUST COMMISSIONING PLAN 2014 /2015					
POC 8: Health Promotion					
	Regional Commissioning Objective	Associated Local Requirement	BHSCT Response	Responsibility	Achievable*
	<ul style="list-style-type: none"> Working towards smoke free campuses and sites; 		<p>The Trust has commenced work to promote smoking cessation throughout its Residential Children’s Homes. LAC staff have agreed to have a designated person within their home to be trained in Stop Smoking Specialist Training. This designated person will provide support to LAC who wishes to stop smoking.</p> <p>The Trust has updated it’s smoke free policy which covers all Trust owned facilities. In addition a Smoke Free Implementation Group has been established in the Trust to progress Smoke Free sites with the aim of being smoke free by Dec 2014.</p>		A

BELFAST TRUST COMMISSIONING PLAN 2014 /2015					
POC 8: Health Promotion					
	Regional Commissioning Objective	Associated Local Requirement	BHSCT Response	Responsibility	Achievable*
	<ul style="list-style-type: none"> 7 days services which prioritise individuals presenting to Emergency Departments, acute medical/ surgical admission wards and other settings within the acute sector for identification/ health improvement (screening/ brief intervention), treatment and support for substance misuse and associated mental health 		<p>The Trust currently provides a 24 hour /7 day per week response service for EDs. In addition we have a liaison service in place which operates a 4 day per week service. We welcome any proposals that will address this gap in service (and in particular currently unfunded elements of service). The Trust would welcome discussions with the Board representatives leading on existing proposed service models and have sought an initial meeting to commence discussions on how best to take this service development forward.</p>	Director of Adult Social & Primary Care	A

BELFAST TRUST COMMISSIONING PLAN 2014 /2015					
POC 8: Health Promotion					
	Regional Commissioning Objective	Associated Local Requirement	BHSCT Response	Responsibility	Achievable*
	<ul style="list-style-type: none"> Trust should continue to support the delivery of emotional wellbeing and suicide prevention strategy including continuing to collect data for attendances at ED related to self-harm and contributing to the development of an improved model of support for those who self-harm. Specific efforts to help vulnerable groups including bereaved families, the LGBT community, BME communities and Travellers. 		<p>The BHSCT will continue to support the delivery of the emotional wellbeing and suicide prevention strategy and to collect data to support the implementation of the strategy.</p> <p>The community of interest for mental health promotion & suicide prevention will support vulnerable groups including bereaved families, LGBT community, BME communities and travellers through the provision of information, facilitation of education and signposting to support organisations where appropriate</p>	<p>Director of Adult Social & Primary Care</p> <p>Medical Director</p>	<p>A</p> <p>A</p>
	<ul style="list-style-type: none"> Supporting the ongoing delivery of the Lifeline Service and implement the 	Providers within ICPs are expected to support the development and implementation of and Emotional	The Trust will support revised arrangements for an emotional resilience strategy through its	Medical Director	A

BELFAST TRUST COMMISSIONING PLAN 2014 /2015

POC 8: Health Promotion

	Regional Commissioning Objective	Associated Local Requirement	BHSCT Response	Responsibility	Achievable*
	<p>regionally agreed memorandum of understanding.</p>	<p>Resilience Strategy and its integration with the suicide prevention strategy and Primary Care Talking Therapies Service.</p> <p>Belfast Trust is expected to support the delivery of new community-based service model for self-harm throughout the Belfast LCG area.</p>	<p>work with the Belfast strategic Partnership with the city council, the PHA and community and voluntary sectors.</p> <p>Belfast Trust will roll out the Primary care talking therapies consortia across Belfast.</p> <p>The Trust will also work with partners in the implementation of any revised arrangements arising out of the DHSSPS suicide prevention strategy with community partners in the Belfast PLIG and Community response initiatives.</p> <p>Belfast Trust will deliver 20 suicide prevention gate keeper training sessions to a minimum of 300 people</p> <p>The Trust will continue to support and signpost people to the Lifeline service.</p>		

BELFAST TRUST COMMISSIONING PLAN 2014 /2015

POC 9: Primary Health and Adult Community

	Regional Commissioning Objective	Associated Local Requirement	BHSCT Response	Responsibility	Achievable*
3.33	Delivering Ministerial Targets for reducing unplanned admissions.	ICPs are expected to bring forward proposals which transform primary and community care pathways for specified long term conditions which reduce unplanned admissions and length of stay beyond peer benchmarked performance.	The Trust will work as part of the ICP's to support delivery of the target.	Director of Adult Social & Primary Care	A
3.34	Provision of primary care aligned 24/7 Community Nursing Services, including District Nursing to deliver acute and complex care at home and Palliative and End of Life Care at home or in the most appropriate community setting. Enable district nursing teams to respond quickly and flexibly to GP referrals. This should prevent some acute illness, and allow patients to return home from hospital earlier than at present	ICPs are expected to bring forward proposals for a range of long term conditions which will provide the capacity required to deliver acute care and end of life care at home or in the most appropriate community setting.	Older People's Services are working closely with the HSCB to develop models of care and IPTs to improve capacity of district nursing to deliver complex acute palliative and end of life care.	Director of Adult Social & Primary Care	A
3.35	Deliver essential and enhanced services in line with DHSSPS clinical priorities. Ensure DEP TG1 delivers contractual change with improved clinical governance and performance management Deliver Electronic Claims and Payment System and secure	The LCG will continue to commission transformed eye care services in line with "Developing Eye care Partnerships" which will provide a more appropriate skill mix of healthcare professionals and increase the skills of High Street Optometrists working within	In line with "Developing Eye Care Partnerships" the Trust will work towards different ways of working namely in acute eye care and glaucoma. The Trust will work with the LCG to recruit community optometrists to work in Eye Casualty and the Glaucoma	Director of Surgery & Specialist Services	A

BELFAST TRUST COMMISSONING PLAN 2014 /2015
POC 9: Primary Health and Adult Community

	Regional Commissioning Objective	Associated Local Requirement	BHSCT Response	Responsibility	Achievable*
	email communications and referral system. Glaucoma - Reduce demand by referral refinement and commencement of consultant-led multi-skill clinics Pilot Acute Eye & MECS	secondary care teams on a sessional basis in Glaucoma, Diabetic Retinopathy and Acute eye Care.	Service to enhance skill mix and improve patient access to services.		
3.36	Develop further activity through community pharmacy which will promote better patient understanding of medicines to improve adherence and reduce waste	Community Pharmacies are expected to contribute to proposals by the Belfast ICP Medicines Management Group to improve adherence and reduce waste.	N/A	N/A	N/A
3.37	Develop enhanced level of health improvement activity through community pharmacy	Community Pharmacies are expected to contribute to ICP proposals for health improvement which will assist in reducing use of hospital and other specialist services, for example for minor illness, and to promote self-care and reduction of health risk factors such as smoking and obesity.	N/A	N/A	N/A



**Belfast Health and
Social Care Trust**

Trust Delivery Plan

2015/2016

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1. Introduction

This document sets out the Belfast Trust Delivery Plan for 2015/16. The document provides details of the Trust response to the Health and Social Board Commissioning Plan 2015/16. Details are provided in relation to how the Trust will support the delivery of the Ministerial, Regional and Local Commissioning priorities (specifically the Belfast Local Commissioning Group priorities) for 2015/2016.

2. Local Context

The purpose of the Belfast Health and Social Care Trust is to improve health and well-being and reduce health and social inequalities. We aim to achieve this by delivering services to our patients and clients which are safe, effective and patient and client centered.

Ensuring we deliver high quality, safe services is our key priority and this is set against a backdrop of on-going financial challenge for the organisation in 2015/16.

A particular organisational focus during 2015/16 will be improving service delivery in 3 areas:

- Unscheduled care
- Hospital Discharge
- Elective Care

Improvements in particular in relation to unscheduled care pathways will be underpinned by the new ED Service Model delivered in the RVH Phase 2B development. During 2015/16 the Trust will also bring forward proposals for consultation related to future services configuration through a new strategic services plan.


The Trust will work with HSCB colleagues and the Belfast Local Commissioning Group in delivering Ministerial and HSCB priorities in 2015/16.


In addition to the Trust Delivery Plan, the Trust has in place a Corporate Plan for 2015/16, which sets out a broad, balanced range of organisational objectives for the 3 year period. The Trust Delivery Plan and the Corporate Plan together will provide assurance to the public of our commitment to the delivery of high quality services, going forward into this year.

Section 3: Detailed Delivery Plans

3.1: MINISTERIAL PRIORITIES & TARGETS 2015 – 2016

BELFAST TRUST RESPONSE

 Target achievable (comments included related to those linked to funding).

 Target where there is a risk to full or substantial delivery.

The Trust response to the Ministerial Priorities and Targets is set out in Section 3.1.

Comments in relation to each are set out in the tables that follow.

Summary Table – Achievability of Ministerial Targets 2015/16

Target	2015/16
To improve and protect population health and wellbeing and reduce health inequalities	
1.1 Bowel cancer screening – HSC to extend programme by March 2016	HSCB led
1.2 Tackling Obesity – Weigh to Healthy Pregnancy Programme	
1.3 Substance misuse – Seven day integrated & coordinated liaison services	
1.4 Family Nurse Partnership – rollout of the Family Nurse Partnership Programme by March 2016	
To provide high quality, safe and effective care; to listen to and learn from patient and client experiences; and to ensure high levels of patient and client satisfaction.	
1.5 Unplanned admissions – reduce the number by 5% by March 2016	
1.6 Unplanned admissions for acute conditions – ensure they do not exceed 2013/14 levels	TBC
1.7 Carers' assessments – secure a 10% increase in the number of assessments by March 2016	
1.8 Direct payments – secure a 10% increase in payments by March 2016	
To provide high quality, safe and effective care; to listen to and learn from patient and client experiences; and to ensure high levels of patient and client satisfaction.	
1.9 Allied Health Professionals – wait to be no longer than 13 weeks from referral from April 2015	
1.10 Hip Fractures – 95% of patients not to wait longer than 48 hours from April 2015	
1.11 Cancer Centre 14/31/62 day targets - from April 2015	
To provide high quality, safe and effective care; to listen to and learn from patient and client experiences; and to ensure high levels of patient and client satisfaction.	
1.12 Unscheduled Care – 95%, 4 hour, no 12 hours waits from April 2015	
1.13 Emergency Readmissions – reduce emergency readmissions by 5% within 30 days by March 2016.	TBC
To provide high quality, safe and effective care; to listen to and learn from patient and client experiences; and to ensure high levels of patient and client satisfaction.	
1.14 Elective Care –60% patients wait no longer than 9 weeks for first appointment from April 2015. No patient waits longer than 18 weeks.	
1.15 No patient waits longer than 9 weeks for a diagnostic test and urgent tests reported on within 2 days from April 2015.	
1.16 65% of inpatients and day cases to be treated with 13 weeks & no patient to wait longer than 26 weeks from April 2015.	
1.17 Organ Transplants –delivery of min of 80 kidney transplants to include live, DCD and DBD donors by March 2016.	
To provide high quality, safe and effective care; to listen to and learn from patient and client experiences; and to ensure high levels of patient and client satisfaction.	
1.18 Stroke Patients – 13% of patients with ischaemic stroke to receive thrombolysis from April 2015	
1.19 Healthcare acquired infections – a reduction of x% in MRSA and Clostridium difficile infections by March 2016.	TBC
To provide high quality, safe and effective care; to listen to and learn from patient and client experiences; and to ensure high levels of patient and client satisfaction.	
1.20 Patient Discharge – targets for discharge from April 2015	
1.21 Mental Health Services – timeframes for patients to access services	
1.22 Children in care – increase number of children in care with no placement change to 85%	
To provide high quality, safe and effective care; to listen to and learn from patient and client experiences; and to ensure high levels of patient and client satisfaction.	
1.23 Children in care – ensure a 3 year time frame for 90% of children who are to be adopted	
1.24 Patient Safety - death rate at weekend nor to exceed weekday admissions by 0.1%	TBC
1.25 Normative staffing – continue to lead and monitor programme of work	
To ensure that services are resilient and provide value for money in terms of outcomes achieved and cost incurred.	
1.26 Excess Bed Days – reduce number of excess beds days by 10%	TBC
1.27 Cancelled Appointments – reduce by 20% by March 2016.	

Ministerial Priorities & Targets				
1: <i>To improve and protect population health and wellbeing and reduce health inequalities.</i>				
	Standards and Targets 2015/16	BHSCT Response	Responsibility	Achievable
1.1	<p>Bowel cancer screening:</p> <p>By March 2016, complete the rollout of the Bowel Cancer Screening Programme to the 60-74 age group, by inviting 50% of all eligible men and women, with an uptake of at least 55% of those invited.</p>	<p>The Trust will work with the HSCB to complete the rollout programme.</p>	<p>Director of Unscheduled & Acute Care</p>	<p>HSCB led target</p>
1.2	<p>Tackling obesity:</p> <p>From April 2015, all eligible pregnant women, aged 18 years or over, with a BMI of 40kg/m² or more at booking are offered the Weigh to a Healthy Pregnancy programme with an uptake of at least 65% of those invited.</p>	<p>The Weigh to a Healthy Pregnancy Project continues within the Trust, supported by the PHA. This service provides advice and guidance to Women with a high BMI and they follow a care pathway to a Consultant Obstetrician who has a specialist interest in this area of care. At April 2015 the Trust is achieving a 58% uptake rate for participation in the programme. We will continue to encourage participation and provide women with all the necessary information to increase levels of participation to 65% target.</p>	<p>Director of Specialist Hospitals & Women's Health</p>	
1.3	<p>Substance misuse:</p> <p>During 2015/16, the HSC should build on existing service developments to work towards the provision of seven day integrated and co-ordinated substance misuse liaison services in appropriate acute hospital settings undertaking regionally agreed Structured Brief Advice or Intervention Programmes.</p>	<p>The Trust will work with the HSCB towards the provision of seven day integrated and co-ordinated substance misuse liaison services in appropriate acute hospital settings. The Trust understands that the HSCB are in the process of issuing proposals for the development of 7 day alcohol liaison services as described which the Trust will respond to.</p>	<p>Director of Adult Social & Primary Care</p>	
1.4	<p>Family Nurse Partnership:</p> <p>By March 2016, complete the rollout of the Family Nurse Partnership Programme across Northern Ireland and ensure that all eligible mothers are offered a place on the programme.</p>	<p>Enrolment commenced January 2014. As at 1.6.15, all eligible mothers have been offered a place on the Programme. The Trust will continue to roll out this programme during 2015/16.</p>	<p>Director of Children's Community Services</p>	

Ministerial Priorities & Targets				
2: To provide high quality, safe and effective care; to listen to and learn from patient and client experiences; and to ensure high levels of patient and client satisfaction.				
	Standards and Targets 2015/16	BHSCT Response	Responsibility	Achievable
1.5	<p>Unplanned Admissions:</p> <p>By March 2016, reduce the number of unplanned admissions to hospital by 5% for adults with specified long-term conditions, including those within the ICP priority areas.</p>	<p>The Trust data for April – September 2014 indicated a grown on admissions compared to the 12/13 baseline (FYE data for 2014/15 not yet available). The Trust anticipates that the development of the ICP's will contribute to delivery of the target in 2015/16.</p>	<p>Director of Unscheduled & Acute Care</p>	
1.6	<p>During 2015/16, ensure that unplanned admissions to hospital for acute conditions which should normally be managed in the primary or community setting, do not exceed 2013/14 levels.</p>	<p>The definition of acute conditions normally managed in the primary or community setting will need clarified. The development of the Integrated Care Partnership models should support delivery of the target.</p>	<p>Director of Adult Social & Primary Care</p>	TBC
1.7	<p>Carers' Assessments:</p> <p>By March 2016, secure a 10% increase in the number of carers' assessments offered.</p>	<p>During 14/15 the number of assessments offered increased by 24% against 13/14 figures while the number of assessments completed rose by 0.84%. The BHSCT Carers Strategy Steering Group, made up of staff and carers, will continue to drive the implementation of its action plan in respect of carer needs assessment and services in 15/16. Staff continue to receive carer awareness and assessment training and both Carer Co-ordinators have a liaison role within designated Service Areas to further advise staff on carer support. It is the Trust's experience, however, that carers often prefer to have their needs considered and support provided without the intervention of a formal carer assessment.</p> <p>Carer assessments will remain a standing agenda item at Steering Group meetings in order to closely monitor performance, to determine if any barriers to uptake exist and whether further action is required. The Target is achievable.</p>	<p>Director of Adult Social & Primary Care</p>	

Ministerial Priorities & Targets				
2: To provide high quality, safe and effective care; to listen to and learn from patient and client experiences; and to ensure high levels of patient and client satisfaction.				
	Standards and Targets 2015/16	BHSCT Response	Responsibility	Achievable
1.8	<p>Direct payments:</p> <p>By March 2016, secure a 10% increase in the number of direct payments across all programmes of care.</p>	<p>The Trust would wish to note the difficulties it encounters in funding direct payments, particularly in the context of the lack of transitional funding to release money from core services. However, the Trust does continue to promote their use and systems are in place to monitor progress. Utilisation of direct payments as a first option in social care delivery is supported by a range of structures across and within each programme of care.</p> <p>The target for 2014/2015 was 503 and 31st March 2015 513 direct payments were in place.</p> <p>The target for 2015/2016 is a 10% increase on 2014/2015 to the total of 552.</p> <p>Throughout the financial year 2014-2015 there were 585 clients in receipt of a packages hence there is confidence that the 2015/2016 target will be achieved .</p>	Director of Adult Social & Primary Care	
1.9	<p>Allied Health Professionals (AHP):</p> <p>From April 2015, no patient waits longer than 13 weeks from referral to commencement of AHP treatment.</p>	<p>The service will aim to achieve a 13 week waiting time during 2015/16. However there are challenges in reducing the current waiting list backlog in three of the Speech and Language sub speciality areas. The 13 week target is unlikely to be achieved in these areas without additional investment.</p>	Director of Unscheduled & Acute Care	
1.10	<p>Hip Fractures:</p> <p>From April 2015, 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.</p>	<p>Throughout 2014/15 the Trust achieved an average of 91% however at year end 95% was achieved. Efforts will continue to ensure the target is achieved. A cost pressure paper for the service will be developed for additional resources as the fracture service as a whole experiences considerable seasonal pressures and has activity levels in excess of the SBA. The HSCB</p>	Director of Specialist Hospitals & Women's Health	

Ministerial Priorities & Targets				
2: To provide high quality, safe and effective care; to listen to and learn from patient and client experiences; and to ensure high levels of patient and client satisfaction.				
	Standards and Targets 2015/16	BHSCT Response	Responsibility	Achievable
		provided non recurrent funding during 2014/15 and this will be required to the same level as a minimum during 2015/16.		
1.11	<p>Cancer Services:</p> <p>From April 2015, all urgent 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>	<p>The Trust continues to work towards achievement of these cancer targets and to highlight the main capacity constraints with Commissioners. These include:</p> <ul style="list-style-type: none"> • Breast and colorectal outpatient capacity • Urology diagnostic and surgical capacity • Prostate Brachytherapy capacity • Plastics outpatient and surgical capacity • CT Colonography • Late ITTs from other Trusts • Complex pathways <p>In addition there are a range of process issues and need for pathway redesign across a number of different tumour sites. Work has commenced with Urology, Colorectal and Upper GI pathways in this regard. Work is also on-going with commissioners to support the role and function of cancer MDTs and implement recommendations from National Cancer Peer Review. The Trust is not currently meeting the targets and delivery is an on-going challenge in 2015/16.</p>	Director of Surgery & Specialist Services	
1.12	<p>Unscheduled Care:</p> <p>From April 2015, 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.</p>	The ImPACT project is ongoing, empowering eight clinical teams supported by experienced managers, to design and deliver changes across the Trust. Belfast Trust is currently working with HSCB/LCG colleagues following the initial submission of an Unscheduled Care IPT and both parties are fully committed to the commissioning and delivery of an unscheduled care	Director of Unscheduled & Acute Care	

Ministerial Priorities & Targets				
2: To provide high quality, safe and effective care; to listen to and learn from patient and client experiences; and to ensure high levels of patient and client satisfaction.				
	Standards and Targets 2015/16	BHSCCT Response	Responsibility	Achievable
		'spectrum of care' model, ensuring safe and effective patient flow from appropriate ED attendance to discharge. The 'spectrum of care' model is designed to support alternative models of care to inpatient admission, including assessment, ambulatory and rapid access to outpatient services. Where inpatient admission is required, care pathways with key services have been reviewed to ensure safe and effective patient flow is maintained. Belfast Trust is also committed to maintaining the delivery elective care for patients. Delivery of the target from April 2015 remains a challenge, but the implementation of new models set out in the IPT should deliver improvements during the year.		
1.13	Emergency Readmissions: By March 2016, secure a 5% reduction in the number of emergency readmissions within 30 days.	The Trust currently does not have access to all the data required to assess performance against the target. Data related to Belfast Trust patients who are discharged and who may be readmitted to other Trust hospitals is only available regionally. The Trust will liaise with the HSCB to seek the appropriate baseline data. Trust monitoring data will need to be facilitated through the HSCB	Directors of USC & Acute Care, Surgery & Spec Services, Adult Social & Primary Care, Women's Health & Spec Hosp	TBC
1.14	Elective care – outpatients From April 2015, at least 60% of patients wait no longer than nine weeks for their first outpatient appointment and no patient waits longer than 18 weeks.	The Trust is currently unable to achieve the target in a number of specialities and will not be able to make progress to reduce waiting times in specific specialities without additional capacity being resourced and secured. The Trust will be seeking to maximise outpatient capacity and is undertaking an OP Modernisation Project to support service reform in this area.	Director of USC & Acute Care, Surgery & Spec Services, Adult Social & Primary Care, Women's Health & Spec Hosp	

Ministerial Priorities & Targets				
2: To provide high quality, safe and effective care; to listen to and learn from patient and client experiences; and to ensure high levels of patient and client satisfaction.				
	Standards and Targets 2015/16	BHSCT Response	Responsibility	Achievable
1.15	From April 2015, no patient waits longer than nine weeks for a diagnostic test and all urgent diagnostic tests are reported on within two days of the test being undertaken.	<p>MRI, GA MRI, CT, NOUS, Cardiac MRI</p> <p>The Trust has received non recurrent funding to the end of September 2015 to address waiting list backlogs in MRI, GA MRI, CT and Ultrasound but the funding allocated does not address the numbers required to deliver 9 weeks across these areas. However the service will aim to deliver the agreed backstops with the available funding.</p> <p><u>ECHO</u> Non recurrent funding has been allocated for echos, however the Trust was unable to secure the activity to deliver 9 weeks by September 2015. An open tender process has commenced to enable other providers to offer their services. This is likely to be completed for Q3.</p> <p><u>Sleep Studies</u> The service will not deliver 9 weeks due to the number of referrals that have been redirected from NHSC. The Trust has raised this issue and is awaiting direction.</p> <p><u>MPI</u> The Trust is reviewing options to secure additional capacity. If additional capacity is secured it should be possible to reduce the current waiting times towards the 9 week target.</p> <p><u>DRTT</u> The services will strive to improve and meet the 48 hour reporting turnaround time for urgent tests. However to achieve this at 100%, 7 day consultant/operator reporting is required which the Trust does not have on a recurrent basis yet.</p>	<p>Director of USC & Acute Care, Surgery & Spec Services, Adult Social & Primary Care, Women's Health & Spec Hosp</p>	

Ministerial Priorities & Targets				
2: To provide high quality, safe and effective care; to listen to and learn from patient and client experiences; and to ensure high levels of patient and client satisfaction.				
	Standards and Targets 2015/16	BHSCT Response	Responsibility	Achievable
1.16	From April 2015, at least 65% of inpatients and day cases are treated within 13 weeks and no patient waits longer than 26 weeks.	The Trust is currently unable to achieve the target in a number of specialities and will not be able to make progress to reduce waiting times in specific specialties without additional capacity being resourced and secured. The Trust is undertaking an Elective Care Reform Project in 15/16 to review how we can maximise our existing capacity.		
1.17	Organ Transplants: By March 2016, ensure delivery of a minimum of 80 kidney transplants in total, to include live, DCD and DBD donors.	In the 2014/15 year the Trust delivered in excess of its target of 50 Live Donor Transplants. It also over-delivered on the DCD/DBD programme. With a continuation of the current level of donation it is expected that the target will be delivered in 2015/16.	Director of Surgery & Spec Services	
1.18	Stroke Patients: From April 2015, ensure that at least 13% of patients with confirmed ischaemic stroke receive thrombolysis.	The Trust will continue to deliver thrombolysis when clinically indicated. The Trust has a well established 24/7 thrombolysis service which ensures the stroke / neurology team responds quickly when a stroke patient presents at ED. The Trust is confident the target can be delivered.	Director of Adult Social & Primary Care	
1.19	Healthcare acquired infections: By March 2016 secure a reduction of x% in MRSA and Clostridium difficile infections compared to 2014/15. [x to be available in April/May 2015 following analysis of 2014/15 performance and benchmarking process.]	The Trust understands that PHA colleagues are required to discuss these proposed targets with DHSS&PS colleagues prior to informing the Trust. As in previous years, the Trust will be given a number rather than a percentage reduction. The Trust will work towards delivery of agreed target.	Director of Nursing & User Experience	TBC
1.20	Patient Discharge: From April 2015, 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; 90% of complex discharges from an	The Trust Mental Health Service will continue to meet the target of hospital discharge within 7 days for those patients who have been assessed as medically fit. The Trust Learning Disability Service are currently unable to meet the target of hospital discharge within 7 days for those patients who have been assessed as	Director of Adult Social & Primary Care	

Ministerial Priorities & Targets

2: To provide high quality, safe and effective care; to listen to and learn from patient and client experiences; and to ensure high levels of patient and client satisfaction.

	Standards and Targets 2015/16	BHSCT Response	Responsibility	Achievable
	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>medically fit. Trust staff are currently in discussion with HSC staff as there are over 40 patients in MAH who currently meet this criteria.</p> <p>The Trust Mental Health and Learning Disability Services are currently unable to meet the target of 99% of all discharges taking places within 7 days. Both Service areas are currently in discussion with the HSC with regards to what measures can be taken to address the needs of those patients who are deemed as delayed discharges.</p> <p>The Trust is taking forward a range of initiatives to improve discharge in acute settings in 15/16. There is a particular focus on improving performance against the 90% complex target through streamlining pathways and enhancing capacity in areas such as reablement. Delivery of the target from April 2015 remains a challenge.</p>		
1.21	<p>Mental Health Services:</p> <p>From April 2015, 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>	<p>The Trust will continue to strive to meet access targets. Delivery of the 13 week psychological therapies targets continues to remain a challenge.</p> <p>The Trust is in the process of a major service redesign and improvement to meet the needs of Service Users with regards to access.</p>	Director of Adult Social & Primary Care	
1.22	<p>Children in Care:</p> <p>From April 2015, ensure that the number of children in care for 12 months or longer with no placement change is at least 85%.</p>	<p>The Trust is taking forward the following key actions related to the target:-</p> <ul style="list-style-type: none"> Continuing support to placements by the child's Social Worker and dedicated staff from the Fostering Service. Timely referral to the Trust's Permanence Panel to ensure plans for Permanence are achieved or on 	Director of Children's Community Services	

Ministerial Priorities & Targets				
2: <i>To provide high quality, safe and effective care; to listen to and learn from patient and client experiences; and to ensure high levels of patient and client satisfaction.</i>				
	Standards and Targets 2015/16	BHSCCT Response	Responsibility	Achievable
		<p>target, as outlined in the Regional Adoption Policy & Procedures.</p> <ul style="list-style-type: none"> Monitoring of placement activity to be able to audit progress of achieving the target. Review of any placement disruptions to reflect on the cause and improve practice from any learning. Partnership with voluntary organisations who also support children and young people in care eg VOYPIC, Fostering Network. <p>While every effort is made to support all placements for children in care, there will be occasions when a placement change is necessary or preferred, which may impact on the target being achieved. Examples of such occasions are:</p> <ul style="list-style-type: none"> Foster placements are reliant on the foster carers personal circumstances which can often influence the sustainability of the placements. A placement change may also be in a child's interests to achieve permanency via adoption, or a move to a long-term foster placement. Often the Care Plan cannot be achieved within twelve months due to cases being before the Court. <p>These issues may impact on delivery of the target. There is also the matter of still awaiting guidance from the HSCNI regarding the definition of this target.</p> <p>While we have recorded the priority as achievable this is subject to the issues identified above.</p>		

Ministerial Priorities & Targets				
2: To provide high quality, safe and effective care; to listen to and learn from patient and client experiences; and to ensure high levels of patient and client satisfaction.				
	Standards and Targets 2015/16	BHSCT Response	Responsibility	Achievable
1.23	By March 2016, ensure a three year time frame for 90% of children who are adopted from care.	<p>The Trust is taking forward the following key actions related to the target:-</p> <p>Timely referral of cases to the Trust's Adoption Panel if adoption is considered to be in the child's best interests.</p> <p>Monitoring of such cases to ensure cases are progressed through the different stages to achieve adoption in the time frame.</p> <p>Any undue delays to progress to be reported to Senior Management.</p> <p>Audit of all current adoption cases to review likely time frame</p> <p>Improvements in concurrent planning including an increase in recruitment of concurrent carers and implementation of the HOT project following EITF funding.</p> <p>The target should be achievable if all the necessary processes are followed and goals achieved, however these are often reliant on external factors. For example, Court decision making at Care Planning stage, matching of placements, adopters submitting their application to Court to adopt the child in their care. These factors may prevent the target being achieved, but will be kept under review.</p> <p>While we have recorded the priority as achievable this is subject to the issues identified above</p>	Director of Children's Community Services	

Ministerial Priorities & Targets				
2: To provide high quality, safe and effective care; to listen to and learn from patient and client experiences; and to ensure high levels of patient and client satisfaction.				
	Standards and Targets 2015/16	BHSCT Response	Responsibility	Achievable
1.24	<p>Patient Safety:</p> <p>From April 2015, ensure that the death rate of unplanned weekend admissions does not exceed the death rate of unplanned weekday admissions by more than 0.1 percentage points.</p>	<p>We are awaiting specific definitions for this target to assess the issues around the target i.e. the baseline. Once this information is reviewed an updated comment will be provided.</p>	Medical Director	TBC Definition Required
1.25	<p>Normative Staffing:</p> <p>By March 2016, implement the normative nursing range for all specialist and acute medicine and surgical inpatient units.</p>	<ul style="list-style-type: none"> - We are currently implementing the Trust plan. - A Trust steering group has been formed chaired by the Co –Director for Nursing Workforce. Each directorate will form a Directorate working group to manage local implementation. - Recruitment of a band 5 nurse for each ward in phase 1 is underway and it is planned to have the staff place by Sept 2015. - Discussions are on-going with the HSCB re funding for the work. - The target is achievable subject to funding being made available. 	Director of Nursing & User Experience	

Ministerial Priorities & Targets				
3: To ensure that services are resilient and provide value for money in terms of outcomes achieved and costs incurred.				
	Standards and Targets 2015/16	BHSCT Response	Responsibility	Achievable
1.26	<p>Excess Bed Days:</p> <p>By March 2016, reduce the number of excess bed days for the acute programme of care by 10%.</p>	<p>The Trust continues to benchmark LOS at speciality level against Peer data. Specialties with the greatest opportunities to achieve reduction in LOS have been identified using CHKS data.</p> <p>The Trust is engaging with relevant peers to identify good practice opportunities, which we can be implemented within the Belfast Trust to support reductions in excess bed-days.</p> <p>The Trust has recently received the definition guidance related to this target and will review if the target is achievable once baseline reports have been provided. Data is required from the HSCB in relation to this target.</p>	<p>Director of Performance, Planning & Informatics</p>	<p>TBC</p>
1.27	<p>Cancelled Appointments:</p> <p>By March 2016, reduce by 20% 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.</p>	<p>The Trust is now circulating quarterly detailed Hospital Cancellation reports by Speciality and Consultant. Managers and clinical staff can see progress against the ministerial target for their speciality, along with reasons for cancellations by consultant. The Trust has implemented and complies with regional cancellation codes for cancellation by Hospital and has the ability to look at how hospital cancellations impact on the patient for the new Ministerial target.</p> <p>Figures of the percentage of hospital cancellations for new and review outpatient appointments are also included in the quarterly IEAP KPI reports. These show the number of cancellations by specialty and site.</p> <p>The Trust has an authorisation process in place for cancelling or reducing clinics with less than 6 weeks' notice and compliance</p>	<p>Director of Performance, Planning & Informatics</p>	

Ministerial Priorities & Targets				
3: <i>To ensure that services are resilient and provide value for money in terms of outcomes achieved and costs incurred.</i>				
	Standards and Targets 2015/16	BHSCT Response	Responsibility	Achievable
		<p>with this is monitored through a quarterly audit.</p> <p>The Trust will work towards delivery of the target, however achieving the 20% reduction will be a challenge. The 2014/15 target of a 17% reduction on 2012/13 baseline was not achieved.</p>		

Section 3: Detailed Delivery Plans

3.2 (i): REGIONAL COMMISSIONING PRIORITIES & TARGETS 2015 – 2016

BELFAST TRUST RESPONSE

(Section 6- HSCB Commissioning Plan 2015/16)

The Trust has set out on the table that follows actions that will be undertaken to contribute to the priorities identified in Section 6 of the HSCB Commissioning Plan.

Improving & Protecting Population Health & Reducing Inequalities			
HSCB Commissioning Plan 2015/16 Ref Section 6			
	Standards and Targets 2015/16	BHSCT Response	Responsibility
6.1.1	Expansion of evidence based parenting support programmes which will support the development of the infant mental health action plan; the implementation of the Early Years Transformation Programme	<ul style="list-style-type: none"> The Trust will lead on the development of a Belfast wide Infant Mental Health Action Plan to promote awareness, information, education and programmes at step 1 of the care model. The Trust will organise and co-ordinate a range of workshops and meetings to enable the development of the action plan involving a range of key stakeholders. The Trust in conjunction with its partners will oversee the implementation of key actions within the plan. In support of the Early Years Transformation Programme the Trust has recently appointed an Early Intervention Officer who is based within the Public Health– Health Improvement and Community Development team. The post holder will promote and support evidenced based parent programmes and early intervention approaches. They will link with existing schemes of work and support the ongoing development of new programmes to ensure that every child is given the best start in life, a core Public Health objective. 	<p>Director of Children's Community Services</p> <p>Director of Spec Hosp & Women's Health</p>
6.1.1	Implementation of the breast feeding strategy across all Trust areas with specific attention to the training of staff, peer support and accreditation of facilities to meet the World Health Organisation UNICEF Baby Friendly standards.	<p>Health Visiting/ Community services across the BHSCT have not yet started their journey towards BFI accreditation.</p> <p>The Maternity Services have been fully accredited from November 2009 and have just completed reaccreditation in March 2015. The Trust is required to fulfil some requirements to completed reaccreditation. By September 2018, all new starts (nursing in NNU, Midwives and maternity support staff) are orientated to the Breastfeeding policy and a 2 day training arranged to take place within 6 months of commencement of post. On-going updates according to post happen 2 yearly. Other training is arranged for medical/ paediatric staff. For accreditation a minimum of 80% of staff need to be trained and a training database maintained.</p> <p>The Breastfeeding Strategy Implementation Steering Group has a work strand presently reviewing University training curricula on courses for medicine / nursing and some other allied health professionals to see if breastfeeding and breastfeeding support can be included.</p>	<p>Director of Children's Community Services</p> <p>Director of Spec Hosp & Women's Health</p>
6.1.2	Support through community networks for a range of local programmes	The Trust through the Public Health- Health Improvement, Community Development and PPI team will continue to work in partnership with the local community and others to support and deliver a range of local health programmes.	Medical Director
6.1.2	Keep Warm initiatives with vulnerable populations	In partnership NEA's Northern Exposure the Trust Health Improvement Department will deliver Fuel Poverty and Health Awareness information sessions tailored for Health and Social care	Medical Director

		professionals i.e. Older Peoples Services teams and Early Years teams. The session will provide an overview of fuel poverty and its impact on health and will include information on grant schemes and referral mechanisms. The Trust will also communicate the Keep Warm message through the Trust HUB and social media methods.	
6.1.3	Implementation of the Action Plan of the Regional Travellers Health Forum	The Trust will implement the action plan through the Trusts Traveller Health Steering group. The Trust has developed a local action plan across the Directorates and delivery will be supported by the 3 Trust employed Traveller Community Health Workers and Bryson An Munia Tober.	Medical Director
6.1.3	Expansion of the NI New Entrants service; and a support to a range of community development and health programmes.	Through the Trust BME Forum we will continue to support a range of community development and health programmes targeting the specific needs of BME communities. In addition through the recruitment of two Roma Community Health Workers into the Community Development Team we will develop pathways for Roma children and their families to access mainstream Early Years Services.	Director of Children's Community Services
6.1.4	Implementation of the obesity prevention strategy and roll out of the 'Weigh to a Healthy Pregnancy'; (In accordance with Ministerial Target 2, appendix 2)	<p>The Trust Health Improvement team will support the Implementation of the obesity prevention strategy through training and programme delivery. In addition on-going links will be developed with Active Belfast to promote the importance of physical activity.</p> <p>The Weigh to a Healthy Pregnancy Project continues within the Trust, supported by the PHA. This service provides advice and guidance to Women with a high BMI and they follow a care pathway to a Consultant Obstetrician who has a specialist interest in this area of care. At April 2015 the Trust is achieving a 58% uptake rate for participation in the programme. We will continue to encourage participation and provide women with all the necessary information to increase levels of participation to 65% target.</p>	Director of Spec Hosp & Women's Health
6.1.4	Implementation of the tobacco control strategy including smoking cessation services.	The Trust will work with the PHA and other statutory, voluntary and community partners to deliver on the Tobacco Control Strategy. This will include deliver of specialist smoking cessation support, brief intervention training and smoking prevention. The Trust is working towards Smoke Free grounds and expects to be on target as per the Ministerial Statement for full implementation by 31 March 2016.	Medical Director
6.1.4	Promoting mental and emotional wellbeing and implementation of the suicide prevention strategy including procurement of new services and development of the Self Harm Registry.	<p>The Trust will lead on the development of a Belfast wide Infant Mental Health Action Plan to build resilience at the earliest point as a strong protective factor against mental health problems/suicide prevention.</p> <p>The Trust will work with a wide range of key Stakeholder's to support the implementation of actions within the Suicide Prevention Strategy. The Trust will take a proactive role in implementing a range of training programmes designed to promote/protect emotional wellbeing and prevent mental ill health and suicide prevention. The Trust will support Mental Health/Family Hubs at step 1 / 2 of the care model with a range of programmes that will promote emotional wellbeing at the earliest point as a preventive</p>	Director of Adult Social & Primary Care

		<p>intervention.</p> <p>The Trust will support the development of the Self Harm Registry and communicate the progress and developments of the Belfast Self Harm Registry Working Group to the wider statutory, voluntary and community groups.</p>	
6.1.4	<p>Implementation of the sexual health strategy including improving access to public information and sexual health services –to include the development of a service specification which will enable closer integration of sexual and reproduction health services.</p>	<p>The Trust will work with the PHA and other statutory, voluntary and community partners to deliver on the Sexual Health Strategy through the work of the Belfast Area Sexual Health Project Board. This will include commissioning the promotion and awareness-raising of sexual health services, such as those delivered by The Rainbow Project and Positive Life. BHSCT will support the new Sexual Health Campaign that is being launched in June 2015.</p> <p>The Trust has developed a plan for the implementation of the recommendations of the RQIA review into GUM and Sexual Health Services. We will continue to work with PHA to support closer integration of services.</p>	<p>Medical Director</p> <p>Director of Spec Hosp & Women's Health</p>
6.1.4	<p>Implementation of the New Strategic Direction for alcohol and drugs and the procurement of new services including the a priority to work toward a seven day integrated and coordinated substance misuse liaison service in acute hospital settings using agreed Structured Brief Advice or Intervention programmes.</p>	<p>The Trust will work with the HSCB towards the provision of seven day integrated and co-ordinated substance misuse liaison services in appropriate acute hospital settings. The Trust understands that the HSCB are in the process of issuing proposals for the development of 7 day alcohol liaison services as described which the Trust will respond to.</p>	<p>Director of Adult Social & Primary Care</p>
6.1.5	<p>The bowel cancer screening programme has been fully rolled out to include the population aged 60-74. Work will be ongoing to attain the 55% uptake and ensure that standards and relevant accreditation are attained and maintained. (In accordance with Ministerial</p>	<p>The service will work to achieve these targets</p>	<p>Director of Unscheduled & Acute Care</p>

	Target 7, appendix 2).		
6.1.5	Increase the number of Joint Advisory Groups on GI Endoscopy accredited units within Northern Ireland by one in 2015/16 in order to ease the pressure on endoscopy services whilst also offering more choice for patients.	The Trust will work with Commissioners to ease the pressure on endoscopy services in the Region	Director of Unscheduled & Acute Care
6.1.5	Healthcare Associated Infections (HCAIs) Trusts, supported by PHA will develop and deliver improvement plans to reduce infection rates. This will be monitored via PHA surveillance programmes for HCAIs. (In accordance with Ministerial Target 20, appendix 2)	PHA colleagues are required to discuss these proposed targets with DHSS&PS colleagues prior to informing the Trust. As in previous years, the Trust will be given a number rather than a percentage reduction.	Director of Nursing
6.1.5	Flu immunisation Trusts and Primary care to implement the flu immunisation programme for all pre-school children aged two and over, and all primary school children, increasing uptake to the required level (75%) Trusts and Primary Care to increase uptake of flu immunisation among healthcare workers.	Primary care to offer flu vaccine to all pre-school children aged two and over. School Health Immunisation Team to offer flu vaccine to all primary school children including those at risk. Occupational health would be responsible for this.	Director of Community Children's Health
6.1.5	Meningitis B immunisation programme PHA will oversee the introduction of the	Funding not yet agreed for implementation of this programme.	Director of Community Children's Health

	<p>programme, with the vaccine being offered from September 2015 onwards to infants at 2, 4 & 12 months of age.</p> <p>Primary care and Trusts should implement the programme ensuring that uptake is similar to that achieved for other vaccines given at these ages.</p>	<p>Funding not yet agreed for implementation of this programme.</p>	
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Providing Care Closer to Home			
HSCB Commissioning Plan 2015/16 Ref Section 6			
	Standards and Targets 2015/16	BHSCT Response	Responsibility
6.2.2	Continued expansion of the district nursing service which includes a 24/7 service	BHSCT already provides a 24/7 service. The Trust is also working collaboratively with ICP Frail Elderly to develop an 'Acute care at Home' Team which will interface very closely with District Nursing. There has been an Increase in the number of Band 5 posts to facilitate a 'levelling up' process across all teams early in 2015 Funded by LCG .	Director of Adult Social & Primary Care
6.2.2	To commence the implementation of the community indicators for community nursing including District Nursing	Representation from BHSCT Community Teams (Core and Specialist) attended a number of Regional workshops and update meetings re Community Indicators. The proposed indicators have yet to be tested to ensure the Information systems in place within ALL the Trusts can collate the defined data. Once this has been tested, agreed and finalised implementation will begin. Further work is required to finalise some of the terminology and definitions to be used to ensure ALL Trusts are measuring in the same way. Following this, the Standards and agreements will be communicated to staff.	Director of Adult Social & Primary Care
6.2.2	To ensure the electronic caseload analysis tool is functioning consistently in all HSC Trusts	E-cat is used regularly and effectively within BHSCT. BHSCT has also submitted data to contribute to a number of Regional events co-ordinated by the PHA. This has assisted in identifying the regional variations and has assisted in collating what is 'Core District Nursing' in all Trusts. Work has progressed between Yarra Software and BHSCT IT dept. to enable the information required for e-Cat to be collected from existing CIS system. This is almost ready for implementation and the benefits of this will be less duplication of information for staff.	Director of Adult Social & Primary Care
6.2.2	Increased roll out/implementation of radiography led plain film reporting	Currently the Trust has 6 radiographers who carry out radiographic led reporting on plain films (3RVH and 3RBHSC). The Service will put a plan in place to identify resource and training required to enable this to be developed.	Director of Unscheduled & Acute care
6.2.2	Capacity building in ultrasound/sonography services for direct access from primary care, early detection and obstetrics	A business case has been developed and submitted to the HSCB regarding 7 day access to ultrasound on the RVH site. Non recurrent funding has also been allocated to address current waiting list backlogs. This can be met pending recruitment if investment is available.	Director of Unscheduled & Acute care
6.2.2	Implementation of the AHP Strategy - Improving Health & Wellbeing through positive partnerships 2012/2017.	Monitoring template is required to be completed and returned on a six monthly basis – next return to be made at the end of September. There remain outstanding actions from 14-15 for the BHSCT to complete such as the appointment of an AHP Lead post as outlined within the strategy and also the implementation of the regional AHP supervision policy following the delivery of a regional training programme which is to be rolled out this year.	Director of Unscheduled & Acute Care

6.2.2	Continued delivery of the joint HSCB/PHA Regional Medicines Management Dietitian initiative to ensure the appropriate use of Oral Nutritional Supplements (ONS)	Not applicable	Director of Unscheduled & Acute Care
6.2.3	Prioritising client need to allow domiciliary care to be targeted at those with higher level needs thus ensuring that flexibility and capacity are maintained within the service as a whole	The Trust applies the Regional criteria for access to Domiciliary Care thereby ensuring that those clients with higher level of needs are targeted whilst maintaining capacity within the service as a whole.	Director of Adult Social & Primary Care
6.2.3	Ensuring care packages are kept under review and revised to meet changing client needs	The Trust is undertaking and will complete a work force review of social care this year. The outcome of the review will ensure that the work is undertaken by staff with the appropriate skills. This will standardise the process for assessment and review of clients.	Director of Adult Social & Primary Care
6.2.3	Implementation of the recommendations associated with the HSCB led Regional Review of Domiciliary Care.	The Trust Co Director represents the Trust on the regional working group undertaking a review of the model of Domiciliary care. The Trust will work with the HSC to implement recommendations as appropriate.	Director of Adult Social & Primary Care
6.2.3	Improved interfaces with other services such as reablement to ensure that people receive focused and intensive packages of support when required	The Trust is putting in place a centralised referral process to streamline referrals from all sources. Thereby ensuring that people are referred to the most appropriate services, i.e. reablement or intensive packages to meet their assessed needs in a timely manner.	Director of Adult Social & Primary Care
6.2.3	Developing formal and informal arrangements with the community and voluntary sector to enable people to access a range of alternative community services such as befriending services or luncheon clubs	The Trust will work with the voluntary and community sector who have been funded by the LCG to promote and signpost older people to a range of community services such as befriending or luncheon clubs.	Medical Director

<p>6.2.3</p>	<p>Engagement with the independent sector to ensure providers are able to respond to the changing profile of user need (i.e. frail elderly, more highly complex needs).</p>	<p>Relevant clinical and contract staff represent the Trust on an inter Trust Working Group chaired by BSO/PaLs and are developing a specification which meets the needs of adults and children with highly complex health & social care need and which will facilitate a region wide framework to be put in place through a formal procurement process following which each Trust will undertake a mini tender to identify a Provider to deliver the required complete package of care. Separately, the Trust is preparing to go through a procurement process to agree contracts for the provision of domiciliary care with Providers of domiciliary care services Providers. The process has included a formal consultation process to which all Providers had the opportunity to partake. The aim of the procurement process is to consolidate care provision with a reduced number of providers for a longer contract period during which the quality and model of care delivered for elderly including frail elderly will be enhanced and consolidated. The Trust is also represented on the regional Domiciliary Care Review Working Group chaired by the HSC in which the future model required for domiciliary care is being considered and will work with the HSC to implement same.</p>	<p>Director of Adult Social & Primary Care</p>
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High Quality, Safe and Effective Care			
HSCB Commissioning Plan 2015/16 Ref Section 6			
	Standards and Targets 2015/16	BHSCT Response	Responsibility
6.3.1	<p>The continued roll out of a range of measures to identify earlier and better meet patients' needs in community settings and to avoid the need for patients to attend hospital. These measures include:</p> <p>The establishment of Acute Care at Home models and other rapid response arrangements.</p> <p>The establishment of a range of alternative care pathways, linked to the NI Ambulance Service, to provide alternatives for both patients and staff to hospital attendance.</p> <p>The establishment on a pilot basis of an alcohol recovery centre in Belfast.</p> <p>The reform of palliative care services, facilitating people to die in their place of choice – typically their own home - rather than a hospital bed. During 2015/16 this will include:</p> <p>The implementation of advance care planning arrangements across Northern Ireland to allow the needs and wishes of</p>	<p>Belfast Acute CARE AT Home team is established and currently completing recruitment of all posts. Current funding is based on 5 day model Successful submission to IHI and in test phase at present with view to scaling up service July /August. This team will accept direct referrals from NIAS and referral guidance agreed</p> <p>The Trust is currently working with NIAS on a pilot project for out of hours referrals for palliative/eol patients directly into D/Nursing. Pilot commenced May 2015</p> <p>The Belfast Palliative and End of Life Service Improvement Programme continues to work across disciplines and settings to enable people to live well and die well regardless of their condition or care setting.</p> <p>The Belfast Trust led the development of a Record of My Wishes (an advance statement) which is now being adopted regionally. The Trust has provided expertise and experience to adapt the regional information booklet so that it aligns to this. We are actively involved in influencing the need for a regional advance decision for refusal of treatment (ADRT) template to enable advance care planning to be supported in totality (advance statement + ADRT = advance care planning). Wider advance care planning training will be made available when the regional information booklet and supporting documents have been printed by PHA. Resources for multidisciplinary training across the Trust remains a challenge.</p> <p>The Trust's guidance on main key worker for palliative care was developed and implemented in 2013/14. This highlights who the main key worker should be, their role and responsibility and to guidance through ELCOS. The identified key worker is recorded in the Trust's Palliative and End of Life Coordination System and remains on this and the key worker's caseload for the rest of their life. The Coordination System supports the key worker to promote and prompt relevant proactive discussions, assessment and planning. In 2015/16 we will continue to promote a named main key worker for palliative care so that every identified patient has a named key worker recorded on the Palliative and End of Life Coordination System and that the key worker is aware of their responsibilities around this.</p>	<p>Director of Adult Social & Primary Care</p>

	<p>palliative care patients to be identified and planned for.</p> <p>The implementation of a key worker function – typically the District Nurse to oversee care planning arrangements.</p>		
6.3.1	<p>Establishment of radiology services seven days a week to support same day/next morning investigation and reporting (to include CT, MRI and non-obstetric ultrasound scans).</p>	<p>The Trust has submitted business cases on the need for 7 day scanning and reporting of these 3 modalities on the RVH site only. If funded, then these can be introduced during 2015/16</p>	<p>Director of Unscheduled & Acute Care</p>
6.3.1	<p>Establishment of dedicated minor injury stream in EDs (9am to 9pm, 7 days a week).</p>	<p>Trust has submitted an IPT for Dedicated MIU for 12 hours per day @RVH at request of HSCB (as one of 3 IPTs requested) which will be considered in conjunction with the IPT for Unscheduled Care Assessment, Ambulatory & ED Service, currently being re-developed following work with HSCB/LCG.</p>	<p>Director of Unscheduled & Acute Care</p>
6.3.1	<p>Embedding of physiotherapy, occupational therapy, pharmacy and social work support within EDs and short-stay wards (9am to 5pm, 7 days a week).</p>	<p>The BHSCT has delivered a 5 day OT and Physio service on a cost pressure basis for the last 3 years. A Resources Business Case is currently under development with agreement from the HSCB to fund the existing service and extend it to a 7 day service</p>	<p>Director of Unscheduled & Acute Care</p>
6.3.1	<p>The roll out of same day/next day ambulatory care models, providing an appropriate alternative for many patients to admission to hospital (as well as providing a key vehicle to transform outpatient services more generally).</p>	<p>A combination of Ambulatory Care alternatives to inpatient care have been developed in Belfast Trust. As well as rapid access outpatient clinics in Neurology, Chest Pain and a range of specialties, an Ambulatory Care Area opened in the Royal Victoria Hospital in late January 2011, to deliver care to patients in an ambulatory setting, therefore avoiding an inpatient stay. The development of the PTU ambulatory care service over the past 3 years, with limited resource, has demonstrated the potential benefits of a fully functional ambulatory care service in BHSCT. There is clear evidence to support a reduction in length of stay for clinical conditions and treatments offered within Ambulatory Care Area:</p>	<p>Director of Unscheduled & Acute Care</p>

TABLE 1: LOS for main treatments within the Ambulatory Care Area

Treatment	PTU procedure 2013/14	PTU procedure 2014/15	RVH elective procedures 2013/14	RVH elective procedures 2014/15	RVH elective beddays 2013/14	RVH elective beddays 2014/15	Avg. LoS 2013/14	Avg LoS 2014/15
ERCP/Sphincterotomy	33	81	34	21	269	67	10.00	3.2
Drug Treatments	2489	2723	79	7	320	30	13.20	4.3
Liver Biopsy	45	62	14	43	164	180	11.71	4.2
Lumbar Puncture	182	152	190	68	1039	455	5.47	6.7
Paracentesis	47	61	303	122	2375	706	9.41	5.8
Venesection	1881	2144	12	12	53	31	4.42	2.6
Infusion/Injection	839	1090	1048	128	1203	735	11.80	5.7

The current physical capacity of the Ambulatory Care Area is limited (5 bed spaces and 5 chairs) but funding for the relocation and expansion to accommodate 20 care spaces will enable the proposals to be progressed. The new area would operate on a 7 day (8am-8pm Monday-Friday & 8am-4pm Sat & Sunday), rather than a 5 day, access.
 One key enabler to a successful Ambulatory Care System is the ability for clinicians to ensure a patient has an appointment time before they leave the An ICT system to support this is currently under development.

6.3.1	The roll out of alternative care pathways for frail elderly patients, avoiding as far as possible the need for them to wait in Emergency Departments.	The development of the Acute Care at Home service in 2015/16 will support delivery of this objective.	Director of Adult Social & Primary Care
6.3.1	Appropriate and early planning for winter 2015/16 informed by the	The revised IPT for the Unscheduled Care Assessment, Ambulatory & ED Service, currently being completed in conjunction with HSCB/LCG, will identify how the Unscheduled Care system will operate for Winter 15, managing patient flow along the complete pathway and identifying	Director of Unscheduled & Acute Care

	findings and recommendations of the recent external stock-take commissioned by the HSCB in relation to planning arrangements for the winter of 2014/15.	KPIs and monitoring arrangements. This document will be available following completion of the above process.	
6.3.2	The completion, by September 2015, of a public consultation on the delivery of vascular services on a regional, networked basis	The vascular team will submit information as part of the consultation process and are very keen to implement an agreed way forward subject to sufficient funding	Director of Surgery & Spec Services
6.3.2	The development, by December 2015, of a networked urology services on a safe, sustainable basis	Representatives from the BHSCT Urology service attended a regional workshop on 30 th April 2015. The Trust will engage with the regional network to provide services on a safe and sustainable basis.	Director of Surgery & Spec Services
6.3.2	The development of a long term plan for the delivery of networked neurology services on a safe, sustainable basis.	Following a number of meetings, a Neurology Modernisation Northern Ireland plan has been established for 2015/16. This is being led by a Project Manager at the HSCB with a project team and steering group in place. The Trust is represented on this and will work with other representatives on the long term plan.	Director if Unscheduled & Acute Care
6.3.3	Complete the implementation of Phase 1 of Delivering Care	We are currently implementing the Trust plan in line with the guidance issued by Exc. Team. A Trust steering group has been formed chaired by the Co –Director for Nursing Workforce. Each directorate will form a Directorate working group to manage local implementation. Recruitment of a band 5 nurse for each ward in phase 1 is underway and it is planned to have the staff place by Sept 2015 Discussions are on going with the HSCB re funding for the work.	Director of Nursing
6.3.4	Ensure commitment to the continuation of the Transforming Cancer Follow Up (TCFU) approach	The Trust will continue to implement the Transforming Gynae Oncology Pathways project, implement SDA pathways for colorectal cancer, and implement shared care for Lymphoma. It will also scope potential for further roll out of TCFU.	Director of Surgery & Specialist Services
6.3.4	Support the introduction of Acute Oncology Teams	The Trust will recruit 5 PAs of Consultant time for the implementation of Acute Oncology onto the RVH site. The Trust will also recruit 2 wte Band 7 Acute Oncology Nurses to support this implementation.	Surgery & Specialist Services

6.3.4	Respond to the findings of the first rollout of the National Cancer Patient Experience Survey in NI	The Trust will work with MDTs to analyse findings by tumour site and develop action plans to address low scoring areas.	Surgery & Specialist Services
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Promoting Independence			
HSCB Commissioning Plan 2015/16 Ref Section 6			
	Standards and Targets 2015/16	BHSCT Response	Responsibility
6.4.1	Reablement: Finalise the standardisation of the access criteria for the service across Trusts and further reductions in the number of access points so that there is greater consistency and fairness.	Access to the reablement service has been standardised across the Trust and is accessible from the community and hospitals through a single referral process.	Director of Social & Primary Care
6.4.1	Reablement: Continuing development of partnership arrangements with non-statutory services. The range of services will be increased and additional IT solutions explored to improve accessibility to existing directories.	<p>The Trust will work with the voluntary and community sector who have been funded by the LCG to promote and signpost older people to a range of community services such as befriending or luncheon clubs.</p> <p>The addition the Trust will continue to work with the community to ensure that people are followed on to the most appropriate service.</p>	Director of Social & Primary Care
6.4.1	Investment in additional Reablement Occupational Therapists and the establishment of a Clinical Forum for these specialists to standardise best practice including the development of standards for governance and practice, and production of regional practice tools to assist in assessment and independence planning.	<p>The Trust is in the process of completing an IPT at the request of the LCG to increase investment in the reablement service.</p> <p>Trust Reablement Occupational Therapists are represented in the regional working group who are in the process of setting up standards for best practice including induction, ongoing training and outcomes. The work of the group will include the production of tools to assist in the assessment and independence planning.</p>	Director of Adult Social & Primary Care
6.4.1	Enhancing the role of Reablement Support Workers (RSW) through	The Trust is represented on the regional working group which is in the process of developing a regional framework to support learning and development in conjunction with NISCC.	Director of Adult Social & Primary Care

	the development of a regional framework to support learning and development in conjunction with NISCC. The framework should become the benchmark for all aligning all RSW training and mentoring needs.		
6.4.1	Reablement: Review and develop the existing Key Performance Indicator (KPI) - number of service users discharged with no statutory service needed – as it is now largely being met. Other indicators of effectiveness (such as longer term impact of the service) should be developed	<p>The Trust is represented on the regional working work that are in the process of developing appropriate KPIs in order to measure the outcomes of the reablement service.</p> <p>The Trust awaits the outcome of the longitudinal study undertaken on a regional basis. This should inform further development of KPIs for reablement.</p> <p>In addition the Trust has established the systems and processes which will now enable further monitoring of effectiveness on a local basis e.g. referrals within set time periods.</p>	Director of Social & Primary Care
6.4.3	Increase the number of carer assessments (in line with Ministerial Target 7)	<p>The BHSCT Carers Strategy Steering Group, made up of staff and carers, will continue to drive the implementation of its action plan in respect of carer needs assessment and services in 15/16.</p> <p>During 14/15 the number of assessments offered increased by 24% against 13/14 figures while the number of assessments completed rose by 0.84%. Staff continue to receive carer awareness and assessment training and both Carer Co-ordinators have a liaison role within designated Service Groups to further advise staff on carer support. It is the Trust's experience, however, that carers often prefer to have their needs considered and support provided without the intervention of a formal carer assessment. Carer assessments will remain a standing agenda item at Steering Group meetings in order to closely monitor performance within service areas, to determine if any barriers to uptake exist and whether further action is required.</p>	Director of Adult Social & Primary Care
6.4.3	Create more community-based short break options	With the input of additional monies for carer support and as a result of several consultations with carers during 14/15 the BHSCT has been able to provide a greater and more diverse range of short break services, including higher levels of individual short break payments; payments for befriending services to facilitate domiciliary short breaks for carers; direct payments for carers; social events and voluntary sector provision for carers. The BHSCT will continue to review its provision for carers during the coming year and further progress its partnerships with carers to ensure that carers views on short breaks influence development.	Director of Social & Primary Care

6.4.4	Implementation of Learning Disabilities Day Opportunities Model	The Trust is currently undertaking a major review of day services following the publication of the Board's Day Opportunities commissioning requirement. The Trust shall commence a review of the service by identifying those Service Users who could avail of greater day opportunities and will appoint a Project Manager to take this key development forward. Their role will be to oversee the development of this aspect of service provision and to build capacity in both the service and with partner organisations so that Service Users might become more active citizens, utilising everyday services on an equal basis with the general population.	Director of Adult Social & Primary Care
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Safeguarding the Most Vulnerable			
HSCB Commissioning Plan 2015/16 Ref Section 6			
	Standards and Targets 2015/16	BHSCT Response	Responsibility
6.5.1	Support the implementation of the Dementia Strategy	<p>The Trust is working with a number of regional groups to progress implementation of the Dementia Strategy A key objective is the improvement of memory services and post diagnostic supports. On 26 May the single point of referral to memory services and community mental health services for older people went live.</p> <p>Service improvements around this objective include:</p> <p>Provision of a more flexible and responsive extended service to meet the demands for out of hours contact and support in relation to new patients with a recent diagnosis of dementia; -the team hours have been extended to provide an evening service between hours of 5pm-8pm five evenings per week and a weekend service between the hours of 10am-2pm on a Saturday and Sunday. Improving patient choice. Enabling people with dementia to live independently in the community for longer and feeling better supported through the development of a navigator function within the team, to enhance the on-going and timely provision of information, support and signposting.</p> <p>Promote resilience and reduce the need for crisis occurring through the enhancement of emotional and psychological supports to people with dementia and their carers.</p> <p>The development and production of a bibliotherapy toolkit to underpin the psychological care of people with dementia and their families, throughout the phases of service contact: pre-diagnosis, acute diagnosis phase, through to post diagnosis support.</p> <p>Ensure accurate and timely information is available in a format that is clear and easily understood and that a quality assurance framework is in place to measure individual.</p>	Director of Adult Social & Primary Care

Section 3: Detailed Delivery Plans

3.2:(ii) REGIONAL COMMISSIONING PRIORITIES & TARGETS 2015 – 2016

BELFAST TRUST RESPONSE

(Section 7- HSCB Commissioning Plan 2015/16)

The Trust response to Regional Commissioning priorities set out in Section 7 of the HSCB Commissioning Plan is set out in the table below. The details summarise how the Trust will support the delivery of the priorities outlined.

Regional Commissioning Priorities

1: Family & Childcare: Ref HSCB Commissioning Plan 2015/16, Section 7.1, Page 106

Standards and Targets 2014/15		BHSCT Response	Responsibility
Services to be commissioned	Securing Service Delivery		
1. HSCB will commission specialist teams within Trusts to co-ordinate responses to CSE and Alcohol and Drug Support Workers to work with LAC across Trusts.	1. Regional action plan to be monitored by DHSSPS led HSC Response Team with mechanisms in place for Trusts to provide regular updates to HSCB.	The Trust welcomes the focus and resources to improve responses to CSE in line with the Marshall Action Plan. The Trust will recruit to the posts and develop an integrated approach in conjunction with statutory and voluntary partner agencies.	Director of Children's Community Services
2. HSCB will commission: A range of appropriate LAC/16+ placements to meet the projected demand detailed in the Residential and Fostercare Reviews. Additional early intervention programmes to include and extension of the Family Nurse Partnership to South Eastern and Northern Trusts.	2. Trusts will provide placements in line with agreed investments. The availability of placements will be monitored through DHSSPS Strategic Framework reporting arrangements and meetings with Commissioning Leads. FNP monitoring arrangements are in place.	The Trust welcomes the focus on improving placements. However, in light of the increasing numbers of young people presenting to the Trust requiring a bail address or placement as an alternative to justice, it is unlikely that the Trust will be able to keep pace with placement demand. Moreover, despite innovative attempts at recruitment the Trust has been unable to reverse the increasing reliance on Private Agency Foster placements. This target cannot be achieved without substantial investment.	Director of Children's Community Services
3. HSCB to progress the recommendations of the Regional Acute CAMHS Review.	3. Local Implementation Teams will progress the Acute CAMHS Review Action Plan and report into the regional HSCB steering group.	The Trust has co-produced the CAMHS Action Plan with the HSCB. Subject to the requisite resources being made available the Trust will play a central role in the delivery of the key objectives listed in the CAMHS Review Action Plan. The Trust recognises the key objective of developing a clear Acute CAMHS Care Pathway outlining the role of the CAIT and Intensive Treatment and Intervention Services, already in place in Belfast and the South Eastern Trust, in a regional network. The Trust intends to bid to host and manage the regional service. The Trust shall also, in line with a new pathway, seek to redefine the role of the regional in-patient service in Beechcroft.	Director of Adult Social and Primary Care

Regional Commissioning Priorities**1: Family & Childcare: Ref HSCB Commissioning Plan 2015/16, Section 7.1, Page 106**

Standards and Targets 2014/15	BHSCT Response		Responsibility
4. HSCB will commission required care packages to enable these children to be looked after at home where appropriate	4. LCGs will monitor number of care packages made available in each locality.	The Trust welcomes provision of additional care packages for children with complex healthcare needs and those with challenging behaviours to assist in looking after these children at home where appropriate. Where children cannot live at home, these care packages are often expensive. All packages are bespoke in order to meet the individual needs of the child. This target is only achievable if the level of investment matches the needs of individual children as they arise	Director of Children's Community Services

Regional Commissioning Priorities			
2: Specialist Services: Ref HSCB Commissioning Plan 2015/16, Section 7.2, Page 108-110			
Standards and Targets 2014/15		BHSCT Response	Responsibility
Services to be commissioned	Securing Service Delivery		
<p>1. SSCT will commission:</p> <p>Increased local access to Tysabri for MS patients.</p> <p>Increased local access in the community setting to general support services such as phlebotomy to reduce the need for hospital attendances to support the on-going clinical management of patients undergoing specialist treatment.</p> <p>The roll out of diagnostic capacity for imaging associated with ophthalmology macular services.</p>	<p>1. The SSCT will work with the relevant Trusts and/or primary care colleagues to identify the requirements associated with the provision of these developments in each Trust area.</p>	<p>The Trust has been discussing providing local access to Tysabri for MS patients. Currently a service has been developed in WHSCT area. Negotiations are continuing through the HSCB to provide a similar service in SHSCT and SEHSCT. A similar service needs to be developed in NHSCT.</p>	<p>Director of Unscheduled & Acute Care</p>

Regional Commissioning Priorities

2: Specialist Services: Ref HSCB Commissioning Plan 2015/16, Section 7.2, Page 108-110

Standards and Targets 2014/15	BHSCT Response	Responsibility
<p>2. SSCT will commission:</p> <p>A programme of in-reach and networked services through formal alliances with tertiary and quaternary providers outside NI.</p> <p>Models to further support the work of small specialist teams to cascade learning and expertise through local acute and community services.</p> <p>The implementation of the NI Rare Disease Plan.</p>	<p>2. SSCT will continue to progress the establishment of both local and national clinical networks to enhance resilience and sustainability across a range of specialities. Work will initially focus on those services provided in Belfast Trust but will be set within a framework which identifies opportunities for linkages and integration with local services.</p> <p>Amongst other services, The Clinical Genetics Service would like to progress several important aspects in alignment with the Rare Disease plan including: -</p> <ul style="list-style-type: none"> • array as the first-line drop-in replacement of karyotype for devdeldysm • Rapid high-throughput BRCA gene testing. <p>Delivering on these two aspects will open up significant possibilities in the other arenas relating to rare diseases.</p> <p>In relation to in-reach services we would like to establish a specialist NF clinic incorporating a visiting UK expert, - this has considerable merit (and can be very easily implemented</p>	<p>Director of Surgery & Specialist Services</p>
<p>3. Specialist Drug Therapies: SSCT will work with Trusts to increase the number of patients on existing treatments and introduce NICE approved therapies approved in 2015/16 in NI.</p>	<p>3. SSCT will progress through existing forums, including the Regional Biologics Forum, Regional MS Group and Cancer Commissioning Team, the arrangements for ensuring timely provision of existing and newly approved drug therapies throughout 2015/16 within available resources.</p> <p>Trust and Commissioner colleagues have a well established structure to manage the provision of Biologic Therapies, and will work with the HSCB to deliver on all NICE approved therapies, within available resources.</p>	<p>Director of Surgery & Specialist Services</p>
<p>4. HSCB will put in place arrangements with relevant specialist surgical centres to ensure the provision of safe and robust services for children from NI during the implementation of the Ministerial decision on the future model of care.</p>	<p>4. HSCB will secure Service Level Agreement with the relevant surgical centres in GB and ROI for the provision of Paediatric Congenital Cardiac Services in 2015/16. The Board will also be represented on the all-island network board which will be responsible for taking forward the timely implementation of the proposed model of care.</p> <p>The Trust in conjunction with HSCB colleagues have SLAs in place for the relevant surgical centres in GB & ROI for provision of PCCS. The Trust has representation from Children's services on the all-island network board.</p>	<p>Director of Surgery & Specialist Services</p>

Regional Commissioning Priorities

2: Specialist Services: Ref HSCB Commissioning Plan 2015/16, Section 7.2, Page 108-110

Standards and Targets 2014/15	BHSCT Response		Responsibility
5. SSCT will agree gaps in current capacity which are impacting on the ability of Trusts to deliver on waiting time targets and negotiate with Trusts on the level of resource required to meet the demand for services.	5. SSCT will work with relevant Trusts to secure additional capacity in areas with agreed gaps with a view to improving the waiting time position for patients in these specialist areas.	The Trust will work with HSCB colleagues in relation to securing capacity in agreed specialities to support a reduction in waiting times.	
6. Intestinal Failure: To meet national service framework standards for this highly specialist service, investment in excess of £0.5m has been made available to improve support for high dependency patients in the Belfast Trust.	6. Belfast Trust will increase their high dependency capacity from 4 to 10 beds with additional nursing, medical pharmacy, AHP and support staff.	Funding has been made available which has enabled the Trust to increase bed capacity from 4 to 10 beds. The additional resources include additional nursing, medical, pharmacy, AHP and support staff. The recruitment of these staff commenced in 2014 and a number of them are already in post. The outstanding post is expected to be filled early in 2015/16.	Director of Surgery & Specialist Services
7. SSCT will, through the Critical Care Network: <ul style="list-style-type: none"> • Confirm the bedstock and staffing levels across the region, review the number and frequency of bed non-availability and reasons for same for the last 12 months. • Introduce a 12 hourly monitoring report from each ICU to be collected from April 2015. This will be reviewed by PMSI to identify daily capacity issues. SSCT will, through the Critical Care network 	7. Each Trust will: <ul style="list-style-type: none"> • Undertake to provide the twice daily reporting through PMSI from April 2015. Belfast Trust will work with SSCT and the Network to agree the way forward for the future configuration of ICU capacity across the region as appropriate. • Provide the information requested on bedstock, staffing and bed availability over the past 12 months for comparison against the 2009 baseline. 	Belfast Trust will work with SSCT and the Network to agree the way forward for the future configuration of ICU capacity across the region as appropriate. The information requested will be provided	Director of Unscheduled & Acute Care

Regional Commissioning Priorities

2: Specialist Services: Ref HSCB Commissioning Plan 2015/16, Section 7.2, Page 108-110

Standards and Targets 2014/15		BHSCT Response	Responsibility
<ul style="list-style-type: none"> Review the proposal for the transfer of ICU capacity to Phase 2b in RVH. Bring forward proposals for a future model for the adult critical care transport service. 			
<p>8. The HSCB and PHA will continue to work closely with the service towards ensuring the delivery of a minimum of 80 kidney transplants in total to include live, DCD and DBD donors by March 2016. This will include optimising the potential for organ donation to include:</p> <ul style="list-style-type: none"> Continuing to provide at least 50 live donor transplants per annum. Maintain and if possible increase the number of kidneys transplanted in NI that are kidneys donated after circulatory death (DCD) (subject to the donation of kidneys) and increasing consent rates for deceased organ donation. 	<p>8.The HSCB and PHA will:</p> <p>Work with Belfast Trust to ensure that the appropriate infrastructure is in place to ensure that the required level of kidney transplants are undertaken during 2015/16</p> <p>Work with all stakeholders to:</p> <p>Ensure that the potential for organ donation in NI is maximised in 2015/16.</p> <p>Maximise the use of peritoneal dialysis / home haemodialysis during 2015/16 and beyond.</p>	<p>In the 2014/15 year the Trust delivered in excess of its target of 50 Live Donor Transplants. It also over-delivered on the DCD/DBD programme.</p> <p>With a continuation of the current level of donation it is expected that the target will be delivered in 2015/16.</p>	<p>Director of Surgery & Specialist Services</p>

Regional Commissioning Priorities**2: Specialist Services: Ref HSCB Commissioning Plan 2015/16, Section 7.2, Page 108-110**

Standards and Targets 2014/15		BHSCT Response	Responsibility
<ul style="list-style-type: none"> Maximise the use of peritoneal dialysis / home haemodialysis. 			

Section 3: Detailed Delivery Plans

3.3: LOCAL COMMISSIONING PRIORITIES & TARGETS 2015-2016

BELFAST TRUST RESPONSE

(Section 9.3- HSCB Commissioning Plan 2015/16)

The Trust response to the Commissioning Priorities is set out by the Belfast Local Commissioning Group for 2015/16 is outlines in the following table.

Local Commissioning Priorities

1: The LCG will address the demand on elective services to ensure standards and response times are improved. The LCG will work with primary care to support GPs and others in developing innovative approaches to managing the care of patients as far within their locality, without the need for referral to a Consultant-provided service. The role of other healthcare professionals will also be extended to reserve Consultant appointments for those patients who require it.

Standards and Targets 2014/15		BHSCT Response	Responsibility
Services to be commissioned	Securing Service Delivery		
1. The LCG will commission an additional 3455 MRI, 7244 CT, 6520 NOUS and nearly 6000 other tests to achieve a maximum wait of 14 weeks in 15/16, however this excludes existing waiters of nearly 4000.	1. The Belfast Trust should bring forward proposals to fully utilise its in-house imaging capacity, including the new MRI scanner at RBHSC.	The Trust is already in discussions with the HSCB regarding capacity gaps within MRI, CT and Ultrasound. Non recurrent initiatives are in place for 2015/16 and business cases prepared to address the other gaps which exist recurrently. It is expected that the RBHSC scanner will be handed to the Trust in the second half of the year and that this can become operational shortly after that. Maximum wait of 14 weeks in MRI will not be achievable at the RVH until the recurrent gap is addressed, but should be achieved on the other sites with the assistance of the mobile.	Director of Unscheduled & Acute Care
2. Referrals for endoscopy will be scored on a JAG accredited points system to ensure more effective use of clinical capacity.	2. The Trust should fully develop the potential for Nurse-led Endoscopy and introduce an agreed points system to maximise utilisation of endoscopy services.	The Trust is in discussion with the HSCB regarding an agreed points system in endoscopy and monitoring should become operational in the second half of the year. The Trust has submitted a proposal to the HSCB for two gastroenterologists to help deliver capacity and these should be in post in last quarter of the year. The Endoscopy manager is in discussion with HSCB and the rest of the region regarding nurse led endoscopy and actions will be taken through this route.	Director of Unscheduled & Acute Care
3. Primary care will be supported in managing demand for Neurology, Dermatology, ENT, Rheumatology, Respiratory, Urology and Gynaecology.	3. Demand management will be sought from primary care contractors where these can be shown to reduce the need to refer to Trust Consultant-led services.	The Trust welcomes initiatives that focus on demand management and will support the work of primary care colleagues in initiatives identified.	Director of Performance, Planning & Informatics

Local Commissioning Priorities

1: The LCG will address the demand on elective services to ensure standards and response times are improved. The LCG will work with primary care to support GPs and others in developing innovative approaches to managing the care of patients as far within their locality, without the need for referral to a Consultant-provided service. The role of other healthcare professionals will also be extended to reserve Consultant appointments for those patients who require it.

Standards and Targets 2014/15**BHSCT Response****Responsibility**

4. The LCG will also take forward an integrated Musculoskeletal pathway across Orthopaedics, Rheumatology	4. ICPs should bring forward proposals in response to the LCG specification for integrated musculoskeletal services.	The Trust welcomes the LCG commitment to develop an integrated Musculoskeletal pathway and will contribute to the work of the ICP in bringing forward proposals.	Director of Performance, Planning & Informatics
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POC 1- Acute- Unscheduled Care: Ref HSCB Commissioning Plan 2015/16, Section 9.3.2, Page 144			
Local Commissioning Priorities			
<p>1: The LCG will aim to commission an urgent care pathway which reduces reliance on hospital services, achieving a transfer of resources from hospital to community services through investment in alternatives to hospital and more effective decision-making when people attend an Emergency Department.</p>			
Standards and Targets 2014/15		BHSCT Response	Responsibility
Services to be commissioned	Securing Service Delivery		
1. The LCG will commission 7-day Acute Care at Home and Community Respiratory services to avoid unnecessary short stay admissions of the frail elderly and COPD patients to hospital.	1. The Belfast ICPs should continue to implement the ICP Respiratory team and bring forward proposals to extend Acute Care at Home to 7 days.	Respiratory Team: <ul style="list-style-type: none"> • An Implementation Group is in place. • Respiratory Team now operating to 7pm. • Home Oxygen Service operational. Acute Care At Home: <ul style="list-style-type: none"> • The Trust in conjunction with the ICP is in the process of preparing a revised submission to address the proposal of an Acute Care at Home Service on a 7 day a week basis. 	Director of Adult Social & Primary Care

Local Commissioning Priorities

1: The LCG will aim to commission an urgent care pathway which reduces reliance on hospital services, achieving a transfer of resources from hospital to community services through investment in alternatives to hospital and more effective decision-making when people attend an Emergency Department.

Standards and Targets 2014/15		BHSCT Response	Responsibility
2. The LCG will commission a new Emergency Department and supporting services at the RVH which match the pattern of attendances at this hospital. The LCG will commission 7 day services which support the Emergency Department and avoid unnecessary short stay admissions and delays.	2. The Belfast Trust should ensure that: the new RVH ED has sufficient support from hospital services to meet Ministerial targets for waiting times; senior decision-makers are able to assess and discharge rather than admit, where this is clinically appropriate, and the frequency of ward rounds is increased to ensure no unnecessary delays in discharging patients. Excess days in hospital should be reduced in line with best practice in the NHS.	<p>Belfast Trust is currently working with HSCB/LCG colleagues following the initial submission of an Unscheduled Care IPT and both parties are fully committed to the commissioning and delivery of an unscheduled care 'spectrum of care' model, ensuring safe and effective patient flow from appropriate ED attendance to discharge.</p> <p>The 'spectrum of care' model is designed to support alternative models of care to inpatient admission, including assessment, ambulatory and rapid access to outpatient services. Where inpatient admission is required, care pathways with key services have been reviewed to ensure safe and effective patient flow is maintained. Belfast Trust is also committed to maintaining the delivery elective care for patients.</p>	Director of Unscheduled & Acute Care
3. The LCG will commission integrated Minor Injury, Minor Illness, Out of Hours and Primary Care services, supported by community and voluntary resources.	3. The ICPs should bring forward proposals for minor illness/injury services based on the LCG specification.	An IPT for a 12 hour per day minor injury service in RVH ED has been forwarded as requested by LCG (for information, pending the outcome of above proposals). IPTs for the embedding of professional staff (Pharmacy, OT/Physio & Social Care staff) in ED/Unscheduled Care has also been submitted.	Director of Unscheduled & Acute Care

POC 2- Maternity and Child Care Health Services: Ref HSCB Commissioning Plan 2015/16, Section 9.3.3, Page 146			
Local Commissioning Priorities			
<p>2: The LCG will commission implementation of the objectives of the Maternity Strategy and Healthy Child, Healthy Futures: including a strategic shift towards providing more maternity care in the community, more midwife-led care and tackling inequalities. The paediatric inpatient review led by the DHSSPS will set a framework for the future development of inpatient services which are safe and sustainable. The LCG will continue to work closely with ICPs in ensuring that children receive the best possible care in the most appropriate settings.</p>			
Standards and Targets 2014/15		BHSCT Response	Responsibility
Services to be commissioned	Securing Service Delivery		
1. Investment to be reviewed in line with the Maternity Strategy, taking account of birth numbers, full utilisation of Midwife led Units and complexity of births.	1. The SBA with Belfast Trust will be adjusted to reflect changing needs and demands. The Trust should ensure that midwifery-led care is extended and work with GPs, midwives and the local community to ensure that capacity within the Mater Midwifery Led Unit is fully utilised.	The Trust will work with commissioners during 2015/16 to review the SBA which is based currently on births to make it more reflective of the current practices, complexity of maternity pathways and births and the demands on the service. The Trust is fully committed to ensuring full utilisation of the Mater Midwifery Unit and continues to encourage expectant mothers and GPs to plan suitable births within the service.	Directors of Specialist Hospitals & Women's Health
2. Increasing complexity will require a gestational diabetes service, a multiple pregnancy ante-natal service and joint obstetric-specialist physician antenatal clinics to address increasing complexity.	2. The Trust should provide a gestational diabetes service, a multiple pregnancy ante-natal service and joint obstetric-specialist physician antenatal clinics. From April 2015, all eligible pregnant woman aged 18 years & over with a BMI of >40 at booking should be offered the weigh to a healthy pregnancy programme.	The Trust is currently commissioned to provide a gestational diabetes service and this is provided to the funded level. A joint clinic takes place and education and support is provided to the women. The Weigh to a Healthy Pregnancy Project continues within the Trust, supported by the PHA. It provides advice and guidance to Women with a high BMI to follow a care pathway to a Consultant Obstetrician who has a specialist interest in this area of care. Currently we are achieving a 58% uptake rate for participation in the programme.	Directors of Specialist Hospitals & Women's Health
3. RBHSC ED: The LCG will commission alternatives to ED attendance for minor	3. The ICPs should propose alternatives to ED for minor illness from ICPs. The Trust should secure a 5th ED consultant	The IPT is currently being developed for the 5 th Paediatric ED consultant following support from the local commissioner. The Trust currently has a locum in post. A	Directors of Specialist Hospitals & Women's Health

Local Commissioning Priorities

2: The LCG will commission implementation of the objectives of the Maternity Strategy and Healthy Child, Healthy Futures: including a strategic shift towards providing more maternity care in the community, more midwife-led care and tackling inequalities. The paediatric inpatient review led by the DHSSPS will set a framework for the future development of inpatient services which are safe and sustainable. The LCG will continue to work closely with ICPs in ensuring that children receive the best possible care in the most appropriate settings.

Standards and Targets 2014/15		BHSCT Response	Responsibility
illnesses. The LCG will ensure that a sustainable medical rota at the RBHSC ED. The age limit for admission to children's wards will be raised to 16.	in RBHSC and	long term plan is being developed to support the raising of admission to 16 as there are clinical constraints which need to be overcome before implementation.	

POC 4- Older People: Ref HSCB Commissioning Plan 2015/16, Section 9.3.4, Page 148

Local Commissioning Priorities

3: Additional community nursing support, acute care at home and direct access to specialist assessment will be commissioned to reduce the risk of hospitalisation and avoid Emergency Department attendance wherever appropriate. Early supported discharge with enhanced therapeutic interventions will reduce unnecessary days in hospital and improve long term outcomes. Early diagnosis and support for carers should improve outcomes for people with dementia.

Standards and Targets 2014/15		BHSCT Response	Responsibility
Services to be commissioned	Securing Service Delivery		
1. The Acute Care at Home scheme will commence on 1 April 2015 to treat 2794 patients in their own homes per year. Admission to this "virtual ward" will be an alternative to admission to a hospital ward.	1. ICPs should bring forward proposals to extend the Acute Care at Home scheme to receive admissions on a 7 day basis.	The Trust in conjunction with the ICP is in the process of preparing a revised submission to address the proposal of an Acute Care at Home Service on a 7 day a week basis.	Director of Adult Social & Primary Care
2. An enhanced Dementia Memory Service will be commissioned this will improve early diagnosis rates, support care planning and support for carers.	2. The Trust should provide an additional 1560 appointments for clients across 10 local Dementia Memory Clinics. This will reduce waiting times and increase early diagnosis.	The Trust is introducing a single point of referral model which will improve the efficiency of outpatient clinics, reducing DNA's and CNA's and support the overall management of capacity and demand. Additional investment for clinics has been provided (0.4 wte consultant) which will deliver a daily emergency advice/ clinic appointment service. This will provided some additional capacity, but not the 1560 appts noted. The activity details will need to be further clarified with the Commissioner	Director of Adult Social & Primary Care

Local Commissioning Priorities

3: Additional community nursing support, acute care at home and direct access to specialist assessment will be commissioned to reduce the risk of hospitalisation and avoid Emergency Department attendance wherever appropriate. Early supported discharge with enhanced therapeutic interventions will reduce unnecessary days in hospital and improve long term outcomes. Early diagnosis and support for carers should improve outcomes for people with dementia.

Standards and Targets 2014/15		BHSCT Response	Responsibility
3. An Early Supported Discharge programme will be commissioned with a capacity of 180. The shorter length of stay will also ensure Stroke beds are available for those who need them.	3. ICPs should finalise proposals for Early Supported Discharge. The LCG will commission supported self-management programmes for those living with Stroke from Active Belfast and the voluntary sector.	The Trust worked closely with the West Belfast ICP to develop proposals for Early Supported Discharge; these proposals have been finalised.	Director of Adult Social & Primary Care

POC 5- Mental Health: Ref HSCB Commissioning Plan 2015/16, Section 9.3.5, Page 150

Local Commissioning Priorities

4: The LCG will work closely with the Regional Bamford Team to develop services for the severely mentally ill and for those with mild or moderate mental illness, emphasising recovery through the Stepped Care model which supports people to live independently with or without on-going mental illness. The LCG, Trust, ICPs and Belfast Strategic Partnership in developing a Primary Care Talking Therapies Service enabling GPs to help patients access appropriate C&V support, or specialist support when required. This approach also aims to reduce the relatively high dependency on prescription drugs for depression, anxiety and pain within Belfast.

Standards and Targets 2014/15		BHSCT Response	Responsibility
Services to be commissioned	Securing Service Delivery		
1. 32,000 sessions of NICE recommended evidence-based interventions (talking therapies) will be commissioned to meet the estimated demand for treatment.	1. The Trust and ICPs should develop the Primary Care Talking Therapies Service with a Hub in each ICP area. The Trust should commission the range and volumes of therapies from community-based organisations to meet the estimated demand and offer a training programme to organisations to support the delivery of the evidence-based interventions.	The Trust has completed stage 1 of the procurement process for commissioning the required range and volumes of therapies based on the experience of the pilot project and the roll out of the service to all of West Belfast and now to East Belfast. The Trust will complete a needs analysis of training gaps in required service provision. Currently there are a number of identified gaps in the provision of NICE Guide 123 therapeutic approaches. The Trust intends to commission a range of training to allow for the building of capacity in the Community and Voluntary Sector to bridge these gaps. All four co-ordinators are now recruited and the service will be rolled out to all areas of the city by the end of September 2015 overseen by the Project Board.	Director of Adult Social & Primary Care

Local Commissioning Priorities

4: The LCG will work closely with the Regional Bamford Team to develop services for the severely mentally ill and for those with mild or moderate mental illness, emphasising recovery through the Stepped Care model which supports people to live independently with or without on-going mental illness. The LCG, Trust, ICPs and Belfast Strategic Partnership in developing a Primary Care Talking Therapies Service enabling GPs to help patients access appropriate C&V support, or specialist support when required. This approach also aims to reduce the relatively high dependency on prescription drugs for depression, anxiety and pain within Belfast.

Standards and Targets 2014/15		BHSCT Response	Responsibility
2. The multi-disciplinary early intervention psychosis service will be expanded to enhance peer support; primary care based early intervention provision will be commissioned from the specialist eating disorder service.	2. The Trust should bring forward plans for the further development of the early intervention psychosis and eating disorder services in response to a commissioner specification.	The Trust has identified the requirement for additional services to be developed in the Early Intervention Service. This team already enjoys positive outcomes and a very high satisfaction rate with service users and carers and will develop further the team's capacity to provide diversionary activities to assist and strengthen the active recovery based approaches in operation in this team. The Team already provides "down reach" into CAMHS services and the service development will increase the ability of the team to effect early change in the psychotic profile of the service users who use EIT.	Director of Adult Social & Primary Care
3. HSCB will support the Trust in reshaping practice and services initiatives to ensure a Recovery Focus, develop a Recovery College and to continue to enhance the provision of peer support. A Substance Misuse Liaison Service (SMLS) will be commissioned in appropriate acute hospital settings, delivering regionally agreed Brief Intervention Programmes.	3. The Trust should bring forward plans for the development of a Recovery College in response to a commissioner specification. The Trust should respond to a commissioner specification for an SMLS	The Trust has invested heavily in the development of co-produced programmes and the concept of a Recovery College The Trust has appointed three experts by experience to assist in providing a range of care across Mental Health to more closely align the IMROC process across all aspects of Mental Health Care. The Trust will put forward plans to further develop the recovery programme across Belfast. The Trust has already responded in-year in 2014-15 to an IPT for SMLS. The Trust will bring forward a more comprehensive service, closely aligned to liaison psychiatry and the Community Substance misuse services to meet the needs for early intervention in the Acute Hospital setting.	

POC 6- Learning Disability: Ref HSCB Commissioning Plan 2015/16, Section 9.3.6, Page 152

Local Commissioning Priorities

5: The Bamford principles of promoting independence and reducing social isolation for people with learning disabilities continues to underpin the commissioning objective for Belfast LCG. With a focus on supporting family carers; and working with other statutory, voluntary and community partners to deliver services that enable people with a learning disability to maximise their potential and enjoy health, wellbeing and quality of life.

Standards and Targets 2014/15		BHSCT Response	Responsibility
Services to be commissioned	Securing Service Delivery		
<p>1. Day opportunities will be commissioned for up to an additional 20 young people with complex needs transitioning to Adult Services.</p> <p>2. An enhanced range and availability of intensive community support services will be commissioned to prevent placement breakdown, avoid the need for hospital admission and facilitate timely discharge from hospital.</p>	<p>1. Belfast Trust should commission a number of day opportunities packages, to be specified by the LCG, in line with the Regional Day Opportunities Model and criteria, for young people transitioning to adult services, to be specified and funded by the LCG.</p> <p>2. The Trust should develop intensive support services to reduce the risk of hospital admission and extend availability out of hours.</p>	<p>The Trust recognises the specific needs of a group of younger people who will transition from Children’s services in the coming years. The Trust has already developed a number of responses to this identified need in line with the new model and was instrumental in the development of this approach. The Trust will therefore respond positively to commissioning plans for these younger service users from the LCG and will develop, as required, Day Opportunities packages as described.</p> <p>The Trust has already undertaken significant work in developing care models to support greater complexity in need in the community. This has been informed by other Services’ models of care and on-going internal consultation on best practice. The Trust shall implement these plans over the next two quarters to provide community based intensive assessment and treatment services with extended hours availability.</p>	<p>Director of Adult Social & Primary Care</p>

Local Commissioning Priorities

5: The Bamford principles of promoting independence and reducing social isolation for people with learning disabilities continues to underpin the commissioning objective for Belfast LCG. With a focus on supporting family carers; and working with other statutory, voluntary and community partners to deliver services that enable people with a learning disability to maximise their potential and enjoy health, wellbeing and quality of life.

Standards and Targets 2014/15		BHSCT Response	Responsibility
3. Innovative forms of support will be commissioned for parents and other family carers living with adults with learning disabilities at home.	3. The Trust should make proposals in response to a commissioner specification for the extension of the parenting support services, and implement other carer support initiatives identified in the "Short Break" review.	BHSCT were at the forefront of parenting support schemes and wholeheartedly welcome additional commissioning in this area of service delivery. The Trust is currently reviewing its full range of short break services to understand how these services are best delivered and to strengthen our provision of carer support. BHSCT will respond positively to provide innovative support programmes for our service users and their carers.	

POC 7- Physical Disability & Sensory Impairment: Ref HSCB Commissioning Plan 2015/16, Section 9.3.7, Page 154			
Local Commissioning Priorities			
6: The LCG will continue to support regional approaches to increasing supported living and self-directed support. A particular focus for Belfast LCG is ensuring that patients with complex acquired disabilities are able to be discharged as soon as appropriate from specialist acute inpatient services to specialist rehabilitation or local settings where they can avail of the most appropriate care and maintain as much independence as possible.			
Standards and Targets 2014/15		BHSCT Response	Responsibility
Services to be commissioned	Securing Service Delivery		
1. Subject to the outcome of recent pilot schemes, the LCG plans to increase investment in sensory impairment services including deaf/blind training and audiology support services for hearing aid users and people with tinnitus;	1. Services for people who are deaf/blind use hearing aids or have tinnitus will be procured from the community and voluntary sector.	<p>The Trust has engaged with the HSCB and community providers to participate in several pilot schemes that support people who are:</p> <ul style="list-style-type: none"> • Deafblind (Provider is SENSE). • Need assistance to utilise their hearing aids. (Provider is Action on Hearing Loss). <p>There is recognition that further work and support is required to promote and enable effective identification for people who have dual sensory loss particularly within the Children's and Learning Disability Service areas. Staff in Sensory support services would require additional specialist training in assessment and this can be achieved by obtaining a diploma in Deafblind. The Trust is working in partnership with the HSCB and other trust areas to ensure equity and standardise approach to addressing this need.</p>	Director of Adult Social & Primary Care
2. Following a regional review, investment will be made in innovative Short Breaks for carers as an alternative to traditional forms of respite care;	2. The Trust should bring forward proposals for additional investment in short breaks for carers which balance the need for intervention and responding to crisis situations; the LCG will expect innovative proposals which make greater use of Direct Payments and which are underpinned by	<p>The Trust is awaiting the outcome of the HSCB evaluation of the Hear 2 Help project delivered by Action on Hearing Loss to determine the effectiveness of this scheme.</p> <p>The Trust does recognise that there is an unmet need with regards to supporting service users who have</p>	

Local Commissioning Priorities

6: The LCG will continue to support regional approaches to increasing supported living and self-directed support. A particular focus for Belfast LCG is ensuring that patients with complex acquired disabilities are able to be discharged as soon as appropriate from specialist acute inpatient services to specialist rehabilitation or local settings where they can avail of the most appropriate care and maintain as much independence as possible.

Standards and Targets 2014/15	BHSCT Response	Responsibility
<p>3. The LCG will commission a Foot Protection Team model of service to reduce the risk of foot disease and ulceration, so reducing the need for amputation.</p>	<p>improved identification of carers</p> <p>3. The Belfast ICPs will be commissioned to provide a Foot Protection Service. The Trust should also bring forward proposals for additional investment in AHPs to support the regional Amputee Service and should develop proposals for modernisation using</p>	<p>tinnitus. Better support could be achieved via specialist training for staff within Audiology and Sensory Support. The Trust is currently working with the HSCB and other trust areas to consider training that will enable staff share coping strategies and relaxation techniques for this service group.</p> <p>With additional investment in carer support services and in consultation with carers during 14/15 the BHSCT has provided a greater and more diverse range of short break services, including higher levels of: individual short break payments; payments for befriending services to facilitate domiciliary short breaks for carers; direct payments for carers; social events; complementary therapies; and voluntary sector provision for carers. The BHSCT will continue to review its provision for carers during the coming year and further progress its partnerships with carers to ensure that carers views on short breaks influence development.</p> <p>The Trust is in the process of preparing and will implement the Foot Protection Team model of service once funding is in place.</p> <p>The Trust Podiatry team intend to improve the potential for reduction in the risk of foot ulceration</p>

Local Commissioning Priorities

6: The LCG will continue to support regional approaches to increasing supported living and self-directed support. A particular focus for Belfast LCG is ensuring that patients with complex acquired disabilities are able to be discharged as soon as appropriate from specialist acute inpatient services to specialist rehabilitation or local settings where they can avail of the most appropriate care and maintain as much independence as possible.

Standards and Targets 2014/15		BHSCT Response	Responsibility
Outcomes for amputees through investment in rehabilitation and modernisation of the service through E-Health and technology development.	technology.	which will potentially reduce or delay the need for minor or major lower limb amputation through a process of regular high quality care and maximisation of the use of technology to support that care.	

Local Commissioning Priorities

7: Improving & protecting population health and reducing inequalities: Making Life Better was launched by DHSSPS in 2014. This public health strategy builds on the learning from the Investing for Health Strategy and the Marmot Review 2010 and 2012 update. Belfast Strategic Partnership Framework for Action sets out a range of priorities to address life inequalities in the BLCG area. In 2015/16 Community Planning will be introduced. BLCG/PHA will work with Councils and others to ensure the maximisation of opportunities to promote health and wellbeing for all citizens.

Standards and Targets 2014/15		BHSCT Response	Responsibility
Services to be commissioned	Securing Service Delivery		
<p>1. Chronic Disease Prevention Hubs will be commissioned in each locality to enable GPs, Pharmacists and others to refer patients with known health risks, including stress, smoking and obesity to accredited, community based risk-reduction programmes. Community-based organisations will support health promotion by targeting workplaces and schools using community development approaches.</p> <p>2. Evidenced based parenting programmes will be promoted and supported by an Early Interventions Officer.</p>	<p>1. ICPs should bring forward proposals to provide Chronic Disease Prevention Hubs which develop, coordinate and deliver programmed risk reduction plans for individuals. These should be closely linked to Primary Care Talking Therapy Hubs to support emotional health and wellbeing. The Hubs should also work with GPs and the Trust Reablement Team and Falls Prevention Team to provide practical and emotional support to older people to support independent living.</p> <p>2. Belfast Trust should ensure that appropriate staff are released to take Brief Intervention Training.</p>	<p>The Trust has been fully involved in the development of the Healthy Hearts in the West initiative which has laid the foundations for the development of the Chronic Disease Prevention Hub. Through the Public Health– Health Improvement and Community Development teams the Trust will work with the ICP and others to support the roll out of the HUB’s and provide input in terms of delivery and training in the areas of stress, smoking, obesity and physical activity. The Trust will also ensure linkages with the Primary Care Talking Therapies Hubs, the Reablement team and Falls Prevention Team.</p> <p>The Trust has recently appointed an Early Intervention officer who is based within the Public Health– Health Improvement and Community Development team. The post holder will start work in July 2015 and will promote and support evidenced based parent programmes and early intervention approaches. They will link with existing schemes of work and support the on-going development of new programmes to ensure that every child is given the best start in life, a core Public Health objective.</p>	<p>Medical Director</p>

Local Commissioning Priorities

7: Improving & protecting population health and reducing inequalities: Making Life Better was launched by DHSSPS in 2014. This public health strategy builds on the learning from the Investing for Health Strategy and the Marmot Review 2010 and 2012 update. Belfast Strategic Partnership Framework for Action sets out a range of priorities to address life inequalities in the BLCG area. In 2015/16 Community Planning will be introduced. BLCG/PHA will work with Councils and others to ensure the maximisation of opportunities to promote health and wellbeing for all citizens.

Standards and Targets 2014/15		BHSCT Response	Responsibility
3. NICE guidance on Excess Winter Deaths will be implemented through the Belfast Strategic Partnership	3. The LCG and PHA will work through the Belfast Strategic Partnership and Community Planning to secure implementation of agreed objectives to address life inequalities.	<p>The Trust will lead on the development of a Belfast wide Infant Mental Health Action Plan to support the promotion and implementation of step 1 programme intervention.</p> <p>The Trust through its core membership of the BSP and its emerging role in Community Planning will work with partners to implement NICE guidance on Excess Winter Deaths and other BSP thematic areas.</p>	

POC 9- Primary Health and Adult Community: Ref HSCB Commissioning Plan 2015/16, Section 9.3.9, Page 157

Local Commissioning Priorities

8: The LCG will continue to support the modernisation of primary care services. A programme of co-location of primary and community care services is being taken forward involving local communities and the new Councils. The NIAO has drawn attention to higher spending on prescription drugs in NI than in the rest of the UK and the LCG has developed a joint action plan with the four ICPs in its area to reduce this by funding practice-based pharmacists, encouraging adherence to guidelines and offering alternative therapies. The LCG will also work with practices to reduce variation in services.

Standards and Targets 2014/15		BHSCT Response	Responsibility
Services to be commissioned	Securing Service Delivery		
1. The LCG will commission a 'Shared Care' service for Diabetes which will provide specialist support to GP practices to ensure consistency of care management and prescribing, reduce referral variation and carry out domiciliary care visits per year.	1. The ICPs should bring forward proposals for a Diabetes 'Shared care' service which builds on the South Belfast Care Pathway and reduces variation in service provision.	ICP proposed service developments has been submitted to the LCG with Trust input. Funding approval is required.	Director of Social and Primary Care

4. Resource utilisation

4.1 Financial Plan

4.1.1 Introduction

Trusts are currently held directly accountable by the Health and Social Care Board (HSCB) through the Trust Delivery Plan (TDP), and the Department of Health and Social Services and Public Safety (DHSSPS) through the Trust's business plan, 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 2015/16. It sets out the strategic context and financial parameters within which the Trust is bound to operate for 2015/16. The income and expenditure positions are summarised and key areas of risk are highlighted.

A draft commissioning plan has been provided by HSCB and the Board has issued a draft Revenue Resource Limit (RRL) for 2015/16 in order to allow for high level financial planning by the Trust. This has been used as the basis of the Trust's income budget in its 2015/16 financial plan. The plan is subject to change although at this stage it is not expected that any material amendments will be made to the RRL.

A range of assumptions have been made in relation to both HSCB and other income and the Trust will work with its commissioners over the next few months to confirm those assumptions.

4.1.2 HSC Overall Financial Plan

The Trust's financial plan for 2015/16 is set firmly within the context of the Department's overall HSC financial plan and the financial section of the HSCB's draft commissioning plan. Within this overall HSC plan, which currently has an unresolved gap for the HSC of £31m, is £131m for Trust recurrent cost pressures brought forward from previous years. The Belfast Trust share of the £131m is £35m (26%). It should be noted that this £35m is based on the FYE of unfunded cost pressures raised by the Trust up to the end of 2013/14 and unmet savings going into the 2014/15 financial year, and takes no account of pressures which arose in 2014/15 or undelivered 2014/15 savings.

It is the expectation of both DHSSPS and HSCB that in providing financial cover for previous cost pressures Trusts would be in recurrent financial balance moving into the 2015/16 financial year. However, the Belfast Trust is carrying forward undelivered savings from its £37m 2014/15 savings plan and a range of new cost pressures which emerged in 2014/15 which are not reflected in the cost pressure funding provided by HSCB. As a result, the Trust will not begin the financial year in recurrent financial balance.

4.1.3 Trust Financial Context

In 2014/15 the Trust developed a savings plan which sought to address an underlying savings gap as well as its 2014/15 QICR savings target. The Trust produced a plan for £37m, some £14.4m short of the overall target of £51.4m. The 2014/15 financial plan, included in the 2014/15 TDP, also identified a number of commissioning cost pressures

totalling £12.25m brought forward from 2012/13 and 2013/14 which would not be addressed by the proposed HSCB allocation for 2014/15. In summary, the 2014/15 TDP identified an anticipated financial gap of £26.7m. A further £7m of pressures, including normative nursing for example, was included as assumed income with the agreement of HSCB.

Against this backdrop, and despite slippage against its 2014/15 savings plans, attributable in the main to difficulties in delivering the acute reform bed savings included in the plan, and the fact that prior year cost pressures were not fully funded and a range of new pressures emerged throughout the year, the Trust was able to achieve a balanced financial position at the end of the 2014/15 financial year.

It must be stressed, however, that financial balance was only possible through a combination of additional, largely non-recurrent, income from HSCB (circa £39m), slippage on a number of service developments (circa £5m), non-repeatable savings/contingency measures and other non-recurrent support (£14m).

A significant element of the non-recurrent funding provided in 2014/15 has now been recurrently allocated by HSCB (£42m) but this is insufficient to replace the slippage and other non-recurrent support given in 2014/15 which would be required to put the Trust into recurrent financial balance. As a result, the Trust will commence the 2015/16 financial year with an opening recurrent deficit of £13.5m prior to any additional savings targets or new cost pressures.

A substantial element of the opening gap relates to unmet cash-release bed savings of £9m. This has been well documented during 2014/15 and throughout the 2015/16 financial planning process at HSCB and DHSSPS level.

It is clear that given the scale of new savings in 2015/16, in addition to the level of underlying cost pressures for which funding has not yet been allocated, financial balance in 2015/16 is a somewhat unrealistic challenge for the Trust, particularly in light of the substantial savings already achieved year on year since the inception of the Trust.

Underlying Cost Pressures

After accounting for new cost pressure funding from HSCB, the Trust will begin 2015/16 with an underlying cost pressure deficit of around £0.9m relating to the 2014/15 opening TDP position; this residual unfunded pressure relates primarily to ED. It is assumed that HSCB funding will be secured to address this.

In addition to this, new pressures of approximately £4.5m which emerged during 2014/15 remain unfunded. Details of these pressures have been presented to and acknowledged by HSCB and are summarised below.

Table 3.1: Unfunded Cost Pressures from 2014/15

	Total £'000
Trust bed contract	900
Demand driven labs and drugs pressures	900

Recurrent cost of sickness pay arrangements	800
Cancer Pressures- Apheresis/PICC etc.	200
Clinical and general waste	700
Transport/ambulance	400
Other including patient appliances/MAH	600
TOTAL	4,500

2015/16 Cost Pressures

The Trust would not normally include potential in-year cost pressures in its TDP position as anticipated costs and in-year funding cannot be predicted with certainty. However, it is clear moving into 2015/16 that there will be a financial pressure of approximately £1.7m in relation to normative nursing cost pressures. This has not been reflected in the projected year-end deficit at this point. However, should it transpire that funding will not be available, the Trust will have to reconsider progressing the appointment of supervisory nurses recently recruited to allow ward sisters in phase 1 to have a purely supervisory role,. Whilst these nurses are seen as instrumental in effectively managing resources, tackling absence management pressures and reducing backfill, the implementation of this element of 'Delivering Care' may have to be delayed to avoid further deterioration in the Trust's financial position.

The Trust anticipates a diverse range of further financial pressures in 2015/16 associated with rising demand, demographic changes including for example learning disability children in transition and older carers pressures, clinical and technical advances and increased pay and prices, including for example treatment costs associated with high cost drugs and therapies and the implementation of new NICE guidelines. At this point, the Trust is assuming that these cost pressures, will be funded in full in 2015/16. Both the Trust and HSCB will continue to work together to ensure that all such financial pressures are appropriately managed.

Savings Target 2015/16

The Trust began 2014/15 with a significant underlying recurrent savings gap of £52m. A comprehensive and wide-ranging savings plan of £37m was produced and the remaining £14.4m raised as part of the 2014/15 TDP deficit of £27m.

In terms of the £37m target, the Trust delivered savings of £33m, albeit £5m of savings achieved in 2014/15 are not repeatable in 2015/16. The £4m shortfall against the plan was addressed in 2014/15 through a combination of additional, largely non-recurrent funding from HSCB, slippage on a number of service developments and a range of other one-off measures. As a result, only £28m of the £37m savings plan is deemed to be repeatable in 2015/16.

The £9m slippage is attributable to acute bed reform savings which are no longer deemed possible in the short term. Whilst the Trust has agreed to collaborate on a joint exercise with HSCB to critically examine all beds and assess the potential for, and financial impact of, reductions in bed numbers in the longer term based on peer analysis and review, it is clear that little to no savings will be achievable in 2015/16.

In addition to the £9m brought forward savings target, the Trust income baseline was proposed to be reduced by a further £31m in 2015/16 in relation to its 2015/16 savings target.

This £31m target is a significant increase in the level of savings targets required as part of the QICR regime.

In summary, in order to achieve financial balance, the Trust's total savings requirement in 2015/16 is £40m.

The Trust submitted a savings plan for £40m on 6 January 2015. Proposals totalling £20.3m, including £3m in relation to bed reductions, was approved by HSCB/PHA. However, in late March 2015, following a review of all Trust savings plans, the Trust was directed to remove a number of proposals totalling over £3m. Consequently, the Trust is currently progressing initiatives, subject to HSCB/DHSSPS approvals on required consultations, totalling £16.7m.

The Trust has been advised that as part of the regional financial plan it is required to increase the level of savings to be delivered up to the original £20.3m. For planning purposes, the Trust is assuming that it will identify sufficient non-recurrent measures to achieve this £3.5m gap in 2015/16. This will include working with HSCB to gain support for proposals previously not supported. It is assumed this gap will be addressed in 2016/17 by the FYE of all 2015/16 approved savings proposals

The overall HSC financial plan has identified an anticipated deficit across the HSC of £31m for 2015/16. This plan assumes that the Belfast Trust delivers £20.3m of its overall Trust savings target of £31m. The overall HSC financial plan does not include the £9m of undelivered savings brought forward from previous years albeit this has been highlighted as an unresolved gap in all correspondence from the Trust regarding the 2015/16 financial plan.

It is assumed for TDP planning purposes with HSCB indicative agreement, that the £10.7m gap between the £31m target and £20.3m requirement for the Belfast Trust will be fully funded as part of the overall draft HSC financial plan.

New Investment for 2015/16

There is limited new investment in 2015/16 other than relatively moderate developments in the community as part of the TYC programme of reform, and growth in a range of specialist drugs and therapies. Planned investments in the new critical care building and paediatric MRI are currently on hold as part of the HSC draft HSC financial plan.

The Trust had submitted a comprehensive bid for the Trust's emergency departments (EDs) and for unscheduled care generally in 2014/15 and would like to acknowledge HSCB support, both from a clinical and financial viewpoint. The bid sought to address the recommendations made in ED reviews carried out by external bodies including RQIA and the Royal College of Physicians which were predominantly aimed at improving safety and governance within the EDs. The bid also included costs associated with meeting a significant increase in demand in unscheduled care, including some additional bed capacity. At this stage, the Board has provided significant additional recurrent income in relation to ED and unscheduled care, the benefits of which have already been seen in the Trust in terms of its ability to meet increasing demand and to care for people more

appropriately. It is hoped that the residual gap in funding can be addressed through demography monies in 2015/16. At the same time, the Trust will critically review all investment in ED and unscheduled care over the past few years to assure ourselves and HSCB/PHA that the money has been invested most appropriately.

In 2014/15 the Trust received approximately £3m in relation to increased normative nursing levels across its acute medical and surgical wards as part of the 'Delivering Care' agenda led by the Chief Nursing Officer. In 2015/16 funding has been increased to £4m by HSCB. It is expected regionally that phase 1 of 'Delivering Care' will be fully implemented by 31 March 2016. The recurrent cost of fully implementing phase 1 of the programme in the Belfast Trust, to include financial cover for 2% maternity cover, is £8.4m. Current spend, to reflect the elements of phase 1 which are already in place and current maternity leave cover requirements, is £4.2m.

In light of the inherent cost pressure associated with the full implementation of phase 1 of 'Delivering Care', the Trust's Executive Team agreed that the programme could not be fully implemented during 2015/16. However, a decision was taken to proceed at financial risk with the introduction of the supervisory nursing role, primarily because this should help reduce sickness levels which are adding to the current deficit. The in-year cost in relation to the supervisory nursing element is £1.55m (£2.1m FYE). Given that this will bring the normative nursing deficit to £1.75m, it has been agreed that no further rollout of phase 1 beyond current elements already in place and the supervisory ward sister/charge nurse element, should take place in 2015/16 unless additional funding is identified. As discussed above, if further funding is not available in-year, the Trust will have to revisit the supervisory ward sister/charge nurse element of the initiative with a view to delaying implementation to avoid increasing the Trust's deficit.

The Trust received substantial non-recurrent elective care funding over the last few years (circa £36m in 2014/15) and, based on current waiting times, it is likely that substantial investment will be required again in 2015/16 in order to reduce or at least maintain maximum waiting times for access to acute assessment and treatment. Whilst there is no agreement to fund new referrals above contracted levels this year other than for diagnostics, cardiac surgery and scoliosis, there is already a substantial cost pressure associated with 2014/15 washthrough, i.e. the treatment consequences in 2015/16 of outpatients seen in 2014/15 in the independent sector.

At this stage, it is assumed that all committed access target costs will be fully funded in 2015/16 and that additional funding will be confirmed before any further commitments are made by the Trust.

4.1.4 Anticipated Trust Financial Position 2015/16

The Trust has produced a consolidated net expenditure position, based on anticipated funding from HSCB, PHA, DHSSPS and other sources, against expected expenditure for the Trust in 2015/16. It should be noted that a number of income assumptions have been made in arriving at this position which have yet to be confirmed. These are detailed in the financial proformas accompanying this plan.

It is a requirement of both DHSSPS and HSCB that Trusts breakeven in 2015/16. For the Belfast Trust, this would require us to develop a plan which would achieve an outstanding 2015/16 cash-releasing savings target of £11m as well as an unmet savings targets of

£9m from previous financial years. It would also have to address the impact of any unfunded cost pressures outstanding from 2014/15 (£4.5m) and potential new pressures which will arise during 2015/16 above the level assumed in the financial plan, including normative nursing (£1.75m). Assuming that, any new cost pressures arising in 2015/16 are funded and on the basis that the £11m residual 2015/16 savings target is funded as part of the regional HSC financial plan, this would mean real expenditure reductions of £13.5m would be required in 2015/16 to achieve financial balance.

The Trust does not believe that this is deliverable within current timescales and current strategic limitations. **As a result, the Trust is anticipating a deficit in 2015/16 of £13.5m.**

Details of Savings Plans for 2015/16

As in previous years, the Trust's savings plan was developed around the broad workstreams outlined by DHSSPS within its letter of 10 December 2014.

The Trust's original 2015/16 draft savings plan identified cash-release savings plans of £40m in order to address the unmet saving target from 2014/15 of £9m and the new savings target of £31m for 2015/16. However, only £16.7m of the Trust's proposals have been supported/approved by HSCB and PHA and yet, there is still a clear expectation that the Trust will deliver savings totalling £20.3m. Options for addressing the difference between £16.7m and £20.3m are being considered at present, albeit there are no firm proposals as yet, and in any case they would be subject to HSCB approval. The Trust has also requested that HSCB revisit proposals previously not supported to bridge the gap.

The delivery of this £20.3m savings target would result in a savings deficit of almost £20m, comprising the brought forward savings gap of £9m from 2014/15 and a shortfall against the 2015/16 target of £10.7m. It is assumed that the latter £10.7m will be addressed as part of the overall HSC financial plan.

The table below summarises the total maximum cash releasing savings which the Trust considers can be delivered in 2015/16.

Table 3.2: Proposed Cash Releasing Savings 2015/16

Reform Efficiency Plan	2015/16 Cash-release Savings £'m
Acute Reform	1.566
Social Care Reform	1.723
Staff Productivity	6.990
Miscellaneous Productivity	6.386
Other savings to replace unsupported savings yet be determined	3.635
Total	20.300

Further detail on the Trust's Reform and Efficiency Plans is included at Appendix 1.

The Trust's plan is based on maintaining 2014/15 workforce savings of £18m in addition to the proposals set out in the table above, which is a considerable challenge. Given current staffing and backfill levels, and the need, as always, to ensure that safe workforce levels are maintained, this area represents a significant risk to the Trust.

The Trust aims to generate some of its staff productivity savings through a reduction in sickness absence. However, it should be noted that despite robust absence management procedures in the last few years, including for example early intervention by physiotherapy at considerable cost to the Trust, the Trust is finding it increasingly difficult to reduce sickness levels and the pressure to backfill vacant posts on the grounds of patient safety is constantly rising.

There is also a considerable target for discretionary and general goods and services spend reductions in the 2015/16 plan despite the achievement of substantial savings in this area in recent years. It would be unrealistic to assume that further contingencies could be delivered in this area should slippage occur elsewhere.

4.1.5 Key Assumptions and Risks

In arriving at the overall financial position for 2015/16, the Trust has assumed income of around £140m from HSCB/PHA in addition to amounts formally approved and confirmed for 2015/16. This includes income which has historically been awarded annually, on a non-recurrent basis, such as 'GP out of hours', Surestart, high cost cases, elective care and SUMDE but which the Trust is confident will be funded by DHSSPS and HSCB during 2015/16. It is important that income assumptions are confirmed early in the financial year to assist detailed financial planning and facilitate more accurate forecasting in the Trust during the year.

The Trust has made some assumptions about funding for high cost specialist drugs and therapies in 2015/16. Further work is being undertaken to clarify funding streams for these but on the basis of discussions held recently with Board colleagues, it would appear that adequate funding has been earmarked for the growth in treatment costs this year.

Proposed HSCB funding for a number of pressures such as fractures and cardiac surgery appear to fall short of what will be required in 2015/16. The financial plan assumes that this will not be the case but the Trust will work closely with HSCB colleagues over the coming months to validate anticipated costs and agree financial requirements in these areas.

Discussions regarding elective care are at an early stage but it would appear that funding has been set aside to fully address expenditure commitments made to date. The Trust will not make further commitments without the explicit agreement of HSCB.

The above plan assumes that £20.3m of cash-releasing efficiencies will be achieved in 2015/16. In addition, some £18m of non-recurrent workforce savings will be maintained in 2015/16. The risks involved in meeting the extremely challenging savings targets cannot be underestimated particularly given the heavy reliance on workforce and goods and services savings.

There are serious concerns about growing demand in unscheduled care and in particular the impact this is having in terms of beds and associated staffing. Whilst HSCB have invested considerably in ED and unscheduled care staffing over the last few years as the Trust endeavoured to respond to safety and governance recommendations made by RQIA, the Royal College of Emergency Practitioners and others and to meet increased demand in terms of unscheduled care admissions, no funding has been provided to fund the increased beds and associated ward staffing associated with unscheduled care pressures. Not only has this prevented the Trust from delivering bed savings from its successful length of stay reductions, at times the Trust has had significant numbers of unfunded beds open. It is assumed in the 2015/16 financial plan that any further growth in unscheduled care activity is separately funded by the HSCB.

The Trust will continue to review and update the proposals and will keep the Board advised of any material changes to the current estimates which will ultimately impact on the 2015/16 position.

It is assumed that potential funding retractions suggested in previous financial periods including those associated with junior doctor bandings, renal services and SBA underperformance will not be actioned in 2015/16 as this would merely add to the Trust's anticipated deficit.

The draft financial plan assumes that any additional cost pressures arising in 2015/16 above anticipated levels will be funded. It is important to emphasise that the Trust will have no capacity to deal with any new unfunded pressures as we proceed to implement our plan.

Finally, the current financial plan does not allow for any other unforeseen pressures relating to safety and quality for example, which may arise during 2015/16 and which are not included in either the Trust's plan or the HSC Board's overall HSC financial plan. It is assumed at this point that any such pressures will increase the anticipated gap for the HSC as a whole in 2015/16.

4.1.6 Summary 2015/16 Position

The Trust is anticipating a deficit of £13.5m in 2015/16 albeit this is based on a number of income and expenditure assumptions which have not been fully validated at this point. There are a number of very significant financial risks to the reported position, the greatest of which is the deliverability of the 2015/16 savings plan of £20.3m. The £13.5m gap assumes that the gap between the Trust's Reform and Efficiency Plan proposals of £20.3m and the Trust's 2015/16 savings target will be addressed as part of the overall HSC financial plan.

The gap comprises an unresolved savings gap of £9m brought forward from 2014/15 and unfunded cost pressures £4.5m of pressures which emerged during 2014/15.

A high level summary of the Trust's position is provided in Table 3.3 below.

Table 3.3: Summary Financial Plan 2015/16

	£'m	£'m
14/15 brought forward savings gap		9.0
Unfunded 2014/15 Pressures		4.5
2015/16 Savings Target (note 1)		31.0
Anticipated Deficit Prior to New Savings		44.5
Proposed New Savings in 14/15 (Ref table 3.2)	(20.3)	
Savings assumed to be covered in HSC Plan	(10.7)	
Total Savings/funding		(31.0)
Anticipated Deficit 2015/16		13.5

It is imperative that the Trust continues a constructive engagement process with HSCB and DHSSPS in relation to the 2015/16 savings plan, including the underpinning assumptions and risks inherent within that plan.

In delivering this projected position the Trust will be required to address through HSCB collaboration and funding, any new cost pressures emerging this year. The Trust is assuming that this will be the case on the basis of current information. However, the plan cannot conceivably anticipate every eventuality. As a result, there is always a risk that material cost pressures could arise during 2015/16 above the level expected which would alter the Trust's anticipated position.

A summary income and expenditure statement for 2015/16 is provided below.

Table 3.4: Summary Income and Expenditure Position 2015/16

	Expected Surplus/(Deficit) 2015/16 £'m
Total Income	1,242.0
Pay expenditure	(778.5)
Non-pay expenditure	(477.0)
Total operating expenditure	(1,255.5)
Operational Surplus/(deficit)	(13.5)

Further detail in relation to the 2015/16 financial position, including a list of assumed income items, is provided in the detailed financial proformas which accompany the TDP.

As always, the Trust will keep all pressures and assumptions under constant review and will work closely with HSCB during the year to ensure a shared understanding of any changes to the projected year-end outturn.

The Trust anticipates that it will be asked to produce a further savings/contingency plan to bring the Trust back into financial balance in 2015/16. Other than delaying investments, including for example TYC initiatives such as Acute Care at Home, it is difficult to see how, without additional financial support, the Trust could reduce expenditure by £13.5m without radical contingency measures of significant magnitude which would inevitably impact severely on patient and client services.

4.1.7 Overview of Recurrent Financial Position for 2016/17 and Beyond

Commissioners have provided limited high level information in relation to 2016/17 and it is not possible to produce a full and detailed savings plan or a detailed financial overview at this point.

HSCB expect that all Trusts will be in run-rate financial balance by the end of 2015/16. However, this will not be the case for the Belfast Trust.

The Trust will continue to focus its efforts on containing costs within the income levels established at the beginning of each financial year. The Trust will ensure, as always, that service developments are not initiated without first securing recurrent funding. The Trust will also continue to pursue any unnecessary costs and will endeavour to maximise efficiencies through service reform and modernisation. Where unforeseen inescapable cost pressures do emerge, or where performance is at variance to the Trust's plan, continuing and regular dialogue with the HSC Board will be used as the forum to initially discuss these issues.

Strategic Investment Group.

4.2 Workforce Strategy

4.2.1 Workforce Strategy

The Trust Delivery Plan 2015/16 sets out another challenging and changing time in the delivery of services to patients and clients in the provision of Health and Social Care.

In 2015/16 an Organisational Development Framework will be developed with a focus on Leading Cultures for high quality care to realise a vision of 'a transforming Organisation to be a world leader in the quality and safety of our care' set out in the Sir Liam Donaldson Review 'the Right Time, the Right Place'¹.

The Organisational Development Framework will be developed, taking account of the current position within the Trust, learning from within the Organisation and elsewhere and in particular the learning from 'Transforming Organisations' and 'High Performing Organisations'. This journey has commenced and will be framed around the following key themes outlined within the evidence and research on 'Living and Leadership Development in Healthcare'²

- An inspirational vision and narrative : based on quality;
- Clear aligned goals and objectives at every level;
- Good People Management and Employee Engagement;
- Continuous learning and quality improvement;

¹ The Right Time, the Right Place : an expert examination of the application of Health and Social Care governance arrangements for ensuring the quality of care provision in Northern Ireland.

² Leadership and Leadership Development in Healthcare : February 2015, Michael West, Kirsten Armit, Dr Lola Loewental, Dr Regina Eckert, Thomas West, Alann Lee

- Team working, co-operation and integral via Values based and collective leadership and strategies

The Trust Workforce Strategy will be reviewed and developed in 2015/16 to meet the objectives set out within the Trust's Organisational Development Framework, Corporate Plans and Health and Social Care board, Trust Delivery Plan and Priorities 2015/16. It will focus on a delivery model on :-

- What makes the best patient and client experience.
- What makes the best staff experience.
- What makes the best Organisation.

In 2015/15 a summary of the key Workforce Strategies relevant to the Trust Delivery Plan are set out below.

4.2.2 Workforce Modernisation

The Trust has a track record of implementation of its Strategic Reform and Modernisation programmes and meeting its efficiency targets. A main focus of the Trust's Workforce Management efficiencies continues to be absence management, workforce productivity, reduction in backfill, review of Agency and Locum, vacancy management, harmonisation of staffing levels, grade and skill mix. Information on some of these aspects are further detailed over.

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

Workforce Modernisation continues to be shaped and directed to support the existing and new programmes of work identified in implementing Transforming Your Care and the Trusts approved Reform and Efficiency Plan 2015/16.

In 2015/16 in order to achieve the successful delivery of Reform and Efficiency, the Workforce Modernisation programme will focus on :-

- To lead and support, as required, workforce workstreams associated with the implementation of the Trusts Reform and Efficiency programme in regard to Acute Reform, Social Care Reform, Staff Productivity, including communication, consultation and engagement.
- We will support continuous improvement programmes and plans across Unscheduled Care, Elective Activity Hospital process reform and expansion of Trust's Community Capacity.
- We will continue to engage and consult with our Trade Unions at a Local and Regional level, as applicable, and the local Community and other stakeholders as set out within the Trusts updated 'Good Practice Consultation and Communication Guide'.
- To continue to support the use and capacity of Trust staff to use continuous improvement techniques, quality improvement methodologies and techniques to improve service quality and delivery.

4.2.3 Organisational and Workforce Learning and Development

The Trusts Organisational Development Framework will be reviewed and re-launched in 2015/16. Its focus will be on moving forward as a transforming and high performing Organisation and to be recognised 'as a world leader in the quality and safety of our care'

- We will support Organisational Development including through the achievement of maintaining IIP accreditation in March 2016 and striving towards bronze level.
- Recognition in 'embedding' the Trusts approach of 'investing in our people to deliver high quality staff care'.

- We will engage, develop, consult and agree an updated Workforce Strategy to deliver the vision, objectives and patient and client care requirements of the Trust.
- We will continue implementation of the Trusts Action Plan on 'Embedding Trust Values'.
- We will implement the Trusts Employee Engagement Framework, with a particular focus on enhancing and improving the engagement mechanism with frontline staff and medical staff.
- We will implement the Trusts Leadership and Management Strategy including Phase II of Living Leadership : Leading with Care will focus on collective leadership and leadership behaviours.
- We will continue implementation of the Trusts updated Team Development / Team Effectiveness Framework available to a wide range of Teams at all levels within the Organisation.
- To update the Trusts Support worker Learning Strategy (bands 1 – 4) who are primarily front-line staff and whose learning and development is critical to the provision of safe and effective health and social care.
- We will undertake a full census of our staff in the Autumn of 2015 to track progress and inform our continuous development programme.

4.2.4 Workforce Planning

Inextricably linked to Workforce Modernisation is Workforce Planning. Central Nurse Managers continue to develop Workforce Plans and in 2015/16 the focus will be on normative Nurse staff levels and the role of the Ward Manager within the Ward. The Trust is applying the Regional Guidance on Workforce Planning applying the 'six step model' to the development of an integrated Workforce Plan for Adult Social and Primary Care Directorate. This will be reviewed and if applicable applied to other Directorates. A focus in 2015/16 will also be applied to the identification of Succession Planning requirements.

4.2.5 Agency and Locums

The Trust strictly follows the engagement of all our Medical Agency staff through the regionally agreed contract with Pals and that if we are required to go off contract the Trust has protocols in place for managers to follow when going off contract to ensure this is only applied when absolutely necessary and also to ensure appropriate authorisation and governance requirements are met.

4.2.6 Workforce Governance

Workforce Governance arrangements have been reviewed and now formally report through to the Trust's Governance Steering Group. A Safer Recruitment and Employment Group is in place and an Action Plan developed for 2015/16. This Group brings all key strategic issues around Workforce Governance under the one umbrella. Key issues

include the Trust's Safer Recruitment and Employment Framework and associated Audits, Statutory and Mandatory Training and the Working Time Regulations. This forum facilitates a coordinated approach to workforce governance issues and ensures ownership and accountability.

4.2.7 Agency Audits

Following the completion of a comprehensive audit of compliance with the Trust's Safer Recruitment and Employment Practices Framework and other related BSO Audits the Trust has developed a number of new measures to ensure a more stringent approach to conducting pre-employment checks on medical locums and other Agency staff. These measures include a more User Friendly Agency and Locum Section on the HR HUB and Manager's Checklists and Guidance. The Trust will continue to work on the Agency and Locum Action Plan 2015/16 to ensure recommendations of the BSO audits are implemented.

4.2.8 Attendance Management

The Trust continues to seek to maximise resource utilisation through ensuring that an effective and proactive attendance management strategy is in place to promote employee health and well-being *and* assist managers and employees manage attendance issues on a consistent and fair basis in line with Trust protocol and policy. The Trust will work to achieve the DHSSPS absence target and set specific targets for Directorates.

A new focus will be taken forward in 2015/16 and central to this is Employee Health and Wellbeing. A number of proposals will be progressed to ensure the health and wellbeing of staff becomes an integral part of our management and leadership ethos and behaviour, where all staff are encouraged to become champions of their own wellbeing. Initiatives include increased places at all Here 4U classes/activities, roll out of Mindfulness Programmes throughout the Trust and a new Health and Wellbeing at Work Section on the Trust's Internet site.

Alongside the mainstreaming of Health and Wellbeing, the Attendance Management Team has designed a Manager's Toolkit which will be available on the HUB in the HR Section. Attendance Management Workshops in conjunction with Occupational Health will be delivered on a Directorate specific basis. The Trust also has an on line training programme which managers and staff can access at a time which suits them and which will provide the underpinning knowledge and good practice guidance in managing sickness absence. The Trust Health and Well Being Steering Group ensures a collaborative and partnership approach at a strategic level to the development of a range of initiatives set out in the Health and Well Being Action Plan. This Action Plan supports proactive management of long term absence, prevention of stress, and the promotion of employee wellness and health improvement programmes. Musculo-skeletal and mental health related conditions continue to be the most frequent reasons for absenteeism within the Trust and these areas will be targeted.

4.2.9 Employment Equality

The Trust will work to achieve the objectives set out in its third Employment Equality and Diversity Plan 2014–2017 with a particular focus on continuing to provide mandatory equality training for staff and managers. The recommendations of the Trust's second Article 55 review under FETO will be taken forward in 2015/16 in relation to agreed affirmative action and outreach measures with the Equality Commission and Section 75 employment equality screening responsibilities will be met. 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.

4.2.10 Improving Working Lives

A range of initiatives are in place to ensure the Trust remains an Employer of Choice. The Trust's eight Summer Scheme will be provided for 400 children of staff enabling staff to work more effectively to meet service needs over the school holiday period. The Trust's work life balance policies will be promoted and facilitated and child care vouchers, special leave arrangements and further improving working lives initiatives will be explored.

4.2.11 Business System Transformation Programme (BSTP)

Through the establishment of a BSTP, Customer Forum, the Trust continues to ensure that improvement in terms of quality and effectiveness of Corporate Services is consistently achieved. The new Finance, Procurement and Logistics ICT systems are now well embedded in the Trust and the final focus is now on completing full implementation and utilisation of HRPTS.

4.2.12 Finance Procurement and Logistics (FPL)

The Trust has implemented its FPL systems within the organisation.

4.2.13 Human Resource, Payroll and Travel System (HRPTS)

In 2014/15 Manager Self Service (MSS) and Employee Self Service (ESS) was rolled out across the Trust. Full deployment will be completed by the end of June 2015. The operational focus in 2015 is to ensure that Managers are equipped to utilise the reporting functionality within HRPTS to support decision making within and across directorates.

Strategically, the Trust will engage with Regional colleagues to develop a Benefits Realisation Plan to ensure delivery of the business return on investment as a result of implementing HRPTS across the HSC.

4.2.14 Shared Services

In 2015, the Trust's Recruitment Service will transition to Shared Services Centre based in Armagh (with the exception of Medical and Dental) and Senior Executive Recruitment). The transition will take place between mid April until end of September 2015. The Trust has been working very closely with Shared Services colleagues to develop and agree recruitment and equality standards, governance and handover arrangements for each stage of the project. The Trust will continue to have a retained Recruitment function for Medical, Dental and Senior Executive appointments, plus the management of recruitment related issues prior to requisitions being forwarded to Shared Services for processing.

4.2.15 Industrial Relations

The focus for 2015 is to build on the strong Industrial Relations partnerships which currently exist in the Trust. In order to successfully meet the future challenges facing the Trust, a review of the Industrial Relations Framework is currently on-going. HR, Management, Trade Unions and the Labour Relations Agency are all engaged in the Review which aims to achieve an agreed Industrial Relations Framework which reflects the needs of the Trust in promoting harmonious employee and Industrial Relations and delivering Organisational Reform

4.2.16 Tackling Health Inequalities

The Trust is fully committed to improving health and wellbeing and reducing health inequalities which is the overall purpose of the organisation.

The Human Resource Directorate incorporating Health and Social Inequalities have direct responsibility for mainstreaming equality and human rights compliance and best practice across the Trust and work closely with colleagues in Community Development in support of addressing health inequalities. In 2015/16 the Trust will :-

- Implement a Good Relations Strategy for the Trust.
- Develop a Human Rights based approach to ensure the dignity of the individual explicitly at the centre of policy and decision making.
- Formalise partnership working with the University of Ulster, Jordanstown, including placement programmes, joint collaboration on work / projects.
- Continue to work in partnership on its wide range of employability initiatives in support of groups and people who are furthest away from employment. These include the long-term unemployed in locally deprived areas within Belfast, Young People in Care, People with a Disability.

4.3 Capital Investment Plan

4.3.1 Introduction

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

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

The DHSSPS have issued a 2015/16 CRL which includes the following schemes:

Project	CRL 2015/16 £'000
Regional Childrens Hospital	4,506
RBHSC – MRI Scanner	532
RGH – Maternity New Build	851
BCH – Mental Health Inpatient Unit	705
Shared Services	1,500
RGH Critical Care	1,500
BCH Centralisation of Endoscopy Decontamination	400
RVH Cardiac Catheterisation Laboratory	1,056
General Capital/ MES	7,796
Total	18,846

4.3.2 Approved Capital schemes

Redevelopment schemes continue across the Trust. The 2015/16 capital programmes cover a wide area of service provision and are in line with previously agreed investment priorities.

Work will continue on a number of major schemes. The Trust has requested that its CRL is increased for the following three schemes as the current CRL allocation is not sufficient to allow it to meet its contractual commitments

- RGH Critical Care – requires an additional £1.5m
- RGH Cardiac Catheterisation labs - requires an additional £1.339m
- RBHSC MRI scanner - £0.572m

Subject to these additional funds being made available the RBHSC MRI project will complete during 2015/16 and enabling packages associated with the Regional Childrens Hospital will commence.

4.3.3 General Capital Allocation

Significant funding is required to maintain existing services (MES) and to address deminimis fire code and statutory standards across the Trust's estate. There is an on-going requirement to meet environmental standards, address cross infection risks and to replace ageing equipment. The

Trust continues to prioritise required schemes within the available allocation. The level of MES work that can be undertaken is not only constrained by the availability of capital funding but also the Trust's delegated limits. The General Capital allocation now includes MES and the Trust has provisionally allocated £2m of this amount to address MES pressures. The remaining balance available for other capital projects / essential equipment replacement has therefore reduced, compared with previous years. It has been allocated to those schemes considered to have the highest priority.

The Trust will continue to avail of the opportunity to bid for additional capital funding through the in-year monitoring rounds.

4.3.4 Revenue Consequences of Capital Schemes

It is assumed that the revenue consequences of capital schemes, including any uplift required for inflationary and superannuation increases, will be fully funded.

4.3.5 Asset Disposal Plan

In order to achieve the regional target for the disposal of assets, the Belfast Trust, with the DHSSPS's agreement is planning to dispose of the following properties in 2015/16

- 53-57 Davaar Drive
- 37 Glantane Drive
- 195 Templemore Avenue
- Millars Lane
- Grovetree House
- 14 Lower Crescent
- Land at Knockbracken Healthcare Park
- Land at Muckamore Abbey Hospital

The realisation of these assets is subject, however, to the current economic climate which is outwith the Trust's control.

The Director of Finance, who has responsibility for capital planning, reports on the progress of assets 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.

4.4 Plans for Shift Left of Resource

The Trust notes that the Commissioning Plan Direction 2015/16 contains a target by March 2016 to transfer £83m (excluding transitional funding) from hospital/institutional based care into primary, community and social care services. The HSCB Commissioning Plan references an early indication for 2015/16 that shift left delivered by the end of 2015/16 will cumulatively total a minimum of £45m.

Integrated Care Partnerships are only becoming established in 2015/16 and the Trust would concur with the HSCB statement that there is unlikely to be a material shift in resources until 2016/17. Achieving the shift by March 2017 is also likely to present challenges given added demands on services with a growing elderly population.

The Trust will closely monitor as part of the ICP, the impact these new service developments will have on hospital demand during the year.

5. 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 and updated in 2014 to reflect minor changes in the document and on-going adjustment to the Sub Committee structure. 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 June 2015. 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 June 2015. It has an established sub group, the Risk Register Review Group that scrutinises the evaluation of all significant risks arising from Directorate and Controls Assurance Risk Registers. 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

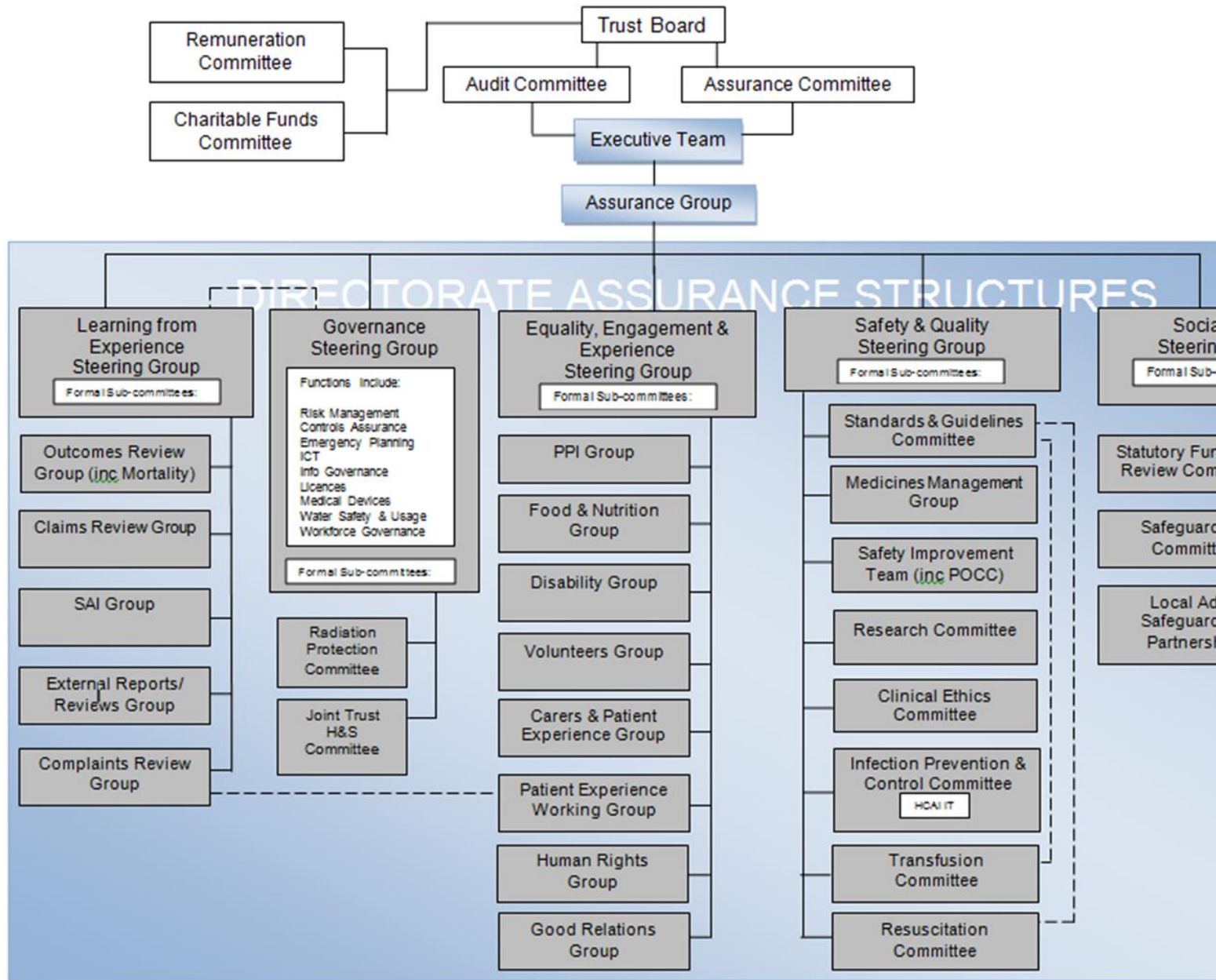
developed systems to identify risk, assess impact and likelihood of harm occurring, and to maintain control in line with the Assurance Framework and the Risk Management Strategy. These risks are used to populate the operational Risk Registers, which are updated on an on-going basis and which feed into the Belfast Trust's Corporate Risk Register and Assurance Framework Principal Risks and Controls.

5.6 Controls Assurance Standards

Controls Assurance will remain a key process for the Belfast Trust. The Belfast Trust has identified key Directors to be accountable for action planning against each standard. 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 2014/2015. The Trust has developed individual action plans for each standard to provide on-going improved compliance and address any gaps in controls or assurance identified in the self-assessment process.

ASSURANCE SUB-COMMITTEE STRUCTURE



Assurance Sub-Committee STRUCTURE Jun 2015 DRAFT v3

6. Promoting Wellbeing, PPI and Patient/client experience

6.1 Improving & Protecting Population Health & Reducing Inequalities

The Trust will drive and support the implementing of Making Life Better the whole systematic strategic framework for public health. 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 themes of - Giving every child the best start; Tackling poverty; Sustainable Communities: Supporting healthier choices. The Trust will continue to work with the whole Belfast population while targeting programmes at key disadvantaged groups i.e. BME, Travellers, LGB&T, Looked after children, older people and those with a disability.

The Trust will continue to integrate health improvement and community development principles into all Directorate's planning and activities, to ensure the achieving of Making Life Better objectives. 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, Transforming Your Care work streams, 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 Belfast Strategic Partnership and the Belfast Health Development Unit to contribute to the implementation of the Framework of Action to reduce health inequalities in Belfast.

6.3 Personal and Public Involvement

The Trust has recently developed a new strategic approach to PPI and has just completed its consultation on a new PPI Framework. This framework will enable the Trust to further embed PPI across the organisation and adhere to the standards and key performance indicators for PPI.

The Trust will continue to deliver PPI training for staff. 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 reflect on current practice and to identify potential areas of work where PPI could be developed. The Trust will continue to be represented on the Regional PPI Forum's Training Sub-group and will support the delivery of the PPI training commissioned by the Public Health Agency.

Within the Trust Framework Directorates will be supported to develop PPI Action Plans for their services and the Trust will ensure that accountability is strengthened by reporting to Trust Board via the Engagement, Experience and Equality assurance group.

The Trust works closely with the Patient and Client Council and 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 also work with the PHA to look at systematic evaluation of PPI activity.



Adult Social & Primary Care Management Objectives 2015-16 Balanced Scorecards

Safety & Excellence		
What	When	Who
Complete Implementation of CIS, Staff Plan, NISAT and develop optimisation plan	June 2015 – On-going	Gabby Tinsley Catherine Collins Jackie Campbell
Continue to develop business and information infrastructure to support planning & performance <ul style="list-style-type: none"> Community care hub Information & business unit 	June 2015 – On-going	Jackie Campbell Marie Heaney
Continue to review and develop governance framework around commissioned services <ul style="list-style-type: none"> Quality & Support Team Contracts Monitoring Adult Safeguarding Complaints Monitoring Care Home Reviews 	2015 / 2016	Catherine Collins Katie Campbell Kathleen McDonnell

Partnership		
What	When	Who
Commence implementation of telecare project	December 2015	Marie Heaney Katie Campbell
Undertake public consultation as reprovision of Ballyowen at Grovetree	June 2015 – September 2015	Katie Campbell Marie Heaney
Refresh carers strategy for next 3 years	December 2015	Bernie Kelly Marie Heaney
Review and remodel service model for ARBI	March 2016	Bernie Kelly Marie Heaney

Older People
Physical & Sensory
Disability

Continuous Improvement		
What	When	Who
Continue to implement service improvement plan for Trust memory services	March 2016	Katie Campbell Dr Barbara English
Implement acute care at home service	October 2015 – March 2016	Gabby Tinsley Dr Jan Ritchie
Put in place overarching structure to review and develop acute and rehab service plans for 15/16 16/17 (IMPACT)	June 2016 March 2016	Marie Heaney Dr Maria O'Kane
Statutory Home Care Modernisation		
Continue review of EMI statutory homes	December 2015	Gabby Tinsley Katie Campbell
Bring forward proposals regarding day opportunities in physical health and disability services	October 2015	Bernie Kelly
Improved ways of working on OPS wards to enhance multi-disciplinary working patient outcome and performance	October 2015	Catherine Collins Paul Turkington Katie Campbell Catriona McCullough Julia Foy
Implement effective seven day working across HSW / Intermediate Care and Domiciliary Care Deliver all palliative and end of life care	2015/16	Jackie Campbell

People & Resources		
What	When	Who
Develop consultation and agreed implementation plans for workforce reviews and commence implementation	2015 / 2016	Marie Heaney Katie Campbell (SC)
Achieve savings targets	2015 / 2016	Gabby Tinsley (DN)
Reduce absenteeism	2015 / 2016	Marie Heaney
Reduce backfill	2015 / 2016	Service Managers
Achieve commissioning and ministerial targets	2015 / 2016	Service Managers
Achieve positive IIP for service area	March 2016	Marie Heaney IIP Leads
Review of Management Structure	December 2015	Marie Heaney

Safety & Excellence		
What	When	Who
Complete full implementation and undertake review of Specialist Safeguarding Service	December 2015	Co-Director & Service Manager
Achieve full QNIC accreditation of Iveagh	December 2015	Co-Director & Service Manager
Improve skill mix and staffing levels at Muckamore	Continuous to March 2016	Co-Director & Service Manager
Develop and introduce Positive Behaviour Support model to Muckamore and complete discharge planning for remaining PTL patients	Continuous to March 2016	Co-Director & Service Manager

Partnership		
What	When	Who
With statutory, voluntary and community sectors provide a minimum 25 additional Day Opportunity places	December 2015	Co-Director, Service Manager & Ops Manager
With NIHE, Housing Associations and Independent sector provide a range of additional community placements	Continuous to March 2016	Co-Director & Management Team
Achieve closure of a Day Centre	Continuous to March 2016	Co-Director & Service Managers
Complete Carers Database project and establish a consultative Carers'	October 2015	Co-Director & Service Managers

Learning Disability Services 2015/16

Continuous Improvement		
What	When	Who
Introduce new model of SCIP training	October 2015	Co-Director & Service Managers
Achieve MORE / QICR requirements and achieve significant reduction in absence rate	Continuous to March 2016	Co-Director & Service Managers
Review staffing requirements / skill mix for future Day Care and Residential Services and develop action plan	December 2015	Co-Director & Service Managers
Achieve IIP reaccreditation and adherence to statutory and mandatory training requirements	March 2016	Co-Director & Management Team

People & Resources		
What	When	Who
Bring forward final Hospital Modernisation Proposals with draft action plan required for completion	December 2015	Co-Director & Management Team
Complete Short Breaks review and agree Implementation Plan	December 2015	Co-Director & Service Managers
Fully implement Community Intensive Support and Psychological Therapy Services including extended hours provision	December 2015	Co-Director & Service Managers
Complete implementation of Paris and HRPTS and strengthen information management arrangements	November 2015	Co-Director & Service Managers

Safety & Excellence		
What	When	Who
Embed outcomes framework in line within Psychological Services – focus on AMH and Child Services in First Year	Update report at end of year	HPS (Head of Psychological Services) & SMT
Re-establish audit & research programme within Psychological Services	Programme of work by end Sept 2015	HPS, SMT & Audit Co-ordinator
Embed & Audit Governance Framework across Service	On-going	HPS & SMT
Meet Ministerial Targets regarding access to Psychological Services & Autism Services also Highlight Capacity Issues	Monthly	HPS & SMT

Partnership		
What	When	Who
Improve Service User & Carer Involvement in Design & Delivery in Psychological	Establish working group end Sept 2015	HPS (Head of Psychological Services) & SMT
Increase Support & Partnership Working with Community & Voluntary Groups	On-going	HPS & SMT
Contributes to Reviews of Services in AMH, LD, CAMHS, Child Health & Children's Disability & ensure best use of limited Psychological	Link to Co-Directors Timescales	HPS & SMT in partnership with Co-Directors

Psychological Services 15-16

Continuous Improvement		
What	When	Who
Contribute to review of Psychological Therapies provision & training programmes as required	March 2016	HPS (Head of Psychological Services), SMT & Co-Directors
Maintain Absenteeism Target	Each Month	HPS & SMT
Meet Agreed Financial Targets	On-going	HPS & SMT
Expand use of Outcomes Framework across directorate re provision of Psychological Therapies	On-going	HPS & Co-directors

People & Resources		
What	When	Who
Establish Directorate wide behaviour management strategy & guidelines	On-going – Focus on Adult LD in 15-16	HPS (Head of Psychological Services) & Co-directors
Review & Improve access to Psychological Therapies across Directorate & Trust	Phased by March 2015	HPS & Co-directors
Develop further programmes for staff care & support across Directorate & Trust	On-going	HPS, SMT & Partnership with Co-Directors & HR/OH

Safety & Excellence		
What	When	Who
Broaden Psychological Therapies Training in Step 2 Hubs and Evaluate	Staged by Mar 16	Project Team
Embed "Champions Model" Think Family	By Mar 2016	Co-D & Teams.
Further develop Adult Safeguarding skill base	Mar 2016	Co-D & Teams
Meet Mandatory Training Requirements.	On-Going	All
Develop Skills For Community Planning	Dec 15	SMG

Partnership		
What	When	Who
Develop Plans to Roll out CAMHS Review	Dec 2015	Project Team
Modernise In-Patient Model for New Build	On-going to Feb 17	Project Team
Implement Service User Actions & Align with MH Care Pathways	Dec 15	Co-D & Project Team
Develop 2 Key Quality Initiatives per Service Area	Project Plan	Clinical & Service Manager
Audit Betterment DGU Resettlement	Dec 15	Project Team & Advocates



Continuous Improvement		
What	When	Who
Pilot Key MH Care Pathway Developments	On-Going	All
Develop Assessment Centre Model & Link into Primary Care Hubs	Project Plan TBD	SM Community & Project Team
Extend Rehabilitation Service to 7/7/365	Dec 15	Co-D & Service Managers
Develop Robust Physical Health Care	Dec 15	Co-D & Project Team
Embed Community Alternative to Step 2 & 4	Mar 16	CAMHS SM & LIT Team

People & Resources		
What	When	Who
Meet Ministerial Access Targets	Each Week	All
Achieve QICR Savings & Modernisation Plans	Each Month	Co-D & SMG
Achieve Absenteeism Target	Each Month	Co-D & Management Team
Achieve Resettlement Target	Dec 15	All
Modernise Day Services & Opportunities	Project	Co-D & Project Team



**Belfast Health and
Social Care Trust**

Trust Delivery Plan

2016/2017

TRUST DELIVERY PLAN 2016/17

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1.0 Introduction

This document sets out the Belfast Trust Delivery Plan for 2016/17. The document provides details of the Trust response to the Health and Social Care Board Commissioning Plan 2016/17. Details are provided in relation to how the Trust will support the delivery of the Ministerial, Regional and Local Commissioning priorities (specifically the Belfast Local Commissioning Group priorities) for 2016/17.

2.0 Local Context

The Belfast Health and Social Care Trust is continuing to focus on the delivery of safe, effective and compassionate services.

Our particular organisational focus during 2016/17 will be improving service delivery across 6 cross directorate themes. These are set out in the Trust Corporate Plan for 2016/17:

- Reducing harm, variation and waste
- Improving services in the community
- Improving Elective Care
- Improving Unscheduled Care
- Implementing the Organisational Development Framework
- Developing Community Planning

The Trust has plans in place which set out actions across the areas above which will deliver improvements in service delivery. This is set against a backdrop of on-going financial challenge for the organisation in 2016/17.

The Trust will work with HSCB colleagues and the Belfast Local Commissioning Group in supporting delivery of the Ministerial and HSCB priorities in 2016/17.

3.0 Detailed Trust Delivery Plans

3.1 Trust response to DOH Commissioning Plan Direction

Summary Table – Achievability of Ministerial Targets 2016/17

Deliverability	RAG	Number	
Target achievable		30	63%
Target at risk to full or substantial delivery.		11	23%
PHA led – Trust comments provided/NIAS		6	13%
Target TBC	TBC	1	1%
Total number of targets	Total	48	100%

COMMISSIONING PLAN DIRECTION OBJECTIVES			RAG
Desired Outcome 1. Health and social care services contribute to; reducing inequalities; ensuring that people are able to look after and improve their own health and wellbeing, and live in good health for longer.			
1.1	Obesity	In line with the Departmental strategy A Fitter Future For All by March 2022 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.	PHA
1.2	Diabetes	In line with the Department's policy framework, living with Long Term Conditions, continue to support people to self-manage their condition through increasing access to structured patient education programmes. In 2016/17, the focus will be on consulting on and taking steps to begin implementation of the Diabetes Strategic Framework and implementation plan with the aim that by 2020 all individuals newly diagnosed with diabetes will be offered access to diabetes structured education with 12 months of diagnosis.	
1.3	Smoking Cessation	In line with the Department's ten year Tobacco Control Strategy, by March 2020 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%.	PHA
1.4	Self-Harm	By March 2020, to reduce the differential in the suicide rate across NI and the differential in suicide rates between the 20% most deprived areas and the NI average. Areas of focus for 2016/17 should include early intervention and prevention activities, for example through improvement of self-harm care pathways and appropriate follow-up services in line with NICE guidance.	PHA
1.5	Healthy Child / Healthy Future	By March 2018 ensure full delivery of the universal child health promotion framework for NI, Healthy Child, Healthy Future. Specific areas of focus for 2016/17 should include the delivery of the required core contacts by health visitors within the pre-school child health promotion programme.	
1.6	Children in Care	During 2016/17, the HSC must ensure that as far as possible children on the edge of care, children in care, and care experienced children are protected from harm, grow up in a stable environment, and are offered the same opportunities as their peers. For 2016/17, specific areas of focus should include ensuring that the proportion of children in care for 12 months or longer with no placement change is at least 85%.	
1.7	Children in Care	During 2016/17, the HSC must ensure that as far as possible children on the edge of care, children in care, and care experienced children are protected from harm, grow up in a stable environment,	

COMMISSIONING PLAN DIRECTION OBJECTIVES			RAG
		and are offered the same opportunities as their peers. For 2016/17, specific areas of focus should include ensuring a three year time frame (from date of last admission) for 90% of children who are adopted from care.	
Desired Outcome 2: People using health and social care services are safe from avoidable harm.			
2.1	Healthcare Acquired Infections	By March 2017, secure a reduction of [10 to 20%] in MRSA and Clostridium Difficile infections compared to 2015/16. [Final figure defined after examination of 2015116 statistics]	
2.2	NEWS KPIs	From April 2016, ensure that the clinical condition of all patients is regularly and appropriately monitored in line with the NEWS KPI audit guidance, and timely action taken to respond to any signs of deterioration.	
2.3	Delivering Care Framework	By March 2018, all HSC Trusts should have fully implemented the first four phases of Delivering Care, to ensure safe and sustainable nurse staffing levels across all medical and surgical wards, emergency departments, health visiting and district nursing services.	
2.4	Care Standards in Homes	The HSC, through the application of care standards, should 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 receive a failure to comply notice.	
2.5	Care Standards in Homes	The HSC, through the application of care standards, should 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 receive a failure to comply notice and that subsequently attract a notice of decision.	
Desired Outcome 3: People who use health and social care services have positive experiences of those services			
3.1	Palliative / End of Life Care	To support people with palliative and end of life care needs to be cared for in their preferred place of care. By March 2018 to identify individuals with a palliative care need and have arrangements in place to meet those needs. The focus for 2016/17 is to develop and implement appropriate systems to support this.	
3.2	Inpatient Care same Gender	By March 2017, 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 (or alternatively timely access to treatment).	
3.3	Inpatient Care Gender mixed	Where patients are cared for in mixed gender accommodation, all Trusts must have policies in place to ensure that patients' privacy and dignity are protected.	
3.4	Children in Care	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.	
3.5	Patient Experience	By March 2018, to increase by 40% the total number of patients across the region participating in the PHA Biennial Patient Experience Survey, with particular emphasis on engaging patients in areas of low participation.	PHA
Desired Outcome 4: Health and Social care services are centred on helping to maintain or improve the quality of life of people who use those services			
4.1	Access to GP Services	By March 2020 to have increased access to services delivered by GP practices. The focus for 2016/17 is on developing a comprehensive baseline of such activity, to be used to inform future	PHA

COMMISSIONING PLAN DIRECTION OBJECTIVES			RAG
		work.	
4.2	GP OOH	From April 2016, 95% of acute/ urgent calls to GP OOH should be triaged within 20 minutes.	
4.3	Life threatening calls	From April 2016, 72.5% of Category A (life threatening) calls responded to within 8 minutes, 67.5% in each LCG area.	NIAS
4.4	Unscheduled Care ED access	From April 2016, 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.	
4.5	Unscheduled Care Triage	By March 2017, at least 80% of patients to have commenced treatment, following triage, within 2 hours.	
4.6	Hip Fractures	4.6 From April 2016, 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.	
4.7	Stroke	From April 2016, ensure that at least 15% of patients with confirmed ischaemic stroke receive thrombolysis treatment, where clinically appropriate.	
4.8	Outpatients access	By March 2017, 50% of patients should be waiting no longer than 9 weeks for an outpatient appointment and no patient waits longer than 52 weeks.	
4.9	Diagnostics access	By March 2017, 75% of patients should wait no longer than 9 weeks for a diagnostic test and no patient waits longer than 26 weeks.	
4.10	Inpatients / Day Case access	By March 2017, 55% of patient should wait no longer than 13 weeks for inpatient / daycase treatment and no patient waits longer than 52 weeks.	
4.11	Diagnostic Reporting	From April 2016, all urgent diagnostic tests should be reported on within two days.	
4.12	Cancer access	From April 2016, 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.	
4.13	Mental Health access	From April 2016, 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).	
Desired Outcome 5: People, including those with disabilities or long term conditions, or who are frail, are supported to recover from periods of ill health and are able to live independently and at home or in a homely setting in the community.			
5.1	Discharges	From April 2016, 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.	
5.2	Unplanned Admissions – Long Term Conditions	By March 2017, reduce the number of unplanned admissions to hospital by 5% for adults with specified long-term conditions.	
5.3	AHPs	By March 2017, no patient should wait longer than 13 weeks from	

COMMISSIONING PLAN DIRECTION OBJECTIVES			RAG
		referral to commencement of treatment by an allied health professional.	
5.4	Direct Payments	By March 2017, secure a 10% increase in the number of direct payments to all service users.	
5.5	Self Directed Support	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.	
Desired Outcome 6: People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and well-being.			
6.1	Carers' Assessments	By March 2017, secure a 10% increase in the number of carers' assessments offered to carers for all service users.	
6.2	Short Breaks	By March 2017, secure a 5% increase in the number of community based short break hours (i.e. non-residential respite) received by adults across all programmes of care.	
6.3	Carers' Assessments	By March 2017, establish a baseline of the number of carers who have had a carers assessment completed and: <ul style="list-style-type: none"> • the need for further advice, information or signposting has been identified; • the need for appropriate training has been identified; • the need for a care package has been identified; • the need for a short break has been identified; • the need for financial assistance has been identified. 	
Desired outcome 7: Resources are used effectively and efficiently in the provision of health and social care services.			
7.1	Hospital cancelled appointments	By March 2017, reduce by 20% the number of hospital-cancelled consultant-led outpatient appointments.	
7.2	Complex & non-complex Discharges	From April 2016, 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.	
7.3	Pharmacy Efficiency Programme	By March 2017, attain efficiencies totalling at least £20m through the Pharmacy Efficiency Programme, separate from PPRS receipts.	
7.4	Elective Care activity	By March 2017, to reduce the percentage of funded activity associated with elective care service that remains undelivered.	TBC
Desired outcome 8: People who work in health and social care services are supported to look after their own health and wellbeing and to continuously improve the information, support, care and treatment they provide.			
8.1	Seasonal Flu Vaccine	By December 2016 ensure at least 40% of Trust staff have received the seasonal flu vaccine.	
8.2	Absence	By March 2017, to reduce Trust staff sick absence levels by a regional average of 5% compared to 2015/16 figure.	
8.3	2015 Staff Survey	During 2016/17, HSC employers should ensure that they respond to issues arising from the 2015 Staff Survey, with the aim of improving local working conditions and practices and involving and engaging	

COMMISSIONING PLAN DIRECTION OBJECTIVES			RAG
		staff.	
8.4	Workforce Plans	By March 2017, Trusts are required to develop operational Workforce Plans, utilising qualitative and quantitative information that support and underpin their Trust Delivery Plans.	
8.5	Training Quality 2020	By March 2017, 10% of the HSC workforce should have achieved training at level 1 in the Q2020 Attributes Framework.	
8.6	Complaints	By March 2017, to have reduced the number of patient and service user complaints relating to attitude, behaviour and communication by 5% compared to 2015/16. This will require renewed focus on improving the Patient and Client Experience Standards.	

3.1 Trust Response to DOH Commissioning Plan Direction (Ministerial Outcomes and Objectives)			
COMMISSIONING PLAN DIRECTION OBJECTIVES	PROVIDER RESPONSE	Director	RAG
Desired Outcome 1.			
Health and social care services contribute to; reducing inequalities; ensuring that people are able to look after and improve their own health and wellbeing, and live in good health for longer.			
1.1 In line with the Departmental strategy A Fitter Future For All by March 2022 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.	<p style="text-align: center;">PHA</p> <p>Supplementary response</p> <p>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.</p> <p>Currently the Trust is progressing with clinical and other health promotion activities across acute and community services to deliver, for example:</p> <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. Trust 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! and Food Values programmes •Internal and external partnership links to work within the Trust to support activities aimed at promoting healthy staff and visitor catering •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. •A range of physical activity opportunities including: Walk Leader Training; Art of Healing Dance Training; On your Feet Training; and Chi Me training. <p>Oral Health team address Nutrition as part of their programme delivery.</p>	PHA Led	PHA
1.2 In line with the Department's policy framework,	The Trust is committed to developing service and will continue to work	Director of	

3.1 Trust Response to DOH Commissioning Plan Direction (Ministerial Outcomes and Objectives)			
COMMISSIONING PLAN DIRECTION OBJECTIVES	PROVIDER RESPONSE	Director	RAG
living with Long Term Conditions, continue to support people to self-manage their condition through increasing access to structured patient education programmes. In 2016/17, the focus will be on consulting on and taking steps to begin implementation of the Diabetes Strategic Framework and implementation plan with the aim that by 2020 all individuals newly diagnosed with diabetes will be offered access to diabetes structured education with 12 months of diagnosis.	with HSCB to implement the strategic framework for Diabetes. <i>Supplementary response</i> The Trust has already set up the Structured Education Team within the Diabetes service and is moving forward with the recommendations. Meetings have taken place within the Trust focusing on the care of patients with Diabetes and the different specialty links that are involved (Diabetes, vascular, Orthopaedics, Podiatry, Interventional radiology)	Unscheduled & Acute Care	
1.3 In line with the Department's ten year Tobacco Control Strategy, by March 2020 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 Trust Health Improvement Team will continue to prioritise work in the area of smoking prevention and cessation. The Trust introduced smoke free grounds in March 2016 and a significant public information and education campaign is being delivered which should contribute to a reduction in smoking rates. Through the smoking cessation team all staff who smoke are offered smoking cessation support and 12 weeks free Nicotine Replacement Therapy (NRT) and in particular a new smoking cessation service will offer support to staff in Bands 1-3. Two part time midwives are now providing smoking cessation support to pregnant woman and their partners. Smoking Cessation Support and Brief Intervention Training will continue to be provided across the Belfast Trust. Smoking prevention programmes will continue to be delivered in partnership with our community and voluntary partners at health fairs and local schools.	Director of Medical Services	PHA
1.4 By March 2020, to reduce the differential in the suicide rate across NI and the differential in suicide rates between the 20% most deprived areas and the NI average. Areas of focus for 2016/17 should include early intervention and prevention activities, for example through improvement of self-harm care pathways and appropriate follow-up services in line with NICE	PHA <i>Supplementary response</i> PHA have the protect life resources. The Trust continues to work with the PHA on delivering against this target.	PHA Led	PHA

3.1 Trust Response to DOH Commissioning Plan Direction (Ministerial Outcomes and Objectives)			
COMMISSIONING PLAN DIRECTION OBJECTIVES	PROVIDER RESPONSE	Director	RAG
guidance.			
1.5 By March 2018 ensure full delivery of the universal child health promotion framework for NI, Healthy Child, Healthy Future. Specific areas of focus for 2016/17 should include the delivery of the required core contacts by health visitors within the pre-school child health promotion programme.	The Trust will work with the PHA and HSCB in the delivery of the target.	Director of Children's Community Services	
1.6 During 2016/17, the HSC must ensure that as far as possible children on the edge of care, children in care, and care experienced children are protected from harm, grow up in a stable environment, and are offered the same opportunities as their peers. For 2016/17, specific areas of focus should include ensuring that the proportion of children in care for 12 months or longer with no placement change is at least 85%.	<p>The Belfast Trust is committed to ensuring that the needs of children are met by a wide range of interventions. The Trust's PACS Project is there to support children on the Edge of Care and if admission to care is the best option to protect children, then there are LAC processes in place to ensure their needs are met, for example, Personal Education Plans, wrap around support to foster placements. Therapeutic Support to children and residential and foster care, LAC Nurse to meet health needs, etc.</p> <p>Every effort is made to sustain placements, however on occasion a change of placement maybe required to meet a child's needs and / or the Care Plan. For example, move to a Kinship or Adoptive placement. The Trust continues to work towards delivery against the target.</p>	Director of Children's Community Services	
1.7 During 2016/17, the HSC must ensure that as far as possible children on the edge of care, children in care, and care experienced children are protected from harm, grow up in a stable environment, and are offered the same opportunities as their peers. For 2016/17, specific areas of focus should include ensuring a three year time frame (from date of last admission) for 90% of children who are adopted from care.	Where the Care Plan is Adoption, children are presented to the Adoption Panel to receive a Best Interests Recommendation. Robust processes are in place to recruit a range of prospective Adopters to match with the children being considered for adoption. This will ensure the three year timeframe for placement for adoption, for the majority of children, from the date of their last admission to care will be met.	Director of Children's Community Services	

Trust Response to DOH Commissioning Plan Direction (Ministerial Outcomes and Objectives)			
COMMISSIONING PLAN DIRECTION OBJECTIVES	PROVIDER RESPONSE	Director	RAG
Desired Outcome 2:			
People using health and social care services are safe from avoidable harm			
2.1 By March 2017, secure a reduction of [10 to 20%] in MRSA and Clostridium Difficile infections compared to 2015/16. [Final figure defined after examination of 2015116 statistics]	The Trust will continue to work to deliver against HCAI targets. The Trust awaits clarification from the Commissioner on the tolerance levels for 2016/17.	Brenda Creaney	
2.2 From April 2016, ensure that the clinical condition of all patients is regularly and appropriately monitored in line with the NEWS KPI audit guidance, and timely action taken to respond to any signs of deterioration.	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: <ul style="list-style-type: none"> • Each ward audits 10 NEWS charts per week and results are included in the Care Bundle Balanced Scorecard. An action plan is put in place if there is any non-compliance. • Independent audits are carried out quarterly in all relevant areas. Results are included in the Balanced Scorecard. • USC&A have also carried out audits as requested by the Regional NEWS Working Group facilitated by HSC Safety Forum 	Director of Unscheduled & Acute Care	
2.3 By March 2018, all HSC Trusts should have fully implemented the first four phases of Delivering Care, to ensure safe and sustainable nurse staffing levels across all medical and surgical wards, emergency departments, health visiting and district nursing services.	The Trust has partially implemented phase one of the delivering care and fully implemented supervisory ward sister across the 54 wards and is on track to implement all four phases by March 2018.	Brenda Creaney	
2.4 The HSC, through the application of care standards, should seek improvements in the delivery of residential and nursing care and ensure a reduction in the number	The Regulation Quality and Improvement Authority has the primary role in the application of care standards in the delivery of Residential and Nursing care. The Trust has identified the need for a dedicated	Director of Adult and PSC	

Trust Response to DOH Commissioning Plan Direction (Ministerial Outcomes and Objectives)			
COMMISSIONING PLAN DIRECTION OBJECTIVES	PROVIDER RESPONSE	Director	RAG
of (i) residential homes, (ii) nursing homes, inspected that receive a failure to comply notice.	multidisciplinary care home review team in light of the changing needs of residents of care homes. This team will provide support to care homes, provide a more consistent approach to adult safeguarding and signal a move away from reliance on annual care management reviews.		
2.5 The HSC, through the application of care standards, should 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 receive a failure to comply notice and that subsequently attract a notice of decision.	As above.	Director of Adult and PSC	

Trust Response to DOH Commissioning Plan Direction (Ministerial Outcomes and Objectives)			
COMMISSIONING PLAN DIRECTION OBJECTIVES	PROVIDER RESPONSE	Director	RAG
Desired Outcome 3:			
People who use health and social care services have positive experiences of those services			
<p>3.1 To support people with palliative and end of life care needs to be cared for in their preferred place of care. By March 2018 to identify individuals with a palliative care need and have arrangements in place to meet those needs. The focus for 2016/17 is to develop and implement appropriate systems to support this.</p>	<p>The Trust continues to work with the PHA on the new locality arrangements with both a Regional and Trust work plan in place for 2016.</p> <p>The Trust Service Improvement Lead has worked with all service directorates to develop and implement action plans with key priorities identified. These focus on patient identification and communication. The Trust uses the ELCOS checklist to ensure patients are identified ensuring their information is captured, recorded and shared to coordinate supportive care for the patient. This includes discussion on EOL Care, ACP and preferred place of death. A Palliative & End of Life care section of Trust Hub has been further developed and is available for all staff.</p> <p>Work continues on ensuring every patient identified as likely to be in their last year of life has a keyworker who is appropriately trained and has capacity to undertake this role.</p> <p>Final Journeys training has been rolled out for all staff across hospital and community.</p> <p>The Trust continues to work in partnership with the HSCB on an information sub group to revise data collection and monitoring arrangements for Palliative Care.</p> <p>Community Nursing has worked with NIAS to develop direct referral 24/7 to district Nursing for palliative and End of life patients.</p>	<p>Director of Adult and PSC</p>	

Trust Response to DOH Commissioning Plan Direction (Ministerial Outcomes and Objectives)			
COMMISSIONING PLAN DIRECTION OBJECTIVES	PROVIDER RESPONSE	Director	RAG
3.2 By March 2017, 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 (or alternatively timely access to treatment).	<p>By March 2017, all patients in adult inpatient areas are cared for in same gender accommodation except in cases when that may not be appropriate for reasons of clinical need or alternatively timely access to treatment.</p> <p>The issue will continue to be monitored quarterly by the Trust Patient and Client Experience Working Group and progress reported at the Equality, Engagement and Experience Steering Group chaired by the Executive Director of Nursing and User Experience.</p>	Brenda Creaney	
3.3 Where patients are cared for in mixed gender accommodation, all Trusts must have policies in place to ensure that patients' privacy and dignity are protected.	The Trust Policy on 'Privacy and Dignity' has been reviewed to include learning from the monitoring.	Brenda Creaney	
3.4 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.	The Belfast Trust is committed to ensuring that all Looked After Children have a clear plan for permanence to avoid drift in care. 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 VOYPIC.	Director of Children's Community Services	
3.5 By March 2018, to increase by 40% the total number of patients across the region participating in the PHA Biennial Patient Experience Survey, with particular emphasis on engaging patients in areas of low participation.	<p>Supplementary response</p> <p>Whilst the PHA is taking forward work on the Biennial Patient Experience Survey, the Trust continues to work with the PHA through the Patient and Client Experience Steering Group and Working Group on developing innovative ways of increasing patient participation in this survey.</p>	Nursing and User Experience	PHA

Trust Response to DOH Commissioning Plan Direction (Ministerial Outcomes and Objectives)			
COMMISSIONING PLAN DIRECTION OBJECTIVES	PROVIDER RESPONSE	Director	RAG
Desired Outcome 4:			
Health and Social care services are centred on helping to maintain or improve the quality of life of people who use those services			
4.1 By March 2020 to have increased access to services delivered by GP practices. The focus for 2016/17 is on developing a comprehensive baseline of such activity, to be used to inform future work.	PHA	n/a	PHA
4.2 From April 2016, 95% of acute/ urgent calls to GP OOH should be triaged within 20 minutes.	<p>Supplementary response</p> <p>The Trust regularly delivers or exceeds this challenging target. The Trust expects to continue to meet the target during 2016/17 and works with PHA & HSCB colleagues to monitor and report activity on a daily and weekly basis.</p>	n/a	
4.3 From April 2016, 72.5% of Category A (life threatening) calls responded to within 8 minutes, 67.5% in each LCG area.	NIAS	n/a	NIAS
4.4 From April 2016, 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.	<p>The Trust is aiming to achieve a further 10% improvement in winter baseline against the 4 hour unscheduled care standard – RVH 69% and MIH 86%. The Trust has already reduced 12 hour waits by 75% in comparison to last year. The aim is to continue this improvement during 2016/17.</p> <p>Supplementary response</p> <p>The Trust has developed a detailed improvement 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. A resilience plan is in place with regular monitoring within the Trust and locality</p>	Director of Unscheduled & Acute Care	

Trust Response to DOH Commissioning Plan Direction (Ministerial Outcomes and Objectives)			
COMMISSIONING PLAN DIRECTION OBJECTIVES	PROVIDER RESPONSE	Director	RAG
	Network Group		
4.5 By March 2017, 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 for 2016/17.	Director of Unscheduled & Acute Care	
4.6 From April 2016, 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.	During 15/16 the Fracture Service has been able to maintain the target of 95% of patients having their inpatient treatment for hip fractures within 48 hours, apart from one month (March 2016). The rest of the year was above target and ranged between 96 -100%. This was achieved through additional fracture lists being run at weekends, to facilitate access for urgent cases within 48 hours, as well as extra capacity the following week. It is planned to continue with this arrangement through 2016/17 and maintain performance against target.	Director of Specialist Hospitals and Women's Health	
4.7 From April 2016, ensure that at least 15% of patients with confirmed ischaemic stroke receive thrombolysis treatment, where clinically appropriate	The Trust fully expects to meet this target.	Director of Adult and PSC	
4.8 By March 2017, 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 2016/17 will be challenging, due to lack of capacity in a number of specialties to meet current demand. In March 2016, 68% of patients on the Trust Acute OP Hospital Waiting lists were waiting longer than 9 weeks of referral (between April 2015 – March 2016, 60% of new outpatients who had been seen in the period received an appointment within 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, Vascular.</p>	Directors of Unscheduled & Acute Care, Surgery & Specialist Services, Adult Social & Primary Care, Women's Health & Spec Hospitals	

Trust Response to DOH Commissioning Plan Direction (Ministerial Outcomes and Objectives)			
COMMISSIONING PLAN DIRECTION OBJECTIVES	PROVIDER RESPONSE	Director	RAG
	<p>Additional funded capacity would need to be secured and resourced 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>Supplementary response</p> <p>The Trust OP modernisation work includes reviewing patient care pathways in a number of specialty areas to streamline referral and assessment processes, which should contribute to improved access.</p> <p>The Trust is also engaged in the Regional Outpatient Moderation work and is contributing to initiatives from this work including the development of CCG guidelines which should enable GP's to review appropriate pathways for referrals (including alternatives to secondary care).</p> <p>In terms of the 52 week target, out of 48 acute specialities, currently around half % specialities are achieving the target and the Trust will be aiming to maintain or improve this position in 16/17</p>		
<p>4.9 By March 2017, 75% of patients should wait no longer than 9 weeks for a diagnostic test and no patient waits longer than 26 weeks.</p>	<p>The table below shows the numbers waiting greater than 9 weeks at the end of March 2016. The Trust achieved 9 weeks and less in 2 areas, PET and Dexa and providing that demand levels do not rise this will be maintained. The Trust received non recurrent investment in MRI, CT, NOUS, Plain Film and Echo for the first half of 2016/17 and apart from MRI and Echo the majority of it has been directed to in house activity. This funding would need to continue into 2nd half of year. The Trust is also investigating a procurement arrangement to secure extra capacity for Nerve conduction studies using funding that it has secured from recurrent investment. The Trust has delivered</p>	<p>Director of Unscheduled & Acute Care</p>	

Trust Response to DOH Commissioning Plan Direction (Ministerial Outcomes and Objectives)

COMMISSIONING PLAN DIRECTION OBJECTIVES	PROVIDER RESPONSE	Director	RAG																											
	<p>more capacity through in house and IS and this was included in the response, however no further funding has been confirmed yet. It is projected that if no further funding is received during 2016/17 for the following that the ability of the services to reach 26 weeks would not be met:</p> <ul style="list-style-type: none"> • GAMRI • Cardiac MRI • Echo • Neurophysiology <p>The Trust is in discussion with the HSCB regarding MRI, CT and USS recurrent investment and depending on timescales and implementation of recurrent plans we will aim to bring these areas under 26 weeks. MPI has been maintained at 17 weeks for a number of years and the service will aim to keep it there. An independent sector solution was obtained during 2015/16 for this area but due to maternity leave is not available at the moment. The Trust has appointed resource into the sleep service and it is hoped with modernisation of patient pathways that a waiting time of 26 weeks can be met.</p> <table border="1" data-bbox="869 986 1783 1335"> <thead> <tr> <th>Specialty</th> <th>Number of patients > 9 weeks</th> <th>Longest wait in weeks</th> </tr> </thead> <tbody> <tr> <td>MRI</td> <td>2,799</td> <td>35</td> </tr> <tr> <td>GAMRI</td> <td>165</td> <td>91</td> </tr> <tr> <td>CT</td> <td>413</td> <td>37</td> </tr> <tr> <td>USS</td> <td>419</td> <td>25</td> </tr> <tr> <td>PET</td> <td>0</td> <td>6</td> </tr> <tr> <td>Dexa</td> <td>0</td> <td>9</td> </tr> <tr> <td>Cardiac MRI</td> <td>311</td> <td>27</td> </tr> <tr> <td>Echo</td> <td>1,426</td> <td>27</td> </tr> </tbody> </table>	Specialty	Number of patients > 9 weeks	Longest wait in weeks	MRI	2,799	35	GAMRI	165	91	CT	413	37	USS	419	25	PET	0	6	Dexa	0	9	Cardiac MRI	311	27	Echo	1,426	27		
Specialty	Number of patients > 9 weeks	Longest wait in weeks																												
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Trust Response to DOH Commissioning Plan Direction (Ministerial Outcomes and Objectives)					
COMMISSIONING PLAN DIRECTION OBJECTIVES	PROVIDER RESPONSE			Director	RAG
	MPI	118	17		
	Sleep studies	85	56		
	Neurophysiology	1,796	52		
	<p>Supplementary response</p> <p>In terms of the 75% target, at the end March 2016 65% of patients on the waiting list for tests were waiting less than 9 weeks.</p> <p>1231 patients were on the waiting list over 26 weeks.</p> <p>If additional funding continues for diagnostics, this will support progress towards the delivery of the target.</p> <p>Out of the 10 diagnostic areas noted on the table above, with ongoing funding from the HSCB, the Trust expects to deliver a 26 week waiting time in half.</p>				
4.10 By March 2017, 55% of patient 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 2016/17 will be challenging, due to lack of capacity in a number of specialties to meet current demand. In March 2016, 57% of patients on the Trust Acute Hospital IPDC Waiting lists were waiting longer than 13 weeks (between April 2015 – March 2016, 65% of elective patients who had been treated in the period were admitted within 13 weeks of being placed on a waiting list)</p> <p>In terms of a 52 week waiting time, specialties currently unable to deliver this include, General Surgery, ENT, Orthopaedics, Urology, Vascular.</p> <p>Additional funded capacity would need to be secured and resourced 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</p>			Directors of Unscheduled & Acute Care, Surgery & Specialist Services, Adult Social & Primary Care, Women's Health & Spec Hospitals	

Trust Response to DOH Commissioning Plan Direction (Ministerial Outcomes and Objectives)																			
COMMISSIONING PLAN DIRECTION OBJECTIVES	PROVIDER RESPONSE	Director	RAG																
	<p>service reform in this area. This includes taking forward enhanced theatre capacity on the BCH and MPH sites which is urgently required.</p> <p>Supplementary response</p> <p>The Trust Elective Improvement Plan also identifies the opportunity for improved capacity related to investment in areas such as pre-assessment, admission of day of surgery capacity and utilising existing assets by delivering 50 weeks working in some elective specialties. The Trust will discuss these opportunities further with the HSCB as they will contribute to improving access for patients currently on waiting lists.</p> <p>In terms of the 52 week target, out of 38 acute specialities, currently around 2/3 are achieving the target and the Trust will be aiming or improve on this position during the year.</p>																		
4.11 From April 2016, all urgent diagnostic tests should be reported on within two days.	<p>End March 2016 performance is outlined in the table below</p> <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 as close to 100% as possible.</p> <table border="1"> <thead> <tr> <th>Target - 100%</th> <th>% Within 48 hours</th> </tr> </thead> <tbody> <tr> <td>Echo</td> <td>89</td> </tr> <tr> <td>Perfusion</td> <td>57</td> </tr> <tr> <td>MRI</td> <td>78</td> </tr> <tr> <td>CT</td> <td>88</td> </tr> <tr> <td>NOUS</td> <td>92</td> </tr> <tr> <td>Radio-nuclide</td> <td>76</td> </tr> <tr> <td>Neurophysiology</td> <td>67</td> </tr> </tbody> </table>	Target - 100%	% Within 48 hours	Echo	89	Perfusion	57	MRI	78	CT	88	NOUS	92	Radio-nuclide	76	Neurophysiology	67	Director of Unscheduled & Acute Care	
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Trust Response to DOH Commissioning Plan Direction (Ministerial Outcomes and Objectives)			
COMMISSIONING PLAN DIRECTION OBJECTIVES	PROVIDER RESPONSE	Director	RAG
	<p>Supplementary Response</p> <p>The Trust will monitor performance against those areas which are under 100% to investigate what changes in process can be made</p>		
<p>4.12 From April 2016, 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>	<p>The Trust continues to work towards achievement of the 14 day breast target. It is anticipated that the 4th one stop clinic will be fully functional from August 2016 and performance will return to 100% unless there is a significant increase in demand or change in circumstances.</p> <p>The 31 and 62 day targets 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"> • Gastro, colorectal, dermatology and red flag lung clinic outpatient capacity • Urology diagnostic and surgical capacity • CT Colonography (recent investment should improve turnaround) • Plastic surgery capacity across SET and Belfast • Late ITTs from other Trusts • Complex pathways/ difficult diagnostic pathways <p>In addition there are a range of process issues and need for pathway redesign across a number of different tumour sites. Work is ongoing with Urology and an Upper GI improvement team has been established. Other opportunities for improving pathways across tumour sites will be sought throughout 2016/17.</p>	<p>Director of Surgery and Specialist Services</p>	
<p>4.13 From April 2016, no patient waits longer than: nine weeks to access child and adolescent mental health</p>	<p>From April 2016, the Trust will provide CAMHS services to Children and young people within 9 weeks. The instances of occasional breach</p>	<p>Director of Adult and PSC</p>	

Trust Response to DOH Commissioning Plan Direction (Ministerial Outcomes and Objectives)			
COMMISSIONING PLAN DIRECTION OBJECTIVES	PROVIDER RESPONSE	Director	RAG
<p>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>	<p>to this are when there are episodes of sickness or vacant posts. The Trust, however, monitors this on a monthly basis and will place a recovery plan in place or an alert to the HSCB.</p> <p>Children and young people will also have access to Psychological Therapies within the agreed 13 weeks currently delivered by the Family Trauma Centre.</p> <p>The BHSCT is in negotiation with the HSCB regarding Adult Mental Health outpatients which continues to present significant challenges. A plan has been agreed in order to meet the target requiring significant internal reorganisation, unlikely to be delivered before the end of the financial year. In the interim a number of waiting list initiatives have been undertaken to address the significant numbers waiting for service outside the target.</p> <p>There remain significant issues in meeting the Psychological Therapies targets across all programmes of care – some of these challenges are related to staff recruitment and as above this will be reviewed to improve timely recruitment. However, there are areas of significant capacity issues and we will continue to discuss this with the HSCB and LCG.</p> <p>The target should be met in relation to Dementia Services.</p> <p><i>Supplementary Information</i></p> <p>CAMHS Current breaches of the 9 week waiting time are related to an increase in sickness level, maternity leave and vacant posts. The Trust has created an additional 7 slots per week in Belfast and an additional 4 assessment slots per week in SET which will bring the Belfast service back to 9 week waiting by October 2016 and SET by mid-October. Children and</p>		

Trust Response to DOH Commissioning Plan Direction (Ministerial Outcomes and Objectives)			
COMMISSIONING PLAN DIRECTION OBJECTIVES	PROVIDER RESPONSE	Director	RAG
	<p>young people will also have access to Psychological Therapies within the agreed 13 weeks currently delivered by the Family Trauma Centre.</p> <p>AMH. The BHSCT is in negotiation with the HSCB regarding Adult Mental Health outpatients which continues to present significant challenges. A plan has been agreed in order to meet the target requiring significant internal reorganisation, unlikely to be delivered before the end of the financial year. In the interim a number of waiting list initiatives have been undertaken to address the significant numbers waiting for service outside the target. There are currently 24 assessment staff vacancies across Recovery and Primary Mental Health care in BHSCT. Whilst social work staff have been recruited and are expected to commence employment Oct/ Nov, there remain major difficulties in the recruitment of qualified nurses and the identification of suitably trained agency staff. The Trust has carried out a week long waiting list initiative in June and have a second initiative planned for October. The Trust is introducing the Envoy text alert system across the piece in order to help reduce the high DNA rates in mental health. The Trust expects to have designed and implemented a new assessment centre model for all referrals by April 2017 which we expect will have a significant improvement on performance across these services. In short the Trust expects to return to a maximum 9 week wait by April 2017.</p>		

Trust Response to DOH Commissioning Plan Direction (Ministerial Outcomes and Objectives)			
COMMISSIONING PLAN DIRECTION OBJECTIVES	PROVIDER RESPONSE	Director	RAG
Desired Outcome 5:			
People, including those with disabilities or long term conditions, or who are frail, are supported to recover from periods of ill health and are able to live independently and at home or in a homely setting in the community.			
5.1 From April 2016, 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.	<p>The Trust Mental Health service will endeavour to continue to meet this target in 2016/17. However, the capping of the supporting People budget at 2015/16 levels and no likelihood of further SP revenue will ultimately have a negative impact on the Trust's ability to discharge in a timely fashion in the future where supported housing is indicated.</p> <p>The Trust's ability to ensure the target for people with Learning Disability will be constrained also by the lack of additional SP revenue and the continuing lack of available specialist placements. The Trust is currently preparing a strategic outline case for the HSCB for the modernisation of MAH which would be dependent upon continued additional resource being identified to accommodate and support those currently delayed in hospital, in the community.</p> <p>There are potential placements identified for all 16 BHSCT patients currently on the delayed discharge list:</p> <ul style="list-style-type: none"> • 3 for supported living service which are expected July 2016; • 1 for a residential unit which is expected in July 2016; • 5 for a residential service which is expected to open in September 2016; • 1 for a supported living service which is expected to open in October 2016; • 4 for a specialist nursing service expected to open in November 2016; • 1 for a specialist nursing service which is expected to open in 	Director of Adult and PSC	

Trust Response to DOH Commissioning Plan Direction (Ministerial Outcomes and Objectives)			
COMMISSIONING PLAN DIRECTION OBJECTIVES	PROVIDER RESPONSE	Director	RAG
	<p>January 2017; and</p> <ul style="list-style-type: none"> • 2 for Dympna House supported living scheme which is expected in June 2017. <p>Timescales are approximate as plans are progressed depending on the needs of each individual.</p>		
5.2 By March 2017, reduce the number of unplanned admissions to hospital by 5% for adults with specified long-term conditions.	<p>The Trust will endeavour to reduce the number of unplanned admissions to hospital by 5% for adults with specified long-term conditions by March 2017.</p> <p>Supplementary Information</p> <p>The ICPs services associated with long term conditions e.g. COPD / Stroke / Diabetes are being fully implemented in 16/17 and these additional services should contribute towards delivery of the target this year.</p>	Director of Unscheduled & Acute Care	
5.3 By March 2017, no patient should wait longer than 13 weeks from referral to commencement of treatment by an Allied Health Professional (AHP)	<ul style="list-style-type: none"> • The waiting time in BHSCT remains above the Ministerial target in some sub-speciality areas of the AHP services as a result of capacity issues; however, some areas of the services are also experiencing a sustained increase in demand. • 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 Trust is also participating in ongoing discussions with the HSCB to review service demand and capacity issues. 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. 	Director of Unscheduled & Acute Care	

Trust Response to DOH Commissioning Plan Direction (Ministerial Outcomes and Objectives)			
COMMISSIONING PLAN DIRECTION OBJECTIVES	PROVIDER RESPONSE	Director	RAG
	<ul style="list-style-type: none"> • Delivery of the target remains a challenge without additional resources. The exception is podiatry which should largely achieve the target this year 		
5.4 By March 2017, secure a 10% increase in the number of direct payments to all service users.	The Trust aims to achieve this target across all adult Programmes of Care particularly with the new focus on self-directed support. In Older People's services success will be dependent on the planned increase of social work resource to assess, enable and promote direct payments.	Director of Adult and PSC	
5.5 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.	The Trust has already commenced a phased approach across PoCs and is committed to deliver this programme by March 2019 ensuring that everyone in receipt of social care will have a self-directed care plan by March 2019. In Older People's service achievability will be dependent upon establishing the appropriate workforce to deliver the volume required. This again will be dependent upon an increase in qualified social work posts to develop and maintain good support plans.	Director of Adult and PSC	

Trust Response to DOH Commissioning Plan Direction (Ministerial Outcomes and Objectives)			
COMMISSIONING PLAN DIRECTION OBJECTIVES	PROVIDER RESPONSE	Director	RAG
Desired Outcome 6:			
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and well-being			
6.1 By March 2017, secure a 10% increase in the number of carers' assessments offered to carers for all service users.	Trust Adult services expect to achieve this target.	Director of Adult and PSC	
6.2 By March 2017, secure a 5% increase in the number of community based short break hours (i.e. non-residential respite) received by adults across all programmes of care.	The Trust aims to achieve a 5 % increase in the number of community based short break hours received by adults across all programmes of care commensurate with available funding.	Director of Adult and PSC	
6.3 By March 2017, establish a baseline of the number of carers who have had a carers assessment completed and: <ul style="list-style-type: none"> • the need for further advice, information or signposting has been identified; • the need for appropriate training has been identified; • the need for a care package has been identified; • the need for a short break has been identified; • the need for financial assistance has been identified. 	The Trust expects to have established a baseline of the number of carers with a carer's assessment completed and outcomes in accordance with the HSCB specification by March 2017.	Director of Adult and PSC	

Trust Response to DOH Commissioning Plan Direction (Ministerial Outcomes and Objectives)			
COMMISSIONING PLAN DIRECTION OBJECTIVES	PROVIDER RESPONSE	Director	RAG
Desired outcome 7:			
Resources are used effectively and efficiently in the provision of health and social care services.			
7.1 By March 2017, reduce by 20% the number of hospital-cancelled consultant-led outpatient appointments.	<p>The Trust continues to put in place actions to reduce the number of hospital cancelled outpatient appointments including:</p> <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 is completing the implementation of Outpatient Review Partial Booking and this should assist in reducing cancellations during 2016/17. • Some data quality issues regarding hospital cancellations have been identified and guidance has been issued to admin staff. <p>Delivery of a 20% reduction will, however, be a challenge by March 2017.</p>	Director of Performance, Planning and Informatics	
7.2 From April 2016, 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>The Trust believes that the most effective way to ensure delivery on this target is the development of assertive community in-reach teams for each of its acute hospital sites to assist the active identification of patients whose discharge can be affected efficiently and safely to appropriate community placements.</p> <p>The Trust will be piloting the 'Discharge to Assess' model, initially within the RVH commencing July / August 2016. Further expansion of the model to remaining acute hospitals within Belfast will be dependent upon funding availability.</p> <p>An IT system is currently being piloted to provide accurate information</p>	Director of Adult and PSC	

Trust Response to DOH Commissioning Plan Direction (Ministerial Outcomes and Objectives)			
COMMISSIONING PLAN DIRECTION OBJECTIVES	PROVIDER RESPONSE	Director	RAG
	<p>on delayed discharges to all Trusts.</p> <p>The Trust secured funding from the HSCB for the development & implementation of a Community Service Access Centre (CSAC) which provides a single point for accessing community transitional services.</p> <p>The centre will reduce duplication, improve discharge flows & provide information to support performance and planning. The CSAC has been in operation from the 30th November 2015.</p> <p>The Trust continues to focus on improving performance but full delivery of the targets will remain a challenge.</p> <p>Supplementary Information</p> <p>As part of the Trust Unscheduled Care Plan for 16/17, a number of actions and targets have been identified to support improvement in delivery of the target. Robust monitoring arrangements are in place to review progress as part of the planning above.</p>		
7.3 By March 2017, attain efficiencies totalling at least £20m through the Pharmacy Efficiency Programme, separate from PPRS receipts.	The Trust will make every effort to ensure the Pharmacy Efficiency Programme is a success through collective working across the primary and secondary care sector to drive improvements in the use of medicines across health and social care and deliver system-wide efficiencies.	Director of Surgery and Specialist Services	
7.4 By March 2017, 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 been 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 /	Directors of Unscheduled & Acute Care, Surgery & Specialist Services, Adult Social & Primary	TBC

Trust Response to DOH Commissioning Plan Direction (Ministerial Outcomes and Objectives)			
COMMISSIONING PLAN DIRECTION OBJECTIVES	PROVIDER RESPONSE	Director	RAG
	<p>availability of junior medical staff.).</p> <p>The Trust has established an elective improvement project with the aim of taking forward actions related further increasing delivery of elective activity volumes within available resources.</p> <p>Supplementary Information</p> <p>The Trust Elective Improvement Plan developed from the project identifies the opportunity for improved capacity related to investment in areas such as pre-assessment, admission of day of surgery capacity and utilising existing assets by delivering 50 weeks working in some elective specialties. The Trust will discuss these opportunities further with the HSCB as they will contribute to improving access for patients currently on waiting lists.</p>	Care, Women's Health & Spec Hospitals	

Trust Response to DOH Commissioning Plan Direction (Ministerial Outcomes and Objectives)			
COMMISSIONING PLAN DIRECTION OBJECTIVES	PROVIDER RESPONSE	Director	RAG
<p>Desired outcome 8:</p> <p>People who work in health and social care services are supported to look after their own health and wellbeing and to continuously improve the information, support, care and treatment they provide</p>			

Trust Response to DOH Commissioning Plan Direction (Ministerial Outcomes and Objectives)			
COMMISSIONING PLAN DIRECTION OBJECTIVES	PROVIDER RESPONSE	Director	RAG
8.1 By December 2016 ensure at least 40% of Trust staff have received the seasonal flu vaccine.	<p>The Trust have achieved less than 30% uptake over the past 2 years and has sought to understand the success of various Trusts in England who achieved 70% uptake. The Trust has collaborated with Flu fighters in England and an action plan has been compiled which includes a number of key targets within defined time periods including the establishment of a Flu Action Plan Co-ordination Group, the recruitment of peer vaccinators and a robust communication plan to work towards meeting the outcome.</p> <p>The Trust will work towards delivery of the target in 2016/17.</p>	Director of Human Resources	
8.2 By March 2017, to reduce Trust staff sick absence levels by a regional average of 5% compared to 2015/16 figure.	<p>The Trust will continue to build on the successful 5.4% reduction in sickness absence levels as achieved in 2015/16 and will plan to deliver this target through a range of initiatives and measures. Collaborative working with Occupational Health to optimise current processes, systems and infrastructures will be strengthened.</p> <p>Revised sickness absence targets for each Directorate and Co Director area will be issued and the delivery of bespoke and mandatory training for managers and staff, further promotion of the Manager's Toolkit on Managing Absence, the provision of specialist advice and the further roll out of the award winning Bwell initiative and Health and Wellbeing Strategy and action plan will all contribute to reducing the absence levels.</p>	Director of Human Resources	
8.3 During 2016/17, HSC employers should ensure that they respond to issues arising from the 2015 Staff Survey, with the aim of improving local working conditions and practices and involving and engaging staff.	<p>The findings of the Belfast Trust Staff Survey have been widely disseminated throughout the Trust and shared with Executive Team, Trade Unions, Directorate Teams and through a series of road shows for all staff. Directorate presentations are being delivered and action Plans are being developed by Directorates specific to their findings and areas for improvement. Key Steering Groups are being provided with relevant findings to inform their action plans. The Trust will</p>	Director of Human Resources	

Trust Response to DOH Commissioning Plan Direction (Ministerial Outcomes and Objectives)			
COMMISSIONING PLAN DIRECTION OBJECTIVES	PROVIDER RESPONSE	Director	RAG
	participate in the next regional HSC Staff Survey initiative and resurvey of the Engagement questions during 2017/18.		
8.4 By March 2017, Trusts are required to develop operational Workforce Plans, utilising qualitative and quantitative information that support and underpin their Trust Delivery Plans.	The Trust is working on a programme to develop Service Directorate Workforce Plans each covering a five year time frame. In regard to meeting the operational workforce requirements to meet the Trust Delivery Plan 2016/17 Service Directorates review and consider workforce requirements considering both, qualitative and quantitative data and professional input.	Director of Human Resources	
8.5 By March 2017, 10% of the HSC workforce should have achieved training at level in the Q2020 Attributes Framework.	The Trust has completed a scoping exercise to determine how Trust in house training programmes support participants to meet the requirements of Level 1 awareness of the Quality 2020 Attributes Framework. Further to the launch of the regional Level 1 E learning in June 2016, we plan to widely publicise its availability to staff as an effective and efficient means of completing training. We plan that through a combination of existing programme content, specific level 1 awareness training, bespoke targeted workshops and E learning that we will meet the target of 10% of our workforce to have met Level 1 awareness by March 2017	Director of Human Resources	
8.6 By March 2017, to have reduced the number of patient and service user complaints relating to attitude, behaviour and communication by 5% compared to 2015/16. This will require renewed focus on improving the Patient and Client Experience Standards.	The Complaints Department will continue to support Directorates by collating data on CH8 subject report codes for (1) staff attitude and behaviour and (2) communication. The Complaints will provide reports highlighting those departments with high levels of complaints in relation to attitude and communication which require focused action. It is anticipated that this data will continue to be monitored via the Complaints Review Group. This will facilitate further consideration of additional methods for collecting data and providing timely feedback to staff as well as any further actions required to support reduction of complaints in this area.	Director of Human Resources	

Trust Response to DOH Commissioning Plan Direction (Ministerial Outcomes and Objectives)			
COMMISSIONING PLAN DIRECTION OBJECTIVES	PROVIDER RESPONSE	Director	RAG
	<p>There will be continued delivery of complaints awareness training, which includes information on the top 5 subjects which presently include staff attitude and behaviour and communication. To support learning up to date examples of these type of complaints are provided for staff attending these sessions.</p> <p>The Trust will work towards delivery of the target by March 2017.</p>		

3.2 Trust response to relevant Regional / PoC / Local priorities (sections 5 & 6 of the Commissioning Plan)

Belfast Trust response to Commissioning Plan priorities				
POC 1 Acute: Unscheduled Care				
	ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
R1	Effective, integrated arrangements – organised around the needs of individual patients – should be in place in community settings to provide care for people at home, avoiding the need for hospital attendance/admission.	<p>Trust responses should demonstrate how core primary and community care teams will be effectively resourced and organised around the needs of individual patients.</p> <p>Trust responses should demonstrate how, working with appropriate partners, Acute Care at Home services and equivalent (offering demonstrably more specialist services than those that should routinely be delivered by core primary and community care teams) will be made available for patients throughout the Trust area, 24/7; and how these services will be integrated with other services delivered in the community, including linkages to core primary/community care teams and NIAS Alternative Pathways.</p>	<p>The Acute Care At Home (ACAH) team have been scaling up Trust-wide since August 2015. Referrals are accepted from primary care, directly from NIAS and from ED and BCH direct. Comprehensive geriatric assessment is commenced within 2 hours of referral and a person centred care plan is commenced. Carers' needs are assessed and supported. Community equipment, aids and appliances are provided to promote independence. Polypharmacy is assessed and a pilot with community pharmacies is being developed to create new ways of working across existing prescribing boundaries. A pathway for rapid access Diagnostics has been created with secondary care. IT mobile working pilot is underway to promote integrated working and sharing of information with other community practitioners such as District nursing and Integrated care teams. We are working towards developing a 7 day referral service to further impact on reducing unnecessary frail elderly attendance at hospital.</p> <p>Supplementary response</p> <p>A detailed BHSCT Unscheduled Care Improvement Charter and Implementation Plan has been developed, addressing a series of</p>	Adult PSC Directorate

Belfast Trust response to Commissioning Plan priorities

POC 1 Acute: Unscheduled Care

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
			<p>actions across ED and all Unscheduled Service areas, supported by data and risk mitigation to deliver the following outcomes:</p> <ul style="list-style-type: none"> • Maximise ambulatory care • Decrease over utilisation of hospital services • Optimise patient placement to ensure right care, right place • Improve the patient experience • Reduce avoidable patient harm <p>Planning assumptions for 5 & 10% growth in ED attendances have also been included. A series of workshops and team reviews have been organised to ensure timely plan review and amendment.</p>	
R2	Effective arrangements should be in place at the front door of hospitals to provide ambulatory, rapid-response services for patients on a same-day or next-day basis, avoiding the need for patients to be admitted to hospital.	Trust responses should demonstrate how, working with appropriate partners, comprehensive ambulatory care services will be made available for patients, initially at the larger hospital sites, on a seven-day basis and where appropriate linked to planned (elective) services.	The Trust has already established the Clinical Assessment Unit and the Ambulatory Care Centre during 2015/16. The Trust are in discussions with Commissioners with regards funding to extend the ACC to 7 day working.	Acute & Unscheduled Care Directorate
R3	Effective arrangements should be in place to optimise patient flow through hospital, both before and after the patient being declared medically fit.	Trust responses should demonstrate the particular actions to be taken in 2016/17, working with appropriate partners, to further improve LOS through timely, multi-disciplinary decision making and effective discharge arrangements on a seven-day basis, to include participation in the Unscheduled Care Ward Champions pilot arrangements.	<p>The Trust has several initiatives ongoing within Medical and Surgical specialties. Funding was received during 2015/16 through the twice daily decision making case to help support weekend discharges on MIH and RVH sites. Work on discharge is ongoing through the IMPACT work stream.</p> <p>Supplementary response</p>	Acute & Unscheduled Care Directorate

Belfast Trust response to Commissioning Plan priorities

POC 1 Acute: Unscheduled Care

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
			<p>The BHSCT Unscheduled Care Improvement Charter and Implementation Plan is a cross-Directorate summary of specific actions being undertaken within 2016/17 and has been shared with HSCB / LCG to provide assurance of the detailed planning work which has been undertaken.</p> <p>Arrangements cover ED / CAU (Clinical Assessment Unit); AMU (Acute Medical Unit); EmSU (Emergency Surgical Unit); ACC (Ambulatory Care Centre); Oncology & Haematology; Diagnostics; Supporting services including Pharmacy, transport and Escalation.</p> <p>Community Services, with particular focus on Complex Discharges, as well as the ongoing Trust-wide Discharge Project (via Impact), have pilot 'Discharge to Assess' pilots in place across 5 x RVH Wards (limited financial investment currently in place & discussions with LCG underway.)</p> <p>Planning for the Unscheduled Care Ward Improvement Projects (ISP) is underway, focused initially on 4 Wards across the Mater and RVH.</p>	
R4	Effective arrangements should be in place to manage ambulance demand	The NIAS response should demonstrate how the Trust will ensure effective arrangements for	NIAS	n/a

Belfast Trust response to Commissioning Plan priorities

POC 1 Acute: Unscheduled Care

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
	across hospital sites, consistent with regional planning assumptions.	ensuring equitable demand across sites on a rolling, seven-day basis.		
R5	Effective arrangement should be in place to manage major Trauma. Each year around 370 people in NI suffer from major trauma, this is often life threatening and requires a prompt and coordinated approach.	All Trusts should participated in the establishment of a regional Trauma Network which seeks to reduce mortality and morbidity due to major trauma through coordinated care pathways, clinical leadership and participation in TARN (Trauma Audit and Research Network)	The Trust has already introduced new Trauma rotas and escalation processes. The Trust is working with PHA and Commissioners to identify and implement the Regional network. The Trust will participate in Regional Trauma Network arrangements.	Acute & Unscheduled Care Directorate
R6	Effective arrangements should be in place to manage Winter Pressures demand across the Trusts.	Trust responses should demonstrate the actions to be taken in 2016/17, working with appropriate partners to ensure effective arrangements to manage unscheduled care pressures to include the preparation of seasonally-adjusted, evidence-based resilience plans.	<p>The Trust has put a detailed plan in place to effectively manage the unscheduled care service, aligning with community and elective services to coordinate actions and liaising with other Trusts, NIAS, HSCB and PHA to ensure a cooperative approach across the region.</p> <p>Measures of success have been identified and agreed with clinical teams.</p> <p>Some of the actions being undertaken are to:</p> <ul style="list-style-type: none"> •implement the Discharge to Assess model and ensure a 20% improvement in the discharge of complex patients within 48 hours; •increase Reablement capacity and community rehabilitation by 50%; •ensure same day AHP assessments and radiology tests; and •revise arrangements for escalation and enhanced capacity; <p>Expected outcomes, include:</p> <ul style="list-style-type: none"> •the Acute Care At Home (ACAH) service will 	Acute & Unscheduled Care Directorate Adult PSC Directorate

Belfast Trust response to Commissioning Plan priorities

POC 1 Acute: Unscheduled Care												
ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate									
		prevent admission and enable early discharge of Frail Older People; and •additional ambulatory pathway support for patients where clinically appropriate. Monitoring arrangements will be implemented as appropriate.										
BL1	By 2020 there is expected to be a 2% increase in the total Belfast LCG/Trust population, an 8% increase in the population aged over 75 years, and an 8% increase in the population of children aged less than 16. These population changes will impact on the demand for unscheduled care services. The Trust response should demonstrate how the change in population need and demand for unscheduled care services will be managed in 2016/17, to include specific arrangements: 1. To address each of the regional unscheduled care priorities as set out section 5.1. 2. To deliver the required volumes of service activity for 2016/17 In responding account should be taken of recent investments in Acute Care at Home, COPD/HOSAR, Stroke Early Supported Discharge, Diabetes, the Clinical Assessment Unit, Ambulatory Phase 1, RBHSC ED and the Short Stay PAU.	The Trust will work through the expected activity for Non elective admissions and Ed attendances in light of the investments and discuss adjustments to SBA with the HSCB during 2016/17. The Trust will need to discuss the proposed volumes, set out below, further with the Commissioner. HSCB proposes to provide the following volume of service during 2016/17: <table border="1" style="margin-left: 20px;"> <thead> <tr> <th>Currency</th> <th>Opening SBA 16/17</th> <th>Proposed Delivery 16/17</th> </tr> </thead> <tbody> <tr> <td>Non Elective admissions - all</td> <td>49,371</td> <td></td> </tr> <tr> <td>ED Attendances</td> <td>162,685</td> <td></td> </tr> </tbody> </table>	Currency	Opening SBA 16/17	Proposed Delivery 16/17	Non Elective admissions - all	49,371		ED Attendances	162,685		Acute & Unscheduled Care Directorate
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BL2	Effective arrangements should be in place to ensure unscheduled care services in the Belfast LCG/Trust area are safe, sustainable and accessible. The Trust response should demonstrate how it will seek to maintain safe, sustainable, accessible unscheduled care services at the Mater Hospital.	The Trust is undertaking a Strategic review of acute services as part of New Directions 2and will consult on its recommendations in the near future.	Acute & Unscheduled Care Directorate									

Belfast Trust response to Commissioning Plan priorities

POC 1 Acute: Elective

	ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
R1.	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.	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: <ul style="list-style-type: none"> • General Surgery • Gastroenterology • ENT • Gynaecology • Dermatology • Rheumatology • MSK/Pain • T&O • Cardiology • Neurology • Urology • Ophthalmology 	The Trust will continue to engage and support the regional scheduled care reform process. Trust clinicians and managers are already contributing in working groups related to a number of specialities.	Performance, Planning and Informatics Directorate
R2.	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.	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.	The Trust will continue to engage with and support the regional scheduled care process and is taking forward the implementation of e-triage.	Performance, Planning and Informatics Directorate
R3.	Opportunities exist to improve further the efficiency and effectiveness of elective care services (outpatients, diagnostics and inpatients/daycase treatment) delivered by Trusts.	Trust responses should describe the specific actions being taken in 2016/17, working with appropriate partners, to improve elective care efficiency and effectiveness including: <ul style="list-style-type: none"> • Development of one stop 'see and treat' services, 	The Trust has in place an elective care improvement plan and is taking forward a number of initiatives aimed at improving efficiency and effectiveness in this area. Resource issues continue to need to be	Surgery and Specialist Services & Performance, Planning and Informatics

Belfast Trust response to Commissioning Plan priorities

POC 1 Acute: Elective

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
	<p>linked to unscheduled care services as appropriate</p> <ul style="list-style-type: none"> •Application of Transforming Cancer Follow Up principles to transform review pathways •Maximisation of skill mix opportunities in the delivery of assessment, diagnostic and treatment services •Phased introduction of seven-day working for elective specialities •Plans to ensure maximum wait of 9 weeks for scopes by 31 March 2017. •Plans to address AHP staffing requirements in line with the recent AHP demand and capacity exercise. •More generally, actions to improve the efficiency and effectiveness of outpatients, diagnostics and treatment services. 	<p>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, Gynae, Colorectal, Haematology, Urology and Lung.</p> <p>Recent significant investment, supported by FCC, Macmillan and HSCB in the CNS workforce will support further roll out to other tumour sites including Uro-Oncology, Skin and Head & Neck in the year ahead.</p> <p>Collaborative working with clinical teams to support the development and implementation of stratified care pathways across above tumour sites will ensure modernisation opportunities are realised.</p> <p>Supplementary response</p> <p>AHP staffing plans: Trust AHP services have fully participated in the development of regional elective care pathways and the capacity and demand analysis undertaken by the HSCB / PHA.</p> <p>All necessary Trust information and data has been submitted to the HSCB for consideration and a meeting is scheduled for the end of</p>	<p>Directorate</p>

Belfast Trust response to Commissioning Plan priorities

POC 1 Acute: Elective

	ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
			<p>September 2016 to move this work forward.</p> <p>Once this is completed it is anticipated that any gaps in the workforce required to deliver to the elective services will be identified.</p> <p>Supplementary response</p> <p>Adoption of the Transforming Cancer Follow Up principles continues to transform review pathways across many disease sites including Breast, Gynae-oncology, Colorectal, Urology and Lung. In 2016/17, nurse led clinics commenced for lymphoma follow up and work has begun looking at skin and Upper GI follow up pathways.</p> <p>Supplementary response</p> <p>Endoscopy waiting times continue to be managed and reviewed on a weekly basis. SBA has been maintained within 4% but demand continues to exceed capacity, in relation to waiting times, with both urgent and routine patients waiting longer than required. Planned patients are managed within scheduled waiting times and red flag patients continue to be given priority and seen within 2 weeks</p>	

Belfast Trust response to Commissioning Plan priorities

POC 1 Acute: Elective

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate															
			Additional funding has been made available and capacity has been secured in the Independent Sector.																
BL1	By 2020 there is expected to be a 2% increase in the total Belfast LCG/Trust population, an 8% increase in the population aged over 75 years, and an 8% increase in the population of children aged less than 16. These population changes will impact on the demand for elective care services.	<p>The Trust response should demonstrate how the change in population need and demand for unscheduled care services will be managed in 2016/17, to include specific arrangements:</p> <ol style="list-style-type: none"> 1. To address each of the regional elective care priorities as set out section 5.2. 2. To deliver the required volumes of service activity for 2016/17. 	<p>To follow</p> <p>The Trust will need to discuss the proposed volumes, set out below, further with the Commissioner. HSCB proposes to provide the following volume of service during 2016/17:</p> <table border="1"> <thead> <tr> <th>Currency</th> <th>Opening SBA 16/17</th> <th>Proposed Delivery 16/17</th> </tr> </thead> <tbody> <tr> <td>Inpatients</td> <td>20,802</td> <td></td> </tr> <tr> <td>Daycases</td> <td>50,549</td> <td></td> </tr> <tr> <td>New Outpatients</td> <td>159,984</td> <td></td> </tr> <tr> <td>Review Outpatients</td> <td>377,641</td> <td></td> </tr> </tbody> </table>	Currency	Opening SBA 16/17	Proposed Delivery 16/17	Inpatients	20,802		Daycases	50,549		New Outpatients	159,984		Review Outpatients	377,641		Performance, Planning and Informatics Directorate
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New Outpatients	159,984																		
Review Outpatients	377,641																		
BL3	Effective arrangements should be in place to ensure patients in the Southern LCG/Trust area have access to high quality ophthalmology services, to be delivered in 2016/17 by Belfast and Western Trusts.	The Trust response should demonstrate how it will work with the Southern LCG and Southern Trust to ensure from 2016/17 the provision of appropriate ophthalmology outreach services to the Southern population.	The Trust has published a consultation paper which sets out proposals for the modernisation of Ophthalmology Outreach services. Pending the outcome of the consultation, the Trust will work with the SHSST and Southern LCG to take forward the establishment of Ophthalmic Clinical Centres which will deliver a wider range of local services in the Southern area.	Performance, Planning and Informatics Directorate															

Belfast Trust response to Commissioning Plan priorities

POC 1 Acute: Elective

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
BL4	Effective arrangements should be in place to support the establishment of a NI Genome Centre	The Trust response should demonstrate plans to co-ordinate the planned investment in delivery of the NI Genome Centre to include IPT development for submission to the HSCB as required.	Preparations for the launch of work packages relating to the Northern Ireland Genomic Medicine Centre and the participation in the UK 100,000 Genomes Project (100KGP) are at an advanced level, with key appointments being made. Memoranda underlining NI's engagement (with Belfast HSC Trust as the lead organisation) with GEL are also nearing completion. This will allow the first patients to be formally recruited and to test the overall system for readiness for full operation. In addition the Trust and key stakeholders are working on proposals for the "legacy" after the main phase of the 100KGP to ensure Northern Ireland patients fully benefit from developments in Genomics and Precision Medicine.	Surgery and Specialist Services Directorate

Belfast Trust response to Commissioning Plan priorities

POC 2 Maternity & Child Health

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
R1.	Effective arrangements should be in place to ensure that maternity services are arranged to meet the needs of all pregnant women. Effective arrangements should be in	Trust responses should demonstrate how they will implement the agreed care pathway for antenatal care for women with low risk pregnancies. Trusts should evidence that they implement	This pathway has been implemented across the BHSCT Maternity Service in conjunction with the GAIN guidelines for Low risk maternity care in FMUs/AMUs. The BHSCT has achieved BF accreditation in	Specialist Hospitals and Women's Health

Belfast Trust response to Commissioning Plan priorities

POC 2 Maternity & Child Health

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
<p>place to ensure that the agreed regional antenatal care pathway is delivered.</p> <p>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.</p>	<p>UNICEF Baby Friendly Initiative Standards.</p> <p>Trusts should also demonstrate how they will deliver services to meet the needs of more complex pregnancies. Plans should evidence;</p> <ul style="list-style-type: none"> • How recent investment in ante-natal diabetic services is being used to improve care. • The implementation of the 'Weigh to a Healthy Pregnancy' programme targeting women with a BMI of >40. • How multiple pregnancies will be managed in line with NICE guidelines, including the delivery of dedicated 'twin clinics'. <p>Trusts should continue to work with PHA/HSCB on the development and implementation of early pregnancy assessment and epilepsy care pathways both of which are based on NICE guidelines.</p> <p>Trusts should also work with PHA/HSCB to clarify and standardise the referral and clinical pathways for women who have recurrent miscarriages.</p>	<p>September 2015 with ongoing implementation of the standards. Work is ongoing to achieve a Breast feeding coordinator for NNICU to further implement the standards across this service</p> <ol style="list-style-type: none"> 1. A Diabetic Specialist Midwife is currently being recruited for BHSCT Maternity services and will be used to improve care provision. 2. "Weigh to a healthy pregnancy" team continue to target suitable women for this project achieving an average 60% uptake in line with the PHA requirements. 3. A dedicated twin clinic is in place supported by 2 Consultant Obstetricians and the Fetal medicine department. <p>BHSCT will continue to work with PHA/HSCB on the development and implementation of early pregnancy assessment and epilepsy care pathways both of which are based on NICE guidelines.</p> <p>The Trust will work with the PHA and HSCB to clarify and standardise the referral and clinical pathways for women with recurrent miscarriages.</p> <p>Current pathway is that: if a woman attending the Early Pregnancy Clinic experiences a third or higher order early pregnancy loss, we</p>	Directorate

Belfast Trust response to Commissioning Plan priorities

POC 2 Maternity & Child Health				
ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
			discuss referral for genetic testing as per RCOG guidelines. We advise the woman to attend her GP to get a referral to relevant Consultant for further management.	
R2.	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.	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.	BHSCT Maternity services continue to support NIMATS and Badgernet systems and through a process of data and statistical analysis, facilitated by these systems are able to evidence best practice and opportunities for service improvement. Birth details and clinical information is updated on the Badgernet system and used for analysis of data and measurement against targets e.g. For retinopathy of prematurity. It is hoped to progress to a paperless system for the new maternity hospital but this will depend on funding and regional considerations.	Specialist Hospitals and Women's Health Directorate
R3.	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 resulting in the integration of AHP services into neonatal services with a focus on neurodevelopment and nutritional support.	Interviews have been completed for the 0.5 wte dietician for Neonatal unit RJMS and successful applicant offered post, which has been accepted. Completion of recruitment process may take another 2-3 months but it is hoped the candidate will be in place by end of September 2016 and integrated into the area to provide required support and increased focus in relation to neurodevelopment and nutrition of neonates.	Specialist Hospitals and Women's Health Directorate
R4.	Effective arrangements should be in place to ensure that paediatric services respond to patient need, are accessible	Trust responses should demonstrate how they: <ul style="list-style-type: none"> • Offer short stay assessment models of care with 	RBHSC has a Short Stay Surgery Assessment Unit is open 24/7. Access for primary care remains through the Emergency Department,	Specialist Hospitals and

Belfast Trust response to Commissioning Plan priorities

POC 2 Maternity & Child Health

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
<p>and provided in a timely way.</p> <p>This should include arrangements for same day and next day assessment, short stay assessment and ambulatory models of care.</p>	<p>agreed access to for primary care professionals and opening hours agreed with HSCB and PHA to maximise their impact.</p> <ul style="list-style-type: none"> Continue to work with the HSCB/PHA to develop and test models of care which reduce the reliance on in-patient and secondary care paediatric services. 	<p>as previously agreed with Commissioners. The Trust will continue to work with the HSCB/ PHA to develop and test models of care, which reduce reliance on inpatient and secondary care paediatric services. This includes the Programme Treatment Unit and Outpatient Antibiotic Therapy Service, which reduce reliance on inpatient services.</p> <p>Supplementary response</p> <p>The RBHSC has opened a Short Stay Medical and Surgical Assessment Unit. This is open on a 24/7 basis. During the summer months this will be reduced slightly due to predicted staffing levels.</p> <p>Access for primary care remains through the Emergency Department, as previously agreed with Commissioners. The Trust will continue to work with the HSCB/ PHA to develop and test models of care, which reduce reliance on inpatient and secondary care paediatric services. This includes the Programme Treatment Unit and Outpatient Antibiotic Therapy Service, which reduce reliance on inpatient services.</p>	<p>Women's Health Directorate</p>

Belfast Trust response to Commissioning Plan priorities

POC 2 Maternity & Child Health				
ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate	
R5.	<p>Effective arrangements should be in place to ensure children and young people receive age appropriate care and that the regional upper age limit for paediatric services of 16th birthday is implemented.</p>	<p>Trust responses should demonstrate how their paediatric services operate a minimum upper age limit of 16th birthday.</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>A project is ongoing within the Trust to review care of children in an age appropriate environment, led by Co- Director and Associate Medical Director.</p> <p style="color: green;">Supplementary response</p> <p style="color: green;">The Trust is fully committed to the development of an age appropriate environment for 14-16 year olds in hospital. A proposed timescale is April 2017 however this is dependent on the physical location being identified and revenue funding being made available.</p>	Specialist Hospitals and Women's Health Directorate
R6.	<p>Effective arrangements are in place to support multidisciplinary learning and service improvement through regular multidisciplinary morbidity and mortality review.</p>	<p>Trusts should evidence how they are taking forward Departmental direction to implement a child death review pilot which is based on multidisciplinary mortality review.</p>	<p>There is a system in place within the Directorate which ensures that all child deaths are recorded on the MMRS system and then reviewed and discussed at a MDT M&M meeting. One of the elements of the M&M meeting is to discuss any learning.</p>	Specialist Hospitals and Women's Health Directorate
BL1	<p>By 2020 there is expected to be a continued increase in complex births in the Belfast LCG/Trust area. The level of births, complicated by diabetes has increased to 5.2% of all pregnant women across NI and 15% of all pregnant women smoke across NI. Increasing pregnancies with high BMI levels also add to birth complexity. Children less than 16 years are predicted to grow by 8% increase in</p>	<p>The Trust response should demonstrate how the change in population need and demand for Maternity & Child Health services will be managed in 2016/17, to include specific arrangements:</p> <ol style="list-style-type: none"> 1. To address each of the regional Maternity and Child Health priorities as set out in section 5.3. 2. To deliver the required volumes of service activity for 2016/17. 	<p>In line with the Maternity and Child health priorities on Section 5.3 of Commissioning Plan 2016/17, the Trust will ensure that we will actively review services as required to address changing patient demographics and need, within existing funding. We will also seek additional funding to improve on service delivery, in light of changing demand.</p> <p>The Trust has already submitted a business case in relation to increased demand for</p>	Specialist Hospitals and Women's Health Directorate

Belfast Trust response to Commissioning Plan priorities

POC 2 Maternity & Child Health

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
<p>the Belfast LCG / Trust area. These population changes and complexities will impact on the demand for Maternity & Child Health services.</p>		<p>complex social need provision in maternity services and this includes teenage pregnancies.</p> <p>Maternity Services are continuing to implement the DHSSPS Maternity Strategy, PHA guidelines and Trust Action Plan normalising child birth by:</p> <ul style="list-style-type: none"> - Continuing to reduce the number of caesarean sections and increase the percentage of births without medical intervention by March 2017. - Ensure an increase in normal births after a caesarean section with the aim to maintain a minimum of 20% by March 2017. - Increase uptake of mid- wife led antenatal care across the maternity service by March 2017. <p>Maternity Services will continue to work with commissioners to implement the required Neonatal nursing support for the refurbished interim unit to support the opening of all commissioned neonatal cots by March 2017.</p> <p>Health Visiting Service will continue to deliver the HCHF programme to all children 0-4yrs within the BHSCT. There are ongoing discussions with PHA and at a regional level in</p>	

Belfast Trust response to Commissioning Plan priorities

POC 2 Maternity & Child Health

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate									
			<p>respect of full service delivery.</p> <p>The service hopes to achieve 50% of 3year contacts within the nursery placement as part of EITP.</p> <p>The appointment of an Infant Feeding Co-ordinator under HV service is to implement the standards of UNICEF Baby Friendly status.</p> <p>The Trust will need to discuss the proposed volumes, set out below, further with the Commissioner. HSCB proposes to provide the following volume of service during 2016/17:</p> <table border="1"> <thead> <tr> <th>Currency</th> <th>Opening SBA 16/17</th> <th>Proposed Delivery 16/17</th> </tr> </thead> <tbody> <tr> <td>Obstetrics (Births)</td> <td>6,931</td> <td></td> </tr> <tr> <td>Health Visiting (Contacts)</td> <td>43,886</td> <td></td> </tr> </tbody> </table>	Currency	Opening SBA 16/17	Proposed Delivery 16/17	Obstetrics (Births)	6,931		Health Visiting (Contacts)	43,886		
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Belfast Trust response to Commissioning Plan priorities

POC 3 Family and Childcare

	ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
R1	Effective arrangements should be in place to appropriately manage the increasing number of children with complex health care needs and challenging behaviour.	Trusts should demonstrate how service provision will meet the needs of children with complex health care needs and challenging behaviour.	<p>Children with complex health care needs are appropriately managed in the community, school and home setting on a child specific basis by the community children's nursing team. Challenging behaviour is not associated with this cohort of children. This is the remit of the children with a disability social work team.</p> <p>Supplementary response</p> <p>CWD (Children with Disabilities Service) has partnered with Fostering Service to develop specialist shared care fostering services for children with complex needs. To date, 3 carers have been identified for assessment. This will increase to 6 carers.</p> <p>The Trust continues to develop Children's Therapeutic Services and currently has a Consultant Clinical Psychologist, specialised Behavioural Specialist, Behavioural Specialists x 2 and SLT in post. They are in the process of recruiting a Therapeutic Intervention Co-ordinator, Behavioural Support Workers and an Occupational Therapist.</p> <p>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 behaviours.</p>	Children's Community Services Directorate

Belfast Trust response to Commissioning Plan priorities

POC 3 Family and Childcare

	ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate												
			The Trust has also invested in Positive Behaviour Support awareness training for all CWD staff and has recruited and trained 10 coaches to work across services. They are in the process of organising a conference with BILD which will include specific workshops for families of children with challenging behaviour.													
R2	Effective arrangements should be in place to appropriately manage the increasing number of Looked After Children (LAC) entering the system.	<p>Trusts 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 removal is required in order to safeguard the child/young person; • 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. 	<p>The Trust will need to discuss the proposed volumes, set out below, further with the Commissioner. HSCB proposes to provide the following volume of service during 2016/17:</p> <table border="1" style="margin-left: 20px;"> <thead> <tr> <th>Currency</th> <th>Opening SBA 16/17</th> <th>Proposed Delivery 16/17</th> </tr> </thead> <tbody> <tr> <td>Residential Care</td> <td style="text-align: center;">194</td> <td></td> </tr> <tr> <td>Foster Care</td> <td style="text-align: center;">2,189</td> <td></td> </tr> <tr> <td>Other (placed at home, specialist facility etc.)</td> <td style="text-align: center;">493</td> <td></td> </tr> </tbody> </table> <p>The Service area Resource Panel acts as an effective mechanism to ensure children come into care where they will be kept safe and long term outcomes improved.</p> <p>Initiatives in development include:- the Disability front line scheme which will increase number of placements for children with disabilities and these will be provided by</p>	Currency	Opening SBA 16/17	Proposed Delivery 16/17	Residential Care	194		Foster Care	2,189		Other (placed at home, specialist facility etc.)	493		Children's Community Services Directorate
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Belfast Trust response to Commissioning Plan priorities

POC 3 Family and Childcare

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
		<ul style="list-style-type: none"> required volumes of service activity for 2016/17 will be delivered. 	<p>specialist foster carers recruited and assessed for this scheme; a specific annual recruitment campaign to increase the number of placements for children requiring permanence via long term fostering.</p> <p>Continuing development of the specialist adolescent scheme which provides foster placements for young people 12+ and is key to prevent unplanned admission into residential care</p> <p>PACS is operational as BHSCT intensive edge of care intervention and this includes PACS foster carers available to provide "time out" for young people and families in crisis in the community.</p> <p>Identified Social Work support is available to young 2016/17 year olds who become homeless and every effort is made to secure a return to family.</p>	
R3	Effective arrangements should be in place to meet the ever increasing demand for Autism Services to include the creation of an integrated care system for Children, Young People with Developmental, Emotional and Mental Health services.	Trusts should demonstrate plans to address autism waiting lists in line with Autism Access Standard and support the development of an integrated service model to include assessment, early intervention, diagnostic and transitional services.	The Trust is in discussions with the HSCB with regards to an Action Plan to address the waiting lists. The Trust is moving forward with the establishment of an Early Intervention Service which will include a Single Point of Triage for children presenting with developmental and behavioural challenges. CAMHS are currently partners in this work, whilst not fully integrated in the delivery. The trust will be working with the HSCB in the implementation of a proposed new model for	Adult PSC Directorate

Belfast Trust response to Commissioning Plan priorities

POC 3 Family and Childcare

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
			Children and Young People presenting with Developmental, Behavioural, Emotional and Mental Health needs. This model is to be presented and discussed in a regional forum.	
R4	Effective arrangements should be in place to establish a 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.	Trusts should demonstrate plans to establish 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 is currently leading the Regional CAMHS partnership Board and will be part of the establishment of the managed care Network and the on-going governance of the CAMHS Acute Services.</p> <p>The trust is also involved in the development of the CAMHS care pathway and the revision of the stepped care threshold criteria as part of the stepped care action plan.</p>	Adult PSC Directorate
R5	Effective arrangements should be in place to prevent the increasing threat of Child Sexual Exploitation (CSE) as identified by the Marshall Inquiry.	Trusts should outline their reporting arrangements to the HSCB in relation to the regional action plan.	<p>BHSCT has a database of information in relation to all young people known to the Trust who are at risk of CSE. Information from this is fed back to the HSCB. In addition, the HSCB requires the Trust to report back in relation to young people missing from care / home x 3 times. This requires the Trust to report in relation to steps taken to address the concerns / risks and clarify the support provided to address same.</p> <p>The Trust is represented on the Marshall implementation group and takes forward any actions emanating from that working group. The Trust is also represented on the Social Services Operational Group for CSE, chaired by HSCB and participates in any actions</p>	Children's Community Services Directorate

Belfast Trust response to Commissioning Plan priorities

POC 3 Family and Childcare

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
		<p>coming out of that.</p> <p>The Trust lead for CSE is co-located with PSNI, issues coming out of that are reported back to the HSCB via the regional CSE team meetings chaired by Sheila Simons.</p>	
R6	<p>Effective arrangements should be in place to safeguard children and promote their welfare in line with Co-operating to Safeguard Children (2016).</p> <p>Trusts 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>The BHSCT Gateway Service thresholds all new child care / child protection referrals to determine the need for either an Article 17 or Article 66 response in order to safeguard a child(ren). The Service ensures that families and children who are involved in Initial Assessments have their needs met either via signposting to Tier 2 Services, transferred for progression for Family Support or Child Protection Pathway Assessment / Plans. Effectiveness of intervention is subject to robust measures, including staff supervision, audits. The Service is currently reviewing how best to progress service user engagement as a means of measuring outcomes.</p> <p>The Trust's Annual DSF and six-monthly Corporate Parenting reports provide an overview of the performance and assurance processes underpinning the discharge of its delegated statutory functions including those pertaining to safeguarding. The Trust's GAIN and ad hoc audit processes afford opportunities to review and assure the quality and outcomes of safeguarding service delivery. Learning from the audits</p>	Children's Community Services Directorate

Belfast Trust response to Commissioning Plan priorities

POC 3 Family and Childcare				
	ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
			informs action planning	
R7	Effective arrangements should be in place to appropriately manage the increasing number of unplanned/emergency placements where children are known to a Trust.	Trusts 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>Processes are in place to ensure Family Group conferences and all family arrangements are considered at the point of admission into stranger foster care</p> <p>The BHSCT Resource Panel and Permanence Panel are also mechanisms to ensure planned admissions into care, and if children are admitted to care, plans for Permanence are made in timely manner.</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, adolescent, kinship, short term and long term placements/carers.</p>	Children's Community Services Directorate
R8	Effective arrangements should be in place to appropriately manage the increasing demand for CAMHs and to improve the interface between acute and community CAMHs teams including working arrangements with secure care and the regional Youth Justice Centre.	Trusts should demonstrate how placements will be provided and ensure the implementation of the regionally agreed CAMHS Integrated Care Pathway by October 2016.	The Belfast Trust is likely to take responsibility for the provision of mental health and well-being services in Woodlands within the next 6 months. The Trust has also recently taken responsibility for CAHMS forensic psychiatry and will ensure appropriate arrangements are in place to meet the objective.	Adult PSC Directorate
R9	Effective arrangements should be in place to ensure a seamless care pathway for LAC which promotes stability and permanency for children.	Trusts should demonstrate how the number of placement moves will be minimised as per the Placement Services – Strategic Direction Paper.	Support to foster placements is crucial to ensure placements are sustained to provide stability for Looked After Children. This support is provided by fostering and fieldwork social work staff and the Trust's Therapeutic Support Service. There are occasions however, when children are	Children's Community Services Directorate

Belfast Trust response to Commissioning Plan priorities

POC 3 Family and Childcare

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
			<p>required to move placement in keeping with their needs and the Care Plan.</p> <p>The Trust Care Pathways Review has resulted in a new pathway to ensure greater consistency of Social Work Involvement and oversight to assist with meeting this objective.</p>	
R10	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, what is expected from parents in order for the child to return home and the anticipated duration of the placement.	Trusts 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.	<p>The LAC (Looked After Child) review process explicitly outlines what parents need to achieve for children to return home and the associated timescales in keeping with the children's needs. If considering a return home, the Trust ensures that due cognisance is given to the regulatory framework for the rehabilitation of children needs the Regulation and Guidance for placements with parents.</p> <p>Significant issues remain with Courts and GAL that prevent the discharge of Care Orders for Children and Home. The Trust are undertaking a project to highlight the same.</p>	Children's Community Services Directorate
R11	Effective arrangements should be in place to improve data collection in CAMHS services to capture need, demand activity, outcomes and service user experience.	<p>Trusts should demonstrate how they will use information to assess the effectiveness of CAMHS and evaluate outcomes, fully implement CAPA and ensure effective case management in line with NICE guidance.</p> <p>Trusts should demonstrate plans to strengthen NICE approved Psychological Therapies to include a skills analysis and workforce plan to identify gaps</p>	<p>The Belfast HSC Trust collates the CAMHS information to the CAMHS data set and uses this information to review capacity and demand.</p> <p>The Trust have partially implemented CAPA with the step 3 service and a working group is in place to develop this into step 2 service which sits with single point of entry.</p>	Adult PSC Directorate

Belfast Trust response to Commissioning Plan priorities

POC 3 Family and Childcare

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
		<p>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 (expected October 2016), will drive any required service improvements.</p>	<p>Care plans are in place for all cases that are in line with NICE guidance where applicable. A work force training analysis has been completed and the training plan is in place for the next 5 years.</p> <p>The Trust is part of the Sensemaker audit working group and will work in line with the regional action plan when the Sensemaker audit findings are available.</p>	
R12	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 carers, in keeping with the provisions and entitlements of GEM	Trust responses should demonstrate how recent investments will ensure equitable access by all young people in foster care to avail of GEM.	All young people who are Looked After are fully supported to remain in their Kinship or Non-Kinship Foster Placements post 18, if this is their Care Plan. There is full entitlement under the GEM Scheme, with equitable access to GEM, in line with a young person's wishes and the Foster Carers' agreement to maintain the placement	Children's Community Services Directorate

Belfast Trust response to Commissioning Plan priorities

POC 4 Care of the Elderly

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
R1	Effective arrangements should be in place to optimise recent demography funding to meet domiciliary care demand and wider demographic demand.	Trust responses should demonstrate plans to deliver the recent demography in investment to meet the needs of the aging population.	<p>The Trust's new enhanced Reablement service and the additional step down beds, both of which were put in place in 2015/16, aim to deal with demographic growth.</p> <p>Supplementary response</p> <p>The demography investment received this year has enabled the Trust's to enhance the capacity of its Reablement service and community rehabilitation service, facilitated the introduction of the single point of access, improved capacity in assessment and review functions, provided additional step down and Rehab beds, and weekend social work capacity, all of which were put in place to deal with demographic growth.</p> <p>However, the saturation of care Management resource and therefore available community care packages continues to lead to delays in the last stage of the system. In order to address this the service intends to undertake a review of all existing care managed and social work cases to ensure that these resources are being utilised as efficiently and effectively as possible. This exercise, which involves some cultural change will not happen overnight but is expected to release</p>	Adult PSC Directorate

Belfast Trust response to Commissioning Plan priorities				
POC 4 Care of the Elderly				
ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate	
		efficiencies to help balance demand with capacity		
R2	Effective arrangements should be in place to optimise capacity to meet the numbers of people aged over 65 and over 85 which are projected to increase by 12% and 22% by 2022 respectively.	Trust responses should demonstrate plans to actively promote a range of health ageing initiatives in areas such as promoting good nutrition, social inclusion and falls prevention.	<p>It is the primary role of the HSCB to conduct needs assessment of its current and projected populations. The BHSC has submitted a revenue business case to the HSCB to develop four community hubs in each sector of Belfast. These hubs will provide for the coordination and development of locally based healthy ageing, socially inclusive preventative services. The Trust is currently developing an integrated falls pathway for the Belfast area.</p> <p>Supplementary response</p> <p>The Trust has received funding. The Trust is currently in discussion with the HSCB regarding clarification of the status of current funding for the further development of an integrated Falls Pathway and further correspondence is on its way to the HSCB seeking this clarification. The Service has plans to recruit posts once this clarification is received.</p> <p>All Older people in receipt of services are screened using MUST assessment on Nutrition and followed up if required.</p>	Adult PSC Directorate

Belfast Trust response to Commissioning Plan priorities

POC 4 Care of the Elderly

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
R3	Effective arrangements should be in place to optimise capacity to meet the number of people with dementia which is projected to increase by 35% by 2025.	Trust responses should demonstrate plans to work within the regional strategic implementation arrangements to develop early intervention models and timely access to memory services.	The Trust has already established a single point of referral for memory services in Belfast and a community navigator role. The Trust has developed three dementia specific supported housing schemes with a fourth currently being built in West Belfast. These supported housing developments have been established in conjunction with the proactive development of dementia friendly community initiatives. The Trust is currently developing an accommodation needs assessment for Dementia.	Adult PSC Directorate
R4	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 already has implemented plans in regard to the Adult protection gateway model. An active process of planning is underway to ensure a more effective use of resources.	Adult PSC Directorate
R5	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.	Trust responses should demonstrate plans to examine the potential for progressing the tendering of services based on a more outcomes based approach to domiciliary care provision.	The Independent Sector remains the major provider of community based domiciliary services in the Trusts area. The Trust has gone out to tender for Independent domiciliary care services. This will help reshape the domiciliary care provision. The Trust is also continuing to develop Reablement models of domiciliary care to ensure individuals reach their maximum levels of independence. Supplementary response	Adult PSC Directorate

Belfast Trust response to Commissioning Plan priorities				
POC 4 Care of the Elderly				
ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
			The Trust is currently out to tender for domiciliary services with the intention of reducing the number of providers from 23 to 9 as well as reshaping the specification towards an outcome based approach. This will involve considerable cultural change across the system and will take time to evolve. This will help reshape the domiciliary care provision. The Trust is also continuing to develop Reablement models of domiciliary care to ensure individuals reach their maximum levels of independence. The Trust is also engaged in modernising its in house domiciliary service in order to maximise efficiencies.	
R6	Effective arrangements should be in place to support services for carers that can be developed to maintain individuals in their own home and address carers emotional and support needs.	Trust responses should demonstrate plans to expand and promote the availability of short breaks.	<p>The Trust has benefitted in recent years from receiving increased recurrent financial investment, specifically for the further development of Carer support. This has been used to expand and enhance a range of short break provision, which is highly valued by Carers.</p> <p>The Trust continues to review its services for carers on an ongoing basis and is currently completing a revision of its Carer Strategy and Action Plan, in line with regional policy and legislation. Following significant consultation with Carers linked to all service areas, and in partnership with representatives from the Trust Carers Reference Group, four key priorities, have</p>	Adult PSC Directorate

Belfast Trust response to Commissioning Plan priorities

POC 4 Care of the Elderly

	ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
			<p>been agreed as follows:</p> <ul style="list-style-type: none"> • Reaching Carers of all Ages; ensuring the identification of carers at the earliest opportunity; • Developing a Carer Support Pathway; ensuring carers are appropriately informed, signposted and referred for support; • Supporting Carer Health and Wellbeing; ensuring Carers have an opportunity to have their needs assessed, support plans developed and greater access to a range of services, including short breaks, which are responsive to individual needs; • Communication with and Involving Carers; ensuring that Carers have access to timely information and opportunity to be involved in service design and development. <p>It is envisaged that the strategy framework being developed, alongside greater investment in carer support, will ensure that Carers in Belfast are identified and supported to maintain their own health and wellbeing. This will deliver better outcomes, not only for the increasing numbers of Carers, who play a vital role in the provision of care, but also for those they care for.</p>	
R7	Effective arrangements should be in place to ensure the promotion of	Trust responses should demonstrate plans to actively engage with the regional project implementation arrangements to optimise	The Trust is fully engaged with the Regional project and has already submitted plans to	Adult PSC

Belfast Trust response to Commissioning Plan priorities

POC 4 Care of the Elderly

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
	personalisation through Self Directed Support to increase individual choice and facilitate responsive remodelling of service models.	opportunities for services tailored to user needs and include the training and development needs of staff.	the HSCB for their consideration.	Directorate
R8	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 will initiate a review of its day services and day opportunities involving Older People with a view to strengthening day servicers. This review will be subject to a public consultation.	Adult PSC Directorate
R9	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.	The Trust is fully engaged with its local ICPs and a significant range of initiatives have already been implemented including: Integrated falls pathway, COPD, acute care at home, diabetes and heart failure pathways. These initiatives will be further built upon to further strengthen our ability to maintain older people living in the community.	Adult PSC Directorate
R10	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 has fully implemented the Regional model of Reablement. Work is ongoing to achieve all of the outcomes. A full review was conducted in 2015/16 and new resources put in place to expand the reach of Reablement to ensure the majority of elderly patient's access the service. Supplementary response A significant element of delayed discharge	Adult PSC Directorate

Belfast Trust response to Commissioning Plan priorities			
POC 4 Care of the Elderly			
ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
		continues to be the lack of community capacity which has been creating an exit – block. The Trust is employing a number of strategies in an attempt to resolve this issue. The Trust is conducting a social work review of all cases, in order to manage patient flow out of hospital linked to levels of dependency. Domiciliary care remains a significant cost pressure within the Trust. The existence of delayed discharges across all transitional services attests to this and the service will want to have further discussions with the HSCB in respect of Demography funding.	
R11	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.	Trusts should remain engaged with the current reform of statutory residential care and review the most appropriate balance and focus of statutory/independent sector domiciliary care provision. The Trust carried out a full public consultation in 2009 about the future of its statutory residential homes. The outcome was that its statutory residential facilities were declared no longer fit for purpose and a decision to cease admissions was taken. This reflected the diversity of service development in line with older People’s wishes to remain at home. The Trust has significantly invested in the development of supported housing for older people with Dementia. The Trust now intends to review its statutory EMI homes as numbers of occupants decrease and their accommodation design is	Adult PSC Directorate

Belfast Trust response to Commissioning Plan priorities

POC 4**Care of the Elderly**

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
			seriously inadequate. In relation to domiciliary care, in-house services have been on a major reform journey in order to provide value for money and an effective modern model of domiciliary care. Domiciliary services will be the subject of procurement.	
R12	Effective arrangements should be in place to support the development of intermediate/step down care to relieve pressures on acute care and promote rehabilitation.	Trust responses should demonstrate review options for remodelling existing provision or negotiating options with the independent sector to increase availability of these services.	The Trust has developed a significant range of Integrated care services for individuals including Sub acute beds, community Reablement, step down assessment and rehabilitation beds. These are highly effective and reduce the need for significant ongoing services. However, the Intermediate care solution needs to be further resourced. Evidence from National Integrated care audits suggest that integrated services require to be increased by 50% in order to address the level of patients with complex need delayed in acute and sub-acute hospital beds. Supplementary response Integrated care is significantly under resourced both National and locally. There remains a need for significant investment in intermediate care and Chronic disease pathways which the Trust will wish to discuss further with the HSCB.	Adult PSC Directorate

Belfast Trust response to Commissioning Plan priorities

POC 4 Care of the Elderly

	ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
R13	Effective arrangements should be in place to provide a standardised model for the delivery of services to older people and individuals with Dementia.	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>The trust is currently represented on a number of group supporting the development of development of a regional step care model. This includes representation from a POA Consultant and a Senior Manage on the regional Dementia Collaborative, representation from a POA Consultation and Senior Dementia Nurse Specialist on the regional Stepped Care Model working Group and representation by the Senior Dementia Nurse Specialist on the Dementia Informatics working group.</p> <p>Supplementary response</p> <p>In relation to the wider older peoples service the Trust is currently developing health & well-being hubs in order to coordinate the C&V sector to provide level 1 services and to build capacity and resilience in the community. A number of the challenges faced are similar to the issues identified around access to dementia services, i.e. there is a need to develop service navigation posts for older people's services in general. However, the Trust is not confident that sufficient resource exists within the C&V sector to add resource to level 1 in a stepped care model and the Trust intends to carry out a scoping exercise over the next 12 to 18 months.</p>	Adult PSC Directorate

Belfast Trust response to Commissioning Plan priorities

POC 4 Care of the Elderly

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE			Directorate																		
BL1	By 2020 there is expected to be an 8% increase in the population aged over 75 years in the Belfast LCG/Trust population. This population change will impact on the demand for Care of the Elderly services.	<p>The Trust response should demonstrate how the change in population need and demand for Care of the Elderly services will be managed in 2016/17, to include specific arrangements:</p> <ol style="list-style-type: none"> 1. To address each of the regional Care of the Elderly priorities as set out in section 5.5. 2. To deliver the required volumes of service activity for 2016/17. 	<p>To follow</p> <p>The Trust will need to discuss the proposed volumes, set out below, further with the Commissioner. HSCB proposes to provide the following volume of service during 2016/17:</p> <table border="1"> <thead> <tr> <th>Currency</th> <th>Opening SBA 16/17</th> <th>Proposed Delivery 16/17</th> </tr> </thead> <tbody> <tr> <td>Domiciliary Care Hours</td> <td>2,084,222</td> <td></td> </tr> <tr> <td>Residential and Home Care Occupied bed days</td> <td>924,874</td> <td></td> </tr> <tr> <td>Community Nursing Contacts</td> <td>256,905</td> <td></td> </tr> <tr> <td>Acute Care at Home Bed days at Home</td> <td>12,644</td> <td></td> </tr> <tr> <td>Reablement Clients</td> <td>1,560</td> <td></td> </tr> </tbody> </table>			Currency	Opening SBA 16/17	Proposed Delivery 16/17	Domiciliary Care Hours	2,084,222		Residential and Home Care Occupied bed days	924,874		Community Nursing Contacts	256,905		Acute Care at Home Bed days at Home	12,644		Reablement Clients	1,560		Adult PSC Directorate
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Belfast Trust response to Commissioning Plan priorities				
POC 5 Mental Health				
ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
R1	Effective arrangements should be in place to manage the increased demand for psychological therapies.	Trust responses should demonstrate the particular actions to be taken in 2016/17 to further develop and implement Primary Care Talking Therapy Hubs in partnership with ICP leads.	<p>The Trust model has been adopted as the regional model. Primary Care Talking Therapy hubs have been fully implemented across the city of Belfast. The Trust is currently experiencing demand from service users and their GPs of 50% over agreed/ funded contracted levels.</p> <p>Supplementary response</p> <p>The Trust continues to review existing SLA's with the Community and Voluntary sector to veer resources to the hub to meet demand.</p>	Adult PSC Directorate
R2	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.	Trust responses should demonstrate how the range and scope of psychological therapies will be strengthened, including arrangements to ensure safe and effective case management.	<p>Over the past year the Trust has further developed resources and staff in areas such as IPT and IDP as well as ongoing supports in psychotherapy and CBT.</p> <p>The model of care for the new mental health inpatient unit is currently looking at the range of inpatient psychological therapies required to match the psychological/talking therapies now available in the community.</p> <p>Supplementary response</p> <p>The Trust has developed a "learning collective" with C&V sector partners in the Hub to expand the range of skills and knowledge including psychological therapies.</p>	Adult PSC Directorate

Belfast Trust response to Commissioning Plan priorities

POC 5 Mental Health				
ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate	
R3	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.	Trust responses should demonstrate what specific measures will be taken in 2016/17 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>The Trust is a member of the Regional group and will adopt and comply with and the Regional mental health Care Pathway.</p> <p>Supplementary response</p> <p>The Trust is a member of the Regional group and has piloted several key developments as part of this Regional process. It is worth restating that the Belfast Psychological talking therapy Hub model has been adopted as the Regional step 2 approach to care.</p>	Adult PSC Directorate
R4	Effective arrangements should be in place to improve the effectiveness of Crisis and Acute mental health interventions through the integration of Crisis Resolution, Home Treatment and Acute Inpatient Services and through the provision of modern therapeutically focused inpatient care to safeguard those people who are experiencing acute mental health needs	Trust responses should demonstrate plans to align and integrate their respective Crisis Home Treatment and Acute Inpatient Service into a single care service consistent with the development of a new regional High Intensity Care Pathway. Furthermore, Trust responses should outline plans to strengthen Acute Hospital Liaison Services in line with the principles of the RAID model.	<p>The Trust has already aligned these services under one management structure. The Trust is currently and consistently experiencing demand for these services 40 % over and above current contracted levels.</p> <p>The Trust has submitted a bid of £2.2.m to the HSCB in order to implement the RAID model. Current hospital mental health liaison services remain unfunded by the HSCB and cannot be further extended without further funding.</p> <p>Supplementary response</p> <p>The Trust has submitted a bid to the HSCB in order to implement the RAID model. Current hospital mental health liaison services remain unfunded by the HSCB and cannot be further extended without further funding.</p>	Adult PSC Directorate

Belfast Trust response to Commissioning Plan priorities				
POC 5 Mental Health				
ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
			In addition, demand for Acute Mental Health services remains unabated in Belfast with inpatient bed occupation at 110% which is consistent with significant pressure on unscheduled Care Mental Health services and well above commissioned service levels.	
R5	Effective arrangements should be in place to support the new Regional Mental Health Trauma Network arrangements to enhance services and integrate all existing mental health trauma care into a new single managed care network.	Trust responses should demonstrate plans to support and participate in the development and implementation of the Network in line with NICE guidance and to nominate two staff to undertake advanced Trauma Care training to facilitate the development of a dedicated psychological trauma clinical team.	<p>The Trust will continue to be party to discussions with the HSCB to develop the mental health Trauma network.</p> <p>Supplementary response</p> <p>The Trust is committed to supporting the network however it is important to note the current recruitment difficulties being experienced in community Mental Health Nursing. This has a negative effect on waiting lists and availability of backfill for posts relevant to training. Notwithstanding that difficulty the Trust has nominated 3 staff to undertake advanced trauma care training across CAMHS and AMH.</p>	Adult PSC Directorate
R6	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.	Trust responses should demonstrate how, building on the findings of the Sense Maker Audit, co-production across their mental health services will be strengthened, including the appointment of Lived Experience Consultant, Peer Support Workers and Peer Educators and Peer Advocates. Trust responses should also provide details of the next phase of recovery college development and	<p>The Belfast Trust currently employ peer advocates, peer support workers and a service user/ lived experience consultant and are working up a proposal for peer educators.</p> <p>The Recovery college is up and running and has been co providing and co delivering a range of programmes and courses.</p>	Adult PSC Directorate

Belfast Trust response to Commissioning Plan priorities			
POC 5 Mental Health			
ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
	demonstrate the actions to be taken to promote the role and influence of carers across mental health services.	<p>The case for the further development of the next stage of the Recovery College is currently being made across the mental health services in Belfast in order to achieve buy in and commitment to the transfer of some existing resource.</p> <p>Supplementary response</p> <p>The Belfast Trust currently employ peer advocates, peer support workers and a service user / lived experience consultant and are working up a proposal for peer educators.</p> <p>The Recovery college is up and running and has been co-providing and co-delivering a range of programmes and courses.</p> <p>The case for the further development of the next stage of the Recovery College is currently being made across the mental health services in Belfast in order to achieve buy in and commitment to the transfer of some existing resource. The next level would include securing a lease on a high street property/ offices, a coordinator and a further enhancement in the number of band 4 peer educators. However this places a significant burden on an already stretched resource to have to find a further £120k to take the Recovery model to the next level.</p>	

Belfast Trust response to Commissioning Plan priorities

POC 5 Mental Health				
ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate	
R7	Effective arrangements should be in place to develop condition / service specific care pathways in order to safeguard the physical wellbeing of people with mental health needs.	Trust responses should demonstrate how the recommendation of the RQIA Review into Eating Disorders will be implemented.	<p>The Trust will continue to be party to discussions with the HSCB to develop condition / service specific care pathways in order to safeguard the physical wellbeing of people with mental health needs. A revenue business case from BHSCT for physical monitoring in mental health services has been forwarded to the HSCB for its consideration. (this included a projection for needs of Eating Disorders service). The Trust awaits the HSCB response.</p> <p>Meanwhile REDNG has been tasked by DHSSPSNI (following a press release about local in patient unit for ED by Health Minister) to do a feasibility audit on current treatment needs in light of the fact there are no extra funds available.</p> <p>The Regional Eating Disorders Network Group (REDNG) has completed an Eating Disorder specific Care Pathway based on the overarching Regional Mental Health Care Pathway. All teams contributed to this and the expect this to be launched this year.</p>	Adult PSC Directorate
R8	Effective arrangements should be in place to ensure full implementation of the Choice and Partnership Framework in order to ensure the effective delivery of mental health and psychological care to patients.	Trust responses should demonstrate that the Choice and Partnership Framework has been fully implemented across all mental health services. Trust responses should also demonstrate that a full demand and capacity analysis has been completed in line with regional guidance and that each	<p>The Trust continues to develop the CAPA model across all community services.</p> <p>In line with developments further work is required to ensure everyone has an agreed job plan based on CAPA.</p>	Adult PSC Directorate

Belfast Trust response to Commissioning Plan priorities			
POC 5 Mental Health			
ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
	community mental health professional has an agreed job plan.	<p>Supplementary response</p> <p>There are currently 36 discrete services in Mental Health in BHSCT. We have undertaken a CAPA analysis in approximately 60 % of services.</p>	
R9	Effective arrangements should be in place to ensure that the workforce delivering mental health care is appropriately skilled.	<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>The Trust has completed a workforce plan (attached).</p> <p>In addition, the Trust achieved the Bronze award in its IIP assessment and assessors singled out the AS&PC Directorate for significant improvement in performance in aligning training to future objectives.</p> <p>Supplementary response</p> <p>There are many changes, within mental health Services, across the 36 discrete service areas that have been identified in the workforce plan and will take place during the next five years. These changes vary in terms of the scope and size of the project ranging from the completion of the new Inpatient Unit during 2017 to the reorganisation of the Court Diversion scheme. There are other changes which, the Service is confident will take place over the next five years, but clarity as to the direction of travel has still to be obtained. In some cases the outcome may identify a variation of an existing Service such as the Court Diversion Scheme, whilst for others the review may lead to the</p>	Adult PSC Directorate

Belfast Trust response to Commissioning Plan priorities				
POC 5 Mental Health				
ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
			introduction of a new Service such as a scheme for people with eating disorders. These projects are awaiting the outcome of reviews, both internal and external to the Trust. These will impact on the Services that are provided within the Service area.	
R10	Effective arrangements should be in place to provide evidence of the impact of 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.	<p>The Trust already employs outcome scales for all its inpatient mental health wards.</p> <p>Psychological therapy/ talking therapy hubs all use Core net to evaluate their services and capture service user experience.</p> <p>Mental health services have achieved a range of peer accreditations in its inpatient and community services.</p> <p>Everyone resettled from inpatient wards and those accessing supported living options are involved in betterment audits with peer advocate review of outcomes for people.</p> <p>Supplementary response</p> <p>The Trust would appreciate clarification from HSCB on the indicators that have been agreed in line with the HSCB led "You in Mind" service framework.</p>	Adult PSC Directorate
BL1	The population of Northern Ireland is 25% more likely to present with a mental health condition, than the rest of the United	The Trusts response should demonstrate how the change in population need and demand for Mental Health services will be managed in 2016/17, to	The Trust will continue to monitor the demand on all its mental health services on a month by month basis taking corrective action and alerting the HSCB to any	Adult PSC Directorate

Belfast Trust response to Commissioning Plan priorities																		
POC 5 Mental Health																		
ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate															
Kingdom. By 2020 there is expected to be a 1% year on year increase ¹ in prevalence within the Belfast LCG area. These population changes will impact on the demand for Mental Health services.	include specific arrangements: 1. To address each of the regional Mental Health priorities as set out in section 5.6 2. Deliver the proposed volumes of service activity for 2016/17	emerging pressure points. The Trust will need to discuss the proposed volumes, set out below, further with the Commissioner. HSCB proposes to provide the following volume of service during 2016/17: <table border="1"> <thead> <tr> <th>Currency</th> <th>Opening SBA 16/17</th> <th>Proposed Delivery 16/17</th> </tr> </thead> <tbody> <tr> <td>Hospital Occupied Bed days</td> <td>103,266</td> <td></td> </tr> <tr> <td>Residential and Nursing Home Occupied Bed days</td> <td>57,461</td> <td></td> </tr> <tr> <td>Domiciliary Care Hours Delivered</td> <td>96,592</td> <td></td> </tr> <tr> <td>Primary Care Talking Therapies Face to Face Contacts</td> <td>32,000</td> <td></td> </tr> </tbody> </table>	Currency	Opening SBA 16/17	Proposed Delivery 16/17	Hospital Occupied Bed days	103,266		Residential and Nursing Home Occupied Bed days	57,461		Domiciliary Care Hours Delivered	96,592		Primary Care Talking Therapies Face to Face Contacts	32,000		
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BL2 Effective arrangements should be in place to reduce the increasing number of people presenting to ED for Suicide and Self-Harm which are higher in Belfast area than the NI average.	The Trust response should demonstrate plans to address the cultural / lifestyle issues that may be contributing to self-harm / suicide with partner agencies.	The Trust recognises the multi-faceted and multi-layered reasons for suicide and self-harm in the City and continues to work with its partners through the BSP mental health & emotional well-being group. The Trust continues to take the lead in the management of the self-harm registry. The Trust is currently piloting the development of assertive outreach for high risk groups who	Adult PSC Directorate															

Belfast Trust response to Commissioning Plan priorities				
POC 5 Mental Health				
ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
			do not otherwise engage with services.	
BL3	Effective arrangements should be in place to provide appropriate supported housing options across the Belfast LCG/Trust area.	The Trust response should plan to review current supported housing schemes in line with the current NIHE review of Supporting People funding.	The Trust has already commenced a review of its current supported housing schemes in advance of the NIHE review in order to identify opportunities for efficiencies and to release resources to potential new schemes in the absence of additional supporting people revenue funding. However, this exercise should not be expected to produce anywhere near the amount of funding required to continue to implement the existing plans for the development of supported housing across the city. At the 1 st June 2016 the Mental health service had 52 service users who required community accommodation including supported housing. Forty percent are delayed in acute in patient Mental Health wards. At the same time the service is “exporting” between 20 and 30 Service Users each month to other Trust’s Acute In-Patient facilities because Trust MH inpatient beds are fully occupied. Without further supported housing development the pressure on our acute mental health inpatient wards will grow, and will result in further silting up of acute mental health wards. As a result of the announcement by the NIHE that there will be no additional SP funding the mental health service have 4 existing planned schemes, potentially providing 20 new tenancies which can no longer proceed.	Adult PSC Directorate

Belfast Trust response to Commissioning Plan priorities

POC 5 Mental Health				
ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate	
BL4	Effective arrangements should be in place to appropriately manage increasing occupancy rates related to increased length of stay in the Medium Secure (Shannon) Unit.	<p>The Trust's response should demonstrate plans to redesign the current service to assist the implementation of the Community Forensic Service. This is to help to address case complexity, the increase in demand, adult safeguarding and assertive outreach.</p>	<p>The Trust's community forensic team continues to provide its service across Belfast and has close liaison with Shannon clinic.</p> <p>It should be noted that occupancy rates and LOS in Shannon are significantly affected by the lack of availability of post discharge accommodation solutions.</p> <p>See BL3 above. The Trust submitted a revenue only application to NIHE in December 2014 to provide 6 units of accommodation in South Belfast for people to be discharged from Shannon. The NIHE have advised that there is no SP funding available to progress this scheme for which accommodation had already being secured. The Trust expects the scheme to be lost with no likelihood of future SP funding to assist.</p>	Adult PSC Directorate
BL5	Effective arrangements should be in place to appropriately manage bed occupancy rates within the Belfast which remain higher than the NI average.	The Trust response should demonstrate plans to ensure that inpatient bed requirement are in line with the approved Business Case for the Single Unit, including development of a High Intensity Care Pathway to align and integrate the Crisis Home Treatment and Acute Inpatient Service into a single care service	<p>The Trust has already aligned and integrated the Crisis Home treatment and Acute inpatient service into a single care service under one management structure.</p> <p>The Trust continues to experience significant challenges in operating within the existing number of inpatient beds often having to place patients in other Trust areas. Home treatment caseloads remain consistently above commissioned levels by 40%.</p>	Adult PSC Directorate

¹ Delegated Statutory Functions reports submitted by Trusts

Belfast Trust response to Commissioning Plan priorities				
POC 6 Learning Disability				
ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
R1	Effective arrangements should be in place to increase the number of individuals availing of community based Day Opportunities.	Trust responses should demonstrate what specific actions will be taken in 2016/17 to further develop partnership working with community / voluntary / independent sector organisations to meet the needs of individuals already in services or coming through transition.	<p>The Trust has developed comprehensive plans to further develop day opportunities and to shift “left” from day centre provision to day opportunities. However, following extensive consultation this will pose a significant challenge in terms of the expectations of service users, their carer’s and the public at large. Plans are in place with a broad range of providers in the community & voluntary sector who have potential expansion of their day service/opportunities provision available. This will require an investment shift from a buildings based approach which may in turn require the availability of bridging finance which the Trust will discuss with the HSCB.</p> <p>Supplementary response</p> <p>The Trust will have completed its review of all non-statutory day activity services by the end of September 2016, after which the Trust will be in a position to identify those C&V sector organisations that may have potential to expand. Subsequently the Trust will be involved in negotiating renewed contracts with the C&V sector using the funds allocated to the Trust by the HSCB. The Trust plans to establish a steering group involving the C&V sector and other stakeholders to take forward</p>	Adult PSC Directorate

Belfast Trust response to Commissioning Plan priorities				
POC 6 Learning Disability				
ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
			the Day Services strategy.	
R2	Effective arrangements should be in place to manage the increased demand on Day Centres for those individuals with complex physical and health care needs or behavior support needs.	Trust responses should demonstrate what measures are in place to ensure facilities are appropriately designed and meet the needs of individuals with complex needs.	<p>The Trust plans to develop a review of the skill set in day Centre's in line with action taken in other Trusts and to introduce a nurse to each service to assist and support the complex physical health needs of those attending. This will also address the delegated tasks and competency reviews of staff undertaking service user specific interventions. The Trust continues to afford significant priority to capital works associated with the modernization of existing ID day center's to meet the needs of the new demographic.</p> <p>Supplementary response</p> <p>The Trust plans to undertake a scoping exercise to review the skill set required to fully provide for the physical and health care needs of clients in Day care services, identifying gaps and formulating a plan to assist and support the complex physical health needs of those attending. This will also address the delegated tasks and competency reviews of staff undertaking service user specific interventions. The Trust continues to afford significant priority to capital works associated with the modernization of existing ID Day Centers to meet the needs of the new demographic. The Trust estates department has recently</p>	Adult PSC Directorate

Belfast Trust response to Commissioning Plan priorities				
POC 6 Learning Disability				
ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
			completed a condition report and recommendations in relation to all its Statutory Day Centres with a range of recommendations. No decisions have yet been taken and the recommendations will be taken back to the Steering group to agree priorities and establish action plans.	
R3	Effective arrangements should be in place to appropriately manage people with LD developing dementia and other conditions associated with old age including short breaks/respice which are varied and flexible in nature.	Trust responses should demonstrate how short breaks/respice will be extended outside of the traditional model in order to meet the needs of Families / Carer's including Dementia Memory Services and other appropriate services.	<p>The HSCB has provided short term funding for a year to provide short breaks for people with ID and dementia. The Trust is currently conducting a process of identifying individuals and families who could and would wish to avail of this support.</p> <p>The Trust intends to conduct a short break service review including the extension of more informal forms of respice. This will however be informed by future funding financial and strategic plans.</p> <p>The Trust has developed a service for the specialist assessment of people with Learning Disability and dementia. The Trust continues to take part in ID steering group on dementia and the internal dementia strategy implementation group.</p>	Adult PSC Directorate
R4	Effective arrangements should be in place to complete the resettlement of people from learning disability hospitals to appropriate places in the community.	Trust responses should demonstrate what processes are in place to complete the person centered resettlement of individuals from learning disability hospitals into the community, with appropriate long term support, in line with recent	The Trust has in place a dedicated care manager for the resettlement of Belfast Trust patients and Community Integration co-ordinator to link in with and liaise with all other Trusts with agreed processes in place	Adult PSC Directorate

Belfast Trust response to Commissioning Plan priorities				
POC 6 Learning Disability				
ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
		investments.	<p>to ensure the remaining PTL patients are resettled into the community with long term support.</p> <p>All of the remaining PTL patients for Belfast have an agreed plan in place with ongoing assessments continuing to ensure any change in the patient presentation and profile is managed in a timely manner to negate against further delays in their resettlement plans. It is anticipated that 4 Belfast PTL patients will remain in the hospital post March 2017 awaiting the new scheme at Dymphna House which is due for completion in June 2017. However there remains concerns regarding the selection process for the provider of this service has not been agreed by the NIHE as yet. The provider is required to be in place from January 2017 to ensure care planning for the resettlement of the remaining 4 complex patients is commenced as this will impact on the patients' ability to leave the hospital in June 2017.</p>	
R5	Effective arrangements should be in place to manage the demand from individuals living with carers, specifically older carers, for future housing needs.	Trust responses should demonstrate what plans are in place to address future housing needs of those in the community through community integration.	The Trust has further developed the number and range of supported Housing facilities for adults with intellectual disability in Belfast over the last three years in response to the Bamford recommendations and the need to complete the resettlement process. However ongoing plans to develop a range of supported housing specifically for adults with	Adult PSC Directorate

Belfast Trust response to Commissioning Plan priorities				
POC 6 Learning Disability				
ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
			<p>Learning Disability, Autism & complex need in response to demographic changes are now at serious risk of not proceeding as a result of the freezing of the Supporting People budget at 15/16 levels. These include plans for 9 units of accommodation for Autism & Challenging behaviour, 4 units in the extension of the Crescent service and 23 units of accommodation planned for young people with ID and highly complex needs at Abbey Road in Antrim. None of these schemes are now likely to proceed in a timely manner if at all, which will have significant impact on the Trust's ability to match the communities need for supported housing now and in the immediate future. The NIHE have indicated that the SP revenue for any new developments would have to be created through efficiency savings in existing schemes. The SP unit has also advised that it will be introducing tariffs and as a result will not be considering any future plans that intend to provide intensive supported housing. It is precisely this level of supported housing that is required in Belfast. Whilst the Trust has commenced looking for efficiency savings with its providers it is felt that the scale of resource required to manage demographic change and community demand is significantly greater than the most optimistic assessment of what efficiency might produce. In addition it is expected that Housing benefit will be capped in a similar</p>	

Belfast Trust response to Commissioning Plan priorities

POC 6 Learning Disability

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
			way currently being proposed in England. It is expected that this will have a particularly negative impact on available housing benefit revenue for intensively supported schemes. These are critical matters facing all community PoCs.	
R6	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.	<p>The Trust is currently reviewing admission and discharge protocols for the hospital to ensure that discharge planning commences at the point of admission to the hospital with an estimated date of discharge being identified in the first week of treatment.</p> <p>Process will be in place to ensure continued engagement of community professionals and care management to facilitate planning for discharge of complex individuals is commenced in a timely manner.</p> <p>Care and Treatment reviews will be undertaken on all admissions to the hospital with hospital and community teams to ensure that there is an understanding of the reason for admission, precipitating factors to the admission, what could have been done differently if any.</p> <p>Continued monitoring of those delayed to report on impact of availability of admission beds within the hospital.</p>	Adult PSC Directorate

Belfast Trust response to Commissioning Plan priorities				
POC 6 Learning Disability				
ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate	
R7	Effective arrangements should be in place to manage the increased demand for specialist services to respond to specific additional needs such as forensic services, behaviour support services etc.	Trust responses should demonstrate that specialist services are in place to meet the increased demand from individuals with complex needs in the community.	<p>The Trusts Intensive Behavioural Support Service is up and running. The Trust has commissioned 6 specialist practice nurse training to commence in September 2016 to address the growing needs for behavior nurse and forensic nurse specialists to meet growing demand for interventions and treatments.</p> <p>Hospital Inpatient forensic service will continue to provide tier 4 specialist inpatient service to the region and support the community teams developing the required infrastructure.</p> <p><i>Supplementary response</i></p> <p><i>The Trusts Intensive Behavioural Support Service is up and running. The Trust has commissioned 6 specialist practice nurse training to commence in September 2016 to address the growing needs for behavior nurse and forensic nurse specialists to meet growing demand for interventions and treatments. However, the Trust does not have the posts to employ these staff once trained and there remains a gap between demand and capacity.</i></p> <p><i>Hospital Inpatient forensic service will continue to provide tier 4 specialist inpatient service to the region and support the community teams developing the required infrastructure. Additional funding for the</i></p>	Adult PSC Directorate

Belfast Trust response to Commissioning Plan priorities							
POC 6 Learning Disability							
ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate			
			forensic service has been received and allocated in line with the Trusts proposals. However, the division of funding across the five Trusts has caused considerable difficulty in recruiting Forensic Psychiatry.				
R8	Effective arrangements should be in place to further enhance the current Learning Disability Service Framework including arrangements to provide an appropriate range and type of day opportunities for people with a learning disability transitioning from school.	Trusts should demonstrate plans to ensure that standards outlined within the LDSF Framework including the extension of the Transitions Planning Scheme.	<p>The Trust fully participates in the HSCB led Regional Framework. A senior management group monitors progress and achievement against the requirements and identify any additional Regional action required.</p> <p>Supplementary response</p> <p>The Trust has received the Standards but awaits the targets associated with the standards to be communicated.</p>	Adult PSC Directorate			
BL1	By 2020 there is expected to be a 2% increase in the total Belfast LCG/Trust population. Prevalence data estimates that people with a Learning disability make up 1% to 2% of the total population of Northern Ireland. These population changes will impact on the demand for Learning Disability services.	<p>The Trusts response should demonstrate how the change in population need and demand for Learning Disability services will be managed in 2016/17, to include specific arrangements:</p> <ol style="list-style-type: none"> To address each of the regional Learning Disability service priorities as set out in section 5.7. To deliver the proposed volumes of service activity for 2016/17. 	<p>The Trust continues to scope its population and in particular groups including Older carers, young people in transition, accommodation needs assessment, ID & Dementia, and physical health care needs. The Trust is giving greater focus on prevention and early support.</p> <p>The Trust will need to discuss the proposed volumes, set out below, further with the Commissioner. HSCB proposes to provide the following volume of service during 2016/17:</p> <table border="1"> <tr> <td>Currency</td> <td>Opening SBA</td> <td>Proposed Delivery</td> </tr> </table>	Currency	Opening SBA	Proposed Delivery	Adult PSC Directorate
Currency	Opening SBA	Proposed Delivery					

Belfast Trust response to Commissioning Plan priorities						
POC 6 Learning Disability						
ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE			Directorate
				16/17	16/17	
			Residential and Nursing Home Care occupied Bed days	111,071		
			Domiciliary Care Hours	251,557		

Belfast Trust response to Commissioning Plan priorities

POC 7

Physical Disability

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
R1	Effective arrangements should be in place to further develop services for the increasing number of people who are deaf-blind as a result of an ageing population.	Trust responses should demonstrate how existing services will be developed, awareness of the condition will be improved and appropriate staff training provided.	<p>The Belfast Trust was involved in the regional analysis on Deaf Blindness which was carried out in 2014.</p> <p>Following this Trust staff within the Physical and Sensory Disability and Older Peoples Services received training in Deaf/Blind awareness and assessing the needs of people who are Deaf/Blind provided by the SENSE organisation. SENSE is currently completing training with staff from the Learning Disability and Children's Disability Services.</p> <p>The Belfast Trust has a Sensory Support Team consisting of social workers and rehabilitation workers. It has a multi-disciplinary approach towards meeting the needs of service users with sensory loss.</p> <p>The Sensory Support Team carry out assessments of the needs of people who are Deaf/Blind referred to the team and will maintain a database of the number of Deaf/Blind people. The team currently has two members of staff training towards the Diploma in Deaf/Blind Studies and is in the process of recruiting a full time Deaf/Blind rehabilitation assistant worker to support the existing rehabilitation staff.</p>	Adult PSC Directorate
R2	Effective arrangements should be in place to manage the increased number of high cost packages due to increased life	Trust responses should demonstrate how domiciliary, equipment and staffing budgets will be targeted to provide appropriate service	The Physical & Sensory Disability Service Area is focusing on providing support to those with greatest need, endeavouring to support as many as possible to live at home. Systems	Adult PSC Directorate

Belfast Trust response to Commissioning Plan priorities

POC 7**Physical Disability**

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
	expectancy and an increased focus on supporting people at home.	responses for individuals with increased support needs.	<p>are in place to ensure timely discharge from hospital and community referrals.</p> <p>Supplementary response</p> <p>The service will continue to use the systems it has in place to prioritise assessments of need and waiting lists to manage the increasing numbers of complex cases while providing for all those requiring care. The Trust will also use the application of self-directed support including direct payments to help manage the increasing demand.</p>	
R3	Effective arrangements should be in place to ensure individuals are transitioned from Children's to Adult services in a timely manner.	Trust responses should outline clear protocols, processes and procedures to facilitate transition planning which includes inter programme coordination.	<p>Children and Adult services have arrangements in place to ensure the early ID of predicted future service needs of Deaf Blind children/YP. We are currently expanding existing Transition protocols to ensure that this population is adequately represented and supported. As they move through a potentially difficult time.</p> <p>Supplementary response</p> <p>Children and Adult services have arrangements in place to ensure the early identification of predicted future service needs of disabled children and young people. The Trust is currently expanding existing Transition protocols to ensure that this population is adequately represented and supported as they move through a potentially difficult time. Inter –</p>	Adult PSC Directorate

Belfast Trust response to Commissioning Plan priorities

POC 7**Physical Disability**

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
			programme coordination is being co-ordinated through a working group established and lead by the service manager for Disabled Children's services to continue to improve early identification of the future adult needs of disabled children and to ensure smooth and timely transition. This working group includes all the relevant adult service managers including nursing, social work, psychology and AHPs.	
R4	Effective arrangements should be in place to further enhance the current PDSI Strategy arrangements.	Trusts should demonstrate plans to support, participate and lead in maintaining coordinated strategic planning arrangements outlined within the PDSI Strategy.	The Physical & Sensory Disability Service Area is participating in the current PDSI Strategy. The Service Manager is Co-Chair of the Supporting Independent Living and Training work stream. An Assistant Service Manager is participating on the Regional Sensory Implementation Group.	Adult PSC Directorate
R5	Effective arrangements should be in place to ensure there are appropriate accommodation options for people with severe disabilities in the community.	Trust responses should demonstrate how it will work within the existing Supporting People arrangements to examine the potential for further accommodation options.	The Physical & Sensory Disability Service Area has plans in plans for increased supported housing accommodation in the community for individuals with complex needs. Funding constraints in Supporting People/NIHE budgets has delayed progress in community integration plans.	Adult PSC Directorate
R6	Effective arrangements should be in place to ensure service information and advice is accessible to all service users and that Trusts have a skilled and informed workforce.	Trust responses should demonstrate plans to ensure that all health and social care staff have access to disability, equality and human rights training and are trained to communicate appropriately with people who are blind or partially sighted.	Belfast Trust provides Equality training, which is mandatory for both staff and managers and must be refreshed every 5 years. We are in the process of creating an online Equality training package with regional colleagues. Disability Awareness and Human Rights Awareness training is also provided regularly and across Trust sites and bespoke, tailored training	Adult PSC Directorate / HR

Belfast Trust response to Commissioning Plan priorities				
POC 7 Physical Disability				
	ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
			sessions can be arranged for staff teams upon request.	
R7	Effective arrangements should be in place to ensure that people with a disability receive a personalised package of care.	Trust responses should outline plans to change the pattern of service allocation including the promotion of Self Directed Support.	The Physical & Sensory Disability Service Manager is the Trust operational lead for Self Directed Support. Trust structures, training and an Implementation Plan is in place to ensure the promotion of Self Directed Support.	Adult PSC Directorate
R8	Effective arrangements should be in place to ensure the appropriate provision of Day Opportunities.	Trust responses should demonstrate how it will partner with the Community and Voluntary Sector to develop alternatives to existing service provision.	Two Community Access Workers have been appointed by the Physical & Sensory Disability Service Area to further develop partnership working with community/voluntary/independent organisations to increase the number of individuals availing of day opportunities and are already exceeding targets.	Adult PSC Directorate
R9	Effective arrangements should be in place to ensure that wheelchairs and equipment, and the maintenance and repair of the same continue to be made available in line with demand.	Trust responses should consider the introduction of an access and eligibility criteria in order to ensure equitable allocation of equipment.	<p>The Regional Wheelchair Service process all equipment referrals received from Commissioning Trusts. There were 3,387 wheelchair deliveries in 2015-16 (completed episodes). 75% of these deliveries occurred within the 13 week target set by the Board (Clock Start: Date wheelchair prescription agreed and Clock Stop: Delivery to client).</p> <p>The Approved Repairer contract remains in place with regards to maintenance and repair of wheelchairs. Commissioning Trusts have eligibility criteria for equipment allocation.</p>	Adult PSC Directorate

Belfast Trust response to Commissioning Plan priorities

POC 7**Physical Disability**

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
R10	Effective arrangements should be in place to ensure that people with Neurological conditions are supported to live as independently as possible.	Trusts should demonstrate plans to review the needs of people with neurological conditions, particularly those with life limiting circumstances, ensuring equitable access to support.	<p>The Physical & Sensory Disability Service Area has responsibility for the Community Brain Injury Team and has been engaged in a service improvement initiative. The Trust has established a Working Group to take forward the recommendations of the RQIA Review of Brain Injury Services.</p> <p>Supplementary response</p> <p>The Physical and Sensory Disability Service Area has responsibility for the Community Brain Injury Team and community support to people with Huntington's and Motor Neurone disease. The Physical Disability team ensures seamless transition from inpatient facilities to the community. The Trust has also established a Working Group to take forward the recommendations of the RQIA Review of Brain Injury Services.</p>	Adult PSC Directorate
R11	Effective arrangements should be in place to ensure to provide appropriate communication support for people who are deaf.	Trusts should demonstrate plans to use transformation funds to provide appropriate services and support.	<p>Deaf and hard of hearing service users who require an interpreting service within the Belfast Trust area can access it via the HSCB contract who commission Action on Hearing Loss to deliver interpreting services. These include, BSL, ISL, Lip Speaking and Electronic Note Taking.</p> <p>At a regional level there are concerns of different procurement practices across Northern Ireland which results in inequity of service provision for deaf users. The Belfast</p>	Adult PSC Directorate

Belfast Trust response to Commissioning Plan priorities

POC 7 Physical Disability

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate						
			<p>Trust is represented on the Regional Sensory Implementation Group (RSIG) and has had input into a Communication Support Review. The review has finished scoping the current demand and costs for interpreting services in Northern Ireland and recommendations are currently out for public consultation. The Belfast Trust was involved in a consultation event held for service users on 29th June 2016 and is promoting awareness of the consultation through the Trust Sensory Support Team. Feedback from all stakeholders will influence a proposed future model of practice that will ensure equity provision, standards in practice and value for money.</p> <p>The Belfast Trust provides training in BSL level for social care staff annually to promote communication with deaf service users.</p>							
BL1	By 2020 there is expected to be a 2% increase in the total Belfast LCG/Trust population. Prevalence increases with age, from 5% among young adults to 67% among those who are 85+ years. These population changes will impact on the demand for Physical Disability services.	<p>The Trusts response should demonstrate how the change in population need and demand for Physical Disability services will be managed in 2016/17, to include specific arrangements:</p> <ol style="list-style-type: none"> To address each of the regional Learning Disability service priorities as set out in section 5.7. To deliver the proposed volumes of service activity for 2016/17. 	<p>Reference PoC6. The Trust will need to discuss the proposed volumes, set out below, further with the Commissioner. The HSCB proposes to provide the following volume of service during 2016/17:</p> <table border="1"> <thead> <tr> <th>Currency</th> <th>Opening SBA 16/17</th> <th>Proposed Delivery 16/17</th> </tr> </thead> <tbody> <tr> <td>Residential and Nursing Home Care occupied</td> <td>43,212</td> <td></td> </tr> </tbody> </table>	Currency	Opening SBA 16/17	Proposed Delivery 16/17	Residential and Nursing Home Care occupied	43,212		Adult PSC Directorate
Currency	Opening SBA 16/17	Proposed Delivery 16/17								
Residential and Nursing Home Care occupied	43,212									

Belfast Trust response to Commissioning Plan priorities					
POC 7 Physical Disability					
ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE		Directorate
			Bed days		
			Domiciliary Care Hours	353,971	

Belfast Trust response to Commissioning Plan priorities

POC 9 Family Practitioner Services

Local Family Practitioner Services

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate																								
BL1	<p>By 2020 there is expected to be a 2% increase in the total Belfast LCG/Trust population. The population of Belfast LCG have poorer life expectancy, higher mortality rates for Cancer, circulatory and respiratory diseases and higher incidence of suicide than other LCG areas.</p> <p>These population changes will impact on the demand for Primary Care and Adult Community services.</p>	<p>The Trusts response should demonstrate how the change in population need and demand for Primary Care and Adult Community services will be managed in 2016/17, to include specific arrangements:</p> <ol style="list-style-type: none"> To address each of the regional Primary Care & Adult Community service priorities as set out in section 5.9. To deliver the proposed volumes of service activity for 2016/17 	<p>To follow:</p> <p>The Trust will need to discuss the proposed volumes, set out below, further with the Commissioner. The HSCB proposes to provide the following volume of service during 2016/17:</p> <table border="1"> <thead> <tr> <th>Currency</th> <th>Opening SBA 16/17</th> <th>Proposed Delivery 16/17</th> </tr> </thead> <tbody> <tr> <td>Stroke Early Supported Discharge Clients</td> <td>260</td> <td></td> </tr> <tr> <td>COPD Home Oxygen Service New Assessments</td> <td>430</td> <td></td> </tr> <tr> <td>COPD Home Oxygen Service Review Assessments</td> <td>1,098</td> <td></td> </tr> <tr> <td>Falls Prevention</td> <td>2,520</td> <td></td> </tr> <tr> <td>Falls Strength and Balance Programmes</td> <td>208</td> <td></td> </tr> <tr> <td>Community Foot Protection</td> <td>60,000</td> <td></td> </tr> <tr> <td>Diabetes Shared Care</td> <td>252</td> <td></td> </tr> </tbody> </table>	Currency	Opening SBA 16/17	Proposed Delivery 16/17	Stroke Early Supported Discharge Clients	260		COPD Home Oxygen Service New Assessments	430		COPD Home Oxygen Service Review Assessments	1,098		Falls Prevention	2,520		Falls Strength and Balance Programmes	208		Community Foot Protection	60,000		Diabetes Shared Care	252		Adult PSC Directorate
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Belfast Trust response to Commissioning Plan priorities

POC 9 Family Practitioner Services

Local Family Practitioner Services

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
BL2	Effective arrangements should be in place to plan appropriate care for people at risk of hospital admission in the Belfast LCG/Trust area.	The Trusts response should outline plans to utilise senior community nurses to support GP Practices in the management of these patients in the Belfast LCG/Trust area.	Each of the 82 Practices across Belfast has an aligned District Nurse. Each senior nurse Lead from the Integrated care teams has established regular communication with G.Ps and their Practice managers to agree type and frequency of meetings and identify patients who have recurring complex needs and may benefit from earlier intervention . This involves regular multidisciplinary meeting. The Trust received investment from LCG in 2015 for band 5 staff to allow more time to provide holistic person centred care using appropriate evidence based documentation and risk assessment. The enhanced resource was to enable an increase in IV therapies delivered at home and increase the number of staff trained for Nurse Prescribing. A survey of all Practices is planned over the coming months to identify satisfaction levels of new communication arrangements. In 2015 an End of Life Care Workshop was held with General Practitioners and their aligned District nursing staff which was the first in a UK National Initiative to improve Primary Care Provision for patients nearing the end of their life .This was well attended and very positively evaluated	Adult PSC Directorate

Belfast Trust response to Commissioning Plan priorities

POC 9 Family Practitioner Services

Local Family Practitioner Services

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
			District Nurses have also worked collaboratively with NIAS to help prevent unnecessary hospital attendance and admission by accepting direct referrals for a range of conditions including Palliative patients .The Trust presented a Post Project Evaluation(PPE) to LCG in May 2016	
BL3	Effective arrangements and infrastructure should be in place to support an integrated model of care across the Belfast LCG / Trust area.	The Trusts response should outline how the Trust will work closely with ICPs to design and implement a fully integrated model of care which supports GP practices, including co-location, reconfiguration of services aligned to local need.	To follow	Adult PSC Directorate

Belfast Trust response to Commissioning Plan priorities				
POC 9 Family Practitioner Services				
Primary Care Infrastructure Development				
ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
R1	Effective arrangements should be in place to improve the quality of primary care facilities to meet all statutory standards	For Trust owned facilities, responses should demonstrate that facilities meet the minimum standards and provide adequate accommodation for services to be provided	<p>The Trust shall carry out a review of all accommodation employed in the delivery of primary Care. We then shall bid against General Capital for funding to address any deficiencies identified. This shall take place during 2016 /17.</p> <p>Supplementary response</p> <p>To date the Trust has identified those properties which are used to deliver primary care. The Trust is about to commence an appraisal of their condition and compliance with statutory Standards, this shall identify any deficiencies which may require Capital to address.</p>	Finance, Estates and Capital Planning and Redevelopment Directorate

Belfast Trust response to Commissioning Plan priorities				
POC 9 Family Practitioner Services				
Cancer Services				
	ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
R1	Effective arrangements should be in place to deliver cancer access times.	Trust responses should demonstrate plans to deliver all cancer access standards across all relevant services.	Reference Trust response to Cancer Access Waiting Times targets in Appendix 2, 4.12.	Surgery and Specialist Services Directorate
R2	Effective arrangements should be in place to provide enhanced access to radiotherapy services for patients through the delivery of a new radiotherapy centre at Altnagelvin.	Trust responses should demonstrate that plans are in place to ensure that the new radiotherapy service in Altnagelvin will be operational by November 2016 to provide high quality, sustainable services consistent with national standards.	Although this project is led by HSCB and WHSCT the BHSCT is part of a tripartite group planning the various project aspects e.g. workforce planning, pathway management etc.	n/a
R3	Effective arrangements should be in place to deliver the recently introduced Acute Oncology Service across NI in line with the agreed service model and to consider further development of the service to provide a more sustainable acute care service for patients across all Trusts.	Trust responses should demonstrate how acute oncology services will be provided in line with the agreed service model. Trust responses should also indicate how the acute oncology service will be developed to meet patient needs.	The Acute Oncology service was launched in BHSCT in May 2016, comprising 2 wte Clinical Nurse Specialists and 4 sessions of Consultant Oncology time. This service is based in the Royal Victoria Hospital, and offers advice and support to clinicians, staff and patients who present with an acute oncological complication due to treatment, disease progression or for patients with an unknown or presumed cancer diagnosis. The Service aims to streamline current pathways, developing safer, effective and timely management for oncology patients on the Royal site, strengthening communication links and structures to improve continuity of	Surgery and Specialist Services Directorate

Belfast Trust response to Commissioning Plan priorities				
POC 9 Family Practitioner Services				
Cancer Services				
	ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
			care.	
R4	Effective arrangements should be in place to improve the patient experience of cancer care services.	Trust responses should demonstrate how the key findings from the recent Cancer Patient Experience Survey will be addressed, in particular, the specific actions to be taken to: work more closely with primary care to improve early detection; improve access to patient information across the pathway; improve access to clinical nurse specialists; and, increase recruitment to clinical trials.	The Trust has established a new structure for cancer services to review and improve patient experience, involvement and support across tumour sites. This forum will take forward the cross cutting issues from the cancer patient experience survey such as improving access to patient information. Site specific teams will also review issues for their tumour site and put in place action plans. The clinical trials unit have established a group to review and act on the results of CPES. Finally, the Trust will plan GP education events in 2016 to improve education around early detection in primary care.	Surgery and Specialist Services Directorate
R5	Effective arrangements should be in place to expand the clinical nurse specialist (CNS) workforce in NI in line with national benchmarks, using a five-year phased approach.	Trust responses should demonstrate the particular actions to be taken in 2016/17 to expand the CNS workforce and, in doing so, how this will increase opportunities to modernise cancer care pathways and improve the patient experience of care.	The Trust has developed and agreed a CNS workforce plan in conjunction with HSCB and PHA and will recruit 8 new CNS posts in 2016/17. The Trust will look at new opportunities to transform care, follow up and improve patient experience once these posts are in place.	Surgery and Specialist Services Directorate
R6	Effective arrangements should be in place to implement a regional Teenagers and Young Adults (TYA) Cancer Service in NI.	Trust responses should demonstrate what measures will be put in place to offer age appropriate care to TYA patients with cancer consistent with the regional service model.	The Trust is working with HSCB and charitable partners to agree a model of care for TYA cancer services across NI, underpinned by recurrent charitable funding from the Teenage Cancer Trust and Friends of the Cancer Centre. The agreed regional service model will ensure	Surgery and Specialist Services Directorate

Belfast Trust response to Commissioning Plan priorities				
POC 9 Family Practitioner Services				
Cancer Services				
	ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
			age appropriate care is offered to TYA patients with cancer by the enhancement of Clinical Nurse Specialist roles, and the creation of new youth support roles and an MDT coordinator who will offer support and guidance to TYA within adult services and also provide a regional strategic input across NI.	
R7	Effective arrangements should be in place to address any issues arising from the peer review of cancer multidisciplinary teams to ensure the quality of cancer services can be sustained or, as needed, improved.	Trust responses should demonstrate that arrangements will be in place to take action to address matters highlighted by the peer review team, and that priority will be given to immediate and serious risks where these have been identified.	The Trust will develop an action plan in conjunction with HSCB and PHA to address the immediate risks and serious concerns arising from the peer review visits in June 2016.	Surgery and Specialist Services Directorate
R8	Effective arrangements should be in place to ensure timely access to chemotherapy.	Trust responses should demonstrate how chemotherapy services will be modernised in order to maximize current capacity and improve patient experience, with a particular focus on expanding non-medical prescribing.	The BHSCT continues to lobby HSCB colleagues for investment to support an expansion in non- medical prescribing roles and the Trust has completed scoping work to quantify the number of NMP roles the service would require. In addition, the BHSCT continues to work through implementation of the phlebotomy LES and would seek HSCB assistance in on-going communication with GPs regarding implementation. The creation of an Unscheduled care facility out-with Bridgewater Suite Day Hospital will assist to alleviate pressures on treatment capacity. The refurbishment of the BWS waiting area and introduction of patient text system should	Surgery and Specialist Services Directorate

Belfast Trust response to Commissioning Plan priorities				
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Cancer Services				
	ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
			streamline the patients' journey, improving communication and experience. In addition, the service is committed to the rationalisation of chemotherapy assessment clinics as a priority.	
R9	Effective arrangements should be in place to continue delivery of the Cancer Awareness Campaign in order to encourage people to seek medical advice at the earliest opportunity.	Trust responses should demonstrate plans to expand capacity to respond to potential increases in primary care referrals for patients with signs and symptoms suggestive of cancer.	The BHSCT will continue to work with Trust Health Improvement and PHA colleagues ahead of any cancer awareness campaigns to plan ahead for any service impact which may occur as a result of improved public awareness of signs / symptoms of cancer.	Surgery and Specialist Services Directorate

Belfast Trust response to Commissioning Plan priorities				
POC 9 Family Practitioner Services				
Long Term Conditions - Stroke				
	ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
R1	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	The Trust response 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 contracts with community and voluntary sector organisations which deliver programmes designed specifically around younger patients. The occupational therapists who work within the Trust's Community Stroke Team also deliver rehabilitation programmes which are tailored specifically to the needs and rehabilitation goals of each individual patient. They work with organisations which specialise in vocational rehabilitation, such as the Cedar Foundation, in order to support patients, young and older, for whom vocational rehabilitation is an achievable goal.	Adult PSC Directorate
R2	Effective arrangements should be in place to ensure that all stroke patients are admitted directly to a stroke unit in line with NICE guidance	The Trust response 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.	The Trust aims to ensure that all stroke patients are admitted to the Stroke Unit as their ward of first admission. However, this can be difficult to achieve in over 90% of admissions due to ED pressures. Supplementary response The Stroke Service works hard to discharge patients early in the day and use facilities such as the Discharge Lounge in order to free up	Adult PSC Directorate

Belfast Trust response to Commissioning Plan priorities				
POC 9 Family Practitioner Services				
Long Term Conditions - Stroke				
	ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
			beds early in the day into which stroke patients can be admitted. The recent investment received will consolidate the service's LoS. However, there are Trust processes within the wider hospital system which affect the service's ability to achieve this target and so a Working Group will be established with the Trust's Patient Flow Team in order to address these issues.	
R3	Effective arrangements should be in place to provide appropriate specialist spasticity services for stroke survivors.	The Trust response should outline plans to work with the regional stroke network to develop a regional pathway for the management of spasticity after stroke.	The Trust will work with HSCB and the Stroke Clinical Network to develop a post-stroke spasticity service.	Adult PSC Directorate
R4	Effective arrangements should be in place to provide thrombolysis with alteplase as a possible treatment of acute ischaemic stroke.	The Trust response should demonstrate initiatives to ensure at least 15% of acute ischemic stroke patients, attending each of its hospitals, receive thrombolysis and that patients who receive thrombolysis do so within 60 minutes of arrival.	It is not within the Trust's control to develop initiatives which ensure that 15% of acute ischemic stroke patients will receive thrombolysis. The percentage of patients which receive thrombolysis is determined largely by the speed with which patients present at ED. The Trust has robust protocols in place which aim to deliver a Door to Needle Time of within 60 minutes. The Trust aims to implement telemedicine for thrombolysis in 2016/17 which will further support the achievement of a Door to	Adult PSC Directorate

Belfast Trust response to Commissioning Plan priorities

POC 9 Family Practitioner Services

Long Term Conditions - Stroke

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
			<p>Needle Time of within 60 minutes.</p> <p>Supplementary response</p> <p>The Trust is achieving this target and will continue to work with NIAS and other stakeholders in order to continue to achieve it.</p> <p>The percentage of patients which receive thrombolysis is determined largely by the speed with which patients present at ED. The Trust has robust protocols in place which aim to deliver a Door to Needle Time of within 60 minutes. The Trust aims to implement telemedicine for thrombolysis in 2016/17 which will further support the achievement of a Door to Needle Time of within 60 minutes.</p>	
R5	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.	<p>Not within the stroke service's remit – this is a service delivered by INR colleagues within Imaging.</p> <p>Supplementary response</p> <p>An In Hours (n 9am to 5 pm) mechanical Thrombectomy service is in place; the Trust will continue to work with Commissioners to develop</p>	Adult PSC Directorate

Belfast Trust response to Commissioning Plan priorities			
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Long Term Conditions - Stroke			
ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
		this service.	
R6	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.	<p>The Trust response should demonstrate plans to provide ambulatory services for suspected high risk TIA patients seven days a week, in line with NICE guidance.</p> <p>The Trust is not in a position to provide weekend outpatient assessment for TIA patients. However, the expected investment in the Stroke Service's ESD service will allow for the enhancement of the current TIA service whereby GPs and OOH GPs can telephone a direct line for high risk TIAs, on a five day basis in the first instance, moving to a seven day service. The investment will also allow high risk patients to be assessed within 24 hours of an event and to begin appropriate treatment.</p> <p>Supplementary response</p> <p>The Trust is not currently in a position to provide weekend outpatient assessment for TIA patients. However, the investment received from for the Stroke Service's ESD service will allow for the enhancement of the current TIA service whereby GPs and OOH GPs can telephone a direct line for high risk TIAs, on a five-day basis in the first instance, moving to a seven-day service. The investment will also allow high risk patients to be assessed within 24 hours of an event and to begin appropriate treatment.</p>	Adult PSC Directorate

Belfast Trust response to Commissioning Plan priorities				
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Long Term Conditions - Stroke				
	ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
R7	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 over seven days a week, able to respond within 24 hours of discharge, and provide required levels of therapy in line with transformation fund or demography investments.	<p>The expected investment in the Stroke Service will allow the Trust to begin to offer ESD to appropriate patients on a seven day per week basis, responding within 24 hours of discharge and providing the appropriate level of rehabilitation therapy.</p> <p>Supplementary response</p> <p>The investment received by the Stroke Service from HSCB will allow the Trust to begin to offer ESD to appropriate patients on a seven day per week basis, responding within 24 hours of discharge and providing the appropriate level of rehabilitation therapy.</p>	Adult PSC Directorate

Belfast Trust response to Commissioning Plan priorities				
POC 9 Family Practitioner Services				
Long Term Conditions - Diabetes				
ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate	
R1	<p>Effective arrangements should be in place to expand</p> <ul style="list-style-type: none"> • the use of insulin pumps and consumables for adults and children with Type 1 diabetes • Consistent regional transition arrangements for children into adult services • consistent regional approach to the self-management and structured education programme 	<p>Trust responses should demonstrate plans to continue to work with commissioners to review uptake in line with NICE guidance.</p> <p>Additional resources will be made available in 16/17 from the Transformation fund.</p>	<p>Adults with Diabetes</p> <p>The following services are held.</p> <ul style="list-style-type: none"> • Consultant led insulin pump clinic weekly • Nurse led service 1-2 clinics per week, • daily helpline, • pre pump assessment clinic once a month • monthly transitional clinic and bi-monthly young person clinic • Structured education programmes provided for Type 1 patients monthly <p>Education programmes for Type 2 we provide 6 session per week across all of the Health and wellbeing Centres</p>	<p>Acute & Unscheduled Care Directorate</p>
R2	<p>Effective arrangements should be in place to reflect that current transition arrangements from paediatric to adult services can be associated with sub optimal care</p>	<p>Trust responses should demonstrate plans to ensure effective transition arrangements are in place including increasing the upper age limit for in-patients to 16 years</p>	<p>The Trust has effective transition arrangements in place as indicated in R1, above and the Education programme referenced in R8, below.</p>	<p>Acute & Unscheduled Care & Specialist Hospitals and Women's Health Directorate</p>

Belfast Trust response to Commissioning Plan priorities

POC 9 Family Practitioner Services

Long Term Conditions - Diabetes

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
R3	Effective arrangements should be in place for antenatal management and post-natal assessment of gestational diabetes.	Trust responses should demonstrate new models of care to be implemented in 2016/17 to manage the increase in numbers attending antenatal clinics/develop capacity in the post natal pathway.	From August 2016 there will be Gestational Diabetic patients seen at a Monday pm clinic and RJMS are going to advertise for a Band 7 Diabetic Specialist Midwife imminently.	Specialist Hospitals and Women's Health Directorate
			The Trust already has a weekly nurse-led clinic for post-natal assessment of gestational diabetes. We will review the demand and capacity to ensure that this is addressed.	Acute & Unscheduled Care Directorate
R4	Effective arrangements should be in place to implement the Diabetic Foot Care Pathway	Trust responses should demonstrate plans to initiate the regional pathway work in 2016/17 in partnership with the commissioner.	There are two components of the pathway the community (Foot Protection Team - FPT podiatrists only) and the second component the hospital team (multidisciplinary diabetic foot team MDfT consisting of vascular and orthopaedic surgeons Consultant Diabetologists, podiatrists, orthotists, tissue viability and liaises with the multidisciplinary diabetic team - DSN and dietetics). The Foot Protection team is in place and there are plans to establish the MDfT in partnership with the Commissioner.	Acute & Unscheduled Care Directorate

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POC 9 Family Practitioner Services

Long Term Conditions - Diabetes

	ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
R5	Effective arrangements should be in place to ensure the implementation of the recommendations of current reviews, e.g. inpatient audits, Thematic Review of Insulin	Trust responses should demonstrate plans to complete the baseline assessment of the NICE Clinical Guideline and plans for improvement, implement amended areas of practice, e.g. recommendations around Continuous Glucose Monitoring for Type 1 patients, use information from Near Patient Testing Trust responses should demonstrate plans to review their management of hypoglycaemia and hyperglycaemia in hospital in patient settings, including theatre. This should be linked in with Unscheduled Care Locality Network Groups in each Trust area.	The Trust MDT group devises in-patient protocols for management of hypoglycaemia and hyperglycaemia in hospital. The Trust MDT group has: adapted NICE guidelines in relation to Continuous Glucose monitoring; and provided guidance / indications for Glucose monitoring criteria based on the NICE guidelines for use by all Consultants and Specialist Nurses. This work is linked to the IMPact group within the Trust.	Acute & Unscheduled Care Directorate
R6	Effective arrangements should ensure a consistent regional integrated pathway between primary and secondary care	Trust responses should demonstrate a commitment to participate in a workshop over the Autumn of 2016, to design new models of care for diabetes that clearly describes the delivery of Trust services in the overall care pathway.	Following the DHSSPS workshop attended by Trust staff, work streams have been established by Belfast Integrated Care Partnerships (ICP's) at which the Trust Clinical lead attends for Diabetes and Specialist Nurses, Dieticians and Podiatry managers attend work streams.	Acute & Unscheduled Care Directorate

Belfast Trust response to Commissioning Plan priorities

POC 9 Family Practitioner Services

Long Term Conditions - Diabetes

	ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
R7	<p>Effective arrangements should be in place to enhance education of non-specialist health staff in diabetes through the use of competency frameworks, DNAV, WebEx or equivalent and Project ECHO.</p>	<p>Trust responses should demonstrate plans to ensure that educational resources are in place for all staff in hospitals to ensure:</p> <ul style="list-style-type: none"> • Safe use of insulin • Effective management of hypoglycaemia • Effective management of hyperglycaemia • Early detection of foot problems when they arise in hospital 	<p>Intranet education/ guidelines for Trust staff</p> <p>Specialist Nurse provides training at mandatory training days for nursing staff.</p> <p>Staff complete on-line training module for safe use of insulin for Medical staff.</p> <p>Specialist Nurse provides training for Medical students at QUB and in house.</p>	<p>Acute & Unscheduled Care Directorate</p>
R8	<p>Effective arrangements should be in place to expand</p> <ul style="list-style-type: none"> • the use of insulin pumps and consumables for adults and children with Type 1 diabetes • Consistent regional transition arrangements for children into adult services • consistent regional approach to the self-management and structured education programme 	<p>Trust responses should demonstrate plans to continue to work with commissioners to review uptake in line with NICE guidance.</p> <p>Additional resources will be made available in 16/17 from the Transformation fund.</p>	<p>Adult service currently has a waiting list for patients to commence insulin pump therapy.</p> <p>This is in part due to availability of pumps and staff to deliver the education, assessment and continuous care of these patients</p> <p>The Trust provides Education programmes for Type 1 & 2 patients. The Trust currently has a waiting list for access to these education programmes due to other service demands. However the service will seek solutions to address this demand.</p>	<p>Acute & Unscheduled Care & Specialist Hospitals and Women's Health Directorate</p>

Belfast Trust response to Commissioning Plan priorities

POC 9 Family Practitioner Services

Long Term Conditions - Respiratory

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
R1	Effective arrangements should be in place to ensure local health economies deliver appropriate integrated pathways for both Adults and Children across primary, community and secondary care.	Trust responses should demonstrate plans to use transformational funding to deliver: <ul style="list-style-type: none"> • Pathways for children with asthma, allergies and anaphylaxis • Adult asthma pathways • Timely access to diagnostics for patients with suspected asthma • The implementation of Home Oxygen Service. 	In relation to Paediatrics, there are defined asthma pathways across all secondary and community care. Allergies and anaphylaxis are being developed as new services.	Specialist Hospitals and Women's Health Directorate
			<p>The Trust is fully engaged with the Regional Development of the Adult Asthma Pathway chaired by Dr Cathy Jack and Dr Claire Butler will be the Trust lead for the proposed asthma audit across OOH, ED and secondary care.</p> <p>The diagnosis of patients with suspected asthma is made in primary care by GP colleagues. These patients can be referred if there is diagnostic uncertainty for additional lung function testing and a secondary care opinion if the diagnosis is unclear.</p> <p>The Home Oxygen Service is fully implemented across BHSCT</p>	Acute & Unscheduled Care Directorate
R2	Effective arrangements should be in place to deliver findings from the Respiratory baseline assessment.	Trust and NIAS responses should demonstrate that plans are in place to deliver: <ul style="list-style-type: none"> • Development of Trust area Respiratory Forum, including ICPs and primary care • Ambulatory oxygen therapy for patients 	In relation to Paediatrics, there is a funded service commencing 30 th June 2016, with dedicated pathways. There is also a nurse led clinic insitu at point of presentation, with access to pulmonary function lab as required. There is an established home oxygen service via the asthma/ allergy/ anaphylaxis services.	Specialist Hospitals and Women's Health Directorate

Belfast Trust response to Commissioning Plan priorities

POC 9 Family Practitioner Services

Long Term Conditions - Respiratory

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
	<p>continuing therapy outside the home</p> <ul style="list-style-type: none"> • Access to discharge bundle for patients with COPD • Access to pulmonary rehabilitation courses and maintenance classes • Patients with a history of RF given alert cards in the event of conveyance • Patients should receive appropriately controlled oxygen when transported in ambulances to prevent acute hypercapnic failure • Maintenance of current service standards and where applicable, meeting minimum standards as outlined in the baseline review 	<p>The Trust is in the process of setting up a Trust area Respiratory Forum with ICP and primary Care representation. There is already a Trust and ICP multidisciplinary group established</p> <p>Ambulatory Oxygen assessments are part of the overall HOSAR Service for oxygen use outside the home. This is reported back through the ICP in terms of performance.</p> <p>The COPD Discharge Bundle has been fully implemented for over a year with 1008 bundles completed in 2015</p> <p>There has been an increase in referral to pulmonary rehabilitation through the introduction of the bundle. Patients are then referred onto Health Wise or Chest Heart and Stroke for on-going exercise.</p> <p>Known patients with hypercapnic respiratory failure are given alert cards and the information relayed to NIAS</p>	<p>Acute & Unscheduled Care Directorate</p>
R3	<p>Trust responses should demonstrate a commitment to:</p> <ul style="list-style-type: none"> • nominate a clinical lead for ILD patients who will work closely with the regional 	<p>A Clinical lead or ILD patients will be nominated.</p> <p>When this is developed for palliative MND patients in the NI Hospice the Ventilation nurse specialist will be part of the team but Dr</p>	<p>Acute & Unscheduled Care Directorate</p>

Belfast Trust response to Commissioning Plan priorities

POC 9 Family Practitioner Services

Long Term Conditions - Respiratory

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
<ul style="list-style-type: none"> • Interstitial Lung Disease (ILD) • Non-Invasive Ventilation (NIV) • Obstructive Sleep Apnoea (OSA) • Bronchiectasis Services • Home Oxygen Services (HOSAR) 	<p>specialist ILD regional centre</p> <ul style="list-style-type: none"> • Belfast Trust to proceed with plans for one stop shop between neurology and respiratory services • Belfast Trust to reduce waiting list for sleep studies • All Trusts work with ICPs to develop community based services for bronchiectasis • All Trusts n end-to-end HOSAR service with an annual assessment service for every patient (i.e. existing not just new) in a local area – this is an invest-to-save scheme 	<p>Collette Donaghy is the Neurologist planning for this</p> <p>2 Consultants within an interest in sleep have been appointed. A plan will be developed.</p> <p>The ICP have funded 1 physiotherapist to provide a Bronchiectasis specific pulmonary rehab programme and review the more severe patients in their home. This has commenced.</p> <p>The HOSAR Service is reviewing all patients commenced on Oxygen therapy by Trust Services but there are approx. 348 patients unknown to the service and not referred to the team who have been historically commenced on oxygen therapy by Primary Care. Any savings realised through the HOSAR service do not come back into the Trust but will be with BSO who hold the Oxygen Contract</p>	

Belfast Trust response to Commissioning Plan priorities

POC 9 Family Practitioner Services

Long Term Conditions - Respiratory

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
R4	<p>Effective arrangements should be in place to:</p> <ul style="list-style-type: none"> • promote self-management, self-directed care and suitable training programmes for patients. • Provide access to psychological therapy and palliative care for all age groups. 	<p>Trust responses should demonstrate plans to deliver:</p> <ul style="list-style-type: none"> • COPD Self-management programmes / pulmonary rehabilitation • Spirometry training programme • In-house or onward referral care pathways 	<p>The BHSCT already delivers 5 consecutive pulmonary rehab programmes which include detailed self-management and we refer patients to the CHS self-management programme</p> <p>We have ARTP approved spirometry trainers within the Trust who provide spirometry training through the RCN programme for practice nurses.</p> <p>Our respiratory palliative care patients remain under the care of the community respiratory team who then refer to all services, such as district nursing, OT etc. who can contribute to the overall management plan.</p> <p>We have a clinical psychologist 1 wte employed and embedded into the community respiratory team.</p>	Acute & Unscheduled Care Directorate
R5	<p>Effective arrangements should be in place to support 7 day delivery of COPD community support.</p>	<p>Trust responses should demonstrate plans to deliver this model in full across 2016/17</p>	<p>There are 2 members of the community respiratory team (either 2 RNS or 1 RNS and 1 Respiratory Physiotherapist) on duty 9-5pm Saturday and Sunday and a full respiratory service Monday-Friday 9-7pm</p>	Acute & Unscheduled Care Directorate

Belfast Trust response to Commissioning Plan priorities

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Long Term Conditions - Pain Management

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
R1	Effective arrangements should be in place to enhance the skills and capacity and their capacity for integrated working.	<p>Trust responses should demonstrate plans to;</p> <ul style="list-style-type: none"> Contribute to and participate in staff education and training for improved and integrated bio psychosocial management of persistent pain patients. Contribute to the development and delivery of pain related public awareness campaigns and public awareness and other forms of information and education through the NI Pain Forum. 	<p>The Trust bimonthly governance meeting is focussed on education.</p> <p>Weekly MDT meetings are attended by all staff.</p> <p>The Trust provides undergraduate / post graduate medical education in long term pain management.</p> <p>Regional pain fellow participates actively in MDT and patient management.</p> <p>The Trust has specialist nurses in training posts.</p> <p>MDT attendance at Northern Ireland Pain Society Annual Study Day.</p> <p>Relevant members of the MDT attend the Regional Pain Forum.</p>	Acute & Unscheduled Care Directorate
R2	Effective arrangements should be in place to ensure patients have timely access to supported self-management options alongside a stepped care model.	<p>Trust responses should demonstrate plans for a range of self-management options in line with the NI Pain Forum's service specification and in collaboration with LCGs. Depending on local priorities, this may include:</p> <ul style="list-style-type: none"> reworking of existing contracts with voluntary providers of self-management programmes 	<p>Since 2013 the chronic pain service have been delivering an Information / education session to all new referrals with self-management as its theme. To date 3000+ patients have attended this session</p> <p>The pain management programme has recently been modernised to increase</p>	Acute & Unscheduled Care Directorate

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POC 9 Family Practitioner Services

Long Term Conditions - Respiratory

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
		and local support groups, <ul style="list-style-type: none"> reconfiguration of community and primary care services collaboration with other government agencies to booster condition management programmes 	capacity A portion of the bimonthly governance meeting is reserved for review of capacity	
R3	Effective arrangements should be in place to ensure regional and local prescribing guidelines are followed and supported through pharmacy led regular medication reviews.	Trust responses should demonstrate plans to optimise prescribing practice, reduce risk of side effects, misuse and addiction as well as reduce prescribing costs by supporting services in secondary, primary and community care.	The chronic pain service reviews the efficacy of the red listed drugs such as Nabilone and ketamine to ensuring optimum benefit from these drugs. There is monthly participation in the CD audits Departmental prescribing is in line with BHSCT formulary	Acute & Unscheduled Care Directorate
R4	Effective arrangements should be in place to ensure patients are managed along regionally agreed integrated pathways to improve outcomes and patient experience.	Trust responses should demonstrate plans to support ICPs in developing integrated patient pathways for painful conditions including MSK conditions, fibromyalgia, chronic fatigue syndrome, endometriosis and other long term surgical and medical conditions.	Pain Clinic Staff have attended regional pain forums.	Acute & Unscheduled Care Directorate
R5	Effective arrangements should be in place to ensure patients with persistent pain have equitable access to services.	Trust responses should demonstrate plans to develop referral pathways for pain management across inter-speciality based triage.	Effective patient triage has been recognised as a vital component of the pain service reorganisation We constantly review our referral criteria	Acute & Unscheduled Care Directorate

Belfast Trust response to Commissioning Plan priorities

POC 9 Family Practitioner Services

Long Term Conditions - Respiratory

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
R6	Effective arrangements should be in place to ensure patients are managed in line with evidence of effectiveness.	Trust responses should demonstrate plans to resource hospital based multidisciplinary teams so that patients can be followed up in an effective and timely manner, management plans can be developed, implemented and reviewed and only patients likely to benefit from interventional treatment receive it.	Following medication changes or interventions patients are reviewed by telephone by both medical and nursing staff resulting in patients being followed up in a timely and convenient way	Acute & Unscheduled Care Directorate
R7	Effective arrangements should be in place to ensure patients with persistent pain have equitable access to services regardless of where they live and which secondary care team they attend.	Trust responses should demonstrate formalised referral pathways for pain management requiring expertise available only regionally like endometriosis, complex regional pain syndrome and interventional treatments	The BSHCT has developed a Pain Management Pathway which directs patients into a non -interventional or interventional treatment pathway At all times there is the opportunity to discuss complex patients at MDT meetings	Acute & Unscheduled Care Directorate

Belfast Trust response to Commissioning Plan priorities

POC 9 Family Practitioner Services

Long Term Conditions - Palliative and End of Life Care

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
R1	Effective arrangements should be in place to provide enhanced access to radiotherapy services for patients through the delivery of a new radiotherapy centre at Altnagelvin.	Trust responses should demonstrate that plans are in place to ensure that the new radiotherapy service in Altnagelvin will be operational by November 2016 to provide high quality, sustainable services consistent with national standards.	<p>This objective is Western Trust only. There is collaboration in the commissioning of this Unit, however the required response relates to the timescale for opening of the Unit.</p> <p>Supplementary response</p> <p>Although this project is led by HSCB and WHSCT the BHSCT is part of a tripartite group planning the various project aspects e.g. workforce planning, pathway management etc</p>	N/A
R2	Effective arrangements should be in place to deliver the recently introduced Acute Oncology Service across NI in line with the agreed service model and to further develop the service to provide a more sustainable acute care service for patients across all Trusts.	Trust responses should demonstrate how acute oncology services will be provided in line with the agreed service model.	The Acute Oncology service was launched in BHSCT in May 2016, comprising 2 wte Clinical Nurse Specialists and 4 sessions of Consultant Oncology time. This service is based in the Royal Victoria Hospital, and offers advice and support to clinicians, staff and patients who present with an acute oncological complication due to treatment, disease progression or for patients with an unknown or presumed cancer diagnosis. The Service aims to streamline current pathways, developing safer, effective and timely management for oncology patients on the Royal site, strengthening communication links and structures to improve continuity of care.	Surgery and Specialist Services Directorate

R3	Effective arrangements should be in place to improve the patient experience of cancer care services.	Trust responses should demonstrate how the key findings from the recent Cancer Patient Experience Survey will be addressed, in particular, the specific actions to be taken to: work more closely with primary care to improve early detection; improve access to patient information across the pathway; improve access to clinical nurse specialists; and, increase recruitment to clinical trials.	The Trust has established a new structure for cancer services to review and improve patient experience, involvement and support across tumour sites. This forum will take forward the cross cutting issues from the cancer patient experience survey such as improving access to patient information. Site specific teams will also review issues for their tumour site and put in place action plans. The clinical trials unit have established a group to review and act on the results of CPES. Finally, the Trust will plan GP education events in 2016 to improve education around early detection in primary care.	Surgery and Specialist Services Directorate
R4	Effective arrangements should be in place to expand the clinical nurse specialist (CNS) workforce in NI in line with national benchmarks, using a five-year phased approach.	Trust responses should demonstrate the particular actions to be taken in 2016/17 to expand the CNS workforce and, in doing so, how this will increase opportunities to modernise cancer care pathways and improve the patient experience of care.	<p>The Trust has developed and agreed a CNS workforce plan in conjunction with HSCB and PHA and will recruit 8 new CNS posts in 2016/17. The Trust will look at new opportunities to transform care, follow up and improve patient experience once these posts are in place.</p> <p>Supplementary response</p> <p>The pain service has reengineered its processes at triage stage to ensure that the pathway into which the patient enters the service suits the condition which the patient is presenting with. The first contact with the service is through an education session which has proved useful in directing the patients to the non interventional or interventional pathways as appropriate.</p>	Surgery and Specialist Services Directorate

<p>R5</p>	<p>Improved arrangements for identifying patients in their last year of life will support timely needs assessment and lead to more effective advanced care planning for these patients.</p>	<p>Trusts in collaboration with the palliative care locality board, including ICPs, should set out the specific arrangements to be put in place during 2016/17 to increase the number of patients identified as being in their last year of life and to ensure that this information is communicated across the HSC system.</p>	<p>The Trust has its Palliative and End of Life Coordination System in place for a number of years which supports measurement of numbers of patients identified as well as other key data. The accompanying communication guidance helps to ensure this information is appropriately shared across settings with those supporting and caring for the individual.</p> <p>In continuing to increase the proportion of patients identified, the focus for this year remains providing awareness and training to relevant staff to encourage continuous use of ELCOS, prognostic indicators and the coordination system as well as of specific tools and processes such as named key worker and advance care planning.</p> <p>The ongoing training provided to staff on both general awareness and the practical aspects of identification and ELCOS has proved beneficial in increasing numbers and quality of care.</p> <p>Supplementary response</p> <p>The pain service has already developed alternative pathways for patients along 2 areas – non interventional (psychology, AHP services, pain management programmes, self help, education and relaxation) and interventional (theatre based interventions). The service will continually review how these operate but at the moment do not have the capacity to address all treatment needs. A capacity gap has been discussed with the HSCB but to date has not</p>	<p>Adult PSC Directorate</p>
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			been funded	
R6	The keyworker function needs to be embedded within Trust arrangements to support care planning processes, improve communication with patients and their carers and ensure continuity of care for patients and families in hospital, community and other care settings.	Trusts in collaboration with the palliative care locality boards, including ICPs, should set out the specific actions to be taken during 2016/17 to further embed the keyworker function across all aspects of patient care.	<p>The main key worker for palliative care is an integral part of the Trust's service improvement programme. There is clear guidance on the purpose, function and expectations of a main named key worker available to all staff alongside a quick reference guide. The requirement for a named key worker for palliative care at identification is embedded into various training.</p> <p>Further awareness sessions continue to be held across community settings to ensure that every patient identified (regardless of setting) is recorded appropriately on the coordination system and the named key worker appointed at this stage. Identified individuals remain on the district nursing caseload to ensure appropriate assessment and management throughout.</p>	Adult PSC Directorate
R7	Support arrangements for patients and families should be in place out of hours (in conjunction with the voluntary sector as appropriate).	Trusts in collaboration with the palliative care locality boards, including ICPs, should ensure that out of hours arrangements are in place for generalist palliative care 24 hours per days 7 days per week.	<p>Patients, their families and carers have access to 24/7 nursing care. Nursing care provided includes planned, crisis intervention and end of life palliative care as well as access to a responsive out of hours nursing. To ensure a seamless service is provided to palliative care patients over the 24 hour period the out of hours nursing teams and core services work closely together.</p> <p>The Trust's out of hours GP service works in collaboration with the 24 hour nursing teams to ensure palliative care patients and their family receive a responsive service that appropriately meets their needs in a timely fashion. The on call emergency duty social worker can be contacted by the OOH GP or nursing team if</p>	Adult PSC Directorate

			<p>there are urgent social care issues that need to be addressed.</p> <p>Marie Curie domiciliary staff and NI Hospice at Home overnight sits as part of normal service provision.</p>	
R8	<p>Effective arrangements should be in place to provide a range of specialist palliative care services.</p>	<p>Trusts in collaboration with the palliative care locality boards, including ICPs, should ensure that there is access to specialist palliative care services.</p>	<p>The multidisciplinary Community Oncology and Palliative Care (members of which either have specialist qualifications or extensive experience in palliative care) provides specialist advice and care to palliative patients with complex needs and also provides advice and training to community generalist staff.</p> <p>Additional resources have been requested to enhance the AHP service and for a Community Palliative Consultant post to support the specialist team and patients in their own home and in non-acute hospitals.</p> <p>NI Hospice In Patient Unit/On Call Practitioner can be contacted by the OOHs GP or nursing team for specialised advice and support.</p>	<p>Adult PSC Directorate</p>

Belfast Trust response to Commissioning Plan priorities				
POC 9 Family Practitioner Services				
Long Term Conditions - Specialist Services				
ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate	
R1	<p>Effective arrangements should be in place to address the growth in the number of patients accessing approved specialist drug therapies for a range of conditions.</p> <p>Each year there is growth in the number of patients receiving specialist drug therapies previously approved by NICE.</p>	Trusts 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 including rheumatoid arthritis, psoriasis, IBD, Hep-CMS, HIV, specialist ophthalmology and cancer conditions.	<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>	Surgery and Specialist Services Directorate
R2	Effective arrangements should be in place to develop the model for specialist neuromuscular services.	Belfast Trust response should demonstrate the agreed service model /pathways for adults and children (including transitional care) with specialist neuromuscular conditions incorporating baseline resources as well as more recent investment. The proposed model and implementation plan to be submitted by 30 June 2016	<p>The Trust will be in a position to implement the first 22q transition is clinic from 22nd April 2016 & as per the submitted plan.</p> <p>Age related screening as per published guidelines will be provided /arranged at this clinic along with formal psychiatric assessment.</p>	Surgery and Specialist Services Directorate
			<p>Plans are in place for the recruitment of the Adult Neuromuscular Consultant and Nurse. In the meantime the Trust will continue to source additional capacity from a provider in London supported by specialist AHP resource. A stakeholder meeting is being arranged for September 2016 to help shape the services</p>	Acute & Unscheduled Care Directorate
R3	Effective arrangements should be in place to continue to support the implementation of the NI Rare Disease Implementation	Belfast Trust response should demonstrate the implementation plan by 30 September 2016 to deliver the NI Rare Disease Implementation	<p>(NF1 and NF 2 patients)</p> <p>The anticipated programme of in-reach and</p>	Surgery and Specialist Services

Belfast Trust response to Commissioning Plan priorities

POC 9 Family Practitioner Services

Long Term Conditions - Specialist Services

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
	Plan through a programme of in-reach and networked services through formal alliances with tertiary and quaternary providers outside NI.	Plan.	<p>networked services through a formal alliance with Central Manchester Foundation Trust, the tertiary and quaternary NF1 and NF2 provider will not be deliverable in 2016/17.</p> <p>The Trust's current understanding is that the NF1 Consultant post is expected to be replaced at the start of 2017 so there may be movement towards the end of this year/start of next financial year.</p> <p>The second consultant who specialises in Neurofibromatosis type 2 (NF2), is not currently available to provide in-reach to Belfast but we are still able to refer over & Prof Evans is there and available to see BHSCCT patients.</p>	Directorate
R4	Effective arrangements should be in place to ensure access to genetic tests in line with UKGTN recommendations.	Belfast Trust should submit an IPT by 30 September 2016 to ensure timely access to UKGTN tests approved for 2016/17 net of baseline costs.	<p>An IPT will be presented to ensure timely access to new UKGTN tests approved in 2016/17 and also to address the on-going capacity and demand issues previously raised as cost pressures.</p> <p>Investment in IT Infrastructure and new genomic analysis technologies are required to facilitate modernisation of the service to ensure sustainable access to genetic testing in the future.</p>	Surgery and Specialist Services Directorate

Belfast Trust response to Commissioning Plan priorities

POC 9 Family Practitioner Services

Long Term Conditions - Specialist Services

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
R5	Effective arrangements should be in place to ensure access to new NICE TAs and other NICE recommended therapies approved during 2016/17.	Trust responses should demonstrate how they will deliver on the requirements of new NICE TAs in line with recent investment.	The corporate team coordinate dissemination of NICE guidelines and TAs to relevant Directorate colleagues, we 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.	Surgery and Specialist Services Acute & Unscheduled Care Specialist Hospitals & Women's Health Directorates
R6	Effective arrangements should be in place for the provision of Paediatric Congenital Cardiac Services in line with Ministerial decision on the establishment of an All-Island Network including: <ul style="list-style-type: none"> • SLAs, with specialist centres to provide a safe and robust service for children from NI during the implementation period for patients with paediatric cardiac conditions. • Improved antenatal detection rates of structural cardiac anomalies by issuing a standardising regional protocol for the cardiac scan and putting in place a training and audit programme for staff in this area. 	Belfast Trust should demonstrate how they will work with the HSCB to develop an IPT related to the elements of the Full Business Case for an All-Island Congenital Heart Disease Service specific to local developments in NI e.g. Paediatrician with Specialist Interest in Cardiology role, additional specialist nursing liaison support etc. Timelines for submission will be consistent with the requirements of the Departmentally Chaired, NI CHD Implementation Group. Trusts should ensure implementation of the regional scanning protocol, participate in the training and audit programme.	The Belfast Trust will work with the HSCB to develop an IPT related to the elements of the Full Business Case for an All-Island Congenital Heart Disease Service specific to local developments in NI e.g. Paediatrician with Specialist Interest in Cardiology role, additional specialist nursing liaison support etc. Timelines for submission will be consistent with the requirements of the Departmentally Chaired, NI CHD Implementation Group. There is already a fetal scan nurse in place in Royal Jubilee Maternity Hospital, who works in conjunction with the cardiologist on monitoring and detecting cardiac anomalies.	Specialist Hospitals and Women's Health Directorate

Belfast Trust response to Commissioning Plan priorities

POC 9 Family Practitioner Services

Long Term Conditions - Specialist Services

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
R7	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 service to be fully operational in 2017.	Belfast Trust response should (with input from the NI Critical Care Network) demonstrate that it will finalise the IPT for this development and submit a detailed project plan for staff recruitment/training by end of August 2016, with a view to opening in 2017.	<p>The Trust has developed a detailed project plan which will be submitted to the HSCB. Nursing posts have been processed and start dates range from August 2016 through to November 2016.</p> <p>The staff will commence in cohorts of approximately 10 to ensure effective induction and support in acquiring the full range of ICU/specialty skills.</p> <p>Band 3 posts have been recruited and staff will be in post by September 2016 with the band 3 education programme commencing and running for 6 months. Consultant posts are in the process of recruitment with the 4 ST3 posts being taken forward with the Critical care network. All other posts for PCSS and AHP roles are also in the recruitment process.</p>	Acute & Unscheduled Care Directorate
R8	Effective arrangements should be in place to ensure the development of weekend access to neuroradiology intervention for patients with subarachnoid haemorrhage, arising as a result of recommendations from the NCEPOD report 'Managing the Flow'.	Belfast Trust response should demonstrate that it will submit an IPT to achieve the NCEPOD recommendations with a project plan for establishment of the weekend access. Services expected to be in place by September 2016.	The Trust has received a revenue business case from the HSCB. This will be completed and the Trust will include a project plan for establishment of weekend access.	Acute & Unscheduled Care Directorate

Belfast Trust response to Commissioning Plan priorities

POC 9 Family Practitioner Services

Long Term Conditions - Specialist Services

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
<p>R9 Effective arrangements should be in place to ensure the further expansion of the NISTAR (NI Specialist Transport and Retrieval Service) for neonates, children and adults across NI and ROI. The service will ensure critical and supported clinical transports undertaken are managed consistently and to best effect. NISTAR will also work closely with the fixed wing Air Ambulance / Air Transfer provider.</p>	<p>Belfast Trust working with the NI Critical Care Network and the regionally established NISTAR group should bring forward proposals to identify phases of development for this service. This will include consultation with DGH and NIAS colleagues. The Belfast Trust should submit a final IPT by end of September 2016 with a view to services expanding on a phased basis from 1 December 2016.</p>	<p>The Belfast Trust are working with the NI Critical Care Network and the regionally established NISTAR group to bring forward proposals to identify phases of development for this service, including consultation with DGH and NIAS colleagues. The Belfast Trust will submit a final IPT by 1 October 2016 with a view to services expanding on a phased basis from 1 December 2016. This will provide a second tier transport service to cover Northern Ireland and the Republic of Ireland.</p>	<p>Specialist Hospitals and Women's Health Directorate</p>
<p>R10 Effective arrangements should be in place to improve access to specialist immunology services for adults and children through establishment of a tertiary referral arrangement.</p>	<p>Belfast Trust should submit proposals incorporating the operational arrangements to move this service to a tertiary referral service for adults and children and effect this change by 1 November 2016.</p>	<p>The Trust will submit proposals to the Commissioner outlining the necessary process to meet this objective.</p> <p><i>Supplementary response</i></p> <p><i>The Trust continues to work with the commissioner to develop the proposal for Immunology. The BHSCT is in the process of recruitment to develop capacity.</i></p>	<p>Surgery and Specialist Services Directorate</p>
<p>R11 Effective arrangements should be in place to improve access to specialist paediatric services through the establishment of regional networks.</p>	<p>Belfast Trust should submit by 31 July 2016, an IPT and associated action plan to provide centralised waiting lists and outreach services in respect of paed orthopaedics, paed gastroenterology, paediatric cardiology and paed surgery.</p>	<p>Revenue Business cases have been submitted for the outreach services and are awaiting approval of funding. It is hoped that the Revenue Business case for centralisation of paediatric waiting lists will be submitted by the end of June 2016.</p>	<p>Specialist Hospitals and Women's Health Directorate</p>

Belfast Trust response to Commissioning Plan priorities

POC 9 Family Practitioner Services

Long Term Conditions - Specialist Services

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
R12	Effective arrangements should be in place to ensure the introduction of cranial stereotactic radiotherapy in NI to reduce the need to send some patients for treatment in GB and provide more accessible service and plans to expand stereotactic ablative radiotherapy (SABR) to include the treatment of oligometastatic and oligo-progressive advanced cancer disease.	Belfast Cancer Centre should deliver a cranial stereotactic service to treat 50 patients with Cerebral Metastases in 2016/17 increasing to 65 patients in 2017/18. Belfast Trust will bring forward plans to extend SABR in the treatment of oligometastatic and oligo-progressive advanced cancer disease.	The Cancer Centre plans to treat its first patient with cranial stereotactic radiotherapy in October 2016, working towards 50 patients within the first twelve months. An IPT is in development for the use of SABR in the treatment of oligo-metastatic and oligo-progressive advanced cancer, although the Trust has not yet received a commissioner intent for this IPT.	Surgery and Specialist Services Directorate
R13	Effective arrangements should be in place to optimise drug efficiency savings.	Trust responses should demonstrate a co-ordinated approach to bringing forward proposals to maximise drug efficiency savings in line with key principles shared with Trusts during 2015/16.	The trust has a 2016/17 procurement plan in-situ to maximise medicines efficiency savings in line with the shared principles.	Surgery and Specialist Services Directorate
R14	Effective arrangements should be in place to optimise the use of specialist capacity through development of protocols to support timely discharge of patients in specialist acute beds.	Trust responses should demonstrate a schedule of specialist acute areas, with timelines, for review by 1 October 2016. Protocols will follow and will be available on a phased basis from 1 December 2016.	The Trust will work with the HSCB in relation to this area. This will include HSCB support for the implementation of repatriation protocols for patient from other Trust areas who are occupying regional specialist beds and can be transferred to local hospitals for on-going care and treatment.	Performance, Planning and Informatics Directorate
R15	Effective arrangements should be in place to appropriately manage the service demands associated with an increasing number of patients requiring specialist services.	The Trust 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 2016/17.	To follow The Trust will need to discuss the proposed volumes, set out below, further with the Commissioner. HSCB proposes to provide the following volume of service	Performance, Planning and Informatics Directorate

Belfast Trust response to Commissioning Plan priorities

POC 9 Family Practitioner Services

Long Term Conditions - Specialist Services

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE			Directorate
			during 2016/17:			
			Currency	Opening SBA 16/17	Proposed Delivery 16/17	
			Emergency FCEs Cardiology switch to procedural contract	8,920		
			Elective Contract	7,427		
			Daycase	10,027		
			New OP	48,873		
			Review OP	109,468		
			Other (Changes to SBA including cardiology procedural contract and specialist drugs and inject SBA volumes including Cardiology)	31,453		
			Beddays	23,744		

Belfast Trust response to Commissioning Plan priorities					
POC 9 Family Practitioner Services					
Long Term Conditions - Prisoner Services					
ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate	
R1	Effective arrangements should be in place to develop care pathways for prisoners with complex needs, both in and out of prison.	All Trusts should outline plans to develop care pathways for individuals with complex needs in Primary Care.	To follow	Performance, Planning and Informatics Directorate	

4.0 Resource Utilisation (see Appendix 4 of TDP guidance)

4.1 Financial Strategy

4.2 Workforce Strategy

4.3 Capital Investment Plan

5.0 Governance

6.0 Promoting Well-being, PPI and Patient Experience

4.0 Resource Utilisation

4.1 2016/17 Financial Plan

Executive Summary

The financial plan for the Belfast Trust was revised in early September 2016. The previous plan, included in the Trust's draft TDP at the end of July 2016, identified an anticipated year-end deficit of £7m. The Trust is now assuming a breakeven position for 2016/17.

The Trust began the 2016/17 financial year with an opening deficit of £62.5m which included:

- an underlying deficit of £16.2m brought forward from 2015/16 – DoH are well versed in the background to this figure which represents the amount the Belfast Trust feels it required to put itself on an equitable opening financial footing with other Trusts
- a recurrent gap against the Trust's 2015/16 savings target of £3.6m (£20.3m target versus £16.7m approved plan)
- a recurrent shortfall against the Trust's 2015/16 savings plan of £5m which was addressed non-recurrently in 2015/16
- a £37.7m gap between the indicative 2016/17 allocation and funding required in 2016/17 to cover increased national insurance (£14m), pay and price increases including social care uplifts (£21m), anticipated demographic pressures (£9m) and a number of other inescapable cost pressures

The £62.5 opening gap has been reduced on an in-year basis to £42m following a June monitoring allocation of £15.8m and a more recent allocation from HSCB towards cost pressures.

The Trust has undertaken a thorough, robust assessment of its total budget for 2016/17 and has explored all options for reducing expenditure. As a result, a range of cash-release savings, cost-avoidance measures and non-recurrent slippage/contingencies have been identified to achieve a breakeven position in 2016/17 without impacting on patient and client services. A summary of this plan is shown in table 4.1 below.

Table 4.1: Summary Financial Plan 2016/17

	£'m	£'m
Deficit carried forward from 2015/16		24.86
2016/17 income gap		37.66
Non-recurrent income from June monitoring		(15.80)
Non-recurrent income from HSCB September 2016		(4.74)
Opening deficit net of in-year HSCB income		41.98
Trust planned savings 2016/17	(16.25)	
Regional pharmacy 'boost' savings to be confirmed	(1.34)	
In-year slippage on service developments	(6.83)	
Productivity/cost avoidance savings	(3.50)	
Other non-recurrent measures	(14.06)	
Total savings/expenditure reductions		(41.98)
<i>Anticipated Surplus/(Deficit) 2016/17</i>		<i>0</i>

It is clear from the detail behind the financial plan in the following sections that breakeven has only been possible with the help of £43m of non-recurrent measures achieved through a combination of non-recurrent HSCB income (£20.5m including June monitoring monies of £15.8m), non-recurrent savings (£1.2m), one-off slippage on investments of £6.8m (including £3m resulting from delays in implementing new 2016/17 investment in relation to phase 2B critical care and critical care transport), and a significant level of one-off accounting adjustments (circa £14m) which will not be available next year. **The recurrent deficit moving into 2017/18 is therefore expected to be in the region of £43m.**

There are a number of key risks and assumptions associated with the current financial plan which are discussed in detail below.

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 2016/17. It sets out the strategic context and financial parameters within which the Trust is bound to operate for 2016/17. The income and expenditure positions are summarised and key areas of risk are highlighted.

The approach to financial planning for 2016/17 was set out in the Permanent Secretary's letter to HSCB dated 14 October 2015. In that letter the Permanent

Secretary asked HSCB to provide indicative income allocations to Trusts on the basis of prioritised population needs. Trusts were asked to review their total baseline budgets and develop savings plans to address any gap between anticipated spend for 2016/17 and the indicative income allocations.

A draft commissioning plan was provided by HSCB and the Board issued a draft Revenue Resource Limit (RRL) for 2016/17 which has been used as the basis of the Trust's income budget in its 2016/17 financial plan. The TDP financial plan builds on previous drafts shared with DoH and HSCB on 12 January 2016 and 9 May 2016 which provide more detailed information on the opening position, cost pressures and evaluation of potential savings. The current financial plan has been amended to reflect additional non-recurrent funding allocated through the June monitoring process.

In the financial plan, the recurrent opening deficit for 2016/17 and in-year position are identified, along with a review of planned efficiency, productivity and other cash savings.

A range of assumptions have been made in relation to both HSCB and other income and the Trust will work with its commissioners over the next few months to confirm those assumptions.

Financial Context for 2016/17

The Trust's financial plan for 2016/17 is set firmly within the context of the Department's overall HSC financial plan and the financial section of the HSCB's draft commissioning plan.

Despite the significant financial challenges facing the HSC, Trusts are expected to produce balanced financial plans for 2016/17. Given the scale of the Belfast Trust's brought forward deficit from 2015/16 and the gap between new income needed in 2016/17 to meet national insurance, pay and price and cost pressure requirements and the amount allocated, it is clear that financial balance could not be achieved through efficiency savings alone. A significant element of the opening gap will therefore be addressed on an in-year basis only through non-recurrent measures.

In developing the Trust's financial plan, we have undertaken a review of all expenditure, taking into account any comments or recommendations highlighted by DoH and HSCB earlier in the year. We have also given due consideration to the recommendations made in Lord Carter's efficiency report and believe that the key areas of opportunity highlighted in that report have been robustly assessed and included in our revised financial plan, where applicable.

The Trust will continue to ensure that it makes the best use of the resources available to it. The Trust will continue to embed its MORE (Maximising Outcomes, Resources and Efficiencies) programme which focusses on securing efficiencies through enhancing productivity, changing the way services are delivered, modernising and

driving improvements in health and social care, eliminating waste and maximising value for money.

Trust Opening 2016/17 Financial Position

In 2015/16, the Trust submitted a TDP with an anticipated year end deficit of £13.5m. This comprised a brought forward deficit of £9m relating to unmet bed savings (due to substantial increases in demand) and unfunded cost pressures of £4.5m. During 2015/16, a number of revisions to the TDP were made to reflect changes in assumed income, new pressures, in-year slippage on investments and additional income from HSCB.

As a result of these revisions, the Trust ended the 2015/16 year in a breakeven position. However, financial balance was only possible through a combination of non-recurrent income from HSCB (circa £4m), in-year slippage on a number of service developments (circa £11m), non-recurrent savings/contingency measures (£7m) and other non-recurrent support (£4m).

Consequently, the Trust commenced the 2016/17 financial year with an opening recurrent deficit of £24.86m, comprising a £16.23m gap carried forward from 2015/16 and an £8.63m recurrent shortfall against the 2015/16 savings target. This rolled forward position has been well documented since the 2015/16 TDP planning process and full details were provided to both DoH and HSCB in 2015/16.

Trust 2016/17 Financial Plan

The Trust submitted a draft financial plan in January 2016 which was updated on 9 May 2016 and more recently following the allocation of June monitoring monies. The current draft plan identifies an opening financial gap of £62.5m (£62.8m FYE), which includes the brought forward recurrent income shortfall from 2015/16 discussed above, and an in-year funding gap for 2016/17 of £37.7m after accounting for national insurance, pay and price uplifts and a range of new cost pressures including demographic growth. The £62.5m opening gap is summarised below:

Table 4.2 Summary Opening Financial Gap 2016/17

	£'000
<u>Carried Forward Gap</u>	
Brought forward underlying deficit	16,225
Brought forward savings gap from 2015/16	8,631
Total gap carried forward into 2016/17	24,856
<u>2016/17 Position</u>	
<u>Income</u>	
HSCB opening recurrent RRL	1,085,369
PHA opening recurrent RRL	10,938
Transformation income	3,073
3% superannuation	14,175
Additional recurrent funds	11,965
Additional income for LD community pressures	1,700
Funding in relation to regional pharmacy savings	1,500
Other inescapable service development pressures	9,673
Other Assumed Income	83,540
Total Income	1,221,933
<u>Projected Expenditure</u>	
HSCB	1,085,369
PHA	10,938
TYC Projects	3,073
Superannuation	15,175
Pay	8,077
Additional NIC 3%	13,910
GP OOHs NIC pressure	350
Non Pay (Incl Living Wage)	11,508
Additional cost pressure in relation to dom care and nursing & res homes uplifts above the 4%	1,720
FYE 2015/16 and 2016/17 Demography Pressures	9,000
Expenditure in relation to assumed income	83,540
Expenditure in relation to inescapable service developments	9,673
<u>Inescapable Pressures</u>	
Acute and community LD pressures	3,000
High Cost fostering placements	1,000
Interventional radiology pressures	1,000
Unlicensed drugs pressure	200
International nurse recruitment pressure	1,000
Other pressures	1,059
	1,259,592
2016/17 Income gap	37,659
Projected 2016/17 funding gap	62,515

Further detail on the component elements of the opening position above is provided in Annex 1. A reconciliation between the closing breakeven position in 2015/16 and the opening 2016/17 position is also provided.

Addressing the Trust's Anticipated Financial Gap

The Trust plans to reduce this gap in 2016/17 through a combination of non-recurrent funding from HSCB, recurrent and non-recurrent savings, in-year slippage on investments and one-off accounting adjustments. These measures are expected to address the 2016/17 gap without any real impact on patient and client services. The key proposals and summary plan are shown below:

- Non-recurrent funding from HSCB including June monitoring monies
- Recurrent and non-recurrent cash-release savings
- Recurrent productivity/cost avoidance savings
- In-year slippage on service developments
- Non-recurrent accounting adjustments

Table 4.3 Summary Financial Plan 2016/17

	£'m	£'m	FYE Position £'m
Underlying Deficit	16.23		
2015/16 savings plan gap (£16.7m approved plan v £20.3m target)	3.63		
2015/16 recurrent savings gap	5.00		
Total brought forward Deficit		24.86	24.9
In-year funding gap		37.66	37.9
Total 2016/17 Opening deficit		62.52	62.8
Recurrent savings proposals to address gap			
Efficiency Savings to address 2015/16 recurrent savings gap	(4.50)		
Approved savings plan against £3.6m carried forward savings gap	(1.75)		
Trust pharmacy savings proposals	(1.92)		
Other pharmacy savings above plans identified by Trust to meet regional pharmacy savings target	(1.34)		
Energy Savings	(3.50)		
2015/16 VES savings	(0.60)		
Procurement Savings	(1.30)		
Other directorate plans - assume further £1.5m recurrent	(1.50)		
Demography Productivity/cash savings	(3.50)		
		(19.91)	(19.9)
Opening Position after recurrent measures		42.61	42.9
Non-recurrent savings proposals to address gap			
Additional In-year funding via June Monitoring	(15.80)		
Additional In-year funding September	(4.74)		
Other directorate plans (to be determined)	(1.18)		
Anticipated slippage on 2015/16 investments	(1.41)		
Anticipated slippage on 2016/17 investments	(5.42)		
Reserves	(14.06)		
Total non-recurrent measures		(42.61)	
Projected 2016/17 Deficit		-	42.9

Further detail on each of the key elements of the financial plan is provided in Annex 2.

It should be noted that the opening deficit of £62.5m assumes that £18m of non-recurrent workforce savings achieved in 2015/16 are maintained in 2016/17.

In arriving at a breakeven position, the Trust is assuming that:

- additional efficiency savings of £10m will be delivered by the Trust with no material impact on service provision. At this stage, savings totalling £7.3m have been identified (initial pharmacy savings, energy, procurement and VES savings)
- the residual element of the Trust's £3.2m share of the regional pharmacy savings target of £10m will be achieved with clearly identified plans
- slippage on 2015/16 and 2016/17 investments will be retained by the Trust
- the assumptions upon which accounting adjustments have been released are valid
- a small number of outstanding income assumptions will be confirmed by HSCB or expenditure reduced to avoid potential deficits

Key Assumptions and Risks

In arriving at the overall financial position for 2016/17, the Trust has assumed income of around £129m (including £15.8m June monitoring monies and £4.74m notified in September) from HSCB/PHA in addition to amounts formally approved and confirmed for 2016/17. This includes income which has historically been awarded annually, on a non-recurrent basis, such as 'GP out of hours', Surestart, high cost cases and SUMDE which the Trust is confident will be funded by DoH and HSCB during 2016/17. For a small number of items, notably cardiac surgery, spinal surgery and independent sector elective care, legitimate costs are being incurred which exceed income levels recently advised by HSCB. Further discussion is required to ensure that no financial deficit is incurred by the Trust in these areas. 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 draft financial plan, the most significant of which are:

- Deliverability of an additional £10m savings target in 2016/17 for which firm plans have only been identified for £7.3m (Annex 2)
- Deliverability of additional £4.5m savings identified to replace non-recurrent savings achieved as part of the £16.7m 2015/16 savings plan (Annex 2). There is a high risk associated with the sickness absence target in particular. Despite robust absence management procedures in the last few years, including for example early intervention by physiotherapy at considerable cost to the Trust, the Trust is finding it increasingly difficult to reduce sickness

levels and the pressure to backfill vacant posts on the grounds of patient safety is constantly rising.

- Sustainability of the £18m workforce management savings delivered in 2015/16 in light of ongoing staff shortfalls and recruitment difficulties particularly amongst medical staff in areas such as ED.
- The Trust's plans to achieve its £3.2m pharmacy target is dependent on achieving and retaining savings from procurement initiatives and switching drugs regimes in respect of high cost drugs which requires HSCB approval
- Indirect impact on nursing home costs as a result of the recent price increase by our main nursing home provider which could cause further pressure

There is also a considerable target for discretionary and general goods and services spend reductions in the 2016/17 plan despite the achievement of substantial savings in these areas in recent years. It would be unrealistic to assume that further contingencies could be delivered in this area should slippage occur elsewhere.

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.

- Income for cardiac surgery and spinal surgery are still being debated with HSCB.
- It is assumed that outpatient washthrough costs and the cost of treatment for any inpatients referred before 1/4/16 but seen in 2016/17 will be funded in full or that costs can be contained within available resources.
- It is assumed that any cost pressures associated with a growth in high cost specialist drugs and therapies will be fully funded. Further work is being undertaken to clarify funding streams for these but on the basis of discussions held recently with Board colleagues, it would appear that adequate funding has been earmarked for the growth in treatment costs this year.
- 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 no pressure will arise in relation to SUMDE income in 2016/17.
- It has been assumed that a number of additional pressures (circa £3m to £5m) which were addressed by slippage or non-recurrent contingencies in 2015/16 will be eliminated or addressed through new contingencies/ one-off monies during the year, including for example the current pressure in the statutory home care service, medical agency costs and labs demand pressures. These pressures are not reflected in the 2016/17 plan.
- The benefit arising from accounting adjustments is based on a number of assumptions in relation to unresolved HR issues. If the Trust position on such issues is proven to be incorrect this could give rise to a substantial cost pressure in 2016/17 or in future periods.

The Trust will continue to review and update the proposals and will keep DoH and HSCB advised of any material changes to the current estimates which will ultimately impact on the 2016/17 position.

The draft financial plan assumes that no material additional cost pressures will arise in 2016/17 above anticipated levels. It is important to emphasise that the Trust will have no capacity to deal with any new unfunded pressures as we proceed to implement our plan.

Finally, the current financial plan does not allow for any other unforeseen pressures relating to safety and quality for example, which may arise during 2016/17 and which are not included in either the Trust's plan or the HSC Board's overall HSC financial plan. It is assumed at this point that any such pressures will increase the anticipated gap for the HSC as a whole in 2016/17.

Summary 2016/17 Position

The Trust will begin the financial year with an opening deficit of £62.5m which will be reduced to £42m as a result of non-recurrent in-year funding from HSCB. The financial plan outlines a range of efficiencies, slippage and other measures which will be taken by the Trust to address its in-year deficit and achieve a balanced financial position by the end of March 2017. There are a number of very significant financial risks to the reported position, the greatest of which is the deliverability of the 2016/17 new savings plan of £10m in addition to sustaining workforce management savings of £18m.

A high level summary of the Trust's breakeven financial plan is provided in Table 4.4 below.

Table 4.4: Summary Financial Plan 2016/17

	£'m	£'m
Deficit carried forward from 2015/16		24.86
2016/17 income gap		37.66
Opening Deficit 2016/17		62.52
Trust planned savings 2016/17 including pharmacy	(17.59)	
Non-recurrent income	(20.54)	
In-year slippage on investments	(6.83)	
Productivity/cost avoidance savings	(3.50)	
Other non-recurrent measures	(14.06)	
Total Savings/funding		(62.52)
<i>Anticipated Deficit 2016/17</i>		<i>0.00</i>

In delivering this projected position, the Trust will be required to address, through HSCB collaboration and/or funding, any new cost pressures emerging this year. However, the plan cannot conceivably anticipate every eventuality and there is always a risk that material cost pressures could arise during 2016/17 which would alter the Trust's anticipated position. The Trust is committed to achieving its statutory duty to breakeven whilst delivering safe and effective, high quality services. However, given the scale of the financial deficit identified for 2016/17 and the range of non-service impact measures already brought forward to address the in-year gap, the Trust believes that there will be no capacity to address any new pressures should they arise during the year.

As always, the Trust will keep all pressures and assumptions under constant review and will work closely with HSCB during the year to ensure a shared understanding of any changes to the projected year-end outturn.

Overview of Recurrent Financial Position for 2017/18 and Beyond

Commissioners have provided limited high level information in relation to 2017/18 and it is not possible to produce a detailed financial overview at this point. It is clear, however, that the Belfast Trust will not be in run-rate financial balance by the end of 2016/17. At this stage, the Trust's best estimate of its opening 2017/18 deficit is £42.9m as shown in Table 4.3 above.

The Trust will continue to focus its efforts on containing costs within the income levels established at the beginning of each financial year. The Trust will ensure, as always, that service developments are not initiated without first securing recurrent funding. The Trust will also continue to pursue any unnecessary costs and will endeavour to maximise efficiencies where possible although it would appear, given the scale of the financial challenges ahead, that system wide change will be required to generate the level of savings required. Where unforeseen inescapable cost pressures do emerge, or where performance is at variance to the Trust's plan, continuing and regular dialogue with the HSC Board will be used as the forum to initially discuss these issues.

4.2 CAPITAL INVESTMENT PLAN

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 2016/17 CRL which includes the following schemes:

Project	CRL 2016/17 £'000
Regional Children's Hospital	10,097
RGH – Maternity New Build	4,927
BCH – Mental Health Inpatient Unit	5,100
RGH Critical Care	3,449
BCH Centralisation of Endoscopy Decontamination	2,512
ICT	2,132
Congenital Heart Network	1,000
General Capital/ MES	12,379
Total	41,596

Approved Capital schemes

Redevelopment schemes continue across the Trust. The 2016/17 capital programmes cover a wide area of service provision and are in line with previously agreed investment priorities.

Work will continue on a number of major schemes. The BCH centralisation of endoscopy decontamination is scheduled to complete in 2017.

General Capital Allocation

Significant funding is required to maintain the infrastructure and replace essential equipment to ensure continuity of existing Trust services. In addition, compliance with fire code regulations and statutory standards across the Trust's estate also compete for capital funding. The Trust's general capital substantially reduced in 2015/16 compared with previous years, and 2016/17 funding levels remain low compared to pre-2015/16 levels of funding. In addition, the removal of funding for specific initiatives e.g. SAMMD, MES & CRC and a reduction in the capital threshold are increasing the pressure on a constrained capital budget. The Trust continues to allocate its available general capital funding to those schemes considered to have the highest priority.

The Trust will continue to avail of the opportunity to bid for additional capital funding through the in-year monitoring rounds.

Revenue Consequences of Capital Schemes

It is assumed that the revenue consequences of capital schemes, including any uplift required for inflationary, national insurance and superannuation increases, will be fully funded.

Asset Management

In order to achieve the regional target for the disposal of assets, the Belfast Trust, with DoH agreement, is planning to dispose of surplus land at Muckamore Abbey Hospital in 2016/17.

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.

Detailed Analysis of 2016/17 Opening Position**Carried forward Position from 2015/16**

As part of the 2016/17 planning process, Trusts were asked to revisit and critically review their opening positions given that all HSC Trusts achieved breakeven in 2015/16 and that run-rate expenditure appeared to have been falling in the latter part of 2015/16.

Staff expenditure run-rate in the Belfast Trust did indeed fall in the last six months of 2015/16. In the first six months, the Trust had not achieved its workforce management savings target (£18m for the year), due in part to targeted increases in staffing resulting from recent reviews such as Delivering Care, AHP and health visitor staff planning, making it more difficult to hold vacancies which had contributed to workforce management savings in previous years. The shortfall against the savings target at month 6 was alleviated in part by one-off savings in estates and a range of contingency measures. However, the position in relation to workforce management improved considerably in the last six months which is accredited to the collaborative project undertaken between directorates, finance and central nursing which led to the more effective use of the rostering system, with notable reductions in agency nursing costs. There was also a marked reduction in the use of high cost nursing agencies in the latter part of the 2015/16 year. This expenditure run-rate needs to be sustained in 2016/17 to ensure that the Trust achieves its £18m WFM target in 2016/17. In the context of growing medical agency costs and new costs in relation to international nurse recruitment this will be an enormous challenge.

The opening position for 2016/17 has been determined through a bottom-up approach, using the 2015/16 outturn as a starting point. A summary reconciliation from the 31 March 2016 position to the opening financial position for 2016/17 is shown below.

Table 4.5: Reconciliation of Opening Position to 2015/16 Outturn

	£'m
Closing 2015/16 Deficit/(surplus)	(0.09)
Add back:	
Non-recurrent slippage 2015/16	10.70
Non-recurrent water and rates rebate (re previous years)	1.25
Non-recurrent accounting adjustments	4.20
Non-recurrent Income from HSCB	3.50
Additional non-recurrent general demography funding	0.40
Non-recurrent 2015/16 Pressures	(2.75)
Non-recurrent savings against £3.6m	2.40
Opening £2m 2015/16 gap (ED, NN) addressed through contingency measures in 2015/16	1.65
Non-recurrent savings element of £16.7m plan	5.00
Other	(1.40)
Total brought forward deficit	24.9

Although financial balance was achieved in 2015/16, the analysis above shows that this was due to a large extent to non-recurrent slippage and one-off income or expenditure reductions.

In developing the financial plan for 2016/17, the same level of non-recurrent support cannot be assumed because:

- Anticipated slippage is much lower than in 2015/16 because:
 - High cost drugs slippage: There was significant slippage in high costs drugs in 2015/16. Substantial additional high cost drugs funding was allocated late in the year but expenditure in relation to DMT and HepC drugs in the last quarter was considerably lower than anticipated.
 - Other slippage: There was around £2m slippage on estates backlog maintenance expenditure in 2015/16 due in part to staff shortages along with a concerted effort to reduce the Trust's budgetary deficit. This level is not sustainable in 2016/17 given the scale of backlog maintenance.
- £3.5m of additional funding was provided in the last quarter of the year to achieve financial balance; this is not available in 2016/17
- Other non-recurrent income, for example £1.25m of rates and water rebates pertaining to previous years, is not repeatable in 2016/17
- The Trust benefitted from a one-off accounting adjustment of £3m in 2015/16 relating to a reduction in its holiday pay accrual

Opening Financial Position 2016/17

The opening TDP underlying deficit in 2015/16 was £13.5m. The £13.5m was reviewed with HSCB during the year and increased to £16.6m in January 2016 to reflect the full year effect of pressures; this was communicated formally to DoH and HSCB (letter dated 26 November refers). This underlying deficit was reviewed again recently and has fallen slightly to £16.2m. When added to the £3.6m gap in the 2015/16 savings target and the recurrent savings gap of £5m against the approved 2015/16 plan, the opening 2016/17 deficit is £24.9m. The bottom up reconciliation from the 2015/16 outturn to the opening position outlined above validates this position. In addition to this opening gap, the Trust anticipates a 2016/17 income deficit of £37.7m to arrive at a total opening gap of £62.5m. This in-year funding gap is attributable to a range of new cost pressures including demographic pressures, pay award and national insurance increases, inflationary pressures, social care price pressures and Trust specific cost pressures which have not been fully addressed by the 2016/17 additional funding allocation. These inescapable cost pressures are discussed briefly in turn below.

Learning Disability/Fostering/Interventional Radiology/Unlicensed Drugs

These cost pressures had been included in the Trust's financial plan submission to HSCB/DoH on 12 January 2016 (see Annex 3 for further detail). The learning disability pressure has fallen from £3.8m in January 2016 to £1.3m to reflect new learning disability community funding of £1.7m, in-year delays in the resettlement of clients and slippage on complex discharge funding.

National Minimum Wage (NMW) Pressure

The national minimum wage pressure of £0.53m relates to the NMW price increase from £6.20 to £6.70 in October 2015; domiciliary care prices were increased to reflect this in October 2015 but the full year effect of this increase will not be incurred until 2016/17.

Demography

Previous trends and information provided by HSCB/DoH have been used to estimate the financial impact of demographic growth in Northern Ireland for the Belfast Trust in 2016/17. We believe that the most marked increase in activity and costs will be in services for older people, impacting most significantly on our EDs and acute general medical wards and in the demand for residential/nursing and domiciliary care. We also believe that additional beds in respiratory, opened in previous years for winter pressures, are now a permanent requirement and require recurrent funding. There will also be cost increases across a range of areas including oncology/ haematology where year on year demand has been increasing.

The 2016/17 in-year demography pressure is expected to be in the region of £7m (FYE £9m). The Trust is setting itself a 50% savings target in relation to the anticipated demography pressure, i.e. £3.5m, which will be achieved in the main through increased productivity and new ways of working. We believe recent improvements in ED and reablement have already helped us cope with a level of demographic growth and that this can be further developed to some extent, for example through the expansion of our programme treatment unit (PTU) and reablement service. Given the level of demographic growth absorbed by the Trust in previous years without funding, we believe that this £3.5m productivity/cash avoidance savings target will be a huge challenge for 2016/17.

National Insurance

Employers' national insurance rates will increase by almost 2% in 2016/17. Pay expenditure will increase by around £14.3m in 2016/17 as a result.

Social Care Pressures

In addition to the 2% inflationary uplift and the additional uplift of £2.5m required to fund the living wage which were included in the Trust's initial financial plan in January 2016, the following new cost pressures have been added:

- Additional 1% for nursing/residential homes to bring total uplift of the regional rate to 5% as per HSCB direction (£1.0m)
- Additional 1% for domiciliary care to bring total uplift to 5% in line with other Trusts (£0.2m)
- Additional price uplift of 1.25% for domiciliary care providers, unique to the Belfast Trust, given our specific difficulties, to stabilise the sector and ensure an adequate supply of domiciliary care services (£0.25m)
- Impact of recent unavoidable price increases by two nursing home providers (£0.3m CYE, £1.0m FYE)

It should be noted that the last pressure relates only to new clients for our main provider and one other provider and ignores any impact this will have in terms of the knock-on effect on rates charged by other providers. There is therefore a risk of further pressure arising in 2016/17 in this area.

International Nurse Recruitment Pressure

The financial plan includes a cost pressure of £1m for international nurse recruitment which comprises the administrative cost associated with recruitment as well as the cost of backfilling the new international nurses during their 'supernumerary' training period as agreed by the regional steering group. Agency cost reductions associated with the recruitment of international nurses in 2016/17 will not be fully realised until the nurses have completed training in 2017/18.

Proposals to Reduce 2016/17 Deficit

The Trust will start the financial year with a £62.5m deficit, comprising the £25m deficit carried forward from previous years and a £37.5m 2016/17 funding gap.

The Trust plans to reduce this gap in 2016/17 through a combination of recurrent and non-recurrent savings, in-year slippage on investments and one-off accounting adjustments. These measures are expected to reduce the 2016/17 gap by £62.5m (£19.9m FYE) without any real impact on patient and client services. The key proposals are:

- Non-recurrent June monitoring funding/additional in-year allocation from HSCB
- Recurrent and non-recurrent cash-release savings
- Regional pharmacy savings
- Recurrent productivity/cost avoidance savings
- In-year slippage
- Non-recurrent accounting adjustments

These are discussed below in turn below. Beyond this, the Trust believes further savings could not be achieved without severe implications for patients, clients and staff.

Savings Plans to address the recurrent 2015/16 Savings Gap

The financial plan includes a £5m shortfall in the Trust's recurrent 2015/16 savings plan which is included in its rolled forward gap. Planned cash efficiency savings totalling £5m had been agreed internally to meet this shortfall and had been identified in previous drafts of the 2016/17 financial plan. However, early in 2016/17, it became clear that two of the savings schemes relating to the move from learning disability and mental health day centres to day opportunities would not be implemented in 2016/17 and any future potential savings would be used to develop day opportunities. The £0.5m savings relating to those initiatives has therefore been removed from the financial plan. The breakdown of the remaining £4.5m additional savings is provided in the table below:

	£'m
Demand Management Savings- Laboratories	0.5
Sickness absence savings	2.0
Admin Savings (service and corporate directorates)	1.0
FYE Waste management savings	0.3
Other discretionary Spend- various categories	0.2
Reductions in medical locum costs	0.5
LD/MH schemes not achieved in 2015/16	0.0
Total	4.5

The Trust will also implement savings of £1.75m approved by HSCB and DoH in January 2016. The £1.75m comprises:

- | | | |
|---|---|--------|
| ➤ | clinical excellence awards | £0.47m |
| ➤ | estates rationalisation/energy | £0.80m |
| ➤ | discretionary spend | £0.15m |
| ➤ | respite care for learning disability clients* | £0.18m |
| ➤ | service reconfiguration in amputee ward | £0.15m |

**Although this plan was not rejected formally by HSCB, the Trust has decided not to proceed with this initiative on the basis of a recent assessment of respite needs and feedback from the recent consultation on LD day opportunities. Other savings will be identified to address the resulting shortfall.*

Additional Trust Efficiency Savings in 2016/17

Following the Trust's meeting with DoH and HSCB in January 2016, the Trust had set itself an additional cash-release efficiency target of £15m and directors and their teams continue to identify savings to meet this target. To date, the following **recurrent** savings have been identified

- energy savings of £3.5m
- initial pharmacy savings of £1.9m
- 2015/16 VES recurrent savings £0.6m
- orthopaedics , cardiology and other procurement savings, totalling £1.3m

The total savings identified amounts to £7.3m. In the absence of definitive schemes for the remainder of the £15m target, and following discussion with DoH and HSCB, the Trust considered that it would be more realistic to plan for total savings of £10m in-year rather than the £15m.

Initiatives aimed at achieving further recurrent savings of around £1.5m are currently being developed and are likely to focus on the rollout of rostering work with ward sisters/charge nurses and additional administration and management savings. Workforce control and other contingencies are likely to make up the residual £1.2m. This needs to be set in the context of recruitment and agency pressures and the fact that there is risk associated with the existing £18m workforce target.

In addition to the pharmacy savings identified above as part of the Trust's 2016/17 savings plan, a further £1.3m of savings has now been identified in conjunction with the regional procurement hub. This will enable the Trust to meet its full regional pharmacy savings target of £3.2m.

In-year Slippage 2016/17

All new service developments and all transformation projects have been robustly reviewed for in year spendability and the potential for in-year slippage identified. In addition, Trust baselines have been reviewed and an assessment made of the level of uncommitted resources pertaining to prior year investments.

The following slippages have been identified. It is important to note that this is natural slippage, i.e. slippage due to normal delays in implementation relating to the timing of recruitment etc, and as such will not have an impact on planned service for 2016/17.

2015/16 Slippage - £1.41m

• COPD/Other 2015/16 demography	£0.31m
• Specialist paediatrics	£0.25m
• Neonatal services including transport	£0.25m
• Children's services- high cost cases	£0.3m
• Children's services- challenging behaviour	£0.1m
• Children's services- other	£0.1m
• Cancer drugs infrastructure	£0.1m

2016/17 Slippage - £5.4m

• Phase 2B critical care – direct staffing	£1.8m
• Phase 2B critical care – estates/PCSS	£0.5m
• ED slippage pending recruitment of staff	£1.0m
• Endoscopy suite	£0.7m
• Urgent patient transport	£0.9m
• CPAP	£0.2m
• Other	£0.3m

Productivity Savings 2016/17

As discussed in the demography section above, we are setting ourselves a 50% savings/cost avoidance target in relation to anticipated demography pressures, i.e. £3.5m, which will be achieved in the main through increased productivity and new ways of working. This will be an exceptionally challenging target given the levels of productivity savings achieved in relation to unscheduled and outpatient activity in previous years.

Accounting Adjustments 2016/17

We are assuming that the Trust will benefit from approximately £14m in terms of in-year accounting adjustments. The largest element of this relates to the reassessment of 2015/16 year end accruals following a review of extant guidance and audit advice.

Further Detail on Cost Pressures

High Cost Fostering Cost Pressure

Private Sector Fostering Placements are made with Barnardo's, Foster Care Associates, Action for Children and Core Assets.

The average placement of children with these private sector foster carers can cost from £800 per week to £1,800 per week depending on the specific needs of the child being placed. Placements have been required for children with complex disabilities that are currently costing around £2,500 per week in the independent sector.

From mid-2014/15 the level of referrals and the need for placements in this sector has grown sharply which had resulted in a material financial cost pressure of circa £1m by March 2016.

The growth in private sector foster care placements has come about due to a number of emerging issues as follows:

- a gradual rate of attrition in the numbers of available 'in-house' foster carers. Since January 2015, 29 foster carers have been de-registered from fostering
- impact of the growth in numbers of Looked After Children; there were circa 40 additional looked after placements in 2015/16 and the demand for placements continues to outstrip supply.
- impact of the very successful GEM scheme which means that children stay with established foster carers as they transition to adulthood. This, over time, represents a major change on previous years. In March 2014 there were 21 GEM placements, in September 2015 there were 37 GEM placements. Consequently this means that there is no throughput of available foster placements within this cohort of carers.
- private sector fostering is being perceived as being more financially lucrative. As a result, potential foster carers are more willing to sign up with private providers rather than with the Trust. Recruitment of foster carers is a significant challenge, particularly for the Belfast Trust as the four independent agencies are based in the Belfast area which increases the competition for recruitment of placements.
- The Trust experienced an increase in residence order payments by 15 placements in 2015/16 which caused additional pressure on the fostering budget.

Interventional Radiology

Interventional Radiology (IR) is currently showing a cost pressure of around £1.1m on the goods and services budget. While some increase in activity levels is contributing to this, the main reason for the pressure is changing casemix.

Technology has been evolving fast in this area. When older consultants have retired, their younger replacements have brought in skills in new techniques.

Procedures which were previously open surgery (eg vascular) are now often carried out via IR. There are also new techniques and technologies being employed where previously there was nothing to offer patients, for example to save lower limb vascular function thereby avoiding amputation.

Significantly, the IR service at BHSCT has, in the last two years, become very much regionally based which is in contrast to the service previously. For example 73% of the IR patients at RVH now have postcodes outside Belfast, and a similar % is also evident in BCH IR. The cost pressure attributable to increased use of IR stenting is approximately £0.5m. The pressure due to specialist M&S for complex procedures / new techniques is approximately £0.6m.

The reasons for increased expenditure can be further explained by:

- Extending indications, i.e. doing the same procedures as before, but on a wider range of patients
- Incremental improvements in existing medical devices, with associated increased cost.
- Changing referral patterns, i.e. different clinical groups starting to request procedures already done in IR.
- Completely new treatments, with newly developed devices.
- Increasing regional organisation in multidisciplinary meetings resulting in more patients being referred in for complex procedures from around the province.

Learning Disability

The £1.3m in-year LD cost pressure consists of a number of items that have been funded non-recurrently for several years by HSCB. HSCB has been able to provide non-recurrent funding because of slippage on our resettlement requirements and slippage from other Trusts.

Unlicensed Drugs

These were traditionally funded via the individual funding request (IFR) route until 2014/15 when the HSCB decided that the decision on whether to use any unlicensed drugs costing less than £50k would fall to Trusts and that Trusts would now bear the

costs which had effectively been fully funded previously by HSCB. The Trust responded to advise that this would have a financial impact. HSCB acknowledged that there would be a financial impact and allocated £200k non-recurrently in 2014/15 in respect of the reported Trust pressure. HSCB also provided £200k, again non-recurrently, in 2015/16. No funding has been allocated for 2016/17 and the Trust assessment is that costs of at least £200k will materialise in relation to unlicensed drugs.

4.2 Workforce Strategy

The Commissioning Plan for 2016/17 sets out the priorities to be taken forward by the Trust, to support the realisation of the HSC three strategic themes and statutory obligations identified by the Minister:-

- To improve and protect population health and well-being and reduce inequalities;
- To provide high quality, safe and effective care; to listen to and learn from patient and client experience(s); and to ensure high levels of patient and client satisfaction;
- To ensure that services are resilient and provide value for money in terms of outcomes achieved and costs incurred

The Belfast Trust in 2016/17 will launch its updated People Strategy that is also inextricably linked to the purpose of the Trust:-

‘to improve health and well-being and to reduce health inequalities’

and to the realisation of its ambition set out within its Organisational Development Framework, ‘Realising our ambition to be a World Leader in the provision of health and social care’

These will also incorporate the key workforce actions required to support the delivery of the Commission intent as set out within the Themes and in the Trust Delivery Plan.

4.2.1 To improve and protect population health and wellbeing and reduce inequalities

In 2016/17 a summary of the key Workforce Strategies relevant to the Trust Delivery Plan and set out within the Commissioning Intent Themes are as follows:

4.2.1.1 Improving Health and Wellbeing

The Trust will further roll out and champion the newly revised approach to staff health and wellbeing through its award winning **b well** initiative, focussed on helping staff to look after their own wellbeing. This includes a range of programmes and resources including the two new interactive tools for staff, the b well website (www.bwellbelfast.hscni.net) and the b well app. The annual wellbeing themes for 2016/17 are mental and emotional wellbeing and the ageing workforce, and a number of activities and initiatives will take place throughout the year to raise awareness. The Bwell Steering Group will approve a new Health and Wellbeing Strategy and Action Plan, including a robust communication and marketing plan and the introduction of a wellbeing survey and Directorate wellbeing scorecards.

4.2.1.2 Attendance Management

The Trust will continue to build on the successful 5.4% reduction in sickness absence levels as achieved in 2015/16. A new Sickness Absence Focus Group comprising of representatives from Occupational Health and Human Resources has been established to collaborate with key stakeholders to enable the reduction of sickness absence across the Trust. The Group will review existing evidence surrounding the management of sickness absence, consider optimisation of current processes, systems and infrastructures, and clarify roles and responsibilities at organisational, management and employee level in addressing sickness absence.

Further actions will include the establishment of revised sickness absence targets for each Directorate and Co Director area, evaluation of the 2015 Attendance Management Initiative, delivery of bespoke and mandatory training for managers and staff, further promotion and roll out of the Manager's Toolkit on Managing Absence and completion of the 3 yearly review of the Managing Attendance Protocol.

The Trust will continue to monitor the recommendations as set out in the BSO Attendance Management Audit conducted in 2015. The Attendance Management Team will continue to provide specialist advice and support in relation to complex cases to managers, including establishment of close partnerships with key individuals via the new HR Business Partner model.

4.2.1.3 Flu Vaccination

To ensure maximum uptake of flu vaccination amongst the Belfast Trust employees during the 2016/17 flu campaign, preparations commenced in April 2016 for the Trust's annual flu vaccination campaign. A Flu Vaccination Action Plan has been compiled and includes how we will ensure our staff receive regular, informative messages about the importance of having flu vaccination. The plan also includes a target to recruit 450 peer vaccinators to ensure staff can readily access flu vaccinations and the need to have readily available and localised data to allow close monitoring of our progress. A Flu Action Plan Co-ordination Group will be set up to oversee, co-ordinate the action plan and share best practice.

Advice has been sought from Trusts in England who achieved 60-70% uptake amongst their employees. A number of successful initiatives used in these Trusts will be implemented within the Belfast Trust.

4.2.1.4 Improving Working Lives

A range of initiatives are in place to ensure the Trust remains an Employer of Choice. The Trust's ninth Summer Scheme will be extended to a fourth venue for the first time, increasing scheme places to approximately 450 children of staff - enabling staff to work more effectively to meet service needs over the school holiday period. A scoping exercise will be undertaken in relation to further expansion of childcare provision during other school holiday periods.

The full range of Improving Working Lives initiatives including the work life balance policies, child care vouchers and special leave arrangements (in particular the new Shared Parental Leave entitlement) will be promoted and facilitated through a programme of HR Drop In Clinics, staff health fairs, training courses and the b well website. Further initiatives including support for staff who are carers will be explored.

4.2.1.5 Employment Equality

The Trust will work to achieve the objectives set out in its third Employment Equality and Diversity Plan 2014–2017 with a particular focus on continuing to provide mandatory equality training for staff and managers. The recommendations of the Trust's second Article 55 review under FETO will be taken forward in 2016/17 in relation to agreed affirmative action and outreach measures with the Equality Commission and Section 75 employment equality screening responsibilities will be met. 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.

4.2.1.6 Development of Section 75 Action Based Plan to address inequalities

The Trust will engage and formally consult with key stakeholders on the development of its forthcoming Section 75 inequalities action based plan, which will span the period 2017-2022. It is imperative that the Trust involves Section 75 representatives and individuals in the formulation of the plan so that it is meaningful, relevant and timely in terms of the inequalities that it will address. The Trust's Action Based Plan to promote equality of opportunity and good relations is based on the functions of the Trust and will be implemented through the Framework of the Trust's Equality Scheme. The measures contained within this Plan are linked to the Trust's Corporate Plan in order to ensure that equality of opportunity and good relations are incorporated and mainstreamed at a strategic level into the business of the Trust and aim to address inequalities in health and social care for all of the S75 categories – men, women, persons with and without a disability, persons with or without dependants, persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation. This will constitute the Trust's third action based plan.

4.2.1.7 Disability Action Plan 2017-2022

Similarly to the aforementioned point, the Trust will involve disability representative organisations and people with a disability in the conception of a new Disability Action Plan. Under the Disability Duties in Northern Ireland, the Trust is required, when carrying out its functions, to have due regard to the need to: promote positive attitudes towards disabled people; and to encourage participation by disabled people in public life .Under Section 49B of the DDA 1995, the Trust is also required to submit to the Equality Commission a Plan showing how it proposes to fulfil these duties in relation to its functions. The Trust works collaboratively with other HSC Trusts and bodies in the

development and delivery of the actions to maximise resources and to ensure regional consistency.

4.2.1.8 Good Relations Strategy

The Trust will evaluate the effectiveness of its Good Relations Strategy “Healthy Relations for a Healthy Future” and its associated action plan during this period. This evaluation along with pre-consultation with key stakeholders and partnership working with the Belfast City Council will help inform the development of a new action based plan to promote good relations amongst people of different religious beliefs, racial backgrounds and political opinions. It is envisaged that this work will help encompass and mainstream the aims of the Executive Office’s strategy Together Building a United Community within the Trust’s functions.

4.2.1.9 Human Rights Based Approach in Emergency Department

The Trust will progress its pioneering pilot work in the Emergency Department by developing a human rights based approach. This work is overseen by the Human Rights Steering Group and is conducted in partnership with the Northern Ireland Human Rights Commission. It is anticipated that a suite of digital training resources and a decision making framework based on human rights will be two of the tangible outcomes from the project.

4.2.2 To provide high quality, safe and effective care; to listen to and learn from patient and client experience; and to ensure high levels of patient and client satisfaction

4.2.2.1 Organisational Development

In 2015/16 the Belfast Trust Organisational Development (OD) Framework ‘Realising our ambition to be a World Leader in the provision of health and social care’ was developed, informed and agreed. In 2016/17 the Trust will commence its journey of realising this shared ambition. It is characterised by leading and embedding a culture of continuously improving, high quality safe, compassionate health and social care and how we will make this a reality. Using this Framework we aim to improve outcomes for our patients and clients by delivering positive change across three priority areas. These priorities were identified through discussion with our staff, patients and clients, from the findings of Francis, Berwick, Donaldson and others and through leading edge research including the King’s Fund and the Institute of Health Improvement. They are:-

- Safety and Quality : to deliver safe and improving high quality care
- Research and Innovation : to drive continuous improvement through research and innovation

- **Collective Leadership** : to grow a culture of collective leadership where everyone at every level has the capacity to deliver improvements for our Trust as a whole, not just their own roles of work areas

The implementation of the Trust's OD Framework has been identified as one of the six key themes to be progressed in 2016/17.

In 2016/17 in support of implementation of the Trust's OD Framework, the following key actions will also be taken on Leadership, Learning and Development:-

- To launch and commence implementation of the new Trust 'People Strategy' and embed caring supporting improvement together
- To commence implementation of the updated 'Leadership and Management Framework', driving forward collective leadership
- To continue implementing the Trust's Learning and Development Strategy 'Growing our People Today for Tomorrow' focusing on safety, quality and continuous improvement, succession planning, engagement, values and team development
- Support the implementation of Quality 2020 through the development and provision of training aligned to the quality attributes framework and in line with the Trust Quality Improvement Plan
- To implement Supporting Belfast (2), a learning and development strategy for Support Workers Bands 1 – 4
- To develop a continuous improvement plan for liP and identify and commence actions for transition to Generation I
- To work towards increasing Employee Engagement levels within the Trust and to improve engagement with Medical staff across the Trust

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 aim to develop internal capacity and capability for safety and quality across all our working practices and also 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.

We have been making steady progress to build on the foundations for Safety and Quality and will further develop and strengthen these in 2016/17. In particular we plan to develop a Safety and Quality strategy for the Trust that will be launched as part of our annual 'Safetember' campaign that is designed to 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 Trust has completed a scoping exercise to determine how our in house training programmes support participants to meet the requirements of Level 1 awareness of the Quality 2020 Attributes Framework. The content of these programmes has subsequently been refreshed to ensure that all aspects of level 1 are integrated and effectively covered e.g. nurse support induction programmes, accredited programmes for healthcare support, Clinicians induction programme. Further to this exercise, a short classroom based learning programme was designed and incorporated into our annual published training portfolio that is open for application for all staff. In addition to this, bespoke awareness training sessions are provided to groups of staff in their own locality. We have used our established communication methods and networks to promote the availability of these and, in particular, we have targeted information at 'hard to reach' staff who are not desk based, such as home care staff and patient and client support services. Further to the launch of the regional Level 1 E learning in June 2016, we plan to widely publicise its availability to staff as an effective and efficient means of completing training. We plan that through a combination of existing programme content, specific level 1 awareness training, bespoke targeted workshops and E learning that we will meet the target of 10% of our workforce to have met Level 1 awareness by March 2017.

4.2.2.4 Level 2 Delivering Improvement Quality Attributes Framework

In 2015/16 a new Quality Improvement programme that is aligned with Level 2 of the Quality 2020 attributes framework has been designed and delivered to the inaugural cohort of 53 participants.

The programme successfully launched in December 2015 and provides a combination of monthly seminars by expert speakers, online IHI modules and participation in a multi-disciplinary improvement project. All of the design and programme arrangements have been undertaken by the working group comprising the two Patient Safety Leads, Human Resources and an Adept Trainee supported by a wider network of QI mentors.

Participants have identified and are working on completion of 19 improvement projects that have been aligned with the Trust's Quality Improvement plan.

Plans are now in place to significantly extend this training opportunity through the provision of training to a cohort of 150 people who will commence in September 2016.

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

In 2016/17 we plan to undertake further scoping to determine the staff groups to target to meet the requirements of level 3 and 4 of the Attributes Framework and to identify suitable training programmes that can be provided to meet these needs.

4.2.3 To ensure that services are resilient and provide value for money in terms of outcomes achieved and costs incurred

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 2016/17 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 2016/17 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 Service Directorate Workforce Plans each covering a five year time frame.

In 2016/17 progress against the workforce plan developed for the period 2015 to 2020 within the Adult Social & Primary Care Directorate will be monitored and evaluated.

4.2.3.3 Medical Recruitment and Retention Strategy

The Trust will work to ensure that the actions agreed within the recently approved Medical Retention Recruitment Strategy are completed 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.

This strategy has the following 5 key overarching aims which the Trust will be focusing on this year:

- Raise the profile of the Trust as a great place to work and as an 'Employer of Choice'
- To introduce new and innovative ways of recruiting 'hard to fill' medical posts and to maximise the effectiveness of recruitment advertising
- Improve medical workforce planning and explore the introduction of new roles and ways of working.
- To explore what incentives can be offered by the Trust.
- Improve staff retention, overall job satisfaction and medical engagement.

4.2.3.4 Medical Agency and Locum

The Trust are committed to reviewing current practices across the Trust in relation to the appointment of locum and agency medical staff with the overarching aim of optimising resources whilst reducing costs and have accordingly established a Medical Workforce Sub-Group tasked with achieving this aim.

In the context of the above mentioned Retention and Recruitment Strategy for Hard to fill Medical Posts, the Medical Workforce Sub-group will:

- Undertake a review of current medical vacancies across the Trust and the means by which those vacancies are currently being filled.
- Share best practice and consider innovative ways to fill long standing medical vacancies.
- Undertake a review of current practices within directorates in relation to the appointment of locum and agency medical staff in order to standardise processes and to ensure consistency of practice.
- Encourage and promote the use of HSC E-locums for filling junior doctor and middle grade posts
- Develop and implement a standardised template for recording medical agency information
- Reduce the cost of both locum and medical agency spend across the Trust

4.2.3.5 Workforce Governance

The Safer Recruitment and Employment Group will develop and progress the annual Action Plan for 2016-17. Key issues include the Trust's Safer Recruitment and Employment Framework, associated Audits and transition to Shared Services Recruitment, Policy Reviews, Working Time Regulations and the introduction of new regional Controls Assurance Standards. The Trust will participate in BSO Audits and take forward appropriate action in relation to the 2016/17 Audit Plan with a particular focus on audit of Agencies and Locums.

4.2.3.6 BSTP / HRPTS / Shared Services

The transition of transactional Recruitment services to BSO was phased in over a period of six months to allow for an appropriate transfer of services whilst maintaining

an effective recruitment function for the Trust. Compounded by significant workforce shortages in key professional areas, the transition to Recruitment Shared Services has been difficult and has resulted in delays in filling posts. The HR team has worked hard to identify any delays within our own processes and has committed the time of a senior manager to meet with directorate leads on a weekly basis to resolve any issues. The BSO has developed a Recovery Plan for the Recruitment Service and has established a Task and Finish Group which meets fortnightly to review progress; the Trust is represented at Co-Director level on the group. During 2016/17 we will continue to work in partnership with the BSO to ensure sustained improvement in the delivery of the recruitment service.

Despite the challenges previously outlined, the HR directorate continues to develop innovative approaches to recruitment such as the very successful 'Recruitment One Stop Shop' initiatives. In 2016/17 we will continue to utilise this blueprint for future recruitment campaigns in order to give the Trust a competitive advantage at a time of significant workforce shortages in key professional groups.

4.2.4 Maximising Opportunities for Innovation

In response to feedback from the HR Survey and in recognition of the increasing pressures to meet payroll closedown deadlines, 'Your HR – Delivering Excellence' was developed. A new model of service delivery, 'Your HR' has a three tier approach to the delivery of HR services including a dedicated telephone number for contacting the HR team, a HR portal which contains a wealth of information and answers to Frequently Asked Questions and direct access to more specialist advice as required. 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 2016/17 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. 'Your HR' has been shortlisted for the HPMA National Awards in the Innovation category.

4.2.4.1 'Your HR – Delivering Excellence'

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4.2.4.2 Electronic Document and Record Management System (EDRMS Solution Build)

EDRMS is a business improvement project which has transformed how we operate in HR. All 27,000 current staff files (including bank) are now available to HR online. The project has enabled us to develop in partnership with Microsoft, automated intelligence, internal IT – a bespoke online integrated HR record management system. The EDRMS Project has been fully implemented and is now moving into Benefits Realisation phase. A Benefits Realisation Plan is being developed and will provide actions for the year 2016/17.

Significant benefits have been delivered, not least from the integration of MS technologies to transform HR business processing in how HR information is accessed, shared and stored – as a springboard to more effective and efficient HR business working to deliver quality improvements in HSC service provision for the Trust. Additional benefits over the coming year will result in a reduction of costs in respect of offsite storage for HR records which will no longer be required. This will contribute to the Directorates savings; costs and the electronic documents record system will also improve data security thereby meeting internal audit requirements and improved governance. HR staff have used the opportunity to develop new skills as HR champions for their own HR area and all HR staff have acquired new knowledge and skills in IT and streamlining their services.

4.2.4.3 Digitalisation

In 2016/17 we plan to develop a technology strategy to maximise the use of digital technologies to support a range of HR functions. We will introduce and 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.

4.3 Capital Investment Plan

4.3.1 Introduction

The Capital Resource Limit (CRL) issued by DHSSPS 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.

The DHSSPS have issued a 2016/17 CRL which includes the following schemes:

Project	CRL 2016/17 £'000
Regional Children's Hospital	10,097
RGH – Maternity New Build	4,927
BCH – Mental Health Inpatient Unit	2,500
RGH Critical Care	3,449
BCH Centralisation of Endoscopy Decontamination	2,512
General Capital/ MES	10,753
Total	34,238

4.3.2 Approved Capital schemes

Redevelopment schemes continue across the Trust. The 2016/17 capital programmes cover a wide area of service provision and are in line with previously agreed investment priorities.

Work will continue on a number of major schemes. The Trust will require the CRL to be increased for the Mental Health Inpatient Unit to allow it to meet its contractual commitments

The BCH Centralisation of Endoscopy Decontamination is scheduled to complete in 2017.

4.3.3 General Capital Allocation

Significant funding is required to maintain the infrastructure and replace essential equipment to ensure continuity of existing Trust services. In addition, compliance with fire code regulations and statutory standards, across the Trust's estate, also compete for capital funding. The general capital programme is not only constrained by the availability of capital funding but also the Trust's delegated limits. The DHSSPS are currently reviewing Trusts' delegated limits with a view to increasing them. The Trust's General Capital substantially reduced in 2015/16 compared with previous years and 2016/17 funding levels remain low compared to pre 2015/16 levels of funding. In addition, the removal of funding for specific initiatives e.g. SAMMD, MES & CRC and a

reduction in the capital threshold are increasing the pressure on a constrained capital budget The Trust continues to allocate its available General Capital funding, to those schemes considered to have the highest priority.

The Trust will continue to avail of the opportunity to bid for additional capital funding through the in-year monitoring rounds.

4.3.4 Revenue Consequences of Capital Schemes

It is assumed that the revenue consequences of capital schemes, including any uplift required for inflationary and superannuation increases, will be fully funded.

4.3.5 Asset Disposal Plan

In order to achieve the regional target for the disposal of assets, the Belfast Trust, with the DHSSPS's agreement is planning to dispose of surplus land at Muckamore Abbey Hospital in 2016/17.

The Director of Finance, who has responsibility for capital planning, reports on the progress of assets 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.

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 and updated in June 2015 to reflect changes to the structure of the Trust and the process of setting objectives in response to DHSSPS and HSCB commissioning targets at that time. During 2016 a further review is planned and an interim updated version is scheduled for approval in July 2016. 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 June 2015 and this scheduled to be completed for the current year in July 2016. 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 June 2015, and will be considered in September 2016 as part of current review of the Assurance Framework. It has an established sub group, the Risk Register Review Group that scrutinises the evaluation of all significant risks arising from Directorate and Controls Assurance Risk Registers. 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 e 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.

5.6 Controls Assurance Standards

Controls Assurance will remain a key process for the Belfast Trust. The Belfast Trust has identified key Directors to be accountable for action planning against each standard. 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 2015/2016. The Trust has developed individual action plans for each standard to provide on-going improved compliance and address any gaps in controls or assurance identified in the self-assessment process.

6.0 Promoting Well-being, PPI and Patient Experience

The Trust believe that investment in prevention is a key contributor to reducing future demand for health and social care and therefore we will drive and support the implementing of Making Life Better the whole systematic strategic framework for public health. 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 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, 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's 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.

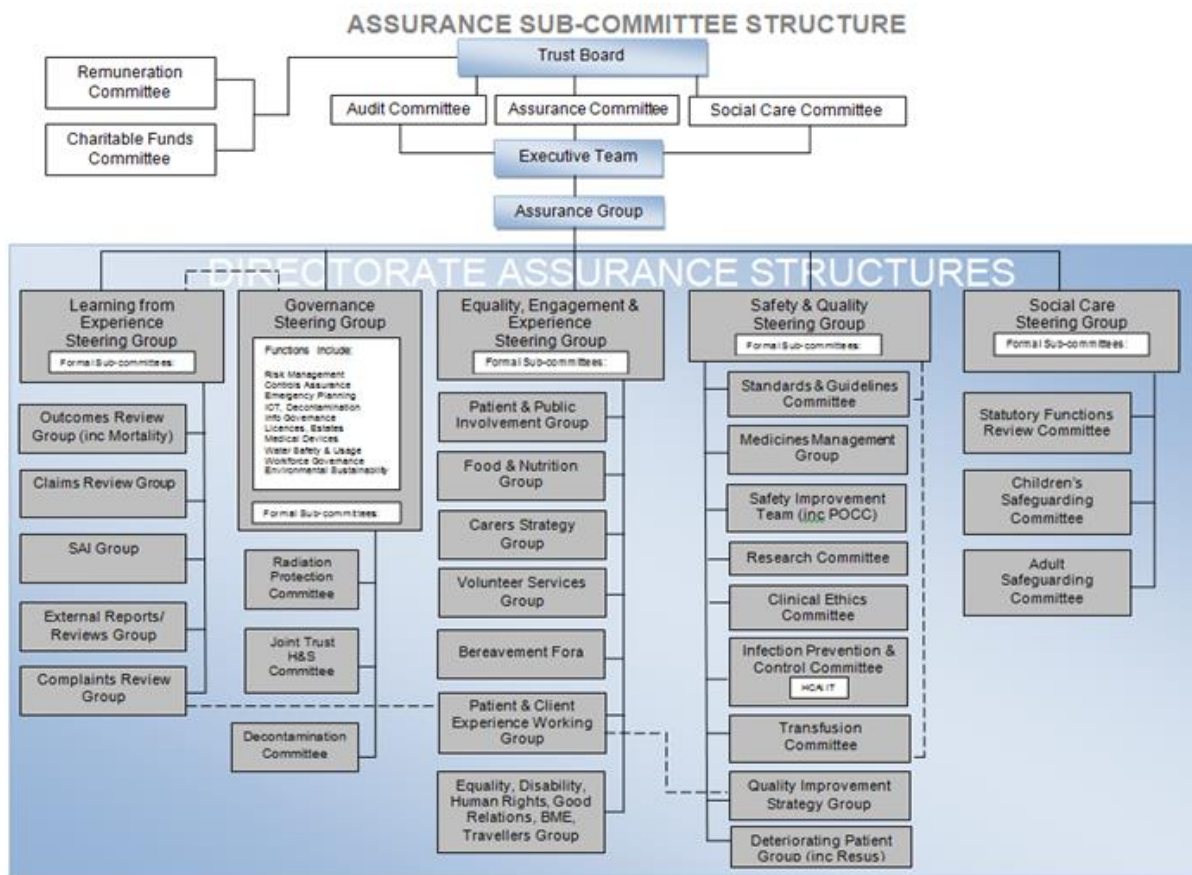
The teams will continue to look for innovative ways to improve the service that we deliver within reduced resources and we will maximise this potential by exploring new opportunities of working in partnership. In particular, the Trust will continue to work with the Public Health Agency and Belfast City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

The Trust has recently launched a new PPI Framework which will further support the development of PPI across the organisation. This framework will enable 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 recently launched 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.

Within the Trust Framework Directorates will be supported to develop PPI Action Plans for their services and the Trust will ensure that accountability is strengthened by reporting to Trust Board via the Engagement, Experience and Equality assurance group.

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.



Corporate Management Plan 2016– 2017 & Summary of Directorate Management Plans

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1. Message from the Chief Executive



It gives me great pleasure to present to you our Corporate Plan 2016/17. Within this document we have set clear and challenging targets for this year.

We will continuously focus on improving the safety, effectiveness and compassion with which our services are delivered. We will invest and build further capacity and capability in Quality Improvement as a fundamental business process - it will become how we do things. I want to see a real and unrelenting focus on bringing down waiting times for elective care to meet the needs of our patients; I want us to further enhance community services and to strengthen access for clients; we will implement our Organisational Development OD Framework; grasp the opportunities innovative community planning affords us; really ramp up focus on the E-health agenda; and push on with the real and lasting improvements we have seen in unscheduled care.

I wish also to set out a clear roadmap for the future of our four hospital sites with each having a clearly defined functional role. None of these objectives are at odds with the proposed changes to our wider system, they chime with the Bengoa principles. They are consistent with the introduction of a wide and far-reaching OD Framework. Everything we are doing or plan to do reflects on our ability to meet these core strategic objectives for 2016/17.

This document commits us to embark with renewed vigour to make these priorities a reality. As Chief Executive I will support, enable, and encourage progress in each of these areas in the year ahead.

Dr Michael McBride, Chief Executive

2. 'Big 6' Key Themes

We have prioritised 6 cross-directorate themes, where a Lead Director will work across directorates to build consensus on a plan for delivery of the agreed outcome. The 'Big 6' themes are outlined in Figure 1.0.



Figure 1.0 'Big 6' Themes

Big 6 Key Themes for 2016/17	Outcome	Lead Director
1. We will build the will and the capacity to ensure that continuous quality improvement and the relentless reduction of patient harm becomes our greatest focus (Safety & Excellence)	Integrated Trust QI delivery with measurable benefits for patients/clients	C Jack Medical Director
2. Improving care to support more people to live well at home(Continuous Improvement)	Ensure improvement in the delivery of more integrated services for people in the community	C McNicholl Director of Adult Social & Primary Care
3. Improving Elective Care with an emphasis on Cancer Care improvement- Develop and deliver Improvement Plan for Elective Care including Cancer performance (Continuous Improvement)	Ensure Improvement in the delivery of Cancer targets and other agreed elective targets	J Welsh Director Surgery & Specialist Services
4. Improving Unscheduled Care-Identify, resource and deliver Unscheduled Care Plan for 16/17 including Escalation Arrangements (Continuous Improvement)	Ensure Improvement in delivery of Unscheduled Care	B Owens Director Unscheduled & Acute Care
5. Implement the Organisational Development Framework to realise our ambition of being recognised as a world leader in the provision of health and social care (People)	Develop and implement project plans: Collective Leadership, Quality Improvement Research & Innovation	D McAlister Director HR & Organisational Development
6. Develop an integrated plan for the people of Belfast with a range of partners and agencies (Partnerships)	A Community Health & Social Care Plan, agreed for implementation with Partners (linked to the Community Plan)	S Devlin Director of Performance, Planning & Informatics

3. The Corporate Management Plan 2016/17

Objective	Outcome	Who
Safety & Excellence		
1. We will build the will and the capacity to ensure that continuous quality improvement and the relentless reduction of patient harm becomes our greatest focus	Integrated Trust QI delivery with measurable benefits for patients/clients	Medical Director
2. Deliver Corporate Parenting and Safeguarding responsibilities throughout the Trust	Improved recognition and reporting of children and young people at risk of harm. Strengthen the recognition of the need to safeguard adults who require protection	Director of Social Work
3. Implement Professional Revalidation	Ensure that all staff have achieved practice requirements to reapply for revalidation with the relevant professional body	Director of Nursing & User Experience
4. Deliver all Controls Assurance standards, 95% full compliance for BRAAT and foster open, transparent and learning culture. Improve compliance with mandatory training	Provides evidence of BHSCT safe and effective service delivery	All Directorates
5. Develop New Directions 2 proposals for Adult Acute Care	Strategic Proposals developed	Director of Finance
6. Implement a revised approach to complaints management	An improved experience for our service users following a complaint as a consequence of a more focused service- user complaints management process	All Directorates
Continuous Improvement		
1. Improving care to support more people to live well at home	Ensure improvement in the delivery of more integrated services for people in the community	Director of Adult Social & Primary Care
2. Improving Elective Care with an emphasis on Cancer Care improvement- Develop and deliver Improvement Plan for Elective Care including Cancer performance	Ensure improvement in the delivery of Cancer targets and other agreed elective targets	Director Surgery & Specialist Services
3. Improving Unscheduled Care- Identify, resource and deliver Unscheduled Care Plan for 16/17 including Escalation Arrangements	Ensure improvement in the delivery of Unscheduled Care	Director Unscheduled & Acute Care
4. Enhance levels of employee engagement with the Trust	Ensure improvement in the experience of patients, clients, families and our staff	Director of HR & OD
5. Further embed Patient and Public Involvement (PPI) across the Trust	Measureable improvement in engagement and involvement	Medical Director
6. Improving care through information infrastructure and technology	Agreed delivery of new Informatics Strategy	Director of PPI
People		
1. Implement the Organisational Development Framework to realise our ambition of being recognised as a world leader in the provision of health and social care	Develop and implement project plans: Collective Leadership, Quality Improvement, Research and Innovation	Director of HR & OD
2. Implement the new Trust 'People Strategy' and embed caring, supporting, improving together	Plans and actions in place to support Trust objectives	Director of HR & OD
3. Implement the updated 'Leadership and Management Framework', driving forward collective leadership	Embedding a culture of safety, quality and high performance	Director of HR & OD
4. Implement the Health and Wellbeing Strategy and improve the health and wellbeing of our staff	Supporting the Trust purpose and improved attendance levels	Director of HR & OD
5. Continue implementing the Trust Learning and Development Strategy ' Training Our People Today for Tomorrow'	Supporting the delivery of the Trust Values and objectives	Director of HR & OD
6. Further embed HRPTS and Shared Service (Payroll and Recruitment) system and processes	Increase capacity and capability in the use of new systems and improved efficiency and effectiveness of services	Director of HR & OD

3. The Corporate Management Plan 2016/17

Partnerships		
1. Develop an integrated plan for the people of Belfast with a range of partners and agencies	A Community Health and Social Care Plan, agreed for implementation with Partners	Director of PPI
2. Develop, communicate and implement a Partnership Framework with Partners <i>in context of Making Life Better</i>	Demonstrate active and learning Partnership team and Framework	Cross-Directorate
3. In partnership with Belfast City Council and others, develop the Belfast Community Plan	A Community Plan, locally owned and supported, with clear partner responsibilities	Cross-Directorate
4. Focus on political engagement as part of a three year Communication Plan	Improved engagement with NI Assembly	Head of Communications
5. Further develop partnership working with marginalised/ minority groups i.e. Travellers, BME etc	Improvement in engagement and involvement and access to services	Cross-Directorate
6. Consult on the Trust's Equality Scheme and develop Action plans on disability, Section 75 inequalities and Good Relations	Reduction in Trust Health & Social Care inequalities	Cross-Directorate
Resources		
1. Plan for transition of appropriate HSCB/LCG functions to the Belfast Trust	Develop joint commissioning and service delivery for the Belfast population (and regionally where appropriate)	Director of PPI
2. Achieve financial balance and deliver actions in accordance with agreed Plans	Deliver Break-even position, deliver planned activity, KPI's/Job Plans for all and communicate effectively	All
3. Manage the delivery and funding of agreed elective and non-elective and activity	Ensure activity agreed for new arrangements in 17/18	All
4. Accountability and Organisational Performance regularly monitored and reviewed	On-going improvement in service quality, safety and performance	Director of PPI
5. Deliver the Trust's Capital Projects & Capital Planning for 16/17	Building works underway for the new Maternity and Acute Inpatient Mental Health hospitals. Enabling site works and design works underway for the New Children's hospital	Director of Finance
6. To contribute to 'Making Life Better' through the development and implementation of Belfast Trust sustainability strategy	Deliver improvements through the Trust's seven working groups	Directors of Finance & Nursing/User Experience

4.1 Unscheduled and Acute Care Management Plan, Key Objectives 2016/17

Objective	Outcome	Responsible
Safety & Excellence		
<ol style="list-style-type: none"> 1. Agree at least one specific Qualitative improvement initiative in each specialty area 2. Improve clinical practices and processes to reduce Healthcare Acquired infections 3. Identify key learning themes from 2015/16 4. Implement Quality Improvement Plan 5. Review performance against recently published London Quality standards for Unscheduled Care 	<ul style="list-style-type: none"> • Ensure the highest quality care in line with best practice • Reduction in the incidences of HCAs across the Directorate • Learning from these themes is shared and actions taken • Introduce, monitor and evaluate actions from QIP. Review of membership and involvement in Morbidity and Mortality meetings • Improve performance against benchmarked standards 	<p>Co-Directors</p> <p>Co-Directors</p> <p>Co-Directors</p> <p>SMT</p> <p>Co-Directors</p>
Continuous Improvement		
<ol style="list-style-type: none"> 1. Develop further the model of Emergency Ambulatory Care 2. Improve the pathway for category 4/5 patients (minors) by reducing waiting times in Emergency Departments 3. Improve Theatre and Critical care efficiency to increase patient throughput within available resource 4. Improve access and deliver core activity volumes in elective areas 5. Support improvements on the Mater site through IMPACT work-stream 	<ul style="list-style-type: none"> • Development of pathways to support the Unscheduled Care standards • Improvement in waiting time standards • Enable best practice service delivery within available resource • Reduction of waiting times and achievement of agreed core activity levels • Improvements evidenced on patient pathways on Mater site 	<p>Co-Directors</p> <p>Co-Directors</p> <p>Co-Director ACCTSS</p> <p>SMT</p> <p>Co-Directors</p>
People		
<ol style="list-style-type: none"> 1. Work with key stakeholders to find solutions to improve recruitment and retention across all levels of nursing and medical workforce 2. Improve staff engagement across the Directorate 3. Implement actions arising from the results of the staff survey and Investors in People 4. Continue to improve on levels of staff appraisal and mandatory training 5. Promote staff health and wellbeing thus reducing absenteeism 	<ul style="list-style-type: none"> • Improvement in recruitment and retention of staff • Improvement in the engagement of staff across the Directorate • Action plans in place to implement results and regular monitoring of performance against these plans • Improved levels of appraisal and compliance with requirements of mandatory training • Improvement in absenteeism levels 	<p>SMT</p> <p>SMT</p> <p>SMT</p> <p>SMT</p> <p>SMT</p>

Partnerships		
1. Continue to be active partners with established partners	<ul style="list-style-type: none"> • Consolidate and enhance working relationships with already established partners 	SMT
2. Deliver on 3 Patient and Public Involvement projects	<ul style="list-style-type: none"> • Identification and delivery of projects 	SMT
3. Work with other Trusts to develop the Regional Trauma network	<ul style="list-style-type: none"> • Mechanisms in place and network developed 	Co-Directors
4. Continue to work with the Trade Unions and Professional Associations to promote good relations	<ul style="list-style-type: none"> • Mechanisms to engage with Trade Unions and Professional Associations in place 	SMT
Resources		
1. Ensure the effective use of revenue resources	<ul style="list-style-type: none"> • Provide assurance that Budgets are robustly managed and savings plans are realistic and achievable 	SMT
2. Improve use of E Rostering to drive improved resource management	<ul style="list-style-type: none"> • Implementation in all areas of the Directorate 	SMT
3. Engage and support staff to use available technology to improve the efficiency and effectiveness of services	<ul style="list-style-type: none"> • Improvements in the delivery of services through the use of technology 	SMT
4. Secure appropriate resource to commission Critical Care and Theatres in Phase 2B	<ul style="list-style-type: none"> • Agreement of resource and implementation plan in place 	Co- Director ACCTSS

4.2 Specialist Hospitals and Women's Health Management Plan, Key Objectives 2016/17

Objective	Outcome	Who
Safety and Excellence		
<ol style="list-style-type: none"> Develop Directorate database & ensure more efficient control of timelines for reporting, investigating and actioning SAI Implement Quality Improvement Plan & Deliver on the rolling programme of training High standards of clinical excellence through on-going service review & audits Professional registration and revalidation Deliver on Assurance agenda 	<ul style="list-style-type: none"> Improvements in SAI responses, within required timeframes Introduce/ monitor& evaluate actions from QIP. Ensure sufficient numbers of staff attend training at the appropriate level Infection rates monitored all ward areas& further reduction in infection rates for C section & implementation Spinal Surgery Register. Address remedial actions from RQIA inspections. Streamlined processes e.g. Electronic medicines cabinet All staff employed within the directorate maintain relevant professional registration, with particular emphasis 16/17 on new revalidation requirements for nurses Appropriate directorate representation on all relevant groups within the Assurance structure and delivery on key objectives e.g. BRATT 2 	<p>SMT/GQM</p> <p>SMT/GQM</p> <p>SMT</p> <p>SMT/ ADONs</p> <p>SMT; GQM</p>
Continuous Improvement		
<ol style="list-style-type: none"> Review pathways in Elective, unscheduled and cancer care Administration review Paediatric Services Continued Implementation of Maternity Strategy, normalising childbirth Develop priorities in the effective management of risk/ governance 	<ul style="list-style-type: none"> Improved clinical pathways and waiting times, within existing resource. Increased ability to deliver on ministerial targets& expected SBA Improved, streamlined admin processes, that support service area & directorate activities Develop initiative for age appropriate care environments across the Trust. Within BHSCT develop more seamless transition to adult services for children with complex needs. Continued reduction in caesarean section rates. Additional support for particular patient demographics e.g. teenage pregnancies & high BMI. Progress key priorities e.g. Medical cover MPH; Implementation RQIA GUM& SH recommendations; `Get it Right First Time` in T&O and other specialities; Mental Capacity Bill Considerations. 	<p>SMT/PPM</p> <p>SMT/PPM</p> <p>Co- Director; SM&AMD Child Health</p> <p>Co-Director, SM & CD Maternity services</p> <p>SMT</p>
People		
<ol style="list-style-type: none"> Develop Collective leadership, Succession planning programmes & use of Trust ODF 	<ul style="list-style-type: none"> Ensure one team effectiveness day per Co- Director in 16/17 and increased uptake of development opportunities, coaching & leadership training. Develop staff knowledge of ODF & its application especially re: Patient experience; Research& innovation; Safety& Quality 	<p>SMT</p>

2. Medical Staff Governance& Administration	<ul style="list-style-type: none"> Database for medical staff mandatory training. Consultant job plans agreed in line with Directorate priorities. Junior doctors working to WTD compliant rotas 	SMT
3. Recognise and value the contributions of our teams and individual staff	<ul style="list-style-type: none"> Existing induction programmes evaluated via staff feedback. Staff surveys e.g. dental. Management of sickness/ absence and staff use of Trust initiatives re health & well-being. Implement directorate mandatory training database 	SMT
4. Service Improvement & developments	<ul style="list-style-type: none"> Review management capacity across directorate & utilise any identified opportunities. Hold 2 service improvement workshops to share innovations/ achievements and act as driver for change 	SMT
Partnerships		
1. Development of Directorate action plan in relation to PPI framework	<ul style="list-style-type: none"> PPI framework embedded across directorate as part of any service development. 	SMT
2. In conjunction with Corporate Communications, develop use of media/ IT to promote directorate	<ul style="list-style-type: none"> Enhanced use of social media. Development of directorate & service area films/ websites and information links for staff& service users. 	SMT
3. Review of Capacity and Demand	<ul style="list-style-type: none"> Collaborate with other Trusts and Commissioner with initiatives which help meet service pressures e.g. Repatriation models; Spinal Pathway/ use of ICATS. 	Co-Director &SMS - T&O / PPM
4. Further development of Trust & regional networks across number of directorate specialities.	<ul style="list-style-type: none"> Review existing networks e.g. Paeds; Dental& ENT. Build on opportunities to develop further across the region. Implement a single waiting list for Paediatrics. 	SMT
Resources		
1. Ensure the effective use of Capital & revenue resources	<ul style="list-style-type: none"> Provide assurance that budgets are robustly managed and savings plans are realistic & achievable. Continue to progress infrastructure changes e.g. RBHSC; New maternity hospital. 	SMT
2. Maximise the impact of Capital funding	<ul style="list-style-type: none"> Prioritise capital funding to mitigate risk & link resources to service improvement plans. 	SMT
3. Negotiate with procurement to achieve improved value for money, across SHWH	<ul style="list-style-type: none"> Review high cost areas with PALS and achieve cost savings & better value for money where possible e.g. Spinal implants 	SMT
4. Optimise use of Service level agreements across the directorate.	<ul style="list-style-type: none"> Review of SLA within Directorate e.g. Undergraduate training Paediatrics/ QUB 	SMT

4.3 Surgery and Specialist Services Management Plan, Key Objectives 2016/17

Objective	Outcome	Who
Safety and Excellence		
1. Re-design pathways in Oncology and Haematology 2. Implement the Regional Information System for Oncology and Haematology (RISOH) 3. Extend E-Rostering project and Safe Care 4. Implement Quality Improvement Plan 5. Deliver on Assurance agenda	<ul style="list-style-type: none"> • Ensure the highest quality care in line with best practice • Deliver on the objectives of the RISOH project • Capitalise on the success of Phase 1 E-Rostering in the roll out of the system to appropriate services • Introduce, monitor and evaluate actions from QIP • Continue to pursue the Assurance agenda, being widely represented on all groups within the Assurance structure 	Co-Director - Cancer & Specialist Medicine (CSM) Co-Director (CSM) SMT SMT SMT
Continuous Improvement		
1. Review pathways in Elective and Cancer Care 2. Carry out review of Capacity and Demand in all areas 3. Progress New Directions 2 (ND2) 4. Innovate using Technology 5. Evaluate requirement for additional resource	<ul style="list-style-type: none"> • Enable best practice service delivery within available resource • Evaluate shortfall/surplus in capacity and quantify impact • Work in conjunction with wider Trust teams to ensure a co-ordinated approach to implementation of ND2 • Avail of all opportunities to pilot new methods of working, upgraded equipment and newer versions of commonly used software and equipment • We will progress proposals for service enhancement where evidence indicates or 	SMT SMT SMT SMT SMT
People		
1. Recognise and value the contributions of our teams and individual staff 2. Role Extension - Nursing and AHP 3. Tissue Pathology - Service Re-design 4. Statutory & Mandatory training	<ul style="list-style-type: none"> • Celebration Events, publication of good news and evidence of a culture of recognition across the Directorate • Review and recommend change in the working practices of Nurses and AHP's to enhance job satisfaction and improve service quality • Create the opportunity for the Tissue Pathology staff to work centrally and improve team cohesion • Be innovative in the delivery of Statutory & Mandatory Training, ensuring an increase in accessibility to training and increased compliance 	SMT SMT SMT SMT

Partnerships		
1. Increase partnership working in the delivery of care	<ul style="list-style-type: none"> Consolidate and enhance working relationships with already established partners 	SMT
2. Carry out Reviews of Regional Services	<ul style="list-style-type: none"> Work with a range of stakeholders in the review of Regional Services e.g. Ophthalmology ,Vascular Surgery, Renal Services and Laboratories 	Co-Director - Specialist Surgery
3. Cancer Centre, Altnagelvin	<ul style="list-style-type: none"> Collaborate with WHSCT and Commissioner in the development of the Cancer Centre at Altnagelvin 	Co-director (CSM)
4. Co-operation - N.I. and Rol	<ul style="list-style-type: none"> Work in partnership with Rol in the delivery of Renal Transplant and Tissue Pathology Services 	Co-Directors - L&P and CSM
Resources		
1. Ensure the effective use of revenue resources	<ul style="list-style-type: none"> Provide assurance that Budgets are robustly managed and savings plans are realistic and achievable 	SMT
2. Maximise the impact of Capital funding	<ul style="list-style-type: none"> Prioritise capital funding to mitigate risk and link resources to service improvement plans 	SMT
3. Demand Management – Laboratories	<ul style="list-style-type: none"> Develop monitoring and reporting systems and creating a different budgetary model 	Co-Director - Laboratories & Pharmacy (L&P)
4. Medicines Optimisation	<ul style="list-style-type: none"> Continue to seek to maximise the best value in the procurement of pharmaceutical products 	Co-Director - L&P

4.4 Children's & Community Services Management Plan 16/17

Objective	Outcome	Lead
Safety & Excellence		
1. To ensure the safe transfer of Glenmona to the Trust.	<ul style="list-style-type: none"> All staff are transferred to BHSCT by 1.7.16; Service maintained throughout the transfer. 	Co-Director, Child Health and Child Care
2. To implement the recommendations of the RQIA Reviews of Child Protection and RESWS.	<ul style="list-style-type: none"> Development and implementation of action plans; Improved service delivery. 	Co-Director, Child Health and Child Care; Co-Director, Family and Child Care
3. To improve the quality of safeguarding practice across all Directorates in line with the Trust's Safeguarding Committee and SBNI (Safeguarding Board NI) Belfast Panel Business Plan.	<ul style="list-style-type: none"> Improved quality of multi-disciplinary working for children on the Child Protection Register; Dissemination of learning from Case Management Reviews (CMRs) across Directorates and implementation of actions from CMRs, Reviews and Serious Adverse Incidents (SAIs); Roll out of Child Protection training to all relevant disciplines. 	Co-Director, Family and Child Care
Continuous Improvement		
1. To review, develop and change services in line with the Commissioning Direction and the needs of the Trust's population.	<ul style="list-style-type: none"> Implementation of a new model for Fostering, Family Centres and Children with Disabilities; Implementation of the recommendations of the Care Pathways Project to improve the experiences of Looked After Children. Implementation of a new model of administration to support service delivery. 	Co-Director, Child Health and Child Care; Co-Director, Family and Child Care; Service Mgr, Gov, Perf and Admin
2. To review the use of independent sector Foster placements.	Increase in the number of in-house Foster carers.	Co-Director, Family and Child Care
3. To promote the IHI Quality Improvement approach.	A small number of quality initiatives initiated using improvement methodologies.	Service Mgr, Gov, Perf and Admin
4. To introduce an Outcomes Based Accountability (OBA) approach across the Directorate.	OBA approach introduced in 3 areas.	All
People		
1. To engage more proactively with staff	<ul style="list-style-type: none"> Staff feel engaged in the planning and delivery of services. Greater visibility of the Senior Management Team across services and teams. 	All
2. To promote a culture of learning across the Directorate.	<ul style="list-style-type: none"> Delivery of Leadership and Management programmes for frontline managers. Enhanced opportunities for multi-disciplinary reflective learning. 	All
3. To continue to promote Personal and Public Involvement (PPI).	<ul style="list-style-type: none"> Development of a Directorate-wide approach to PPI. Involvement of service users in the planning and delivery of services. 	All

4. To develop a Workforce Plan for the Directorate.	Confirmation of future staffing requirements in line with service needs.	All
5. To roll out the Professional in Practice (PiP) Post-qualifying Accreditation Framework for Social Workers.	<ul style="list-style-type: none"> Continued focus on learning and development. Registration of Social Work staff in line with the framework. 	Co-Director Social Work and Social Care Governance
6. To continue to support and facilitate the registration and revalidation of staff in partnership with the NI Social Care Council (NISCC) and the Nursing and Midwifery Council (NMC).	Registration of the Social Care workforce and revalidation of a proportion of nursing staff within the required timescales.	Co-Director Social Work and Social Care Governance; Co-Director, Child Health and Child Care;
Partnerships		
1. To ensure the implementation of the Early Intervention Transformation Programme, Workstreams 1, 2 and 3	<ul style="list-style-type: none"> Implementation of Action Plans. Incorporation of Outcomes Based Accountability approach. 	Co-Director, Child Health and Child Care; Co-Director, Family and Child Care
2. To work with other Directorates to promote the Trust's Corporate Parenting role.	<ul style="list-style-type: none"> Provision of a range of workplace employment opportunities for care leavers. Increase in the number of care leavers experiencing taster sessions, work placements and employment within the Trust. 	Co-Director, Family and Child Care
3. To work with external partner agencies involved with the SBNI Board and the Belfast Safeguarding Panel.	<ul style="list-style-type: none"> Improved multi-agency working with regard to Safeguarding. 	Co-Director, Family and Child Care
4. To promote the work of the Belfast Outcomes Group.	<ul style="list-style-type: none"> Development of 4 Locality Planning Groups Retention of funding for Family Support Hubs; Partnership Strategy. 	Co-Director, Family and Child Care
Resources		
1. To make best use of technology to improve service delivery.	<ul style="list-style-type: none"> Directorate ICT Strategy identifying key priorities and new ways of working. 	All
2. To achieve financial balance.	<ul style="list-style-type: none"> Implementation of Reform and Efficiency Plans; Achieve breakeven position. 	All
3. To implement the PARIS system across the Children's Community Services Directorate.	<ul style="list-style-type: none"> One fully operational Community Information System across the Directorate. Enhanced information management/analytics capacity and infrastructure to meet the Directorate's requirements. 	Co-Director Social Work and Social Care Governance
4. To ensure optimal usage of accommodation within community facilities.	Provision of community based accommodation to meet service needs across the Trust.	Service Mgr, Gov, Perf and Admin

4.5 Adult Social and Primary Care Services Management Plan 2016/17

Objective	Outcome	Who
Safety and Excellence		
<ol style="list-style-type: none"> 1. We will fully implement the model of Self Directed support for people in receipt of services over the next two years. 2. We will use national benchmarking to assist evaluate services 3. We will maintain and improve Safeguarding services and practice 4. We will maintain and Improve the quality of our community services. 5. We will Improve service quality 6. We will prepare for the mental health Capacity Bill. 	<ul style="list-style-type: none"> • We will ensure everyone in receipt of social care will have a self-directed support care plan by March 2019. • We will map services against NHS Benchmarking Network Data and agree priorities and action plan • We will ensure we have robust and responsive safeguarding systems • We will Implement the recommendations from RQIA Review of Community Services and our quality improvement plans to ensure people with needs have quality lives. • We will Identify and develop a range of quality initiatives using improvement methodology • We will develop and implement an action plan, as part of an overall Trust plan, in preparation for the implementation of mental health Capacity Bill 	<p>All</p> <p>All</p> <p>All</p> <p>All</p> <p>All</p> <p>All</p>
Continuous Improvement		
<ol style="list-style-type: none"> 1. We will ensure a high level of staff engagement and investment in our people. 2. We will optimise the use of technology to improve service delivery. 3. We will raise awareness of organisational development and actively participate in Organisational development programmes 4. We will Improve inpatient treatment services. 5. We will Improve Day service provision. 6. We will Improve patient experience and reduce waiting times. 7. We will review Living options for people with needs. 	<ul style="list-style-type: none"> • We will implement action from the IIP and staff survey action plans • We will Identify priority areas for the introduction of technology across all services and develop business case for mobile working • We will participate in collective leadership initiatives, establish a clear collective leadership model for the Directorate • We will agree plan to modernise Inpatient services and care and develop action plan and timescales • We will increase Day Opportunity provision across Belfast and improve user experience. • We will redesign & implement single points of access / assessment centre. Improved user satisfaction & performance. • We will review how we support people to continue to live independently in the community and maximise and optimise the range of support options 	<p>All</p> <p>All</p> <p>All</p> <p>All</p> <p>All</p> <p>All</p> <p>All</p>

People		
1. We will ensure the Directorate has the right people with the right skills in the right place at the right time.	<ul style="list-style-type: none"> We will implement the 16/17 priority actions from our workforce plan, and Implement priority recommendations from our workforce reviews. 	All
2. We will ensure staff are supported to maintain their well-being and deliver a high quality service	<ul style="list-style-type: none"> We will develop an Action plan to improve staff Health & Wellbeing and reduce absenteeism & backfill 	All
3. We will ensure all levels of management have access to leadership/management training.	<ul style="list-style-type: none"> We will deliver bespoke leadership and management programme for middle and first line managers 	All
4. We will ensure high level of staff engagement & contribution to Directorate plans.	<ul style="list-style-type: none"> We will achieve 90 % PCPs/PDPs 	All
5. We will develop an estates strategy to improve the working environment, for our staff and service users.	<ul style="list-style-type: none"> We will improve service user and staff satisfaction with, and experience of improvements in the working environment. 	All
Partnerships		
1. We will improve partnership working with Belfast City Council	<ul style="list-style-type: none"> We will develop formal links and action plan in association with the BCC community planning team 	All
2. We will Improve partnership working with the Community and Voluntary sector.	<ul style="list-style-type: none"> We will review C&V sector contracts to improve outcomes and align with Directorate strategies. 	All
3. We will maintain and improve partnership working with the NIHE and Housing Associations to develop supported Housing to support HSC strategies.	<ul style="list-style-type: none"> We will maximise and optimise opportunities to bring forward business cases for the further development of supported Housing. 	All
Resources		
1. We will achieve our financial targets and service improvement plans.	<ul style="list-style-type: none"> We will achieve a break even financial position at year end and achieve our financial targets. 	All
2. We will Improve performance in attendance	<ul style="list-style-type: none"> We will achieve target of minimum 1% reduction in absenteeism March 2016 baseline 	All

4.6 Nursing and User Experience Management Plan 2016/17

Objective	Outcome	Who
Safety and Excellence		
<ol style="list-style-type: none"> We will continue to support service Directorates to reduce harm, waste and variation in line with the Trust Quality Improvement Plan. We will continue to support and actively contribute to the provision and maintenance of a safe healthcare environment for the delivery of services to our patients, clients and employees. We will maintain overall substantive compliance with each of the appropriate Controls Assurance Standards to include substantive compliance with each of the standards individual criterion. 	<ul style="list-style-type: none"> Deliver improved compliance on agreed standards. Deliver measurable improvements in quality and safety. Deliver improved patient/client experience. Compliance with BRAAT Phase 2 across the Directorate by 31 December 2016. 	Co-Directors Senior Managers
Continuous Improvement		
<ol style="list-style-type: none"> We will deliver Ministerial targets for 2016/17 for the Nursing & User Experience Directorate. We will continue to support service Directorates to deliver against the Continuous Improvement Programme. We will continue to support service Directorates to deliver against the Strategic Service Reform agenda and New Directions 2. We will continue to support service Directorates to implement, where appropriate, the recommendations of the Donaldson Review. 	<ul style="list-style-type: none"> The implementation of improvement plans supported, where appropriate, by the Nursing & User Experience Directorate. Successful Implementation of other reform and modernisation projects and initiatives. Progress on the implementation of the recommendations of Donaldson Review. 	Co-Directors Senior Managers
People		
<ol style="list-style-type: none"> We will support the implementation of the Organisational Development Framework. We will support the implementation of the Trust's People Strategy. We will support the implementation of the Leadership and Management Framework. We will implement the Health and Wellbeing Strategy. We will continue to support the implementation of the Trust Learning and Development Strategy. We will continue to embed the Trust's Corporate Values. We will prioritise compliance with the Trusts Statutory Mandatory 	<ul style="list-style-type: none"> Increased awareness and application of Trust Values across the Directorate. Full compliance with Trust's Statutory Mandatory Training Policy. Further progress on Directorate's organisational arrangements. Reduction in absenteeism levels due to sickness. Healthier high performing workforce. 	Co-Directors Senior Managers

<p>Training requirements across the Directorate.</p> <p>8. We will continue on a phased basis to progress with implementation of new organisational arrangements across the Directorate.</p> <p>9. We will reduce absenteeism in line with targets for 2016/17.</p>		
Partnerships		
<p>1. We will engage with service users, carers and our own workforce in the planning, design, development and delivery of our services.</p> <p>2. We will continue to provide supported employment opportunities and implement our responsibilities as a Corporate Parent.</p> <p>3. We will work with external authorities in support of ensuring high standards of safety and quality in the delivery of our services.</p>	<ul style="list-style-type: none"> • Inclusion of patients, clients and carers in the design, planning and delivery of services. • Provide a range of employment support initiatives, work placements and paid employment opportunities for young people leave care. 	<p>Co-Directors Senior Managers</p>
Resources		
<p>1. We will deliver financial balance whilst delivering the objectives set out in our 2016/17.</p> <p>2. We will deliver our Directorate Reform and Efficiency Plan for 2016/17.</p> <p>3. We will ensure service developments/enhancements are adequately resourced.</p>	<ul style="list-style-type: none"> • Financial stability by achieving a break even position. • Demonstration of value for money. • Ensure any service developments are adequately funded. 	<p>Co-Directors Senior Managers</p>

4.7 Medical Directorate Management Plan 2016/17

Objective	Outcome	Who
Safety and Excellence		
1. We will ensure that continuous quality improvement and the relentless reduction of patient harm becomes our greatest focus.	Integrated Trust QI delivery with measurable benefits for patients/clients	Medical Director / Codirector Governance
2. We will implement Professional Revalidation	Ensure that all medical staff have achieved practice requirements to reapply for revalidation with the relevant professional body	Medical Director / Education Manager
3. We will deliver all Controls Assurance standards, 95% full compliance for BRAAT and foster open, transparent and learning culture. Improve compliance with mandatory training.	Lead and support achievement of substantive compliance for Controls Assurance, ensuring appropriate action plans are in place to deliver improvement for any individual criterion below this level. Lead and support the Organisation in 95 % completion of BRAAT 2 by end December 2016 and substantive compliance achieved in 75% of areas.	Codirector, Governance
4. We will continue to review Mortality and Morbidity, particularly in the context of changes in how we deliver unscheduled care. We will triangulate Governance information.	Effective and timely feedback to Learning from Experience Group.	Codirector. Governance.
5. We will review the Trust Assurance Framework	Revised Trust Assurance Framework	Codirector, Governance
6. We will develop a system for automatically seeking patient and user experience wherever they access our services.	Enhanced patient and user feedback	Medical Director with colleagues
7. We will support the delivery of the Trust Quality Improvement Plan and will work towards an open and data-driven culture, to support Quality 2020 objectives – Safety, Quality, and Effectiveness	Delivery of key aspects of the Plan where the Medical Director is the lead Director.	Medical Director
8. We will continue to contribute to national audits	Contribution to national audits	Codirector Governance
9. We will continue to foster a culture of openness, transparency and learning.	Range of outcomes including Safetember and Being Open e-learning	Codirector, Governance
10. We will support the roll-out of the regional MMRS system	MMRS system rolled out across the Trust	Codirector, Governance
11. We will work with key partners to promote an active research culture and to ensure that patients and clients have the opportunity to participate in research studies	A wide range of research studies will take place throughout the Trust.	Research Director
Continuous Improvement		
1. We will further embed Patient and Public Improvement (PPI) across the Trust.	Measureable improvement in engagement and involvement	Co-Director, Public Health
2. We will ensure that the job planning process is used as a vehicle to support improvements in elective care, cancer care and unscheduled care.	Outcomes in accordance with a detailed action plan being developed in the early part of the year with Finance and HR colleagues	General Manager
3. We will arrange a Research and Innovation Workshop to agree a plan for 2016/17; to include scope for research investment in the Trust.	Research and Innovation Plan	Deputy Medical Director – Corporate.
4. We will work with QUB and other relevant partners to finalise a BRC proposal for submission.	BRC proposal	Deputy Medical Director - Corporate

People		
1. We will build on our work on Medical engagement with a Medical Engagement Strategy launched early in 2016/17	Medical Engagement Strategy	Medical Director / Deputy Medical Director, Workforce / General Manager
2. We will further develop and improve the processes for medical induction, mandatory training, appraisal and revalidation, focussing on safety and quality assurance.	Improved induction, delivery of mandatory training, appraisal and revalidation.	Education Manager
3. We will ensure that there are consistent, regular and effective arrangements for feedback from learning opportunities for all staff.	Implementation of shared learning	Codirector, Governance
4. We will implement the Health and Wellbeing Strategy through Be Well, Here4U, and other programmes.	Improved Health and wellbeing for staff	Codirector, Public Health
Partnerships		
1. We will co-chair the Trust partnership forum and ensure that the priorities align to Making Life Better and other strategic priorities	Delivery of key aspects of Making Life Better	Codirector, Public Health
2. We will establish a structured process for supporting Trust participation on partnerships, the securing of feedback from partnerships, and listening to those voices.	Assurance framework and clear guidance to be provided to Directorates	As above
3. We will contribute to the Belfast Community Planning process.	A community plan which embraces Making Life Better and New Directions 2	As above
4. We will work with Travellers, Roma and BME groups to address health inequalities.	Improved health and wellbeing and access to services	As above
5. We will deliver on priority health issues including Alcohol, Tobacco, Obesity and Physical activity.	Increase training capacity and improved health and well being	As above
6. We will further develop our partnership working with QUB and NIMDTA, in the development of the undergraduate and postgraduate education programmes	Enhanced working relationships, enhanced educational opportunities	Medical Director, Director of Medical Education
Resources		
1. We will deliver financial balance whilst delivering the objectives set out in our 2016/17.	Financial stability by achieving a break even position.	Senior Management Team
2. We will deliver our Directorate Reform and Efficiency Plan for 2016/17.	Demonstration of value for money.	
3. We will lead a programme of review across the Trust, in conjunction with Finance and Directorate colleagues to review medical spend, in order to ensure that it is efficient and effective	Demonstration of value for money; improved services for patients.	Medical Director General Manager

4.8 Human Resources and Organisational Development Management Plan 2016/17

Objective	Outcome	Who
Safety and Excellence		
1. To implement the Safer Recruitment and Employment Action Plan 2. To agree and implement a medical recruitment and retention strategy 3. To prioritise and review statutory and mandatory training provision and identify new way of provision 4. Support the implementation of Quality 2020 through the development and provision of training aligned to the quality attributes framework	<ul style="list-style-type: none"> • Improved compliance against key audits, guidance and legislation. • Standards in place and high levels of compliance achieved • Agreed strategy • Improved retention and medical engagement levels • Positions filled • New roles and innovative ways to recruit • Action plan developed • Increased compliance with policy as tested through accountability and audit • Increased number of programmes available in digital format • Targets for participation in Level 1 and 2 programmes met • ELearning programme available to all staff • 10% of workforce undertaken Level 1 Q2020 training 	Co-Director Jacqui Kennedy Co-Director Jacqui Kennedy Co-Director Joan Peden Co-Director Joan Peden
Continuous Improvement		
1. To lead implementation of the Trust's Organisational Development Framework 2. To support the update of the ' Belfast Way ' and development and implementation of ' New Directions ' and strategic reform and modernisation programmes across the Trust 3. Further embed HRPTS and Shared Service (Payroll and Recruitment) system and processes and realise benefits of HRPTS implementation 4. To implement the new ' HR Business Partner Model ' to Service Directorates	<ul style="list-style-type: none"> • Framework launched and increased awareness and understanding within Trust • Organisational Development infrastructure in place • Strategy and plans for safety and quality, research and innovation and collective leadership • Updated 'Belfast Way' • Development of 'New Directions' • Workforce issues identified and managed • Transfer of Glenmona completed, including transfers and Tupe • Lead on the workforce issues associated with transfers and Tupe arrangements • Increase capacity and capability in the use of systems and improved efficiency and effectiveness of service • HRPTS fully utilised and deployed • Transition wef June 2016 • Training underway • Improved organisational development and people management • Management outcomes within Service Directorates 	Co-Director Joan Peden Co-Director Joan Peden Co-Director Jacqui Kennedy Co-Directors Jacqui Kennedy / Joan Peden

People		
1. To launch and commence implementation of the new Trust People Management Strategy and embed caring, supporting, improving together	<ul style="list-style-type: none"> Greater awareness of caring, supporting, improving together Realisation of Trust People objectives 	Co-Director Jacqui Kennedy
2. To implement the Health and Wellbeing Strategy and improve the health and wellbeing of our staff	<ul style="list-style-type: none"> All actions achieved through partnership approach and Directorate commitment. Focus Group and Action Plan in place. DHSS&PS and target Directorate Absence targets achieved/reduced Revised Policy in place 	Co-Director Jacqui Kennedy
3. To communicate the Staff Survey 2015 findings throughout the Trust and put in place sustainable processes to ensure continuous improvement and actions are taken within each Directorate	<ul style="list-style-type: none"> Implementation of actions Improved results of Staff Survey in 2017/18 Improved levels of engagement 	Co-Director Jacqui Kennedy
4. To develop a continuous Improvement Plan for liP and identify and commence actions for transition to Generation VI model	<ul style="list-style-type: none"> Recognition event Feedback to Directorates Plan developed and communicated to key stakeholders CIP in place 	Co-Director Joan Peden
5. To further embed Trust Values and implement a Valued based Employment Framework	<ul style="list-style-type: none"> VBE framework in place and increased awareness and demonstrable application by staff of behaviours and Trust Values Phase 2 implemented and evaluation complete Full participation across all bands in values workshops 	Co-Directors Jacqui Kennedy / Joan Peden
6. To increase Employee Engagement levels within the Trust	<ul style="list-style-type: none"> Programme of work implemented with increased EE scores realised 	Co-Director Joan Peden
7. To improve engagement with medical staff across the Trust in conjunction with the Medical Directors office	<ul style="list-style-type: none"> Engagement sessions held in all areas Quarterly reports issues Action plans agreed with Medical Director/AMD Support and advise the medical director in taking forward the actions identified in the overall Trust Medical Engagement Strategy 	Co-Director Jacqui Kennedy
8. To enhance Leadership and Management through the implementation of the Trust's Leadership Framework	<ul style="list-style-type: none"> Leadership and Management Framework launched Cultural assessment successfully complete Evidence of improvement demonstrated through evaluation of programmes 	Co-Director Joan Peden
9. To review and improve the Coaching Framework	<ul style="list-style-type: none"> Increased participation in coaching service and coaching skills for managers Successful accreditation of candidates Successful evaluation reports 	Co-Director Joan Peden
10. To review and identify the key Succession Planning requirements within the Trust	<ul style="list-style-type: none"> Exit Interview process is reviewed and action taken Individuals undertaking the Succession Planning programme initiatives Multi-disciplinary group established 	Co-Director Joan Peden
11. Continue to support implementation of the Trust's Learning and Development Strategy	<ul style="list-style-type: none"> Action plan in place Year 3 plan complete 	Co-Director Joan Peden

Partnerships		
1. To work in partnership with the Northern Ireland Human Rights Commission to develop a pilot human rights based approach	<ul style="list-style-type: none"> Improvement in patient experience. Increased staff satisfaction. Reduction in complaints / Increase in compliments 	Co-Director Joan Peden
2. To consult on a new Section 75 action based equality plan to tackle inequalities	<ul style="list-style-type: none"> Tangible outcomes and improved patient experience for people from across the Section 75 groups in terms of health and social care 	Co-Director Joan Peden
3. To develop and implement Supporting Belfast 2 , a learning and development strategy for Support Workers (Bands 1 – 4)	<ul style="list-style-type: none"> Supporting Belfast 2 Strategy launched 	Co-Director Joan Peden
4. To implement a new Industrial Relations Framework.	<ul style="list-style-type: none"> New framework agreed 	Co-Director Jacqui Kennedy
5. To ensure Recruitment Shared Services deliver a high quality Recruitment Service which reflects the needs of the Trust	<ul style="list-style-type: none"> Stabilisation of Recruitment Service 	Co-Director Jacqui Kennedy
6. To work with regional colleagues and Recruitment Shared Service to enable a region wide approach to recruitment where necessary	<ul style="list-style-type: none"> Extension of the use of Regional Recruitment Services where appropriate Recruitment campaigns successfully securing staff 	Co-Director Jacqui Kennedy
Resources		
1. To meet the financial targets set out by the Trust for Directorate	<ul style="list-style-type: none"> Meeting financial targets 	Co-Directors Jacqui Kennedy / Joan Peden
2. To develop capital bids for next phase of the electronics staff records	<ul style="list-style-type: none"> Bids submitted 	Co-Director Jacqui Kennedy
3. To effectively manage external contracts including service level agreements with the Business Service Organisation	<ul style="list-style-type: none"> Contracts managed and fully utilised 	Co-Directors Jacqui Kennedy / Joan Peden
4. To develop business cases / funding applications to secure funding to support organisational development infrastructure / structure	<ul style="list-style-type: none"> OD infrastructure in plan 	Co-Director Joan Peden

4.9 Performance Planning and Informatics Management Plan 2016/17

Objective	Outcome	Who
Safety and Excellence		
<ol style="list-style-type: none"> 1. Deploy PJs+ across the Mater, BCH & RBHSC & ensure embedded across sites 2. Paris - Fully deliver Family and Child Care & ensure comprehensive recording in place 3. Implement Information Governance Accountability Framework re-organisation and ensure continued safe delivery of Corporate Records function 4. Develop New Direction proposals for Adult & Community Care 5. Further develop Business Intelligence capability across the Trust in collaboration with the Regional Centre of excellence 	<ul style="list-style-type: none"> • Live, accurate patient data • Accurate Community Data • Meet IG Standards and improve service delivery • Strategic Proposals developed • Local timely access to accurate data support decision making 	<p>NW/PD</p> <p>PD</p> <p>NW/JT</p> <p>BMQ</p> <p>NW</p>
Continuous Improvement		
<ol style="list-style-type: none"> 1. Supporting improvement initiatives across elective, unscheduled & community services 2. Supporting productivity improvements via Services with Community Mobility 3. Investigate potential for more effective ways of communicating with patients & reducing cost 4. Explore the opportunities for using digital innovation to support pathway improvement, including Health Records 5. Comprehensive Plan for improvement in ICT and Information Services delivery 	<ul style="list-style-type: none"> • Delivery of key trust themes • Implement pilot Total Mobile app for PARIS in the community • Pilot, review & develop proposal • Pilot, review & develop proposal • Deliver Informatics Strategy 	<p>All</p> <p>PD/BMQ</p> <p>PD/JT</p> <p>PD/JT</p> <p>NW/PD</p>
People		
<ol style="list-style-type: none"> 1. Shared Services- ICT Staff to be engaged on process and timescale 2. Health Records - Further development for Administration staff across Directorate 3. Comply with all mandatory training across Directorate and support the development of Trust-wide delivery mechanisms for mandatory training 4. Development of PPI Team 	<ul style="list-style-type: none"> • Staff feeling supported through process –ICT staff to have Individual Development Plans • Positive staff feedback on development program • Achieve 75% from 66% • Improved collaboration across Team particularly in ICT and Information teams 	<p>PD/SD</p> <p>JT</p> <p>All</p>

Partnerships		
1. Develop with Trust team, an integrated plan for the people of Belfast with a range of partners & agencies	<ul style="list-style-type: none"> • A draft plan & implementation schedule 	BMQ/SD
2. Contribute to the Plan & Implement the agreed HSCB/LCG functions devolved to the Belfast Trust	<ul style="list-style-type: none"> • Seamless transition of appropriate HSCB/LCG functions to the Belfast Trust within agreed timescales 	All
3. Continue to work with other Trusts in the delivering of service modernisation	<ul style="list-style-type: none"> • Implementation of Ophthalmology Outpatient Service modernisation across the SEHSST/NHSST/SHSST 	JT
4. Continue to work with LCG/ Primary Care on the development of Integrated Care Partnerships & future service delivery	<ul style="list-style-type: none"> • Implementation of agreed further ICP's service developments 	SD
Resources		
1. Coding Productivity & Quality Plan	<ul style="list-style-type: none"> • Ensure delivery of coding excellence to support decision making 	NW
2. Health Records: Digital scoping exercise complete and take forward development of Trust strategy	<ul style="list-style-type: none"> • Ensuring progress with modernisation of clinical documentation to support clinicians and patients 	JT/PD
3. Contracts- Successfully deliver Domiciliary Care Procurement	<ul style="list-style-type: none"> • Focus on improved quality through robust sustainable longer term contracts with independent sector providers 	JT
4. Achieve financial balance as per agreed plan	<ul style="list-style-type: none"> • PPI Financial Stability 	All

4.10 Finance, Estates and Capital Development Management Plan 2016/17

Objective	Outcome	Responsible
Safety & Excellence		
<ul style="list-style-type: none"> ▪ Contribute to the transition of the Glenmona project in respect of oversight of Finance, Estates & ICT functions ▪ Contribute to the preparation and presentation of statutory annual accounts compliant with extant guidance and in line with the required timescale. ▪ Provide the fixed asset information required to meet the Annual Accounts faster closing deadline. ▪ Ensure MORE Programme Accountability Board governance & reporting process, provides effective information to monitor implementation of the Trusts modernisation & reform agenda. ▪ Ensure Internal Audit recommendations are implemented on a timely & appropriate basis. ▪ Deliver the below delegated limit Estates Capital Projects for the Trust within the time and budget agreed ▪ Ensure the Capital Projects are designed and built in compliance with extant guidance and regulations. 	<p>Contribute to the process to maintain service continuity.</p> <p>Fulfil Statutory requirements.</p> <p>Fulfil Statutory requirements.</p> <p>Improved resource efficiency.</p> <p>Maintain a robust internal control process.</p> <p>Improved resource efficiency.</p> <p>Fulfil Statutory requirements.</p>	<p><u>Director of Finance, Estates & Capital Development &</u></p> <p>Co-Director: (Accounting & Financial Services)</p> <p>Co-Director: (Accounting & Financial Services)</p> <p>Co-Director: (Commissioning & Capital Development)</p> <p>Co-Director: (Resource Utilisation)</p> <p>ALL Co-Directors</p> <p>Co-Director: (Estates Management)</p> <p>Co-Director: (Capital Development)</p>
Continuous Improvement		
<ul style="list-style-type: none"> ▪ Ensure that Retained Financial functions resulting from the Shared Services project are fully embedded ▪ Explore new technologies to improve performance in transaction processing, financial reporting and business intelligence. ▪ Patient Line Costing roll out will continue and further use made of Trust information systems to support more accurate costs. ▪ Explore and evaluate options to develop an electronic Patients Travel claim management system. Explore new banking technologies to provide an enhanced more efficient service. ▪ Introduce the new eTenderingNI electronic procurement system for Works and Service and Maintenance Contracts. ▪ Identify and progress the rationalisation of the Trust estate and support projects that enhance service delivery and business continuity. 	<p>Improve service delivery.</p> <p>Improved efficiency.</p> <p>Demonstrate improvements in efficiency.</p> <p>Improved efficiency.</p> <p>Improved efficiency.</p> <p>Improved efficiency.</p>	<p><u>Director of Finance, Estates & Capital Development &</u></p> <p>Co-Director: (Accounting & Financial Services)</p> <p>ALL Co-Directors</p> <p>Co-Director: (Commissioning & Capital Development)</p> <p>Co-Director: (Accounting & Financial Services)</p> <p>Co-Director: (Estates Management)</p> <p>Co-Director: (Capital Development)</p>

People		
<ul style="list-style-type: none"> ▪ Identify L+D priorities and develop an implementation plan including promotion of the new HFMA learning modules. ▪ Continue to promote effective communication through team briefings, team effectiveness sessions and completion of SDR's for all staff. ▪ Undertake a review of the ' Building on Success' vision, incorporating the views of an external reviewer, staff engagement session and external stakeholders. ▪ Work with Employability Steering Group to provide opportunities for placements for Young People in Care within the Directorate. 	<p>Continue to develop a professional team.</p> <p>Increased staff engagement.</p> <p>Continue to develop a professional team.</p> <p>Contribute to effective care outcomes.</p>	<p><u>Director of Finance, Estates & Capital Development &</u></p> <p>ALL Co-Directors</p> <p>ALL Co-Directors</p> <p>ALL Co-Directors</p> <p>ALL Co-Directors</p>
Partnerships		
<ul style="list-style-type: none"> ▪ Participate in Regional working groups to share learning and experience. ▪ Develop effective business relationships following the outcome & implementation of the revised HSC Commissioning arrangements. ▪ Continue to work with Directorate colleagues to develop their business acumen and understanding. ▪ Work with PaLs and CPD Health Projects to ensure that we are delivering the best value in the delivery of Minor Works and Maintenance Services. ▪ Involve staff, patients and service users in design development of new buildings. 	<p>Shared learning.</p> <p>Make an effective contribution to HSC objectives.</p> <p>Improved decision making.</p> <p>Effective use of resources.</p> <p>Improved clinical environments.</p>	<p><u>Director of Finance, Estates & Capital Development &</u></p> <p>ALL Co-Directors</p> <p>ALL Co-Directors</p> <p>ALL Co-Directors</p> <p>Co-Director: (Estates Management)</p> <p>Co-Director: (Capital Development)</p>

Resources		
<ul style="list-style-type: none"> ▪ Refine & Develop Savings Plans & Workforce Management reports using Trust information systems eg E Rostering & HRPTS. ▪ Ensure monthly Financial Reporting both within the Trust and external to Commissioning Bodies / DHSSPS are an accurate reflection of current performance. ▪ Review and revise the Capital Schemes monitoring procedure ensuring appropriate expenditure is capitalised and spend profiles are reflective of scheme development. ▪ Develop a more robust approach to Business Case evaluation. ▪ Provide support to clinical / organisational transition programmes including New Directions 2. ▪ Continue to develop a resource utilisation culture throughout the organisation ▪ Use information on the physical condition of our Estate to ensure resources are targeted at the most appropriate need. ▪ Develop Business Cases in line with the Trust Capital Priorities. 	<p>Effective use of resources.</p> <p>Maintain robust financial reporting.</p> <p>Maintain robust financial reporting.</p> <p>Effective use of resources.</p> <p>Effective use of resources.</p> <p>Effective use of resources.</p> <p>Effective use of resources.</p> <p>Effective use of resources.</p>	<p><u>Director of Finance, Estates & Capital Development &</u></p> <p>Co-Director: (Resource Utilisation)</p> <p>Co-Director: (Financial Management)</p> <p>Co-Director: (Commissioning & Capital Development)</p> <p>Co-Director: (Commissioning & Capital Development)</p> <p>Co-Director: (Resource Utilisation)</p> <p>Co-Director: (Resource Utilisation)</p> <p>Co-Director: (Estates Management)</p> <p>Co-Director: (Capital Development)</p>

4.11 Corporate Communications Management Plan 2016/17

Objective	Outcome	Who
Safety and Excellence		
To enhance the reputation of the Trust by ensuring that its safety and excellence work is supported through effective communication	<ul style="list-style-type: none"> • Media and public liaison responses online • Enhanced public affairs function • Enhanced awards and external benchmarking • Conducted and published Library Service Review 	MPLM/DCM MPLM All CRIS
Continuous Improvement		
Effectively communicate improvements on the delivery of health and social care Actively seek and realise opportunities for continuous improvement and innovative communication with our service	<ul style="list-style-type: none"> • Increased use of collaborative social engagement • Increased use of multiway communication • Increased digital filming capacity • Embed evaluation into communication • New media capabilities procured 	All DCM/SCM DCM/SCM HOC CRIS
People		
To proactively promote the Trust as an employer of choice in which people feel recognised and rewarded	<ul style="list-style-type: none"> • Internal communications strategy established • Attendance management compliant • Comply with all mandatory training 	SCM/HOC All All
Partnerships		
To support the organisation in partnership working	<ul style="list-style-type: none"> • Renewed communications support for consultation process • Internal partnership framework established • Commercial sector partnerships established • Specialist library partnerships established 	SCM SCM/EM CRIS CRIS
Resources		
Ensure allocated resources are well managed	<ul style="list-style-type: none"> • Effectively managed budget • Formalised targets for income generation • Funding streams developed for resource development 	HOC CRIS CRIS



Belfast Health and Social Care Trust

Trust Delivery Plan

2017/2018

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Appendices

Appendix 1
Financial Planning proforma (FP1 – FP9 and PoC split)

Appendix 2
Assurance Sub Committee Structure

Belfast Trust Delivery Plan 2017/18**1.0 Introduction**

This document sets out the Belfast Trust Delivery Plan for 2017/18. The document provides details of the Trust response to the Health and Social Care Board Commissioning Plan 2017/18. Details are provided in relation to how the Trust will support the delivery of the Ministerial, Regional and Local Commissioning priorities (specifically the Belfast Local Commissioning Group priorities) for 2017/18.

2.0 Local Context

The Belfast Health and Social Care Trust is continuing to focus on our journey to become one of the safest care delivery organisations across the UK.

Despite the backdrop of on-going financial challenge for the organisation in 2017/18, our core purpose remains to improve health and wellbeing and reduce health inequalities. The Trust remains committed to a real and lasting difference to the lives of people by being a connected, compassionate and caring organisation, working alongside people in their own communities and in partnership with groups and agencies.

The Trust will work with HSCB colleagues and the Belfast Local Commissioning Group in supporting delivery of the Ministerial and HSCB priorities in 2017/18.

Belfast Trust Delivery Plan 2017/18

3.0 Detailed Trust Delivery Plans

3.1 Trust response to DoH Commissioning Plan Direction 2017/18

- The sections below provide details of the Trust response to the DoH Commissioning Plan Direction 2017/18
- The responses highlight any specific objectives / goals where there is a material risk to full or partial delivery in 2017/18

Summary Table – Achievability of Ministerial Targets 2017/18

Deliverability	RAG	Number	
Target achievable	Green	22	39%
Target will be substantially achieved	Yellow	8	14%
Target at risk to full or substantial delivery.	Red	11	20%
PHA / HSCB / NIAS		10	18%
Target TBC	TBC	5	9%
Total number	Total	56	100%

Ref	COMMISSIONING PLAN DIRECTION OBJECTIVES	RAG
Outcome 1: Reduction of health inequalities		
Population Health		
1.1	By March 2018, to have delivered the “Choose to Lose” community weight loss programme. This programme as one element of the Departmental strategy A Fitter Future For All, 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	PHA
1.2	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%.	PHA
Supporting Children and Young People		
1.3	By March 2018, to have further developed, tested and implemented a “Healthier Pregnancy Programme” to improve maternal and child health and to seek a reduction in the percentage of babies born at low birth weight for gestation	PHA
1.4	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: <ul style="list-style-type: none"> • The antenatal contact will be delivered to all first time and vulnerable mothers. • 95% of two year old reviews must be delivered. These activities will include the delivery of core contacts by Health Visitors and School Nurses, which will enable and support children and young adults to be successful healthy adults through the promotion of health and wellbeing.	Yellow
1.5	By March 2018, ensure the full regional roll out of Family Nurse Partnerships, ensuring that all teenage mothers are offered a place. The successful delivery of this objective will directly contribute to the PfG Outcome to provide “a Healthier Pregnancy” and give our children and young people the best start in life.	TBC
1.6	By March 2018, to increase the number of families utilising Family Support Hubs by 5% over the 2016/17 figures and work to deliver a 10% increase in the number of referrals by March 2018. By improving access to, co-ordination of, and awareness of early intervention family support services the aim is to create the conditions to enable families to remain together and to provide loving, caring and nurturing environments for their children.	Green
1.7	By March 2018, the proportion of children in care for 12 months or longer with no placement change is at least 85%; and 90% of children, who are adopted from	Green

Belfast Trust Delivery Plan 2017/18

Ref	COMMISSIONING PLAN DIRECTION OBJECTIVES	RAG
	care, are adopted within a three year time frame (from date of last admission). The aim is to secure earlier permanence for looked after children and offer them greater stability while in care.	
	Improving Mental Health	
1.8	By March 2018, to have enhanced out of hours capacity to de-escalate individuals presenting in social and emotional crisis. This is an important element of the work to reduce the differential in suicide rates between the 20% least deprived areas and 20% most deprived areas by March 2020.	PHA
	Supporting those with Long Term Conditions	
1.9	By March 2018, to have devised an agreed implementation plan and outcome measures for the delivery of Phase 1 of the Diabetes Strategic Framework along with establishing a Diabetes Network Board and governance arrangements to support the Framework. Phase 1 will focus on implementation of a foot care pathway and revision of structured education.	
Outcome 2: People using health and social care services are safe from avoidable harm		
	Safe in Primary Care Settings	
2.1	By March 2018, 100% of GP practices to have access to a practice based pharmacist.	HSCB
	Safe in Hospital Settings	
2.2	By March 2018, all HSC Trusts should have fully implemented the first four phases of Delivering Care, to ensure safe and sustainable nurse staffing levels across all medical and surgical wards, emergency departments, health visiting and district nursing services.	
2.3	By 31 March 2018, to secure a regional aggregate reduction of 15% in the total number of in-patient episodes of Clostridium Difficile infection in patients aged 2 years and over and in-patient episodes of MRSA infection compared to 2016/17.	
2.4	By March 2018, to ensure that all patients treated in Type 1 Emergency Departments and identified as "at risk of Sepsis" receive the "Sepsis bundle"	
2.5	Throughout 2017/18 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.	
2.6	By March 2018, all Trusts must demonstrate 70% compliance with the regional Medicines Optimisation Model against the baseline established at March 2016. Reports to be to be provided every six months through the Medicines Optimisation Steering Group.	
	Safe in Community Settings	
2.7	During 2017/18 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.	
Outcome 3: Improve the quality of the healthcare experience.		
3.1	By March 2018, to have reported on the evaluation of the impact of Understanding the Needs of Children in Northern Ireland (UNOCINI) on improving outcomes for children and families.	HSCB
3.2	During 2017/18 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.	
3.3	By March 2018, patients in all Trusts will have access to the Dementia portal.	TBC
3.4	By March 2018, to have arrangements in place to identify individuals with a palliative care need in order to support people to be cared for in a way that best meets their needs. In 2017/18, the focus will be on undertaking and evaluating a pilot identification project.	TBC
Outcome 4: Health and social care services are centred on helping to maintain or improve the quality of life of people who use them		

Belfast Trust Delivery Plan 2017/18

Ref	COMMISSIONING PLAN DIRECTION OBJECTIVES	RAG
	Primary Care Setting	
4.1	By March 2018, to increase the number of available appointments in GP practices compared to 2016/17	PHA
4.2	By March 2018, to have 95% of acute/ urgent calls to GP OOH triaged within 20 minutes.	
4.3	From April 2016, 72.5% of Category A (life threatening) calls responded to within 8 minutes, 67.5% in each LCG area.	NIAS
4.4	By March 2018, 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.	
4.5	By March 2018, at least 80% of patients to have commenced treatment, following triage, within 2 hours.	
4.6	By March 2018, 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.	
4.7	By March 2018, ensure that at least 15% of patients with confirmed ischaemic stroke receive thrombolysis treatment, where clinically appropriate.	
4.8	By March 2018, all urgent diagnostic tests should be reported on within two days.	
4.9	During 2017/18, 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.	
	Hospital Care Setting – Elective Care	
4.10	By March 2018, 50% of patients should be waiting no longer than 9 weeks for an outpatient appointment and no patient waits longer than 52 weeks.	
4.11	By March 2018, 75% of patients should wait no longer than 9 weeks for a diagnostic test and no patient waits longer than 26 weeks.	
4.12	By March 2018, 55% of patient should wait no longer than 13 weeks for inpatient/ daycase treatment and no patient waits longer than 52 weeks.	
4.13	By March 2018, 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).	
Outcome 5: People, including those with disabilities, long term conditions, or who are frail, receive the care that matters to them		
	Sustaining Good Health	
5.1	By October 2017, to have Healthier Care Programme objectives set for the first phase of work to reorient services to better support those living with long term conditions. Proposals developed by local partnership to enable early adopters to implement from February 2018. As the work underpins the delivery of Programme for Government Outcome 4, reporting will be through established PfG mechanisms.	PHA
	Increased Choice	
5.2	By March 2018, secure a 10% increase in the number of direct payments to all service users.	
5.3	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.	
	Access to Services	

Belfast Trust Delivery Plan 2017/18

Ref	COMMISSIONING PLAN DIRECTION OBJECTIVES	RAG
5.4	By March 2018, no patient should wait longer than 13 weeks from referral to commencement of treatment by an allied health professional.	
	Care in Acute Settings	
5.5	During 2017/18, 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.	
Outcome 6: Supporting those who care for others		
6.1	By March 2018, secure a 10% increase (based on 2016/17 figures) in the number of carers' assessments offered to carers for all service users.	
6.2	By March 2018, secure a 5% increase (based on 2016/17 figures) in the number of community based short break hours (i.e. non-residential respite) received by adults across all programmes of care.	
6.3	By March 2018, secure a 5% increase (based on 2016/17 figures) in the number of short break hours (i.e. non-residential respite) received by young carers	
6.4	By March 2018, secure a 10% increase in the number of Understanding the Needs of Children in Northern Ireland (UNOCINI) assessments provided to young carers (against the 2016/17 figures)	
Outcome 7: Ensure the sustainability of health and social care services		
	Primary and Community setting	
7.1	By October 2017 extend access to the Electronic Care Record (ECR) to Community Pharmacists and to have a pilot programme in place to test appropriate access for independent optometrists. Reporting to be provided via ECR Project structures	PHA
7.2	By March 2018 to have concluded discussions on the future of community pharmacy services; to have new arrangements agreed, and commenced implementation of contract arrangements or frameworks.	PHA
7.3	By March 2018, to review the reporting arrangements for Delegated Statutory Functions (DSF), to produce an interim reporting framework that will demonstrate the impact and outcome of services on the health and wellbeing of service users, and by March 2019 to have established the outcomes framework and the baseline activity to measure this.	
	Hospital Setting	
7.4	By March 2018, reduce by 20% the number of hospital-cancelled consultant-led outpatient appointments.	
7.5	By March 2018, to reduce the percentage of funded activity associated with elective care service that remains undelivered.	TBC
7.6	By March 2018, 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.	
7.7	By March 2018, to obtain savings of at least £38m through the Regional Medicines Optimisation Efficiency Programme as a portion of the £90m prescribing efficiencies sought, separate from PPRS receipts by March 2019.	
Outcome 8: Supporting the HSC workforce		
	Supporting our staff	
8.1	By December 2017, to ensure at least 40% of Trust staff (healthcare and social care staff) have received the seasonal flu vaccine.	
8.2	By March 2018, to reduce Trust staff sick absence levels by a regional average of 5% compared to 2016/17 figure.	
	Investing in our staff	
8.3	By March 2018, 30% of the HSC workforce should have achieved training at level 1 in the Q2020 Attributes Framework and 5% to have achieved training at level 2.	

Belfast Trust Delivery Plan 2017/18

Ref	COMMISSIONING PLAN DIRECTION OBJECTIVES	RAG
8.4	By March 2018, to enhance the programme of suicide awareness and intervention training for staff across the HSC.	

3.1 Trust response to DOH Commissioning Plan Direction 2017/18

Ref	COMMISSIONING PLAN DIRECTION OBJECTIVES	Provider Response	Directorate	RAG
Outcome 1: Reduction of health inequalities				
	Population Health			
1.1	By March 2018, to have delivered the “Choose to Lose” community weight loss programme. This programme as one element of the Departmental strategy A Fitter Future For All, 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	<p>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:</p> <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! and Food Values programmes in addition to obesity reduction related reactive education sessions and production/update of nutrition resource leaflets such as Food for teenagers • Internal and external partnership links to work within the Trust to support activities aimed at promoting healthy staff and visitor catering • 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 	Director of Planning, Performance and Informatics	PHA

Ref	COMMISSIONING PLAN DIRECTION OBJECTIVES	Provider Response	Directorate	RAG
		<ul style="list-style-type: none"> •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		
1.2	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 Trust Health Improvement Team will continue to prioritise work in the area of smoking prevention and cessation. The Trust introduced smoke free grounds in March 2016. There are two Smoking Wardens in post who liaise with patients who smoke to advise on the terms of the smoke free policy and encourage them to seek support. Through the smoking cessation team all staff who smoke are offered smoking cessation support and 12 weeks free Nicotine Replacement Therapy (NRT) and in particular a new smoking cessation service will offer support to staff in Bands 1-3. Two part time midwives are providing smoking cessation support to pregnant woman and their partners. All pregnant woman now have their carbon monoxide levels checked and a direct referral is made to the midwives if it is high. A mental health nurse has been employed to provide support to patients with a mental health issue. Smoking Cessation Support and Brief Intervention Training will continue to be provided across the Belfast Trust. Smoking prevention programmes will continue to be delivered in partnership with our community and voluntary partners at health fairs and local schools.	Director of Planning, Performance and Informatics	PHA
	Supporting Children and Young People			
1.3	By March 2018, to have further developed, tested and implemented a "Healthier Pregnancy Programme" to improve maternal and child health and to seek a reduction	The Trust will work with colleagues in the PHA / HSCB in their development of a "Healthier Pregnancy Programme" as appropriate.	Director of Specialist Hospitals and	PHA

Ref	COMMISSIONING PLAN DIRECTION OBJECTIVES	Provider Response	Directorate	RAG
	in the percentage of babies born at low birth weight for gestation	The Trust's Maternity Services have established a low risk scanning clinic for third trimester pregnancies where there are concerns in relation to fetal growth.	Women's Health	
1.4	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: <ul style="list-style-type: none"> The antenatal contact will be delivered to all first time and vulnerable mothers. 	<p>The antenatal contact is offered to antenatal mothers where capacity allows. The Trust delivers to 100% of mothers who accept the offer of an antenatal.</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; 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. 	Director of Children's Community Services	
	<ul style="list-style-type: none"> 95% of two year old reviews must be delivered. These activities will include the delivery of core contacts by Health Visitors and School Nurses, which will enable and support children and young adults to be successful healthy adults through the promotion of health and wellbeing. 	Two year old reviews are offered to 100% of families. Not all families accept this within the tolerance period.		
1.5	By March 2018, ensure the full regional roll out of Family Nurse Partnerships, ensuring that all teenage mothers are offered a place. The successful delivery of this objective will directly contribute to the PfG Outcome to provide "a Healthier Pregnancy" and give our children and young people the best start in life.	BHSCT has been funded to offer the FNP to a bespoke number of teenage mothers. This 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. While there have been discussions to increase the funding to the Trust in order to extend the Family Nurse Partnerships (FNP) model to other teenagers, it is still limited by the initial funding and we would welcome expansion of this to be able to meet the objective whereby it is offered to all teenage mothers.	Director of Children's Community Services	TBC

Ref	COMMISSIONING PLAN DIRECTION OBJECTIVES	Provider Response	Directorate	RAG
1.6	By March 2018, to increase the number of families utilising Family Support Hubs by 5% over the 2016/17 figures and work to deliver a 10% increase in the number of referrals by March 2018. By improving access to, co-ordination of, and awareness of early intervention family support services the aim is to create the conditions to enable families to remain together and to provide loving, caring and nurturing environments for their children.	The Family support hub score card published on the Children and Young People's Strategic Partnership (CYPSP) web site demonstrates that the number of referrals to all 10 Family support hubs across Belfast has already increased by over 5%, so we expect this objective will be met for 2018.	Director of Children's Community Services	
1.7	By March 2018, the proportion of children in care for 12 months or longer with no placement change is at least 85%; and 90% of children, who are adopted from care, are adopted within a three year time frame (from date of last admission). The aim is to secure earlier permanence for looked after children and offer them greater stability while in care.	<p>Every effort is made to ensure placement stability for children who come into care, to avoid changes to their placements. There are occasions however when a change of placement is in the children's best interests to meet their needs or Care Plan. For example, a move to a kinship or adoptive placement. The Trust continues to work towards delivering against this target.</p> <p>With regard to children adopted from care, where the Care Plan is adoption, children are presented to the Adoption Panel for a Best Interests Recommendation. The Trust has clear and robust processes in place to ensure the recruitment of a range of potential adopters to match with children being considered for adoption. This will ensure the three year timeframe regarding placement for adoption will be made for the majority of children. The Trust will retain a focus on this area.</p>		
	Improving Mental Health			
1.8	By March 2018, to have enhanced out of hours capacity to de-escalate individuals presenting in social and emotional crisis. This is an important element of the work to reduce the differential in suicide rates between the 20% least deprived areas and 20% most deprived areas by March 2020.	The Belfast Trust is currently working 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.	Director of Adult Primary and Social Care	PHA
	Supporting those with Long Term Conditions			

Ref	COMMISSIONING PLAN DIRECTION OBJECTIVES	Provider Response	Directorate	RAG
1.9	By March 2018, to have devised an agreed implementation plan and outcome measures for the delivery of Phase 1 of the Diabetes Strategic Framework along with establishing a Diabetes Network Board and governance arrangements to support the Framework. Phase 1 will focus on implementation of a foot care pathway and revision of structured education.	<p>The Trust is committed to developing this service and will continue to work with HSCB to implement the strategic framework for Diabetes.</p> <p>The Trust has already set up the Structured Education Team within the Diabetes service and is moving forward with the recommendations. Meetings have taken place within the Trust focusing on the care of patients with Diabetes and the different specialty links that are involved (Diabetes, vascular, Orthopaedics, Podiatry, Interventional radiology). A paper has been submitted to the HSCB/PHA regarding the overall model for the management of diabetic patients with active foot disease. Following this meeting it was agreed that BHSC would visit a Trust in the UK which had a similar diabetic population to review its model of care. This visit is planned for October 2017.</p>	Director of Unscheduled and Acute Care	

Ref	COMMISSIONING PLAN DIRECTION OBJECTIVES	Provider Response	Directorate	RAG
Outcome 2: People using health and social care services are safe from avoidable harm				
	Safe in Primary Care Settings			
2.1	By March 2018, 100% of GP practices to have access to a practice- based pharmacist.	HSCB		HSCB
	Safe in Hospital Settings			
2.2	By March 2018, all HSC Trusts should have fully implemented the first four phases of Delivering Care, to ensure safe and sustainable nurse staffing levels across all medical and surgical wards, emergency departments, health visiting and district nursing services.	The Trust has partially implemented phase one of the delivering care and fully implemented supervisory ward sister across the 54 wards and is on track to implement all four phases by March 2018. 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.	Director of Nursing & Patient Experience	
2.3	By 31 March 2018, to secure a regional aggregate reduction of 15% in the total number of in-patient episodes of Clostridium Difficile infection in patients aged 2 years and over and in-patient episodes of MRSA infection compared to 2016/17.	The Trust continues to work with colleagues across the region and internally to improve it's management of HCAI's. The Trust's HCAIIT group are addressing an action plan to deliver improvements, where issues have been highlighted. Notable successes include: <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 	Director of Nursing & Patient Experience	

Ref	COMMISSIONING PLAN DIRECTION OBJECTIVES	Provider Response	Directorate	RAG
2.4	By March 2018, to ensure that all patients treated in Type 1 Emergency Departments and identified as “at risk of Sepsis” receive the “Sepsis bundle”	Patients are triaged on arrival at the Trust Emergency Department (ED). The triage tool used (Manchester triage) is internationally recognised and contains indicators that relate to Sepsis. If patients are positive for these symptoms, they are immediately triaged to a higher category and staff are alerted to the need for completion of the Sepsis Bundle. The treatment steps are recorded and timed and highlighted on the patients records. The records are audited by medical staff on a monthly basis.	Director of Unscheduled and Acute Care	
2.5	Throughout 2017/18 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 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 results are included in the Care Bundle Balanced Scorecard. An action plan is put in place if there is any non-compliance. • Independent audits are carried out quarterly in all relevant areas. Results are included in the Balanced Scorecard. <p>USC&A directorate staff have also carried out audits as requested by the Regional NEWS Working Group facilitated by HSC Safety Forum</p>	Director of Unscheduled and Acute Care	
2.6	By March 2018, all Trusts must demonstrate 70% compliance with the regional Medicines Optimisation Model against the baseline established at March 2016. 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, however many of the activities are dependent on additional resources.	Director of Surgical and Specialist Services	
	Safe in Community Settings			
2.7	During 2017/18 the HSC, through the application of care standards, should continue to seek improvements in the delivery of residential and nursing care and ensure a	The Trust has recruited and established a Care Review and Support Team (CREST). The aim of the CREST team is to ensure that all people living	Director of Adult Primary	

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	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.	<p>permanently in care homes will receive Quality Care that is Safe, Effective and Compassionate.</p> <p>Staff training is ongoing and the Trust expects to transfer 1900 service users in permanent residential and nursing placements to CREST through September & October 2017. This service is expected to have a significant positive impact on the quality of care experienced by individuals in residential and nursing home placements.</p>	and Social Care	

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Outcome 3: Improve the quality of the healthcare experience.				
3.1	By March 2018, to have reported on the evaluation of the impact of Understanding the Needs of Children in Northern Ireland (UNOCINI) on improving outcomes for children and families.	The Trust has sought clarification on this objective / goal as it requires Regional clarification. The HSCB has agreed to provide clarity to all Trusts.	Director of Children's Community Services	TBC
3.2	During 2017/18 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.	<p>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).</p> <p>Children and young people can also contribute to their Care and Pathway Plans in writing if they prefer to do so.</p>	Director of Children's Community Services	
3.3	By March 2018, patients in all Trusts will 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 planned dementia portal.	Director of Adult Primary and Social Care	TBC
3.4	By March 2018, to have arrangements in place to identify individuals with a palliative care need in order to support people to be cared for in a way that best meets their needs. In 2017/18, the focus will be on undertaking and evaluating a pilot identification project.	Senior management ward walk arounds 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. Identification of patients who may be nearing the end of life and processes to support ELCOS were the primary focus of activities during Dying Matters Awareness Week. Mechanisms to enable ongoing education and assessment is now embedded. A Trust workshop is planned for October 2017 to bring together key stakeholders to further progress.	Director of Adult Primary and Social Care	TBC

Ref	COMMISSIONING PLAN DIRECTION OBJECTIVES	Provider Response	Directorate	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				
	Primary Care Setting			
4.1	By March 2018, to increase the number of available appointments in GP practices compared to 2016/17	PHA	PHA	PHA
4.2	By March 2018, to have 95% of acute/ urgent calls to GP OOH triaged within 20 minutes.	<p>Performance against this target during 2016/17 was 92.5%.</p> <p>The service continues to deliver a high level of service for urgent conditions (2016/17 annual calls: 110,893). Senior GP triaging in place which means that the percentage of base visits is lower than other providers</p> <p>Challenges</p> <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 <p>Focus during 2017/18</p> <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 and Acute Care	
4.3	From April 2016, 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 2018, 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	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,	Directors of Unscheduled and Acute Care /	

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	arrival in the department; and no patient attending any emergency department should wait longer than 12 hours.	<p>Ambulatory Care, Discharge and Community capacity. The resilience plan is currently under review.</p> <p>The Trust Improvement Target in 2017/18 trajectory has been agreed. The Trust will monitored performance against the agreed trajectory, to deliver an average improvement at ED of 72% at RVH and 80% at MIH.</p> <p>The Winter Resilience Plan should be referred to for details of actions.</p>	Specialist Hospitals and Women's Health	
4.5	By March 2018, 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 for 2017/18. During 2016/17 the Trust achieved 79% in this area and will continue to aim for 80%.	Directors of Unscheduled and Acute Care / Specialist Hospitals and Women's Health	
4.6	By March 2018, 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.	<p>The Trust will have difficulty achieving this target for the following reasons:</p> <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. 	Director of Specialist Hospitals and Women's Health	

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		<ul style="list-style-type: none"> •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. 																		
4.7	By March 2018, 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. While the Trust has not achieved a 15% thrombolysis rate, it is performing well against the target.	Director of Adult Primary and Social Care																	
4.8	By March 2018, all urgent diagnostic tests should be reported on within two days.	<p>End March 2017 performance is outlined in the table below:</p> <table border="1" data-bbox="1115 852 1621 1166"> <thead> <tr> <th>Target - 100%</th> <th>% Within 48 hours</th> </tr> </thead> <tbody> <tr> <td>Echo</td> <td>94</td> </tr> <tr> <td>Perfusion</td> <td>80</td> </tr> <tr> <td>MRI</td> <td>67</td> </tr> <tr> <td>CT</td> <td>78</td> </tr> <tr> <td>NOUS</td> <td>94</td> </tr> <tr> <td>Radio-nuclide</td> <td>77</td> </tr> <tr> <td>Neurophysiology</td> <td>64</td> </tr> </tbody> </table> <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 16/17 performance levels and improve on this where possible (assuming similar level of demand). Recurrent funding will should be</p>	Target - 100%	% Within 48 hours	Echo	94	Perfusion	80	MRI	67	CT	78	NOUS	94	Radio-nuclide	77	Neurophysiology	64	Director of Unscheduled and Acute Care	
Target - 100%	% Within 48 hours																			
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Ref	COMMISSIONING PLAN DIRECTION OBJECTIVES	Provider Response	Directorate	RAG
		<p>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>		
4.9	<p>During 2017/18, 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>	<p>A Trust wide Cancer Improvement Plan has been agreed with all cancer teams and diagnostic services. The aim of this plan is to identify ways we can improve cancer waiting times but also to show the wide range of quality improvement work going on throughout all tumour sites. As part of a focus on improving cancer performance the Trust has held individual Lead Cancer Team meetings which focused on OG, Skin, Colorectal, Head and Neck and Lung Cancer, bringing together all the key stakeholders to identify ways to improve patient pathways. Some of the key achievements include:</p> <ul style="list-style-type: none"> • Sustained high performance against the 14 day breast target • Reduction in CT Colonoscopy waits from 6/7 weeks to 4.5 weeks • Improvement in gastroenterology red flag waits from 6 weeks to 2 weeks • OG Improvement project established and a number of pathway improvements made e.g. 3 day turnaround for CT for confirmed OG cancers • 3 day turnaround for CTC for confirmed colorectal cancers • 7 day turnaround for CT for suspect lung cancer referrals 	<p>Director of Surgical and Specialist Services</p>	

Ref	COMMISSIONING PLAN DIRECTION OBJECTIVES	Provider Response	Directorate	RAG
		<p>However, the 31 and 62 day targets 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"> • Colorectal & dermatology outpatient capacity • Urology diagnostic, surgical and oncological capacity • CT Colonography & PET waiting times • Surgical capacity in Gynae, OG, head and neck and thoracic • Plastic surgery capacity across SET and Belfast • Late ITTs from other Trusts • Complex pathways/ difficult diagnostic pathways <p>There are a number of papers and IPTs in process with HSCB/PHA which would improve cancer performance if investment was secured. The cancer services team continue to focus on ways cancer pathways can be improved across all tumour sites while these discussions are ongoing.</p>		
	Hospital Care Setting – Elective Care			
4.10	By March 2018, 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 2017/18 will be challenging, due to lack of capacity in a number of specialties to meet current demand. In March 2017, 71% 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.</p>	Director of Planning, Performance and Informatics	

Ref	COMMISSIONING PLAN DIRECTION OBJECTIVES	Provider Response	Directorate	RAG
		<p>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>		
4.11	<p>By March 2018, 75% of patients should wait no longer than 9 weeks for a diagnostic test and no patient waits longer than 26 weeks.</p>	<p>At the end of March 2017, the Trust had achieved 49% against the 75% target. 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>This allocation will be used non-recurrently in order to reduce waiting times during 2017 and the recurrent solutions will be implemented in full during 2018. 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 but the plan will take longer than March 2018 to reduce to 9 weeks.</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. There is an ongoing gap of 75 patients between demand and capacity within this area in BHSCT alone. 	<p>Director of Unscheduled and Acute Care</p>	

Ref	COMMISSIONING PLAN DIRECTION OBJECTIVES	Provider Response	Directorate	RAG
		<ul style="list-style-type: none"> •ECHO- bid has been submitted for non-recurrent support of 200 patients per month to be performed in the Independent sector to help reduce the backlog. If supported this would reduce to under 26 weeks but would not meet 9 weeks. There is an ongoing gap between demand and capacity and discussions have commenced on the resource required to fill this. However once recruitment of the Cardiac Physiologists has been completed there will be a lead in time to expected activity due to training. •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. To reduce this area to 26 weeks would take non-recurrent investment within the Independent sector. •MPI – this will achieve 17 weeks. The service is currently developing a Cardiac Physiology led service in order to create additional capacity. <p>Additional non-recurrent funding has been received in October 2017 for backlog clearance. This will help the service move to 9 weeks in MRI, CT (cardiac CT delivery to 9 weeks will be dependent on timing of recurrent service) and will help reduce waiting times in Ultrasound. The current longest waits in Ultrasound are in the Musculoskeletal injection service at Musgrave and reduction in the waiting times in this area is also subject to the timing of the recurrent service.</p>		
4.12	By March 2018, 55% of patient should wait no longer than 13 weeks for inpatient/ daycase treatment and no patient waits longer than 52 weeks.	The delivery of the targets in 2017/18 will be challenging, due to lack of capacity in a number of specialties to meet current demand. In March 2017,	Director of Planning, Performance	

Ref	COMMISSIONING PLAN DIRECTION OBJECTIVES	Provider Response	Directorate	RAG
		<p>63% of patients on the Trust Acute Hospital IPDC Waiting lists were waiting longer than 13 weeks.</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 and resourced 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.</p> <p>The Trust has submitted proposals to HSCB for investment in elective services which, if funded, will be in place in early 2018. Proposals include investment in pre-assessment, daycase and ADOS capacity and additional theatre capacity (BCH). This will increase the volume of elective volumes delivered by the Trust from 2018/19 onwards. Details have been shared with HSCB.</p>	<p>and Informatics</p>	
4.13	<p>By March 2018, 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>	<p>The Trust has submitted its outpatient trajectories for CAMHS Adult mental Health services and Dementia services. Recovery plans are in-situ for CAMHS & AMH. The Trust recovery plan for CAMHS service in BHSCT and SEHSCT plans to bring the number waiting for a first appointment over 9 weeks to zero by the end of March 2018, with the usual caveats.</p> <p>The recovery plan for CAMH's is to reduce breaches to zero by March 2018.</p> <p>The recovery Plan for adult mental health plans to reduce the numbers waiting more than 9 weeks for first appointment from 893 in August to 300 by March</p>	<p>Director of Adult Primary and Social Care</p>	

Ref	COMMISSIONING PLAN DIRECTION OBJECTIVES	Provider Response	Directorate	RAG
		<p>2018. The Trust is projecting the figures above based on available capacity and projected demand.</p> <p>The recovery plan for Primary Mental Health services indicates that the waiting list will be reduced to zero by the end of March 2018. The other aspect of this Waiting List is the Community Addictions Team and other addictions services. The Trust has in place a plan to reduce the WL for Opiate Substitution Therapy to 0 by the end of December 2017. It further intends to reduce the WL for CAT services by 20 per month until the end of March 2018, however given the capacity and demand profile for this service we will not be in a position to reduce this Waiting List to zero due to both increased demand and limitations on capacity. The Trust is however committed to seeking to develop a Quality Improvement workstream to consider how to reshape the rise in demand through better use of its contracts with Community and Voluntary sector organisations. This will not be completed by the end of March 2018.</p> <p>Due to reduced capacity and increasing demand the Trust Dementia service is unlikely to reach zero by March 2018. Psychological services will not meet the 13 week to access services.</p>		

Ref	COMMISSIONING PLAN DIRECTION OBJECTIVES	Provider Response	Directorate	RAG
Outcome 5: People, including those with disabilities, long term conditions, or who are frail, receive the care that matters to them				
Sustaining Good Health				
5.1	By October 2017, to have Healthier Care Programme objectives set for the first phase of work to reorient services to better support those living with long term conditions. Proposals developed by local partnership to enable early adopters to implement from February 2018. As the work underpins the delivery of Programme for Government Outcome 4, reporting will be through established PfG mechanisms.	<p>Programme for Government outcome 4 – we enjoy long, healthy, active lives.</p> <p>The target date of October 2017 is unachievable as the Connected Community Care Hub will only be established in late November 2017. The Connected Community Care hub is a partnership approach between GP Federations, BHSCT and Community and Voluntary providers. The Connected Community Care model will develop 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 hub will work with other 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. There will be the opportunity to reshape existing delivery. Gaps in service provision will be 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.</p>	Director of Adult Primary and Social Care	PHA
Increased Choice				
5.2	By March 2018, secure a 10% increase in the number of direct payments to all service users.	The Trust met the 2016/17 target of 581, and over performed achieving 602 Direct Payments by the end of March 2017. The Trust is confident that it will	Director of Adult Primary	

Ref	COMMISSIONING PLAN DIRECTION OBJECTIVES	Provider Response	Directorate	RAG
		continue to meet the target for a 10% increase of Direct Payments in 2017/18 when compared to 2016/17.	and Social Care	
5.3	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>The Belfast Trust Self Directed support (SDS) Implementation Plan was updated with all service areas in July 2017 and sent to HSCB on 7th August 2017. A Gantt Chart was also included in this return. All 5 programmes of Care are now implementing SDS, but are at different stages in their plan. The Trust is working to full implementation of SDS by March 2019.</p> <p>Two Practice Development Officers (1 wte) in the training team have 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 the Reflective Practice group until March 2018. To date 1277 staff have received SDS training.</p> <p>The Trust has developed a robust process for data collection, implemented March 2017. This will enable the Trust to present a more accurate account of activity moving forward.</p> <p>The current total at the end of July 2017 for those service users and carers who have a 7 criteria SDS Support plan, who have been assessed or reassessed at review under the SDS approach, stood at 463.</p> <p>The Belfast Trust Implementation Officer (TIO) is leading on the development of 'SDS The Carer Guide', and is currently working with the other trusts to agree a final version.</p>	Director of Adult Primary and Social Care	

Ref	COMMISSIONING PLAN DIRECTION OBJECTIVES	Provider Response	Directorate	RAG
		There is incremental progress on SDS and efforts to embed a personalisation culture throughout the Trust.		
	Access to Services			
5.4	By March 2018, no patient should wait longer than 13 weeks from referral to commencement of treatment by an allied health professional.	<p>The waiting time in BHSCT remains above the Ministerial target in some sub-speciality areas of the AHP services as a result of capacity issues; however, some areas of the services are also experiencing a sustained increase in demand.</p> <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 2018. 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>	Directors of Unscheduled and Acute Care / Surgical and Specialist Services	
	Care in Acute Settings			
5.5	During 2017/18, 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.	<p>Mental health</p> <p>At the end of March 2017, the Trust continued to perform well against this target. Of the 42 patients discharged in March 2017, only 2 patients waited longer than 7 days.</p> <p>During 2016/17, of 467 patients discharged, 29 patients waited longer than 7 days. .Of the 9 people</p>	Director of Adult Primary and Social Care	

Ref	COMMISSIONING PLAN DIRECTION OBJECTIVES	Provider Response	Directorate	RAG
		<p>delayed in hospital at the end of the March 2017, 3 where in dementia wards awaiting suitable EMI accommodation in the community. A further 6 patients were delayed in acute mental health wards awaiting suitable community accommodation. (All but one of the MH patients were subsequently discharged during the month of April 2017).</p> <p>Delayed discharges in Mental Health acute wards are a relatively new phenomena reflecting difficulties in accessing bespoke community accommodation.</p> <p>The lack of available community placements and the lack of Supporting People funding will begin to have a negative impact on Mental Health discharges into the future.</p> <p>Learning Disability In March 2017, three people were discharged, one patient waited longer than 7 days, 67% against the target.</p> <p>The low numbers of Learning Disability patients mean that any delay impacts greatly on the percentage outturn.</p> <p>From April 2016 to the end of March 2017, of the 37 patients were discharged, only 8 patients waited longer than 7 days to be discharged.</p> <p>At the end of March 2017, there were 24 people in delayed discharge, 15 waiting over 1 year, 6 waiting between 91 days and a year and 3 waiting between 29 and 90 days.</p> <p>The Belfast Trust has specific plans and identified placements for all patients recorded as delayed</p>		

Ref	COMMISSIONING PLAN DIRECTION OBJECTIVES	Provider Response	Directorate	RAG
		discharge, and expects to reduce numbers of delayed discharges significantly by late 2017, pending the delivery of new supported housing schemes and specialist nursing home provision.		

Ref	COMMISSIONING PLAN DIRECTION OBJECTIVES	Provider Response	Directorate	RAG
Outcome 6: Supporting those who care for others				
6.1	By March 2018, secure a 10% increase (based on 2016/17 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>The trust is confident about its ability to continue to meet the target.</p>	Director of Adult Primary and Social Care	
6.2	By March 2018, secure a 5% increase (based on 2016/17 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. 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</p>	Director of Adult Primary and Social Care	

		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.		
6.3	By March 2018, secure a 5% increase (based on 2016/17 figures) in the number of short break hours (i.e. non-residential respite) received by young carers	<p>During 2016/17:</p> <ul style="list-style-type: none"> •A total of 126 grants were awarded at a cost of £20,192. •69 BHSCT young carers were supported by Action for Children (AFC) Regional Young Carer Service during 2016/17. •A total of 67 grants have been awarded to end of September 17 at a cost of £8,165. •A BHSCT young carer event, for 30 young carers, is planned for 21 October 2017 in partnership with AFC and funded by the Trust. <p>The Trust also funded a transition to adulthood residential weekend for young carers provided by Action for Children in September 2017.</p> <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. A significant amount of short break s for young carers is provided by Action for Children who are 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>	Director of Adult Primary and Social Care	
6.4	By March 2018, secure a 10% increase in the number of Understanding the Needs of Children in Northern Ireland (UNOCINI) assessments provided to young carers (against the 2016/17 figures)	<p>The Trust has launched its second Trust wide plan to address the delivery of services to carers of all ages, Caring Together in Belfast, A Plan for Supporting Carers in Belfast 2017-2020.</p> <p>The Strategy provides the framework, which will underpin the Trust's focus on improving and developing service delivery to carers, including young carers. Four main areas are profiled in the strategy:</p>	Director of Children's Community Services	

		<ul style="list-style-type: none">• The provision of the right information and support to young carers as early as possible;• Reviewing in partnership with Action for Children current pathways for the referral for assessment and management of service delivery to young carers;• Profiling and promotion across the Trust workforce and services of awareness of the needs of young carers and information on accessing referral pathways; and <p>Explore a one point of contact gateway for service users, including young carers.</p>		
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Ref	COMMISSIONING PLAN DIRECTION OBJECTIVES	Provider Response	Directorate	RAG
Outcome 7: Ensure the sustainability of health and social care services				
Primary and Community setting				
7.1	By October 2017 extend access to the Electronic Care Record (ECR) to Community Pharmacists and to have a pilot programme in place to test appropriate access for independent optometrists. Reporting to be provided via ECR Project structures	PHA	Director of Surgical and Specialist Services	PHA
7.2	By March 2018 to have concluded discussions on the future of community pharmacy services; to have new arrangements agreed, and commenced implementation of contract arrangements or frameworks.	PHA	Director of Surgical and Specialist Services	PHA
7.3	By March 2018, to review the reporting arrangements for Delegated Statutory Functions (DSF), to produce an interim reporting framework that will demonstrate the impact and outcome of services on the health and wellbeing of service users, and by March 2019 to have established the outcomes framework and the baseline activity to measure this.	This will be a significant challenge in view of the range of reporting requirements referenced in the DSF reporting processes. It will require DOH regional Trust engagement to secure consensus on definitions, outcomes and related indicators and measures to evidence this. It will necessitate investment in information systems development to minimise reliance on manual returns and to improve data quality. To facilitate bench marking region wide service delivery processes and related data reports across all statutory function returns will be a pre-requisite.	Directors of Children's Community Services / Adult Primary and Social Care	
Hospital Setting				
7.4	By March 2018, reduce by 20% the number of hospital-cancelled consultant-led outpatient appointments.	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 should assist in reducing cancellations during 2017/18. 	Director of Planning, Performance and Informatics	

Ref	COMMISSIONING PLAN DIRECTION OBJECTIVES	Provider Response	Directorate	RAG
		<ul style="list-style-type: none"> Some data quality issues regarding hospital cancellations have been identified and guidance has been issued to admin staff. <p>Delivery of a 20% reduction will however be a challenge by March 2018. The Trust will aim to deliver a 5% improvement in 17/18.</p>		
7.5	By March 2018, to reduce the percentage of funded activity associated with elective care service that remains undelivered.	<p>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.).</p> <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 elective activity for 2017/18 in the context of the requested Performance Improvement Trajectories for Elective Care Services. These details have been provided to HSCB and set out in the planned trajectories for 2017/18 as 92,445 IPDC (elective) and 169,891 OPN.</p>	Director of Planning, Performance and Informatics	
7.6	By March 2018, 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>The Community Service Plan for 2017/18 is focusing on four key areas to support improvement in performance. These are:</p> <ul style="list-style-type: none"> Discharge to Assess; Domiciliary Care; Reablement; and Acute Care at Home. 	Director of Adult Primary and Social Care	

Ref	COMMISSIONING PLAN DIRECTION OBJECTIVES	Provider Response	Directorate	RAG															
		<p>In order to improve performance against this target the service plans to :</p> <ul style="list-style-type: none"> • Appoint 3 Complex Discharge Managers – provide cover across 7 days per week – Oct 2017 • Development of Community Discharge Hub for all complex discharges in RVH Oct/BCH November • Agree/streamline referral pathway/documentation for complex discharges • Stand down triage for hospital discharges within Community Rehabilitation / Reablement. • Review/Agree escalation process for BCH Wards & Meadowlands. • Meet KPIs for community Rehab/Reablement • Meet complex discharge targets (ref winter plan) <p>The Trust Improvement Targets have been set out in the 2017/18 Winter Plan. The Trust will monitor performance against both the 48 hour and 7 day complex discharge targets by site. (Refer to Trust Winter Reliance Plan for further details)</p> <table border="1" data-bbox="1032 943 1709 1086"> <thead> <tr> <th colspan="3">Winter Pressure Plan Objectives 2017/18</th> </tr> <tr> <th></th> <th>Site</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>20% improvement in patients discharged ≤ 48 hours of being declared medically fit (for Belfast Trust Residents) on RVH Site</td> <td>RVH</td> <td>59%</td> </tr> <tr> <td></td> <td>MIH</td> <td>44%</td> </tr> <tr> <td></td> <td>BCH</td> <td>48%</td> </tr> </tbody> </table>	Winter Pressure Plan Objectives 2017/18				Site	Target	20% improvement in patients discharged ≤ 48 hours of being declared medically fit (for Belfast Trust Residents) on RVH Site	RVH	59%		MIH	44%		BCH	48%		
Winter Pressure Plan Objectives 2017/18																			
	Site	Target																	
20% improvement in patients discharged ≤ 48 hours of being declared medically fit (for Belfast Trust Residents) on RVH Site	RVH	59%																	
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	BCH	48%																	
7.7	By March 2018, to obtain savings of at least £38m through the Regional Medicines Optimisation Efficiency Programme as a portion of the £90m prescribing efficiencies sought, separate from PPRS receipts by March 2019.	BHSCT share of the £38m Regional Medicines Optimisation Efficiency Programme savings target is £5.98m. The Trust has identified areas where it believes it can deliver circa £4m, leaving a £2m shortfall at this point. However, the Trust is committed to continue its work in this areas and attempt to reduce this gap.	Directors of Surgical and Specialist Services / Finance																

Ref	COMMISSIONING PLAN DIRECTION OBJECTIVES	Provider Response	Directorate	RAG
Outcome 8: Supporting the HSC workforce				
	Supporting our staff			
8.1	By December 2017, to ensure at least 40% of Trust staff (healthcare and social care staff) have received the seasonal flu vaccine.	<p>The Flu Steering Group commenced planning for the 2017/18 flu campaign in April 2017. A corporate action plan was completed and service Directorates will compile local plans. The Trust is working closely with Flu Fighters England to ensure maximum uptake of flu vaccination amongst employees of the Belfast Trust. Approximately 100 peer vaccinators were recruited last year however only 30% of this number carried out vaccinations. To facilitate training and encourage other staff to become peer vaccinators, a motivational training event has been organised to take place on 14 September 2017. The launch date for this year's campaign will also take place on 14 September 2017.</p> <p>Regular up to date information will be circulated and published on the HUB including dispelling myths. Occupational Health will operate large vaccination clinics on the BCH, RVH and Mater sites for a period of 3 weeks commencing 2 October 2017. In addition, peer vaccinators will offer local, accessible flu vaccinations amongst their colleagues.</p>	Director of Human Resources & Organisational Development	
8.2	By March 2018, to reduce Trust staff sick absence levels by a regional average of 5% compared to 2016/17 figure.	<p>The Trust continues to manage absence and reduce levels of sickness absence.</p> <ul style="list-style-type: none"> • A Trust working group has been established to identify key absence management issues including the Occupational Health referral process, management of sickness absence processes and early intervention. • The Trust Attendance Management Protocol has been updated and we continue to review and streamline absence management. An external audit to assess compliance with the Protocol is planned for October 2017. 	Director of Human Resources & Organisational Development	

Ref	COMMISSIONING PLAN DIRECTION OBJECTIVES	Provider Response	Directorate	RAG
		<ul style="list-style-type: none"> Data analysis and reporting is continually reviewed to support managers' needs. Sickness Absence Focus groups are planned to help enable effective Attendance Management. Mindfulness for Managers training will be included in Attendance Management training. <p>An Attendance Management Strategy will be developed during 2017/18 to ensure that Directorates priority, accountability and ownership is focussed on effective management of absence.</p>		
	Investing in our staff			
8.3	By March 2018, 30% of the HSC workforce should have achieved training at level 1 in the Q2020 Attributes Framework.	<p>Q2020: Level 1:</p> <p>The Trust will continue to promote and deliver a range of learning interventions to ensure that 30% of Trust Staff achieve Quality2020 Level 1 training. Interventions will include scheduled training, bespoke workshops and completion of eLearning. A Trust-wide promotional campaign will be undertaken as part of Safetember. A robust process for monitoring uptake and achievement against target is also in place.</p>	Director of Human Resources & Organisational Development	
8.3	By March 2018, 5% of the HSC workforce should have achieved training at level 2 in the Q2020 Attributes Framework.	<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) <p>Each of the programmes lasts for a 9-month period and involves a mix of teaching, on-line training and the completion of a Quality Improvement project. SQB trains 150 participants each year per cohort and is now in its third year - 54 were trained in year one.</p>	Medical Director	

Ref	COMMISSIONING PLAN DIRECTION OBJECTIVES	Provider Response	Directorate	RAG
		<p>StRIDE trains 35 Speciality and Associate Specialist doctors each year. STEP and First STEPs is for trainee doctors and will train up to 100 people.</p> <p>The next programmes are due to start September 2017 and complete June 2018. The Trust will continue to work towards meeting the 5% target as efficiently and effectively as possible.</p> <p>The Trust, however, expects to deliver training to 3% of staff by March 2018.</p>		
8.4	By March 2018, to enhance the programme of suicide awareness and intervention training for staff across the HSC.	The Health Improvement Department deliver 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 build awareness, knowledge and skill to promote resilience, emotional wellbeing, mental health and suicide prevention.	Director of Planning, Performance and Informatics	

3.2 Trust response to relevant Regional / PoC priorities

POC 1 Acute - *Unscheduled Care*

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
<p>1 Effective, integrated arrangements – organised around the needs of individual patients – should be in place in community settings to provide care for people at home, avoiding the need for hospital attendance/admission.</p>	<p>Trust responses should demonstrate how core primary and community care teams will be effectively resources and organised around the needs of individual patients.</p> <p>Trust responses should demonstrate how, working with appropriate partners, Acute Care at Home services and equivalent (offering demonstrably more specialist services than those that should routinely be delivered by core primary and community care teams) will be made available for patients throughout the Trust area, 24/7; and how these services will be integrated with other services delivered in the community, including linkages to core primary/community care teams and NIAS Alternative Pathways.</p>	<p>The first phase of the new Falls Prevention and Management service has been operational from 1st June 2017. This service accepts referrals from NIAS for patients over 65 whom NIAS will “treat and leave”. One of the overall objectives will be to reduce admissions / blue light attendances at ED and guarantee timely follow-up to patients in the community. This proposal ensures that patients receive a Multi-professional management plan and are followed up in the community ensuring a more streamlined service in line with the NICE guidelines.</p> <p>The professional staff have been recruited, however the Trust is still awaiting 2.3 wte B4 Falls Assistant practitioners to take up their new posts – estimated November.</p> <p>The second stage of implementation will be the Falls strength and balance programme community aspect, which will not be operational until late this year. Interviews for 1.5 wte B4 Activity coaches are end of Sep 2017. In implementing this second phase, the service will work collaboratively with Active Belfast, Belfast Health Development Unit who will provide physical activity coaches funded by the Public Health Agency (PHA). The physical activity coaches will deliver 3 - 4 Falls Community Strength and Balance programmes per week across Belfast.</p>	<p>Adult Primary and Social Care Directorate</p>

			<p>BHSCT Acute Care at Home team has been operational since August 2015, receiving referrals currently over 5 days. This is a Consultant Geriatrician led multi-disciplinary service who respond to referrals within 2 hours. The aim is to prevent unnecessary hospital attendances for frail older people within the BHSCT by providing Primary care partners, NIAS and specialist community nursing teams with an alternative to hospital.</p> <p>Acute Care at Home team operate a single point of access to acute services for frail elderly population of Belfast. Whilst offering a Comprehensive Geriatric Assessment at Home the team also offer a fast track service for appropriate specialist geriatric medicine via BCH Direct. The team also routinely make appropriate referrals to teams that can provide follow-up care e.g. rehabilitative services or district nursing services for palliative care. The Acute care at Home team continue to work collaboratively with NIAS in further developing an admission avoidance pathway.</p> <p>Full implementation of a 7-day model for Acute care at Home Team is reliant on 7 day staffing being available. The BHSCT are currently proceeding with "at risk" posts to facilitate 7-day referral service. It is hoped these staff will be in post by December 2017 / January 2018. Current activity levels would therefore increase to 50 referrals per week.</p>	
2	<p>Effective arrangements should be in place at the front door of hospitals to provide ambulatory, rapid-response services for patients on a same-day or next-day basis, avoiding the need for</p>	<p>Trust responses should demonstrate how, working with appropriate partners, comprehensive ambulatory care services will be made available for patients, initially at the larger hospital sites, on a seven-day basis and where appropriate linked to planned (elective) services.</p>	<p>The Trust has established Emergency Ambulatory Care service 7 days per week on RVH site. Planned development of emergency ambulatory care pathways on MIH site with signposting and access to services on RVH + BCH sites.</p>	<p>Unscheduled and Acute Care Directorate</p>

	patients to be admitted to hospital.			
3	Effective arrangements should be in place to optimise patient flow through hospital, both before and after the patient being declared medically fit.	<p>Trust responses should demonstrate the particular actions to be taken in 2017/18, working with appropriate partners, to further improve LOS through timely, multi-disciplinary decision making and effective discharge arrangements on a seven-day basis, to include embedding the learning from participation in the '100% Challenge Days' supported by NWUMU.</p> <p>Trusts should ensure that improved arrangements to affect the timely discharge of patients, in particular for delayed discharges, from hospital settings are in place including regionally agreed discharge documentation, streamlining of services which support safe and effective discharge(e.g. equipment , transport, pharmacy, provision of a comfortable effective discharge lounge)and Discharge to Assess models.</p>	<p>The Trust has prepared the project Charter to detail the actions required to be put in place and the key performance indicators that are used to monitor the performance.</p> <p>A range of services are in place including Discharge lounge on all 3 sites, with further developments planned including roll out of the Trust Community Discharge and Support Hub.</p>	Unscheduled and Acute Care Directorate
4	Effective arrangements should be in place to manage ambulance demand across hospital sites, consistent with regional planning assumptions.	The NIAS response should demonstrate how the Trust will ensure effective arrangements for ensuring equitable demand across sites on a rolling, seven-day basis.	The Trust continues to work with NIAS, HSCB and other Trusts to make the most effective use of current NIAS capacity.	NIAS
5	Effective arrangements should be in place to complete the implementation of a NI Major Trauma Network by April 2018 to improve the outcomes of patients experiencing major trauma. This should include appropriate bypass arrangements to the MTC and a	All Trusts, through their participation in the regional Trauma Network, should continue to collaborate to deliver high quality care for patients who have experienced major trauma. Trusts should demonstrate how referral and reverse referrals will operate and outline how patients will receive multi-disciplinary care. Trusts should support the Network to improve patient care in major	<p>Belfast Trust continues to work in partnership with the Regional Trauma network on appropriate pathways of referral and repatriation. Parallel 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>	Unscheduled and Acute Care Directorate

	reverse referral process to return patients with ongoing acute and rehab needs closer to their homes.	trauma through a regional approach to audit and service improvement.	. The resources and service capacity need to be confirmed and in place at RVH to support the delivery of the desired service model.	
6	Effective arrangements should be in place to manage Winter Pressures demand across the Trusts.	Trust responses should demonstrate the actions to be taken in 2017/18, working with appropriate partners to ensure effective arrangements to manage unscheduled care pressures to include the preparation of seasonally-adjusted, evidence-based resilience plans.	The Trust has prepared the Winter Resilience plan to detail the actions needed to be put in place and the key performance indicators that are used to monitor the performance.	Unscheduled and Acute Care Directorate / Adult Primary and Social Care Directorate
7	Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable funding across 2017/18, in line with already established planning, SBA and finance processes.	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be delivered in 2017/18 from the following investments (where appropriate to each Trust) Inescapable funding: <ul style="list-style-type: none"> • Pathology – Genetics • Pathology – H Pylori and calprotectin • Altnagelvin - RCCE • BHSCT Brachytherapy Seeds (Consumable Cost) 17/18 • CPC relating to high cost cardiology implants, cochlear implants, and neurosurgery implant • Macmillan agreement to recruit 75 wte additional staff for cancer care. • Major Trauma Centre • Paediatric investment at Ulster Hospital to support neonatal rota : 2-3 staff • Building Capacity & 7 Day Working 	BHSCT has received total indicative funds of £16.75m re inescapable pressures and have incorporated these in the Trust's financial plan. £12.3m of this relates to high cost drugs and cost per case. There are arrangements between the Trust and HSCB in place for many years now to monitor closely spend throughout the year, with regular reporting to HSCB on actual spend and forecast spend so that the Trust breaks even in this area. Pathology genetics (£0.5m) is currently in place with arrangements to free internal capacity and no slippage is expected. Brachytherapy seeds – (£0.125m) is activity related and will be monitored closely. Building capacity and 7 day working (£1.4m). It is not yet clear what these funds are planned for and work will have to be undertaken between the Trust and HSCB to determine which CMO priorities these relate to and how to implement. Macmillan cancer funds (£60k) relate to posts which are currently in place.	Finance Directorate / Planning, Performance and Informatics Directorate

			MH&LD Funds (£1.2m) relate to transitioning, complex discharges, family care arrangements and plans are being put in place to spend all funds in year. Major Trauma Centre (£0.75m) – see point 6 above	
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POC 1 Acute - Elective

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	
1	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.	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: <ul style="list-style-type: none"> • General Surgery • Gastroenterology • ENT • Gynaecology • Dermatology • Rheumatology • MSK/Pain Management • Trauma & Orthopaedics • Cardiology • Neurology • Urology • Ophthalmology 	The Trust will continue to engage and support the regional scheduled care reform process. Trust clinicians and managers are already contributing in working groups related to a number of specialities.	Surgical and Specialist Services Directorate / Unscheduled and Acute Care Directorate / Planning, Performance and Informatics Directorate

2	<p>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> <ul style="list-style-type: none"> • Actions to improve the efficiency and effectiveness of outpatients, diagnostics and treatment services in line with the Transformation, Reform and Modernisation agenda, which includes partnership working with ICPs. <p>Plans should include consideration of:</p> <ul style="list-style-type: none"> • Direct access diagnostics across cardiology • Audiology and Radiology • Implementation of a regional Photo Dermatology service • Secure Direct Access Physio and First Contact Physio service models 	<p>The Trust continues to engage with HSCB in the elective care and regional scheduled care reform process.</p> <p>There is an established and ongoing process for engagement between the Trust, HSCB and Integrated Community Partnerships (ICP's).</p> <p>The Trust will continue to engage with and support the regional scheduled care process and is taking forward the implementation of e-triage, and with respect to dermatology, photo triage. The Trust has requested support from BSO to address technical issues on the RVH site in order to facilitate e-triage rollout.</p> <p>Trust staff continue to fully participate in the work of the ICP's.</p>	<p>Surgical and Specialist Services Directorate / Unscheduled and Acute Care Directorate / Planning, Performance and Informatics Directorate</p>
3	<p>Opportunities exist to improve further the efficiency and effectiveness of elective care services (outpatients, diagnostics and inpatients/daycase treatment) delivered by Trusts.</p>	<p>Trust responses should describe the specific actions being taken in 2017/18, 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 • Application of Transforming Cancer Follow Up principles to transform review pathways • Maximisation of skill mix opportunities in the delivery of assessment, diagnostic and treatment services • Plans to implement the recent AHP demand and capacity exercise and actions detailed in Section 4.2.4. 	<p>The Trust has in place an elective care improvement plan and is taking forward a number of initiatives aimed at improving efficiency and effectiveness in this area.</p> <p>Resource issues associated with a number of Trust proposals have been presented to HSCB.</p> <p>In relation to transforming cancer follow up principles, the Trust adoption of the Transforming Cancer Follow Up principles continues to transform review pathways across many disease sites including Breast, Gynae, Colorectal, Haematology, Urology and Lung.</p>	<p>Surgical and Specialist Services Directorate / Unscheduled and Acute Care Directorate / Planning, Performance and Informatics Directorate</p>

			In 2017/18 Belfast Trust will be working on the roll out of colorectal and Gynae TCFU pathways and will be starting development work in OG and skin follow up protocols.	
4	Effective arrangements should be in place to support the larger programme of service reconfiguration in 2017/18.	Trust responses should confirm that they will continue to engage, participate and support service reconfiguration across <ul style="list-style-type: none"> • Pathology • Diabetes • Imaging • Stroke • Paediatric Strategies Plans should include proposals for action in 2017/18.	The Trust will engage with Commissioners across other service configuration areas noted. The Trust Pathology Rationalisation project is ongoing and is line with adoption of the principles underpinning the regional pathology modernisation proposals including a move to larger subspecialist reporting teams. This Trust project will result in consolidation of services on one site; the procurement tender to modernise the equipment and goods and services of this laboratory has been published and closes early January 2018.	Surgical and Specialist Services Directorate / Unscheduled and Acute Care Directorate / Adult Primary and Social Care Directorate / Planning, Performance and Informatics Directorate

POC 2 Maternity and Child Health

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	
<p>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.</p>	<p>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>	<p>The Trust Maternity services are represented on the NI Maternity Strategy Implementation Group (MSIG) and participate in data collection to facilitate this development process. There are no current maternity based preconceptual care provisions however the service works closely with other disciplines in neurology and endocrinology to progress the needs of individual women with specific conditions e.g. epilepsy, diabetes etc.</p>	<p>Specialist Hospital and Women's Health Directorate</p>
<p>2 Effective arrangements should be in place to ensure that maternity services are arranged to meet the needs of all pregnant women.</p> <p>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</p>	<p>Trust responses should include the development of midwifery hubs in the community which will improve access to a number of services for women in their locality. They should evidence that they implement UNICEF Baby Friendly Initiative Standards.</p> <p>Trust responses should demonstrate how they will implement the agreed regional care pathway for antenatal care for women with low risk pregnancies.</p> <p>Trusts should also demonstrate how they will deliver services to meet the needs of more complex pregnancies.</p> <p>Responses should evidence:</p> <ul style="list-style-type: none"> Recent investment in ante-natal diabetic services. 	<p>The Trust currently provides antenatal clinics across a range of facilities within the Trust's geographical area and have recently begun the process of centralising these on Trust premises where feasible and accessible to women e.g. Grove HC, Ballyowen HC and Finaghy HC. These operate within multidisciplinary accommodation sites. The Trust will continue to work with HSCB colleagues to address impacts and outcomes of this process.</p> <p>Baby Friendly accreditation has been achieved and maintained by the Trust since 2014.</p> <p>This pathway will be implemented with the updated version of the MHHR in Q3 2017. Midwifery led care clinics are in place across the Trust Maternity service and these clinics will facilitate this implementation for low risk pregnancies</p>	<p>Specialist Hospital and Women's Health Directorate</p>

<p>of actions including reducing smoking and high quality antenatal care.</p> <p>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.</p> <p>Effective arrangements should be in place to offer early pregnancy assessment pathways for women.</p> <p>Effective arrangements should be in place to care for women who have recurrent miscarriages.</p>	<ul style="list-style-type: none"> • Plans to implement the ‘Weigh to a Healthy Pregnancy’ programme targeting women with a BMI of >40. • Plans to implement the NICE guidelines on multiple pregnancy, including the delivery of dedicated ‘twin clinics’. • Plans to implement the regional care pathway for women with epilepsy. <p>Trusts should continue to work with the HSCB & PHA on the development and implementation of early pregnancy assessment pathways based on NICE guidelines.</p> <p>Trusts should also work with the HSCB & PHA to standardise and implement an agreed clinical pathway for women who have recurrent miscarriages.</p>	<p>The Trust Maternity Services provide the following services for complex pregnancies:</p> <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 >30. • 2 smoking cessation midwives providing support for pregnant women • Birth Choice Clinic • Weekly joint cardiac/metabolic and obstetric antenatal clinic <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> <p>The Trust will work with PHA and HSCB to clarify and standardise the referral and clinic pathways for women with recurrent miscarriages</p>	
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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.	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. 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.	Both NIMATS and Badgernet are operating within the Trust. All updates to NIMATS have been implemented across the maternity service. 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).	Specialist Hospital and Women's Health Directorate
4	Keeping mothers and babies together should be the foundation of newborn care. 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 and postnatal services aim to prevent avoidable admissions to neonatal units.	Transitional care cots are available on postnatal wards and Midwives provide enhanced new born care for babies requiring interventions e.g. phototherapy, IV antibiotics. Antenatal care is provided for high risk pregnancies to prevent premature birth and prolong pregnancy where possible e.g. diabetic mothers and placental abnormalities.	Specialist Hospital and Women's Health Directorate
5	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.	Trust arrangements include: <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 • Ongoing education and training for staff • Ongoing baseline audits 	Specialist Hospital and Women's Health Directorate

			<ul style="list-style-type: none"> • Use of badgernet to capture care episodes & ensure continuity of care between units. 	
6	<p>Effective arrangements should be in place to ensure that all Trusts provide children the full range of accessible, timely and high quality local healthcare services. These local services should be supported by diagnostic and support services appropriate to the needs of children</p> <p>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.</p> <p>Trusts should provide direct access to senior decision makers to support primary care in the management of acutely unwell children</p> <p>Trusts should have arrangements for same day and next day assessment of children where this is deemed appropriate.</p>	<p>Trust responses should demonstrate how they will ensure that clinical staff working in all relevant areas maintain and develop skills in the assessment and management of children to ensure that the Trust provides safe, sustainable and high quality care for children.</p> <p>Trust responses should demonstrate how they will ensure the delivery of short stay assessment models of care for acutely unwell children and the hours during which the services are available.</p> <p>Responses should also describe arrangements for primary care to access senior decision makers and how same day and next day assessment is facilitated.</p> <p>Trusts should continue to work with the HSCB & PHA to develop and test 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 paediatric network 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>Belfast Trust is committed to providing appropriate training and development opportunities to all staff.</p> <p>Our training is designed to equip people with the skills and knowledge they need to undertake their jobs to the highest standard while developing themselves to progress in their careers.</p> <p>The Trust is committed to the revalidation process requires individuals to demonstrate on a regular basis that they are up to date and fit to practise.</p> <p>Clinical staff have to be revalidate by having regular appraisals based on core guidance for all clinical staff. Medical staff will follow “Good Medical Practice”, and other related guidance defined by the GMC. Nursing staff will follow the NMC revalidation process other related guidance defined by the NMC while all other professions will go through a similar process with the Trust and their specific professional bodies.</p> <p>To ensure that our training is relevant and meets the needs of our rapidly changing environment, our programmes have been updated to ensure that our actions and behaviours support a culture of Collective Leadership, Quality Improvement, Patient Safety and engaging with our workforce</p> <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</p>	<p>Specialist Hospital and Women’s Health Directorate</p>

	<p>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 service which is not provided locally.</p>		<p>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> <p>This includes a Programme Treatment Unit and Outpatient Antibiotic Therapy Service, which would reduce reliance on inpatient services. The Trust IPT submission to HSCB is currently under discussion.</p> <p>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.</p>	
7	<p>Effective arrangements should be in place to ensure children and young people receive age appropriate care and that the regional upper age limit for paediatric services of 16th birthday is implemented.</p>	<p>Trust responses should demonstrate that their paediatric services operate a minimum upper age limit of 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 non-paediatric areas e.g. day surgery units, are cared for in an age appropriate environment by staff with paediatric</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</p>	<p>Specialist Hospital and Women's Health Directorate</p>

		expertise with input from paediatricians where necessary.	requirements needed to best deliver environments that are more appropriate for children aged up to their 16th birthday. The Trust is currently developing a response to the HSCB proposal on age appropriate treatment areas for 14-16 year olds are outstanding.	
8	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.	The Trust has a child death review process in place and MDT discussion during monthly audit meetings. Further work on going within the department to introduce SCOR as a review tool with joint obstetric/neonatal input using this tool. This is in preparation for the launch of the national perinatal review tool. Liaison in early stages with a similar unit in England to externally review a proportion of the deaths that occur within NICU to ensure a robust review process.	Specialist Hospital and Women's Health Directorate
9	Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable and Transformation funding across 2017/18, in line with already established planning, SBA and finance processes.	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be delivered in 2017/18 from the following investments (where appropriate to each Trust) <u>Inescapable funding</u> <ul style="list-style-type: none"> Diabetes in Pregnancy 	The Trust has a Midwife in post (1.0 wte Band 7, appointed October 2016). This Midwife supports two clinics weekly on average for women attending with type 1, type 2 and gestational diabetes.	Specialist Hospital and Women's Health Directorate

POC 3 Family and Childcare

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	
1	Effective arrangements should be in place to appropriately manage the increasing number of children with complex health care needs and challenging behaviour.	Trusts responses should demonstrate how service provision will meet the needs of children with complex health care needs and challenging behaviour.	<p>The Trust Children with Disabilities Service (CWD) continues to work with Fostering Service to develop a specialist shared care fostering service for children with complex needs.</p> <p>The Trust has developed Children's Therapeutic Services (CTS) to work with the children with complex needs and challenging behaviour.</p> <p>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) is embedded within CWD service and community teams and CTS are working to ensure that those who require PBS plans and intervention are identified and supported.</p> <p>The Children's Community Nurse (CNN) service has increased its staffing complement to respond to the increasing number of children with complex health care needs. This cohort of children can fluctuate both in terms of needs and complexity but these needs are being met within current resources.</p>	Children's Community Services Directorate
2	Effective arrangements should be in place to appropriately manage the increasing number of Looked After Children (LAC) entering the system.	Trusts responses should demonstrate how: <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 removal is 	The Trust carried out significant work in relation to young people on the Edge of Care and are explicit that young people can only be admitted to care where there is an assessment that evidences that care will improve outcomes for the young person involved.	Children's Community Services Directorate

		<p>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 2017/18 will be delivered. 	<p>The Resource Panel acts as an effective mechanism to ensure children come into care where they will be kept safe and long-term outcomes improved.</p> <p>Our Parenting and Adolescent Community Support Service (PACS) is operational as Belfast Trust’s intensive Edge of Care Intervention service and this includes PACS foster carers available to provide “time out” for young people and families in crisis in the community.</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>In relation to placements, the Trust chairs a regional recruitment project, which aims to inform the establishment of a regional recruitment strategy, which will support the recruitment of foster carers from a diverse range of backgrounds.</p> <p>Initiatives in development include the Disability front line scheme which will increase the number of short term breaks placements for children with disabilities and these are provided by specialist foster carers recruited and assessed for this scheme.</p>	
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3	Effective arrangements should be in place to meet the ever increasing demand for Autism Services to include the creation of an integrated care system for Children, Young People with Developmental, Emotional and Mental Health services.	Trusts responses should demonstrate plans to address autism waiting lists in line with Autism Access Standard and support the development of an integrated service model to include assessment, early intervention, diagnostic and transitional services.	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).	Adult Primary and Social Care Directorate
4	Effective arrangements should be in place to establish a 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.	Trusts responses should demonstrate plans to establish 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>BHSCT has contributed fully to the regional review and awaits the final report.</p> <p>CAHMS continues to be an active partner in the necessary changes to the Autism and ADHD pathway within Trust.</p>	Adult Primary and Social Care Directorate
5	Effective arrangements should be in place to prevent the increasing threat of Child Sexual Exploitation (CSE) as identified by the Marshall Inquiry.	Trusts responses should outline their reporting arrangements to the HSCB in relation to the regional action plan.	The Trust has appointed a band 7 Senior practitioner to a Child Sexual Exploitation (CSE) lead post. The Senior Practitioner 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	Children's Community Services Directorate

			<p>service Directorate. The trust also chairs an Operational Liaison Group (OLG) with PSNI monthly to review trends etc.</p> <p>We have also engaged with the SBNI commissioned Regional Audit, linked to Regional Action Plan and are awaiting the recommendations.</p>	
6	<p>Effective arrangements should be in place to safeguard children and promote their welfare in line with Co-operating to Safeguard Children (2016).</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>The Trust Gateway Service thresholds all new child care / child protection referrals to determine the need for either an Article 17 or Article 66 response in order to safeguard a child(ren). The service ensures that families and children who are involved in initial assessments have their needs met either via signposting to Tier 2 Services, transferred for progression for Family Support or Child Protection Pathway Assessment / Plans. Effectiveness of intervention is subject to robust measures including staff supervision, audits. The service is currently reviewing how best to progress service user engagement as a means of measuring outcomes.</p> <p>The Trust's Annual Delegated Statutory Functions and six-monthly Corporate Parenting reports provide an overview of the performance and assurance processes underpinning the discharge of its delegated statutory functions including those pertaining to safeguarding. The Trust's GAIN and ad hoc audit processes afford opportunities to review and assure the quality and outcomes of safeguarding service delivery. Learning from the audits informs action planning.</p>	<p>Children's Community Services Directorate</p>
7	<p>Effective arrangements should be in place to appropriately manage the increasing number of unplanned/emergency</p>	<p>Trusts 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>All family / kin arrangements are considered at the point of admission into stranger foster care.</p> <p>The Trust Resource Panel, Family Group conferencing, Pre-proceedings are also</p>	<p>Children's Community Services Directorate</p>

	<p>placements where children are known to a Trust.</p>		<p>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, 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>8</p>	<p>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 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 (expected October 2017) 	<p>BHSCT is not in a position, given the capacity and limitations of its information systems, to fully meet this objective</p> <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>Adult Primary and Social Care Directorate</p>

9*	Effective arrangements should be in place to ensure a seamless care pathway for LAC which promotes stability and permanency for children.	Trusts responses should demonstrate how effective arrangements are in place to ensure a stable care pathway for looked after children j (where placement moves are kept to an absolute minimum) and to deliver permanency for them within the quickest possible timeframe.	<p>Every effort is made to minimise placement moves for Looked After Children and young people with support provided by fieldwork, Fostering and the Trust's Therapeutic Support Service. There are times where a move is in accordance with the care plan and it is necessary to achieve permanency with a long-term foster placement or an adoptive placement. The Trust's Care Pathways Review and subsequent reform of how Looked After Children are managed, by remaining now with their LAC team until they reach 18, means there is a seamless pathway which promotes stability, until transfer to the Leaving Care Service.</p> <p>The Trust's position is in accordance with the Placement Services – Strategic Direction paper.</p>	Children's Community Services Directorate
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.	Trusts 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 taking into account in agreeing the care plan.	<p>The Looked After Child (LAC) review process takes into account the parents circumstances and how rehabilitation may be achieved if parents are able to demonstrate change and it is in the children's interests. If considering a return to parental care, the Trust ensures that it adheres to the regulatory framework within the Placement with Parents Regulations.</p> <p>The Trust is currently undertaking a project to review those Looked After Children placed at home subject to Care Orders, to determine how these are being managed and whether the Care Order could be discharged, if in the children's and families interests. The project will include liaison with the Guardian Ad Litem Agency, as significant issues can arise within the Courts when the Trust seeks to discharge on Care Order.</p>	Children's Community Services Directorate
11	Effective arrangements should be in place to improve data collection in	Trusts responses should demonstrate how they will use information to assess the effectiveness of CAMHS and evaluate	The BHSCT are collecting Data using the regionally agreed dataset, and also inputting data to the NHS benchmarking data set for the UK.	Adult Primary and Social

	CAMHS services to capture need, demand activity, outcomes and service user experience.	<p>outcomes, fully implement 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>This information is being used to plan service capacity and workforce planning.</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>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>	Care Directorate
12	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 carers, in keeping with the provisions and entitlements of GEM	Trust responses should demonstrate how recent investments will ensure equitable access by all young people in foster care to avail of GEM.	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 Care Plan. There is full entitlement under the Going the Extra Mile (GEM) scheme with access for all young people and their carers to the GEM Scheme with the accompanying financial support. 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. The Trust is exceeding the commissioning target for GEM placements at present	Children's Community Services Directorate
13	Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable and Transformation funding across 2017/18, in line with already established planning, SBA and finance processes.	<p>Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be delivered in 2017/18 from the following investments (where appropriate to each Trust)</p> <p>Inescapable funding:</p>	The Trust will discuss the details further with HSCB colleagues.	Children's Community Services Directorate

		<ul style="list-style-type: none"> • Going the extra mile (GEM) • Lakewood redesign • Children's Services - Autism - further pressure (27/11/15 bid FYE was £2.8m - have been funded £2m recurrently) • Supported Temporary Accommodation of Young (STAY) SHSCT 		
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POC 4 Care of the Elderly

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	
1	Effective arrangements should be in place to optimise recent demography funding to meet domiciliary care demand and wider demographic demand.	Trust responses should demonstrate plans to deliver the recent demography in investment to meet the needs of the ageing population.	<p>The Trust has developed proposals for demography funding which includes focusing investment on meeting the needs of the ageing population.</p> <p>The Trust is discussing the proposals with HSCB/LCG colleagues.</p>	Adult Primary and Social Care Directorate
2	Effective arrangements should be in place to optimise capacity to meet the numbers of people aged over 65 and over 85 which are projected to increase by 12% and 22% by 2022 respectively.	Trust responses should demonstrate plans to actively promote a range of health ageing initiatives in areas such as promoting good nutrition, social inclusion and falls prevention.	<p>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 will be established in late November 2017 and will develop 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 hub will work 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. The four local Wellbeing Co-ordinators will work 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. There will be the opportunity to reshape existing delivery. Gaps in service provision will be identified and the hub will</p>	Adult Primary and Social Care Directorate

			<p>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.</p>	
<p>3</p>	<p>Effective arrangements should be in place to optimise capacity to meet the number of people with dementia which is projected to increase by 35% by 2025.</p>	<p>Trust responses should demonstrate plans to work within the regional strategic implementation arrangements 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>The Trust implemented a Single Point of Referral for all referrals to Mental Health Services for Older People including POA and CMHTOP in May 2015. This has resulted in a 20% increase in referrals over the last two years. All data for patients known to MHSOP is held on the Paris system. The trust has robust systems in place to monitor activity within MHSOP. The Trust has been represented on the regional Dementia Informatics Sub Group.</p> <p>The Trust introduced a Navigator function to the role of the CMHTOP in June 2015. Each person receiving a diagnosis of dementia and his or her carer are offered the opportunity for telephone follow up within three weeks of receiving the diagnosis. During the telephone contact, the person will be offered information, advice, guidance, sign posting and support. A range of informational/educational resources for people with dementia and their carer's have been developed to support the implementation of the navigator function.</p> <p>Funded through Dementia Strategies monies for 2 years, the Trust has employed two Dementia Navigators who work at primary care and community level to raise awareness of dementia and sign post people with dementia and their carers for timely appropriate interventions by the</p>	<p>Adult Primary and Social Care Directorate</p>

			<p>most appropriate service. The navigators are aligned to the Chronic Conditions Community Hub.</p> <p>The Regional Review of Memory Services has made recommendations that will significantly change the assessment and diagnostic model for people with dementia in Belfast Trust. Significant investment will be required for the trust to implement this proposed regional model.</p>	
4	<p>Effective arrangements should be in place to ensure the implementation of requirements contained in Adult Safeguarding and Protection in Partnership (2015).</p>	<p>Trust responses should demonstrate plans to promote the development of the Adult Protection Gateway model.</p>	<p>The Belfast Trust is committed to implementation of the requirements contained in the DHSSPS Adult safeguarding policy: Prevention and Protection in Partnership (2015). The Northern Ireland Adult Safeguarding Partnership (NIASP) has embraced the new policy and have developed regional operational procedures (2016). The Belfast Trust as a member of NIASP have made an active contribution to the development of the new regional operational procedures. The Trust has developed an implementation plan to support the delivery of the requirements as detailed in the new policy and procedures. The absence of any additional funding from the Commissioner to support Implementation of the new policy and procedures has resulted in the Trust adopting a phased approach to implementation. The Trust has appointed an Adult Safeguarding Champion and has specialist staff trained as Designated Adult Protection Officers, Investigating Officers and Specialist Interviewers. The Trust has reviewed its current Adult Safeguarding arrangements and is considering a range of options in relation to an Adult Protection Gateway model. The Belfast Trust is committed to implementation of the requirements contained in the DHSSPS Adult safeguarding policy: Prevention and Protection in Partnership (2015). The Northern Ireland Adult Safeguarding</p>	<p>Adult Primary and Social Care Directorate</p>

			Partnership (NIASP) has embraced the new policy and have developed regional operational procedures (2016). The Belfast Trust as a member of NIASP have made an active contribution to the development of the new regional operational procedures. The Trust has developed an implementation plan to support the delivery of the requirements as detailed in the new policy and procedures. The absence of any additional funding from the Commissioner to support Implementation of the new policy and procedures has resulted in the Trust adopting a phased approach to implementation. The Trust has appointed an Adult Safeguarding Champion and has specialist staff trained as Designated Adult Protection Officers, Investigating Officers and Specialist Interviewers. The Trust has reviewed its current Adult Safeguarding arrangements and is considering a range of options in relation to an Adult Protection Gateway model.	
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.	Trust responses should demonstrate plans to examine the potential for progressing the tendering of services based on a more outcomes based approach to domiciliary care provision.	The Trust continues to develop a range of services related to this area, including building capacity in statutory services and introducing more flexibility in how services are procured from providers. Growing demand and recruitment difficulties in the sector are however resulting in a service capacity shortfall at present.	Adult Primary and Social Care Directorate
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.	Trust responses should demonstrate plans to expand and promote the assessment of needs and the availability of short breaks.	Under Key Priority 3, Supporting Carer Health and Wellbeing, of the Trust's 'Caring Together in Belfast' Carer Strategy, we have committed to: <ul style="list-style-type: none"> • increasing the number of carer assessment/support plans by 10% year on year; 	Adult Primary and Social Care Directorate

			<ul style="list-style-type: none"> • Evaluating current Short Break provision and further developing the range available in consultation with carers • Working in partnership with the Self Directed Support implementation lead, to develop procedures for carer support planning and personalisation 	
7 *	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 annually. The Trust Steering Group and 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 1300 staff have attended SDS training and 470 Support Plans under the SDS framework, have been completed by service areas.	Adult Primary and Social Care Directorate
8	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 plans to carry out a similar review of older peoples' Day Care with a view to extending day opportunities for older people.	Adult Primary and Social Care Directorate
9	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. It is planned that The Connected Community Care Hub will commence receiving referrals from late November 2017. Four</p>	Adult Primary and Social Care Directorate

			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. The hub will be 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 becoming socially isolated and lonely. Service provision should be considered 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.	
10	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 BHSCT has implemented in full the regional Reablement model and provide monthly report to HSCB regarding performance. There is a regional Occupational Therapy clinical forum which meeting quarterly to ensure service development and best practise	Adult Primary and Social Care Directorate
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.	Trusts should remain engaged with both the current reform of statutory residential 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.	The Trust continues to develop a range of services related to this area, including building capacity in statutory services and introducing more flexibility in how services are procured from providers. Growing demand and recruitment difficulties in the sector are however resulting in a service capacity shortfall at present.	Adult Primary and Social Care Directorate
12	Effective arrangements should be in place to support the development of intermediate/step down care to relieve pressures on acute care and promote rehabilitation.	Trust responses should demonstrate review options for remodelling existing provision or negotiating options with the independent sector to increase availability of these services.	The Trust are undertaking a strategic review in 2017/2018 of the current configuration of acute & Inpatient Rehabilitation in Older Peoples Services in order to ensure they are delivering evidence based person centred effective and efficient services which are located in the right place with the right care pathways. This will invoice	Adult Primary and Social Care Directorate

			<p>examining current service model configurations and volumes against current need and demand with projections of future demand.</p> <p>Intermediate Care service is also participating in the National Audit of Intermediate Audit (NAIC). The results of this will be reported on in December 2017. This will facilitate benchmarking of services on a national and regional basis and will allow the service to strategically plan for the future.</p> <p>The Trust will commence the development of Community Complex Discharge Teams ensuring that no long term decisions regarding a patient's needs/care are made within the acute sector. These teams are multi-disciplinary and through enhanced in reach processes will facilitate specific discharge care pathways for patients with complex needs and ensure no long-term decisions regarding patients' needs are made in the hospital.</p> <p>Additional bed based rehabilitation services - There will be 4 additional rehabilitation beds in Windsor Intermediate Care Centre making a total of 20 beds open from Sept 2017 to facilitate extra capacity in the system.</p> <p>There will also be an additional 12 interim assessment and care planning beds available from November 2017 which will assist in facilitating hospital discharge and enable assessment and care planning to take place in community rather than in the acute sector</p>	
13	Effective arrangements should be in place to provide a standardised	Trust responses should outline plans to work with ICPs to implement the New Stepped Care	The Trust has been fully represented on the working group, which developed the Stepped Care Model for People with Dementia. This	Adult Primary and Social

	<p>model for the delivery of services to older people and individuals with Dementia.</p>	<p>Model for Older People and for people with Dementia.</p>	<p>document is currently out for consultation. Once ratified the Trust will work to implement this stepped care model, although will require additional investment to do so.</p>	<p>Care Directorate</p>
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POC 5 Mental Health

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	
1	Effective arrangements should be in place to manage the increased demand for psychological therapies.	Trust responses should demonstrate the particular actions to be taken in 2017/18 to further develop and implement Primary Care Talking Therapy Hubs in partnership with ICP leads.	BHSCT has continued to try to meet the significant demands placed upon this service in-year through the virement of other C&V sector contract income and through the application of the welcomed additional in-year resource from the HSCB. In addition, the Trust is considering alternative approaches to address the demands which have significantly outstripped original estimates. One example is the review process of the waiting list for each area in the city to ascertain if service users continued to face difficulties, secondly to encourage those with a referral for mild to moderate depression to consider an active computer based CBT programme and lastly to reduce the payment to C&V sector providers for a 2 nd DNA appointment and to encourage those with significant issues with DNA to achieve the results from the best providers.	Adult Primary and Social Care Directorate
2	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.	Trust responses should demonstrate how the range and scope of psychological therapies will be strengthened, including arrangements to ensure safe and effective case management.	The Trust has engaged with providers to consider the live data coming from the CORE outcome measurement programme to realign their offer of assistance to better match the needs of the service users drawing on experience from the IAPT programme in England. This has focused on developing CBT based skills and introducing the IPT therapeutic approach. The Trust has also commissioned a small scale pilot for the provision of guided and active computer based CBT through one provider in East Belfast. The Trust will examine the outcome of this pilot to see if it is successful and could be rolled out across the city.	Adult Primary and Social Care Directorate
3	Effective arrangements should be in place to ensure that people with mental health needs and their	Trust responses should demonstrate what specific measures will be taken in 2017/18 to further embed the Regional Mental Health Care Pathway and to strengthen the provision	The Trust continues to work with colleagues who are developing the regional care pathway to identify opportunities for implementing the 'You in Mind' framework.	Adult Primary and Social Care Directorate

	families receive the right services, at the right time by the right combination of professionals.	of psychological care within the role and function of Community Mental Health Services.		
4	Effective arrangements should be in place to improve the effectiveness of Crisis and Acute mental health interventions through the integration of Crisis Resolution, Home Treatment and Acute Inpatient Services and through the provision of modern therapeutically focused inpatient care to safeguard those people who are experiencing acute mental health needs	Trust responses should demonstrate plans to align and integrate their respective Crisis Home Treatment and Acute Inpatient Service into a single care service consistent with the development of a new regional High Intensity Care Pathway. Furthermore, Trust responses should outline plans to strengthen Acute Hospital Liaison Services in line with the principles of the RAID model.	<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.</p> <p>The Trust will require further discussion with commissioners to understand the commissioning direction with regard to the integration of a Home Treatment and Acute Inpatient Service into a single care service in line with the Acute Care Pathway. This is an on-going piece of work which has not as yet been signed off at a regional level.</p> <p>The Trust has already submitted proposals for the development of the RAID model in Belfast to the Commissioner and is awaiting the outcome of the regional review of this model to ascertain if further investment will be made.</p>	Adult Primary and Social Care Directorate
5	Ensure the effective provision of community based Addiction services to address growing demand, including opiate substitute prescribing (Tier 3). Likewise, in-patient and residential rehabilitation services (Tier 4A & 4B) must be provided within a regional Network arrangement accessible by all Trusts.	<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 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</p>	<p>BHSCT have participated in the regional task and finish group which is considering the capacity and demand for substitute prescribing services. BHSCT will require additional investment in staffing, both nursing and medical, in order to stabilize the workforce.</p> <p>BHSCT will further consider how to modernize the existing Community Addiction Service with specific regard to more closely aligning existing capacity at Step2 & 3 in order to more effectively deal with demand and to ensure ministerial targets are being met. Initial consideration of the</p>	Adult Primary and Social Care Directorate

		<p>increased service activity and reduced waiting times.</p> <p>The provision of in-patient and residential rehabilitation services (Tier 4 A and 4B) must become based within a regional Network arrangement accessible by all Trusts.</p>	<p>demand/capacity analysis demonstrates a requirement for additional investment in this area.</p> <p>BHSCT has submitted a recovery plan based on existing need which will see a reduction in the waiting times to meet ministerial targets by the end of 2017 (subject to referrals to the service holding to existing patterns). Once completed the capacity of medical colleagues will be focused on preparing more stable services users to move to a shared care model. The Trust will continue to work with Community and Voluntary Sector colleagues and service users to align services more closely to need.</p> <p>BHSCT has already signalled its willingness to participate in a network model of care for Tier 4 addiction care and is twinned with SET. A decision is required on the exact methodology for the roll out of this arrangement before the changed service is implemented.</p>	
6	<p>Effective arrangements should be in place to support the new Regional Mental Health Trauma Network arrangements to enhance services and integrate all existing mental health trauma care into a new single managed care network.</p>	<p>Trust responses should demonstrate plans to support and participate in the development and implementation of the Network in line with NICE guidance and to nominate two staff to undertake advanced Trauma Care training to facilitate the development of a dedicated psychological trauma clinical team.</p>	<p>The Trust is a formal partner in the regional trauma network and will continue to participate in the development of trauma services for the region.</p>	<p>Adult Primary and Social Care Directorate</p>
7	<p>Effective arrangements should be in place to strengthen approaches to support people on their recovery journey in line with the principles and</p>	<p>Trust responses should demonstrate how, building on the findings of the Sense Maker Audit, co-production across their mental health services will be strengthened, including the appointment of Lived Experience Consultant, Peer Support Workers and Peer Educators and Peer Advocates. Trust responses should</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 plans to further develop the</p>	<p>Adult Primary and Social Care Directorate</p>

	objectives of the Regional ImROC Programme.	also provide details of the next phase of recovery college development and demonstrate the actions to be taken to promote the role and influence of carers across mental health services.	number of peer support workers in year in the Acute MH service. 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.	
8	Effective arrangements should be in place to develop and integrate condition / service specific care pathways in order to improve the physical wellbeing of people with mental health needs.	Trust responses should demonstrate how the recommendations of the RQIA Review into Eating Disorders and Peri-natal Mental Health services will be implemented.	BHSCT already has a prototype community perinatal service although given the demands on the service it is significantly under-capacity. The Trust will continue to work with colleagues regionally to improve access to this very important service area. BHSCT has already implemented a number of the proposed changes to the Eating Disorder pathway and will continue to work as part of the regional network to improve access to ED services. The Trust welcomes the recent investment in a small resource to begin to address the physical healthcare demands on ED services.	Adult Primary and Social Care Directorate
9	Effective arrangements should be in place to ensure full implementation of the Choice and Partnership Framework in order to ensure the effective delivery of mental health and psychological care to patients.	Trust responses should demonstrate that the Choice and Partnership Framework has been fully implemented across all mental health services. Trust responses should also demonstrate that a full demand and capacity analysis has been completed in line with regional guidance and that each community mental health professional has an agreed job plan.	BHSCT continues to roll out the CAPA methodology across its community services to align services more closely to need. A CAPA analysis which includes the adoption of the full CAPA methodology has not been completed and will require significant investment if it is to be implemented in full across all community teams.	Adult Primary and Social Care Directorate
10	Effective arrangements should be in place to ensure that the workforce delivering mental health care is appropriately skilled.	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.	BHSCT (Mental Health) has a long established Learning together Multi-disciplinary cross service group. The focus has been to align staff skills with service user need. Additional psychological monies received to date have been invested in core training areas:	Adult Primary and Social Care Directorate

			<ul style="list-style-type: none"> • CBT for psychosis • DBT • Dual Diagnosis • Self- Injury • Motivational Interviewing <p>Effort has been invested to ensure appropriate supervision of psychological interventions and availability of reflective practice.</p> <p>Acute Adult Mental Health inpatient services and Acute Community services have appointed three Senior Nurse Practitioners to deliver and supervise psychosocial interventions, to service user with Diagnosis of SMI.</p> <p>Community Primary and Recovery services continue to build expertise in CBT to BACBP accreditation level, currently exploring models of building capacity to deliver and supervise various NICE recommended psychological interventions. Community services currently re-visiting CAPA exercises as service models change.</p> <p>2017 PHA commissioned courses have been allocated and staff commence studies September 17 All disciplines continue to avail of existing commissioning structures.</p> <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>	
11	Effective arrangements should be in place to provide evidence of the	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 Trust has continued to be an active partner in the regional group focused on the development of indicators to support the annual analysis. As consistently reported in this arena, and in common	Adult Primary and Social Care Directorate

	<p>impact of all mental health services.</p>	<p>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.</p>	<p>with a number of other Trusts, BHSCT is not in a position, given the capacity and limitations of its information systems, to fully meet this objective.</p> <p>There are a number of piecemeal projects and areas which 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..</p>	
<p>12</p>	<p>Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable and Transformation funding across 2017/18, in line with already established planning, SBA and finance processes.</p>	<p>Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be delivered in 2017/18 from the following investments (where appropriate to each Trust)</p> <p><u>Inescapable funding:</u></p> <ul style="list-style-type: none"> • Adults with Mental Health problems whose family care arrangements break down • Physical Health Care 	<p>The BHSCT has already submitted plans with regard to the physical health monitoring requirements for a range of specialist areas.</p>	<p>Adult Primary and Social Care Directorate</p>

POC 6 Learning Disability

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
1	Effective arrangements should be in place to increase the number of individuals availing of community based Day Opportunities.	Trust responses should demonstrate what specific actions will be taken in 2017/18 to further develop partnership working with community / voluntary / independent sector organisations to meet the needs of individuals already in services or coming through transition.	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, 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 18/19 implementation. 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.	Adult Primary and Social Care Directorate
2	Effective arrangements should be in place to manage the increased demand on Day Centres for those individuals with complex physical and health care needs or behavior support needs.	Trust responses should demonstrate what measures are in place to ensure facilities are appropriately designed and meet the needs of individuals with complex needs.	Day services continues to provide support on a 1:1 and 2:1 basis for individuals with complex and challenging support needs. At this point we currently have developed a large number of discreet areas or rooms for those with behaviours which challenge & is used solely by them for the greater proportion of the day. Staff have received training in both positive behavioural strategies and sensory awareness training. Staff receive ongoing training and support in relation to patients with complex physical health needs through a lead nurse for complex health issues.	Adult Primary and Social Care Directorate
3	Effective arrangements should be in place	Trust responses should demonstrate how short breaks/respite will be extended outside of the traditional model in order to meet the	The Trust dementia strategy is inclusive of those people with a learning Disability. Associated dementia training is being cascaded through	Adult Primary and Social

	To appropriately manage people with LD developing dementia and other conditions associated with old age including short breaks/respite which are varied and flexible in nature.	needs of families/carers including Dementia Memory Services and other appropriate services.	learning Disability staff group. The service has recently reviewed its short break and respite services. These services are all open to people with a LD and Dementia.	Care Directorate
4	Effective arrangements should be in place to complete the resettlement of people from learning disability hospitals to appropriate places in the community.	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.	The Trust has plans and identified placements to resettle all remaining Belfast PTL patients to the community. The final supported living scheme created to meet their needs is expected to be handed over to the Trust in January 2018.	Adult Primary and Social Care Directorate
5	Effective arrangements should be in place to manage the demand from individuals living with carers, specifically older carers, for future housing and support needs.	Trust responses should demonstrate what plans are in place to address future housing and support needs of those in the community through community integration.	<p>This will be a difficult priority to achieve with the capping of the Supporting people budget and the removal of planned supported housing schemes from the NIHE new build programme and the lack of clarity regarding the pathway to access capital grant funding from DfC for the purchase or building of suitable accommodation.</p> <p>On direction from the DoH and DfC the Trust is testing a new procurement method with two English Housing Associations, Golden Lane and Westmoreland who have offered to access private portfolio capital to assist in the acquisition of appropriate accommodation. The Trust intends to test this method of funding with the Housing Benefit in October 17.</p> <p>The Trust also intends to have discussions with a number of local housing associations to explore opportunities to raise private capital.</p> <p>The lack of any additional Supporting people revenue in future will severely impede the Trust in</p>	Adult Primary and Social Care Directorate

			bringing forward housing & support solutions commensurate with the assessed level of need. The service has already had to pick up the housing support financial element in two schemes implemented in the last 12 months. These additional cost pressures have been highlighted to the DOH and HSCB.	
6	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.	Delayed discharges are discussed with the HSC and owning Trust on a bi monthly basis. The Trust is continuing to work with providers to influence the development of suitable community placements. The service has an internal IMPACT process to develop opportunities to reduce length of stay and the avoidance of in appropriate admission to hospital.	Adult Primary and Social Care Directorate
7	Effective arrangements should be in place to manage the increased demand for specialist services to respond to specific additional needs such as forensic services, behaviour support services etc.	Trust responses should demonstrate that specialist services are in place to meet the increased demand from individuals with complex needs in the community.	The Trust has established an intensive support team which has extended its hours beyond traditional working hours to support those clients with the most complex need in the community.	Adult Primary and Social Care Directorate
8	Effective arrangements should be in place to further enhance the current Learning Disability Service Framework including arrangements to provide an appropriate range and type of day opportunities for people with a learning disability transitioning from school.	Trusts should demonstrate plans to ensure that standards outlined within the LDSF Framework including the extension of the Transitions Planning Scheme.	The Trust has employed band 7 day opportunities manager to work within the adult learning disability service with a specific focus on young people transitioning to adult services and linking directly with Belfast MET college in relation to their needs.	Adult Primary and Social Care Directorate
9	Effective arrangements should be in place to	Trust responses should include detailed plans, implementation timelines, slippage	The Trust will discuss the details further with HSCB colleagues.	Adult Primary and Social

	<p>ensure appropriate planning and implementation of Inescapable and Transformation funding across 2017/18, in line with already established planning, SBA and finance processes.</p>	<p>assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be delivered in 2017/18 from the following investments (where appropriate to each Trust)</p> <p><u>Inescapable funding:</u></p> <ul style="list-style-type: none"> • Additional Community Infrastructure for Crisis / Out of Hours • Adults with learning disability whose family care arrangements break down • Complex discharges from hospital • Young people transitioning to adult services 		<p>Care Directorate</p>
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POC 7 Physical Disability and Sensory Impairment

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	
1	Effective arrangements should be in place to further develop services for the increasing number of people who are deaf-blind as a result of an ageing population.	Trust responses should demonstrate how existing services will be developed, awareness of the condition will be improved and appropriate staff training provided.	<p>The Trust participated in the Deaf Blind needs analysis work. This analysis was completed with the five Trusts and SENSE organisation. The Sensory Support Service is now implementing the recommendations of this report.</p> <p>As such, the team has recruited a part time band 4 worker to provide deaf/blind awareness training to other service areas within the Trust, including Older people's services. Service areas will be provided with information on how to identify and screen people with deaf blind needs and then refer to the Sensory support team for specialist assessment.</p> <p>Two staff within Sensory Support are due to complete the Diploma in Deaf Blind needs and assessment. Once these staff have completed their Diplomas, the team will commence awareness training and assessment. The team will also work in partnership with SENSE to provide specialist daytime opportunities and residential care if needed.</p>	Adult Primary and Social Care Directorate
2	Effective arrangements should be in place to manage the increased number of high cost packages due to increased life expectancy and an increased focus on supporting people at home.	Trust responses should demonstrate how domiciliary, equipment and staffing budgets will be targeted to provide appropriate service responses for individuals with increased support needs.	The Trust's Physical and Sensory Disability service area established service panels in 2017 which function to ensure that resource allocation is targeted to those who meet the eligibility criteria of critical and substantial need.	Adult Primary and Social Care Directorate
3	Effective arrangements should be in place to ensure individuals are transitioned	Trust responses should outline clear protocols, processes and procedures to facilitate transition planning which includes inter programme coordination.	The Trust has established a protocol directly with those schools providing special education in the Belfast Area, to ensure appropriate and timely transitional planning. The service area continues	Adult Primary and Social Care Directorate

	from Children's to adult services in a timely manner.		to work with Children's services to ensure improved transitional planning from Children's Services to Adult Services. Children's Services Children with Disabilities service has engaged with Physical and Sensory Disability colleagues to amend the existing protocols to ensure that they better reflect the needs of children and young people with physical and sensory disabilities. Both services acknowledge this as an area which requires stronger focus and will ensure that arrangements are updated in a timely way.	/ Children's Community Services Directorate
4	Effective arrangements should be in place to further enhance the current PDSI Strategy arrangements.	Trusts should demonstrate plans to support, participate and lead in maintaining coordinated strategic planning arrangements outlined within the PDSI Strategy.	The Trust continues to play an active part in the coordination of strategic planning arrangements flowing from the Physical and Sensory Disability strategy e.g. the launch of the Regional DVD resource: 'Sensory Disability: A Guide to Sensory Support Team Services'.	Adult Primary and Social Care Directorate
5	Effective arrangements should be in place to ensure there are appropriate accommodation options for people with severe disabilities in the community.	Trust responses should demonstrate how it will work within the existing Supporting People arrangements to examine the potential for further accommodation options.	The Trust is exploring alternative methods of securing private capital for the purchase and construction of supported housing In the absence of Supporting People funding and the lack of clarity about the availability of and pathway to HAG capital funding from the DcF. The absence of SP investment revenue will make it increasingly difficult for the Trust to deliver new schemes. In October 2017, the NIHE announced that the 5% proposed cut in SP across the Region would be withdrawn for 2017/18. As reported above the Trust is proactively involved in testing out the alternative option of secured private investment capital to acquire supported Housing and is liaising with HSCB DcF and DoH on a regular basis on its progress.	Adult Primary and Social Care Directorate

6	Effective arrangements should be in place to ensure service information and advice is accessible to all service users and that Trusts have a skilled and informed workforce.	Trust responses should demonstrate plans to ensure that all health and social care staff have access to disability, equality and human rights training and are trained to communicate appropriately with people who are blind or partially sighted.	<p>As part of the RSIG working group, an e-awareness training package is available to all Trust staff to support them understand the needs of people who have a sensory loss. This e-learning package was communicated to all directorates via the Chief Executive. The Trust Disability Steering Group, chaired by Director of PPI, also promotes this package. This group also highlights the need to ensure all service areas provide information in accessible formats.</p> <p>The Sensory Support Team also have a DVD that gives advice and information on the service you can expect when you engage with this service. It is in an accessible format for deaf and hard of hearing users.</p> <p>All staff within the Trust have access to disability, equality and human rights training.</p>	Adult Primary and Social Care Directorate
7	Effective arrangements should be in place to ensure that people with a disability receive a personalised package of care.	Trust responses should outline plans to change the pattern of service allocation including the promotion of Self Directed Support.	The Trust has a SDS Implementation Plan for all Programmes of Care, which is reviewed annually. The Trust Steering Group and 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 1300 staff have attended SDS training and 470 Support Plans under the SDS framework, have been completed by service areas.	Adult Primary and Social Care Directorate
8	Effective arrangements should be in place to ensure the appropriate provision of Day Opportunities.	Trust responses should demonstrate how it will partner with the Community and Voluntary Sector to develop alternatives to existing service provision.	<p>The Trust has two Community Access Workers who source alternatives to traditional day care in the community, and work closely with the community and voluntary sector.</p> <p>Additionally, four Community Connected Care Hubs (North South East West) have been established and Co-Ordinators have been appointed. This will enhance partnership working and focus on prevention for the local population.</p>	Adult Primary and Social Care Directorate

9 *	Effective arrangements should be in place to ensure that wheelchairs and equipment, and the maintenance and repair of the same continue to be made available in line with demand.	Trust responses should demonstrate their compliance with the regional criteria for wheelchair provision in order to ensure equitable allocation of equipment.	The Trust access and eligibility criteria is in place to ensure equitable allocation of equipment.	Specialist Hospital and Women's Health Directorate
10	Effective arrangements should be in place to ensure that people with Neurological conditions are supported to live as independently as possible.	Trusts should demonstrate plans to review the needs of people with neurological conditions, particularly those with life limiting circumstances, ensuring equitable access to support.	The Trust is working to develop improved care pathways for service users with Alcohol Related Brain Damage for e.g. working with a voluntary provider who are developing rehabilitation services service users with ARBD and other Neurological conditions. The Trust is also working with a nursing provider to provide specialist accommodation for service users with neurological conditions such as Huntington's, Motor Neurone Disease and Acquired Brain Injury.	Adult Primary and Social Care Directorate
11	Effective arrangements should be in place to ensure to provide appropriate communication support for people who are deaf.	Trusts should demonstrate plans to use transformation funds to provide appropriate services and support.	<p>The current Trust's arrangement for providing communication support to people who are deaf is via the HSCB Interpreting Contract with Action on Hearing Loss. However, following consultation with this client group and stakeholders, a regional contract for communication support for deaf and hard of hearing people will commence in April 2018 and be managed via BSO.</p> <p>This new arrangement will enable and empower people who are deaf to have equal access to communication support regardless of where they reside in Northern Ireland.</p> <p>In addition, the Trust provides BSL training to those staff who are likely to come into contact with deaf people thereby enabling them to communicate more effectively with deaf users.</p>	Adult Primary and Social Care Directorate

			The Sensory Support team ensures that staff are trained up to Level 3 BSL to enable effective communication support with service users. The team also provides level 2 awareness training that includes techniques on how to communicate effectively with people who are hard of hearing or deaf.	
12	Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable and Transformation funding across 2017/18, in line with already established planning, SBA and finance processes.	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be delivered in 2017/18 from the following investments (where appropriate to each Trust) <u>Inescapable funding:</u> <ul style="list-style-type: none"> Physical & Sensory Disability Strategy 	The Trust will discuss the details further with HSCB colleagues. The Trust has already submitted detailed plans to the HSCB of the proposed service models, level of investment and expected volumes to be delivered in 2017/18. There is no expected slippage.	Adult Primary and Social Care Directorate

POC 9 Primary Care and Adult Community - Family Practitioner Services
General Medical Practitioner Services

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	
1	<p>Effective integrated arrangements should be in place to;</p> <ul style="list-style-type: none"> Support patients with Long Term Conditions, Manage Elective Care services and Deliver Out of Hours pathways 	<p>As part of the HSCB's wider reform priorities, GMS will:</p> <ul style="list-style-type: none"> promote enhanced services for the management of patients with chronic conditions develop common pathways across unscheduled care evidence integrated working across GP Federations to provide innovative alternatives to hospital based elective services Promote Direct Access Physiotherapy Support the utilisation of non-medical prescribing by AHP services for patients with Long Term Conditions to optimise timely access to appropriate medicine. 	HCSB / PHA	HCSB / PHA
2	<p>Effective arrangements should be in place to improve access to GP services, both in and out of hours.</p>	<p>FPS will develop pathways to improve access for unscheduled services at the interface between in hours and out of hours GP services and support practices in managing demand.</p>	HCSB / PHA	HCSB / PHA
3	<p>Effective arrangements should be in place to optimise recruitment and retention challenges and ensure safe and accessible GP services.</p>	<p>FPS will develop plans to:</p> <ul style="list-style-type: none"> Support 12 additional GP training places (Total 97 training places) Implement and monitor the impact of the revised GP Retainer Scheme Improve current working arrangements to attract more OOH GPs and implement skill mix, including both in hours and out of hours services 	HCSB / PHA	HCSB / PHA
4	<p>Effective arrangements should be in place to develop Practice Based</p>	<p>FPS will develop plans to release GP time spent on prescribing to increase overall GP capacity and assist collaborative working</p>	HCSB / PHA	HCSB / PHA

	Pharmacists within GMS to help improve capacity for GPs.	through GP Federations. This will further improve quality and safety of prescribing whilst achieving prescribing efficiency and cost effectiveness.		
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POC 9 Primary Care and Adult Community - General Ophthalmic Services (GOS)

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	
<p>1 Effective integrated demand management arrangements should be in place to address the increasing levels of age related long term conditions such as glaucoma, macular degeneration, Diabetes mellitus and complications such as sight threatening retinopathy.</p>	<p>FPS will develop plans to:</p> <ul style="list-style-type: none"> • In line with Delivering Together 2026, FPS will plan to expand capacity and capability in ophthalmic primary care in order to meet the needs of this demographic increase, managing what can be, safely and effectively, in primary care, and integrating better with secondary care. • Facilitate integration by introducing GOS-generated electronic referral, fostering eTriage and referral-for-advice • Promote robust data quality and participate in the development of regional performance indicators • Evidence full utilisation of skill mix opportunities 	<p>The Trust will work with General Ophthalmic Services (GOS) in any referral management initiatives within 2017/18.</p>	<p>PHA</p>
<p>2 Effective arrangements should be in place to support improvement science and quality improvement initiatives that have the potential to improve patient flows, experience and outcomes.</p>	<p>FPS will advance plans to improve the examination, application and implementation of Improvement Science in healthcare to the following areas of Ophthalmology;</p> <ul style="list-style-type: none"> • Eye Casualty • Cataract Pathway <p>Plans will also indicate a method of capturing and reporting patient centred outcome and experience measures.</p>	<p>The Trust will work with GOS in any referral management initiatives within 2017/18.</p>	<p>PHA</p>
<p>3 Effective arrangements should be in place to ensure the transformation of eyecare services.</p>	<p>FPS will ensure the provision of placements for primary care optometrists undertaking independent prescribing training. (DEP Objective10)</p> <p>HSC Board will introduce Local Enhanced Services (LES) to facilitate primary care led management of non-sight-threatening acute eye presentations, and offer ophthalmic primary care delivered step-down care and</p>	<p>The Trust will work with GOS in any referral management initiatives within 2017/18.</p>	<p>PHA</p>

	<p>Demand-management initiatives (Local Enhanced Services) such as glaucoma referral refinement, minor eye conditions, and primary care based post-operative cataract assessment schemes have the potential to positively impact on treating more people closer to home, away from secondary care.</p>	<p>monitoring for low risk ocular hypertension and post-operative cataract review.</p> <p>HSCB will engage with GOS providers in the development of training to support this transformative care and facilitate participation in innovative governance and training models such as Project ECHO, building knowledge networks to expand capacity and capability in primary care and improve the interface between primary and secondary care.</p>		
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POC 9 Primary Care and Adult Community - Dental Services

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	
1 Effective arrangements should be in place to reduce the number of patients referred to Trust Oral Surgery/OMFS services by increasing the service capacity of alternative providers.	<ul style="list-style-type: none"> Establish a pilot PDS in Oral Surgery to increase the amount of treatment provided by High Street Oral Surgery Specialists and therefore reduce Trust referrals Provide training to GDPs in basic Oral Surgery treatments to reduce referrals from dental practices to High Street Oral Surgery Specialists and Trusts 	This opportunity is managed by the HSCB. The Trust will continue to work with HSCB colleagues as is appropriate.	HSCB
2 Effective arrangements should be in place that evidences a new GDS contract, which focuses on prevention, provides a sustainable business model for GDPs and allows cost control	FPS will review the 11 pilot practices that have completed the 1 year pilot period and engaged in the evaluation process. University of Manchester to produce evaluation report by 31 March 2018	This opportunity is managed by the HSCB. The Trust will continue to work with HSCB colleagues as is appropriate.	HSCB
3 Effective arrangements should be in place to improve the turnaround times for GDS	A new prior approval process will be piloted in 2017/18 with the aim of reducing the number of submissions breaching the 8-week turnaround target time and the current resources required to deliver the service.	This opportunity is managed by the HSCB. The Trust will continue to work with HSCB colleagues as is appropriate.	HSCB
4 Effective arrangements should be in place to allow secure electronic communications with GDS practices and to facilitate electronic referrals between dental practices and Trusts.	FPS will set up the email and CCG elements of the eDentistry Strategy with 50% and 10% of all GDS practices respectively by the end March 2018.	This opportunity is managed by the HSCB. The Trust will continue to work with HSCB colleagues as is appropriate.	HSCB

POC 9 Primary Care and Adult Community - Pharmaceutical Services and Medicines Management

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	
1 Effective plans should be in place to improve compliance against the regional Medicines Optimisation Model	Trusts should demonstrate plans to achieve 70% compliance with the regional Medicines Optimisation Model against the baseline established at March 2016.	Trust work continues to progress the regional medicines optimisation model within the trust, however many of the activities are dependent on additional resources. The Trust will prepare an updated assessment of compliance for the DHSPSS regional medicines optimisation steering group by 31 st October 2017.	Surgical and Specialist Services Directorate
2* Effective plans should be in place to deliver £25.5m efficiencies in primary care through the Pharmaceutical Clinical Effectiveness programme (requiring support from secondary care) and deliver further additional efficiencies of £12.5m in secondary care	FPS will develop plans to achieve the maximum efficiencies possible within 2017/18.	The Trust contributes to the DOH-led Medicines Optimisation Regional Efficiency group to deliver annual pharmacy savings. The Trust's share of the £12.5m target for secondary care is circa £6m. The Trust has plans in place to deliver a large percentage of this target and will continue to work with the HSCB and primary and secondary care colleagues to deliver as much as possible.	HSCB
3 Effective plans should be in place to ensure services are centred on helping to maintain or improve the quality of life of people who use them, particularly within General Practice.	FPS will develop plans to provide more services within community pharmacy including 'Pharmacy First' and the supply of emergency medicines.	HSCB	HSCB

POC 9 Primary Care and Adult Community - Specialist Services

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	
<p>1 Effective arrangements should be in place to address the growth in the number of patients accessing approved specialist drug therapies for a range of conditions.</p> <p>Each year there is growth in the number of patients receiving specialist drug therapies previously approved by NICE.</p>	<p>Trusts 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 regimens across a range of conditions including rheumatoid arthritis, psoriasis, IBD, Hep-C, MS, HIV, specialist ophthalmology and cancer conditions.</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>Surgical and Specialist Services Directorate / Unscheduled and Acute Care Directorate / Specialist Hospital and Women's Health Directorate</p>
<p>2 Effective arrangements should be in place to develop the model for specialist neuromuscular services.</p>	<p>Belfast Trust response should demonstrate the agreed service model /pathways for adults and children (including transitional care) with specialist neuromuscular conditions incorporating baseline resources as well as more recent investment. The proposed model and implementation plan to be submitted by end of March 2018.</p>	<p>The Trust submitted a business case and a proposed model for Neuromuscular services including the transition from Childrens' services to Adults. The Investment agreed included an Adult Neuromuscular Consultant and a Specialist Nurse. Despite going out to advertisement twice there have been no applicants for the Consultant post. The post for the Specialist Nurse has been appointed pending pre employment checks. The Trust will submit a revised model and implementation plan by March 2018.</p> <p>The Trust successfully implemented the 22q transition clinic from 22nd April 2016 as per the submitted plan.</p> <p>We are on track for the projected figures of 48 new patients in the initial year. This is translating into the 24 new / review thereafter, we may end up appointing more new patients than projected in year 2018. The Lead geneticist acts as the lead</p>	<p>Unscheduled and Acute Care Directorate</p>

			<p>22q clinician, and co-ordinates and manages the data for these patients.</p> <p>Age related screening as per published guidelines is provided /arranged at this clinic along with formal psychiatric assessment.</p>	
3	<p>Effective arrangements should be in place to continue to support the implementation of the NI Rare Disease Implementation Plan through a programme of in-reach and networked services through formal alliances with tertiary and quaternary providers outside NI.</p>	<p>Building on progress to date with the implementation of the NI Rare Disease plan, Belfast Trust should outline, by the end of September 2017, the key priorities for development to further support the delivery of the NI Rare Disease Implementation Plan.</p> <p>The Belfast Trust should bring forward a proposal for a clinical lead for rare disease in paediatrics. The lead will work closely with the specialist paediatric network manager in establishing pathways and interfaces with highly specialist paediatric units in GB/ROI and the wider group of stakeholders.</p> <p>This development will be fully evaluated with a view to extending the role for adult services in 2018/19.</p>	<p>The Infectious Disease team for paediatrics is a small team of two. The Trust's Clinical Director is currently exploring the feasibility and requirement for a clinical lead within the team with the aim of developing a proposal appropriate to the service.</p> <p>(NF1 and NF 2 patients) The Trust continue to work with Central Manchester Foundation Trust (CMFT) as the tertiary and quaternary NF1 and NF2 provider, to endeavour to progress a formal programme of in-reach and networked. Services will not be deliverable in 2017/18.</p> <p>The Trust's current understanding is that the CMFT's vacant NF1 Consultant post has now been replaced and the Trust will continue to seek movement towards the end of this year/start of next financial year.</p> <p>The second CMFT consultant who specialises in Neurofibromatosis type 2 (NF2), is not currently available to provide in-reach to Belfast but we are still able to refer over & Prof Evans is there and available to see BHSCT patients.</p>	<p>Surgical and Specialist Services Directorate</p>
4	<p>Effective arrangements should be in place to ensure access to genetic tests in line with UKGTN recommendations.</p>	<p>Belfast Trust should submit an IPT by the end of September 2017 to ensure timely access to UKGTN tests approved for 2017/18 net of baseline costs.</p>	<p>An IPT will be presented to ensure timely access to new UKGTN tests approved in 2017/18 and also to address the on-going capacity and demand issues previously raised as cost pressures.</p>	<p>Surgical and Specialist Services Directorate</p>

			An IPT is expected to be requested imminently to support the provision of Next Generation Sequencing, staff resource and Bioinformatics / IT Infrastructure required to facilitate modernisation of the service to ensure sustainable and equitable access to genomic testing for the population of NI in the future.	
5	Effective arrangements should be in place to ensure access to new NICE TAs and other NICE recommended therapies approved during 2017/18.	Trust responses should demonstrate how they will deliver on the requirements of new NICE TAs and other recommended therapies in line with planned investment.	The corporate team coordinate dissemination of NICE guidelines and TAs to relevant Directorate colleagues, we 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.	Surgical and Specialist Services Directorate / ALL
6	<p>Effective arrangements should be in place for the provision of Paediatric Congenital Cardiac Services in line with Ministerial decision on the establishment of an All-Island Network including:</p> <ul style="list-style-type: none"> • SLAs, with specialist centres to provide a safe and robust service for children from NI during the implementation period for patients with paediatric cardiac conditions. • Improved antenatal detection rates of structural cardiac anomalies by issuing a standardised regional protocol for the cardiac scan and 	<p>Belfast Trust should demonstrate how they will work with the HSCB & PHA through the specialist paediatrics group to take forward the implementation of the service model for Congenital Cardiac Services as set out in the Full Business Case for the All Island CHD Network. Specifically this will address local developments in NI e.g. Paediatrician with Specialist Interest in Cardiology role, centralisation of paediatric cardiology waiting lists for the region to include move to tertiary referral to this service etc.</p> <p>Progress has been made in developing a fetal scanning protocol for cardiac anomalies and all sonography staff providing this service have received training in this regard. All Trusts should ensure implementation of the regional scanning guideline during the second half of 2017/18.</p>	<p>The Belfast Trust will work with the HSCB to develop an IPT related to the elements of the Full Business Case for an All-Island Congenital Heart Disease Service specific to local developments in NI e.g. Paediatrician with Specialist Interest in Cardiology role, additional specialist nursing liaison support etc. Timelines for submission will be consistent with the requirements of the Departmentally Chaired, NI CHD Implementation Group.</p> <p>There is already a fetal scan nurse in place in Royal Jubilee Maternity Hospital, who works in conjunction with the cardiologist on monitoring and detecting cardiac anomalies</p> <p>The recruitment of an ASM in paediatric congenital cardiac services will work assist with the continued progress of the service model. The centralisation of paediatric cardiology waiting lists will be prioritised and this work has commenced.</p> <p>Paediatric Cardiology is currently working across Royal Jubilee Maternity Hospital to implement centralised booking of fetal medical and cardiology appointments.</p>	Specialist Hospital and Women's Health Directorate

	putting in place a training and audit programme for staff in this area.			
7	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 service to be fully operational in 2017.	<p>All Trusts will be expected to participate in work led by the NI Critical Care Network in improving timely monitoring arrangements on bed availability, escalation measures, staffing levels and timely discharge. All Trusts should commit to full collaboration across Trust boundaries in the provision of safe, effective, accessible and patient focussed critical care support.</p> <p>Work will continue to progress during 2017/18 on the current role, scope of responsibility and accountability arrangements offered by the NI Critical Care Network and how it might best develop consistent with the vision set out in Delivering Together.</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>The Trust plans to make the transfer of ICU/HDU to the Critical Care Building on 15th November 2017.</p>	Unscheduled and Acute Care Directorate
8	Effective arrangements should be in place to ensure the development of weekend access to neuroradiology intervention for patients with subarachnoid haemorrhage, arising as a result of recommendations from the NCEPOD report 'Managing the Flow'. The feasibility of expanding the availability of thrombectomy for stroke should also be included in this development.	Belfast Trust response should demonstrate that it will submit an IPT to achieve the NCEPOD recommendations with a project plan for establishment of the weekend access. Services expected to be in place by March 2018.	The revised business case will be resubmitted for discussion	Unscheduled and Acute Care Directorate

9	Effective arrangements should be in place to ensure the further expansion of the NISTAR (NI Specialist Transport and Retrieval Service) for neonates, children and adults across NI and ROI. The service will ensure critical and supported clinical transports undertaken are managed consistently and to best effect. NISTAR will also work closely with the fixed wing Air Ambulance / Air Transfer provider.	Belfast Trust through the NISTAR group should bring forward proposals to identify phases of development for this service delivered on behalf of the region. The proposals should include the consolidation of the adult element of the service, appointment to lead medical and nursing posts, development of an ANP role for specialist transport, additional transport nurse capacity and additional dedicated ambulance capacity. This will include consultation with DGH and NIAS colleagues. The Belfast Trust should submit a final IPT by end of October 2017 with a view to services expanding on a phased basis from 1 January 2018.	The Belfast Trust are working with the NI Critical Care Network and the regionally established NISTAR group to bring forward proposals to identify phases of development for this service, including consultation with DGH and NIAS colleagues.	Specialist Hospital and Women's Health Directorate / Planning, Performance and Informatics Directorate
10	Effective arrangements should be in place to improve access to specialist immunology services for adults and children through establishment of tertiary referral pathways for a number of diagnoses.	Belfast Trust will work with the Board to put operational arrangements in place to progress a number of pathways for this service that will ensure that this is delivered as a tertiary referral service by the end of March 2018.	The Trust continues to work with the commissioner to develop the proposal for Immunology. The BHSCCT is continuing in its efforts to recruit to the vacant consultant post, as attracting applicants has proved challenging.	Surgical and Specialist Services Directorate
11	Effective arrangements should be in place to improve access to specialist paediatric services through the establishment of regional networks.	Belfast Trust, working with the Paediatric Specialist Services group, will continue to develop clinical networks both within and outside NI ensuring that paediatric patients have their needs met as locally, as possible. Belfast Trust should develop a framework to support leads in paediatric cardiology, specialist paediatrics, paediatric network, NISTAR and the critical care and trauma networks in improving communication and	The Belfast Trust will continue to work with the Trusts in the region and PHA to establish networks.	Specialist Hospital and Women's Health Directorate

		ensuring complementary service planning and delivery for the paediatric population.		
12	Effective arrangements should be in place to ensure the introduction of cranial stereotactic radiotherapy in NI to reduce the need to send some patients for treatment in GB and provide more accessible service and plans to expand stereotactic ablative radiotherapy (SABR) to include the treatment of oligometastatic and oligo-progressive advanced cancer disease.	Belfast Cancer Centre should demonstrate that sustainable arrangements are in place to provide cranial stereotactic radiotherapy to treat approximately 50-60 patients with cerebral metastases in in 2017/18. Belfast Trust will bring forward plans to extend SABR in the treatment of oligometastatic and oligo-progressive advanced cancer disease.	The Cancer Centre introduced the cranial stereotactic radiotherapy service in January 2017 and to date 13 patients have been treated with 1 scheduled for treatment The activity has been determined by the number of referrals received – in total, 16 patients have been referred into the service with 2 patients not proceeding to treatment. The Trust continues to have capacity constraints in relation to the medical staff associated with this service and work is ongoing to seek ways of backfilling Consultant staff. Other Consultant staffing shortages in the oncology service are impacting on this.	Surgical and Specialist Services Directorate
13	Effective arrangements should be in place to optimise drug efficiency savings.	A Regional Medicines Optimisation Efficiency Programme has been established to achieve £38m of savings. Trust responses should demonstrate that proposals in respect of specialist medicines are consistent with the key principles shared with Trusts in March 2015.	BHSCT share of the £38m Regional Medicines Optimisation Efficiency Programme savings target is £5.98m. The Trust has identified areas where it believes it can deliver circa £4m, leaving a £2m shortfall at this point. However, the Trust is committed to continue its work in this areas and attempt to reduce this gap.	Surgical and Specialist Services Directorate / Finance Directorate
14	Effective arrangements should be in place to appropriately manage the service need of patients requiring specialist services.	The Trust 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 2017/18.	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.	Planning, Performance and Informatics Directorate
15	Effective arrangements should be in place to ensure appropriate planning and implementation of	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected	The Trust will need to discuss the proposed volumes, set out below, further with the Commissioner. HSCB proposes to provide the following volume of service during 2017/18:	Planning, Performance and Informatics Directorate

<p>Inescapable funding across 2017/18, in line with already established planning, SBA and finance processes.</p>	<p>volumes to be delivered in 2017/18 from the following investments (where appropriate to each Trust)</p> <p>Inescapable funding:</p> <ul style="list-style-type: none"> • Drugs & therapies - 2016/17 new NICE TAs 2016/17 not yet funded (included in June Monitoring) • Drugs growth in existing approved NICE therapies • Drugs Orphan Enzyme Drug Therapies • Non Drugs - Total Parental Nutrition Service Pressures/Goods & Services RBHSC • Non Drugs -Renal Services and Transplantation 	<table border="1"> <thead> <tr> <th>Currency</th> <th>Opening SBA 17/18</th> <th>Proposed Delivery 17/18</th> </tr> </thead> <tbody> <tr> <td>Emergency FCEs Cardiology switch to procedural contract</td> <td>9,511</td> <td></td> </tr> <tr> <td>Elective Contract</td> <td>7,496</td> <td></td> </tr> <tr> <td>Daycase</td> <td>10,415</td> <td></td> </tr> <tr> <td>New OP</td> <td>49,200</td> <td></td> </tr> <tr> <td>Review OP</td> <td>102,855</td> <td></td> </tr> <tr> <td>Injection and drug therapy patients (not exclusive to this modality of recording)</td> <td>28,230</td> <td></td> </tr> <tr> <td>Other (Changes to SBA including cardiology procedural contract and specialist drugs and inject SBA volumes inc Cardiology)</td> <td>17,207</td> <td></td> </tr> <tr> <td>Beddays</td> <td>23,744</td> <td></td> </tr> </tbody> </table> <p>With respect to Renal transplants the Trust can confirm that 67 Live Donor, DBD and DCD procedures have been carried out to 30th September 2017, and that the 29 additional live donor procedures are on track to be delivered.</p>	Currency	Opening SBA 17/18	Proposed Delivery 17/18	Emergency FCEs Cardiology switch to procedural contract	9,511		Elective Contract	7,496		Daycase	10,415		New OP	49,200		Review OP	102,855		Injection and drug therapy patients (not exclusive to this modality of recording)	28,230		Other (Changes to SBA including cardiology procedural contract and specialist drugs and inject SBA volumes inc Cardiology)	17,207		Beddays	23,744		
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POC 9 Primary Care and Adult Community - Cancer Services

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE		
1	Effective arrangements should be in place to deliver cancer access times.	Trust responses should demonstrate plans to improve compliance against cancer access standards across all relevant services.	<p>A Trust wide Cancer Improvement Plan has been agreed with all cancer teams and diagnostic services. The aim of this plan is to identify ways we can improve cancer waiting times but also to show the wide range of quality improvement work going on throughout all tumour sites. As part of a focus on improving cancer performance the Trust has held individual Lead Cancer Team meetings which focused on OG, Skin, Colorectal, Head and Neck and Lung Cancer, bringing together all the key stakeholders to identify ways to improve patient pathways. Some of the key achievements include:</p> <ul style="list-style-type: none"> • Sustained high performance against the 14 day breast target • Reduction in CT Colonoscopy waits from 6/7 weeks to 4.5 weeks • Improvement in gastroenterology red flag waits from 6 weeks to 2 weeks • OG Improvement project established and a number of pathway improvements made e.g. 3 day turnaround for CT for confirmed OG cancers • 3 day turnaround for CTC for confirmed colorectal cancers • 7 day turnaround for CT for suspect lung cancer referrals <p>However, the 31 and 62 day targets 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"> • Colorectal & dermatology outpatient capacity • Urology diagnostic, surgical and oncological capacity 	Surgical and Specialist Services Directorate

			<ul style="list-style-type: none"> • CT Colonography & PET waiting times • Surgical capacity in Gynae, OG, head and neck and thoracic • Plastic surgery capacity across SET and Belfast • Late ITTs from other Trusts • Complex pathways/ difficult diagnostic pathways <p>There are a number of papers and IPTs in process with HSCB/PHA which would improve cancer performance if investment was secured. The cancer services team continue to focus on ways cancer pathways can be improved across all tumour sites while these discussions are ongoing.</p>	
2	Effective arrangements should be in place to identify the optimum sustainable model for breast assessment services in NI.	The Trusts should work closely with commissioners to improve and sustain timely access to breast assessment services and contribute to a sustainable model of service for NI.	The Trust will provide senior representation to the Breast Assessment Project Board (Sam Sloan, Breast Surgeon & Caroline Leonard, Director of Surgery and Specialist Services) and provide support, input and information to the development of a sustainable breast model for NI.	Surgical and Specialist Services Directorate
3	Effective arrangements should be in place for patients that require radical surgery for prostate cancer to have timely access to treatment.	Belfast Trust should demonstrate plans to ensure patients are able to access treatment in line with cancer access standards.	The Trust will work with commissioners to support the implementation of a robotic service, if funded. The Trust will also identify a 2 nd provider for Robotic surgery and implement SLAs and ensure robust processes where possible.	Surgical and Specialist Services Directorate
4	Effective arrangements should be in place to ensure appropriate and timely access to systemic therapies for cancer. Arrangements should also be in place for appropriate skill mix and the	Trust responses should demonstrate how the provision of systemic therapies for cancer services will be modernised to maximise current capacity and improve patient experience. Trusts should also demonstrate how they will progress the expansion of non-medical prescribing.	Access to systemic therapy following positive NICE Technology Appraisal is in place via use of the Cost per Case approval process. However, since February 2015 there has been no investment into the service to support the pharmacy, nursing and medical implications of delivering new systemic therapies or new indications for existing systemic therapies and	Surgical and Specialist Services Directorate

	development of a sustainable model for non-medical prescribing across NI		<p>this is creating a service capacity pressure. The BHSCT continues to advise HSCB colleagues of the service implication of each new systemic therapy and will continue to lobby for investment.</p> <p>HSCB wrote to BHSCT in July 2017 to advise that they would be setting up an implementation group to progress the development of non-medical prescribing for systemic therapies. The first meeting of this group is awaited.</p>	
5	Effective arrangements should be in place to deliver acute oncology (AO) services across NI in line with the regionally agreed service model and to consider further development of the service to provide a more sustainable AO service for patients across all Trusts.	Trust responses should demonstrate how acute oncology services are being provided in line with the regionally agreed service model. Trust responses should also indicate how the acute oncology service will be developed to meet patient needs and how the service activity and impact will be audited.	The Acute Oncology service was launched in BHSCT in May 2016, comprising 2 wte Clinical Nurse Specialists and 4 sessions of Consultant Oncology time. This service is based in the Royal Victoria Hospital, and offers advice and support to clinicians, staff and patients who present with an acute oncological complication due to treatment, disease progression or for patients with an unknown or presumed cancer diagnosis. The Service aims to streamline current pathways, developing safer, effective and timely management for oncology patients on the Royal site, strengthening communication links and structures to improve continuity of care. Data is collected to capture service activity and audit.	Surgical and Specialist Services Directorate
6	Effective arrangements should be in place to address issues arising from the peer review of cancer multidisciplinary teams to ensure the quality of cancer services can be sustained or, as needed, improved.	Trust responses should demonstrate that arrangements are in place to take timely action to address matters highlighted by the peer review team, and that priority will be given to immediate and serious risks where these have been identified.	The Trust will develop an action plan in conjunction with HSCB and PHA to address the immediate risks and serious concerns arising from the peer review visits to the Children's Cancer Service in September 2017. Any outstanding actions from previous peer review visits are on the Trusts Cancer Improvement Plan for implementation.	Surgical and Specialist Services Directorate

7	Effective arrangements should be in place to ensure that there is compliance with the service specification on skin cancer issued by the HSCB in 2017.	Trust responses should demonstrate that plans are in place to comply with the 2017 service specification on skin cancer.	The Trust will work closely with NICaN and commissioning colleagues to implement the new Melanoma and SCC skin cancer pathways. However it should be noted that full implementation is dependent on additional funding to extend the specialist skin MDM.	Surgical and Specialist Services Directorate
8	Effective arrangements should be in place to ensure that there is compliance with the service specification on head and neck cancer issued by the HSCB in 2017.	Trust responses should demonstrate that plans are in place to comply with the 2017 service specification on head and neck cancer. Trusts should also demonstrate steps to improve service provision in line with peer review recommendations.	The Trust is working in line with the 2017 service specification for head and neck cancer. A Cancer Improvement Plan is in place for head and neck cancer with actions aimed at continually improving the services we provide. The main outstanding action from the head and neck peer review visit is improved provision of dietetics service. A paper has been submitted to HSCB/PHA in this regard	Surgical and Specialist Services Directorate
9	Effective arrangements should be in place to implement a regional Teenagers' and Young Adults' (TYA) Cancer Service in NI and supported by the development of a TYA service specification.	Trust responses should demonstrate what measures are being put in place to provide age appropriate care to TYA patients with cancer consistent with the 2017 TYA regional service model.	The Trust has worked with HSCB and charitable partners to agree a model of care for TYA cancer services across Northern Ireland. This model is underpinned by recurrent charitable funding from the Teenage Cancer Trust, Friends of the Cancer Centre and Clic Sargent. The agreed regional service model will ensure age appropriate care is offered to TYA patients with cancer by the enhancement of Clinical Nurse Specialist roles, and the creation of new youth support roles and an MDT coordinator. The service will support a regional psycho social Multi Disciplinary Meeting for all TYAs. Belfast Trust has recruited an additional 0.5wte TYA Clinical Nurse Specialist. The BHSCT is exploring options to establish a TYA hub close to service delivery areas.	Surgical and Specialist Services Directorate
10	Effective arrangements should be in place to improve the patient experience of cancer care	Trust responses should demonstrate how the key findings from the 2015 Cancer Patient Experience Survey are being addressed, in particular, the specific actions to be taken to: work more closely	The Trust carried out two GP education events in January 2017 to improve awareness of the signs and symptoms of cancer. The Trust has recruited 9 WTE additional cancer clinical nurse	Surgical and Specialist Services Directorate

	services. Commissioners will take forward steps to undertake a further Cancer Patient Experience Survey (CPES) in spring 2018.	with primary care to improve early detection; improve access to patient information across the pathway; improve access to clinical nurse specialists; and, increase recruitment to clinical trials. Trust responses should also demonstrate how they will work with commissioners to deliver the 2018 Cancer Patient Experience Survey.	specialists which has improved information across the pathway. Actions to improve recruitment to clinical trials have been taken forward by the NICTU. The Trust will work with commissioners to coordinate and deliver the 2018 Cancer Patient Experience Survey.	
11	Effective arrangements should be in place to expand the clinical nurse specialist (CNS) workforce in NI in line with national benchmarks and the agreed regional CNS development plan.	Trust responses should demonstrate the particular actions to be taken in 2017/18 to expand the CNS workforce and, in doing so, how this will increase opportunities to modernise cancer care pathways and improve the patient experience of care.	The Trust has developed and agreed a CNS workforce plan in conjunction with HSCB and PHA and has recruited 7.9 wte new CNS posts to date, 4.9 wte of which started in 2017/18. The Trust is in the process of recruiting the remaining 0.9 wte skin CNS, 0.5 wte colorectal CNS and a team of support workers. The Trust are looking at opportunities to transform care, follow up and improve patient experience with these posts in place.	Surgical and Specialist Services Directorate
12	Effective arrangements should be in place to continue delivery of the Cancer Awareness Programme and to encourage people to seek medical advice at the earliest opportunity.	Trust responses should demonstrate plans to provide sufficient capacity to respond to potential increases in primary care referrals for patients with signs and symptoms suggestive of cancer.	The BHSCT will continue to work with Trust Health Improvement and PHA colleagues ahead of any cancer awareness campaigns to plan ahead for any service impact which may occur as a result of improved public awareness of signs / symptoms of cancer.	Surgical and Specialist Services Directorate

POC 9 Primary Care and Adult Community - Long Term Conditions
Stroke

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	
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). Although this service is currently not accepting In-patients with stroke, referral is possible on an Outpatient basis.	Adult Primary and Social Care Directorate
2 Effective arrangements should be in place to ensure that all stroke patients are admitted directly to a stroke unit 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. This is not always possible if beds are not available. There several potential reasons for this:</p> <ul style="list-style-type: none"> • Medical inliers; • Delayed discharges of stroke patients; and • Delays in repatriation of patients outside the Belfast Trust <p>While some of these factors are beyond the control of the Trust Stroke Team we have developed an escalation plan in an attempt to ensure access to the stroke unit. This triggers efforts to move of non-stroke patients out of the stroke unit and prioritises care packages for patient whose ongoing stay in hospital is denying access to Specialist Stroke beds. This has yet to be agreed, however in the context of the Trust's Corporate responsibility to deliver stroke targets.</p>	Adult Primary and Social Care Directorate
3 Effective arrangements should be in place to provide appropriate specialist spasticity services for stroke survivors.	Trust responses should outline plans to work with the regional stroke network to develop a regional pathway for the management of spasticity after stroke.	The Trust Spasticity Services are provided at the RABIU.	Adult Primary and Social Care Directorate

4	Effective arrangements should be in place to provide thrombolysis with alteplase as a possible treatment of 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.	A robust Lysis pathway is 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.	Adult Primary and Social Care Directorate
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 actively engaging with the Regional Stroke Network regarding plans to provide a 24/7 Thrombectomy service. This is part of the recent pre-consultation on reshaping in Northern Ireland. The impact on the Belfast Trust of providing 24/7 Thrombectomy is substantial and will require significant investment. This has been made clear in the Trusts response to the pre-consultation exercise.	Adult Primary and Social Care Directorate
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.	The Trust Stroke Team commenced a pilot 5/7 day assessment service from the 1 st July 2017 within existing resources, to complement existing TIA clinics. From 1 st July to mid-September the Stroke Day Assessment Service (SDAS) had received a total of 75 referrals from General Practitioners and Emergency Departments. This service has managed to avoid hospital admissions with only 3 patients requiring admission. At weekends, patients with TIA are admitted and treatment initiated as appropriate. Given the mounting pressures on acute stroke services, it will be extremely challenging to roll out the SDAS to cover seven days, without significant recruitment of both nursing and medical staff.	Adult Primary and Social Care Directorate
7	Effective arrangements should be in place to facilitate, where appropriate, early supported	Trust responses should detail how ESD services for stroke patients will be made available over seven days a week, able to respond within 24 hours of discharge, and provide required levels	The first phase of ESD services has commenced on the 1 st July 2017. The service will be fully implemented following the successful Recruitment of Rehabilitation	Adult Primary and Social Care Directorate

discharge (ESD) of acute stroke patients from hospital.	of therapy in line with transformation fund or demography investments.	Assistants and Occupational Therapy staff. They should be in post by 31 st October 2017.	
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POC 9 Primary Care and Adult Community - Long Term Conditions
Diabetes

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	
<p>1 Effective arrangements should be in place to support the Diabetes Strategic Framework, participate in and contribute to the transformation and reform of Diabetes Services across NI.</p>	<p>Trust responses should demonstrate the necessary actions and plans to deliver and implement:</p> <ul style="list-style-type: none"> • The commencement of the diabetes foot care pathway • The development of structured Diabetes education • The development of appropriate innovation and technology to support those managing their condition, inpatient care and structured Diabetes education 	<p>Structured education programmes are in place within the Trust. However it requires further coordination across all of the patient areas. Further investment is required to deliver inpatient pathways. The diabetes foot pathway has commenced but requires further investment.</p> <p>Epidemic of diabetes: currently estimated to be 100,000 in NI and increasing by 3% each year (2016 figures). Recent National Diabetes Inpatient Audit showed prevalence of inpatient diabetes 17-23% across the hospitals. In addition, many other people are at risk or have diabetes and not know about it. Much of the cost of diabetes arises from the complications which are preventable</p> <p>The Trust has a significant diabetes education initiative involving our Education Manager, involves offering structured patient education of all patients with newly diagnosed type 2 diabetes.</p> <p>In addition, the Trust has just started a new physical activity component to this. We are in the final phases of developing a new online program for type 2 diabetes education and we plan to integrate general education such as obesity/physical activity with that.</p> <p>This includes sections on food labels, target goals etc.</p>	<p>ALL</p>
<p>2 Effective arrangements should be in place to</p>	<p>Trust responses should demonstrate a commitment to participate in an approach to</p>	<p>The Trust services will continue to work with the PHA.</p>	<p>ALL</p>

	<p>support Primary prevention of type 2 diabetes</p>	<p>the prevention of Type 2 diabetes for NI which is congruent with emerging evidence.</p>	<p>ICP initiative - Following funding received to Implement a Diabetes Foot Protection scheme and pathway the Trust received further funding to enhance the existing Community Specialist Diabetes Team. To help us get off the ground quickly, whilst recruiting posts, 10 endocrine consultants arranged to visit the 84 GP practices in the Belfast area as part of a needs assessment (over half visited to date) and this information has provided a very useful baseline.</p> <p>We have now in post additional Dieticians, Healthcare assistants and Specialist Nurses. The Community Consultant Diabetologist is in post from 1ST August 2017. This will support Primary Care management of Type 1&2 Diabetics and reduce reliance on the hospital endocrinology service. Patients will have Consultant led specialist care at home / near home and Community based clinics have been established with an advice line for GP Practice currently being agreed. As potholder's are now in place this team will move to 7 day working with extended hours in the evening. The Care pathway has three key elements Prevention & early detection, Supported self-management and Structured Patient Education. The team have been working collaboratively with key community partners and links established with Community Connected Hubs. Currently there is the facility for non-diabetic overweight patient in the community to be referred to a Health Wise program of physical activity and we would hope to develop/enhance that service by working with GPs on the whole aspect of diabetes prevention. The Trust has also been working regionally and locally with NIAS on a pathway</p>	
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			for patients at home who have had Hypo Glycaemic episode.	
3	Effective arrangements should be in place to support the improvement of transition to adult services for children with diabetes.	Trust responses should demonstrate a commitment to : <ul style="list-style-type: none"> • Implement a plan to improve experience of transition to adult services for young people and implement a standard, regional offer of service to patients. This plan should include a commitment to: <ul style="list-style-type: none"> • Scope out of transition services across NI. • Increase self-management, self-efficacy and self-advocacy. • Agree on the service metrics. • Establish keyworker roles within Trusts to facilitate transition and ensure continuity of care. 	The transition clinic is already in place. However, the service metrics need to be agreed and measured. The Trust will commit to carrying out the following: <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 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.	Unscheduled and Acute Care Directorate
4	Effective arrangements should be in place to support improvement across diabetes in pregnancy services.	Trust responses should demonstrate a commitment to : <ul style="list-style-type: none"> • Implement NG3 NICE guidance as standard across NI • Achieve measurable improvement in service capacity to meet the needs of pregnant women with diabetes. • Test and implement reliable systems to support early detection and follow up for women with Gestational Diabetes. • Achieve measurable increase in the number of women who are pre-pregnancy and at risk who avail of pre-pregnancy counselling services. 	The service will work to deliver the standard. However, it is recognised that the capacity available within the Trust is well below that required. The Trust will work with PHA and HSCB colleagues to identify the gaps and address them.	Unscheduled and Acute Care Directorate

		<ul style="list-style-type: none"> • Agree appropriate risk stratification for early identification of women at risk of Gestational Diabetes. 		
5	Effective arrangements should be in place to support improvement across paediatric diabetes.	<p>Trust responses should demonstrate a commitment to :</p> <ul style="list-style-type: none"> • Organise services to meet demand and where appropriate develop plans with HSCB & PHA colleagues to expand current service provision. • Expand access to insulin pumps for children and young people • Update school health plans to ensure a common approach is used across all Trust areas • Greater use of technology to continuously monitor blood glucose in children 	<ul style="list-style-type: none"> • The Trust has been working in partnership with HSCB and PHA to continue to extend the commissioned service for the paediatric diabetic population. This has enabled the service to enhance the staffing and resources across the service and to maintain a multi-disciplinary team approach. • The Paediatric service continues to expand access to pumps for children and young people. • The paediatric diabetic nurse specialist continues to deliver an education programmes within the paediatric service that includes attendance at schools. Each child has a standardised care plan and its consistent approach across all Trust areas. • The use of technology continues to be used to monitor blood glucose in children and staff continue to explore alternative equipment that is more responsive to patient needs. 	Specialist Hospital and Women's Health Directorate

POC 9 Primary Care and Adult Community - Long Term Conditions
Respiratory

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	
1 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 deliver: <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 • Effective arrangements for managing the 'local network' for respiratory care through Integrated Care Partnerships amongst others, including senior level clinical and managerial leadership 	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.	Unscheduled and Acute Care Directorate / Specialist Hospital and Women's Health Directorate
2 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 and NIAS responses should demonstrate that plans are in place to deliver: <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 recently re-organised adult respiratory management structures and a senior management team will meet regularly to monitor and address service operational issues. Alongside that, the Trust is re-forming 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.	NIAS / Unscheduled and Acute Care Directorate
3 Effective arrangements should be in place to support the development of networked services across NI for the following:	Trust responses should demonstrate a commitment to: <ul style="list-style-type: none"> • Participation in the NI ILD (clinical) Network as a conduit for referral, 	Unscheduled and Acute Care All recommendations from the COPD audit are being implemented.	Unscheduled and Acute Care Directorate / Adult

	<ul style="list-style-type: none"> • Interstitial Lung Disease (ILD) • Neuromuscular related respiratory disease (NMD) • Non-Invasive Ventilation (NIV) • Obstructive Sleep Apnoea (OSA) • Bronchiectasis Services • Ambulatory Care Pathways in the Unscheduled Care Reform Programme • Home IV antibiotics service • Difficult asthma guidelines • COPD audit recommendations 	<p>treatment and advice across HSCTs and via standardised pathways</p> <ul style="list-style-type: none"> • Proceed in BHSCT with plans for one stop shop clinics between neurology and respiratory services to manage the low volume cohort of patients with specialist needs due to neuromuscular diseases across NI according to one cohesive care pathway including diagnostics • Note progress of the ongoing regional procurement exercise for NIV methods • Continue to reduce waiting lists for sleep studies in BHSCT. Opportunistic strategies must be explored to manage this issue in conjunction with the Elective Care Reform programme • Respond to the output of the recent bronchiectasis audit, including the further development of community based support via ICPs • Where possible and appropriate, facilitate respiratory teams to develop ambulatory care pathways for patients requiring same day respiratory care • Participate in a regional task and finish group to standardise the Home Intravenous Anti biotic and Anti-Viral service for respiratory patients (OPAT) • Deliver difficult asthma services for children, young people and adults to ensure the implementation of NICE TAs • Implementation of audit recommendations for COPD services 	<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> <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>	<p>Primary and Social Care Directorate</p>
<p>4</p>	<p>Effective arrangements should be in place to:</p> <ul style="list-style-type: none"> • promote self-management and, self- 	<p>Trust responses should demonstrate plans to deliver:</p>	<p>Self Management is incorporated in the grade A evidence based pulmonary rehab programmes across the Trust and also referral is made to the</p>	<p>Adult Primary and Social Care Directorate /</p>

	<p>directed care and other suitable training programmes for patients.</p> <ul style="list-style-type: none"> • Reflect the concepts of co-design and co-production in improving and developing services in line with the 'Delivering Together' agenda for the HSC sector 	<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>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>Unscheduled and Acute Care Directorate</p>
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POC 9 Primary Care and Adult Community - Long Term Conditions
Pain Management

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	
<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 <i>Core Standards for Pain Management Services in the UK</i> 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 of persistent pain patients. • Contribute to the development and delivery of pain related public awareness, information and education projects through the NI Pain Forum. • Develop plans to ensure more patients with complex needs can be seen earlier to prevent or halt irreversible deterioration. 	<p>The Trust bimonthly governance meeting is focused on education.</p> <p>Weekly MDT meetings are attended by all staff.</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>Unscheduled and Acute Care Directorate</p>
<p>2 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 those provided with the help of expert patients, peer and lay trainers.</p>	<p>Trust responses should demonstrate plans for a range of supported self-management options in line with the NI Pain Forum's service specification. Depending on local 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 	<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 modernised to ensure that maximum capacity can be realised from it.</p> <p>The service is currently commencing a pilot in a new pathway whereby the emphasis will be on lifestyle skills and assisting patients to manage their condition.</p>	<p>Unscheduled and Acute Care Directorate</p>

		<ul style="list-style-type: none"> increasing capacity of pain management programmes (PMP) provided by specialist pain management teams. 		
3	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.	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.	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.	Unscheduled and Acute Care Directorate
4	Effective arrangements should be in place to ensure patients are managed along regionally agreed integrated pathways to improve outcomes and patient experience.	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.	The service will commence a pilot in November 2017 where patients will enter the service on a new pathway and depending on their condition will be offered a mixture of services best suited to their condition.	Unscheduled and Acute Care Directorate
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.	Trust responses should demonstrate plans to optimise patient flows by improving referral pathways for patients with painful conditions. This should include consideration of: <ol style="list-style-type: none"> cross speciality triage criteria between primary care, core physiotherapy, ICATS, rheumatology, orthopaedics and pain management the use of the Clinical Communication Gateway (CCG) improved access to evidence base interventional pain management treatments as well as discontinuing treatment modalities that are no longer considered effective 	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).	Unscheduled and Acute Care Directorate
6	Effective arrangements need to be put in place to deliver a sustainable regional multidisciplinary	Belfast Trust Response needs to demonstrate plans to reconfigure existing resources and support delivery of this service on a	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).	Unscheduled and Acute Care Directorate

	persistent pain management service for children and young people with complex needs.	sustainable basis in line with accepted multidisciplinary models of good practice.		
7	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.	Unscheduled and Acute Care Directorate

**POC 9 Primary Care and Adult Community
Sexual Health**

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	
<p>1 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 Trust will continue to work with the PHA and other statutory, voluntary and community partners to deliver on the sexual health strategy (including Addendum) through the work of the Belfast Area Sexual Health Project Board. This will include commissioning the promotion and awareness raising of sexual health training and services until 31st March 2018, such as those delivered by the Rainbow Project and Positive Life. BHSCT will raise awareness of and continue to support the PHA Sexual Health Campaign that was launched in 2015.</p> <p>A 'Sexual Health Comms Group', which 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)) brings together key 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 HYPE Team deliver personal development programmes, using a peer education model to access isolated and vulnerable young people.</p>	<p>Planning, Performance and Informatics Directorate</p>
<p>2 Effective arrangements should be in place for Trust Health promotion staff to support the whole schools</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>Planning, Performance and</p>

	<p>model of RSE education provided by the BHSCT Sexual Health team.</p>			<p>Informatics Directorate</p>
<p>3</p>	<p>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>Health Promotion The Sexual Health Training Team deliver: • 2 x ½ day courses for foster carers on sexual health per year • 1x 1 day course for social workers and support workers per year</p> <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).</p> <p>The awareness model considers basic information about modes of transmission; Law; 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, 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, which are facilitated in a range of locations each year to Belfast Trust Staff. Bespoke targeted training is also available on request, for example: -</p> <p>GUM Clinic Staff – Sexually Transmitted Infection Foundation (STIF) Training</p>	<p>Planning, Performance and Informatics Directorate / Specialist Hospital and Women’s Health Directorate</p>

4	Effective arrangements should be in place to support the sexual health needs of individuals with learning disabilities.	Trust responses should demonstrate plans to ensure uptake of learning disability sexual health training for all relevant staff.	<p>HSCB fund family planning association (fpa) to deliver training programmes for professionals working with people with learning disabilities to HSCT staff. In 2016/17, Level One training delivered to 60 Learning Disability (LD) staff and Level Two training to 5 staff in each HSCT and this is continuing into 2017/18. The Trust will continue to work to support the delivery of this training.</p> <p>The HYPE Team deliver peer education sexual health programmes targeted at young people with learning difficulties and their parents, using innovative methods to address their sexual health needs.</p>	Planning, Performance and Informatics Directorate
5	Effective arrangements need to be put in place to ensure sustainability of clinical sexual health services	Trust responses should demonstrate actions to identify staff training and replacement needs and communicate these to appropriate regional workforce planning colleagues.	<p>GUM Clinic times and information and Sexual and Reproductive Health (S&RH) Clinic details are provided on Belfast Trust Corporate Website.</p> <p>The 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> <p>Management of 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 include identification of gaps in service provision and workforce planning issues.</p>	Planning, Performance and Informatics Directorate / Specialist Hospital and Women's Health Directorate
6	Effective arrangements should be in place to provide integrated sexual	Trust responses should demonstrate plans to develop the co-location of GUM and SRH service delivery in geographical areas of need,	<p>Health Promotion The Sexual Health Training Team</p>	Planning, Performance and

	health services to vulnerable parts of the population	and to vulnerable populations e.g. in prisons and Children's homes.	<p>has piloted a sexual health programme with QUB for prison nurses – delivered on trauma and impact on adolescent relationships.</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, BHSCT GUM and S&RH Departments are working on plans to develop the co-location of Level 1 asymptomatic GUM clinics with S&RH Clinics. These have been piloted in Bradbury H&WBC and Beechall H&WBC with further pilot clinics planned.</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>	Informatics Directorate / Specialist Hospital and Women's Health Directorate
7	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>The HYPE Team promote and pilot the development of 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>The Trust have been had initial discussions with colleagues in HSCB / PHA on providing dedicated student GUM clinics for QUB students. The Trust are waiting on initial meeting to be arranged with all stakeholders.</p>	Planning, Performance and Informatics Directorate / Specialist Hospital and Women's Health Directorate
8	Effective arrangements should be in place for patients to access	Trust responses should demonstrate plans to:	The Trust GUM Clinic has telephone triage system for all patients requesting appointment. Patients requesting without symptoms are	Specialist Hospital and Women's

<p>telephone and online advice for clinical sexual health matters including family planning and sexually transmitted infections.</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 NI and exploration of online and postal testing services for uncomplicated sexual health, contraceptive and STI related needs of patients. 	<p>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>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>Health Directorate / Planning, Performance and Informatics Directorate</p>
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<p>9</p>	<p>Effective arrangements should be in place for safe and clinically governable SRH and GUM services to respond to patient need within 48 hours</p>	<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 as per 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>	<p>Specialist Hospital and Women's Health Directorate</p>
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**POC 9 Primary Care and Adult Community
Palliative Services**

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	
<p>1 Improved arrangements for identifying patients in their last year of life will support timely needs assessment and lead to more effective advance care planning for these patients.</p>	<p>Trusts in collaboration with the palliative care locality board, including ICPs, should set out the specific arrangements to be put in place during 2017/18 to increase the number of patients identified as being in their last year of life and to ensure that this information is communicated across the HSC system.</p>	<p>Trust senior management ward walk arounds 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. Identification of patients who may be nearing the end of life and processes to support End of Life Care Operational System (ELCOS) were the primary focus of activities during Dying Matters Awareness Week. Mechanisms to enable ongoing education and assessment are now embedded.</p> <p>A Trust workshop in October 2017 brought together key local and regional stakeholders to review the palliative and end of life care service improvement programme in Belfast and agree options and priorities to achieve the Belfast vision for palliative and end of life care; Belfast strategic priorities; and the regional work plan. Required outcomes included accountability and ownership; clinical buy in; implementation of tools and processes; and information to support improvements.</p>	<p>Adult Primary and Social Care Directorate</p>
<p>2 The keyworker function needs to be embedded within Trust arrangements to support care planning processes, improve communication with patients and their carers and ensure continuity of care for patients and families in hospital,</p>	<p>Trusts in collaboration with the palliative care locality boards, including ICPs, should set out the specific actions to be taken during 2017/18 to further embed the keyworker function across all aspects of patient care.</p>	<p>The Trust has detailed guidance on the agreement and role of a main key worker for palliative care. BHSCT Senior Nurses are involved in regional work to progress the development of a regional KPI measuring quality of palliative care and the key worker role within District Nursing. 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</p>	<p>Adult Primary and Social Care Directorate</p>

	community and other care settings.		for each identified individual is available to all linked staff and is accessible via the Community Information System (accessible across the Trust).	
3	Support arrangements for patients and families should be in place out of hours (in conjunction with the voluntary sector as appropriate).	Trusts in collaboration with the palliative care locality boards, including ICPs, should ensure that out of hours arrangements are in place for generalist palliative care 24 hours per days 7 days per week.	The Trust's District Nurses provide generalist palliative care 24 hours per days and 7 days per week since 1994. This is in conjunction with the voluntary sector as required. District Nurses refer patients to Marie Curie and NI Hospice depending on the assessed need of the patient and family.	Adult Primary and Social Care Directorate
4	Effective arrangements should be in place to provide a range of specialist palliative care services.	Trusts in collaboration with the palliative care locality boards, including ICPs, should ensure that there is access to specialist palliative care services.	<p>The multidisciplinary Community Oncology and Palliative Care (members of which either have specialist qualifications or extensive experience in palliative care) provides specialist advice and care to palliative patients with complex needs and also provides advice and training to community generalist staff.</p> <p>Additional resources have been requested to enhance the AHP service and for a Community Palliative Consultant post to support the specialist team and patients in their own home and in non-acute hospitals.</p> <p>NI Hospice In Patient Unit/On Call Practitioner can be contacted by the OOHs GP or nursing team for specialised advice and support.</p> <p>The BHSCT continues to participate in a regional workforce review of specialist palliative care services to ensure that appropriate resources are available to support patients who are in hospital and the clinical teams looking after those patients in securing timely access to specialist palliative care advice and interventions.</p>	Surgical and Specialist Services Directorate

3.3 Trust response to relevant Local / PoC priorities

POC 1 Acute

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate																								
BL1	By 2020 there is expected to be a 1.6% increase in the total Belfast LCG/Trust population, a 5.3% increase in the population aged over 75 years, and a 5.3% increase in the population of children aged less than 16. These population changes will impact on the demand for unscheduled care services.	The Trust’s response should demonstrate how the change in population need and demand for unscheduled care services will be managed in 2017/18, to include specific arrangements: 1. To address each of the regional unscheduled care priorities set out section 5. 2. To deliver the required volumes of service activity for 2017/18.	<p>The Trust will work through the expected activity for Non-elective admissions and ED attendances in light of the investments and discuss adjustments to SBA with the HSCB during 2017/18.</p> <p>The Trust will need to discuss the proposed volumes, set out below, further with the Commissioner. HSCB proposes to provide the following volume of service during 2017/18:</p> <table border="1"> <thead> <tr> <th>Currency</th> <th>Opening SBA 17/18</th> <th>Proposed Delivery 17/18</th> </tr> </thead> <tbody> <tr> <td>Non Elective admissions – all</td> <td>49,221</td> <td></td> </tr> <tr> <td>ED Attendances</td> <td>195,556</td> <td></td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Currency</th> <th>Opening SBA 17/18</th> <th>Proposed Delivery 17/18</th> </tr> </thead> <tbody> <tr> <td>Inpatients</td> <td>20,437</td> <td></td> </tr> <tr> <td>Daycases</td> <td>51,082</td> <td></td> </tr> <tr> <td>New Outpatients</td> <td>159,949</td> <td></td> </tr> <tr> <td>Review Outpatients</td> <td>347,741</td> <td></td> </tr> </tbody> </table>	Currency	Opening SBA 17/18	Proposed Delivery 17/18	Non Elective admissions – all	49,221		ED Attendances	195,556		Currency	Opening SBA 17/18	Proposed Delivery 17/18	Inpatients	20,437		Daycases	51,082		New Outpatients	159,949		Review Outpatients	347,741		Planning, Performance and Informatics Directorate
Currency	Opening SBA 17/18	Proposed Delivery 17/18																										
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BL2	Effective arrangements should be in place to ensure unscheduled care services in the Belfast LCG /Trust area are safe, sustainable and accessible.	The Trust’s response should demonstrate how it will make optimal use of all its facilities and resources to improve patient flow through services, manage discharges and minimise disruption to elective care.	The Trust has submitted an Unscheduled Care Project Charter which details the key performance targets and baselines as to how facilities and resources will be used to fulfil all these objectives.	Unscheduled and Acute Care Directorate Care Directorate																								

BL3	Effective arrangements should be in place to ensure patients have equitable access to regional and sub regional services which the Trust is commissioned to provide to the residents of other Trusts.	The Trust's response should demonstrate how it will ensure equitable access where there is current variation such as in Ophthalmology and Neurology.	The Trust is working with the SEHSCT in the establishment of Ophthalmic Clinical Centres. Once these are in place, with funding, centralised booking is planned. The Trust is regularly reviewing demand across all areas to ensure equitable access to services.	Unscheduled and Acute Care Directorate Care Directorate / Surgery and Specialist Services Directorate
BL4	Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable and Transformation funding across 2017/18, in line with already established planning, SBA and finance processes.	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be delivered in 2017/18 from the following investments: <u>Transformation funding:</u> <ul style="list-style-type: none"> • Infrastructure : Trust staff backfill • Care Pathways Reform (Regional) HF & Asthma 	Transformation funding: Infrastructure: The Trust has been advised of funding of £286k (17/18), £189k (18/19), £95k 19/20). Staff remain in post in line with funding and alternative funding will be sought for recurrent posts as appropriate Care Pathways: The Trust will contribute to the regional reform work for HS and Asthma.	Planning, Performance and Informatics Directorate

POC 2 Maternity and Child Health

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate									
BL1 *	By 2020 there is expected to be a continued increase in complex births in the Belfast LCG/Trust area. The level of births, complicated by diabetes has increased to 5.2% of all pregnant women across NI and 15% of all pregnant women smoke across NI. Increasing pregnancies amongst women with high BMI levels also add to birth complexity. Children less than 16 years are predicted to grow by 5.3% in the Belfast LCG / Trust area These population changes and complexities will impact on the demand for Maternity & Child Health services.	<p>The Trust's response should demonstrate how the change in population need and demand for Maternity & Child Health services will be managed in 2017/18, to include specific arrangements:</p> <ol style="list-style-type: none"> 1. To address each of the regional Maternity and Child Health priorities as set out in section 5. 2. To ensure sufficient capacity in the existing maternity hospital, and in the designs for the new hospital, to meet the projected demand and increased birth complexity with a view to facilitating all suitable women to give birth in a midwife led unit. 	<p>The Trust will need to discuss the proposed volumes, set out below, further with the Commissioner. HSCB proposes to provide the following volume of service during 2017/18:</p> <table border="1"> <thead> <tr> <th>Currency</th> <th>Opening SBA 17/18</th> <th>Proposed Delivery 17/18</th> </tr> </thead> <tbody> <tr> <td>Obstetrics (Births)</td> <td>6,931</td> <td></td> </tr> <tr> <td>Health Visiting (Contacts)</td> <td>43,886</td> <td></td> </tr> </tbody> </table> <p>The Trust's Health Visiting Service will continue to deliver the HCHF programme to all children 0-4yrs within the BHSC. There are ongoing discussions with PHA and at a regional level in respect of full service delivery.</p> <p>The service hopes to achieve 50% of 3-year contacts within the nursery placement as part of Early Intervention Transformation Programme (EITP).</p> <p>The appointment of an Infant Feeding Co-ordinator under HV service is to implement the standards of UNICEF Baby Friendly status.</p> <p>The Trust, in discussion with the HSCB, will continue to ensure sufficient capacity in the existing maternity hospital, and in designs for the new hospital, to meet projected demand and increased birth complexity. The Trust will facilitate, where this is safe to do so, births being delivered through the MMLU midwifery led service to maximum capacity. LCG is currently reviewing this reference.</p>	Currency	Opening SBA 17/18	Proposed Delivery 17/18	Obstetrics (Births)	6,931		Health Visiting (Contacts)	43,886		Specialist Hospitals and Women's Health Directorate / Specialist Hospitals and Women's Health Directorate
Currency	Opening SBA 17/18	Proposed Delivery 17/18											
Obstetrics (Births)	6,931												
Health Visiting (Contacts)	43,886												

<p>BL2</p>	<p>Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable and Transformation funding across 2017/18, in line with already established planning, SBA and finance processes.</p>	<p>Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be delivered in 2017/18 from the following investments:</p> <p><u>Transformation funding:</u></p> <ul style="list-style-type: none"> • District nursing and Health Visiting – Delivering Care standards • Infrastructure : Trust staff backfill 	<p><u>Transformation funding:</u></p> <ul style="list-style-type: none"> • District nursing and Health Visiting – Delivering Care standards: The Trust continues to work with HSCB colleagues to establish transformational funding for 2017/18. The Trust will endeavour to appoint appropriate staff • Infrastructure: Trust staff backfill: The Trust will discuss the details further with HSCB colleagues. 	<p>Planning, Performance and Informatics Directorate / Specialist Hospitals and Women’s Health Directorate</p>
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POC 3 Family and Childcare

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate												
BL1	Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable and Transformation funding across 2017/18, in line with already established planning, SBA and finance processes.	<p>Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be delivered in 2017/18 from the following investments:</p> <p><u>Transformation funding:</u></p> <ul style="list-style-type: none"> • District nursing and Health Visiting – Delivering Care standards • Infrastructure : Trust staff backfill 	<p>Transformational funding. The Trust will discuss the details further with HSCB colleagues.</p> <p>The Trust will need to discuss the proposed volumes, set out below, further with the Commissioner. HSCB proposes to provide the following volume of service during 2017/18:</p> <table border="1"> <thead> <tr> <th>Currency</th> <th>Opening SBA 17/18</th> <th>Proposed Delivery 17/18</th> </tr> </thead> <tbody> <tr> <td>Residential Care</td> <td>*</td> <td></td> </tr> <tr> <td>Foster Care</td> <td>*</td> <td></td> </tr> <tr> <td>Other (placed at home, specialist facility etc.)</td> <td>*</td> <td></td> </tr> </tbody> </table> <p>Children’s Community Services (CCS) The Trust’s CCS Directorate requires clarity on information required for above table and link with text under “Provider Requirement”.</p> <p>Transformation - District nursing and health visiting. The Health Visiting workforce is monitored half yearly and data recorded on the Transformational Nursing template. The data includes funded staffing levels, staff in post, vacancies, maternity absence and sickness absence. The Trust’s Finance department also completes finance figures.</p> <p>Service delivery is monitored by quarterly Indicators of Performance (IoP) A28 reports. This includes all Healthy Child, Healthy Future (HCHF) contacts. A cohort for each review is provided and contacts are measured as</p>	Currency	Opening SBA 17/18	Proposed Delivery 17/18	Residential Care	*		Foster Care	*		Other (placed at home, specialist facility etc.)	*		Planning, Performance and Informatics Directorate / Children’s Community Services Directorate
Currency	Opening SBA 17/18	Proposed Delivery 17/18														
Residential Care	*															
Foster Care	*															
Other (placed at home, specialist facility etc.)	*															

			<p>a percentage. The venue is also recorded to assess levels of compliance with home visiting.</p> <p>A scorecard to monitor antenatal contacts is completed on a quarterly basis and has evidenced an increasing percentage.</p>	
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**The LCG and Trust are continuing to work together to confirm the volumes for 2016/17.*

POC 4 Care of the Elderly

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate															
BL1	By 2020 there is expected to be a 5.3% increase in the population aged over 75 years in the Belfast LCG/Trust population. This population change will impact on the demand for Care of the Elderly services.	<p>The Trust's response should demonstrate how the change in population need and demand for Care of the Elderly services will be managed in 2017/18, to include specific arrangements:</p> <ol style="list-style-type: none"> 1. To address each of the regional Care of the Elderly priorities as set out in section 5 and highlighting how community services will be reformed 2. To deliver the required volumes of service activity for 2017/18. 3. To ensure there is sufficient capacity in intermediate and community care to avoid unnecessary admissions and avoid delays in discharging patients from hospital. 4. To demonstrate how ICP initiatives, targeted at frail older people, will be developed further, including moving towards full implementation of a 7 day Acute Care at Home model. 	<p>The Trust will need to discuss the proposed volumes, set out below, further with the Commissioner. HSCB proposes to provide the following volume of service during 2017/18:</p> <table border="1"> <tr> <td>Currency</td> <td>Opening SBA 17/18</td> <td>Proposed Delivery 17/18</td> </tr> <tr> <td>Domiciliary Care Hours</td> <td>2,115,422</td> <td></td> </tr> <tr> <td>Residential and Home Care Occupied bed days</td> <td>924,874</td> <td></td> </tr> <tr> <td>Community Nursing Contacts</td> <td>314,842</td> <td></td> </tr> <tr> <td>Acute Care at Home Bed days at Home</td> <td>12,644</td> <td></td> </tr> </table> <ul style="list-style-type: none"> • The Trust are undertaking a strategic review in 2017/2018 of the current configuration of acute In-patient Rehabilitation in Older Peoples Services in order to ensure they are delivering evidence based person centred effective and efficient services which are located in the right place with the right care pathways. This will involve examining current service model configurations and volumes against current need and demand with projections of future demand. • Intermediate Care service has also participated in the National Audit of Intermediate Audit (NAIC). The results of this will be reported on in December 2017. This will facilitate benchmarking of services on a national and regional basis and will allow the service to strategically plan for the future. 	Currency	Opening SBA 17/18	Proposed Delivery 17/18	Domiciliary Care Hours	2,115,422		Residential and Home Care Occupied bed days	924,874		Community Nursing Contacts	314,842		Acute Care at Home Bed days at Home	12,644		Planning, Performance and Informatics Directorate / Adult Primary and Social Care Directorate
Currency	Opening SBA 17/18	Proposed Delivery 17/18																	
Domiciliary Care Hours	2,115,422																		
Residential and Home Care Occupied bed days	924,874																		
Community Nursing Contacts	314,842																		
Acute Care at Home Bed days at Home	12,644																		

			<ul style="list-style-type: none"> • The Intermediate Care Service will develop a seven day working model. • The Trust will develop Community Complex Discharge Teams ensuring that no long term decisions regarding a patient's needs/care are made within the acute sector. These teams are multi-disciplinary and through enhanced in reach processes will facilitate specific care pathways for patients with complex needs. • Additional bed based rehabilitation services. There will be 4 additional rehabilitation open from Sept 2017 to facilitate extra capacity in the system. There will be an additional 9 assessment and care planning available from October 2017 	
BL2	<p>Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable and Transformation funding across 2017/18, in line with already established planning, SBA and finance processes.</p>	<p>Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be delivered in 2017/18 from the following investments:</p> <p><u>Transformation funding:</u></p> <ul style="list-style-type: none"> • District nursing and Health Visiting – Delivering Care standards • Infrastructure : Trust staff backfill • Day Opportunities • Self-Directed Support 	<p>Transformational funding. The Trust will discuss the details further with HSCB colleagues.</p> <p>Day Opportunities A Day Opportunities Forum has been developed to co-produce (with service users and carers) a plan for the way forward with Day Services and Day Opportunities for people with a learning disability across the city.</p> <p>A range of community based Day Opportunities has been developed and delivered. The current range is in the process of being further developed in conjunction with voluntary and community organisations across the city.</p> <p>Transformational funding is essential to continue to support the Trust in Day Opportunities developments.</p> <p>Self-Directed Support (SDS) An implementation plan is in place across all PoC's. Transformation funding continues to support the Trust</p>	<p>Planning, Performance and Informatics Directorate</p>

			to work with the Department and HSCB to meet departmental indicators by March 2019.	
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POC 5 Mental Health

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate															
BL1	The population of NI is 25% more likely to present with a mental health condition, than the rest of the United Kingdom. By 2020 there is expected to be a 1% year on year increase ¹ in prevalence within the Belfast LCG area. These population changes will impact on the demand for Adult Primary and Social Care Directorate services.	The Trust's response should demonstrate how the change in population need and demand for Adult Primary and Social Care Directorate services will be managed in 2017/18, to include specific arrangements: <ol style="list-style-type: none"> To address each of the regional Adult Primary and Social Care Directorate priorities as set out in section 5. Deliver the proposed volumes of service activity for 2017/18 	<p>The Trust will need to discuss the proposed volumes, set out below, further with the Commissioner. HSCB proposes to provide the following volume of service during 2017/18:</p> <table border="1"> <thead> <tr> <th>Currency</th> <th>Opening SBA 17/18</th> <th>Proposed Delivery 17/18</th> </tr> </thead> <tbody> <tr> <td>Hospital Occupied Bed days</td> <td>103,266</td> <td></td> </tr> <tr> <td>Residential and Nursing Home Occupied Bed days</td> <td>57,461</td> <td></td> </tr> <tr> <td>Domiciliary Care Hours Delivered</td> <td>96,592</td> <td></td> </tr> <tr> <td>Primary Care Talking Therapies Face to Face Contacts</td> <td>32,000</td> <td></td> </tr> </tbody> </table> <p>APSC The Trust will continue to monitor the demand on all its mental health services on a month by month basis taking corrective action and alerting the HSCB to any emerging pressure points.</p>	Currency	Opening SBA 17/18	Proposed Delivery 17/18	Hospital Occupied Bed days	103,266		Residential and Nursing Home Occupied Bed days	57,461		Domiciliary Care Hours Delivered	96,592		Primary Care Talking Therapies Face to Face Contacts	32,000		Planning, Performance and Informatics Directorate / Adult Primary and Social Care Directorate
Currency	Opening SBA 17/18	Proposed Delivery 17/18																	
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Domiciliary Care Hours Delivered	96,592																		
Primary Care Talking Therapies Face to Face Contacts	32,000																		
BL2	Effective arrangements should be in place to ensure the provision of a sustainable substitute	The Trusts response should demonstrate what specific measures will be taken in 2017/18 to <ul style="list-style-type: none"> Stabilise and align the workforce across the Addiction Teams, specifically the Substitute Prescribing Team 	BHSCT have participated in the regional task and finish group which is considering the capacity and demand for substitute prescribing services. BHSCT will require additional investment in staffing, both nursing and medical, in order to stabilize the workforce.	Adult Primary and Social Care Directorate															

¹ Delegated Statutory Functions reports submitted by Trusts

	prescribing service across the Belfast Trust area.	<ul style="list-style-type: none"> • Reduce the current internal waiting list through a phased induction to treatment plan • Work with PHA colleagues to address the needs of those who present with Hepatitis C • Work with designated local GPs to move stabilised patients on to primary care • Work with local community & voluntary services and expert by experience groups to support those on the waiting list and those not yet requesting treatment through the local DACT Forum 	<p>BHSCT will further consider how to modernize the existing Community Addiction Service with specific regard to more closely aligning existing capacity at Step2 & 3 in order to more effectively deal with demand and to ensure ministerial targets are being met. Initial consideration of the demand/capacity analysis demonstrates a requirement for additional investment in this area.</p> <p>BHSCT has submitted a recovery plan based on existing need which will see a reduction in the waiting times to meet ministerial targets by the end of 2017 (subject to referrals to the service holding to existing patterns). Once completed the capacity of medical colleagues will be focused on preparing more stable services users to move to a shared care model. The Trust will continue to work with Community and Voluntary Sector colleagues and service users to align services more closely to need.</p>	
BL3	Effective arrangements should be in place to reduce the increasing number of people presenting to ED for Suicide and Self-Harm which are higher in Belfast area than the NI average.	The Trust's response should demonstrate plans to address the cultural / lifestyle issues that may be contributing to self-harm / suicide with partner agencies.	<p>BHSCT will continue to work through both preventative forums such as the Belfast Strategic Partnership and the community response planning groups and with partners in the community and voluntary and statutory sectors providing self-harm and suicide prevention services.</p> <p>Key to this partnership model is the development of a crisis/safe place service for those in significant social and emotional crises but who do not meet the criteria for MH Step 3 care. Plans are well advanced, and agreed with the Belfast Suicide prevention alliance, to pilot a model of care based on partnership working between both sectors. The roll out of such a model of care will require additional investment.</p>	Adult Primary and Social Care Directorate / Unscheduled and Acute Care Directorate
BL4	Effective arrangements should be in place	The Trust's response should plan to review current supported housing schemes in line	BHSCT will continue to support the NIHE in its on-going needs analyses and to review the existing schemes. However, the decision by DoC and NIHE to refocus the	Adult Primary and

	to provide appropriate supported housing options across the Belfast LCG/Trust area.	with the current NIHE review of Supporting People funding.	strategic priorities and funding away from SP will continue to have a very significant and detrimental effect on BHSCT's Acute and Community MH services and will directly impact on our ability to deliver care to individuals to best meet their needs.	Social Care Directorate
BL5	Effective arrangements should be in place to appropriately manage increasing occupancy rates related to increased length of stay in the Medium Secure (Shannon) Unit.	The Trust's response should demonstrate plans to redesign the current service to assist the implementation of the Community Forensic Service. This is to help to address case complexity, the increase in demand, adult safeguarding and assertive outreach.	The Trust will require further engagement and discussion with commissioners to more fully understand this commissioning direction.	Adult Primary and Social Care Directorate
BL6	Effective arrangements should be in place to appropriately manage bed occupancy rates within the Belfast which remain higher than the NI average.	The Trust's response should demonstrate plans to ensure that inpatient bed requirement are in line with the approved Business Case for the Single Unit, including development of a High Intensity Care Pathway to align and integrate the Crisis Home Treatment and Acute Inpatient Service into a single care service	BHSCT continue to work with commissioners and colleague Trusts to address the significant levels of over-occupancy (currently 107%) of its acute MH inpatient beds and will continue to seek implementation of the recommendations of the Crisp Review. BHSCT will require further discussion with commissioners to understand the commissioning direction with regard to the integration of a Home Treatment and Acute Inpatient Service into a single care service.	Adult Primary and Social Care Directorate
BL7	Effective arrangements should be in place to ensure appropriate planning and implementation of	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be delivered in 2017/18 from the following investments:	Transformational funding. The Trust will discuss the details further with HSCB colleagues. Self-Directed Support (SDS) An implementation plan is in place across all PoC's. Transformation funding continues to support the Trust to	Planning, Performance and Informatics Directorate

	<p>Inescapable and Transformation funding across 2017/18, in line with already established planning, SBA and finance processes.</p>	<p><u>Transformation funding:</u></p> <ul style="list-style-type: none"> • Infrastructure : Trust staff backfill • Self-Directed Support 	<p>work with the Department and HSCB to meet departmental indicators by March 2019.</p>	
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POC 6 Learning Disability

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate									
BL1	By 2020 there is expected to be a 1.6% increase in the total Belfast LCG/Trust population. Prevalence data estimates that people with a Learning disability make up 1% to 2% of the total population of NI. These population changes will impact on the demand for Adult Primary and Social Care Directorate services.	The Trust's response should demonstrate how the change in population need and demand for Adult Primary and Social Care Directorate services will be managed in 2017/18, to include specific arrangements: <ol style="list-style-type: none"> To address each of the regional Adult Primary and Social Care Directorate service priorities as set out in section 5. To deliver the proposed volumes of service activity for 2017/18. 	<p>The Trust will need to discuss the proposed volumes, set out below, further with the Commissioner. HSCB proposes to provide the following volume of service during 2017/18:</p> <table border="1"> <thead> <tr> <th>Currency</th> <th>Opening SBA 17/18</th> <th>Proposed Delivery 17/18</th> </tr> </thead> <tbody> <tr> <td>Residential and Nursing Home Care occupied Bed days</td> <td>111,071</td> <td></td> </tr> <tr> <td>Domiciliary Care Hours</td> <td>251,557</td> <td></td> </tr> </tbody> </table> <p>APSC The Trust continues to scope its population and in particular groups including Older carers, young people in transition, accommodation needs assessment, ID & Dementia, and physical health care needs. The Trust is giving greater focus on prevention and early support.</p>	Currency	Opening SBA 17/18	Proposed Delivery 17/18	Residential and Nursing Home Care occupied Bed days	111,071		Domiciliary Care Hours	251,557		Planning, Performance and Informatics Directorate / Adult Primary and Social Care Directorate
Currency	Opening SBA 17/18	Proposed Delivery 17/18											
Residential and Nursing Home Care occupied Bed days	111,071												
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BL2	Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable and Transformation funding across 2017/18, in line with already established planning, SBA and finance processes.	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be delivered in 2017/18 from the following investments: <p>Transformation funding:</p> <ul style="list-style-type: none"> District nursing and Health Visiting – Delivering Care standards Infrastructure : Trust staff backfill Day Opportunities 	<p>Transformational funding. The Trust will discuss the details further with HSCB colleagues.</p> <p>APSC The service has conducted a comprehensive review of all statutory and non-statutory provision. Day Centres have completed individual reviews with all attendees to identify preferences for day opportunities. The service has used non recurrent money to augment some service options and there was a 10% increase on Day Opportunities offered to March 2017 across a range of community initiatives, due to this funding. It is anticipated that there will be a further 10% increase in Day Opportunities based</p>	Planning, Performance and Informatics Directorate / Adult Primary and Social Care Directorate									

		<ul style="list-style-type: none"> • Self-Directed Support 	<p>on service user expressed preferences. The Day Services Forum has been established involving service users, carers and staff.</p> <p>Day Opportunities A Day Opportunities Forum has been developed to co-produce (with service users and carers) a plan for the way forward with Day Services and Day Opportunities for people with a learning disability across the city.</p> <p>A range of community based Day Opportunities has been developed and delivered. The current range is in the process of being further developed in conjunction with voluntary and community organisations across the city.</p> <p>Transformational funding is essential to continue to support the Trust in Day Opportunities developments.</p> <p>Self-Directed Support (SDS) An implementation plan is in place across all PoC's. Transformation funding continues to support the Trust to work with the Department and HSCB to meet departmental indicators by March 2019.</p>	
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POC 7 Physical Disability

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate									
BL1	By 2020 there is expected to be a 1.6% increase in the total Belfast LCG/Trust population. Prevalence increases with age, from 5% among young adults to 67% among those who are 85+ years. These population changes will impact on the demand for Adult Primary and Social Care Directorate services.	The Trust's response should demonstrate how the change in population need and demand for Adult Primary and Social Care Directorate services will be managed in 2017/18, to include specific arrangements: <ol style="list-style-type: none"> To address each of the regional Adult Primary and Social Care Directorate service priorities as set out in section 5. To deliver the proposed volumes of service activity for 2017/18. 	<p>The Trust will need to discuss the proposed volumes, set out below, further with the Commissioner. HSCB proposes to provide the following volume of service during 2017/18:</p> <table border="1"> <thead> <tr> <th>Currency</th> <th>Opening SBA 17/17</th> <th>Proposed Delivery 17/18</th> </tr> </thead> <tbody> <tr> <td>Residential and Nursing Home Care occupied Bed days</td> <td>43,212</td> <td></td> </tr> <tr> <td>Domiciliary Care Hours</td> <td>353,971</td> <td></td> </tr> </tbody> </table> <p>In order to manage the changes in population the Trust proposes to :</p> <ul style="list-style-type: none"> Provide greater focus on prevention through linking in with the Connected Community health Hubs that are now established in North, South, East and West Belfast and use of the voluntary and community sector. Provide Improved care pathways for some cohorts eg Alcohol Related Brain Injury and working with the Integrated Care Partnerships in North, South, East and West Belfast. Increase the number of service users receiving Self-Directed Support Provide domiciliary care, residential and nursing care where assessed need indicates it is required. Through using a Service Panel approach we ensure that there is appropriate use of resources, equity across the Trust etc. and targeting of those most in need. 	Currency	Opening SBA 17/17	Proposed Delivery 17/18	Residential and Nursing Home Care occupied Bed days	43,212		Domiciliary Care Hours	353,971		Planning, Performance and Informatics Directorate / Adult Primary and Social Care Directorate
Currency	Opening SBA 17/17	Proposed Delivery 17/18											
Residential and Nursing Home Care occupied Bed days	43,212												
Domiciliary Care Hours	353,971												
BL2	Effective arrangements should be in place to ensure appropriate planning	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed	Transformational funding. The Trust will discuss the details further with HSCB colleagues. Day Opportunities	Planning, Performance and Informatics									

	<p>and implementation of Inescapable and Transformation funding across 2017/18, in line with already established planning, SBA and finance processes.</p>	<p>service models, level of investment and expected volumes to be delivered in 2017/18 from the following investments:</p> <p><u>Transformation funding:</u></p> <ul style="list-style-type: none"> • District nursing and Health Visiting – Delivering Care standards • Infrastructure : Trust staff backfill • Day Opportunities • Self-Directed Support 	<p>A Day Opportunities Forum has been developed to co-produce (with service users and carers) a plan for the way forward with Day Services and Day Opportunities for people with a learning disability across the city.</p> <p>A range of community based Day Opportunities has been developed and delivered. The current range is in the process of being further developed in conjunction with voluntary and community organisations across the city.</p> <p>Transformational funding is essential to continue to support the Trust in Day Opportunities developments.</p> <p>Self-Directed Support (SDS) An implementation plan is in place across all PoC's. Transformation funding continues to support the Trust to work with the Department and HSCB to meet departmental indicators by March 2019.</p>	<p>Directorate / Adult Primary and Social Care Directorate</p>
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POC 8 Health Promotion

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate
BL1	Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable and Transformation funding across 2017/18, in line with already established planning, SBA and finance processes.	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be delivered in 2017/18 from the following investments: <u>Transformation funding:</u> <ul style="list-style-type: none"> • District nursing and Health Visiting – Delivering Care standards • Infrastructure : Trust staff backfill 	Transformational funding. The Trust will discuss the details further with HSCB colleagues. Health Visiting: Delivering Care Workforce: Health Visiting workforce is monitored half yearly and data recorded on the Transformational Nursing template. The data includes funded staffing levels, staff in post, vacancies, maternity absence and sickness absence. Finance department also completes finance figures. Service delivery is monitored by quarterly IoP A28 reports. This includes all HCHF contacts. Cohort for each review is provided and contacts are measured as a percentage. Venue is also recorded to assess level of compliance with home visiting. Scorecard to monitor antenatal contacts is completed on a quarterly basis and has evidenced an increasing percentage.	Planning, Performance and Informatics Directorate / Children’s Community Services Directorate

POC 9 Primary Care and Adult Community - Family Practitioner Services

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	Directorate																								
BL1	<p>By 2020 there is expected to be a 1.6% increase in the total Belfast LCG/Trust population. The population of Belfast LCG have poorer life expectancy, higher mortality rates for Cancer, circulatory and respiratory diseases and higher incidence of suicide than other LCG areas. These population changes will impact on the demand for Primary Care and Adult Community services.</p>	<p>The Trust's response should demonstrate how the change in population need and demand for Primary Care and Adult Community services will be managed in 2017/18, to include the proposed volumes of service activity to be delivered in 2017/18.</p>	<p>The Trust will need to discuss the proposed volumes, set out below, further with the Commissioner. HSCB proposes to provide the following volume of service during 2017/18:</p> <table border="1"> <thead> <tr> <th>Currency</th> <th>Opening SBA 17/18</th> <th>Proposed Delivery 17/18</th> </tr> </thead> <tbody> <tr> <td>Stroke Early Supported Discharge Clients</td> <td>260</td> <td></td> </tr> <tr> <td>COPD Home Oxygen Service New Assessments</td> <td>430</td> <td></td> </tr> <tr> <td>COPD Home Oxygen Service Review Assessments</td> <td>1,098</td> <td></td> </tr> <tr> <td>Falls Prevention</td> <td>2,520</td> <td></td> </tr> <tr> <td>Falls Strength and Balance Programmes</td> <td>208</td> <td></td> </tr> <tr> <td>Community Foot Protection</td> <td>62,000</td> <td></td> </tr> <tr> <td>Diabetes Shared Care</td> <td>252</td> <td></td> </tr> </tbody> </table> <p>The new Falls prevention and Management service has been operational from 1st June in accepting NIAS referrals. The professional staff have been recruited, however, we are still awaiting 2.3 wte B4 Falls Assistant practitioners to take up their new posts – estimated November 2017.</p> <p>The Falls strength and balance programme community aspect will not be operational until late this year.</p>	Currency	Opening SBA 17/18	Proposed Delivery 17/18	Stroke Early Supported Discharge Clients	260		COPD Home Oxygen Service New Assessments	430		COPD Home Oxygen Service Review Assessments	1,098		Falls Prevention	2,520		Falls Strength and Balance Programmes	208		Community Foot Protection	62,000		Diabetes Shared Care	252		<p>Planning, Performance and Informatics Directorate / Adult Primary and Social Care Directorate</p>
Currency	Opening SBA 17/18	Proposed Delivery 17/18																										
Stroke Early Supported Discharge Clients	260																											
COPD Home Oxygen Service New Assessments	430																											
COPD Home Oxygen Service Review Assessments	1,098																											
Falls Prevention	2,520																											
Falls Strength and Balance Programmes	208																											
Community Foot Protection	62,000																											
Diabetes Shared Care	252																											

			Interviews for 1.5 wte B4 Activity coaches in September 2017.	
BL2	Effective arrangements should be in place to plan appropriate care for people at risk of hospital admission in the Belfast LCG/Trust area.	The Trust's response should demonstrate how it will continue to work closely with ICPs to implement a fully integrated model of care which supports GP practices which will embed multi-disciplinary teams of community nurses, AHPs and other professionals around general practice to support the pro-active management of high risk patients and how these teams will work collaboratively with local communities to support self-management by patients.	<p>The manager for the Connected Community Care (CCC) Hub will continue to work closely with Integrated Care Partnerships to implement the service across the city. This model will support General Practice identify people at risk of developing a long-term condition by referring into the CCC hub whereby the person will then be supported to change their lifestyle behaviours by being connected to local health improvement initiatives. The hub promotes a self- management model in which people will feel empowered to take ownership for their own lives, changing lifestyle behaviours and remaining physically and socially active. The hub will support people with existing chronic conditions by connecting them to local services which will enable them to self-manage their condition, moving to an early intervention/prevention model thus reducing incidents of crisis.</p> <p><u>District Nursing</u></p> <p>Each of the 84 GP Practices in Belfast has a named District Nurse. There are also a small number of Practices offering shared space which nursing staff can access. Whilst these arrangements are in place, and given the crisis in General Practice and recruitment issues to District Nursing case holder posts, we have a significant challenge ahead to improve communication and establish regular, meaningful meetings that focus on improved patient outcomes. These will include Palliative / End of Life and Risk Stratification meetings.</p> <p>There is potential to extend the number of GP Practices who offer a communal shared meeting space for District Nurses to avail of whilst retaining their District Nursing bases within the Wellbeing and Treatment Centres.</p>	Adult Primary and Social Care Directorate

			<p>The Trust's senior team within Adult Social and Primary Care Services are working on a number of initiatives in relation to Districting Nursing, i.e.: A questionnaire, developed with and agreed by a number of lead GPs, was sent to all GP Practices in Belfast regarding communication mechanisms in relation to District Nursing. The results are being collated at present and will be communicated to all GP Practices and District Nurses by the end of the year 2017.</p> <p>Already work has taken place to identify that each GP Practice has an aligned District Nurse who is also a Nurse Prescriber. The results to date have been positive. We propose to continue with this work across all GP Practices Work with GP Practices and promote this as good practice.</p> <p>The Trust's senior team within Adult Social and Primary Care Services have met with Federations to discuss the establishment of regular communication between GP Practices and District Nurses.</p> <p>Team Managers / Nurse Leads are to be nominated as senior contacts for the GP Practices in Belfast. Arrangements are in place for named geographical cover when patients fall outside of the GP boundary.</p> <p>Money allocated for a District Nursing band 6 and band 3 to enhance one District Nursing teams. The 2016/17 funding was not spent and the funds were returned to HSCB for 16/17. Due to a staffing crisis and lack of trained band 6 DNS/CN we were unable to recruit these posts. We have recently had 13 BAND 6 DNS/CN posts appointed in August and are due to appoint the band 6</p>	
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			<p>and band 3 positions within the next month which means that there is a zero return at this time.</p> <p>The added District Nursing Sister / Charge Nurse and Health Care Assistant will enable the other caseload holders to manage a smaller caseload and enable them to fully implement their role as Key Worker for patients requiring Palliative and End of Life Care. They will have time to :</p> <ul style="list-style-type: none"> • Build closer links and relationships with their aligned GP's • Attend Multidisciplinary GP meetings (Gold Standard etc.) • Implement the regional and local recommendations and action plans in relation to Palliative Care and EOL care • Identify patients earlier and place on the Register (PARIS) • Promote the importance of the role of the District Nurse in discharge planning and promotion of holistic person-centred care <p>The District Nurses continue to undertake their role as Key Worker for patients requiring Palliative Care or EOL care. They are also under extreme pressure managing the increasing number of patients (Palliative Care) who cannot avail of a care package to facilitate hospital discharge or prevent hospital attendance. Those patients who are EOL are cared for by District Nursing including the personal care elements although at times this needs supplemented by a care package.</p>	
BL3	Effective arrangements and infrastructure should be in place to support an integrated model of care across the	The Trust should demonstrate how it will re-configure its community estate to support multi-disciplinary working embedded with general practice, including co-location.	The Trust currently has District Nursing based across 8 wellbeing & treatment centres in Belfast. District Nursing is aligned to General Practice with named District Nurses and have been working with commissioners to consider colocation arrangements within Primary Care. In addition the Trust is seeking	Adult Primary and Social Care Directorate

	Belfast LCG/Trust area.		to source a centrally located base for Acute Care at Home and all community specialist teams. This will include out of hours District Nursing, as a centre of excellence, to maximise benefits such as shared IT / Admin / Clinical Cover / clinical space for range of clinics & minor ops, provide peer support and avoid duplication of effort. The Trust is scoping the potential to further develop to include GP out of hours and support with advanced nurse practitioner sessions and triage.	
BL4	Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable and Transformation funding across 2017/18, in line with already established planning, SBA and finance processes.	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be delivered in 2017/18 from the following investments: <u>Transformation funding:</u> <ul style="list-style-type: none"> • District nursing and Health Visiting – Delivering Care standards • Infrastructure : Trust staff backfill • ICP Belfast - COPD inc. HOSAR • ICP Belfast - Acute Care at Home • ICP Belfast - Stroke ESD Services • Care Pathways Reform (Regional) HF & Asthma 	Transformational funding. The Trust will discuss the details further with HSCB colleagues.	Planning, Performance and Informatics Directorate / Adult Primary and Social Care Directorate

4.0 Resource Utilisation

Finance and Workforce

4.1 Financial Plan

4.1.1 2017/18 Financial Plan

Executive Summary

The Belfast Trust is currently anticipating a financial deficit of £23.6m for 2017/18 including £10m of unmet savings. The Trust has been assured that this deficit is covered as part of the HSC overall balanced plan.

In arriving at this position, the Trust believes that it has exploited all efficiencies and non-recurrent support available to it this year.

The Trust began the 2017/18 financial year with an opening gross deficit of £83.7m which was communicated to the Permanent Secretary on 14 February 2017 in a draft financial plan. This deficit included:

- a roll forward deficit of £48.58m brought forward from 2016/17
- a recurrent gap in relation to service developments commenced in 2016/17 of £4.73m
- new 2017/18 pressures including pay, inflationary pressures, apprenticeship levy, living wage, demography and other funding shortfalls totalling £30.4m

The Trust understands that this £83.7m was included in the Department of Health and HSCB's overall draft HSC financial plan for 2017/18.

Since February, a number of iterations of the plan have been produced to reflect the draft 2017/18 allocation from HSCB in July 2017 and more recently additional funding and changes in Trust savings requirements. In summary, the opening gap has been adjusted by:

- £52.95m of additional income in July/August and £12.14m in September 2017
- A reduction of £0.38m in anticipated international nurse recruitment (INR) costs and £0.62m of INR income
- The removal of £8m expenditure included in the February plan in relation to a potential 2017/18 pay award. In the absence of a Minister no decision can be taken to implement a pay award, and thus at this stage the cost implications of the pay review body's recommendations, estimated at £26 million for the HSC, has not been factored into the Trust's financial position.
- A pharmacy savings target of £5.98m and an additional savings target of £26.3m against which savings of £22.28 have been identified
- A reassessment in October of further in-year cost pressure expenditure and funding which has reduced the in-year pressure to £4.48m
- Additional slippage of £0.5m

to arrive at a deficit of £23.6m.

Therefore net new funding for 2017/18, an element of it non-recurrent, is approximately £33.4m.

Since the February draft plan submission, the Trust has identified a number of new pressures, the most significant relating to looked after children's pressures and a learning disability pressure which had been funded every year on a non-recurrent basis but which has not been funded this year.

Of the £26.3m savings target the Trust has identified proposals of £13.3m of efficiency, productivity and one-off cost savings measures. A further £3m of drugs switch savings, which had been publicly consulted on, has also been approved by Trust Board and HSCB but has yet to be approved by DoH.

The table below provides a summary of the revised draft financial plan:

Table 4.1: Revised Draft Financial Plan 2017/18

	£'m	£'m
Opening Deficit per February 2017 plan		
Brought forward underlying deficit	(48.58)	
Unfunded 2016/17 service developments	(4.73)	
New 17/18 cost pressures	(30.40)	(83.71)
less pay award element now managed centrally by DOH		8.00
Revised opening deficit		(75.71)
Indicative Funding received July 2017:		
Funding towards Trust underlying deficit	28.89	
2016/17 service developments	3.60	
2017/18 cost pressures	20.46	
Reduction in international nurse recruitment pressure	0.38	
International nurse recruitment funding	0.62	
New HSCB Funding received September 2017	12.14	
Non-recurrent measures identified September	0.50	66.59
Opening deficit before savings target and new pressures		(9.12)
Net emerging 2017/18 pressures	(4.48)	(4.48)
New 17/18 savings targets		
Regional pharmacy optimisation target	(5.98)	
Trust share of £70m savings target	(26.30)	(32.28)
Deficit before Trust savings		(45.88)
Trust Efficiency/Productivity Savings:		
Pharmacy savings	5.98	
Efficiency/productivity savings with no service impact	13.30	19.28
Anticipated deficit after efficiency/ productivity savings		(26.60)
Additional drugs savings assuming DoH approval		3.00
Revised Deficit at October 2017		(23.60)

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 draft financial plan for the Belfast Trust for 2017/18. It sets out the strategic context and financial parameters within which the Trust is bound to operate for 2017/18. The income and expenditure positions are summarised and key areas of risk are highlighted.

The approach to financial planning for 2017/18 began in January 2017 when the Trust's underlying recurrent deficit of £48.58m was formally shared with HSCB albeit this recurrent underlying deficit had been highlighted in the 2016/17 financial plan.

A draft financial plan was subsequently submitted to the Permanent Secretary on 14 February 2017. Since then, work has been ongoing on the Trust's financial position to reflect a number of emerging pressures, 2017/18 funding allocations and savings targets, including the Belfast Trust share of a regional £70m savings requirement, and Trust proposed savings.

DOH issued its Commissioning Plan Direction to HSCB on 26 July 2017 although a draft indicative allocation was received by HSCB on 4 July 2017. HSCB issued 2017/18 indicative RRLs on 7 July 2017 and confirmed the Trust's roll forward baseline RRL on 1 August 2017. These figures have been used as the basis of the Trust's income budget in its 2017/18 financial plan, adjusted for a further allocation from HSCB in September 2017. This final draft financial plan builds on previous drafts shared with DoH and HSCB in January / February 2017 and August 2017.

In the financial plan, the recurrent opening deficit for 2017/18 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.

Financial Context for 2017/18

The Trust's financial plan for 2017/18 is set firmly within the context of the Department's overall HSC financial plan.

It is acknowledged that there are unprecedented financial challenges facing the HSC and most Trusts are not able to produce recurrent balanced financial plans for 2017/18 at this point. Given the scale of the Belfast Trust's brought forward deficit from 2016/17, a proportion of which relates to 2015/16 and before, and the emergence of a range of new 2017/18 pressures, it is clear that recurrent financial balance could not be achieved by the Belfast Trust through efficiency savings alone.

In developing its 2017/18 financial plan, the Trust undertook a detailed review of all expenditure, taking into account any comments or recommendations highlighted by DoH and HSCB earlier in the year. The Trust has also given due consideration to the

recommendations made in Lord Carter's efficiency report and believes that the key areas of opportunity highlighted in that report have been robustly assessed and included in the revised financial plan, where applicable.

The Trust will continue to ensure that it makes the best use of the resources available to it. We will continue to embed our MORE programme which focusses on securing efficiencies through enhancing productivity, changing the way services are delivered, modernising and driving improvements in health and social care, eliminating waste and maximising value for money.

Recap on Trust Opening 2017/18 Financial Position

In 2016/17, the Trust began the year with an opening deficit of £62.5m which, after various revisions, was reduced to £42m through non-recurrent income from HSCB monitoring rounds. The Trust delivered £19.9m of recurrent savings and £22.1m of non-recurrent savings and other measures in order to achieve financial balance in 2016/17.

The Trust achieved a breakeven position in 2016/17 but financial balance was only possible through a combination of non-recurrent income from HSCB (circa £20.54m), in-year slippage on a number of service developments (circa £6.83m), non-recurrent contingency measures (£1.18m) and other non-recurrent support (£14.06m). The underlying recurrent deficit was determined to be £42.6m (£48.6m on a FYE basis).

This rolled forward position was communicated to HSCB in January 2017 for 2017/18 financial planning purposes.

The £48.6m recurrent underlying gap comprises a brought forward deficit from 2015/16 in relation to bed savings and recurrent shortfalls in 2015/16 savings plans, and an income gap from 2016/17 after accounting for 2016/17 recurrent savings proposals.

The Trust submitted a draft 2017/18 financial plan to the Permanent Secretary on 14 February 2017, in which the gross opening deficit for 2017/18 was identified as £83.7m. This included the underlying 2016/17 deficit of £48.6m, a potential 1% pay award for 2017/18 and a range of new pressures including the apprenticeship levy, living wage, inflationary and demographic pressures and other inescapable cost pressures. A summary of the opening gap at February 2017, derived from the 2016/17 closing position is shown below in table 4.2.

Table 4.2 Summary Opening Financial Gap 2017/18

	£'m	£'m
2015/16 Underlying Deficit	16.23	
2015/16 savings plan gap (£16.7m approved plan v £20.3m target)	3.63	
2015/16 recurrent savings gap	5.00	
Total brought forward Deficit		24.86
In-year funding gap		37.66
Total 2016/17 Opening deficit		62.52
Recurrent savings proposals to address gap		
Efficiency Savings to address 2015/16 recurrent savings gap	(1.50)	
Approved savings plan against £3.6m carried forward savings gap	(1.75)	
Trust pharmacy savings proposals	(1.92)	
Other pharmacy savings above plans identified by Trust to meet regional pharmacy savings target	(1.34)	
Energy savings	(3.50)	
2015/16 VES savings	(0.60)	
Procurement savings	(1.30)	
Other directorate plans	(1.50)	
Demography productivity/cash savings	(2.50)	(15.91)
Closing 2016/17 recurrent position		46.61
FYE of 2016/17 issues		
LD pressures assumed to be non-recurrent	(3.00)	
Vanguard theatres- assumed to be non-recurrent	(0.34)	
FYE Four Seasons price increase	0.70	
FYE Alliance medical Pressure	0.11	
FYE 16/17 demography	2.80	
LD cost pressures iro £1.7m income	1.70	2.0
Opening 2017/18 roll forward deficit as reported 4 Jan 2017		48.58
2017/18 Inescapable Pressures		
2017/18 Pay Award	8.00	
Apprenticeship Levy	3.20	
Living wage impact in relation to independent sector costs	3.31	
Other non-pay inflation	8.30	
2017/18 demography pressures	5.60	
Other material cost pressures - LAC/MH	2.00	
Shortfall re 2016/17 service developments	1.88	
Developments/pressures funded n/r via June Monitoring in 2016/17	2.85	35.13
Opening Gross Deficit as reported 14 Feb 2017		83.71

Since February, additional pressures totalling almost £4.5m have emerged which have been added to the opening gross deficit.

A reconciliation between the closing breakeven position in 2016/17 and the opening 2017/18 position is also provided in Annex A.

The Trust and HSCB have continued to work on the financial position since the draft plan in February 2017.

Whilst the HSCB indicative allocation, issued in July, included around £54m of new funding, DoH, through HSCB, also levied a new savings target comprising the Trust's share of both a £70m regional Trust savings target (£26.3m) and a £12.5m regional pharmacy savings (almost £6m). **Net new recurrent funding for 2017/18 was therefore approximately £21.5m** against an opening gross deficit of £83.71m. Additional non-recurrent funding of £12.14m was subsequently allocated in October 2017.

The Trust has continued to try to identify further efficiency and productivity savings since February 2017. As a result, the Trust has set itself a challenging efficiency/productivity savings plan totalling almost £19.3m (£5.98m against the regional pharmacy target and £13.3m against the £26.3m target) which would be delivered without impacting on patient and client services. Details of the £13.3m efficiency savings are provided in Annex B.

A number of cost pressures have emerged in 2017/18 including an increase in looked after children expenditure which has risen in each of the last few years. A number of pressures relating to medical training have also presented this year. Furthermore, there are new funding shortfalls in relation to cardiac and spinal surgery relating to weighted activity disputes between the Trust and HSCB. The most significant new pressure relates to learning disability; HSCB had been aware of the ongoing cost pressure in this area and had been notified of the anticipated 2017/18 pressure. In previous years, this cost pressure had been funded by HSCB from in-year non-recurrent slippage and it was assumed in the Trust's draft financial plan in February that this would be the case again this year. However, it would appear that this was not factored into the overall HSC plan and, given the challenging financial climate, this is now deemed by HSCB to be high risk. For this reason, it has been added to the Trust's projected deficit at the request of HSCB. Detail on some of the key new cost pressures is provided in Annex C.

In terms of the Trust's share of the £70m savings target, i.e. £26.3m, plans have been developed to deliver £13.3m through efficiency and productivity but given the scale of savings achieved over the last few years the Trust does not believe there are any other material opportunities for further efficiencies beyond this already challenging level. A number of service impact measures, which would have addressed the residual £13m savings gap, were identified by the Trust in August and were publicly consulted on given their impact on patient and client services. However, additional HSC funding of £40m, announced by the Permanent Secretary on 11 October 2017, meant that £10m of service impact measures could be stood down by the Trust. The remaining £3m relates to the replacement of high cost drugs with less expensive but equally efficacious drugs. This savings proposal has been approved by Trust Board and HSCB and is currently being considered for approval by DoH. The draft TDP assumes that DoH approval will be provided.

The £40m additional funding should also help address residual opening deficits in HSC Trusts and allow the HSC to breakeven before any 2017/18 pay award. However, HSCB has advised that at this stage the £40m funding will not be allocated to Trusts

and the savings gap, along with any residual opening income gap, will now be reflected as a Trust deficit.

As discussed above, the Trust is anticipating a year end deficit of £23.6m which in broad terms is attributable to a £10m savings gap and a £13.6m funding gap against opening and in-year cost pressures. **The Trust has been assured by HSCB that this deficit is covered as part of the HSC breakeven financial plan.**

The table below provides a high level summary of the revised draft financial plan:

Table 4.3 Summary of Revised High Level Financial Plan 2017/18

	£'m	£'m
Opening deficit per February 2017 plan before pay award	(75.71)	
Reduction in international nurse recruitment pressure	0.38	
2017/18 pharmacy savings target	(5.98)	
2017/18 'other' savings target	(26.30)	
Net new 2017/18 pressures	(4.48)	
Gross 2017/18 Deficit		(112.09)
HSCB in- year funding including international recruitment	65.71	
Proposed drugs savings	5.98	
Approved efficiency/productivity savings plan	13.30	
Proposed drugs switching savings- assuming DoH approval	3.00	
Slippage identified in October	0.50	
In-year funding/savings		88.49
Net 2017/18 deficit		(23.60)

It should be noted that the deficit of £23.6m assumes that £18m of non-recurrent workforce savings achieved in 2015/16 and 2016/17 are maintained in 2017/18 and that other schemes are achieved such as the labs demand management scheme.

Position in relation to 2017/18 Savings Plans/Consultation

The Permanent Secretary wrote to Trusts on 8 August 2017, directing Trusts to develop draft plans to deliver their full share of a regional £70m savings target and to begin the consultation process in relation to plans, inviting comment on any options deemed to require public consultation. The Belfast Trust share of the £70m was £26.3m. As part of this process, the Trust submitted details of its full 2017/18 savings plan to HSCB on 11 August 2017, highlighting the measures which the Trust believed were major and/or controversial and required public consultation, for HSCB feedback.

Following agreement by HSCB on the items requiring public consultation, the Belfast Trust held an extraordinary public Trust Board meeting on 24 August 2017. At this meeting, comment on the Trust's £26.3m savings plan, and in particular the £13m savings deemed to be major and/or controversial, was invited from the public. Approval was given by Trust Board to proceed to public consultation.

The public consultation on the Trust's £26.3m savings plan was launched on 24 August 2017 and completed on 5 October 2017. A consultation outcomes report, summarising the extensive feedback gained from the various public, staff and special interest group

meetings and from written responses received during the consultation period, was produced by the Trust and shared during a Trust Board meeting held in public on 13 October 2017. On the basis of a letter from the Permanent Secretary on 11 October, notifying Trusts of additional funding which would allow Trusts to reduce the £70m by £28m, the Belfast Trust formally stood down £10m of major and/or controversial savings at the Trust Board meeting. Trust Board members agreed to recommend for implementation £13.3m of efficiency/productivity savings and £3m of drugs switch savings to HSCB and DoH subject to clarification on a number of regulatory issues regarding ophthalmology drugs switching. These savings were subsequently approved by HSCB. DoH approval is pending but is assumed as part of the TDP financial plan.

Key Assumptions and Risks

In arriving at the overall financial position for 2017/18, the Trust has assumed income of almost £80m from HSCB/PHA in addition to amounts formally approved and confirmed for 2017/18. This includes income which has historically been awarded annually, on a non-recurrent basis, such as 'GP out of hours', Surestart, high cost cases, elective care and SUMDE which the Trust is confident will be funded by DoH and HSCB during 2017/18. 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 revised draft financial plan, the most significant of which are:

- Deliverability of the £13.3m savings within an ever challenging financial environment
- Deliverability of a planned additional £5.98m pharmacy savings in 2017/18, which is dependent on achieving savings from procurement
- Sustainability of the £18m workforce management savings delivered in 2016/17 in light of ongoing staff shortfalls and recruitment difficulties particularly amongst medical staff in areas such as ED.
- Deliverability of slippage to manage demographic pressures.

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 any cost pressures associated with a growth in high cost specialist drugs and therapies will be fully funded.
- 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 no pressure will arise in relation to SUMDE income in 2017/18.

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 2017/18 position.

The draft financial plan assumes that no material additional cost pressures will arise before the end of 2017/18 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 2017/18 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 2017/18.

Summary 2017/18 Position

The Trust began the financial year with an opening deficit of £83.7m which has been adjusted to take account of additional funding, new savings targets and cost pressures not included in the Trust's financial plan in February 2017. 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 £23.6m, without impacting on patient and client services.

There are a number of financial risks to the reported position, the greatest of which is the deliverability of the 2017/18 new savings plan of £22m in addition to sustaining workforce management savings of £18m.

The Trust is committed to achieving its statutory duty to breakeven whilst delivering safe and effective, high quality services. At this stage, the Trust is reporting an anticipated deficit for 2017/18. However, the Trust has been assured by HSCB that this deficit is covered as part of the overall HSC financial breakeven plan.

In delivering this projected 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.

Overview of Recurrent Financial Position for 2017/18 and Beyond

Commissioners have provided limited high level information in relation to 2018/19 and it is not possible to produce a detailed financial overview at this point. It is clear at this stage that the Belfast Trust will not be in run-rate financial balance by the end of 2017/18. At this stage, the Trust's best estimate of its opening 2018/19 deficit is almost £79m as shown in the table below.

Table 4.4 Opening Recurrent 2018/19 Deficit

	FYE Deficit £'m
Recurrent 2017/18 rolled forward deficit net of £28.89m funding	19.69
Recurrent savings shortfall	17.70
2017-18 inescapable service developments- funded non-recurrently	16.98
RCCE held by HSCB pending agreement of requirements	4.76
Transformation funds provided non-recurrently	4.38
2017/18 demography pressures	3.42
Superannuation pressure	1.70
Potential Supporting People funding shortfall	1.41
SUMDE retraction	0.30
Other 2017/18 pressures/income risks	8.41
Opening 2018/19 Recurrent Deficit	78.75

The Trust will continue to focus its efforts on containing costs within the income levels established at the beginning of each financial year. The Trust will ensure, as always, that service developments are not initiated without first securing recurrent funding. The Trust will also continue to pursue any unnecessary costs and will endeavour to maximise efficiencies where possible although it would appear, given the scale of the financial challenges ahead, that system wide change will be required to generate the level of savings required alongside additional investment. Where unforeseen inescapable cost pressures do emerge, or where performance is at variance to the Trust's plan, continuing and regular dialogue with the HSC Board will be used as the forum to initially discuss these issues.

4.1.2 CAPITAL INVESTMENT PLAN

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 2017/18 CRL which includes the following schemes:

Project	CRL 2017/18 £'000
Regional Children's Hospital	10,061
RGH – Maternity New Build	9,550
BCH – Mental Health Inpatient Unit	15,029
RGH Energy Centre	1,431
BCH Centralisation of Endoscopy Decontamination	824
Congenital Heart Network	940
Musgrave Modular Theatre	1,035
HEMS Ground Services	598
Genomes R&D	1,808
ICT	1,071
General Capital	10,219
Total	52,566

Approved Capital schemes

Redevelopment schemes continue across the Trust. The 2017/18 capital programmes cover a wide area of service provision and are in line with previously agreed investment priorities.

Work will continue on major capital schemes, with a number due for completion in 2017/18.

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.

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 initial general capital allocation for 2017/18 is significantly less than the total received in 2016/17. In addition, the increase in Trust's delegated limits also places an additional pressure on the diminishing funding. There are a number of pieces of equipment that fall within the revised delegated limit which will require replacement given that they either have or will exceed their recommended life cycle. The replacement of such equipment is essential to maintain both the safety & quality of service delivery and capacity to address increasing demand.

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 of Health to bid for additional capital funding in-year.

Revenue Consequences of Capital Schemes

It is assumed that the revenue consequences of capital schemes, including any uplift required for inflationary, national insurance and superannuation increases, will be fully funded.

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, it is unlikely to be completed this year.

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.

Annex A

Reconciliation of 2017/18 Opening Position with 2016/17 Outturn

The opening position for 2017/18 has been determined through a bottom-up approach, using the 2016/17 outturn as a starting point. A summary reconciliation from the 31 March 2017 position to the opening financial position for 2016/17 is shown below.

Reconciliation of Opening Position to 2016/17 Outturn

	£'m
Closing 2016/17 Deficit/(surplus)	(0.05)
Add back:	
Non-recurrent slippage 2016/17	6.80
Non-recurrent savings/contingencies	1.20
Non-recurrent accounting adjustments	14.03
Non-recurrent income from HSCB	20.60
FYE issues	2.00
Pressures covered by non-recurrent measures in 2016/17	4.00
2017/18 Inescapable pressures**	35.13
Total brought forward deficit	83.71

**The 2017/18 inescapable pressures are shown in Table 4.2 of the TDP.

Although financial balance was achieved in 2016/17, the analysis above shows that this was due to a large extent to non-recurrent slippage and one-off income or expenditure reductions.

In developing the financial plan for 2017/18, the same level of non-recurrent support cannot be assumed because:

- Anticipated slippage is much lower than in 2016/17
- £20.5m of additional non-recurrent funding was provided during 2016/17; the same funding is not available in 2017/18
- Other non-recurrent savings, for example £0.5m of water rebates pertaining to previous years, is not repeatable in 2017/18
- The Trust benefitted from a number of one-off accounting adjustments totalling of £14m in 2016/17 relating to reductions in accruals relating to maternity statutory days, sickness, holiday pay and a small amount of other.

Annex B

Proposed 2017/18 Efficiency/Productivity Savings and Pharmacy Savings

Planned Efficiency/productivity Savings with No Service Impact

<i>Planned efficiency/productivity savings with no service impact</i>	£'m
Reduction in administration and management costs	0.5
Procurement and goods & services savings including minimising discretionary spend	2.1
Estates utilisation, energy efficiency and car parking scheme including deferral of backlog maintenance	2.0
Productivity savings to handle demographic pressures for 17/18	1.0
Natural slippage on new service developments and release of funding not required	7.7
Total Savings	13.3

Regional Pharmacy Savings

The Medicines Optimisation Regional Efficiency Programme assumes that a £30m cash-releasing efficiency target will be delivered in 2017/18, with a similar amount targeted for 2018/19, giving a total £90m over the three years to 2018/19. £12m of the £30m total relates to secondary care, and £5.98m has been identified as the Belfast indicative target.

Of the £5.98m target for Belfast Trust, initial plans have been tabled totalling over £4m, and the Trust continues to pursue additional savings to address the shortfall albeit this currently presents a financial risk.

Whilst the Trust welcomes the publication of the Medicines Optimisation Quality Framework (MOFQ), and commends the objectives of this innovative change programme, full cash delivery against the £12m regional target for secondary care represents a significant risk for 2017/18, and the Trust has requested that this is reflected within the overall risk assessment of the regional programme.

The Trust will, however, make every effort to make this important programme a success. The Head of Pharmacy and Medicines Management as the Belfast Trust lead for the programme and the Trust's multi-disciplinary Trust Medicines Management Group (MMG), which has traction within the Trust, will implement the savings.

Annex C New Pressures for 2017/18

Learning Disability Muckamore Resettlements Income Shortfall

The Trust and HSCB have been working together for some years now to resettle long stay learning disability patients out of Muckamore Abbey Hospital and into the community. The recurrent funding for the wards has been retracted and bridging has been given non-recurrently every year to manage the service until all wards are closed and patients resettled. The Trust has assumed the required income for this each year in its TDP and HSCB has sought non-recurrent funds from slippage in other areas regionally and from monitoring rounds. At February planning, the Trust continued with this assumption, in the knowledge that HSCB was fully aware of the issue. However, we have been advised that this was not included by HSCB and therefore the income assumption is now high risk. As a result, the pressure has been added to the Trust deficit.

Loss of private patient income (BUPA) reduced by variable costs estimate

The Trust has for many years provided private patient work for BUPA clients and been reimbursed by BUPA for this. However, from 6 April 2017, BUPA suspended recognition of Belfast Trust as a provider because Belfast Trust do not have any commercial insurance arrangements in place to indemnify BUPA against the cost of any potential clinical negligence claims. This has not been an issue until now. This will result in a significant loss of income to the Trust. The loss is mitigated by the variable costs of private patients and has been reflected in a lower pressure of £450k.

Additional medical staff for MIH anaesthetics rota

Out of hours anaesthetic resident service is provided on a 1:7 rota basis by a team of 5 anaesthesia trainees and 2 specialty doctors. Out of hours, these resident doctors cover theatres, intensive care, ward calls and the Mater ED. The doctors are supported by consultant anaesthetists on call from home. Over the last few years, a number of concerns have been raised by NIMDTA relating to the quantity and type of out of hours experience and training trainee anaesthetists had been receiving on the Mater out of hours resident rota, and identified a lack of suitable anaesthesia experience out of hours. This has culminated in the most recent set of NIMDTA reports/surveys raising red flags on this area of training. On 13 January 2017, BHSCT was informed by NIMDTA that anaesthesia trainees would no longer be recognised to provide resident out of hours cover for the Mater Hospital.

The immediate effect of withdrawal of the out of hours resident anaesthetic trainees at the Mater would be to immediately remove the ability to support intensive care, hepatobiliary surgery, ward calls and ED out of hours on the Mater site making these services unsafe with potential immediate closure of these services on the Mater site. There would be a secondary impact with a shift of ED patients to RVH ED and a change in case mix of patient suitable for care in inpatient beds in the Mater Hospital.

With the withdrawal of resident trainee anaesthetists from February 2017, there was an immediate requirement to replace these five posts with non-training grade doctors in order to maintain patient safety out of hours on the Mater Hospital site for intensive care, theatres, ward patients and the Mater Hospital Emergency Department at an annual cost of circa £0.4m.

Removal of three F1 posts and impact on bandings

DOH reduced the number of doctors in training within hospitals across the region. Belfast Trust have had three F1 posts withdrawn from the BCH site. This impacts on service delivery and ability to cover rotas. The impact of securing cover has currently been estimated at £0.25m.

4.2 Workforce Strategy

The Commissioning Plan for 2017/18 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 2017/18 a summary of the key Workforce Strategies relevant to the Trust Delivery Plan in response to the overarching strategic themes are set out below:

4.2.1 To Improve the Health of our Citizens

4.2.1.1 Improving Health and Wellbeing

The Trust will continue to deliver a range of initiatives aimed at developing and promoting health and wellbeing for Trust staff through its award winning **b well** website and app, focused on helping staff to look after their own wellbeing.

We are planning to update and review the **b well** website and its interactivity to ensure that it continues to meet user need. Individual Health & Wellbeing Scorecards are being developed and these will be promoted within Directorates and at Health Fairs.

We are currently developing **b well** Champions in each Directorate to encourage and promote health and wellbeing at local, Directorate level.

Here4U activities will continue to be provided for staff and new and upcoming events include; Managing the Menopause, Parenting NI information sessions in addition to the established activities i.e. Yoga, Circuits, Boxing etc. We continue to increase these based on staff feedback to ensure that start times and locations reflect staff need.

We have developed a Mind Ur Mind Toolkit aimed at providing Managers and Staff with a holistic, one-stop-shop approach to understanding and supporting mental health issues in the workplace and this toolkit provides staff and managers with immediate access to sources of support for emotional and mental health.

A Mental Health Fair is being delivered September 2017 in partnership with Action Mental Health, Addiction NI, Lifeline, Citizens Advice, Samaritans, Recovery College, Staff Care, Chaplaincy Services, and Health Improvement Team & Trust Psychology Services.

The **b well** Steering Group will approve a new and updated Health and Wellbeing Strategy and Action Plan, including a robust communication and marketing plan and the introduction of a wellbeing survey.

4.2.1.2 Attendance Management

The Trust will robustly seek to manage absence and reduce levels of sickness absence. There is increased partnership working between HR and Occupational Health and a working group has been established to identify key absence management issues including the Occupational Health referral process, management of sickness absence processes and early intervention.

The Attendance Management Protocol has been updated and we continue to review and streamline absence management processes to ensure these are user friendly for managers, increase manager compliance and support employees' earlier return to work from absence.

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.

Manager compliance with the Attendance Management Protocol is currently under review and this will be audited by external audit in October 2017 to assess substantive compliance. HR is working in partnership with Finance and Payroll Shared Services to ensure that timely and accurate recording is undertaken consistently on a Trust wide basis.

Sickness Absence Focus groups are planned to enable HR, Occupational Health and Management to work in partnership to enable effective Attendance Management.

New and updated Attendance Management training will now include Mindfulness for Managers training.

We plan also, during 2017/18 to develop an Attendance Management Strategy to ensure that effective absence management remains a key priority for the Trust and that accountability and ownership is placed at Directorate level.

4.2.1.3 Flu Vaccination

The Flu Steering Group commenced planning for the 2017/18 flu campaign in April 2017. The target for vaccination of front-line health care workers is 40%. A corporate action plan was completed and service Directorates have been encouraged to compile their local plans. The Trust is working closely with Flu Fighters England to ensure maximum uptake of flu vaccination amongst employees of the Belfast Trust. Approximately 100 peer vaccinators were recruited last year however only 30% of this number carried out vaccinations. To facilitate training and encourage other staff to become peer vaccinators, a motivational training event has been organised to take place for 14 September 2017. The launch date for this year's campaign will also take place on 14 September 2017.

Effective communication and accessibility are key components of a successful flu campaign. Regular and up to date information will be circulated and published on the HUB including dispelling myths. Occupational Health will operate large vaccination clinics on the BCH, RVH and Mater sites for a period of 2 weeks commencing 2 October

2017. In addition, peer vaccinators will offer local, accessible flu vaccinations amongst their colleagues.

4.2.1.4 Improving Working Lives

A range of initiatives continues to be offered within the Trust to improve working lives of staff and to ensure that the Trust remains an Employer of Choice.

The Trust continues to grow the existing summer scheme, which has been in operation for ten years and is delivered across four venues for approximately 450 children of staff.

During 2017/18 year, we have extended the childcare provision to introduce a Halloween childcare scheme, which will further enable working parents to continue to carry out their roles and responsibilities during school holidays.

A new Childcare Strategy is being developed and this strategy will include continued review of the childcare provision and opportunities for further expansion.

To inform this strategy, a childcare survey has been issued to all staff and the findings will be analysed.

The Improving Working Lives Team continue to support Directorates with a range of HR Drop In Clinics, Staff Health Fairs, Maternity Information Sessions and provide advice and guidance on work life balance policies, special leave arrangements and child care vouchers.

A new leaflet for staff members with a caring role has been developed to provide information and support to staff.

Following a series of focus groups held to discuss how the Trust can support older employees an ageing workforce action plan is being developed.

4.2.1.5 Employment Equality

Following completion of the 2014-17 Employment Equality and Diversity Plan the Trust are developing a new five-year plan to complement the S75 Equality Action Plan and Disability Action Plan, which are currently subject to public consultation.

Our aim is to ensure that the new 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. We aim to ensure that equality, diversity is embedded across our organisation, and that our employment practices are fair, flexible and enabling so that each member of staff can reach their full potential.

The Trust will focus particularly during 2017-18 on the launch of a new equality, good relations and human rights e-learning programme for all staff and managers; the implementation of a new employment policy on Gender Identity and Expression; the recommendations of the Trust's third Article 55 Review under the Fair Employment and Treatment (NI) Order 1998 and the development of a Gender Action Plan in collaboration with BITC and local employers.

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.

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

4.2.2.1 Organisational Development

A programme of work is underway to ensure a relentless focus on safe, high quality and compassionate care as the Trust's first order priority. As described in the Trust Quality Improvement Strategy (2017-2020), developing the necessary culture to support this requires organisational development activities that support innovation, learning and collaboration, and improved leadership, decision making and team based working.

This work aligns with the Trust's corporate objectives and values, and the recommendations set out by Professor Bengoa's (2016) report ('Systems, Not Structure – Changing Health and Social Care') and 'Health and Wellbeing 2026 – Delivering Together'.

Key OD actions in 2017-18 (aligned to the four strategic themes) include:

To improve the health of our citizens:

- Move to full implementation of the divisional leadership structure – involving teams of senior health professionals and managers – designed to support person centeredness by shifting responsibility and autonomy for decision-making and improvement closer to the point of care.

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

- Complete a culture and leadership capability assessment, providing a baseline starting position to inform the Trust's collective leadership approach.

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

- Establish forums and channels to support cross division and cross directorate learning and improvement.

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

- Design and implement team effectiveness activities within and across the new divisional leadership teams, and at Executive Team level.
- Design and implement an engagement and communication approach and plan to support a culture of safe, high quality and compassionate care.

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

In 2016/17, the Trust exceeded the 10% target of staff completing level 1 awareness training through a range of face-to-face training events and availability of the regional E learning training that was launched in June 2016. We have also ensured that level 1 awareness is incorporated to other relevant in house training programmes such as management training, nurse support induction programmes, accredited programmes for healthcare support, Clinicians induction programme. We have used our established communication methods and networks to promote the availability of these and, in particular, we have targeted information at 'hard to reach' staff who are not desk based, such as home care staff and patient and client support services. We will continue to actively promote the training and monitor uptake by directorate to ensure that we meet the 30% target for 2017/18. A significant promotion exercise is planned as part of the annual Safetember campaign.

4.2.2.4 Level 2 Delivering Improvement Quality Attributes

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 2017/18 we will be participating 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 Recruitment and Retention Strategy

The Trust will continue to work to ensure that the actions agreed within the Medical Recruitment and Retention Strategy are completed 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.

This strategy has the following five key overarching aims:

- Raise the profile of the Trust as a great place to work and as an 'Employer of Choice'
- To introduce new and innovative ways of recruiting 'hard to fill' medical posts and to maximise the effectiveness of recruitment advertising
- Improve medical workforce planning and explore the introduction of new roles and ways of working.
- To explore what incentives can be offered by the Trust.
- Improve staff retention, overall job satisfaction and medical engagement.

4.2.3.4 Medical Agency and Locum

The Trust are committed to reviewing current practices across the Trust in relation to the appointment of locum and agency medical staff with the overarching aim of optimising resources whilst reducing costs and have accordingly established a Medical Workforce Sub-Group tasked with achieving this aim.

In the context of the above-mentioned Retention and Recruitment Strategy for Hard to fill Medical Posts, the Medical Workforce Sub-group will:

- To review hard to fill medical vacancies
- To explore alternative strategies to fill posts, e.g. International recruitment, introduction of new roles and alternative staffing models
- To review the process by which we engage agency / locum staff, including standardisation of processes and approval / recording of information both in and out of hours
- To consider extension of HSC e-locums
- To benchmark / scope best practice across other employers and professions in relation to workforce shortages
- To scope the eradication of Band 3 rotas

4.2.3.5 Workforce Governance

The Safer Recruitment and Employment Group will progress the annual Action Plan for 2017/18. 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 introduction of the new Leaver's Checklist for Managers. The Trust will participate in BSO Audits and take forward appropriate action in relation to the 2017/18 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 experience delays in filling posts. The HR team will continue to review and improve transactional processes and we will continue to meet with RSSC representatives on a regular basis to resolve any issues. At a regional level, we are involved in a newly formed Strategic Resourcing and Innovation Forum with colleagues from the other trusts and regional organisations. The Forum was established to take forward a programme of continuous improvement in respect of all aspects of recruitment services. We will also continue to participate in international recruitment campaigns to fill critical Medical and Nursing workforce shortages.

In addition to our regional work, the HR directorate continues to introduce innovative approaches to recruitment and this year will see the development of a strategic partnership with LinkedIn, which is designed to increase our applicant pool and further promote the Belfast Trust as an Employer of Choice.

4.2.4.7 'Your HR – Delivering Excellence'

'Your HR' was introduced last year 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 2017/18 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.

4.2.3.8 Digitalisation

In 2017/18, we will seek additional opportunities 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. We have now established the provision of regular Employee Engagement conferences with the third taking place in May 2016. The theme of the Conference was "GETTING BETTER TOGETHER" and was attended by 190 staff from bands 1 to 4. During the conference, attendees were given an opportunity to share their experiences of employee engagement in the Belfast Trust and to discuss with other members of staff what works well and what does not in their area. All Directorates have also developed People action plans with a view to improving engagement scores as tested through the regional staff survey.

In 2017/18, we plan to develop a Manager's toolkit to support their role in engagement and will continue to actively promote our in-house training for Engaging Managers. Specific support will be provided to our 39 Engagement Advocates to support their role within directorates.

4.2.4.2 Learning and Development Strategy

We are currently undertaking an evaluation of the Trust's Learning and Development Strategy to identify its impact and will develop a new strategy for 2017/8 – 2020/21.

However, at the same time we 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 Leads are working towards meeting the key milestones set out in the updated implementation plan for reaccreditation in March 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.
- Work has progressed on the concept of a regional HSC "training passport" which will enable the Trust to accept and deem compliant staff that have undertaken Statutory and Mandatory training delivered by other HSCNI organisations

Embedding Values

The Trust continues to embed a range of people management initiatives to support the organisation wide embedding and living of the Trust values with a particular emphasis on the roll out of Team values workshops. We have further developed this initiative and now also offer Stage II Values 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

Leadership Development

The Trust has bespoke Living Leadership programme for all Tier 3 and 4 post-holders (136 in total) was completed in September 2016. The programme uses leading edge methodologies to focus in particular on behaviours and the development of top leaders in a health care environment. All participants completed a collective leadership challenge and were tasked with organising a film festival to showcase and share their learning. Evaluations of the programme have been completed.

A Leading with Care programme for Tier 5 post holders was launched in Autumn 2016. A total of eight cohorts have been organised and will continue to run during 2017/18.

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.

Succession Planning

The Trust's Succession Planning initiative has been reviewed and is being undertaken by one cohort of aspiring Co-Directors and one cohort of aspiring Tier 4 Managers. New marketing materials and application packs were prepared to reflect the updated NHS Leadership Framework. In 2017/18, we plan to extend the initiative for current Tier 6 post holders and will review and adapt the model used to meet the needs of this group of staff.

Supporting Belfast Strategy

The second Supporting Belfast Strategy for inclusiveness in learning and development for Support Workers' (staff in bands 1 to 4) was launched in May 2016 at the Staff Engagement Conference. The Strategy continues to focus on learning and career development for staff in bands 1 to 4 and will be delivered over three years. A user-friendly infographic of the Strategy has been communicated throughout the Trust.

Following the launch a programme of work continues to be progressed in line with the agreed action plan, this includes: profiling and promotion of learning and development opportunities for staff in bands 1 to 4, a training needs analysis to better understand their learning and development needs and the development of a number of bespoke accredited qualifications for staff in bands 2 and in Theatres, Regional Intensive Care and Radiography.

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 June 2017 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. During 2017 a further review is planned. 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 2017. 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 September 2016, and will be considered as part of current review of the Assurance Framework. It has an established sub group, the Risk Register Review Group that scrutinises the evaluation of all significant risks arising from Directorate and Controls Assurance Risk Registers. 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 Appendix 2 for table showing sub-committee structure)

5.6 Controls Assurance Standards

Controls Assurance will remain a key process for the Belfast Trust during 2017/2018. 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.

During 2017/2018 the Trust will work with key stakeholders internally and externally to ensure when the process is stood down in April 2018 and alternative arrangements are in place to provide appropriate assurances for our accounting officer.

The Belfast HSC Trust assessed its compliance with the Controls Assurance Standards and achieved substantive compliance against all twenty two standards in 2016/2017. The Trust has developed individual action plans for each standard to provide on-going improved compliance and address any gaps in controls or assurance identified in the self-assessment process.

6.0 Promoting Well-being, PPI and Patient Experience

The Trust believe 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 systematic 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 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, 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's 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 Community Planning with local government in both Belfast and Licburn 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.

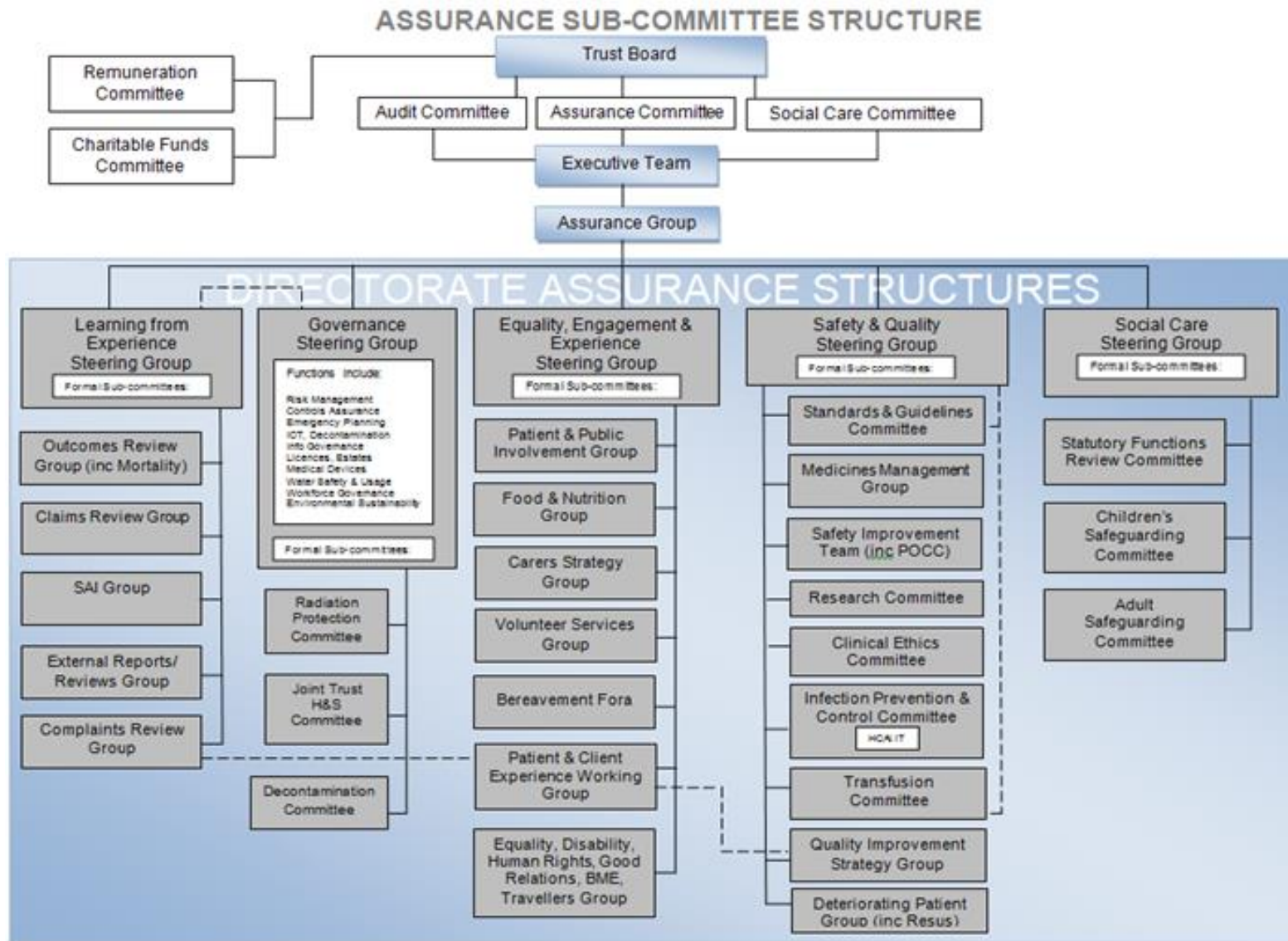
The Trust will continue to deliver PPI training for staff, using the Engage and Involve training programme. This training aims to provide a context for PPI within Health and Social care and to increase awareness and demonstrate the value of PPI. It offers staff an opportunity to develop the knowledge 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.

Within the Trust Framework Directorates will be supported to develop PPI Action Plans for their services and the Trust will ensure that accountability is strengthened by reporting to Trust Board via the Engagement, Experience and Equality assurance group.

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.

Appendix 1

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





Adult Social & Primary Care Management Objectives 2017-18 Balanced Scorecards

Safety & Excellence			Partnership		
What	When	Who	What	When	Who
We will deliver IMPACT quality improvement streams in each service area.	Sept '17	Lead Clinicians & SMs	We will improve how we get user feedback on our services in a timely manner	Mar '18	All Service managers & service improvement managers
We will improve information sharing both internally and externally by the end of	Sept '17	SMs	CAMHS will further develop advocacy services for young people with mental health difficulties.	Dec '17	
We will improve patient flow across internal boundaries and with external organisations delivering a key improvement project in each service area	Dec '17	SMs	We will focus on improving the integration of the Recovery college into our service delivery with 2 key actions delivered in each service	Mar '18	
We will complete two additional quality improvement initiatives per service area	Mar '18	SMs	We will continue to improve the responsiveness of our mental health at night service.	Sept. 17	
C&P Services will improve our quality monitoring systems of services provided through the community and voluntary sector	Mar '18	SMs	We will demonstrate how to support the Belfast community plan	Mar '18	
Continuous Improvement			People & Resources		
What	When	Who	What	When	Who
We will further develop outcome measures to assess the impact of our interventions	Mar '18	All Service managers	We will improve the uptake of mandatory training by our staff on the 16/17 baseline by 10%	March '18	All Service managers
We will improve our services in each Service Area:	Mar '18		We will improve opportunities for the employment of peer support workers across all services	Ongoing	
<ul style="list-style-type: none"> CAMHS - Managed care network Acute – Single sex accommodation and seclusion suite in Shannon More closely integrate SH & PD with Primary Care Services More closely integrate the PTT Hubs with Assessment Centre C&P Services will enhance Day Services C&P will process map CBT to more closely align with teams 			We will increase our focus on improving staff well-being through a range of staff care/support measures.	Ongoing	
By March 2018 in a rolling project plan			Community mental health services will process map all services in line with CAPA	Dec '17	
			We will meet ministerial and financial targets	Ongoing	



Safety & Excellence			Partnership		
What	When	Who	What	When	Who
We will bench mark our services regionally & Nationally using the National intermediate care audit.	Mar 18	Catherine Collins	We will open a new supported Housing scheme for people with Dementia alongside the development of a local dementia friendly community.	Mar 18	Natalie Magee
We will achieve a reduction in HCAI rates within COE wards to meet the Regional target.	Sept 17	Catherine Collins	We will work with key stakeholders to develop a therapeutic service model and pathways for people with ARBD.	Mar 18	Bernie Kelly
We will establish a dedicated multidisciplinary Hospital & community team to focus on service user experience in care homes.	Dec 17	Katie Campbell	We will implement relevant recommendations from the RQIA Brain Injury review.	Mar 18	Bernie Kelly
We will establish a Gerontological Social Work Team.	Mar 18	Katie Campbell	We will implement the new 3 year carers strategy	Mar 21	Bernie Kelly
We will complete the review on Acute and Rehabilitation services for older People.	Mar 18	Catherine Collins	We will further embed the culture of SDS and meet the DOH target	Mar 19	Bernie Kelly
We will introduce new Adult Safeguarding Policy & procedures in PSD.	May 17	Bernie Kelly	We will work with key stakeholders to implement the PSD strategy.	Mar 18	Bernie Kelly
We will complete stage 2 of the review of the EMI Residential Homes.	May 17	Natalie Magee	We will seek to influence GP federations to deliver effective primary Care in a collaborative person centred manner.	Mar 18	Gabby Tinsley
Continuous Improvement			People & Resources		
What	When	Who	What	When	Who

Older People Physical & Sensory

We will establish 4 community hubs to coordinate and deliver preventative services to support Independence.	Mar 18	All	We will review the recently established structures and systems within the OPS, in line with collective leadership.	Sep 18	All
We will open a new supported Housing scheme for people with Dementia alongside the development of a local dementia friendly community.	Dec 17	Natalie Magee	We will implement recommendations from the Social Work & phase 2 of District Nursing Workforce Reviews and develop a management succession plan	Mar 18	Katie Campbell & Gabby Tinsley.
We will establish in reach complex discharge teams in each acute hospital site.	Mar 18	Catherine Collins	We will undertake a review and implement a modernisation plan for Day Care for Older people, including day care for People with Dementia. We will implement recommendations of the PSD day service review.	Mar 18	Bernie Kelly & Natalie Magee
We will expand acute care at home to a full multidisciplinary 7 day a week service.	Dec 17	Gabby Tinsley			
We will enhance the Diabetes service to include a community diabetologist & provide a 7-day service.	Dec 17	Gabby Tinsley			
We will implement Early Supported Discharge seven days a week for Stroke patients.	Jan 18	Bernie Kelly	We will implement staff training and development in Best Practice and Leadership in Dementia Care across the EMI Residential Homes and Supported Living.	Sep 17	Natalie Magee
We will improve rehab services for under 65's.			We will consider to seek funding to develop community heart failure services and support the greater integration of community and acute services		
We will implement the recommendations of the RQIA review of Brain Injury Services					
We will further develop mobile working solutions for community Nursing Services					
Safety & Excellence			Partnership		
What	When	Who	What	When	Who
We will work with our Regional partners to modernise and enhance hospital assessment & treatment services for people with Learning Disability post resettlement.			We will work with Carers and Service users to develop day services strategy for the next 10 years.		
We will improve physical healthcare monitoring arrangements within hospital and community.			We will work in partnership with trusts and the commissioner in planning the reduction of hospital discharges in MAH.		
We will identify & develop quality impact work streams for each of 4 service areas.			We will improve community planning of services and services, with particular focus on service user /carer co production and opportunities.		
We will establish a Quality Impact forum	SMG	Sept 2017	We will conclude the resettlement process for those remaining living in the hospital environment.		
Continuous Improvement			People & Resources		
What	When	Who	What	When	Who

Older People Physical & Sensory

Learning Disability

We will develop and embed NHS Benchmarking Network Data and agree priorities and action plan.	Mar 18	Co-Dir, SMs & SIM			
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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 " <i>Tobacco Control Strategy</i> ", 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 " <i>Weigh to a Healthy Pregnancy</i> " to now include women with a BMI over 38. This programme is one element of the Departmental strategy " <i>A Fitter Future for All</i> ", 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	

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 “ <i>Breastfeeding Strategy</i> ” 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	

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 “ <i>Healthier Pregnancy</i> ” 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	

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:</p> <p>* 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:</p> <p>* 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>	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%	Director of Adult Social & Primary Care	

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	

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 " <i>Protect Life 2 Strategy</i> ".	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. 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	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 foot care pathway. Consolidation of preparations for regional deployment of the care pathway will be an important milestone in the delivery of the " <i>Diabetes Strategic Framework</i> ".	The business case for the regional Multidisciplinary team has been submitted and recruitment has commenced.	Director of Unscheduled & Acute Care	

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

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 its 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	

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	

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	

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	

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	

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.	<p>The Trust will have difficulty achieving this target for the following reasons:</p> <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	

2018 CPD ref	CPD Objective / goal for improvement 2018	Provider Response	Director	RAG
		<p>However the Trust can confirm that its performance January to March 2018 was 16% which is an over performance against the target of 15%.</p>		
4.8	<p>By March 2019, all urgent diagnostic tests should be reported on within two days.</p>	<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>	<p>Director of Unscheduled & Acute Care</p>	
4.9	<p>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>	<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 	<p>Director of Surgery & Specialist Services</p>	

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	

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	

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	

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	

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	

2018 CPD ref	CPD Objective / goal for improvement 2018	Provider Response	Director	RAG
Outcome 6: Supporting those who care for others				
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	

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	

2018 CPD ref	CPD Objective / goal for improvement 2018	Provider Response	Director	RAG
Outcome 7: Ensure the sustainability of health and social care services				
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	

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	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>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	

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	

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	

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	

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	<p>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.</p>	<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	

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	

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	

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	Red	Amber	Green	(PHA / NIAS)	TBC	Total Outcomes
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

UNSCHEDULED CARE (9)

R	A	G
4	5	

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
<p>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.</p>	<p>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>	<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>	
<p>2. Effective arrangements should be in place to ensure availability of a</p>	<p>Trust responses should demonstrate how the service will enhance the governance and stewardship of</p>	<p>An investment proposal is currently being developed (August 2018), which will identify the key areas where investment is required in the Trust to</p>	

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>	

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	

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
local Emergency Department as part of a regional Major Trauma Network.	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.	discussions with the Board re upscaling of workforce capacity. The Trust continues to discuss with HSCB the resources required at RVH to support the introduction of bypass arrangements to the MTC The resources and service capacity need to be confirmed and in place at RVH to support the delivery of the desired service model	
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	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.	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.	

ELECTIVE CARE (7)

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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.	

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 specialties</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>	

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
	diagnostics and treatment services in line with the Transformation, Reform and Modernisation agenda, which includes partnership working with ICPs.		
5. Effective arrangements should be in place to ensure the regional priorities for Endometriosis and vaginal mesh services are implemented by Trusts.	Trust response should detail plans that complement the regional strategic direction for both endometriosis and vaginal mesh services.	<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>	
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>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>	

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
	assessment, diagnostic and treatment services <ul style="list-style-type: none"> • 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 Preconceptual 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.	

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 style="background-color: 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 style="background-color: lightgreen;"></p>

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.	<p>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.</p>	<p>Trusts should also demonstrate how they will deliver services to meet the needs of more complex pregnancies.</p> <p>Responses should evidence:</p> <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. 	<p>The Trust Maternity Services continue to provide the following services for complex pregnancies:</p> <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) 	

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG	
		<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.	The Trust's Dedicated Early Pregnancy Service Monday to Friday is augmented by 24/7 Maternity Department Admissions to effectively manage these women.	
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>	

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.	<p>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.</p>	<p>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.</p> <p>Data collected should be collated regionally and reviewed jointly by the Maternity Collaborative and the Neonatal Network.</p>	<p>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.</p> <p>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.</p> <p>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.</p>	
10.	<p>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.</p>	<p>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.</p>	<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 	

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.	

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG	
	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)

R	A	G
	2	11

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>	

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 BHSC 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>	

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
		<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>	

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
<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 style="background-color: #92d050;"> </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 style="background-color: #ffc107;"> </p>

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
<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>		
7.	<p>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>	

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		<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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	assessment, early intervention, diagnostic and transitional services.	<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>	
13.	<p>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>	

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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>	

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG																																																																												
		<p>Please see below for referrals from Feb 18 – Jul 18 inc.</p> <table border="1" data-bbox="1285 300 1839 1007"> <thead> <tr> <th>Total</th> <th>258</th> <th>103</th> <th>361</th> </tr> </thead> <tbody> <tr> <td>by Gender</td> <td>GP</td> <td>SW</td> <td>TOT</td> </tr> <tr> <td>Female</td> <td>156</td> <td>60</td> <td>216</td> </tr> <tr> <td>Male</td> <td>102</td> <td>43</td> <td>145</td> </tr> <tr> <td>by Area</td> <td>GP</td> <td>SW</td> <td>TOT</td> </tr> <tr> <td>East</td> <td>36</td> <td>36</td> <td>72</td> </tr> <tr> <td>North</td> <td>86</td> <td>31</td> <td>117</td> </tr> <tr> <td>South</td> <td>106</td> <td>19</td> <td>125</td> </tr> <tr> <td>West</td> <td>30</td> <td>17</td> <td>47</td> </tr> <tr> <td>by Age Band</td> <td>GP</td> <td>SW</td> <td>TOT</td> </tr> <tr> <td>18 - 30</td> <td>22</td> <td>0</td> <td>22</td> </tr> <tr> <td>31 - 40</td> <td>25</td> <td>1</td> <td>26</td> </tr> <tr> <td>41 - 50</td> <td>48</td> <td>0</td> <td>48</td> </tr> <tr> <td>51 - 60</td> <td>51</td> <td>3</td> <td>54</td> </tr> <tr> <td>61 - 70</td> <td>32</td> <td>19</td> <td>51</td> </tr> <tr> <td>71 - 80</td> <td>39</td> <td>33</td> <td>72</td> </tr> <tr> <td>81 - 90</td> <td>33</td> <td>34</td> <td>67</td> </tr> <tr> <td>91 - 100</td> <td>8</td> <td>12</td> <td>20</td> </tr> <tr> <td>over 100</td> <td>0</td> <td>1</td> <td>1</td> </tr> </tbody> </table> <p>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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		<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 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>		
3.	<p>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>	
4.	<p>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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<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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		<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>	
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.	Trust responses should demonstrate plans to ensure capacity within the community /domiciliary sector to accommodate timely hospital discharge.	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.
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.	Trust responses should demonstrate plans to expand and promote the assessment of needs and the availability and uptake of short breaks.	Supporting Carer Health and Wellbeing is one of the priorities of the Trust's 'Caring Together in Belfast' Carer Strategy 2017-2020. At 31 st March 2018, a range of short break provision had been provided to 652 carers in the Trust – domiciliary care,

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		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	

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, BHSC 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	

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
		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.	
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.	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.	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	
12. Effective arrangements should be in place to support the development of intermediate/step down care to relieve pressures on	Trust responses should demonstrate review options for remodelling existing provision or developing new services to increase availability of these services.	The Trust is collating a full response and will submit this to HSCB when finalised	

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	

MENTAL HEALTH (10)

R	A	G
5	5	

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.	

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>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>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>	

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>	
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>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>	
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>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>	

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>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>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>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>Yellow</p>

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>	
10	<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>	

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>	

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>	
2.	Effective arrangements should be in place to complete the resettlement of people from learning disability hospitals to appropriate places in the community.	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.	The Trust is collating a full response and will submit this to HSCB when finalised
3.	Effective arrangements should be in place to improve physical health care for people with a learning disability.	<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>

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.	

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>	

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG	
		been developed to ensure the seamless transition between the two service areas.		
2.	<p>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>	
<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>	<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>	

SPECIALIST SERVICES (14)

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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>	

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>		
3.	<p>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>
4.	<p>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>
5.	<p>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>

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>	

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
7. Effective arrangements should be in place to appropriately manage the service need of patients requiring specialist services.	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.	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	
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) 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.	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: <ul style="list-style-type: none"> • Needs assessment • Service profile • Service specification • Gap analysis 	The Trust continues to meet with South Eastern Trust to take forward actions in the RQIA review.	
9. Effective arrangements should be in place to deliver a sustainable scoliosis service.	Belfast Trust should demonstrate plans to: <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 	The Trust will work with HSCB to ensure: - <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 	

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. 	
10. Effective arrangements should be in place to ensure the continued progress with implementing the service specification for patients with Multiple Sclerosis (MS)	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>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>	

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
		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>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>	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>14. Effective arrangements should be in place to deliver a sustainable neuromuscular service for Northern Ireland.</p>	Belfast Trust's response should detail proposals for a sustainable service model by December 2018 including a phased implementation approach.	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.	

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
		<p>The specialist nurse is now in post.</p> <p>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.</p>	

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 	

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.	

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.	

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	

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	

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 Managers 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	

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.	

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.	Documentation of people using Free Style Libre is now being recorded through the newly developed pathway of the NIECR. A detailed audit of 100 patients following the template of the Association of British Diabetologists is in process. Ongoing monitoring of patients using this device will take place through at clinic appointments with documentation on the NIECR	
7.	Effective arrangements should be put in place to improve transition arrangements for transfer of care from paediatric to adult diabetes services.	Trust responses should demonstrate plans to use 'Ready Steady Go Hello' materials in transition planning.	<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>	

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>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>	

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	

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>	

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>	

Pain Management (7)

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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>	

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>	

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	

Cardiovascular (5)

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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	

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
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>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>	Not applicable – Western Trust only	
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.	All Trusts should demonstrate plans to actively participate in a task and finish group to consider the management of heart failure.	BHSCT continues to participate in this group.	

SEXUAL HEALTH (11)

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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>	

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
		<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>	

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
		<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)</p> <p>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>	
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.	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.	
		Trust Health Improvement (HI) Staff are available to provide support as and when required.	
		Sexual Health Training Team RSE teacher training courses also provided by Sexual Health Training Team for all primary	

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG	
		<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>		
6.	Effective arrangements should be in place to support the sexual health needs of individuals with learning disabilities.	Trust responses should demonstrate plans to ensure uptake of learning disability sexual health training for all relevant staff.	<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. 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. 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 BHSCCT 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>	

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG	
		The HSCB/PHA will work with the Trust to put in place formal arrangements to monitor and evaluate these clinics.		
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	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	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. Regional referral guidelines have been developed and communicated to colleagues across GUM Services in NI and clinics commenced July 2018	
10.	Effective arrangements need to be put in place to ensure sustainability of clinical sexual health services	Trust responses should demonstrate actions to identify staff training and replacement needs and communicate these to appropriate regional workforce planning colleagues.	GUM Clinic times and information and Sexual and Reproductive Health (S&RH) Clinic details are provided on Belfast Trust Corporate Website. 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.	

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>	

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
		<p>which are facilitated in a range of locations each year to Belfast Trust Staff. Bespoke targeted training is also available on request, for example: -</p> <p>GUM Clinic Staff – Sexually Transmitted Infection Foundation (STIF) Training.</p>	

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	

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
		<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>	
3. Effective arrangements should be in place to improve the identification of palliative care patients in primary care – identification prototype.	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>The Trust is committed to identifying patients in any setting. Within Trust hospitals senior management ward walkabouts 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>	
4. Effective arrangements should be in place to improve the education and training of the professional workforce in palliative care.	Trust responses should demonstrate plans to ensure to support staff to attend relevant courses to strengthen palliative care capacity.	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.	

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
		<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>	
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.	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.	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

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
		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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	4	7

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>	

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 BHSCCT are seeking TIG Funding to increase the number of rehabilitation assistants and professional staff to enhance Community home</p>	

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>	

LOCAL ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
			<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>	

LOCAL ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
B8	Effective arrangements should be in place to plan appropriate care for people at risk of hospital admission in the Belfast LCG/Trust area.	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>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>	

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. 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>	

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	

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>	

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>	

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.

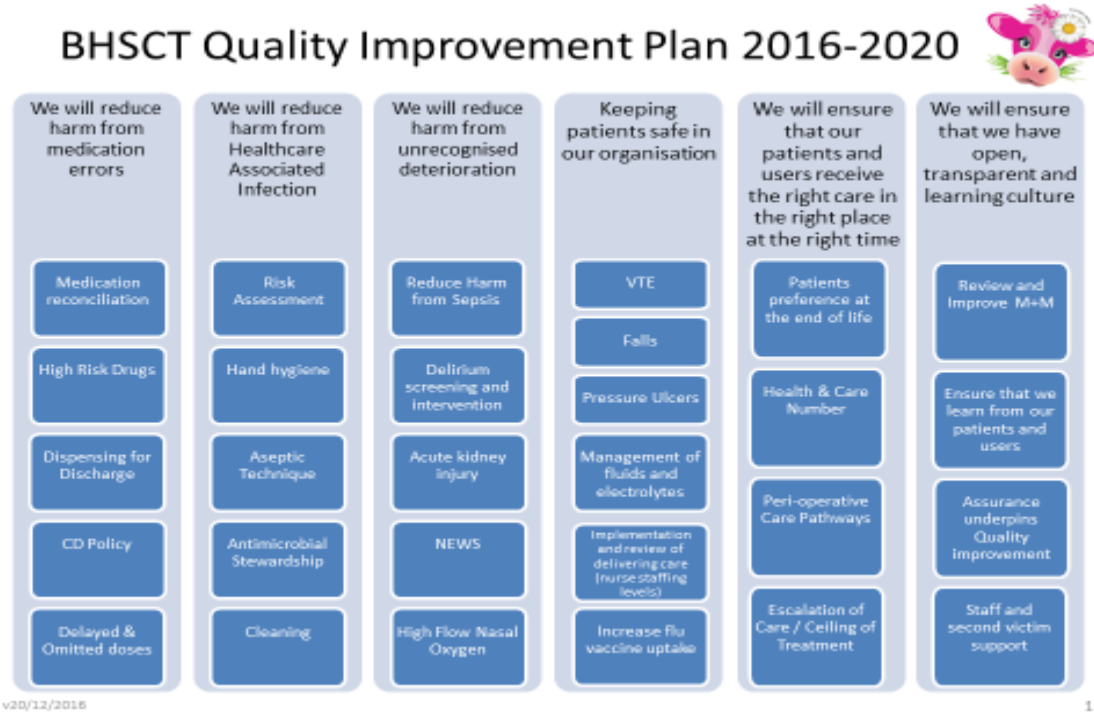
4.2.6 Improving Value through the Safety Quality Improvement programme

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.

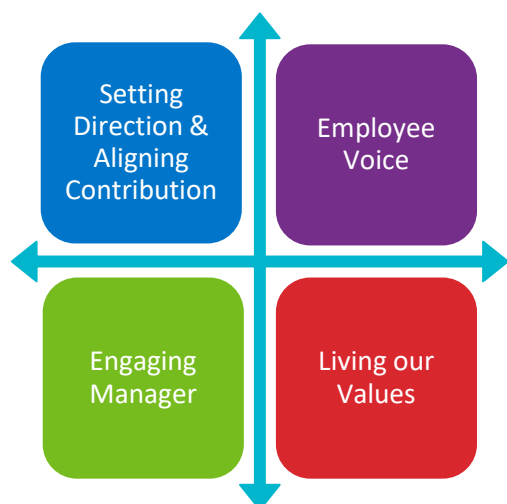
The model introduced in the Belfast Trust has been shared with regional HSC colleagues. As a result of this another Trust have adopted a similar model.

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

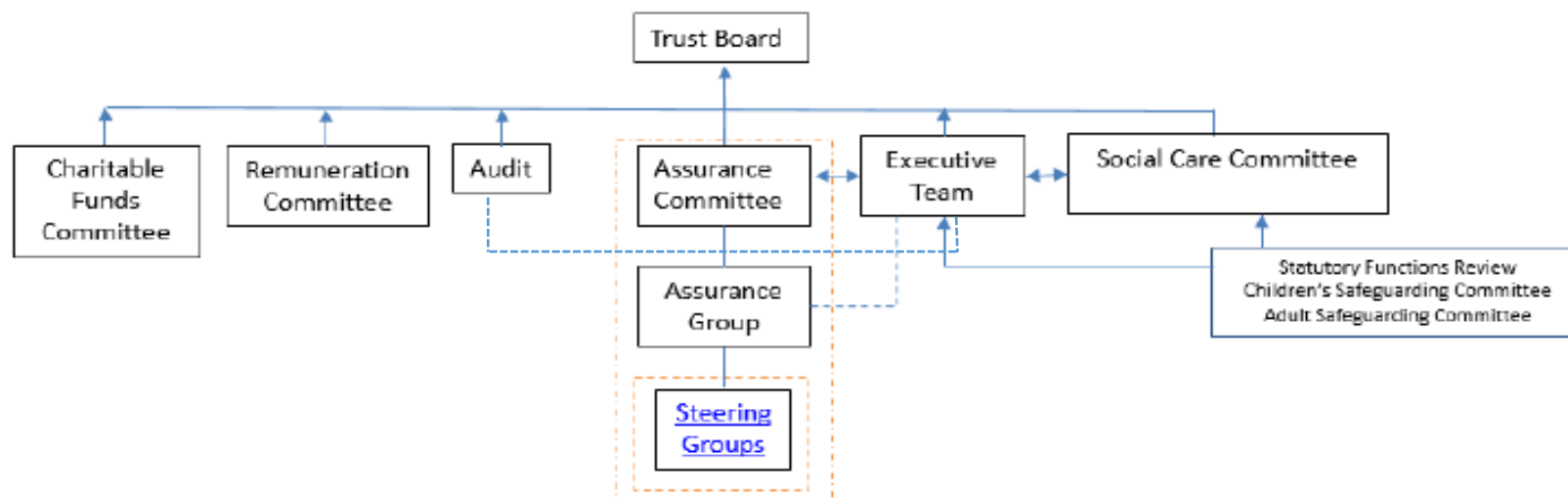
the Assurance Framework and the Risk Management Strategy. These risks are used to populate the operational Risk Registers, which are updated on an on-going basis and which feed into the Belfast Trust's Corporate Risk Register and Assurance Framework Principal Risks and Controls. (See Appendices 2 A &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

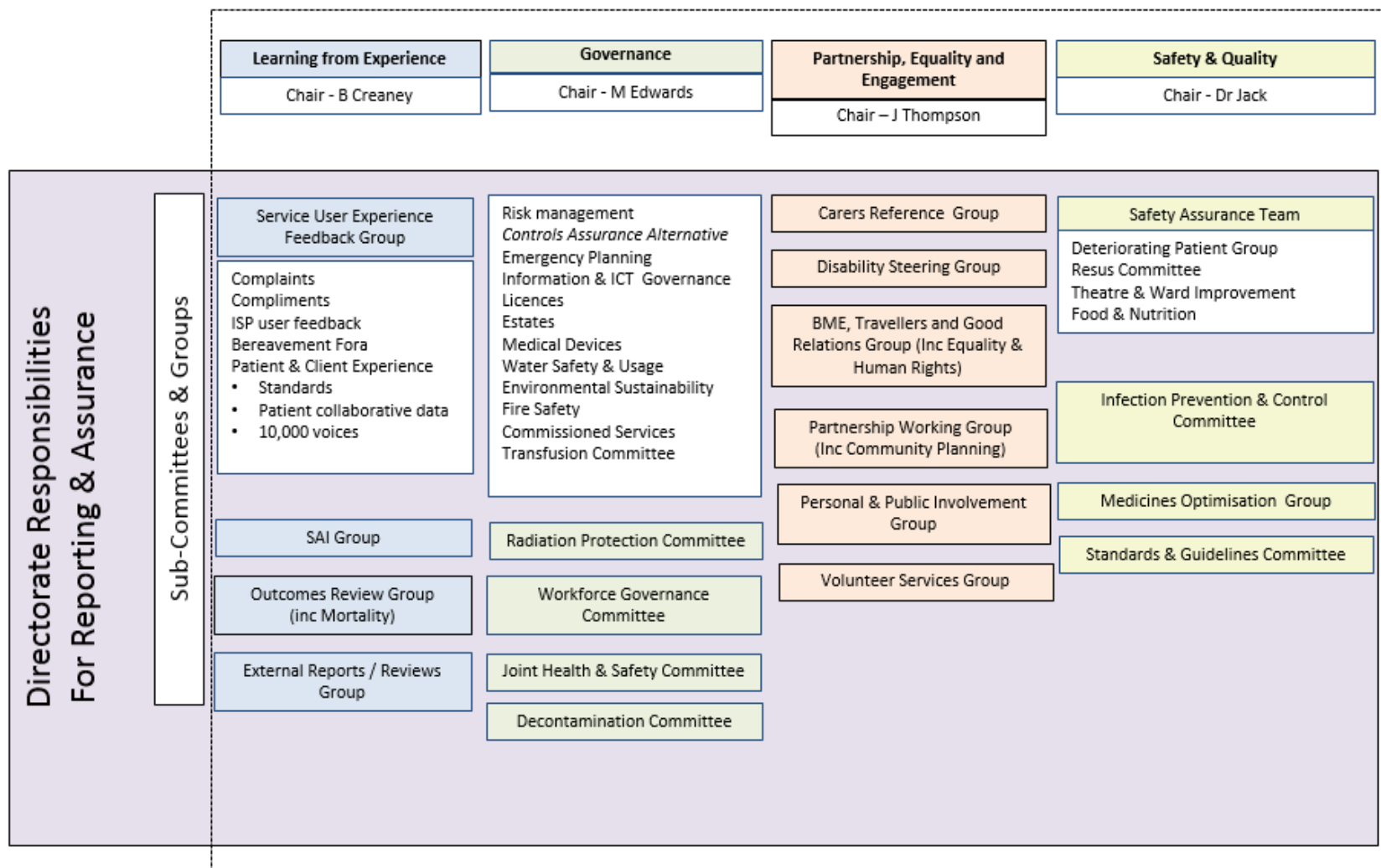
The Belfast HSC Trust assessed its compliance with the Controls Assurance Standards and achieved substantive compliance against all twenty two standards in 2017/18.

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.

LAC

Private 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.

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 iro 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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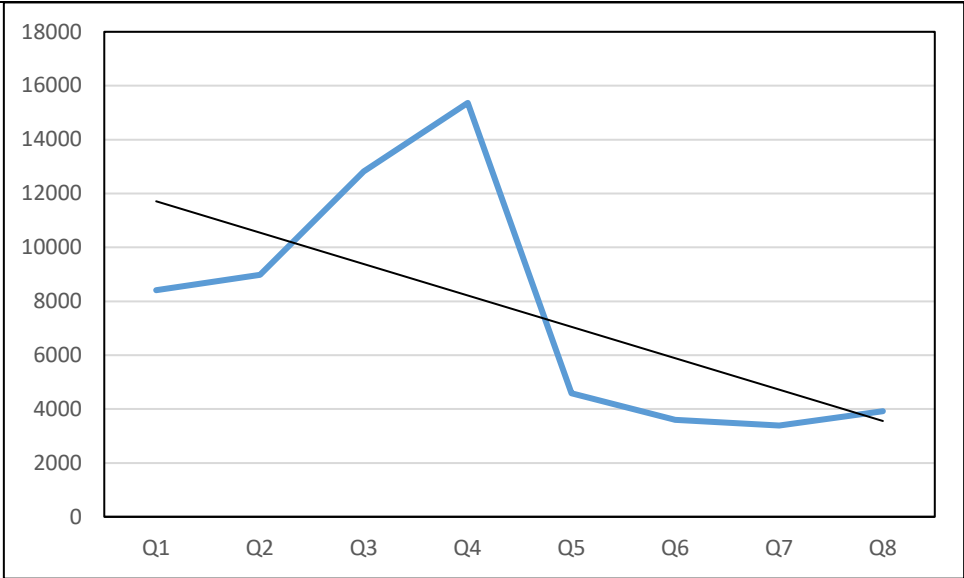
Appendix B

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 the 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>90</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	90	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	90	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	
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.	
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>

Intellectual Disability Division

Management Plan Summary 2018-19: Year 1 of 3 year plan

Our vision is to be one of the safest, most effective and compassionate health and social care organisations

DIVISIONAL PRIORITIES

We will review and improve our performance measures, and aim by 2020 to show that we are in the top performing 20% of services in the United Kingdom for people with learning disability.

We will work effectively within our resources to achieve financial balance.

CORPORATE AIMS

Safety, Quality & Experience	Service Delivery	People & Culture	Strategy and Partnerships	Resources
Work with service users and carers to continuously improve Safety, Quality and experience for those who access and deliver our services.	Drive improved performance against agreed goals and outcomes in partnership with our service users and carers, staff and partners in the community and voluntary sectors.	Support a culture of safe, effective and compassionate care through a network of skilled and engaged people and teams.	Innovate and develop strategies to transform health and social care in partnership with our service users and carers, staff and partners in the community and voluntary sectors.	Work together to make the best use of available resources and reduce variation in care for the benefit of those we serve.

OBJECTIVES

1. People with learning disability and their carers will be centrally and meaningfully involved with us in co designing and coproducing everything we plan and develop.
2. We will use Quality Improvement (QI) and our QI Forum to sharply and continuously focus on delivering safe, high quality services for people with learning disability.
3. We will, with our partners, ensure that our Day Care strategy allows people with learning disability to make choices and take opportunities, accessing a full range of community services.
4. People with learning disability will be helped to live as independently as possible, with the support they need.
5. Young people with learning disability will be supported in their transition to access education, training, employment and a full range of health and social care needs as adults.
6. We will continue to develop and improve our safeguarding services-working with a range of partners to keep people with a learning disability and their families safe.
7. We will develop community support services and review our hospital discharge processes-to ensure timely discharge when hospital treatment is complete.
8. We will develop a range of flexible and responsive community services aimed at delivering assessment and treatment at home, avoiding hospital admission if possible.
9. All our services will meet, and aim to exceed, agreed elective care targets.
10. We recognise the crucial importance of our staff. We will build a sustainable and fulfilled workforce, striving for excellence in recruitment, retention and job satisfaction. We will promote and value our staff's physical and psychological safety and the need for our staff to feel safe at work, if they are to deliver safe, effective and compassionate care.
11. We will work positively and imaginatively with our partners to innovate, and to develop strategies which will improve access to accommodation, education, training and employment for people with learning disability.
12. We will achieve financial balance by development of recruitment and retention strategies, robust contracting and innovative partnership working.

Learning Disability Community

LD Community Divisional Objectives Summary for Belfast Trust Corporate Management Plan 2018/19-2020/21 Our vision is to be one of the safest, most effective and compassionate health and social care organisations						
Corporate Aims	Safety, Quality & Experience	Service Delivery	People & Culture	Strategy and Partnerships	Resources	Expected Outcomes:
What this means	Work with service users and carers to continuously improve Safety, Quality and Experience for those who access and deliver our services	Drive improved performance against agreed goals and outcomes in partnership with our service users and carers, staff and partners in the community and voluntary sectors.	Support a culture of safe, effective and compassionate care through a network of skilled and engaged people and teams.	Innovate and develop strategies to transform health and social care in partnership with our service users and carers, staff and partners in the community and voluntary sectors.	Work together to make the best use of available resources and reduce variation in care for the benefit of those we serve	Link to detail on measures
Divisional Objectives	<ol style="list-style-type: none"> Through the Learning Disability Forum people with a learning disability and their carers will be centrally and meaningfully involved with us in co-designing and co-producing services as they are planned and developed. With the Carer Consultant as part of our senior management team, we will ensure that the Carer's voice is key in all senior decision making. We will continue to enhance our Adult Safeguarding services and processes, working with a range of partners to keep people with a learning disability and their families safe Development of a Community Governance Dashboard Enhance the support for the Learning Disability service through the development of a specific Business Support Unit We will develop a responsive Community Learning Disability Intensive Treatment Service that will deliver assessment and treatment at home, avoiding hospital admission where possible. We will develop a Business Case for the development of Shannon Clinic to support adults with a learning disability. We will complete a Community Forensic Team Workforce Plan. Continued investment and development of specialist community services to ensure that they are responsive to our service user's and Carer's needs With our partners, ensure that the LD Day Service strategy allows people with a learning disability to make choices and access a full range of meaningful community Day Opportunities. Through specific training on compassionate leadership for senior staff, we will promote and value our staff's physical and psychological wellbeing and the need for our staff to feel safe at work to ensure they are able to deliver safe and effective care. Through partnership with the Trust Contracts department and our community providers ensure that the quality and standard of services provided and delivered meets the needs of service users and are underpinned by appropriate governance arrangements. Implementation of the Community learning Disability Accommodation plan in partnership with a range of providers. We will ensure that our contractual arrangements with providers are robust and reflect true value for money. We will achieve financial balance by the development of recruitment and retention strategies, robust contracting, effective use of resources and innovative partnership working. In partnership with Carers, we will review the availability and quality of short breaks ensuring a fair and equitable service is provided across both statutory and non-statutory provision. 					<p>Improved service user and carer experience</p> <p>Improved service safety & quality</p> <p>Improved access to responsive community services</p> <p>Improved access to meaningful opportunities promoting social inclusion and independence</p> <p>Development of a skilled and expert workforce</p> <p>Continue to develop strong partnerships within our local community</p> <p>Improved use of resources</p>

D R A F T

**Trust Delivery Plan
2019/20**

D R A F T - Trust Delivery Plan 2019/20 – Contents

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1.0 Introduction and Context

The Trust Delivery Plan (TDP) for 2019/20 sets out the Belfast Health and Social Care Trust (BHSCT) response to the draft Commissioning Plan, 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, 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 2019/20.

2.0 Summary of CPD objectives and Regional and Local priorities

Commissioning Plan Directions (CPD) objectives

Of the 80 specific targets identified within the objectives, 77 targets (96%) are within the Trust's remit to deliver and 3 targets (4%) are primarily the responsibility of other agencies.

Of the 77 CPD targets within the Trust's remit, a total of 65 (84%) are assessed as likely to be achievable/affordable, with 12 (16%) not likely to be achievable / affordable.

The areas in which the Trust cannot commit to achieving CPD targets are as follows:

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:

- ED – 4 and 12 hour targets
- Cancer - 31 and 62 day pathway;
- New Outpatient Appointments - 9 and 52 weeks;
- Diagnostic Tests - 9 and 26 weeks;
- Inpatient / Daycase admissions - 13 and 52 weeks;
- Psychological Therapies 13 week outpatient pathway;

Outcome 8: Supporting and transforming the HSC workforce

- Improve uptake on appraisals.

HSCB Regional and Local Commissioning priorities

There are 191 regional and 13 local priorities identified by the HSCB

Of the 191 regional priorities, 182 (95%) are within the Trust's remit to deliver and 9 (5%) are Healthcare in the Criminal Justice System, within the remit of South Eastern HSC Trust.

BHSCT will continue to work with the Commissioner to deliver on the objectives outlined in Regional and Local Commissioning priorities.

Some objectives are resource dependant and may not be fully achieved in this financial year.

BHSCT plans to deliver, or substantially achieve, all Regional and Local priorities.

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

3.1 CPD - Deliverability Summary	RAG	All CPD Targets 2019/20	
Objective is Achievable and Affordable	Green	31	40%
Objective is Partially Achievable / Achievable with additional resources	Amber	34	44%
Objective is Unlikely to be Achievable / Affordable	Red	12	16%
Total CPD Targets within BHSCT remit	Total	77	100%
"Multi-Agency Objective" The Trust reports in the actions it can take to targets that are the responsibility of other agencies, e.g. PHA / NIAS		3	4%
Overall CPD Objectives		80	100%

Summary of deliverability by Outcome Area

3.1 Summary - Deliverability by Outcome Area						
CPD Objectives 2019/20	RED	Amber	Green	(PHA / NIAS / OTHER)	Total outcomes	
Outcome 1: Reduction of health inequalities	0	4	11	0	15	19%
Outcome 2: People using health and social care services are safe from avoidable harm	0	5	3	0	8	10%
Outcome 3: Improve the quality of the healthcare experience.	0	2	3	0	5	6%
Outcome 4: Health and social care services are centred on helping to maintain or improve the quality of life of people who use them	11	6	4	2	23	30%
Outcome 5: People, including those with disabilities, long term conditions, or who are frail, receive the care that matters to them	0	5	2	0	7	9%
Outcome 6: Supporting those who care for others	0	3	0	0	3	4%
Outcome 7: Ensure the sustainability of health and social care services	0	4	1	1	6	8%
Outcome 8: Supporting and transforming the HSC workforce	1	5	7	0	13	17%
CPD Objectives Targets - BHSCT by RAG	12	34	31		77	100%
CPD Objectives - BHSCT - RAG percentage of total	16%	44%	40%	100%		
All CPD Objectives (including other agency objectives)	12	34	31	3	80	
CPD Objectives - BHSCT - RAG percentage of total	15%	43%	39%	4%	100%	

Summary of deliverability by Outcome Area

Detailed CPD RAG status by Outcome					
CPD ref 2019	CPD Target 2019/20	RED	Amber	Green	(PHA / NIAS/ OTHER)
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	Bariatric service			1	
1.8	"Healthier Pregnancy" approach			1	
1.9	"Healthy Child Healthy Future"		1		
1.10	Family Nurse Partnerships			1	
1.11	Infant Mental Health Group			1	
1.12	Children in care no placement change; adoption <3 years		1		
1.13	"Crisis De-escalation Service" pilot			1	
1.14	Substitute prescribing		1		
1.15	"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		1		
2.3	Reducing Gram-negative bloodstream infections		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				1
4.2	Urgent calls to GP OOH triaged within 20 minutes			1	
4.3	FCC unallocated cases		1		
4.4	Category A (life threatening) calls responses				1
4.5.1	ED 4 hour discharge target	1			
4.5.2	ED 12 hour wait target	1			
4.6	ED triage			1	
4.7	HIP - 48 hr NoF		1		
4.8	Ischaemic stroke receive thrombolysis treatment			1	
4.9	Urgent diagnostic - two days		1		
4.10.1	Cancer - 31 day pathway	1			
4.10.2	Cancer - 62 day pathway	1			
4.10.3	Cancer - 14 day breast pathway			1	
4.11.1	New Outpatient appointment 9 week target	1			
4.11.2	New Outpatient appointment 52 week target	1			
4.12.1	Diagnostics 9 week target	1			
4.12.2	Diagnostics 26 week target	1			
4.13.1	IPDC 13 week target	1			
4.13.2	IPDC 52 week target	1			
4.14.1	MHWL: Adult MH (9 wk)		1		
4.14.2	MHWL: CAMHS (9 wk)		1		
4.14.3	MHWL: Dementia (9 wk)		1		
4.14.4	MHWL: Psych therapy (13 wk)	1			
Outcome 4: Health and social care services are centred on helping to maintain		11	6	6	2
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		
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				1
7.2	Outcomes reporting - Delegated Statutory Functions (DSF)		1		
7.3	Baseline - hospital cancelled OP appointments (suspended)		1		
7.4	Percentage reduction of funded activity not delivered		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	Phase One of the single lead employer project			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	Seasonal flu vaccine			1	
8.7	Staff sick absence levels		1		
8.8	review of the social work workforce		1		
8.9	Healthier workplace action plan, Regional Healthier Workplace Network			1	
8.10	Improve uptake in appraisals	1			
8.11	Q2020			1	
8.12	Implement training plan - suicide awareness and intervention		1		
8.13	Dysphagia awareness training			1	
Outcome 8: Supporting and transforming the HSC workforce		1	5	7	0
Total CPD Objectives		12	34	31	3

3.1 Trust response to DOH Commissioning Plan Direction – Detailed responses (71)

Aim: To improve the health of the population

Outcome 1: Reduction of health inequalities

COMMISSIONING PLAN DIRECTION OUTCOME	PROVIDER RESPONSE	RAG
<p>1.1 By March 2020, in line with the Department’s ten year “<i>Tobacco Control Strategy</i>”, 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%.</p>	<p>Reference 3.2 Population Health, 2</p> <p>The area of smoking prevention and cessation continues to be a key priority for the Trust’s Health Improvement Team. The Smoking Cessation Team offers specialist stop smoking support and advice to hospital, mental health and maternity patients in addition to 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 guided 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 Smoke Free Wardens who liaise with service users, visitors and staff who smoke on Trust sites. The wardens advise on the terms of the smoke free policy and signpost individuals to the Smoking Cessation Service and other relevant external support available</p>	

<p>1.2 By March 2020, to have commissioned an early years obesity prevention programme and rolled out a regionally consistent Physical Activity Referral Scheme. These programmes form part of the Departmental strategy, A Fitter Future for All, which aims by March 2022, to reduce a 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.</p>	<p>Reference 3.2 Population Health, 1</p> <p>The Trust will contribute to the achievement of the target. The Trust has expanded Weigh to a Healthy Pregnancy and is providing the following programmes to deliver on 'A fitter future for all' :-</p> <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. • Internal and external partnership links aimed at promoting healthy staff and visitor catering • Health and Lifestyle Facilitators • Early Movers training targeting professionals who engage with 0-5yr olds. • 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 • Oral Health team address Nutrition as part of their programme delivery 	
<p>1.3 By March 2020, through implementation of the NI Breastfeeding Strategy increase the percentage of infants breastfed at discharge and 6 months as recorded in the Child Health System (CHS). This is an important element in the delivery of the "Breastfeeding Strategy" objectives for achievement by March 2025.</p>	<p>Reference 3.2 Population Health, 5</p> <p>The Trust expects to deliver against the target. 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 • Continue to maintain the UNICEF BFI Baby Friendly Accreditation in the maternity Unit and work towards full accreditation in the Community 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 • Regionally meet through NIFN (National Infant Feeding Network) NI with other Infant feeding Leads to update on UK developments and network to share ideas and ensure continuity (quarterly) 	

	<ul style="list-style-type: none"> • Partnership working with outside agencies and health care providers eg. Gps, HV teams, FNP, 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. • March 2019- the BHSCCT CCH Service has been successful in obtaining UNICEF Stage 2 accreditation • Appointment of a B4 Breast feeding Support worker in February 2019. <p>Quarterly Breastfeeding and Nutrition Steering Group meetings for Belfast continue and include representation from Sure Start, Pharmacies, GP's PHA, Health promotion and core services. The group explores examples of innovative working across the UK and looks at compatibility of these for implementation in the Belfast area.</p> <p>Based on the most up to date data available from the PHA, Initiation (breastfeeding attempted) was 54.6% in 2017, an increase from 49% in 2012 and breastfeeding on Discharge was 46% in 2016, an increase from 37% in 2009.</p>	
<p>1.4 By March 2020, establish 3 "Healthy Places" demonstration programmes working with specialist services and partners across community, voluntary and statutory organisations to address local needs.</p>	<p>The Trust expects to deliver against the target. The Trust will continue to work with the PHA and other partners to establish the Healthy Places demonstration programme in the Ardoyne and Greater Ballysillan areas of North Belfast by March 2020.</p> <p>The Trust is particularly keen to align this work with Making Life Better and Community Planning actions</p>	
<p>1.5 By March 2020, to ensure appropriate representation and input to the Agency/ Board led Strategic Leadership Group in Primary Care to embed the Make Every Contact Count approach.</p>	<p>The Belfast Trust is linked into the MECC Strategic Leadership group by the Northern Trust Health Improvement lead, who was nominated as a regionally agreed Trust HI representative. The Strategic Group is tasked with leading and supporting the local implementation of Making Every Contact Count within primary care through the work of Integrated Care Partnerships</p>	
<p>1.6 By March 2020, to collate survey data to establish a baseline position regarding the mean number of teeth affected by dental decay,</p>	<p>The Trust will continue to work with PHA and HSCB colleagues. The Trust awaits guidance on taking forward and establishing a baseline</p>	

among 5 year old children, and seek a reduction of 5% against that baseline by March 2021.		
1.7 By March 2020, to commence the implementation of a regional prototype bariatric service, subject to the outcome of public consultation, business case approval and available funding in line with the implementation of recommendations set out in the Departmentally endorsed NICE guidance on weight management services.	The Trust will work with the Commissioner to progress the various project stages required.	
1.8 By March 2020, to have further developed, and implemented the “ <i>Healthier Pregnancy</i> ” approach to improve maternal and child health and to seek a reduction in the percentage of babies born at low birth weight for gestation.	Reference 3.2 Maternity and Child Health, 1 The Trust is working with colleagues in the PHA / HSCB in their development of a “Healthier Pregnancy Programme” as appropriate. The following have been introduced to deliver on this objective: - <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. • Continuation of carbon monoxide testing • Specialist Obstetrician led clinic for pregnant women with a history of a premature delivery • Implementation of the ‘Getting Ready for Baby’ Programme. Continued development of the Social Wellbeing Antenatal service (SWAN).	
1.9 By March 2020, ensure the full delivery of the universal child health promotion programme for Northern Ireland, “ <i>Healthy Child Healthy Future</i> ”. By that date: <ul style="list-style-type: none"> • The antenatal contact will be delivered to all first time mothers. • 95% of two year old review must be delivered. These activities include the delivery of core contacts by Health Visitors and School Nurses which will enable and support children and young adults to become successful, healthy adults through the promotion of health and wellbeing.	The Trust expects to deliver against the target. 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. All antenatal contacts are monitored within quarterly IOPs. There has been a low uptake of antenatal (20.4%) for first time mothers and (20.1%) for all mothers. There has been a significant number of antenatal contacts recorded as unknown. (20.7%) for first time mothers and (21%) for all mothers. (Report June 2019). As from August 2019: <ul style="list-style-type: none"> • Team leaders within Health Visiting will monitor monthly uptake reports and report discrepancies to the Child Health System • Team leaders to contact each staff member if inaccurate recording or unknown recorded and amend as necessary. • Processes within teams are to be reviewed and a pilot Antenatal pathway to be launched and introduced across teams as a QI initiative. 	

	<p>Factors that influence the delivery of this target include ; -</p> <ul style="list-style-type: none"> • 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; • Health Visitors requirement to deliver immunisations at GP clinics impacts on capacity. • Normative staffing-Delivering Phase 4 PHA has still not been fully implemented <p>Reviews at the age of two are offered to 100% of families but not all families accept this within the tolerance period.</p>	
<p>1.10 By March 2020, 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>	<p>Reference 3.2 Population Health, 4</p> <p>The Trust expects to deliver against the target. The Belfast Trust has been funded to offer the Family Nurse Partnership (FNP) to a bespoke number of teenage mothers. During the initial implementation phase it was agreed that FNP would be offered to 100 mothers based on 5 Family Nurses.</p> <p>Recent transformation funding has resulted in the recruitment of an additional 2 WTE Band 7 Family Nurses. The Belfast Trust has recruited these posts on a permanent basis and 2 new Family Nurses have been in post since Jan/Feb 2019. This expansion will enable roll-out of the programme on a Trust wide basis and will facilitate programme delivery to 135 FNP clients (once team caseloads have reached full capacity). Recruitment of clients is ongoing.</p> <p>Currently, not all teenage mothers in BHSCT have equal access to the FNP programme due to limitations in funding impacting on trust wide FNP service provision.</p>	
<p>1.11 By March 2020 each HSC Trust will have established an Infant Mental Health Group and produced an Action Plan consistent with and informed by the “Infant Mental Health Framework for Northern Ireland” 2016.</p>	<p>Reference 3.2 Population Health, 12</p> <p>The Trust expects to deliver against the target. The Trust has developed a community perinatal service and CAMHS and Children’s Services are in the process of setting up an Infant Mental Health Group, in line with the recommendations of the Infant Mental Health Framework for Northern Ireland.</p>	
<p>1.12 By March 2020, the proportion of children in care for 12 months or longer with no placement</p>	<p>Reference 3.2 Family and Childcare, 8</p>	

<p>change is at least 85%; and 90% of children, who are adopted from care, are adopted within a three year time frame (from date of last admission). The aim is to secure earlier permanence for looked after children and offer then greater stability while in care.</p>	<p>The Trust expects to deliver against the target. 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 the care plan, for example a move to a kinship or adoptive placement. As of March 2019, Corporate Parenting returns for the period 1/10/18 - 31/03/19 indicate the Trust is sitting at 71% which is a reduced percentage since the last update. This may be due to a number of factors in the placements e.g. issues in the foster placements requiring a child to move. There are many complexities and challenges now in matching children with the most appropriate foster family and at times, resources are stretched so unfortunately some children so have to move placements. There is currently a regional initiative to recruit more foster carers. The Trust is also prioritising permanence for young children, by being placed either in prospective adoptive placements through concurrent care, which necessitates a move of placement</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 90.9% for the year end 2018/19, therefore meeting the target.</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>	
<p>1.13 By March 2020, to have further enhanced out of hours capacity to de-escalate individuals presenting in social and emotional crisis, including implementation of a Multi-Agency Triage Team pilot (SEHSCT) and two Crisis De-escalation Service pilots (BHSCT and WHSCT) to test different models and approaches. Learning from these pilots should inform the development of crisis intervention services and support the reduction of the suicide rate by 10% by 2022 in line with the draft "<i>Protect Life 2 Strategy</i>".</p>	<p>Reference 3.2 Population Health, 9</p> <p>The Trust expects to deliver against the target. The Crisis De-escalation Service (CDS) was a pilot funded by the PHA and established with Inspire NI and the Belfast Trust.</p> <p>The CDS operated from 29th March 2019 until 30th July 2019 in its original format.</p> <p>The pilot was not reaching its expected client numbers and the PHA have redirected the funding into Street Triage (MATT), operating within the Belfast area since 9th August 2019.</p> <p>The Trust is working with Inspire NI to place Crisis De-escalation staff within our Emergency Departments to support clients who present for a mental health</p>	

	assessment with Mental Health Unscheduled Care Service. This will be operating at weekends from 6 th September 2019. This pilot will be evaluated by the PHA in March 2020.	
1.14 By March 2020, 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 relation harm and to reduce drug related deaths.	Reference 3.2 Mental Health, 6 The Trust expects to deliver against the target. The Trust has participated in the regional review of substitute prescribing services and is awaiting the publication of the final report. The Trust has committed staff to participate in an ECHO project specifically considering non-secondary care substitute prescribing service and this is due to commence in late 2019. Referral numbers for substitute prescribing continue to rise in the Belfast Trust, however waiting times for assessment significantly reduced (Mean: 5.2 weeks in July 2019) in the 2018/2019 year.	
1.15 By July 2020, to provide detailed implementation plans (to include recruitment status) for the regional implementation of the diabetes foot care pathway, plans should demonstrate an integrated approach making best use of all providers. Regional deployment of the care pathway will be an important milestone in the delivery of the “ <i>Diabetes Strategic Framework</i> ”.	The Trust will contribute to the achievement of the target. The business case for the regional Multidisciplinary team was submitted and recruitment has commenced. Agreement is in place for how the service should operate and meetings have taken place with other Trusts as to how referrals should be received by the service. The outpatient service will be based in Level one of the RVH within the current Endocrinology centre and capital works are due to commence in September 2019 to facilitate the number of rooms that are required. The current services located within this area will decant to Level 8 of Phase 2B. It is at this stage that current foot clinics within Vascular will be centralised within Level 8 and that these will be focused around the commencement of this pathway. Other elements of the proposed service will support this development for example interventional radiology, podiatry and specialist nursing. A business case has been submitted for 10 additional beds to support the diabetic foot service as discussed at a Commissioning meeting. The development of the service faces a number of workforce challenges especially around the recruitment of nursing for theatres and inpatient beds.	

Aim: To improve the quality and experience of health and social care**Outcome 2: People using health and social care services are safe from avoidable harm**

COMMISSIONING PLAN DIRECTION OUTCOME	PROVIDER RESPONSE	RAG
<p>2.1 By March 2020 all HSC Trusts should ensure safe and sustainable nurse staffing, including working towards the full implementation of phases 2, 3 and 4 of Delivering Care, maximising the use of any current or new funding, with an annual report submitted to HSC Trust Boards.</p>	<p>The Trust expects to deliver against the target. 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.</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. The Trust is fully engaged in the monitoring process with PHA.</p>	
<p>2.2 By 31 March 2020:</p> <ul style="list-style-type: none"> • Ensure that total antibiotic prescribing in primary care, measured in items per STAR-PU, is reduced by a further 3%, as per the established recurring annual targets, taking 2018/19 as the baseline figure; and • Using 2018/19 as the baseline, by March 2020 Trusts should secure the following in secondary care: <ul style="list-style-type: none"> ○ a reduction in total antibiotic prescribing(DDD per 1000 admissions) of 1-2%; ○ a reduction in carbapenem use of 3%, measured in DDD per 1000 admissions; ○ a reduction in piperacillin-tazobactam use of 3%, measured in DDD per 1000 admissions, and ○ and EITHER <ul style="list-style-type: none"> ▪ that at least 55% of antibiotic consumption (as measured in DDD per 1000 admissions) should be antibiotics from the WHO Access AWaRe* category, <p style="text-align: center;">OR</p> 	<p>The Trust will continue to work with PHA to develop agreed reporting mechanisms for this objective.</p>	

<ul style="list-style-type: none"> an increase in 2% 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 15% by 31 March 2021. <p><i>*For the purposes of the WHO Access AWaRe targets, TB drugs are excluded.</i></p>		
<p><i>Reducing Gram-negative bloodstream infections</i></p> <p>2.3 By 31 March 2020 secure an aggregate reduction of 17% of <i>Escherichia coli</i>, <i>Klebsiella spp.</i> And <i>Pseudomonas aeruginosa</i> bloodstream infections acquired after two days of hospital admission, compared to 2018/19.</p>	<p>Reference 3.2 Population Health</p> <p>The Trust is compliant with PHA reporting of Gram negative bacteraemia but is not currently undertaking data collection on enhanced risk factors. The Trust continues to discuss with PHA reporting mechanisms on this target.</p>	
<p>2.4 In the year to March 2020 the Public Health Agency and the Trusts should secure an aggregate reduction of 19% in the total number of in-patient episodes of <i>Clostridium difficile</i> infection in patients aged 2 years and over, and in-patient episodes of Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) bloodstream infection compared to 2018/19.</p>	<p>During 2018/19, the Trust was not successful in meeting the Department of Health (DOH) Trust specific reduction targets for Clostridium difficile Infection (CDI), MRSA bacteraemia or Gram Negative Blood Stream Infection.</p> <p>In terms of the Region of Northern Ireland (NI) the rate for CDI was reported for the period 1st of April 2018 to 31st of March 2019 as being 0.25, per 1,000 occupied bed days, the BHSCT rate for this period was also 0.25. In relation to MRSA bacteraemia the NI rate per 1,000 occupied bed days for this period was reported as being 0.035, the BHSCT rate for this period was 0.030.</p>	
<p>2.5 Throughout 2019/20 all clinical care teams should comprehensively scale and spread the implementation the NEWS KPI, and ensure effective and robust monitoring through clinical audit and ensure timely action is taken to respond to any signs of deterioration.</p>	<p>The Trust expects to deliver against the target.</p> <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 are required to audit 10 NEWS charts per month. An electronic system called 'SenseCheck' has been developed to capture the audit information. The report can be viewed at all levels of the directorate. The results of the NEWS audits, and subsequent action plans will discussed at the Safety Implementation Team meeting. 	

	<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	<p>By March 2020, achieve full implementation of revised regional standards, operational definitions and reporting schedules for falls and pressure ulcers across all adult inpatient areas.</p>	<p>The Trust expects to deliver against the target.</p> <ol style="list-style-type: none"> Healthcare Acquired Pressure Ulcers (HAPU): Protocol for carrying out a post pressure ulcer incident review (DB 1073) has been passed by Standards and Guidelines. This incorporates three regionally agreed tools for investigating pressure damage (acute care setting, community, devices). The regional Pressure Ulcer Adult Safe Guarding Guidelines are out for consultation. Pressure ulcer policy <p>The numbers and severity of falls are monitored and the implementation of the Fallsafe Bundle and falls prevention training has been rolled out to 58 acute adult inpatient wards. This data is made available to at Trust, Directorate and submitted on Sharepoint to the HSCB on a quarterly basis.</p>	
2.7	<p>By March 2020, 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.</p>	<p>Reference 3.2 Family Practitioner Services, 2</p> <p>The Trust expects to deliver against the target. Trust Compliance has increased to 60% at March 2019 and this has been reported to the regional Medicines Optimisation Steering Group. Work continues to progress the regional medicines optimisation model within BHSCT. Staff resource issues have been identified and currently in discussion with LCG. Additional funding has been allocated for clinical pharmacy services through demography monies. Further funding sought to roll-out compliance aids at discharge where appropriate.</p>	
2.8	<p>During 2019/20 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.</p>	<p>Reference 3.2 Care of the Elderly, 14 Reference 3.2 Learning Disability, 1</p> <p>The Trust will contribute to the achievement of the target. The Trust established and implemented a Care Review and Support Team (CREST) at the beginning of 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</p>	

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 noted an initial increase in the number of homes being identified with performance issues through the intervention of the Crest team. The Trust has also established a governance and assurance framework which is in place and fully functioning. Homes of concern are continuously monitored through this framework with early identification of problems and early intervention to avoid escalation.

Outcome: The initial increase of homes of concern has now reduced falling from 11 homes of concern in July 2018 to 4 at the end of March 2019. The service continues to work with RQIA where there are identified concerns. The Trust will work with the HSCB to support achievement of the objective in 2019/20.

Outcome 3: Improve the quality of the healthcare experience

COMMISSIONING PLAN DIRECTION OUTCOME	PROVIDER RESPONSE	RAG
<p>3.1 By March 2020, 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.</p>	<p>The Trust expects to deliver against the target. 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. The Trust currently monitors all inpatient accommodation for mixed gender accommodation breaches across the Royal Victoria Hospital site.</p> <p>The Thematic Review published by the Public Health Agency in April 2019 identified that in respect of monitoring same gender accommodation, due to the number of digital systems across the BHSCT, monitoring breaches across all sites was difficult. Therefore, the Commissioning Plan Direction requiring monitoring across 100% of inpatient areas is extended to March 2020 to facilitate the Trust to find an answer to this. The Trust remains committed to meeting the target of 100% compliance in monitoring all occurrences across all inpatient areas and is seeking the most effective and efficient solution to achieve this. In line with the recommendations set out in the Thematic Review, the BHSCT is working on establishing clear lines of accountability so there is more clarity about responsibility around the decision-making where patients admitted to Mixed Gender Accommodation. This work is being progressed through the Patient Experience Team and the Divisional Nursing Teams.</p>	
<p>3.2 During 2019/20 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.</p>	<p>Reference 3.2 Family and Childcare, 11 &12</p> <p>The Trust will contribute to the achievement of and expects to deliver against the target 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.</p>	

<p>3.3 By September 2019, patients in all Trusts should have access to the Dementia portal.</p>	<p>The Trust expects to deliver against the target. A task and finish group was 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 took place in October focusing on improving identification and communication across sectors.</p> <p>The Trust Dementia leads have received a presentation from the Regional group regarding the proposed Dementia Portal and been involved in discussion around the potential application of the Dementia Portal. The Trust will continue to work in collaboration with the HSCB on the implementation of the planned portal</p>	
<p>3.4 By March 2020, 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.</p>	<p>Reference 3.2 Palliative Care, 2</p> <p>A task and finish group was 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 took place in October focusing on improving identification and communication across sectors. The Trust has ensured wide circulation of the Co-production Guide and continue to develop the infrastructure and training available to ensure that PPI, Co-production and Patient Experience are further embedded across the organisation. An additional post has been secured through Transformation funding to specifically focus on the embedding of Co-Production across the organisation and a number of pilot programmes have been developed with Transformation monies to support new ways of working while considering the setting up of Citizen Hubs. The Trust continue to develop Appreciative Inquiry as a method of Co-production and while working internally with service directorates we have also supported the development of an Appreciative Enquiry methodology for the Health North Belfast initiative.</p>	
<p>3.5 By March 2020, the HSC should ensure that the Regional Co-Production Guidance has been progressively implemented and embedded across all programmes of care, including integrating PPI, Co-Production, and patient experience into a single organisational plan.</p>	<p>The Trust has ensured wide circulation of the Co-production Guide and continue to develop the infrastructure and training available to ensure that PPI, Co-production and Patient Experience are further embedded across the organisation.</p> <p>Work is ongoing to develop an integrated plan for PPI, Co-production and Patient Experience by the end of March 2020.</p>	

	<p>The Trust continue to develop Appreciative Inquiry as a method of Co-production and while working internally with service directorates we have also supported the development of an Appreciative Enquiry methodology for the Health North Belfast initiative</p>	
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Outcome 4: Health and social care services are centred on helping to maintain or improve the quality of life of people who use them

COMMISSIONING PLAN DIRECTION OUTCOME	PROVIDER RESPONSE	RAG
4.1 By March 2020, to increase the number of available appointments in GP practices compared to 2018/19.	Primary Care - no response required	N/A
4.2 By March 2020, to have 95% of acute/urgent calls to GP OOH triaged within 20 minutes.	<p>The Trust expects to deliver against the target. Trust cumulative position, April to August 2019 = 91% triaged within 20 minutes. The Trust performance has consistently been above 90% from April 2016. The Trust expects to maintain performance of 90 – 95% during 2019/20.</p> <p>Challenges</p> <ul style="list-style-type: none"> • Maintaining GP cover as they are independent contractors and mostly work as part time employees of the Trust • Age profile of GPs who provide the service – for resilience and future planning of cover <p>Focus during 2019/20</p> <ul style="list-style-type: none"> • Development of GPOOHs Multidisciplinary Treatment team ie Prescribing Pharmacists, Paramedics, ANPs • Continue incentive schemes as funding allows 	
4.3 By March 2020, reduce the number of unallocated family and children's social care cases by 20%.	<p>The Trust Gateway, Family Support and Children with Disabilities (CWD) Services continue to face challenges with unallocated cases. While these fluctuate monthly, the Directorate acknowledges they remain persistently high. There is a direct correlation between unallocated cases and workforce pressures with services experiencing a high volume of vacancies. While a number of these vacancies have been filled by agency, temporary and newly qualified staff, the delay in staff taking up post, has resulted in reduced throughput of cases. The Directorate continues to actively engage in recruitment campaigns which will work towards achieving the 20% reduction target by year end. The Trust is also engaged with the HSCB to secure a level of investment in CWD which will enable the service to deal with these sustained high levels of demand.</p>	
4.4 Until the proposed adoption of a new clinical response model, when 72.5% of Category A (life threatening) calls should be responded to within 8 minutes, 67.5% in performance is maintained at the previous target level.	NIAS – no response required	N/A

<p>4.5 By March 2020, 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.</p>	<p>The Trust will not meet either CPD target</p> <table border="1" data-bbox="913 177 1984 288"> <thead> <tr> <th data-bbox="913 177 1865 213">CPD Targets - Emergency Department</th> <th data-bbox="1865 177 1984 213">RAG</th> </tr> </thead> <tbody> <tr> <td data-bbox="913 213 1865 250">4 hour discharge target</td> <td data-bbox="1865 213 1984 250">R</td> </tr> <tr> <td data-bbox="913 250 1865 288">12 hour wait target</td> <td data-bbox="1865 250 1984 288">R</td> </tr> </tbody> </table> <p>The Trust will be developing a detailed winter resilience plan with a series of actions and improvement targets in a number of areas including Emergency Department, Medical and Surgical Clinical Assessment Unit, Ambulatory Care, Fracture & Vascular Services, improved Frailty & Palliative Care/End of Life Pathways, Discharge and Community capacity. The Trust will be prioritising investment in the RVH Emergency Care Village and developing more resilient medical rotas, particularly at weekends.</p> <p>The Trust Trajectory for 2019/20 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 59% at RVH and 73% at MIH.</p>	CPD Targets - Emergency Department	RAG	4 hour discharge target	R	12 hour wait target	R	
CPD Targets - Emergency Department	RAG							
4 hour discharge target	R							
12 hour wait target	R							
<p>4.6 By March 2020, at least 80% of patients to have commenced treatment, following triage, within 2 hours.</p>	<p>The KPIs for the management of Unscheduled Care are detailed in the Trust's Unscheduled Care Improvement Charter and Implementation Plan. During 2018/19 the Trust achieved on average 73% in this area and will continue to aim to achieve the target of 75% during 2019/20.</p>							
<p>4.7 By March 2020, 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.</p>	<p>The Trust continues to work closely with HSCB and PHA colleagues. Whilst the Trust will not deliver on the CPD target, the Trust has agreed trajectory targets with HSCB and plans to deliver on this by March 2020.</p>							
<p>4.8 By March 2020, ensure that at least 16% of patients with confirmed ischaemic stroke receive thrombolysis treatment, where clinically appropriate.</p>	<p>Reference 3.2 Managing Long Term Conditions, 4</p> <p>There is a Lysis pathway which pre alerts the team to the potential stroke patient's arrival ensuring that patient is considered for Lysis without delay.</p> <p>Door to needle times are continuously monitored, in conjunction with the stroke team and ED teams to review opportunities to improve treatment times.</p>							
<p>4.9 By March 2020, all urgent diagnostic tests should be reported on within two days.</p>	<p>The Trust expects to deliver against the target.</p> <p>Current performance as at the end of March 2019 is 83% across all diagnostic modality areas that are measured. The focus of services is to move this as far as possible towards the 48 hour standard. However the following challenges exist in achieving this all of the time:</p>							

	<ul style="list-style-type: none"> - The need to scan urgent patients on protocol imaging lists which are not covered by a reporting radiologist (these scans are reported later) - The need to develop 7 day services across all diagnostic services - Workforce challenges in recruitment of key reporting staff <p>However processes exist within the modalities that if an adverse finding is detected within the scanning process this is immediately altered to the referring clinician.</p>									
<p>4.10 During 2019/20, 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>	<p>Refer to responses in Section 3.2 – Cancer Services 1.0</p> <table border="1" data-bbox="913 416 1982 560"> <thead> <tr> <th data-bbox="913 416 1865 451">CPD Targets - Cancer</th> <th data-bbox="1865 416 1982 451">RAG</th> </tr> </thead> <tbody> <tr> <td data-bbox="913 451 1865 486">31 day pathway</td> <td data-bbox="1865 451 1982 486" style="background-color: red; color: yellow; text-align: center;">R</td> </tr> <tr> <td data-bbox="913 486 1865 521">62 day pathway</td> <td data-bbox="1865 486 1982 521" style="background-color: red; color: yellow; text-align: center;">R</td> </tr> <tr> <td data-bbox="913 521 1865 560">14 day Breast Cancer</td> <td data-bbox="1865 521 1982 560" style="background-color: green; color: white; text-align: center;">G</td> </tr> </tbody> </table> <p>The Trust has submitted trajectories for 2019/20 and will work towards delivery of these in 2019/20.</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 following work is planned/underway to improve compliance against the cancer access standards:</p> <ul style="list-style-type: none"> •Weekly escalation and review of demand and capacity for urology, gynae-oncology and lung •Monthly oncology and surgical performance meetings to review performance, identify challenges and put in place plans to improve •Implementation of electronic triage (e-triage) across most tumour sites has reduced the number of days it takes to triage red flag referrals •Improvements are underway in the lung cancer diagnostic pathway to be in line with the National Optimal Lung Cancer Pathway – quality improvement work thus far has reduced 12days from the patient pathway •Increase in Red flag CT capacity on the BCH site and an overall improvement in Red Flag CT reporting turnaround times •Work with radiology, pharmacy and nursing to further reduce the waiting time for CT Colonography •Reduction in overall waiting times for patients with oesophageal cancer through implementation of a 3 day turnaround for staging CT scans, decrease in triage 	CPD Targets - Cancer	RAG	31 day pathway	R	62 day pathway	R	14 day Breast Cancer	G	
CPD Targets - Cancer	RAG									
31 day pathway	R									
62 day pathway	R									
14 day Breast Cancer	G									

	<p>turnaround, increase in number of patients going straight to scope, implementation of an endoscopy cancer pack and simultaneous requesting of CT and PET scans.</p> <ul style="list-style-type: none"> •Agreed 5 day turnaround for staging CT scans for colorectal and head and neck cancers with the aim of reducing the overall waiting times for patients with a confirmed cancer on these pathways •Implementation of a 2nd PET scanner planned for March 2020. Additional in house PET lists undertaken monthly and red flag patients routinely sent to Dublin to try and improve PET waiting times <p>Continued work with HSCB and DOH</p>							
<p>4.11 By March 2020, 50% of patients should be waiting no longer than 9 weeks for an outpatient appointment and no patient waits longer than 52 weeks.</p>	<p>The Trust does not expect to deliver against the target.</p> <table border="1" data-bbox="913 518 1984 627"> <thead> <tr> <th>CPD Targets - Outpatients waiting</th> <th>RAG</th> </tr> </thead> <tbody> <tr> <td>9 week wait</td> <td>R</td> </tr> <tr> <td>52 week wait</td> <td>R</td> </tr> </tbody> </table> <p>The Trust currently does not have enough capacity to deliver against the target in a number of specialties. Given this, the target is not achievable in 2019/20. Trust performance at March 2019 was 27% at 9 weeks with 30,948 patients waiting longer than 52 weeks. Performance is expected to be similar in 2019/20.</p>	CPD Targets - Outpatients waiting	RAG	9 week wait	R	52 week wait	R	
CPD Targets - Outpatients waiting	RAG							
9 week wait	R							
52 week wait	R							
<p>4.12 By March 2020, 75% of patients should wait no longer than 9 weeks for a diagnostic test and no patient waits longer than 26 weeks.</p>	<p>The Trust does not expect to deliver against the target.</p> <table border="1" data-bbox="913 865 1984 973"> <thead> <tr> <th>CPD Targets - Diagnostic test waiting</th> <th>RAG</th> </tr> </thead> <tbody> <tr> <td>9 week wait</td> <td>R</td> </tr> <tr> <td>26 week wait</td> <td>R</td> </tr> </tbody> </table> <p>The Trust currently does not have enough capacity to deliver against the target in a number of specialties. Given this, the target is not achievable in 2019/20. Trust performance at March 2019 was 75% at 9 weeks with 229 patients waiting in excess of 26 weeks. Performance is expected to be similar in 2019/20.</p>	CPD Targets - Diagnostic test waiting	RAG	9 week wait	R	26 week wait	R	
CPD Targets - Diagnostic test waiting	RAG							
9 week wait	R							
26 week wait	R							
<p>4.13 By March 2020, 55% of patients should wait no longer than 13 weeks for inpatient/daycase treatment and no patient waits longer than 52 weeks.</p>	<p>The Trust does not expect to deliver against the target.</p> <table border="1" data-bbox="913 1211 1984 1319"> <thead> <tr> <th>CPD Targets - Inpatient / daycase waiting</th> <th>RAG</th> </tr> </thead> <tbody> <tr> <td>9 week wait</td> <td>R</td> </tr> <tr> <td>52 week wait</td> <td>R</td> </tr> </tbody> </table>	CPD Targets - Inpatient / daycase waiting	RAG	9 week wait	R	52 week wait	R	
CPD Targets - Inpatient / daycase waiting	RAG							
9 week wait	R							
52 week wait	R							

	<p>The Trust currently does not have enough capacity to deliver against the target in a number of specialties. Given this, the target is not achievable in 2019/20. Trust performance at March 2019 was 25% at 13 weeks, with 12,091 patients waiting in excess of 52 weeks. Performance is expected to be similar in 2019/20.</p>											
<p>4.14 By March 2020, 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>	<p>Reference 3.2 Family and Childcare, 1</p> <p>The Trust has submitted trajectories for these four areas as below:</p> <table border="1" data-bbox="913 379 1984 592"> <thead> <tr> <th data-bbox="913 379 1865 419">CPD Targets - Mental Health Services</th> <th data-bbox="1865 379 1984 419">RAG</th> </tr> </thead> <tbody> <tr> <td data-bbox="913 419 1865 454">Adult MH – planned trajectory - 88 breaches by March 2020;</td> <td data-bbox="1865 419 1984 454">A</td> </tr> <tr> <td data-bbox="913 454 1865 489">CAMHS – planned trajectory - 16 breaches by March 2020;</td> <td data-bbox="1865 454 1984 489">A</td> </tr> <tr> <td data-bbox="913 489 1865 525">Dementia – planned trajectory - 40 breaches by March 2020; and</td> <td data-bbox="1865 489 1984 525">A</td> </tr> <tr> <td data-bbox="913 525 1865 592">Psychological Therapies – planned trajectory - 867 breaches by March 2020.</td> <td data-bbox="1865 525 1984 592">R</td> </tr> </tbody> </table> <p>Adult Eating Disorder, CBT and Addiction Services continue to perform to target (13 and 9 weeks respectively). Gender Identity Service waiting list is significantly in excess of 13 week target and HSCB are undertaking a review of this service.</p> <p>The CAMHS managed care network has not been funded, so recorded as Red in Section 3.2 Family and Childcare reference number 1</p>	CPD Targets - Mental Health Services	RAG	Adult MH – planned trajectory - 88 breaches by March 2020;	A	CAMHS – planned trajectory - 16 breaches by March 2020;	A	Dementia – planned trajectory - 40 breaches by March 2020; and	A	Psychological Therapies – planned trajectory - 867 breaches by March 2020.	R	
CPD Targets - Mental Health Services	RAG											
Adult MH – planned trajectory - 88 breaches by March 2020;	A											
CAMHS – planned trajectory - 16 breaches by March 2020;	A											
Dementia – planned trajectory - 40 breaches by March 2020; and	A											
Psychological Therapies – planned trajectory - 867 breaches by March 2020.	R											

Outcome 5: People, including those with disabilities, long term conditions, or who are frail, receive the care that matters to them

COMMISSIONING PLAN DIRECTION OUTCOME	PROVIDER RESPONSE	RAG
5.1 By March 2020, secure a 10% increase in the number of direct payments to all services users.	<p>The Trust will deliver the increase in Direct Payments by March 2020.</p> <p>The Trust met the 2018/19 target of 773, and continues to exceed the target, achieving 828 Direct Payments by the end of June 2019.</p>	
5.2 By September 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>Reference 3.2 Care of the Elderly, 16</p> <p>Phase 1 of the implementation of Self- Directed Support (SDS) ended on 31st March 2019, and Phase 2 (2019 – 2023) commenced on 1st April 2019. The Strategic Development Priorities for Phase 2 over the next 4 years include the following:</p> <ul style="list-style-type: none"> •Managed Budgets - HSCB to Develop and Implement Procurement Framework to support Option 2 Managed Budgets and Option 1, Direct Payments •Provider Engagement •Resource Allocation System –HSCB to research best model for SDS in Northern Ireland •SDS Measuring Outcomes – ASCOT and Outcome Star •SDS Activity Toolkit – refine information systems to capture this data across Trusts. <p>The Belfast Trust appointed the SDS Project Manager on a permanent basis. The Trust SDS Steering Group continues to be chaired by the Director of Adult Community & Older People's Division and meets quarterly. The SDS Implementation Group continues to be chaired by the Service Manager for Physical & Sensory Disability Services and meets bi-monthly. There is representation from all service areas, service users, carers, contracts, training team, and information management. There is also a SDS Service User and Carer Advisory Group, chaired by a carer, and supported by the SDS Trust Project Manager. One of the service user representatives in this group completed the Safer Quality Belfast Quality Improvement Programme in June 2018, being the first ever service user to do so. His project was 'To support Social Workers to increase the completion of Support Planning'. His quality improvement project has been presented at a number of Quality Improvement events in Belfast Trust, most recently on 29th May 2019 at a Quality Improvement Forum for ACOPS.</p> <p>All service areas are engaged in the SDS process, albeit at different stages, and are using the SDS approach when assessing or reviewing service users or carers.</p>	

	<p>Training on Self-Directed Support is provided to staff and at 31st July 2019, there were 1999 staff trained.</p> <p>The Project Manager and a member of the Trust Learning and Development Team also provide reflective practice sessions to all programmes of care, and are engaging with day centre staff to ensure a collaborative approach to SDS Support Planning for all service users and carers.</p>	
5.3	<p>By March 2020, no patient should wait longer than 13 weeks from referral to commencement of treatment by an allied health professional.</p>	<p>The Trust expects to deliver against the target. A capacity and demand process for AHP Elective services in BHSCCT was finalised during 2018-19 that determined where there were capacity gaps. The HSCB wrote to the Trust in January 2019 outlining these gaps and this was used to inform the demography allocation process. In line with Trust clinical priorities, Adult Community SLT and Dietetics services were allocated demography funding to meet the gap and recruitment is underway for these posts. The remaining elective AHP services not prioritised this year will require additional funding to meet the capacity gap. In the meantime the Trust has bid for WLI funding in 18-19 and 19-20 to address the backlog of those patients waiting more than 13 weeks at this time (1625 patients waiting > 13 weeks at end June 19 compared to 4429 in Jun 18)</p>
5.4	<p>By March 2020, have developed baseline definition data to ensure patients have timely access to a full swallow assessment.</p>	<p>The Trust expects to deliver against the target.</p> <p>The Trust has received the data definition 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. The service will be trialling a new approach to recording information on PARIS from September 2019 which should mean that it is possible to run reports on timing of access to swallowing assessments</p>
5.5	<p>By March 2020, Direct Access Physiotherapy Service will be rolled out across all Health and Social Care Trusts on a state of readiness basis.</p>	<p>The Trust remains in a position to deliver on this target when resources are made available, however no additional funding has so far been made available by the commissioner to allow this to be implemented.</p>
5.6	<p>By March 2020, to have published the Children and Young People's Emotional Health and Wellbeing Framework for school-aged children and young people in Northern Ireland.</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'. The BHSCCT is reviewing internal arrangements to improve pathways for developmental, emotional, behavioural and social communications services.</p>

<p>5.7 During 2019/20, 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.</p>	<p>Reference 3.2 Learning Disability, 2</p> <p>Partnership working with Community Providers now well established with regular meetings taking place with all relevant organisations. Belfast Trust has a plan in place for all Belfast patients currently in Muckamore Abbey Hospital.</p> <p>Whilst mental health services are currently meeting this target and should continue to do so it remains a challenge for learning disability services. The Trust is currently working with a wide range of stakeholders in order to expedite those people currently delayed in Muckamore Abbey hospital.</p>	
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Outcome 6: Supporting those who care for others

COMMISSIONING PLAN DIRECTION OUTCOME	PROVIDER RESPONSE	RAG
<p>6.1 By March 2020, secure a 10% increase (based on 2018/19 figures) in the number of carer’s assessments offered to carers for all service users.</p>	<p>Reference 3.2 Care of the Elderly, 9</p> <p>Additional investment was received in intermediate care under transformational funding aiming to Transform support to carers whose relatives were discharged from hospital to intermediate Care. 1 WTE Social Worker recruited in August 2019 and there are plans to recruit another 1.0 W.T.E. The service aims to establish a process where there is:</p> <ul style="list-style-type: none"> •Earlier identification of carers i.e. Carers assessment completed •All options explored to support carer in the period immediately post hospital discharge which may include •Responding to the carers’ own needs for training to support the cared for person, including where necessary the provision of a “sitting” service to allow the carer to attend relevant training sessions; •Provision of earlier interventions to avoid carer burnout through planning of how future support needs of the carer will be addressed; •Development of more flexible short break opportunities to facilitate the carer to attend relevant training sessions and develop their own support <p>The Trust Carers Strategy Steering Group has a rolling agenda item of Carer Assessments and performance across service groups is discussed at this forum quarterly.</p> <p>A task and finish Group has been set up to improve Carer assessment data quality and to support services to report accurately to the Board. A guide has been developed and circulated to teams to help them complete carer assessment recording.</p> <p>The Carer Co-ordinators routinely provide formal Carer Assessment training available to all service groups and bespoke training to specific teams and services. Specific initiatives have been progressed to increase the numbers of carer assessments carried out. In Older Peoples Services senior day care staff across the Trust area are being trained and supported to carry out carer assessments for carers within their service. A dedicated Social Worker is working specifically on carrying out Carer Assessments in a number of the Older Peoples core teams.</p>	

	<p>In Mental Health and Learning Disability Services the Divisional Social Work Leads are undertaking a review of Carer Assessments within their services with a view to increasing the numbers being carried out.</p> <p>The Trust continues to work to the Carers Strategy 'Caring Together in Belfast – A Plan for Supporting Carers in Belfast 2017 – 2020'. The key priorities are:</p> <ul style="list-style-type: none"> • Reaching Carers of all ages • Developing Carer support pathways • Supporting Carer health and wellbeing • 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 per week.</p> <p>In 2018/2019 3099 carer's assessments were offered compared to 3407 in 2017/2018, a decrease of 9%.</p> <p>In 2018/2019 the number of referrals received was 22052, compared with 23948 in 2017/2018, a decrease of 8%.</p> <p>In 2018/2019 1938 carer's assessments were completed, compared to 1723 in 2017/2018, an increase of 11%.</p> <p>So although the number of carer's assessments offered had decreased, the numbers referred in to the Trust had also decreased by approximately the same percentage. The number of carer's assessments completed had increased.</p>	
<p>6.2 By March 2020, secure a 5% increase (based on 2018/19 figures) in the number of community based short break hours (i.e. non-residential respite) received by adults across all programmes of care.</p>	<p>Reference 3.2 Care of the Elderly, 6</p> <p>The Trust is involved in the regional work streams for the implementation of a shared lives approach. The Trust is developing a local implementable plan. The Trust has employed a Shared Lives Project Manager to lead on this.</p> <p>Reference 3.2 Care of the Elderly, 9</p> <p>Additional investment was received in intermediate care under transformational funding aiming to</p>	

	<p>Transform support to carers whose relatives were discharged from hospital to intermediate Care. 1 WTE Social Worker recruited in August 2019 and there are plans to recruit another 1.0 W.T.E. The service aims to establish a process where there is:</p> <ul style="list-style-type: none"> •Earlier identification of carers i.e. Carers assessment completed •All options explored to support carer in the period immediately post hospital discharge which may include •Responding to the carers’ own needs for training to support the cared for person, including where necessary the provision of a “sitting” service to allow the carer to attend relevant training sessions; •Provision of earlier interventions to avoid carer burnout through planning of how future support needs of the carer will be addressed; •Development of more flexible short break opportunities to facilitate the carer to attend relevant training sessions and develop their own support. <p>Reference 3.2 Learning Disability, 3</p> <p>This year, Learning Disability services recruited the first Carer Consultant to sit at senior management level to ensure that the voices of families and carers are heard and involved at all levels of the service.</p> <p>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.</p> <p>Building on this work, LD Services are in the process of setting up a LD Services Forum, which will include a subgroup focussing on Day services, Day Opportunities, employment and training initiatives to ensure full meaningful lives and citizenship in local communities. A second subgroup will have a sole focus on supporting families and service users in their homes. Each sub-group will be co-chair by staff member and carer.</p> <p>Reference 3.2 Learning Disability, 6</p> <p>While we already support a number of service users with dementia in our short break service, the subgroup of the LD Forum dealing specifically with supporting families and carers will oversee a review of short breaks and issue of dementia will be included. Additionally, we intend to recruit a Specialist Nursing Dementia post to support service users, families and carers.</p>	
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6.3 By March 2020, secure a 5% increase in the number of young carers attending day or overnight short break activities.	The Trust continues to work with HSCB to agree data definitions and currencies.	
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Aim: Ensure the sustainability of health and social care services provided**Outcome 7: Ensure the sustainability of health and social care services**

COMMISSIONING PLAN DIRECTION OUTCOME	PROVIDER RESPONSE	RAG
7.1 By March 2020, to ensure delivery of community pharmacy services in line with financial envelope.	Primary Care - No response required	
7.2 By March 2020 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 contribute to the achievement of the target. The Trust participated 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 children's services into OBA-informed data collation processes. The proposal addressed 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. This process is being led by the DOH and HSCB and the new templates are expected to be issues in December 2019 to the Trust for the DSF full year report.	Yellow
7.3 By March 2020, 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 is working with HSCB to agree data definitions.	Yellow
7.4 By March 2020, to reduce the percentage of funded activity associate with elective care service that remains undelivered.	The Trust has submitted its targets for the delivery of elective activity for 2019/20 and will monitor performance in relation to this.	Yellow
7.5 By March 2020, 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.	The Trust has submitted its trajectory for delivery against the target in 2019/20 and will monitor performance in line with the trajectory.	Yellow
7.6 By March 2020, to have obtained savings of at least £20m through the Medicines Optimisation Programme, separate from PPRS receipts.	Reference 3.2 Family Practitioner Services, 3 The BHSCCT share of the regional £8m savings target for secondary care is £3.9m for 2019/20. The Trust has plans in place to fully deliver on the target in 2019/20 as well as making the FYE of the 2018/19 target.	Green

Aim: Support and empower staff delivering health and social care services**Outcome 8: Supporting and transforming the HSC workforce**



COMMISSIONING PLAN DIRECTION OUTCOME	PROVIDER RESPONSE	RAG
8.1 Contribute to delivery of Phase One of the single lead employer project by 31 July 2019 and Phase 2 by 31 January 2020; in line with the requirements set down by the Department.	<p>Significant work has commenced to support the Single Employer Project for Junior Doctors. This project will have a three-phased approach:</p> <p>Phase 1 (Aug 19): 3 specialties (Radiology, Trauma & Orthopaedics and Histopathology) comprising approx. 150 doctors -</p> <p>Phase 2 (April 20): F1s and GP Trainees</p> <p>Phase 3 (Aug 20): ALL other specialties</p> <p>To achieve the August 2020 deadline, there are a number of Task and Finish Groups established to support this work, which are represented by Medical HR staff.</p>	Green
8.2 By June 2019, to provide appropriate representation on the project Board to establish a health and social care careers service.	The Department of Health are currently establishing a Project Group. The Trust will provide appropriate representation to this group once it has been established and when invited to do so.	Yellow
8.3 By March 2020, to have completed the first phase of the implementation of the domiciliary care workforce review.	<p>Reference 3.2 Care of the Elderly, 17</p> <p>As part of the Home Care Modernisation, the Trust has created a Band 3 Home Care worker role to enable the service to take on more complex service users and to embed a reablement ethos within Home Care. A Workforce work-stream has been established with representatives from Unions and Human Resources to coordinate recruitment into this role.</p> <p>This work-stream reports into the Home Care Modernisation Steering Group.</p>	Green
8.4 By June 2019, to provide appropriate representation to the project to produce a health and social care workforce model.	The Trust continues to work with HSCB on the best way to take this forward and will provide a nomination to sit on the group once the details have been agreed.	Yellow
8.5 By March 2020, 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 has submitted to the Department an update on Health and Wellbeing and Improved Communication and Engagement, in line with the Health and Social Care Workforce Strategy 2016. The Trust will provide appropriate representation as requested.	Green

8.6 By December 2019, to ensure at least [40%] of the Trust staff (healthcare and social care staff) have received the seasonal flu vaccine.	The BHSCCT will build on the success of last year's influenza campaign. A Flu Steering Group was re-established, the group have been meeting on a monthly basis since March 2019. A Flu Vaccination Plan was compiled and includes actions such as communication, training of Peer Vaccinators, organising large and local clinics and data collection. A successful Peer Flu Vaccination recognition / workshop took place during May 2019. Flu Champions have been nominated in each of the service Directorates and sufficient numbers of Peer Vaccinators have been secured to offer influenza at a local level. Supporting campaign materials have been ordered to support the vaccination programme.	
8.7 By March 2020, 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 Absence figure from April 17 - March 18 was 6.81%. • The target figure for the same period was 6.02% • The Trust Absence figure from April 18 - March 19 - 6.72%. • The Target Figure for the same period was 6.47% <p>Whilst the Trust has not attained its target, the Trust figure for absence has reduced by 0.09% since 2017/2018.</p> <p>The Trust continues to actively promote the importance of managing attendance at work. Staff and managers are trained on both a mandatory and ad hoc basis and this continues to be reviewed and targeted interventions are developed to target hot spot areas and support staff accordingly. Management of Attendance Team Staff are aligned to directorates and work closely with Occupational Health, Divisional, Directorate and HR Business Partner leads to address issues in a timely manner to reduce absence and address underlying issues to support timely returns to work and streamline any adjustments and supports accordingly.</p>	
8.8 During 2019/20, a workforce review of the social work workforce will be progressed to inform future supply needs and commissioning of professional training (subject to resource availability).	The Trust will continue to work with the HSCB and other Trusts.	
8.9 By March 2020, to have an agreed and systematic action plan to create a healthier workplace across HSC and to have contributed	Reference 3.2 Population Health, 11 The Trust expects to deliver against the target.	

to the Regional Healthier Workplace Network as part of commitments under PfG.

- 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;
 - 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;
 - 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.
- 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

	<p>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.</p>	
<p>8.10 Improve take up in annual appraisal of performance during 2019/20 by 5% on previous year towards meeting existing targets (95% of medical staff and 80% of other staff).</p>	<p>Ensuring that all staff receive a meaningful appraisal will remain a priority in 2019-20. We will continue to promote the use of the integrated SDR process developed in partnership with our Trade Union colleagues. Using the feedback from our staff the HR Learning and Development Team in partnership with our Union colleagues streamlined the supporting documentation for this process, this new documentation has been in use since May 2018.</p> <p>To ensure full understanding and use of the SDR process the HR Learning and Development Team will continue in 2019-20 to provide training workshops for reviewers and information sessions for all staff. From April 2018 to March 2019, a total of 420 staff attended this training/information sessions.</p> <p>Line managers are now required to record the completion of annual appraisals on HRPTS for non-medical staff. This will ultimately enable us to produce accurate compliance reports for appraisal of our staff. The new process will require time to become fully operational. 2018-19 was a transition year to the new recording requirements and a baseline of 55% of Appraisals (SDRs) were recorded as complete on HRPTS. In 2019/20 we will implement a plan of improvement to build on this position.</p> <p>Reference 3.2 Mental Health, 8</p> <p>The Trust has increased the number of ASW's being trained to a minimum of 7 each year for the last four years. Current arrangements are being reviewed to incorporate the requirements under the first implementation phase of the Mental Capacity Act to ensure there is capacity to meet the needs of both mental Health Order and the Mental capacity Act.</p>	
<p>8.11 By March 2020, 60% of the HSC workforce should have achieved training at level 1 in the Q2020 Attributes Framework and 5% to have achieved training at level 2 by March 2020.</p>	<p>Through ongoing promotion and communication with Service Managers the HR Learning and Development team have continued to see a steady uptake of the training. In total 70% of Trust staff have now completed Level 1 training either through attendance at face-to-face workshops or completion of the regional eLearning training programme, exceeding the target of 60% set by DHSSPS for 2019-20.</p>	

<p>8.12 By March 2020, to have developed and commenced implementation of a regional training framework which will include suicide awareness and suicide intervention for all HSC staff, with a view to achieving 50% staff trained (concentrating on those working in primary care, emergency services and mental health/addiction services) by 2022 in line with the draft Protect Life 2 strategy.</p>	<p>The Health Improvement Department 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</p>	
<p>8.13 By March 2020, Dysphagia awareness training designed by speech and language therapy to be available to Trust staff in all Trusts.</p>	<p>The Trust expects to deliver against the target. Dysphagia Awareness training is available to BHSCT staff – remains in place in BHSCT</p>	

3.2 TRUST RESPONSE TO REGIONAL COMMISSIONING PLAN PRIORITIES (182)

3.2 Regional Priorities - Deliverability RAG Summary	RAG	HSCB Priorities 2019/20	
Objective is Achievable and Affordable	Green	119	65%
Objective is Partially Achievable / Achievable with additional resources	Amber	63	35%
Objective is Unlikley to be Achievable / Affordable	Red	0	0%
Total Priorities Applicable to BHSCT		182	100%
"Multi-Agency Objective" The Trust reports in the actions it can take to targets that are the responsibility of other agencies, e.g. PHA / NIAS			9
Total Regional Priorities			191
Total Regional Priorities Applicable to BHSCT			182 95%

3.2 Summary - Deliverability - RAG by Outcome Area

Specialty / PoC	Number of Priorities	RAG - RED	RAG - Amber	RAG - Green	Other Agency
Cancer Services	10	0	9	1	0
Care of the Elderly	17	0	7	10	0
Elective Care	7	0	2	5	0
Family and Childcare	16	0	6	10	0
Family Practitioner Services	9	0	2	7	0
Healthcare in Criminal Justice	11	0	0	2	9
Learning Disability	9	0	2	7	0
Managing Long Term Conditions	34	0	9	25	0
Maternity and Child Health	19	0	10	9	0
Mental Health	9	0	4	5	0
Palliative / End of Life Care	5	0	2	3	0
Physical Disability	4	0	0	4	0
Population Health	12	0	1	11	0
Sexual Health	10	0	0	10	0
Specialist Services	10	0	5	5	0
Unscheduled Care	9	0	4	5	0
Total Regional priorities	191	0	63	119	9

**TRUST RESPONSES TO HSC SYSTEM WIDE PRIORITIES (COMMISSIONING PLAN - SECTION 5)
CANCER SERVICES (10)**

<table border="1"> <tr> <td style="background-color: red; color: white;">R</td> <td style="background-color: orange;">A</td> <td style="background-color: green; color: white;">G</td> </tr> <tr> <td style="background-color: red; color: white;">2</td> <td style="background-color: orange;">7</td> <td style="background-color: green; color: white;">1</td> </tr> </table>			R	A	G	2	7	1	ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
R	A	G										
2	7	1										
1.	Effective arrangements should be in place to deliver cancer access targets. (CPD 4.10)	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 escalation and review of demand and capacity for urology, gynae-oncology and lung •Monthly oncology and surgical performance meetings to review performance, identify challenges and put in place plans to improve •Implementation of electronic triage (e-triage) across most tumour sites has reduced the number of days it takes to triage red flag referrals •Improvements are underway in the lung cancer diagnostic pathway to be in line with the National Optimal Lung Cancer Pathway – quality improvement work thus far has reduced 12days from the patient pathway •Increase in Red flag CT capacity on the BCH site and an overall improvement in Red Flag CT reporting turnaround times •Work with radiology, pharmacy and nursing to further reduce the waiting time for CT Colonography •Reduction in overall waiting times for patients with oesophageal cancer through implementation of a 3 day turnaround for staging CT scans, decrease in triage turnaround, increase in number of patients 									

			<p>going straight to scope, implementation of an endoscopy cancer pack and simultaneous requesting of CT and PET scans.</p> <ul style="list-style-type: none"> •Agreed 5 day turnaround for staging CT scans for colorectal and head and neck cancers with the aim of reducing the overall waiting times for patients with a confirmed cancer on these pathways •Implementation of a 2nd PET scanner planned for March 2020. Additional in house PET lists undertaken monthly and red flag patients routinely sent to Dublin to try and improve PET waiting times <p>Continued work with HSCB and DOH</p>	
2.	Effective arrangements should be in place to work as part of a network to ensure timely access to breast assessment across Northern Ireland.	Trust responses should demonstrate a willingness to take forward recommendations from the Review of Breast Assessment Services.	The Breast Assessment Services consultation period ended on 30th August 2019 and the Belfast Trust will continue to engage in this review with the HSCB and Department of Health as required.	
3.	Effective arrangements should be in place to support peer review of the SACT service and review of the sarcoma and thyroid MDTs.	Trust responses should demonstrate plans to participate in peer review and to take forward any actions that may arise.	<p>The Trust is fully committed in supporting peer review and is actively preparing for the site peer review visits;</p> <ul style="list-style-type: none"> • Thyroid – 14th October 2019 • Sarcoma – 12th November 2019 • SACT – 13th November 2019 <p>All immediate and serious concerns that may be identified through peer review will be highlighted to the HSCB and plans put in place to address these.</p>	
4.	Effective arrangements should be in place to ensure implementation of the Regional Information System for Oncology and Haematology (RISOH) within haematology services.	Trust responses should demonstrate a clear commitment to the implementation of 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. The service will work towards the implementation of electronic prescribing when appropriate arrangements have been put in place with the HSCB.	
5.	Effective arrangements should be in place to further develop	Northern Ireland Cancer Centre (NICC) and North West Cancer Centre	DIBH	

	<p>radiotherapy services across Northern Ireland.</p>	<p>(NWCC) to roll out delivery of Deep Inspiration Breath Hold (DIBH) across Northern Ireland to Breast patients who would benefit from this Radiotherapy technique. Belfast Trust response should confirm the establishment of a regional service to deliver Stereotactic Ablative Radiotherapy (SABR) for Oligometastatic disease and Lung patients at NICC during 2019/20.</p>	<p>NICC are currently delivering DIBH to between 6-10 patients per month. Radiographers are now competent to treat DIBH patients using both the voluntary breath hold technique and the gated technique. Patients with a left sided breast cancer diagnosis who are referred to NICC from 2 September 2019 will be planned to receive DIBH treatment as appropriate.</p> <p>Stereotactic Ablative Radiotherapy (SABR) for Oligometastatic Disease The regional Oligometastatic service for patients with Lung, Adrenal, Liver, Spine, Bone and Lymph Node disease is established with referrals coming through the MDT on a regular basis for SABR for oligometastatic disease (patients with 3 or fewer sites of metastatic disease.) Stereotactic Ablative Radiotherapy (SABR) for Lung Disease A regional service for SABR Lung is well established in NICC. Referrals for Lung SABR are discussed at the weekly Lung Peer Review meeting, which is attended by Consultant Clinical Oncologists, Specialist Registrars and Specialist Radiographers. A dedicated team of radiographers have been training to verify and authorise treatment delivery, a role previously carried out by Consultant Clinical Oncologists. More than 300 patients have been treated since the service was established in 2013.</p>	
6.	<p>Effective arrangements should be in place to support the delivery of a sentinel lymph node biopsy (SLNB) service for malignant melanoma.</p>	<p>Trust responses should demonstrate a willingness to work with the Board and Agency to agree and implement a regional pathway and service specification for SLNB for malignant melanoma.</p>	<p>Trust representatives are fully engaged with and sit on the subgroup for regional provision of SLNB Melanoma service chaired by Dr Herron, HSCB. The Trust understands that the purpose of this group is to :</p>	

			<ol style="list-style-type: none"> 1. Agree a regional pathway for the delivery of SLNB for melanoma which is underpinned by appropriate quality and professional standards. 2. Reach consensus on the most effective way of delivering the regional pathway within Northern Ireland 	
7.	Effective arrangements should be in place to improve the patient experience of people using cancer services.	Trust responses should demonstrate a commitment to taking forward actions arising from the findings of the 2018 Cancer Patient Experience Survey.	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	
8.	Effective arrangements should be in place to ensure the provision of appropriate non-surgical oncology services.	Trust responses should demonstrate plans to transform non-surgical oncology services including the development of project prototypes and appropriate skill mix.	<p>Following completion of the Oncology Transformation Project additional funding has been secured to expand teams, enhance advanced roles and increase resilience in the following areas:</p> <ul style="list-style-type: none"> • Therapy Radiography • Medical Physics • Oncology Nursing <p>The funding of advanced roles at Consultant Nurse and Consultant Radiographer level will enable the transformation of patient pathways in the radiotherapy and SACT service. Recruitment for these posts is expected to commence in Q3 19/20.</p>	
9.	Effective arrangements should be in place to ensure the provision of SACT.	Trust responses should demonstrate a clear commitment to taking forward plans for the expansion of non-medical prescribing of SACT and take forward any recommendations from the peer review of the service.	The Trust is fully committed to taking forward expansion of Non Medical Prescribing in the SACT service. In September 2019, it is anticipated that 2wte staff will commence the NMP prescribing course which will further increase NMP in the haematology SACT service by October 2020. The service will continue to work with commissioning colleagues within HSCB to secure	

			<p>additional investment to achieve NMP support at all Consultant led SACT clinics as well as the development of nurse led NMP clinics . This model for expansion will include pharmacists.</p> <p>SACT Peer Review Peer Review of the SACT service will take place on 13 November 2019. The following areas of non-compliance with the measures are anticipated as follows :</p> <ul style="list-style-type: none"> • Lack of a Lead Chemotherapy Nurse • Lack of an agreed system for capacity and scenario planning <p>Lack of a chemotherapy database</p>	
10	<p>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.</p>	<p>Trust responses should demonstrate the particular actions to be taken in 2019/20 to expand the CNS workforce and to demonstrate impact through the collation of regionally agreed KPIs.</p>	<p>The Trust continues to work with HSCB/PHA and Macmillan/Friends of the Cancer Centre to expand the CNS workforce in Belfast Trust. From 2015, there has been an 84% increase in funded CNS provision. The Trust has recruited an additional 12wte Clinical Nurse Specialists and 5wte Band 3 Support Workers with plans for further recruitment in 19/20. For each post, the Trust will look at opportunities to transform direct patient care, follow up and improve patient experience. However the majority of cancer teams feel additional CNSs are still required, 2020/21 is the last year of CNS workforce plan but funding model continues to 2026. A CNS Stocktake is underway with a plan to submit the stocktake to HSCB and highlight the need for further investment</p>	

CARE OF THE ELDERLY (17)

R	A	G			
0	7	10			
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 has completed a mapping exercise to commence the implementation of an Adult Protection Gateway model across all programmes of care. The Trust is currently seeking to recruit a Service Improvement Manager to lead on the implementation of an APG Team.		
2.	Effective-arrangements should be in place to support people living with frailty. The Frailty Network was launched in March 2019 and a structure has been established with wide reaching stakeholder input to develop services which support those identified as living with frailty as well as having a focus on prevention and early intervention to secure the best outcomes for older people.	Trusts will continue to participate in frailty network initiatives. Trusts will continue frailty prototypes operational since 2018, in line with direction from the Frailty Expert Panel. This includes the provision of scheduled monitoring and evaluation information to contribute to discussions around future models of care. Trusts participate in the NHS Benchmarking Audit for Managing Frailty in Acute Settings. Trusts should ensure that data requirements are met in line with agreed timescales.	The Trust will prioritise the identification and management of frailty by undertaking the following actions: <ul style="list-style-type: none"> • Redesign of the older peoples pathway, focussing on prevention, supporting people to live well with long term conditions and frailty in the community, • In partnership with primary care and through the establishment of MDT's aligned to GP practices, pilot a model for the identification, prevention, management and risk stratification of frail older people • Participate in the NHS benchmarking audit for identifying and managing frailty in ED /Acute Care • Maximise capacity in Acute Care at Home to prioritise frailty and improve outcomes 		
3.	Effective arrangements should be in place to provide a standardised model for the delivery of services to older people and individuals with dementia.	Trust responses should outline plans to work with ICPs to scope and cost a phased approach to the new stepped care model for older people and for people with dementia.	The Belfast Health & Social Care Trust is currently in discussions with East Belfast ICP with regard to developing a pilot Primary Care Assessment and Diagnostic Model for Dementia in line with the Regional Dementia Care Pathway.		

			<ul style="list-style-type: none"> • A draft proposal for the pilot is being developed by the Trust. • In partnership with the ICPs, a project plan will be developed to support implementation of the model. This will include a process mapping exercise of current service provision against the Regional Dementia Care Pathway, to identify gaps in service and resources required to implement the pilot. <p>We envisage the preliminary planning will be completed by December 2019 with the aim of commencing the pilot by April 2020.</p>	
4.	Effective arrangements (local and regional) should be in place to ensure continuity of care in the event of any business failure / closure within the Care Home Sector.	Trusts should work with Board/Agency and other relevant organisations to ensure regional contingency plans are in place to respond to Care Home Closures, specifically where a service failure incident occurs that is beyond the capacity of an individual Trust to respond effectively.	The Trust is represented on the HSCB's contingency planning group and has contributed to the development of the regional contingency plan. Alongside this the Trust's Commissioned Services Team is developing a local Business Continuity/Contingency plan in the event of unforeseen or forced Care Home closures within the Belfast Trust area	
5.	Effective arrangements should be in place to implement the recommendations of the National Audit of Intermediate Care (NAIC) in 2018, particularly in relation to bed based Intermediate Care.	Trust responses should demonstrate plans to develop multi-disciplinary home based services.	<ul style="list-style-type: none"> • Following the NAIC Audit 2017/2018 the Trust received Transformational Funding to enhance existing community rehabilitation services to enable them to respond more quickly and to provide a service over 7 days. • The Trust recruited additional Rehab Support Workers, 1.0 W.T.E OT, 1.0 WTE Physio & 2 social workers - In place • The Trust commenced piloting of seven day working in January 2019 moving to full implementation of seven day working in - August 2019. • The Trust is increasing numbers of service users accessing community rehabilitation 	

			<p>services by 20/25 per month - Immediate & ongoing</p> <ul style="list-style-type: none"> The Trust is completing a Review of Rehabilitation Services for Older People with a view to further strengthening 'home first principle' and increasing number of service users discharged home requiring rehabilitation. This will require further consultation with key stakeholders – December 2019 	
6.	Effective arrangements should be in place to provide shared lives approaches of care to older people who may require short breaks or long term placements (CPD 6.2).	Trust responses should demonstrate outline plans to implement shared lives approaches into their services for older people.	<p>Refer to responses in Section 3.1 – 6.2</p> <p>The Trust is involved in the regional work streams for the implementation of a shared lives approach. The Trust is developing a local implementable plan. The Trust has employed a Shared Lives Project Manager to lead on this.</p>	
7.	Effective arrangements should be in place to optimise capacity to meet the needs of people with dementia.	Trust responses should demonstrate plans to work within the regional strategic implementation arrangements to develop early intervention models and timely access to memory services.	<p>The Belfast Health & Social Care Trust is currently in discussions with East Belfast ICP with regard to developing a pilot Primary Care Assessment and Diagnostic Model for Dementia in line with the Regional Dementia Care Pathway.</p> <ul style="list-style-type: none"> A draft proposal for the pilot is being developed by the Trust. In partnership with the ICPs, a project plan will be developed to support implementation of the model. This will include a process mapping exercise of current service provision against the Regional Dementia Care Pathway, to identify gaps in service and resources required to implement the pilot. <p>We envisage the preliminary planning will be completed by December 2019 with the aim of commencing the pilot by April 2020.</p>	

8.	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.	Trust responses should demonstrate plans to ensure capacity within the community /domiciliary sector to accommodate timely hospital discharge.	The Trust is currently undergoing a recruitment process to expand the statutory Home Care capacity by 1300 direct care hours. This additional capacity will assist with timely hospital discharge. Working group established with Independent Sector to review and streamline processes for the offering and accepting of care packages.	
9.	Effective arrangements should be in place to provide services for carers that can be developed to maintain individuals to live as independently as possible in their own home (CPD 6.1 & 6.2).	Trust responses should demonstrate plans to expand and promote the assessment of needs and the availability and uptake of short breaks.	Refer to responses in Section 3.1 – 6.1 & 6.2 Additional investment was received in intermediate care under transformational funding aiming to Transform support to carers whose relatives were discharged from hospital to intermediate Care. 1 WTE Social Worker recruited in August 2019 and there are plans to recruit another 1.0 W.T.E. The service aims to establish a process where there is: <ul style="list-style-type: none"> •Earlier identification of carers i.e. Carers assessment completed •All options explored to support carer in the period immediately post hospital discharge which may include •Responding to the carers’ own needs for training to support the cared for person, including where necessary the provision of a “sitting” service to allow the carer to attend relevant training sessions; •Provision of earlier interventions to avoid carer burnout through planning of how future support needs of the carer will be addressed; •Development of more flexible short break opportunities to facilitate the carer to attend relevant training sessions and develop their own support 	
10	Effective arrangements should be in place to review existing day	Trust responses should demonstrate plans to review existing day care	Independent Appreciative enquiry undertaken by the Service. Staff and services users involved in	

	opportunities for older people to ensure that they meet current needs and expectations.	provision to make best use of resources.	<p>this review. Some recommendations although inquiry overall gave very positive feedback.</p> <ul style="list-style-type: none"> • Now working with internal and external stakeholders to develop action plans to build on the current services. • Reviewing the role of Allied Health professionals in day care to exploit opportunities for AHP input in the assessment and review of older people current and future needs within the day care setting. 	
11	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.	Reablement process are in place. The Trust is promoting a reablement ethos throughout the Home Care service which aligns with the new regional model of service user empowerment.	
12	Effective arrangements should be in place to optimise recent demography funding to meet domiciliary care demand and wider demographic demand.	<p>Trust responses should demonstrate plans to deliver the recent investment in demography to meet the needs of the aging population.</p> <p>Trusts should also demonstrate how their plans better position their services to deliver the new regional model of domiciliary care.</p>	<p>The Trust is using the demography investment to modernise the Home Care Service by:</p> <ul style="list-style-type: none"> • Expansion of the statutory Home Care capacity by 1300 direct care hours • Transitioning to take on more complex service users who require care of assistance of 2 • Promoting a reablement ethos throughout the Home Care service which aligns with the new regional model of service user empowerment 	
13	Effective arrangements should be in place to optimise capacity to support the numbers of people aged over 65 and over 85.	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. 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	

			<p>target for the hub of having 4000 contacts for a full year effect. Mohan</p> <p>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 Healthy 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 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 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>	
14	<p>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. (CPD 2.8)</p>	<p>Trust responses should demonstrate plans to support reform of statutory residential care, domiciliary care and the Reform of Adult Social Care.</p>	<p>Refer to responses in Section 3.1 – 2.8</p> <p>The Trust has reviewed its four remaining statutory residential homes for people with dementia, using an Appreciative Inquiry approach with key stakeholders including carer and service user involvement. The purpose of the review was to modernise and improve outcomes for people with dementia with complex needs and associated high risk. Recommendations for a reconfiguration of resources to modernise services has been put on hold due to the current uncertainties in the care home sector and a focus on contingency planning</p> <p>Domiciliary Care</p> <p>The Trust has developed a business case and secured demographic funding to modernise Domiciliary care. The aims of the modernised service are to:-</p>	

			<ul style="list-style-type: none"> • Increase the capacity of the core Home Care Service by 1300 direct care hours per week. This will reduce the current waiting list targeting those areas of Belfast where unmet need is consistently highest • To enhance the skills of the workforce through the introduction of a new Band 3 Job Description that will require staff to work 5 days across 7, through no more than 5 variations on contracted hours • Change the profile of need that the service works with, moving from supporting people with lower level need to supporting people with more complex and varied needs, who require the support of two staff. This in turn would release capacity in the independent sector to work with more service users with lower level need, who require the support of just one person. • Work to a reablement model of care and support where: <ul style="list-style-type: none"> • Home Care Staff will work to an integrated model and directly input to reablement programmes under the direction of an occupational therapist to a small number of service users who meet the reablement criteria, but cannot access the reablement service due to limited capacity • Develop a re-ablement ethos for all service users, whatever their dependency to optimise opportunities for improvement and to delay deterioration/ further dependence 	
15	<p>Effective arrangements should be in place to support the development of intermediate/step down care to relieve pressures on acute care and promote rehabilitation.</p>	<p>Trust responses should demonstrate options to remodel existing provision or develop new services.</p>	<ul style="list-style-type: none"> • The Trust has in place a range of Intermediate Care Services, which provide home and bed services supported by a multi-disciplinary team comprising of rehab 	

			<p>support workers, Occupational Therapist and physiotherapists – ongoing</p> <ul style="list-style-type: none"> • The hospital has a one point of contact under Community Discharge & Support Hub were all appropriate discharges are considered for Intermediate Care pathway which is provided over seven days – ongoing • Intermediate Care received additional investment under transformational funding and recruited additional Rehab Support Workers, 1.0 W.T.E OT, 1.0 WTE Physio & 2 social workers. The aim of this investment was to respond rapidly and with a focus on recovery, independence and patient experience and which is available over seven days. • Following a successful pilot of seven day working this will move to full implementation of seven day working in. Staff are available to respond to new referrals at the weekend preventing hospital admission and facilitating discharges. - August 2019 • As a result of the recent investment - the Trust is increasing numbers of service users accessing community rehabilitation services by 20/25 per month - Immediate & ongoing 	
16	<p>Effective arrangements should be in place to promote self-directed support to increase individual choice and facilitate responsive remodelling of service models. (CPD 5.2)</p>	<p>Trust responses should demonstrate plans to optimise opportunities for services tailored to user needs and include the training and development of staff.</p>	<p>Refer to responses in Section 3.1 – 5.2</p> <p>Phase 1 of the implementation of Self- Directed Support (SDS) ended on 31st March 2019, and Phase 2 (2019 – 2023) commenced on 1st April 2019. The Strategic Development Priorities for Phase 2 over the next 4 years include the following:</p>	

			<ul style="list-style-type: none"> •Managed Budgets - HSCB to Develop and Implement Procurement Framework to support Option 2 Managed Budgets and Option 1, Direct Payments •Provider Engagement •Resource Allocation System –HSCB to research best model for SDS in Northern Ireland •SDS Measuring Outcomes – ASCOT and Outcome Star •SDS Activity Toolkit – refine information systems to capture this data across Trusts. <p>The Belfast Trust appointed the SDS Project Manager on a permanent basis.</p> <p>The Trust SDS Steering Group continues to be chaired by the Director of Adult Community & Older People’s Division and meets quarterly. The SDS Implementation Group continues to be chaired by the Service Manager for Physical & Sensory Disability Services and meets bi-monthly. There is representation from all service areas, service users, carers, contracts, training team, and information management.</p> <p>There is also a SDS Service User and Carer Advisory Group, chaired by a carer, and supported by the SDS Trust Project Manager. One of the service user representatives in this group completed the Safer Quality Belfast Quality Improvement Programme in June 2018, being the first ever service user to do so. His project was ‘To support Social Workers to increase the completion of Support Planning’. His quality improvement project has been presented at a number of Quality Improvement events in Belfast Trust, most recently on 29th May 2019 at a Quality Improvement Forum for ACOPS.</p>	
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			<p>All service areas are engaged in the SDS process, albeit at different stages, and are using the SDS approach when assessing or reviewing service users or carers.</p> <p>Training on Self-Directed Support is provided to staff and at 31st July 2019, there were 1999 staff trained. The Project Manager and a member of the Trust Learning and Development Team also provide reflective practice sessions to all programmes of care, and are engaging with day centre staff to ensure a collaborative approach to SDS Support Planning for all service users and carers.</p>	
17	<p>Effective arrangements should be in place to ensure there is appropriate skill mix within the domiciliary care workforce to facilitate the implementation of the new domiciliary care model (CPD 8.3).</p>	<p>Trust responses should evidence planning around the recruitment, remuneration, recognition and retention of the domiciliary care workforce.</p>	<p>Refer to responses in Section 3.1 – 8.3</p> <p>As part of the Home Care Modernisation, the Trust has created a Band 3 Home Care worker role to enable the service to take on more complex service users and to embed a reablement ethos within Home Care. A Workforce work-stream has been established with representatives from Unions and Human Resources to coordinate recruitment into this role.</p> <p>This work-stream reports into the Home Care Modernisation Steering Group.</p> <p>Current staff are being offered the opportunity to apply for this role via an internal recruitment process.</p> <p>External recruitment is also ongoing for the Band 3 role.</p>	

ELECTIVE CARE (7)

RAG			ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
0	2	5				
1.	Effective arrangements should be in place to establish and implement a regional programme of pathology transformation.	Trust responses should confirm the Trust will continue to engage with and support the establishment of the Regional Pathology Agency including: <ul style="list-style-type: none"> • The regional workforce and training plan; • The quality and regulatory framework; • The clinical effectiveness strategy; • The LIMS Programme Plan. 	The Trust will continue to fully engage with the regional programme of pathology transformation and the establishment of a Regional Pathology Agency. The Trust is represented on the Regional Network Board, Specialty Fora, LIMS Steering Group, LIMS Project Group, Keele Benchmarking Group, Digital Pathology Group, Regional Workfoundscheduledrce 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 implemented to modernise the equipment and goods and services. In addition, the Trust is developing Phase 2 of the Regional Molecular Diagnostics Service and the legacy to the 100, 000 Genomes Project.			
2.	Effective arrangements should be in place in primary and community care settings to minimise the need for patients to be referred by GPs and wider primary care to hospital consultants for specialist assessment.	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: <ul style="list-style-type: none"> • Minor Surgery • Gastroenterology 	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.			

		<ul style="list-style-type: none"> • ENT • Gynaecology • Dermatology • Dermatology Photo Triage • Rheumatology • MSK/Pain Management • Trauma and Orthopaedics • Cardiology • Neurology • Urology • Ophthalmology • Vascular surgery • Vasectomy 		
3.	Effective arrangements should be in place to establish Regional Assessment and Surgical Centre's across Northern Ireland.	Trust responses should demonstrate how they are supporting the planning and implementation of Regional Assessment and Surgical Centres (RASC) in a number of areas as follows: <ul style="list-style-type: none"> • 2 prototype RASCs for varicose veins and cataracts • General Surgery • Endoscopy • Urology • Orthopaedics • Gynaecology • ENT • Paediatrics • Neurology 	The Trust will continue to work with our Commissioner to develop plans for the roll out of the RASC model to further agreed specialties.	
4.	Effective arrangements should be in place at the interface between primary and secondary care, organised around the needs of patients with effective	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	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.	

	communication between GPs and wider primary care and hospital consultants.	roll out of e-referral and e-triage arrangements. Trust responses should demonstrate actions to improve the efficiency and effectiveness of outpatients, diagnostics and treatment services in line with the Transformation, Reform and Modernisation agenda, which includes partnership working with ICPs.		
5.	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.	Trust responses should demonstrate the specific actions being taken in 2019/20, working with appropriate partners, to improve elective care efficiency and effectiveness including: <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 assessment, diagnostic and treatment services. • Direct access diagnostic pathways to improve patient access to appropriate tests. 	The Trust has in place an elective care improvement plan and a number of initiatives aimed at improving efficiency and effectiveness in this area. E-Triage is being further rolled out across the Trust. Resource issues continue to be discussed with the HSCB. 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.	
6.	Effective arrangements should be in place to support the monitoring of clinical outcomes to further	Trusts should demonstrate the specific actions they are undertaking to expand Patient Reported Outcomes Measures (PROMS) and other similar indicators.	Clinical outcomes are collected over a wide range of services and many services participate in NHS benchmarking, peer comparison and other comparator networks. In order to	

	improve the quality and effectiveness of interventions.		assess any expansion it would be necessary to develop a baseline of current activities	
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, increase 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.	

FAMILY AND CHILDCARE SERVICES (16)

R	A	G			
1	5	10			
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 (CPD 4.14)	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.	CPD 4.14 relates to 9 week target The Trust will contribute to development of this services when resources are available. Currently, the CAMHS managed care network has not been resourced. The Trust has submitted trajectories for these four areas and will aim to deliver against the trajectories (recorded as Amber in CPD, 4.14): <ul style="list-style-type: none"> • Adult MH – planned trajectory - 88 breaches by March 2020; • CAMHS – planned trajectory - 16 breaches by March 2020; • Dementia – planned trajectory - 40 breaches by March 2020; and • Psychological Therapies – planned trajectory - 867 breaches by March 2020. Adult Eating Disorder, CBT and Addiction Services continue to perform to target (13 and 9 weeks respectively). Gender Identity Service waiting list is significantly in excess of 13 week target and HSCB are undertaking a review of this service.		
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 Board in relation to the regional action plan and ensure that the CSE leads continue to coordinate CSE Trust assessments.	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		

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
		<p>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.</p> <p>The BHSCT SW for CSE receives all CSE Assessments completed by social work staff in the Trust. The information is collated and then reported monthly to HSCB via the Regional CSE Lead.</p> <p>The CSE SW also reports monthly to the HSCB on the numbers of young people in the BHSCT area who are reported as missing to police with demographic data included.</p> <p>The CSE Lead provides awareness raising to SWs in CCS and advises on the completion of CSE Assessments. This is an ongoing process for new staff.</p> <p>CSE SW meets with regional colleagues monthly to ensure standardisation of service provided. CSE practice across the region is currently subject to an audit commissioned by SBNI. It is due to report in Autumn 2019.</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>Trust 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 	<p>The Trust Gateway Service continues to ensure compliance with the SBNI Child Protection Policy and Procedures and meet its Article 18 statutory requirements to provide support and services to Children in Need.</p> <p>Gateway and Family Support Services continue to provide a range of safeguarding returns including;</p>	

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
	<ul style="list-style-type: none"> • 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. • ensure access to an effective range of therapeutic supports based on assessed needs. 	<ul style="list-style-type: none"> • Child Protection referrals immediately allocated to a social worker, • All children subject to these referrals are seen and spoken to within 24hrs, • Initial Child Protection Case Conferences convened within 15 days of the case being threshold as Child Protection. • Adherence to review case conferences within 3 months. • Adherence to review case conferences within 6 months <p>All safeguarding services continues to be subject to regular reviews and audits by the Operational and Service Manager as a means of measuring compliance with the UNOCINI standards and the SBNI Policy and Procedures.</p> <p>The provision of monthly supervision of staff is also monitored and audited by the Service Manager and where there are any identified issues, remedial action is taken.</p> <p>All safeguarding services have fully embraced the regional roll out of Signs of Safety and remain committed to building on this strengths based, solution focused approach to families within the context of initial assessments.</p> <p>All safeguarding services remain committed to learning from Complaints, SAIs, Ombudsman findings and CMRs and have shared this with the workforce at team and service area meetings and Service Area learning workshops.</p> <p>All services continue to have access to a range of therapeutic supports in response to assessed</p>	

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
		needs of children and families, including for those impacted by domestic violence, abuse and neglect	
4. Effective arrangements should be in place to meet the requirements of the Children's Co-operation Act (2015) and the Special Educational Needs and Disability Act (2016).	Trusts responses should demonstrate plans which <ul style="list-style-type: none"> • evidence partnership working with the EA • evidence improvements in the provision of timely advice for children undergoing Statutory Assessment • deliver necessary support/interventions to meet children's identified needs. 	<ul style="list-style-type: none"> • BHSCT have appointed an SEN co-ordinator post and a Data Analyst post (Transformation funded). The SEN Co-ordinator post will oversee improvement in Statutory Assessment timeframes in line with the emerging regionally agreed processes being designed in collaboration with EA. • The AHP Lead has joined the regional SEN Steering Group on behalf of the Trust which is co-chaired by DoH and DE. • Paediatric AHP services provide assessment and interventions for children within the Special Schools environment, liaising closely with Education colleagues to maximise educational attainment for children. In addition core community paediatric AHP staff liaise with mainstream schools, where necessary, as part of a child's assessment and intervention. • RISE NI (Belfast) provides early intervention in schools at a universal, targeted and specialist level. The Co-ordinator meets once a term with key stakeholders in EA (Statutory advisors Ed Psych, Early Years, Behaviour Support staff and provision of joint training)initiatives • As above RISE provides Assessment and intervention for its service (above programmes plus Psychology, SLT,OT,PT and Behaviour support) 	
5. Effective arrangements should be in place to improve data collection in CAMHS services to capture	Trust responses should demonstrate how they will use information to assess the effectiveness of CAMHS and	The BHSCT has gone at risk and appointed one band 5 informatics and outcomes manager for BHSCT and one post for SEHSCT – these posts	

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG	
	<p>need, demand activity, outcomes and service user experience.</p>	<p>evaluate outcomes, fully implement CAPA and ensure effective case management in line with NICE guidance. 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>were appointed in April 2019 and are not funded as the CAMHs funding for these posts was withdrawn These post holders will ensure data and outcomes are used to measure quality of service. There is a psychological therapized training plan in place for CAMHs</p>	
6.	<p>Effective arrangements should be in place to support the CYPSP multiagency children's services planning process</p>	<p>Trust responses should set out how the work of the Outcomes Group and the network of family support hubs and locality planning groups are to be supported.</p>	<p>The Trust has been working intensely with the Central Procurement Unit to engage in a tendering process which will allocate contracts to family support providers for a period of 3 – 5 years. This is at an advanced stage which should be completed within this financial year. This is the first time the Central Procurement Unit has tendered for social care in community children's services. The Outcomes group has also worked closely with the Belfast City Council to ensure there is a synergy with the Community Plan. On a regular basis the Outcomes Group meets to progress its plan.</p>	
7.	<p>Effective arrangements should be in place to appropriately manage the increasing number of children with complex health care needs and challenging behaviour.</p>	<p>Trust responses should demonstrate how service provision will meet the needs of children with complex health care needs and challenging behaviour and that Trusts demonstrate how funding has addressed the core issues.</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 ensures that assessments and need are evaluated and matched.</p>	

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
		<p>Community Child Health and Children with Disabilities Service (CWD) work closely together to ensure comprehensive assessment of need and appropriate provision of services to children with complex health care needs, both via direct provision and in partnership with the community and voluntary sector.</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 is continuing to deliver workshops for parents. The workshops have been well received and an evaluation report completed.</p> <p>Children with Disabilities (CWD) continues to work closely with colleagues in assessment and treatment services and provides dedicated short breaks, residential and Self Directed Supports (SDS) for families of children with challenging behaviour and complex health care needs.</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>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 for further investment.</p> <p>The Service continues to work closely with the Fostering Service to recruit and support specific foster carers to care for children with complex needs and challenging behaviours in a variety of</p>	

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
		<p>bespoke arrangements. Both the CWD and Fostering Service jointly train and assess potential carers. 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 remains concerned at the growing number of children on the edge of care who require increasing levels of support and whose families are struggling to cope. The ability of the service to fully meet the needs of this group of children is constrained by availability of funding and appropriate providers.</p> <p>CWD continues to experience a high level of unallocated cases which the Trust believes to be systemic problem which can only be resolved by further investment. The service is engaged with HSCB to determine the investment required.</p>	
<p>8. Effective arrangements should be in place to appropriately manage the increasing number of Looked After Children (LAC) entering the system. (CPD 1.12)</p>	<p>Trust 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 removal is required in order to safeguard the child/young person; • Trusts should also evidence a systematic approach in reducing the need for children to become looked after through prevention and family support services 	<p>This requirement is in addition to CPD 1.12</p> <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 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</p>	

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
	<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 including the development of regional retention and recruitment strategy for foster care, for the recruitment of specialist foster carers, parent child placements, post adoption support and stability of placements/prevention of placement disruptions and breakdowns in placements; • support will be provided to young (16/17 year olds), homeless individuals who are seeking to achieve a safe, stable return to a family; • 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 2019/20 will be delivered. 	<p>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>In November 2018, the regional fostering recruitment project that the Co-Director chaired concluded, and agreed a regional development plans of a long term strategy across the 5 Trusts. This includes a refreshed HSC fostering recruitment campaign, revised publicity and media campaigns with marketing co-ordinators appointed within the regional fostering and adoption service to implement the regional recruitment campaign parallel to establishing a regional team of social workers to recruit foster carers across N. Ireland</p>	

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
		<p>and this involves foster carers for the unaccompanied minors and asylum seeking population.</p> <p>In June 2019 a parent and child scheme was established with approved foster carers anticipated for November 2019 who will be required to offer assessment and support to young people with babies.</p> <p>In additional to this, a specialist, intensive fostering scheme has also been established in June 2019, with approved foster carers anticipated for early November 2019. These specialist foster carers will provide planned, intensive and therapeutic care to children who have experienced more complex trauma and adverse life experiences and as a result demonstrate more challenging and more risk taking behaviours. This will also include children with complex disabilities and all foster carers will have a wrap- around support available to them.</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</p>	

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG	
		scheme currently has 5 carers and 5 placements, which support 4 complex young people. The Trust is concerned that all placement options, including those 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.		
9.	Effective arrangements should be in place to ensure the stability of mainstream care placement arrangements for children in care	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	A reduction in unplanned care placement moves is a key objective for the Trust. There is a collaborative approach to managing care placements between field work, fostering and residential services. Within foster care there are times however when foster carers' circumstances change which can lead to unplanned placement moves and likewise if behaviour management issues arise. With regard to effective interventions, the Trust's Therapeutic LAC service provides support and training to both foster carers and residential staff to assist with the de-escalation of crises and prevent moves where possible including moves to high end regional facilities.	
10.	Effective arrangements should be in place to appropriately manage the increasing number of unplanned/emergency placements where children are known to a Trust.	Trusts should demonstrate effective use of Network meetings, FGC, Pre Proceedings Resource panel to ensure contingency arrangements identified which best meet the assessed needs of children and young people where there is the potential for an admission to care.	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. 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	

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
		<p>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 placements, alongside availability of sibling, 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>11. Effective arrangements should be in place to ensure a seamless care pathway for LAC which promotes stability and permanency for children. (CPD 3.2)</p>	<p>Trust responses should demonstrate arrangements to ensure stable care pathways for LAC and deliver permanency within the quickest possible timeframe.</p> <p>Effective arrangements and monitoring should be in place to ensure LAC achieve permanence in line with the agreed policy.</p> <p>Trust responses should demonstrate plans to ensure equitable access to GEM (Going the Extra Mile) services for all young people in foster care in line with regional policy and procedures on permanence and the outworking of the Trust permanency panels.</p>	<p>This requirement is in addition to CPD 3.2</p> <p>The Trust's Permanence Panel, which is multidisciplinary in membership, monitors the progress of children coming into care to avoid drift and ensure care plans reflect the need for stability and permanence in line with the regional Permanence Policy and Procedure.</p> <p>All young people, when they reach 18 and wish to remain with their foster carers through the GEM scheme, have equal access. As at the end of July 2019, the Trust had 67 active cases.</p>	

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
<p>12. 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. (CPD 3.2)</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>This requirement is in addition to CPD 3.2</p> <p>The Trust ensures that a decision to take a child into care is made on the basis of a robust multi-disciplinary assessment of risk, engagement with parents and children and a clear plan of what is to be achieved by the admission to care. The LAC (Looked After Child) Policies and Procedures are adhered to. Post admission, the LAC Reviews and Care Plans determine the likely duration of the care placement. The LAC Review process takes into account the views of children and their parents.</p> <p>If the Care Plan determines that a return home is feasible, robust assessments are undertaken in line with LAC Policies and Procedures and the Placement with Parents Regulations. The views of the children and parents are sought as part of this process. Any decision to apply to court to discharge a Care Order is made following further assessments in line with LAC Policies and Procedures and is accompanied by a post adoption Family Support Plan</p>	<p style="background-color: green; color: white; text-align: center;">RAG</p>
<p>13. Effective arrangements should be in place to meet the increasing demand for Autism Services to include the creation of an integrated care system for Children, Young People with Developmental, Emotional and Mental Health services.</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 assessment, early intervention, diagnostic and transitional services supported by using the additional recurrent funding identified by the Board.</p>	<p>The Trust is working with the HSCB to identify the required resources and timescales in the delivery of the Autism Access Standard.</p>	<p style="background-color: yellow; text-align: center;">RAG</p>

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
<p>14. 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>Trust 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. 	<p>The CAMHS data set is completed monthly and this is reported to the HSCB, in this process there has been a 22% increase in referrals noted. The CAMHS care pathway and interface training is taking place regionally. CAMHS are part of the emotional health and wellbeing strategy for ADHD and autism chaired regionally by the PHA</p>	<p style="background-color: yellow;"></p>
<p>15. Effective arrangements should be in place to strengthen and improve placement services for children</p>	<p>Trusts should evidence developments to improve placement services including residential care, foster care and post adoption support.</p>	<p>Residential: DOORS team (peripatetic service) will be operational from early September which will provide direct support to the LAC young people in the children’s homes and the RSW teams. Interventions are focused on placement stability and improving specific outcomes for young people, education, personal development, engagement with community supports/services and promoting inclusion in local community. PACCS (Edge of Care Service), will be recruiting a 0.5 outreach worker, dedicated to the residential service, the Trust’s short term children’s home, who will focus on reintegration of young people to their families, where possible.</p> <p>Fostering: Developments include:</p>	<p style="background-color: green;"></p>

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
		<ul style="list-style-type: none"> the establishment of a specialist intensive fostering scheme which will continue to strengthen a more holistic service provision to children and young people who have more challenging and complex needs and will provide a therapeutic based model of care provision. There will also be a wraparound support package available to foster carers in this scheme. A parent and baby scheme which again will provide placement provision to young people and their babies with foster carers who will be skilled in the areas of assessment and risk. Recruitment of an additional band 7 senior practitioner to assess, support and supervise these schemes along with a Band 4 fostering support worker who will provide direct support and training to the foster carers and also provide direct work to Looked after children as assessed and required. <p>Post Adoption Support: The Trust has recently recruited 2 additional Bd 6 Social Workers through Transformation funds to provide additional post adoption support which involves direct work with adopted families and the birth families of adopted children.</p>	
16.	Effective arrangements are in place to ensure transitions/exit from care, are timely and well planned and co-ordinated.	Trusts should evidence arrangements are in place to ensure young people in transition placements or being discharged from care have robust plans	

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG	
		<p>which demonstrate a current assessment of their needs, how these will be met and arrangements for ongoing monitoring and support.</p>	<p>accommodation, for example, GEM (Going the Extra Mile) and Joint Commissioning accommodation, are put in place as well as assistance with education, training and employment. All care leavers are supported by the Trust Leaving and Aftercare Team and Therapeutic Support services where required.</p>	

FAMILY PRACTITIONER SERVICES (8)

Dental Services (1)

R	A	G
0	1	0

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
1.	Effective arrangements should be in place to reduce the number of patients referred to Trust Oral Surgery/OMFS services.	Trusts should demonstrate plans to: <ul style="list-style-type: none"> • examine alternative ways of managing the high numbers of patients referred to Trust Oral Surgery/OMFS services from non-dental sources. • ensure that appropriate Oral Surgery referral criteria are in place. 	The Trust is not experiencing high numbers of patient referrals. There is appropriate capacity to deliver oral surgery service. OMFS is funded and delivered in SEHSCT. The Trust has Oral Surgery referral guidance and criteria in places.	

General Medical Services (2)

R	A	G
0	0	2

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
<p>1. Effective arrangements should be in place to ensure multi-disciplinary teams are embedded within Primary Care.</p>	<p>Participating Trusts and Federations should demonstrate plans for the continued implementation of the primary care MDT model, which will include;</p> <ul style="list-style-type: none"> • practice based social workers • increased nursing and health visitor capacity • practice based first contact physiotherapists and • practice based mental health support 	<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 pilot has been resourced and is being commenced in a 2019/20.</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</p>	

			<p>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 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</p>	
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			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.	
2.	Effective arrangements should be in place to ensure the implementation of Phase 7 Delivering Care (Practice Nursing Workforce).	Federations should demonstrate plans to recruit additional nursing staff as part of the recommendation of the review of the general practice nursing workforce and training profiles.	The Trust plans to implement the recommendations of the review within the available resources.	

General Ophthalmic Services (2)

R	A	G
0	0	2

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
<p>1. Prototype modelling around day case Elective Care Centres for cataracts offer the potential to better manage demand, increasing capacity in primary care optometry to facilitate community review of post-operative cataract procedures.</p> <p>Integrated Care will ensure that arrangements are in place to facilitate transfer of a proportion of cataract post-operative reviews to community optometry.</p>	<p>Trust responses should demonstrate plans to:</p> <ul style="list-style-type: none"> ensure that patients suitable for community post-operative review are identified and discharged to that setting. facilitate pathways to ensure that patients requiring repatriation back to secondary care management are functional and equitable. 	<p>The Trust has led on the implementation of elective care centres (Regional Assessment and Surgical Centres) for cataract procedures by chairing the Operational Group and developing the regional IPT to resource the project in FY 2019/20.</p> <p>The RASC Clinical Subgroup have developed the RASC Cataract Care Pathway. This pathway includes the option for surgeons to discharge patients to community services for post-op review, and stipulates patients be referred to Hospital Eye Services (HES) if they are not under active review at RASC and require repatriation to secondary care. Referenced in page 9 of the pathway.</p>	
<p>2. Effective arrangements should be in place to facilitate the planning and delivery of optometry-led enhanced services aligned to identified eyecare pathways (glaucoma, acute eye). These services will assist in managing demand within the primary care setting.</p> <p>Integrated Care will develop plans to</p> <ul style="list-style-type: none"> roll out a primary care service for the monitoring and review 	<p>Trust responses should ensure that:</p> <ul style="list-style-type: none"> patients suitable for community OHT review are identified and discharged to that setting, with appropriate pathways for advice and repatriation of those patients whose clinical status changes. any remodeling of acute eye clinics (“Eye Casualty”) takes cognisance of and recognizes the regional NIPEARS enhanced service, and plans service configurations accordingly. 	<p>OHT - The process is ongoing to identify patients who have been inappropriately referred and discharge to the appropriate setting, such as community settings and virtual clinics. Work to develop appropriate pathways is ongoing.</p> <p>NI PEARS - The service continues to liaise with HSCB to develop appropriate patient pathways and reroute inappropriate referrals to other services in LCG areas. A Safety Quality Belfast (SQB) project is ongoing to monitor and improve this process, with the intention that the project's conclusions be agreed with HSCB and implemented.</p>	

	<p>of patients with Ocular Hypertension (OHT)</p> <ul style="list-style-type: none">• performance manage the regional enhanced service for the management of acute non-sight threatening eye conditions (NI PEARS) across all LCG areas.			
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Pharmaceutical Services & Medicines Management (3)

R	A	G			
0	2	1			
ISSUE/OPPORTUNITY			PROVIDER REQUIREMENT	PROVIDER RESPONSE	LAG
1.	Effective arrangements should be in place to ensure the skill mix of the Pharmacy workforce is appropriate.	Trusts should engage with the Board to develop plans to increase and consolidate pharmacy technician posts to make best use of existing skill mix such that pharmacists can be deployed on clinical, patient facing duties.	BHSCT pharmacy received funding for seven additional student technician through transformation funds. Pharmacy will continue to engage with HSCB to increase student technicians posts in particular.		
2.	Effective arrangements should be in place to ensure that Trusts achieve 70% compliance with the Medicines Optimisation Quality Framework (MOQF) consistent with CPD 2.7 requirements.	Trusts responses should demonstrate how this improvement in compliance will be achieved with particular emphasis on the pharmacy/patient pathway interface including medicines reconciliation, discharge and all corresponding outcome metrics to monitor progress.	This requirement relates to Section 3.1 -2.7 Trust Compliance has increased to 60% at March 2019 and this has been reported to the regional Medicines Optimisation Steering Group. Work continues to progress the regional medicines optimisation model within BHSCT. Staff resource issues have been identified and currently in discussion with LCG. Additional funding has been allocated for clinical pharmacy services through demography monies. Further funding sought to roll-out compliance aids at discharge where appropriate.		
3.	Effective plans should be in place to deliver £20m efficiencies with £8m from secondary care and £12m from primary care (CPD 7.6).	Trusts should demonstrate plans to work to achieve the maximum efficiencies possible <i>within 2019/20</i> .	The BHSCT share of the regional £8m savings target for secondary care is £3.9m for 19-20. The Trust has plans in place to fully deliver on the target in 2019/20 as well as making the FYE of the 2018/19 target.		

Primary Care Infrastructure Development (1)

R	A	G
0	0	1

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
1. Ensure appropriate infrastructure is in place to support the delivery of Multi-disciplinary working arrangements and an increase in capacity with GMS.	Trusts should support the development of business cases for improvements to Trust owned premises and explore opportunities for increasing capacity for the delivery of General Medical Services.	The Trust will work with the HSCB and GP practitioners as appropriate in this area.	

HEALTH CARE IN THE CRIMINAL JUSTICE SYSTEM (11)

(9 of 11 SET only)

R	A	G
0	0	2

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
1.	Effective arrangements should be in place to implement <i>Improving Health within Criminal Justice</i> .	All Trusts should demonstrate plans to take forward the key cross-cutting actions identified within the <i>Health in Criminal Justice</i> action plan in partnership with the relevant lead organisations.	The Trust will continue to work with relevant stakeholders to develop any relevant actions plans.	
2.	Effective arrangements should be in place to ensure equivalency in regard to health screening.	SET should take steps to ensure equivalency of access to health screening undertaken in Northern Ireland for those in prison custody settings.	SET – N/A The Trust will work with stakeholders when appropriate.	N/A
3.	Effective arrangements should be in place to ensure appropriate in-reach services.	SET, as the lead organisation, should make a determination on the potential for an in-reach counselling/mentoring service and review referral pathways from custody settings to self-harm services.	SET – N/A The Trust will work with stakeholders when appropriate.	N/A
4.	Effective arrangements should be in place to understand social care needs among prisoners.	SET should collate and analyse information/data about the prison population to identify current support and/or social care needs of prisoners and any unmet social care needs.	SET – N/A The Trust will work with stakeholders when appropriate.	N/A
5.	Effective arrangements should be in place to enhance and promote the screening of prisoners in respect of TB, Latent BBV and HPV.	SET should demonstrate plans to review its health protection and screening processes across sites and evaluate testing, uptake and bring forward recommendations for future provision.	SET – N/A The Trust will work with stakeholders when appropriate.	N/A

6.	Effective arrangements should be in place to ensure appropriate use of prescribing information to assist medicines management/optimisation	SET should demonstrate plans to ensure safe use of prescription medications in all custodial settings including: <ul style="list-style-type: none"> • procedures for supervised swallow • medicine management operational systems • promotion of existing guidance. 	SET – N/A The Trust will work with stakeholders when appropriate.	N/A
7.	Effective arrangements should be in place to address the mental health needs of prisoners in custodial settings.	SET should demonstrate plans to put in place the range of skill mix needed within prison and community workforce to support the recovery of prisoners with mental health needs through: <ul style="list-style-type: none"> • psychological therapies- ensuring consistency with services provided in the community. • consistent practice approach for personality disorder and forensic mental health in line with existing 'You in Mind' care pathways. 	SET – N/A The Trust will work with stakeholders when appropriate.	N/A
8.	Effective discharge arrangements should be in place for those individuals to be released from prison.	All Trusts should put in place effective discharge planning arrangements with the SET to ensure people leaving criminal justice settings receive appropriate follow on health and social care (including ensuring GP registration) and to include appropriate interventions.	The Trust will continue to work with SET to develop any relevant actions plans.	
9.	Effective arrangements should be in place to develop Telehealth and technology options in prison.	SET should provide detail of the mix of Telehealth options to support in-reach and outreach services into custodial settings.	SET – N/A The Trust will work with stakeholders when appropriate.	N/A
10	Effective arrangements should be in place in regard to workforce and revised skill mix models.	SET should demonstrate steps to strengthen its complement of staff by looking at opportunities to implement	SET – N/A The Trust will work with stakeholders when appropriate.	N/A

		<p>new skill mix arrangements to provide a more sustainable staff profile.</p> <p>All Trusts should develop a training needs analysis which will inform recommendations to the strategy for all health, social care and criminal justice professionals working within the Criminal Justice System to promote cross-discipline awareness.</p>		
11	<p>Effective arrangements should be put in place to maximise AHPs within the skill mix of the prison healthcare staff to support specific opportunities for service transformation.</p>	<p>SET should demonstrate plans to utilise enhanced AHP support to take forward public health initiatives across prison sites.</p>	<p>SET – N/A The Trust will work with stakeholders when appropriate.</p>	N/A

LEARNING DISABILITY (9)

R	A	G
0	2	7

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
<p>1. Effective arrangements should be in place to address deficits in assessment and treatment in LD inpatient units as highlighted by the Independent Review of Muckamore Abbey Hospital (and other incidents affecting NI patients in private Learning Disability (LD) hospitals) (CPD 2.8)</p>	<p>Trusts should demonstrate plans to develop community based assessment and treatment services for people with a learning disability with a view to preventing unnecessary admissions to LD hospital and to facilitate timely discharge.</p>	<p>This requirement relates to Section 3.1 -2.8</p> <p>We are in the process of securing funding for a Community Assessment and Treatment team who will work evenings and weekends to support service users in crisis and at risk of admission to acute inpatient care. The service will have a dedicated multidisciplinary team, including nursing, social work, psychology, occupational therapy and specialist behavioural assistants and speech & language therapy. This Community Acute Assessment & Treatment service will work with and add to existing and enhanced Community Learning Disability services to provide specialist assessment, treatment and support to people with a learning disability in their own home or in a range of community settings, thus preventing Hospital admission where possible, facilitating timely discharge from Hospital, and preventing readmission of individuals with complex needs.</p> <p>The Community Acute Assessment & Treatment Service will offer high quality alternatives to hospital admission over a seven-day week. This team will have appropriate on-call arrangements and link with already established services including Regional Emergency Social Work Service (RESW) and current LD Consultant on-call medical rota. The service will be delivered within Community</p>	

			Learning Disability Services and management and governance will ultimately fall to Co-Director of Learning Disability Services.	
2.	Effective arrangements should be in place to complete the resettlement and address the discharge of people with complex needs from learning disability hospitals to appropriate places in the community (CPD 5.7)	Trusts should demonstrate plans to work in partnership with service providers and other statutory partners to develop suitable placements for people with complex needs.	<p>This requirement relates to Section 3.1 -5.7</p> <p>Partnership working with Community Providers now well established with regular meetings taking place with all relevant organisations. Belfast Trust has a plan in place for all Belfast patients currently in Muckamore Abbey Hospital.</p>	
3.	Effective arrangements should be in place to support families providing care and deliver on the “ordinary lives” objectives. (CPD 6.2 & 6.3).	Trusts should demonstrate plans to review and reform day services; further develop supports for family carers, and short break opportunities to support families caring for someone with a learning disability at home.	<p>This requirement relates to Section 3.1 -6.2 & 6.3</p> <p>This year, Learning Disability services recruited the first Carer Consultant to sit at senior management level to ensure that the voices of families and carers are heard and involved at all levels of the service.</p> <p>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.</p> <p>Building on this work, LD Services are in the process of setting up a LD Services Forum, which will include a subgroup focussing on Day services, Day Opportunities, employment and training initiatives to ensure full meaningful lives and citizenship in local communities. A second subgroup will have a sole focus on supporting</p>	

			families and service users in their homes. Each sub-group will be co-chair by staff member and carer.	
4.	Effective arrangements should be in place to develop a regionally consistent service model for people with a learning disability.	Trust Project Leads should work as part of the regional LDSM Team to coordinate engagement and service reform required within their own organisations.	The Trust is fully involved in the Regional Learning Disability Service Model and sit on the Project Board. They have appointed a Project Lead who has already had a wide range of consultations with carers, service users and staff and an event is planned shortly to consult with local providers.	
5.	Effective arrangements should be in place to develop "Shared Lives" models of care to increase the availability of alternative family based living opportunities for people with a learning disability.	Trusts should demonstrate plans to appoint a senior lead officer to deliver the agreed regionally consistent Shared Lives project within their Trust area.	The Trust has appointed a Senior Lead Officer to deliver on the consistent Shared Lives project.	
6.	Effective arrangements should be in place to appropriately manage people with LD developing dementia and other conditions associated with old age including short breaks/respite which are varied and flexible in nature (CPD 6.1 & 6.2)	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.	This requirement relates to Section 3.1 -6.1 & 6.2 While we already support a number of service users with dementia in our short break service, the subgroup of the LD Forum dealing specifically with supporting families and carers will oversee a review of short breaks and issue of dementia will be included. Additionally, we intend to recruit a Specialist Nursing Dementia post to support service users, families and carers.	
7.	Effective arrangements should be in place to increase the number of individuals availing of community based day opportunities.	Trust responses should demonstrate what specific actions will be taken in 2019/20 to further develop partnership working with community / voluntary / independent sector organisations to meet the needs of individuals already in services or coming through transition.	Over the past number of years the numbers of people accessing Day Opportunities has steadily increased as well as the number of Day Opportunity sessions. We have also focussed on increasing the number of people achieving nationally accredited qualifications year on year. Alongside this, we have increased the number of partner organisations with an increased focus on physical activity and overall health and wellbeing. A large event in partnership with Belfast City Council is planned for May 2020	

			<p>focusing on young people transitioning to adult services in relation to Day Opportunities across the city.</p> <p>As a major employer this year, we saw the introduction of the first Positive Action Employability Programme, which resulted in 9 adults with a learning disability accessing permanent paid posts within PCSSS. We expect this multi-award winning initiative to develop over the coming year in partnership with other large employers locally.</p>	
8.	<p>Effective arrangements should be in place to improve health care for people with a learning disability.</p>	<p>Trust responses should demonstrate plans to</p> <ul style="list-style-type: none"> • ensure key information gathered through the annual health check initiative is collated, analysed and shared in order to inform health and wellbeing plans. • participate in the evaluation of the “health passport” for people with a learning disability. • support people with a learning disability to access health screening programmes. 	<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 analyse 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 screening and ensuring all service users have a health passport. Significant work has been completed to date with a completion rate of over 80%, well above the national average.</p> <p>We have recently appointed a complex health nurse to support the training needs of staff across Day services, Residential and Supported Living to meet the complex health needs of service users. We are</p>	

			<p>also recruiting an Epilepsy Nurse Specialist and plan to recruit to a Dementia Nursing post shortly to support both service users and families.</p>	
<p>9.</p>	<p>Effective arrangements should be in place to develop Multi-Disciplinary services in community settings to address the actions required within the Independent Review of Muckamore Abbey Hospital.</p>	<p>Trusts should demonstrate plans to recruit multidisciplinary teams to build the community infrastructure to support people with a learning disability outside of hospital settings.</p> <p>Trusts should demonstrate plans to work with their independent sector partners to build the skills and capacity of their workforces to enable them to support and sustain people with complex needs in their community placements.</p>	<p>Development of community multi-disciplinary teams is ongoing and all teams have had additionality in terms of both nursing, social work and a range of AHPS and Behaviour Support, which will address the actions required by the Independent review of MAH. This is further enhance the skills and staff capacity to support and sustain community placements in the community.</p> <p>Additionally we have worked very closely with providers in relation to the discharge and ongoing support of some of the most complex services users resettled from MAH.</p>	

MANAGING LONG TERM CONDITIONS (34)**Coronary Heart Disease (4)**

R	A	G
0	0	4

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
1. Effective arrangements should be in place to ensure that referrals to Rapid Access Chest Pain Clinics (RACPC) comply with NICE CG95 - Chest pain of recent onset: assessment and diagnosis.	Trust responses should demonstrate plans that are in place to engage with referrers (mostly GPs and emergency departments) on NICE CG 95 to include unstable chest pain (when emergency department attendance or admission is most appropriate) and stable chest pain.	<p>The Rapid Access Chest Pain clinic will be rebranded as 'Rapid Access Angina Assessment Clinic' or 'RAAAC'. The date for this has not yet been confirmed.</p> <p>Regional guidelines are currently being drafted for referral to this service with a plan for a regional streamlined approach from referral down to letter templates. Active engagement with ED teams regarding changes to these services has also commenced within each Trust. Similar plans regarding these changes are also being developed for referrals by GP practices. Both of which (ED / GP) are represented at a regional level on the project board.</p> <p>The issue of being unable to suspend or highlight patients who have been offered a date and are unable to attend, I will ask for this to be added to the agenda for the next regional meet.</p>	
2. Effective arrangements should be in place to ensure that there is an appropriate clinical physiology workforce in place to deliver cardiac investigations.	Trusts should work with the Board/Agency to develop a regional clinical physiology workforce plan by March 2020.	The Trust has a workforce plan for the clinical physiology staff. Existing staff are currently being upskilled to carry out as much work as possible with recruitment to posts ongoing	

3.	Effective arrangements should be put in place to ensure that patients receive timely access to TAVI implantation	<p>All Trusts should demonstrate plans to streamline investigations for patients awaiting TAVI within 28 working days.</p> <p>The Belfast Trust response should demonstrate that plans are in place to routinely monitor adherence to standards for patient selection and time to procedure within 7 working days of being deemed fit for the procedure.</p>	<p>The Trust has a specialist nurse in place to manage and monitor patients selected for TAVI procedures. The waiting list has been centralised with selection for procedure decisions being made on what the clinical priority is.</p> <p>The Trust will continue to treat to meet and monitor the standards pending agreement of any additional investment required.</p>	
4.	Effective arrangements should be put in place to develop models for cardiac rehabilitation services.	The Board will work with all Trusts to finalise a needs assessment of cardiac rehabilitation by December 2019 to inform future service planning.	The Trust has an ongoing quality improvement project in place for cardiac rehabilitation throughout all the sites in Belfast. The Trust will provide a needs assessment of the service to the Board by December 2019	

Diabetes Care (13)

R	A	G		
0	2	11		
ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	LAG
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, dietetics, nursing etc. (or combination of all). This could also include developing new models of care depending on the risk profile of women.	Business cases have been submitted and agreed to build capacity in midwifery, nursing, dietetics, Ultrasonography and administration. The implementation of these cases have allowed rationalisation of how care is delivered involving the setting up of a new separate joint metabolic antenatal for women with gestational diabetes (in addition to our existing clinic for women with type 1 and type 2 diabetes and other metabolic conditions). Other aspects of the new enhanced service include group education sessions; upskilling of staff across RJMS and monthly management and MM MDT meetings. We are also currently reviewing protocols (eg steroids and delivery, sick day rules etc) along with methods to expedite referral to the clinic. More discussion is needed about liaison with primary care (who manage women with type 2 diabetes) and how women might be encouraged to plan their pregnancies. We are currently about to embark on two large multicenter research studies.	
2.	Effective arrangements should be put in place to implement the funding for piloting of in-patient diabetes teams and new models of care in the community.	Trusts responses should demonstrate action plans to improve patient experience in hospital including impact on length of stay.	Inpatient Diabetes; overwhelming numbers (18.4% prevalence in BHSCT) and staff simply cannot cope with existing demands across the 4 hospitals alongside additional demands which include perioperative needs. The Belfast Diabetes Inpatient Pilot (BIDS) was conducted in a number of key wards in RVH between January and April	

			<p>2019 and focused on 7 wards (6A-F and 5 EF) that had clearly documented out of range point of care glucose levels. The pilot identified 84 medication errors during the 12 week pilot compared with only 94 recorded in total on DATIX over a 12 month (1/4/2018-31/3/2019) indicating the size of the problem and under-recording on DATIX. 26 patients had POC glucose levels below 3 mmol/l (life threatening low level) and there was a general lack of knowledge of many aspects of diabetes among staff. The formal report of the pilot is available but overall the findings show unequivocal patient support for such a service, that improvement in glucose levels is possible following a BIDS team visit and the urgent need for ongoing efforts to education staff in a recurring and innovative manner. The summary will set out the support needed to run a Belfast Diabetes Inpatient Service informed by the pilot and in line with National Guidelines.</p>	
3.	<p>Effective arrangements should be in place to expand the number of structured Diabetes Education programmes in the 5 Trusts for people with Type 1 and Type 2 diabetes.</p>	<p>Trusts should describe the additional number of programmes provided, participants seen and participants completed.</p>	<p>The Trust monitors the number of diabetes education programmes in place</p> <p>For Type one – there are 12 programmes in place (10 patients per group) and 16 refresher courses</p> <p>Type 2 programmes to be confirmed</p> <p>DAFNE – 1 week programme (10 sessions) (8 programmes per year delivered jointly by a Specialist Dietitian and DSN (8 to 10 clients per programme)</p>	

			<p>DAFNE – 6 week review programme (1 session) 8 programmes per year delivered jointly by a Specialist Dietitian and DSN (8 to 10 clients per programme)</p> <p>DAFNE – 1 day for 5 weeks (10 sessions) TRF funded for 4 programmes – 8 patients per session</p> <p>DAFNE – 1 day for 5 weeks, 6 week review group</p> <p>Type one diabetes update TRF for 16 sessions in 2019/20 (10 patients per session)</p> <p>DESMOND – 2 sessions per week. Additional funding added 2 sessions</p>	
4.	Effective arrangements should be in place to implement the NI Diabetic Foot Care Pathway.	Trust responses should detail plans to support the implementation of the NI diabetic foot pathway, including the vascular surgery interface.	The Diabetic foot pathway will be launched in the Region on 14 th November 2019. Plans are in place throughout the specialty areas to monitor and address the demand.	
5.	Effective arrangements should be in place to provide education and support for people recently diagnosed with diabetes.	Trust responses should demonstrate plans to expand current provision of 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.	
6.	Effective arrangements should be in place to develop patient pathways for insulin pumps and Continuous Glucose Monitoring (CGM).	Trust responses should demonstrate plans to implement a regional solution for the supply of replacement and new insulin pumps.	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.	

		Trusts should implement NICE guidance on the availability of CGM for the relevant cohort of patients.	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.	
7.	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 including a specific timescale for completion.	The Trust has adopted the ABCD audit and this is now complete	
8.	Effective arrangements should be put in place to improve transition arrangements for transfer of care from paediatric to adult diabetes services.	Trust responses should demonstrate plans to use 'Ready Steady Go Hello' materials in transition planning and also work with the Change Lab project being facilitated by Diabetes UK.	<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>	
9.	Effective arrangements should be put in place to provide education and support for children with diabetes.	Trust responses should demonstrate plans to ensure all children have updated "annual health plans" and promote the use of the regional communication booklets with schools	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	

		and early years settings by parents for insulin injections and insulin pumps.	<p>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.</p> <p>Bespoke CHOICE training packages and education specific to the needs of each child/young person and families has been developed and delivered.</p>	
10.	Effective arrangements should be put in place to ensure children with diabetes are treated in age appropriate settings.	Trust responses should demonstrate plans to accommodate children with diabetes up to their 16 th birthday for inpatients and outpatient services.	<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>	
11.	Effective arrangements should be put in place to optimise new and	Trusts responses should demonstrate plans to ensure clear pathways are in place for the diagnosis and	Business cases have been submitted and agreed to build capacity in midwifery, nursing, dietetics, Ultrasonography and administration. The	

	existing care pathways for mothers and babies with complex needs.	management of women with Type 1, Type 2 and Gestational Diabetes during pregnancy and delivery.	implementation of these cases have allowed rationalisation of how care is delivered involving the setting up of a new separate joint metabolic antenatal for women with gestational diabetes (in addition to our existing clinic for women with type 1 and type 2 diabetes and other metabolic conditions). Other aspects of the new enhanced service include group education sessions; upskilling of staff across RJMS and monthly management and MM MDT meetings. We are also currently reviewing protocols (eg steroids and delivery, sick day rules etc) along with methods to expedite referral to the clinic. More discussion is needed about liaison with primary care (who manage women with type 2 diabetes) and how women might be encouraged to plan their pregnancies. We are currently about to embark on two large multicenter research studies.	
12.	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.	Foot protection teams now in place within the community Business case has been prepared for an additional Band 6 Specialist Nurse to help address the need to increase the capacity of the MDT sessions	
13.	Effective arrangements should be put in place to provide appropriate workforce and education programmes for staff working in specialist and generalist areas across primary, secondary and tertiary care in the care and treatment of people living with diabetes.	Trust responses should demonstrate plans to develop workforce and education programmes in collaboration with the Diabetes Network.	The Diabetic Specialist nurses undertake training for staff and patients in secondary care MDT weekly case discussions with GPs carried out at surgeries Monthly project ECHO for practice nurses and practice based pharmacists with an interest in diabetes	

			<p>Bi monthly diabetes interest group meetings</p> <p>Diabetes teaching to GP practices</p> <p>Agreed diabetes referral pathway produced</p> <p>Links with Community groups eg east Belfast Diabetes Action Group launched to raise awareness in ethnic minority groups to raise awareness</p> <p>Attendance at GP Federation days</p> <p>CCG advice Monday to Friday 9am to 5pm</p> <p>There is currently no resource to deliver training directly into care homes. Patients in care homes relay on GPs referring to the Community service</p>	
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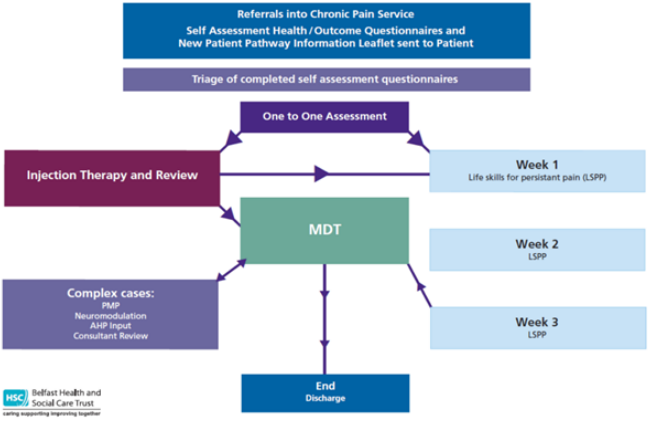
Pain Management (6)

R	A	G
0	3	3

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 <i>Core Standards for Pain Management Services in the UK</i> published by the Faculty of Pain Medicine at the Royal College of Anaesthetists in 2015.</p> <p>This should 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 of patients with persistent pain. • ensure patients with complex needs can be seen earlier to prevent or halt more difficult to reverse deterioration. 	<p>The pain service in BHSCT has been running a pilot project for patients with persistent pain for a number of years and has recently scoped what it would take for the whole service to introduce this model.</p> <p>The outcome of the pilot has been the following and is modelled below in the table (750 new patients and their treatment consequences)</p> <p>Outcome following clinic consultation (consultant and physiotherapist)</p> <ul style="list-style-type: none"> - 12% of patients listed for a procedure - 13% listed for a procedure followed by LifeSkills programme - 24% discharged following clinic consultation - 28% listed for LifeSkills only - 22% other pathways <p>The pilot has shown that following attendance at a LifeSkills programme, 87% of patients have been discharged from the service.</p> <p>The pathways within this model would develop the MDT staff with education and training to support</p>	

patients in an improved and integrated psychosocial pain management pathway.

Pathway	Description of path	weekly	annually
Number		number of patients	number of patients
1	Referrals (new patients)	15	750
	consultant led clinics	12	600
	physiotherapy led	3	150
	discharged after 1st appointment	3	150
2	Lifeskills pathway only	4	200
3	Lifeskills pathway plus procedure	2	100
4	Procedure only	3	150
5	Psychology intensive	2	100
6	Physiotherapy intensive	1	50

			 <p>The pain service has developed a monthly education session for the multidisciplinary team to further develop knowledge in relation to management of chronic pain.</p>	
<p>2.</p>	<p>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 those provided with the help of expert patients, peer and lay trainers in community settings.</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 service configuration and priorities, this may include:</p> <ul style="list-style-type: none"> • expanding existing self-management programmes and local support groups • reconfiguration of community services • increasing capacity of pain management programmes (PMP) provided by specialist pain management teams. 	<p>The detail in section one outlines the model that is being operated albeit on a pilot basis. The service has in place self-management programmes through the LifeSkills programme and Pain Management Programmes. BHSCT supports the programmes run by Versus Arthritis.</p>	

<p>3.</p>	<p>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, GP Federations and MDTs in primary care in developing integrated patient pathways including initial assessment for painful long-term conditions including but not restricted to arthritis and fibromyalgia.</p>	<p>The Belfast Trust is currently reviewing its rheumatology pathways alongside HSCB and primary care colleagues to ensure they are as effective as possible. However, the Trust's rheumatology service is also developing an IPT for additional capacity for initial assessment of patients, long-term follow up and treatment.</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. The service is also working with the spinal team to develop regional guidance for management of back pain which will transform how patients with this condition are managed.</p>	
<p>4.</p>	<p>Effective arrangements should be in place to ensure patients with persistent pain have equitable access to evidence based services.</p>	<p>Trust responses should demonstrate plans to optimise patient flows by improving referral pathways for patients with persistent pain, including:</p> <ul style="list-style-type: none"> • cross speciality triage criteria between primary care, core physiotherapy, ICATS, rheumatology, orthopaedics and pain management 	<p>Evidence based treatments include medial branch blocks proceeding to radiofrequency if indication. Reduction of repeated injections has reduced the waiting time for patients booked for MBB +/- RF. Provision of neuromodulation treatments for patients with pain of neuropathic origin and failed back surgery. Updated referral pathway for patients accessing the chronic pain service.</p> <p>Working with spinal service to develop pathway for patient referred with back pain and/or leg pain.</p>	

		<ul style="list-style-type: none"> improved access to evidence base interventional pain management treatments. 	There is currently no cross speciality triage involving rheumatology. However, the introduction of MSK specialist GPs and First Contact Physiotherapy Practitioners in primary care is anticipated to reduce the number of referrals into rheumatology, for example, in the area of joint injections.	
5.	Effective arrangements should be put in place to deliver a sustainable regional multidisciplinary persistent pain management service for children and young people with complex needs.	The Belfast Trust response should demonstrate plans to support delivery of this service on a sustainable basis in line with multidisciplinary models of good practice.	<p>The service have submitted a business case to the Commissioners for a Children and younger people pain model which is in line with MDT models of good practice.</p> <p>The service received £150k funding for 2019/20 and prioritised this resource for the development of physiotherapy, psychology and inpatient beds to support the development of the service. However the pain service have struggled to appoint the psychology support due to the funds being from transformation resource and not recurrent.</p> <p>The service will not be sustainable post April 2020 without psychology support.</p> <p>The other elements of the business case such as Nursing and Consultant support are still outstanding.</p>	
6.	Effective arrangements should be in place for multidisciplinary and interagency working across the wide ranging spectrum of patient need to meet the challenges of prescription drug misuse.	Trust responses should include work with other HSC organisations to implement good practice and innovative interventions for patients with persistent pain, including plans to reduce prescription drug misuse.	Section one above details the pathway that is currently in place and being run as a pilot within the BHSC service. The roll out of the pilot to the rest of the service would meet this objective and provide innovative interventions for patients referred to the service other than drugs Investment is required	

Respiratory (4)

R	A	G
0	2	2

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
<p>1. Effective arrangements should be in place to continue to implement the recommendations of relevant review and evidence based guidance including:</p> <ul style="list-style-type: none"> • 2015 RQIA review of respiratory teams • NCEPOD reports • NICE Guidance 	<p>Trust responses should demonstrate plans to:</p> <ul style="list-style-type: none"> • Maintain meet standards in line with best available evidence. • Develop services in line with recommendations arising from service reviews, audits and existing or new publications. 	<p>The respiratory service continues to seek to enhance the ongoing development of the BCH Direct Respiratory assessment and admission facility in order to provide an alternative to attendance at ED.</p> <p>Ongoing focus remains on seeking to accommodate respiratory patients in respiratory beds and this is monitored monthly. There may be a reclassification of some beds in MIH to provide more respiratory capacity.</p> <p>NCEPOD reports on Noninvasive ventilation have been reviewed and considered. The Trust NIV policy has recently been updated in line with this and the BTS annual national audit of NIV has been carried out and findings due to be reviewed at governance meetings shortly</p> <p>The service has responded to NICE guidance compliance reports and, in the main, are generally compliant although ILD services still fall significantly short of required standards.</p>	
<p>2. Effective arrangements should be in place to ensure appropriate integrated pathways for adults and children across community, primary, secondary and tertiary care.</p>	<p>Trust responses should demonstrate plans to:</p> <ul style="list-style-type: none"> • Implement the safe discharge paediatric asthma care pathway. • Develop effective monitoring and evaluation methodologies to 	<p>The Trust have developed a more formal ILD MDM but still lack admin support to make this sustainable. There is no ILD respiratory nurse which is a major deficiency in the service. To implement the NI service model for ILD, funding is urgently required for this.</p>	

		<p>record relevant service and patient level data</p> <ul style="list-style-type: none"> • Manage the 'local network' for respiratory care through Integrated Care Partnerships. • Develop and implement the agreed NI service model for patients with Interstitial Lung Diseases. • Develop CCG guidance and referral pathways for pulmonary rehabilitation, home oxygen and sleep disorder services. 	<p>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 This is fully implemented and we contributed to the regional review of community respiratory teams with the PHA</p> <p>CCG referral guidance is being developed for sleep disorders and the Trust would hope these might be approved and implemented in coming months.</p> <p>(May need a paed's response)</p>	
3.	<p>Effective arrangements should be in place to promote self-management, self-directed care and other suitable training programmes for patients.</p>	<p>Trust responses should demonstrate plans to deliver referral pathways to appropriate self-management programmes including pulmonary rehabilitation and further lifestyle improvement and maintenance programmes.</p> <p>Plans should reflect the concepts of co-design and co-production in improving and developing services in line with the <i>Delivering Together</i> agenda.</p>	<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>An Acceptance and Commitment Training (ACT) Programme is established for patients with psychological issues such as anxiety/depression</p>	
4.	<p>Effective arrangements should be in place to support the development of networked services</p>	<p>Trust responses should demonstrate plans to:</p> <ul style="list-style-type: none"> • Review the procurement of long term ventilation services and 	<p>BCH Direct provides a means whereby GPs and community respiratory teams can avail of a same day respiratory assessment service.</p>	

<p>across Northern Ireland for the following:</p> <ul style="list-style-type: none"> • Long term ventilation (LTV)) • Ambulatory Care Pathways in the Unscheduled Care Reform Programme including Home IV antibiotics services. • Implementation of COPD, bronchiectasis, paediatric and adult asthma audit recommendations. 	<p>implement the relevant recommendations.</p> <ul style="list-style-type: none"> • 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. 	<p>All recommendations from the COPD audit are being implemented.</p> <p>We have not received any additional funding to appoint an ILD Nurse Specialist and this remains a gap in our service provision for patients with ILD</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> <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 procurement team for Non-Invasive Ventilation (NIV) provision. This is now operational. The Trust are also represented on the regional procurement for the Oxygen Service.</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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Stroke Services (7)

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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. Capacity within RABIU is limited impacting on accessibility.	
2. Effective arrangements should be in place to ensure that all stroke patients are admitted in line with NICE guidance.	Trust responses should outline plans to review their operational protocols for admission and develop processes that ensure more than 90% of acute stroke patients are admitted to a stroke unit as the ward of first admission within 4 hours	<p>The admission protocol is that patients with stroke are admitted directly to the stroke unit. Work is ongoing to ensure that patients are admitted to the stroke ward this includes;</p> <ul style="list-style-type: none"> • Maintaining a protected Lysis bed. • The establishment of an ambulatory stroke assessment bay- 23hrs maximum stay • TIA Stroke Day Assessment Service <p>The reasons that prevent direct admissions to the stroke unit are;</p> <ul style="list-style-type: none"> • Delayed discharges of complex stroke patients with extensive domiciliary care needs • Delays in repatriation of patients outside the Belfast Trust which is being address in a repatriation protocol • 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 Site Control Room 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 specialist spasticity services for stroke survivors.	Trust responses should develop a regional pathway for the management of spasticity after stroke.	Low level Spasticity treatment is provided at ward level. Speciality Spasticity Services are provided at the RABIU	
4.	Effective arrangements should be in place to provide thrombolysis as a treatment for acute ischaemic stroke (CPD 4.8).	Trust responses should demonstrate initiatives to ensure at least 16% 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.	This requirement relates to Section 3.1 -4.8 There is a Lysis pathway which pre alerts the team to the potential stroke patient's arrival ensuring that patient is considered for Lysis without delay. Door to needle times are continuously monitored, in conjunction with the stroke team and ED teams to review 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 (CPD 4.8).	The Belfast Trust response should demonstrate plans for the continued development of regional stroke mechanical thrombectomy services as per the NICE guidance.	This requirement relates to Section 3.1 -4.8 The Regional Stroke Network has worked to ensure that Thrombectomy services are in place 12/5 from September. With a plan in development stages to extend to a 24/7 Thrombectomy service in time. As this service increases there would need to be consideration to protect an additional bed for Thrombectomy.	
6.	Effective arrangements should be in place to provide assessment within 24 hours of all suspected TIAs on a 7 day basis.	Trust responses should demonstrate plans to provide ambulatory services for suspected high risk TIA patients seven days a week, in line with NICE (NG128)	Stroke service offers a 7-day assessment stroke service which include a new ambulatory pathway offering a 23hr turnaround from admission. From April 378 patients have been assessed and treated with only 47 of the patients requiring a longer admission.	
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 provide the required levels of therapy.	The ESD services commenced on the 1 st July 2017. The service offers access 7 days care and rehabilitation to patients with rehab goals.	

MATERNITY & CHILDHEALTH (19)
Maternity & Neonatal Services (11)

R	A	G
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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 so that women are supported to be as healthy as possible at the time of conception to improve outcomes for mother and baby (CPD1.8).	Trusts should continue to work with the Board, Agency and other partners through the maternity strategy implementation group to develop population based approaches and pre-conceptual pathways for women who may become pregnant.	This requirement relates to Section 3.1 -1.8 The Trust will continue to work with HSCB to develop and agree population based indicators and new pathways of care.	
2. 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.	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. Trusts should confirm the collection of data to facilitate the regional outcome focused dashboards developed for maternity and neonatal care under the Maternity Collaborative and Neonatal network.	The Trust is committed to the full use of current systems to enable regional comparative outcomes data.	

3.	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 the multi-disciplinary aspect of the Departmental direction with regard to the child death process is being developed.	Morbidity and mortality MDT's are held throughout the Trust and learning is shared through internal communication.	
4.	<p>Effective arrangements should be in place to ensure that the agreed regional antenatal care pathway is delivered.</p> <p>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.</p>	Trust responses should demonstrate how they will implement the agreed regional care pathway for antenatal care for women with low risk pregnancies to include antenatal group-based care and education (Getting Ready for Baby); and UNICEF Baby Friendly Initiative Standards.	The Trust will work with the HSCB to agree the required actions and resources to implement the regional care pathway.	
5.	Effective arrangements should be in place to ensure that women with complex pregnancies are offered the best possible care in line with national evidence based guidelines.	<p>Trusts should demonstrate how they will deliver services to meet the needs of more complex pregnancies.</p> <p>Responses should evidence:</p> <ul style="list-style-type: none"> • Plans to implement the 'Weigh to a Healthy Pregnancy' programme to provide access to women with a BMI over 38. • Progress in implementing the NICE guidelines on multiple pregnancies, including the delivery of dedicated 'twin clinics'. 	The Trust will work with the HSCB to agree the required actions and resources to address complex pregnancy pathways.	

		<ul style="list-style-type: none"> Plans to implement the regional care pathway for women with epilepsy. 		
6.	Effective arrangements should be in place to offer early pregnancy assessment pathways for women.	Trusts should continue to work with the Board/Agency to support the development and implementation of early pregnancy assessment pathways based on NICE guidelines.	The Trust will work with the HSCB to agree the required actions and resources to develop and implement early pregnancy assessment pathways based on NICE guidelines.	
7.	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 arrangements to monitor the number and care pathway for in-utero and ex-utero transfers between NI and the RoI.	The Trust will ensure that appropriate arrangements are in place to monitor the number and care pathway for in-utero and ex-utero transfers between NI and the RoI.	
8.	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 demonstrate 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.	The Trust will ensure that any dedicated resource made available for AHP support within neonatal services is evidenced.	
9.	Effective arrangements should be in place to care for women who have recurrent miscarriages.	Trusts should continue to work with the Agency and Board to implement the agreed clinical pathway for women who have recurrent miscarriage. Trusts should input as appropriate to the regional MDT for those complex cases.	The Trust will continue to work with the Agency and Board to implement the agreed clinical pathway for women who have recurrent miscarriage. The Trust will participate in the regional MDT.	
10.	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.	The Trust will continue to work to minimise the risk of separation of mothers and their babies within antenatal, postnatal and neonatal services.	

		Trusts should continue to work with the Agency and Board to scope the requirements for transitional care and outreach services.		
11.	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 the Agency and Board to scope out the requirement for additional maternity support workers and how they could be best utilised to support services.	The Trust will work closely with Agency, Board and other Trusts to evaluate the skill mix model relating to maternity support workers.	

Paediatric Services (8)

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ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
1.	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 service which is not provided locally.	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 Board/Agency to develop and test models of care which reduce the reliance on in-patient and secondary care paediatric services. Trusts to implement the regional pathway for the management of patients on high flow oxygen, in partnership with the Critical Care Network by March 2020.	The service is continuing to work in a co-ordinated approach with the Northern Ireland Paediatric Network mapping the pathways to provide equitable provision of high quality clinically effective care provided as close to home as possible, and work is ongoing to develop pathways and referral protocols	
2.	Effective arrangements are in place to support multi-disciplinary learning and service improvement through regular multi-disciplinary morbidity and mortality review.	Trust responses should evidence how the multi-disciplinary aspect of the developing child death process is being progressed.	Regional paediatric network is established and the service have meetings in place to establish a multi-disciplinary working group to map and develop a process to meet all recommendations and requirements	
3.	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.	Belfast, Southern and Western Trusts should demonstrate how they will work with the Board/Agency through the specialist paediatrics group and all-island structures to take forward the implementation of	The service works closely with the All Island Network and recently officially opened the new outpatient facility in June 19 providing specialist clinics, imaging services, day procedure cases, and a specialist research and telemedicine hub in addition to specialist diagnostics and treatment for	

	<p>An increasing number and range of elective cardiac procedures, as well as emergency and urgent cases are now being accommodated in the ROI.</p> <p>The paediatrician with a specialist interest role in cardiology is being established in both Southern and Western Trusts.</p>	<p>the service model for congenital cardiac services set out in the full business case for the All-Island CHD Network.</p> <p>This should include local developments as well as developments planned on an all-island basis.</p>	<p>babies and children. The Trust is committed to developing and providing a cross boarder collaborative model with medical care delivered in Belfast and Crumlin with outpatient services based in Belfast and paediatric surgical procedures performed in Our Lady's Children's Hospital' in Crumlin.</p>	
4.	<p>Effective arrangements should be in place to improve the resilience, sustainability and access to specialist paediatric services</p>	<p>Belfast Trust should advise of any emerging vulnerabilities in specialist services including proposed contingency arrangements to address these vulnerabilities.</p> <p>Belfast Trust should demonstrate arrangements which improve resilience, sustainability and access to specialist paediatric services including:</p> <ul style="list-style-type: none"> • A workplan for the paediatric lead for rare disease by 30 September 2019. • Further expansion of the paediatric centralised waiting list by 30 March 2020, for paediatric surgery, gastroenterology, electroencephalograms (EEG) and neurology. • Network arrangements will be put in place by December 2019 for Paediatric Plastic and Burns 	<p>Paediatric Burns and Plastics - The service is working with HSCB and PHA colleagues to determine an appropriate centre in the UK to develop partnership arrangements with and to provide support for more specialist adult and paediatric cases. This work is ongoing, and will be agreed subject to further discussion and site visits.</p> <p>Paediatric Ophthalmology - Work is ongoing to develop a Paediatric Ophthalmology Network, with the appointment of an 8A manager to deliver this (paed team should be able to develop this further).</p>	

		<p>Services, and Metabolic and Neurodisability Services, with a provider outside NI.</p> <ul style="list-style-type: none"> • A Paediatric Ophthalmology Network will be developed in Northern Ireland by March 2020. • Belfast Trust will ensure work that Paediatric Haematology/ Oncology Service meets Peer Review Standards by the end of October 2019. • The development of a paediatric neuromuscular physiotherapy service will be developed in year. The Belfast Trust should outline how this service will meet the needs of the paediatric neuromuscular service. • Paediatric pharmacy services should be expanded to meet the needs of the RBHSC. • Paediatric AHP service should be expanded to meet the needs of the RBHSC. • An extracorporeal photopheresis (ECP) service has been established. Belfast Trust should demonstrate the service capacity within the service and demonstrate that there are sufficiently trained staffing in NI to sustain the service in the longer term. • Ensure timely and appropriate access to paediatric trauma and orthopaedic services. 		
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5.	Effective arrangements should be in place to implement the Paediatric Red Blood Screening Strategy by January 2020 and ensure that patients admitted have dietetic support when required.	<p>A dietetic team will be in place to ensure that patients with Inherited Metabolic Disorders (IMD) have sufficient dietetic support in hospital.</p> <p>Additional investments in paediatric metabolic services are designed to ensure that the vulnerable paediatric metabolic service is further strengthened and enabled to implement the red blood screening strategy.</p> <p>Belfast Trust should demonstrate how this additional capacity will meet the needs of the Strategy.</p>	The Trust is committed to meeting with PHA to develop processes ensure paediatric patients identified by the Blood Screening Process are followed up with appropriate metabolic services ensuring early diagnosis and effective interventions	
6.	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 demonstrate arrangements for same day and next day assessment of children where this is deemed appropriate.	The Trust will discuss and agree the actions and resources required to deliver this objective.	
7.	Effective arrangements should be in place to deliver a sustainable scoliosis service.	<p>Belfast Trust should demonstrate how it will:</p> <ul style="list-style-type: none"> • deliver a timely and effective scoliosis service and waiting lists are accurate, consistent and compliant with extant DoH guidance; • ensure commissioned capacity is fully utilised (RVH, MPH and RBHSC) and is accessible; • deliver scoliosis surgery within ministerial targets; 	The Trust will discuss and agree the actions and resources required to deliver this objective.	

		<ul style="list-style-type: none"> • submit a formal escalation plan for any projected breach. 		
8.	<p>Effective arrangements should be in place to ensure children and young people receive age appropriate care up to their 16th birthday.</p>	<p>Trust responses should demonstrate that their paediatric services can accommodate children up to their 16th birthday.</p> <p>Trust responses should also demonstrate plans to ensure that children's care is provided locally and only transferring to RBHSC to access tertiary services.</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.</p>	<p>The service has established working groups and is reviewing age appropriate care and safeguarding within paediatric services</p> <p>The Service is committed to be a provider of safe, high quality, effective and compassionate care to children, young people and their families.</p> <p>The Service is increasing user involvement from children, young people, families and carers in service provision and delivery</p> <p>The service is engaged in reviewing and improving transitional care for adolescences to adult services</p>	

MENTAL HEALTH (9)

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ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG	
1.	Effective arrangement should be in place to deliver Phase 1 of the Regional Trauma Network which will provide treatment for people with complex Post Traumatic Stress Disorder (PTSD) (as identified in the Stormont House Agreement).	Trust responses should demonstrate plans to recruit multi-disciplinary teams to work with the Victims and Survivors Service to deliver evidence based therapies to people with complex Post Traumatic Stress Disorder (complex PTSD) symptoms as a result of the trauma of the NI Troubles / conflict. Trusts should also develop services build for people with similar clinical presentation from marginalised / hard to reach groups.	The Belfast Trust has established Trauma service provision for adults (Troubles Related) and children/families, providing evidence based interventions for complex posttraumatic stress disorder. The Trust is working with the Regional Network to deliver and develop these services in line with developments across the Region. The Trust has recruited additional staff to the existing multi-disciplinary teams and in line with Regional priorities, is working closely with the Victims and Survivors Service in preparation for roll out of Phase 1 of the Network.	G	
2.	Effective arrangements should be in place to develop enhanced mental health liaison services in acute general hospitals.	The NHSCT response should provide plans to consolidate their enhanced mental health liaison service and extend to the Causeway hospital including people under 18 years and people with a learning disability in acute general hospital settings. BHSCT, SEHSCT, SHSCT and WHSCT responses should detail plans to extend the availability of their mental health liaison services and develop costed delivery plans for a full fidelity model.	Belfast Trust had plans in place however due to a significant reduction in funding these plans have been postponed and will be revisited next year subject to funding. The Trust has used the reduced funding to appoint additional mental health practitioners to the Unscheduled Care Team to improve response times to Emergency Departments which are currently outside of the 2 hours waiting time target. The Unscheduled Care Team will become part of the Enhance Mental Health Liaison Service subject to additional funding.	A	
3.	New legal requirements for HSC Trusts to provide systems and	Trusts should develop arrangements and the infrastructure required to	The Trust is working with the HSCB and other Trusts to agree the processes required and	G	

	<p>processes to implement and administer the Deprivation of Liberty requirements from the Mental Capacity Act (Northern Ireland 2016) will be enacted from 1 October 2019.</p>	<p>enable them to discharge new statutory duties for assessing capacity and authorising deprivations of liberty as required by the Mental Capacity Act (Northern Ireland) 2016. This should include:</p> <ul style="list-style-type: none"> • Arrangements for assessments of mental capacity, best interests, medical examinations and the completion of associated reports. • Operating HSC Trust multi-disciplinary panels for the approval of applications for a deprivation of liberty. • Arrangements for short-term detentions • Administrative and governance infrastructure to support the operation of short-term detentions, Trust DoL Panels; monitor forms and processes; and report on activity as required. • Cover expenses for the provision of Medical Reports by authorised medical practitioners that are not directly employed by the HSC Trusts (generally the patients GP) • Release key staff to complete the training required to authorise them to perform legal duties and functions (including; complete formal assessments of capacity; make Best Interests determinations; provide prescribed medical reports; make application 	<p>resource implications of the implementation of the Act. The Trust has established an Implementation team and project structure to support the implementation of this new legislation.</p>	
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		to the Trust DoL panel; sit as a member of a Trust Panel).		
4.	Effective arrangements should be in place to implement the recommendations from the review of acute mental health services	Trust responses should detail plans to engage in the development of a regional mental health collaborative to implement the reforms recommended by the Review Team, particularly in relation to mental health inpatient treatment and care.	The Trust is currently engaging with the other Trusts, HSCB, and DOH in the development of a regional collaborative. This is being led by HSCB and DoH.	
5.	Effective arrangements should be in place to implement the recommendations from the review of acute mental health services. The review also identified deficits in the regionally consistent quality and performance information to support robust strategic planning.	Trust responses should demonstrate plans to join the NHS Benchmarking Scheme for adult mental health services to improve the quality of performance information to support robust strategic planning.	Belfast Trust has been a longstanding member of the NHS Benchmarking Scheme.	
6.	Effective arrangements should be in place to implement the recommendations from the review of the Addictions Care Pathway including substitute prescribing (CPD 1.14).	Trust responses should demonstrate plans to revise and reform their Addictions Services in line with the recommendations of the review when it is completed.	This requirement relates to Section 3.1 -1.14 We are still awaiting the final draft of the review of the Addictions Care pathway to be formally issued to Trusts. We are actively involved as required in the working groups contributing to this review and at the request of the HSCB in advance of the issuing of the report, have identified staff to participate in specific work streams	
7.	Develop a stepped care pathway for the enhancement and further development of dedicated perinatal mental health services.	Provide timely access to high quality mental health care and treatment to women in pregnancy and early postpartum. Ensure the needs of the women are met and the potential risk to both mother and child are minimised	The Trust has been involved in the development of a Regional business case, which has been submitted to the Dept. of health with a proposal for a mother and baby unit and specialist teams in each of the five trusts. BHSCT has been in the forefront of service development in the area and has built up a	

		Provide services and support to prevent avoidable relapses and reoccurrence in vulnerable women	<p>considerable expertise across the different disciplines.</p> <p>Currently the trust has a small perinatal community team including a part-time consultant and 1.5 w.t.e keyworkers. More recently, the team has been able to access input from a parent infant psychotherapist. The team has developed close links with maternity services, the Home treatment team, addiction services and the self-harm/ personality disorder service. Unfortunately, due to the teams limited resources it has had to focus on women with a history of psychosis, to the exclusion of women with non-psychotic illnesses. The service has developed outline proposals to expand these services (subject to business case approval).</p>	
8.	Effective arrangements should be in place to ensure the continued recruitment and retention of Approved Social workers (CPD 8.10).	Trust responses demonstrate plans to review their current ASW model to ensure current and future demand for services is met.	<p>This requirement relates to Section 3.1 -8.10</p> <p>The Trust has increased the number of ASW's being trained to a minimum of 7 each year for the last four years. Current arrangements are being reviewed to incorporate the requirements under the first implementation phase of the Mental Capacity Act to ensure there is capacity to meet the needs of both mental Health Order and the Mental capacity Act.</p>	
9.	Effective arrangements should be in place to ensure an appropriate skill mix in community mental health teams with reference to best practice evidence and recommendation with Delivering care Phase 5b (Nursing).	Trust responses should demonstrate plans to fill vacancies and improve capacity, including peer support workers to enhance community teams recovery focused practice.	Belfast Trust Mental Health services has recruited 10 peer support workers across all mental health services including 4 in the new inpatient unit. The service is currently undertaking a workforce review to ensure that the skill mix across all services is appropriate.	

PALLIATIVE & END OF LIFE CARE (5)

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ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
<p>1. Effective arrangements should be in place to embed Advance Care Planning within operational systems.</p>	<p>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.</p>	<p>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.</p> <p>The Trust electronic palliative and end of life coordination system includes details on each identified person’s record of advance care planning discussions, enabling staff to record and be aware of when ACP discussions have been initiated, refused, deferred and completed. The ongoing work to enhance identification via referral processes and call management will also support enhancement of awareness and initiation of advance care planning discussions.</p> <p>Over 100 hospital wards, clinics and community 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 this up to date. Advance care planning training is ongoing and encouraged for all appropriate staff.</p>	<p>RAG</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. Plans for 2019/2020 in conjunction with artists in residence seek to build on this work and create more awareness using social media opportunities, culminating in Dying Matters Awareness Week 2020.</p> <p>The focus for 2019/20 is to ensure these systems are embedded into practice across the Trust and all areas are committed to full implementation.</p>	
2.	<p>Effective arrangements should be in place to improve the identification of palliative care patients in primary care – identification prototype. (CPD 3.4)</p>	<p>Trust responses should demonstrate plans to ensure that practices taking part in the identification prototype are supported to hold regular MDT meetings [details of practices taking part in the prototype will be shared with Trusts].</p>	<p>This requirement relates to Section 3.1 -3.4</p> <p>The Trust is committed to identifying patients in any setting. Within Trust hospitals senior management ward walk arounds 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. The Trust is committed to enabling district nursing and specialist teams to attend GP-led multidisciplinary palliative care meetings. This is dependent on GP practices initiating these monthly meetings and inviting relevant community staff, something which</p>	

			is currently limited in Belfast. Updates on the practices signed up to this has been sought,	
3.	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.	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.	As the key workers for patients requiring palliative and end of life care District Nurses in the Belfast Trust provide a rapid response 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 is reviewing the current out of hour's services and identify any gaps in service provision. The Marie Curie Rapid Response service (part of the overall Palliative bid) commenced in February 2019. This was gradually implemented as not all of the staff required had been recruited by Marie Curie. We are currently reviewing this service and have a meeting planned for 3 rd September 2019 with Marie Curie, Trust Business Service Planning and Contracts and Community Health Nursing.	
4.	Effective arrangements should be in place to implement a specialist palliative care out of hours advisory rota across the region.	Trust responses should demonstrate plans to ensure commitment to working collectively and with voluntary partners to develop a sustainable model to provide access to specialist palliative care advice out of hours.	The Trust's specialist palliative care team is represented on the Out of Hours Specialist Palliative Care Advice Service Task and Finish Group, and will continue to support the work of this Group.	
5.	Effective arrangements should be in place to improve the education and training of the professional workforce in palliative care.	Trust responses should demonstrate plans to support staff to attend relevant courses to strengthen palliative care capacity.	The current focus of education and training is our Goals of Care workstream and Hospital Anticipatory Care Planning (HACP) discussions. These act as a catalyst for identification, communication and	

			<p>further advance care planning. Having been initiated within with respiratory, this is now being implementing across a dozen championing areas, including nephrology, hepatology, cardiology and neurology,</p> <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>Plans for an education facilitator to support the Palliative and End of Life Care Service Improvement Programme are ongoing with the aim to embed good palliative care across the trust under our tenet that "palliative care is everyone's responsibility".</p>	
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PHYSICAL DISABILITY (4)

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ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
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.	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>The Service Area continues to work with Children's Services to ensure there is effective transitional planning from Children's to Adults. A protocol has been developed to facilitate the transition which includes co-working for a period of time.</p> <p>The Trust continues to liaise closely with the BELB Transitions Coordinators for schools providing special education to ensure appropriate and timely transitional planning. Trust staff attend multi-disciplinary meetings to plan this transition and provide support and advice to families as well.</p> <p>The Service Area continues to work to an agreed protocol and pathway when transitioning from Adults to Older People's. This ensures there is a seamless transition between the two Service Areas.</p>	
2. Sensory Loss pathways to ensure people with sight loss and/or hearing loss are implemented to deliver better outcomes for service users	Trust responses should demonstrate effective proposals to implement sensory loss pathways bridging community and acute sectors.	One of the inter-agency Regional Sensory Implementation Groups (RSIG) met to develop the pathways and these have been agreed. They have been presented to the HSCB for consultation and implementation.	
3. Effective arrangements should be in place to develop a Physical and Sensory Disability structure/ network which facilitates regional, multi-agency strategic planning for	Trust responses should demonstrate equitable access to Health and Social Care for people with Physical and Sensory Disability including: Access	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	

	<p>the needs of people with Physical and/ or Sensory Disability.</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 and 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 standards. <p>Equipment</p> <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>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, the foyer at Belfast City Hospital and more recently the Mater A&E department.</p> <p>People with a physical disability are referred to Occupational Therapy (OT) and assessed by them for assistive technology. Service users with sensory loss are provided with support and advice on assistive technology by the Sensory Support Team.</p> <p>Although the Physical and Sensory Disability Strategy has come to an end, the 5 regional Sensory Support Teams have continued to be involved in developing a Regional Communication Support Service with the aim of standardising interpreting and communication support regionally, sensory care pathways, regional sensory training framework for all trust staff and developing a regional equipment procurement.</p> <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.</p> <p>The Trust is continuing to work with a voluntary organisation to develop a rehabilitation unit for people with Alcohol Related Brain Injury. A Clinical Lead has been employed and it is hoped that the unit will be operational by April 2020.</p>	
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			<p>There continues to be 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>	
4.	<p>Trusts and their independent sector suppliers 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>	<p>Trust responses should demonstrate plans to ensure all HSC staff including HSC provider staff in Community and 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>	

POPULATION HEALTH (12)

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ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
<p>1. Effective arrangements should be in place to reduce the levels of obesity within the NI population, particularly in those aged 0-5 years. (CPD 1.2)</p>	<p>Trusts responses should demonstrate plans to provide individuals with knowledge, skills and opportunities to make healthier choices in relation to nutrition and physical activity. Trust responses should also set out plans to implement a regionally consistent, family focussed weight management programme engaging health visiting teams.</p>	<p>Refer to responses in Section 3.1 – 1.2</p> <p>The Trust continues to work with the PHA and others to reduce the levels of obesity in the Belfast area.</p> <p>Currently the Trust is progressing with clinical and other health promotion activities across acute and community services to deliver, for example:</p> <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! and Food Values programmes in addition to obesity reduction related reactive education sessions and production/update of nutrition resource leaflets such as Food for teenagers • Internal and external partnership links to work within the Trust to support activities aimed at promoting healthy staff and visitor catering • Health and Lifestyle Facilitators - trained to deliver a variety of nutrition and physical activity programmes and initiatives across community, voluntary and statutory sectors 	<p>G</p>

			<ul style="list-style-type: none"> • 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 addressing nutrition awareness in schools as part of their programme delivery. 	
2.	Trust responses should demonstrate plans to implement the “Tobacco Control Strategy”, including smoking cessation services. (CPD 1.1)	Effective arrangements should be in place to reduce the number of pregnant women, manual workers and young people who smoke.	<p>Refer to responses in Section 3.1 – 1.1</p> <p>The area of smoking prevention and cessation continues to be a key priority for the Trust’s Health Improvement Team. The Smoking Cessation Team offers specialist stop smoking support and advice to hospital, mental health and maternity patients in addition to 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 guided 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</p>	

			<p>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 Smoke Free Wardens who liaise with service users, visitors and staff who smoke on Trust sites. The wardens advise on the terms of the smoke free policy and signpost individuals to the Smoking Cessation Service and other relevant external support available.</p>	
3.	<p>Effective arrangements should be in place to reduce Healthcare Associated Infections (HCAIs) including Surgical Site Infections (SSIs). (CPD 2.3)</p>	<p>Trusts, supported by PHA, should develop and deliver improvement plans to reduce infection rates for all HCAIs including Esherichia coli, Klebisella spp. and pseudomonas aeruginosa in line with the Departmental objectives. This will be monitored via PHA surveillance programmes for HCAIs and SSIs.</p>	<p>Refer to responses in Section 3.1 – 2.3</p> <p>The total incidence for 2018/19 was 218 – 3 % less than last year and 8% over the target (201) – a reduction of 11%. This is a trial year to establish a baseline.</p> <p>The Trust is compliant with PHA reporting of Gram negative bacteraemia but is not undertaking data collection on enhanced risk factors.</p>	

<p>4.</p>	<p>Effective arrangements should be in place to support women during pregnancy. (CPD 1.10)</p>	<p>Trust responses should demonstrate plans to ensure delivery of the Family Nurse Partnership Programme, ensuring women who are eligible are assisted to have “a healthier pregnancy” and give our children and young people the best start in life, providing developments in health visiting, early intervention services and family support hubs.</p>	<p>Refer to responses in Section 3.1 – 1.10 Health Promotion update The Health Improvement Team Stop Smoking Service for Pregnant Women is commissioned in support of the DHSSPS Ten Year Tobacco Control Strategy (Feb 12) This service aims to address a number of themes and outcomes specifically relating to “Making Life Better” – a whole system strategic framework for public health The service is delivered with reference to a number of NICE guidance documents on tobacco control/smoking cessation such as: NICE (2006) public health intervention guidance no. 1 37 NICE (2007) public health intervention guidance no. 5 38 NICE public health guidance 10 39 NICE public health guidance 26 40 NICE public health guidance 23</p> <p>The main objective is to provide a smoking cessation service to pregnant smokers and their partners attending services within the hospital or community setting. All pregnant women have CO levels monitored which triggers a referral if appropriate to the midwife smoking Cessation practitioners. The service will:</p> <ul style="list-style-type: none"> - Reduce the number of women smoking during their pregnancy (and post birth) - Reduce the number of partners smoking during the pregnancy period (and post birth) - Support pregnant women to quit smoking or to think about quitting smoking in the future 	
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			<ul style="list-style-type: none">- Support partners of pregnant women to quit smoking or to think about quitting smoking in the future- Reduce pre and post-birth complications- Raise awareness of the importance and benefits of quitting smoking (via direct service delivery)	
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			<p>Childrens' Community update The Belfast Trust offers Family Nurse Partnership (FNP) to a bespoke number of teenage mothers. During the initial implementation phase it was agreed that FNP would be offered to 100 mothers based on 5 Family Nurses. Recent transformation funding has resulted in the recruitment of an additional 2 WTE Band 7 Family Nurses. The Belfast Trust has recruited these posts on a permanent basis and 2 new Family Nurses have been in post since Jan/Feb 2019. This expansion will enable roll-out of the programme on a Trust wide basis and will facilitate programme delivery to 135 FNP clients (once team caseloads have reached full capacity). Recruitment of clients is ongoing. Currently, not all teenage mothers in BHSCT have equal access to the FNP programme due to limitations in funding impacting on trust wide FNP service provision.</p>	
5.	<p>Effective arrangements should be in place to promote and maintain Baby Friendly Initiative standards. (CPD 1.3)</p>	<p>Trust responses should demonstrate plans to increase local breastfeeding initiation and sustainability rates including provision of breastfeeding training for midwives, health visitors, Sure Start staff, neonatal nurses and AHPs.</p> <p>Trusts should also demonstrate plans to ensure availability of peer support, increase access to information and support from maternity support workers in the early post-natal and neonatal period and implement electronic tracking of donor milk. Any other local</p>	<p>Refer to responses in Section 3.1 – 1.3 2 day Breastfeeding and relationship building provided in house as mandatory to all midwifery, Health Visiting and neonatal nurses. Additional Neonatal courses offered through external Unicef UK BFI course provision funded by PHA. Unicef UK BFI Breastfeeding and relationship building training is provided to all relevant sure start staff both in house and external courses also procured through PHA. Online UNICEF training available for GP's and Paediatricians. Unicef are currently looking at training for dieticians and medical students. Maternity Support workers attend the in house 2 day breastfeeding and relationship building training.</p>	

		<p>Breastfeeding Programmes should be included.</p>	<p>NIFN NI which includes representation from BHSCT has been asked to comment on glossary of terms which is being developed whilst looking at the use and tracking of donor breastmilk.</p> <p>BHSCT accept antenatal referrals into Breastfeeding Peer support service along with providing specific antenatal breastfeeding workshops.</p> <p>Specialist support service available for women experiencing complex breastfeeding challenges. 3 qualified lactation consultants available within the breastfeeding team who all provide specialist support.</p> <p>Peer support service continues to be provided by BHSCT. Managed by Breastfeeding Peer Support Coordinator. Contact with mothers consented by Breastfeeding Peer Support Link Worker. Currently 47 active peer volunteers across BHSCT.</p> <p>New post generated in BHSCT community – Band 4 Breastfeeding Support Worker. Working alongside rest of infant feeding team providing additional community based infant feeding support.</p>	
<p>6.</p>	<p>Effective arrangements should be in place to support the Frailty Agenda including falls, physical activity, mild cognitive impairment (MCI)/dementia, nutrition Isolation and loneliness.</p>	<p>Trust responses should demonstrate plans to ensure delivery of the implementation of Frailty pathway including falls prevention, promotion of physical activity and nutrition, approach to MCI/dementia, approaches to isolation and loneliness.</p>	<p>Health Improvement Team/BH DU deliver in partnership on the Strength & Balance programme aimed at >65Yr olds at risk or who have had a fall. Health Improvement deliver on a suite of training including Armchair Aerobics that address the frailty agenda</p>	

<p>7.</p>	<p>Effective arrangements should be in place to provide services to people who are homeless as these individuals often experience very challenging health inequalities, including a much lower life expectancy.</p>	<p>Trust responses should demonstrate plans to ensure a multifaceted issue/ approach/ solutions to different types of homelessness, including plans for those with complex needs such as apainddictions.</p> <p>Trusts should include the range of services for Homeless people including information on access and referral to services and specific care pathways for a range of acute and long term health conditions and access to support for mental health and substance misuse issues.</p>	<p>BHSCT Inclusive Health Service (BIHS) is a dedicated nurse lead service set up specifically to address/ improve the health and health care experience of those experiencing homelessness. The service delivery model is a “door step” in approach bringing services to a range of locations within the Belfast area including:</p> <ul style="list-style-type: none"> • 20 hostels for those experiencing homeless • 2 night crash facilities and 2 day centres • Street Outreach bus • Drug outreach clinic once weekly • Sex worker clinic weekly <p>The following services are provided:</p> <ul style="list-style-type: none"> • Health Assessment • Screening of general health • Specialist screening including -Blood-borne virus and syphilis screening, Specific screening for those injecting drug users and sex workers • Sexual Health Screening • Immunisations (Flu, Hepatitis B) • Referral pathways (Social Services, case management, GP, Podiatry, Hepatology, Drug outreach, GUM clinic, Emergency Department • Health Promotion and Health Education • Training/advice and support for hostel staff – needle stick, awareness of infection control issues, medication management and undertaking general and specific risk assessments. • Attendance at Multidisciplinary meetings such as fortnightly ‘persons of concern’ meeting with NIHE 	
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			<ul style="list-style-type: none"> • Advocacy role - interacting on behalf of individuals when experiencing barriers in accessing services. <p>The service works in partnership with statutory and voluntary sector agencies, has involvement in shaping policy and strategy for this population and is committed to delivering together to enable meaningful change for those experiencing homelessness.</p> <p>Recent Transformation funding has enabled further developments including:</p> <ul style="list-style-type: none"> • Bespoke premises • Dedicated GP sessions, • Enhanced Nursing hours including ED In-reach/Out-reach service • Podiatry services • Dentistry sessions <p>BHSCT has set up a multidisciplinary implementation team to take forward and support the BIHS team.</p>
8.	Effective arrangements should be in place to increase the number of childhood immunisations.	Trusts should demonstrate plans to increase childhood immunisations, especially where uptake is below target levels or the rates of uptake have decreased.	<p>Review of uptake of pre-school immunisations and improvement work on going with GPs. PHA has also addressed immunisation with GPs. PHA is due to meet with Trust re uptake and improvement work.</p> <p>Changes have also been made to Child Health System including the removal of default lists and scheduling of children to different appointment slots to improve attendance.</p>
9.	Effective arrangements should be in place to ensure de-escalation of patients presenting to trusts and emergency services with emotional and social crisis. (CPD 1.13)	Trusts should demonstrate plans to enhance OOH capacity and effectively reduce presentations to ED and unscheduled care for individuals who are in social and emotional crises.	<p>Refer to responses in Section 3.1 – 1.13</p> <p>The Trust expects to deliver against the target. The Crisis De-escalation Service (CDS) was a pilot funded by the PHA and established with Inspire NI and the Belfast Trust.</p>

10	<p>Effective arrangement should be in place for HSC facilities to lead by example in preventing obesity by adopting minimum nutritional standards developed in partnership by PHA, Food Standards Agency and Safe Food.</p>	<p>Trusts should demonstrate plans to effectively implement regionally agreed minimum Nutritional Standards in HSC settings.</p>	<p>Menu/recipes now standardised across the Trust and coded in collaboration with Dietetic colleagues in respect of nutritional content.</p> <p>Catering outlets now incorporate healthy options of staff/customers.</p> <p>In circumstances where vending options exist the Trust has worked with the contract provider to display the nutritional content of soft drinks and promote water as an alternative. Additionally we have negotiated a 60/40 split with regard to the snacks available in favour of healthier choices.</p> <p>Calorie Award Scheme Catering are working towards achieving this award by end September 2019.</p> <p>Minimum Nutritional Standards Working towards rolling out a Level 1 Award in Nutrition for Health. First course to take place in September, and to be attended by a number of managers and supervisors from all sites.</p>	
11	<p>Effective arrangements should be in place to ensure consistency in provision of and availability of workplace health to employees in all HSC settings. (CPD 8.9)</p>	<p>Trust responses should demonstrate plans to adopt consistent approaches in line with the agreed WHO model for workplace health.</p>	<p>Refer to responses in Section 3.1 – 8.9</p> <ul style="list-style-type: none"> • BHSCT is an active member of the PHA led PfG Healthier Worplaces network with agreed regional action plan and TOR. • BHSCT has signed up to HSC Staff Health & Well Being Charter • BHSCT bwell Steering Group/Sub Group and allied Stream groups work to provide a myriad of staff health and well-being activity including provision of dedicated bwell website/ app, health fairs, bespoke training, weight 	

			management, Couch to 5K, Here4U free portfolio of activities provision	
12	Effective arrangements should be in place to Implement Infant and Perinatal Mental Health workforce and service development. (CPD 1.11)	Trust responses should demonstrate plans to provide Infant and Perinatal Mental Health training for all relevant staff.	Refer to responses in Section 3.1 – 1.11 Health Improvement employ an Adv. Health Improvement Practitioner in a PHA funded Child Development Interventions Coordinator role to support Solihull Approach, Incredible Years training and progression of an Infant Mental Health Strategy	

SEXUAL HEALTH (10)

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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.	<p>The Belfast Trust response should demonstrate actions to refine and develop the Further Education model for delivering sexual health and wellbeing services/initiatives to individuals under 25 years of age.</p> <p>Other Trusts should demonstrate the numbers of schools and staff that have received training from the Sexual Health Teams as a percentage of the total number of schools that need to have access to training.</p>	<p>Children’s Community Services</p> <p>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>	
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.</p> <p>Trust responses should demonstrate actions to strengthen sexual health service provision for routine patients closer to home in collaboration with Primary Care Providers through partnership and collaborative working.</p>	<p>GUM have a telephone triage line where patients phone in to make appointments. Appointments are streamed into appropriate clinics with urgent patients offered an appointment within 48 working hours. Patients can also walk into GUM during opening hours and will be seen that day if having been triaged as emergency/urgent.</p> <p>GUM Clinic work with colleagues in HSCB/PHA to identify extra resources required to meet the ever increasing demand on GUM services.</p>	
3. Effective arrangements should be in place for patients to access telephone and online advice for clinical sexual health matters	Trust responses should demonstrate how the agreed mobilisation process to implement an on-line STI service will be promoted and how the Trust will	The Public Health HYPE Team has established a fast track referral pathway to GUM services for vulnerable and isolated young people.	

	<p>including family planning and sexually transmitted infections.</p>	<p>support the NHSCT based pilot in 2019/20.</p>	<p>Health Improvement Team (PPI) Sexual health information is also listed on the BWELL website (including links to the above websites/pages).</p>	
<p>4.</p>	<p>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 the Public Health Agency.</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 Addendum) through the work of the Belfast Area Sexual Health Project Board. The commissioning arrangements with PHA have changed; as PHA has taken back all of the contracts that BHSCT had previously managed.</p> <p>Health Improvement continue to lead on the coordination of the Belfast Area Sexual Health Project Board and the 'Sexual Health Comms Group'. 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>Children's Community Services The Public Health HYPE Team deliver personal development programmes, using a peer education model to access isolated and vulnerable young people.</p>	

			The programmes are facilitated in a group or individual basis depending on the needs of the young people.	
5.	Effective arrangements should be in place for Trust Health promotion staff to support the whole schools model of Relationships and Sex Education (RSE) provided by the BHSCT Sexual Health team.	Trust responses should demonstrate plans to continue to provide support through their staff to those schools who receive whole school which RSE training in their area as required.	Trust Health Improvement (HI) Staff are available to provide support as and when required. HI Staff involved in Council for the Curriculum, Examination and Assessment (CCEA) "Relationships and Sexuality Education (RSE) Project" Stakeholder Group.	
6.	Effective arrangements should be in place to provide integrated sexual health services to vulnerable parts of the population	Trust responses should demonstrate plans to develop the co-location of GUM and Sexual Reproductive Health service delivery in geographical areas of need, and to vulnerable populations e.g. in prisons and children's homes.	Children's Community Services 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.	
7.	Effective arrangements should be in place to ensure that HIV prevention clinics are established for high risk groups.	Belfast and Western Trust response should confirm the timescales for implementing the HIV/PrEP clinics. Each Trust response should also confirm that the patient pathway and eligibility criteria for accessing these clinics have been shared The Board/Agency will work with each Trust to put in place formal arrangements to monitor and evaluate these clinics given that they have been funded through the transformation process.	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.	
8.	Effective arrangements should be in place between local and regional GUM services to support a prototype HIV high risk reduction clinic within the defined agreed	Trust responses should demonstrate how they would support and monitor the effectiveness of the additional weekly clinics in the Belfast and Western Trust for those identified as	A regional GUM prototype HIV high risk reduction clinic has been in place within BHSCT GUM Clinic from July 2018 with all patients being assessed within the defined agreed eligibility criteria for the administration of PrEP. This is a TIG project and	

	eligibility criteria for the administration of PrEP as part of a regional and clinically agreed risk reduction package for the assessed patient.	high risk and meeting the agreed eligibility criteria.	GUM are working on an evaluation of this prototype clinic to support permanent funding to be made available in April 2020.	
9.	Effective arrangements need to be put in place to ensure sustainability of clinical sexual health services	Trust responses should demonstrate actions to identify staff training and succession planning needs and communicate these to appropriate regional workforce planning colleagues in the Agency.	BHSCT S&RH Service, including SET which are still managed by BHSCT, are coming under increasing workforce pressure due to aging workforce and inability to recruit due to delay in split with SET and also the lack of trained medical and nursing staff. Through 19/20, BHSCT will work with colleagues in medical and nursing workforce planning to identify gaps in service and training to improve ability to recruit.	
10	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.	Trust responses should demonstrate actions to ensure the identification of staff who require training in sexual health promotion and deliver of training as required, including learning disability sexual health training.	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.	

SPECIALIST SERVICES (10)

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ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG	
1.	Effective arrangements should be in place to ensure: <ul style="list-style-type: none"> New patients continue to access previously approved specialist drug therapies. Access to new NICE TAs, HSTs and other NICE recommended therapies during 2019/20. 	Trust responses should demonstrate how they will engage with the Board 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.	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. 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	
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 Board/Agency membership of the national Rare Disease Advisory Group ensures that Northern Ireland is fully engaged in the planning and evaluation of highly specialist services	Belfast Trust should develop by the end of September 2019, a stakeholder engagement plan to work with local Trusts and national colleagues, the HSC and NI RDP in identifying opportunities to further implement the NI Rare Disease Implementation Plan in respect of adult and paediatric services. Workplan for the adult lead for rare disease by 30 September 2019 (see also Specialist Paediatrics).	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. 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	
3.	Effective arrangements should be in place to deliver a future model for consultant staffing to ensure	Belfast Trust should work with Board/Agency and DoH to finalise by September 2019 the future model for	The Adult Infectious Disease Service has a service level agreement in place at the moment with Newcastle (England) to support the service in the	

	delivery of a robust and sustainable Infectious Diseases service for the future.	consultant staffing across infectious disease, virology and microbiology that can deliver a robust and sustainable Regional Adult Infections Disease Service for the future.	<p>meantime following the resignation of 2 of the Adult Consultants in 2018. This agreement has already been in place for one year and is working well. Agreement is that SLA should be for 5 years (reviewable on an annual basis).</p> <p>A specialist nurse for Infectious diseases has been recruited and will commence in the Trust on 1st November 2019.</p> <p>The service alongside Laboratory services is engaging on what the future workforce model should be alongside Board/Agency and Department of Health.</p>	
4.	<p>Effective arrangements should be in place to progress the work of the Plastics and 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 engage with HSCB, PHA and South Eastern Trust to progress the recommendations of the RQIA Review. Senior management and clinical representation is provided to the Project Board that provides strategic direction to the project. Clinical and Managerial subgroups are attended as appropriate.</p> <p>A number of subspecialty workshops have occurred for Breast, Skin Cancer and Hand and Upper Limb. Trust representatives have attended and given presentations on subspecialty needs, demand and capacity. These form the basis of subspecialty position papers to the project board for inclusion in a final report. This work is ongoing.</p>	
5.	Effective arrangements should be in place to improve the resilience, sustainability and access to Cochlear Implant Service.	The Belfast Trust response should detail proposals for a sustainable service model by December 2019 to include additional consultant capacity.	The Trust will discuss and agree the actions and resources required to deliver this objective.	
6.	Effective arrangements should be in place to improve the resilience,	Belfast Trust should demonstrate plans to put in place arrangements for a	In 2019/20, the Belfast Trust renal transplant service will :	

	sustainability and access to nephrology and transplant surgery services.	<p>model for consultant staffing that can deliver a robust and sustainable renal transplant surgery service in the future.</p> <p>Southern Trust should demonstrate plans to put in place arrangements for a model for consultant staffing that can deliver a robust and sustainable nephrology service in Daisy Hill and Craigavon Hospitals.</p>	<ul style="list-style-type: none"> Recruit a Locum Consultant Renal Transplant Surgeon (August 2019) Recruit a Specialist Registrar - ST8 in Renal Transplant (August 2019) Submit an IPT for investment to enhance the multi-disciplinary support to the renal transplant surgery service Review the on call Consultant Renal Transplant Surgery OH rota arrangements to maximise sustainability 	
7.	Effective arrangements should be in place to meet the demand for supporting services given the increase in bone marrow transplants.	Belfast Trust has a 5 year plan for increasing staffing and this should continue to be implemented in a timely manner.	The Haematology service is aware that the demand for bone marrow transplants far exceeds the number of rooms available on the inpatient ward (6) to accommodate these patients, meaning patients have to wait for a bed to become available – this issue is recorded on the service’s risk register. In 2014, the service submitted a capital business case to the DOH outlining the need for a larger inpatient facility with more rooms that are suitable to accommodate transplant patients in order to mitigate waiting times. In 2018-19 the service will engage with charitable partners to attempt to secure funding to support development of an enhanced patient facility with more transplant beds. The 5 year plan for increasing staffing is currently underway.	
8.	Effective arrangements should be in place to deliver a sustainable scoliosis service.	<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 	The Trust will discuss and agree the actions and resources required to deliver this objective.	

		<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 out with 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 2019/20 from new investment by September 2019. 		
9.	<p>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 2019/20.</p> <p>Work will continue to progress during 2019/20 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 by September 2019, 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</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. The two additional ICU beds associated with trauma have been opened since August 2017. 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>timely monitoring of bed availability, clear escalation protocols, timely discharge and staffing levels.</p>		
10	<p>Effective arrangements should be in place to deliver a sustainable neuromuscular service for Northern Ireland.</p>	<p>The Belfast Trust should outline how the adult neuromuscular physiotherapist service will meet the needs of adults with neuromuscular conditions and support the transition of children and young people to adult services.</p>	<p>A temporary Adult Physiotherapist is currently in post and has been working alongside the specialist nurse and the Consultant to develop the service to meet the needs of the new patients and also the long term review patients in this sub specialty area. Waiting times for new and review appointments have reduced significantly and a database of patients and what their needs are developed so that these can be addressed when they attend for clinic.</p> <p>The service is awaiting communication from Commissioners as to investment to secure this post in a permanent way so that it can deliver the adult service but also provide support to the Physiotherapist within the childrens environment so that seamless transition can take place</p>	

UNSCHEDULED CARE (9)

<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="background-color: red; color: white; text-align: center;">R</td> <td style="background-color: orange; color: black; text-align: center;">A</td> <td style="background-color: green; color: white; text-align: center;">G</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> <td style="text-align: center;">5</td> </tr> </table>			R	A	G	1	3	5	ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
R	A	G										
1	3	5										
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 and admission avoidance.	<ul style="list-style-type: none"> • The hospital has a one point of contact under Community Discharge & Support Hub were all appropriate discharges are considered for Intermediate Care pathway which is provided over seven days – ongoing • Intermediate Care received additional investment under transformational funding and recruited additional Rehab Support Workers, 1.0 W.T.E OT, 1.0 WTE Physio & 1 W.T.E social workers (1 W.T.E SW post to be recruited to). In place • Pilot completed of seven day working - full implementation of seven day working will commence end August 2019. Staff are available to respond to new referrals at the weekend preventing hospital admission and facilitating discharges. - August 2019 • The Trust is increasing numbers of service users accessing community rehabilitation services by 20/25 per month - Immediate & ongoing • Response times – The Service provides a same day response to priority referrals such as ED referrals but does not have the capacity to respond within 4 hours. At best, it would be same day and this has been highlighted to commissioners via NAIC regional Group. The trust aims to improve on its response times in this area by piloting further 'discharge to 									

			<p>assess' via acute medical wards as part of winter resilience.</p> <ul style="list-style-type: none"> • Intermediate Care will work closely with primary care & Acute Care at Home to reduce number of readmissions by 2%. (17/18 data 16%) • Intermediate Care would aim to contribute as part of a wider system improvement included full implementation of SAFER to reduction of LOS – in COE wards by 2 days 	
2.	Effective arrangements should be in place to ensure availability of a regional Outpatient Parenteral Antibiotic Therapy service.	Trust responses should demonstrate how the service will enhance the governance and stewardship of intravenous antibiotic prescribing as well as reduce the number of patients waiting in hospital to be discharged on IV antibiotics.	The Trust established the pharmacy Outpatient Parenteral Antibiotic Therapy service - OPAT team in November 2019 to work with the MDT and supporting existing OPAT initiatives and develop new ones to improve patient flow, prevent admission and reduce LOS	
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.	Transformation funding was provided to enhance Physiotherapy and Occupational Therapy services on the RVH site in BHSCT to assist with patient flow. Physiotherapy have been undertaking a detailed process of engagement with staff in RVH and the new extended hours / rostered working arrangements will go live from Sept 19 – to date the activity undertaken has remained steady compared to the same period last year. Occupational Therapy have faced a challenging recruitment situation for their posts in RVH and have not yet attracted staff to all of the posts on a permanent basis (some posts still have agency staff in place) making it more difficult to put the new working arrangements in place. Despite these challenges the service have increased new and review patient activity (30% increase in New patients seen) with a 75% increase in the number of new patients seen at	

			weekends when compared to the same period last year. There has also been a 20% improvement in the numbers seen within 48 hours from referral.	
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.	The BHSCT Acute Care at Home Team manage a caseload of older people at home, providing acute care as an alternative to hospital admission. They operate 7days per week until 9pm. The team links with core OOH services as required to provide round the clock care in the community. The team link with and accept referrals from Primary care, Northern Ireland ambulance service and specialist community nursing teams.	
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.	All major trauma patients will require an evaluation of their rehabilitation needs. The BSRM Core Standards for Specialist Rehabilitation following Major Trauma (2014) set out a process for implementation of a specialist Rehabilitation Prescription within the major trauma network and the BHSCT are working towards adopting the following approach: A Specialist Rehabilitation Prescription (SpRP) may be used to document the rehabilitation needs of patients with severe illness/ injury and identify how they will be addressed.	

			<ul style="list-style-type: none"> • The SpRP should be initiated at an early stage - within 48-72 hours of admission to the acute care service. • It may be started by any suitably qualified member of staff, including an Advanced Practitioner Allied Health professional (AHP) or Therapist, but is completed by the multidisciplinary team. • It should be reviewed at regular intervals (at least weekly) until discharge or transfer to the next stage in their treatment pathway / rehabilitation. <p>The Trust are working towards the delivery of a 7 day AHP service for the Major Trauma Unit</p>	
8.	<p>Effective arrangements should be in place to support the prompt diagnosis and effective management of patients who have symptoms suggestive of flu.</p>	<p>Belfast Trust should provide extended working day for flu testing in the regional virology laboratory to include use of rapid testing from 9.00am to 11.00pm Monday to Sunday from 1 October to 31 March 2020.</p> <p>District General Hospital microbiology laboratories in the Northern, South Eastern, Southern and Western Trusts should provide rapid local flu testing 9-5pm Monday to Friday for all hospital samples from 1 October to 31 March 2020.</p>	<p>The achievement of this objective is resource dependant.</p> <p>The Trust submitted an IPT for the extended working day in Virology to support flu testing in May 2018. This has not yet been supported by HSCB and would take 6 months for staff to be recruited in advance of the 19/20 flu season. At the request of HSCB this case did not include rapid testing and a separate IPT was developed for this and supported by TIG funding for 2018/19 flu season. The Trust has requested that HSCB and DOH support both cases again for 19/20 flu season but as yet no approval has been provided.</p>	
9.	<p>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 2019/20 plans for same day / next day referrals to services as well as direct GP access for patient management advice.</p>	<p>The Trust has moved towards an ambulatory model in various unscheduled services where admission would have previously been the norm, and will continue to explore pathway reforms to provide a ambulatory episode where appropriate.</p>	

3.3 BELFAST TRUST RESPONSE TO LOCAL COMMISSIONING PLAN PRIORITIES (13)

3.3 Local Priorities - Deliverability Summary	RAG	All CPD Targets 2019/20	
Objective is Achievable and Affordable	Green	8	62%
Objective is Partially Achievable / Achievable with additional resources	Amber	5	38%
Objective is Unlikley to be Achievable / Affordable	Red	0	0%
Total Local Priorities		13	100%

Common Local Commissioning Priorities (8)

R	A	G
0	3	5

LOCAL ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
L1	Effective arrangements should be in place to ensure that the volumes of activity to be delivered reflect commissioned services and investment.	Trusts should state the volumes by service which they will deliver in reflecting the Full Year Effect of previous investments and additional funding provided within this Commissioning Plan.	The Trust will work with Local Commissioning colleagues at the HSCB to reflect the impact of 2018/19 investments in the 2019/20 SBA volumes	
L2	Effective arrangements should be in place to ensure patients who can be discharged to their own home are supported to do so as soon as appropriate.	Trust responses should demonstrate plans to implement the recommendations of the Northern Ireland Intermediate Care Audit and provide more home-based community rehabilitation.	<p>Reference Section 3.2 Care of the Elderly</p> <ul style="list-style-type: none"> Following the NAIC Audit 2017/2018 the Trust received Transformational Funding to enhance existing community rehabilitation services to enable them to respond more quickly and to provide a service over 7 days. The Trust recruited additional Rehab Support Workers, 1.0 W.T.E OT, 1.0 WTE Physio & 2 social workers - In place The Trust commenced piloting of seven day working in January 2019 & will move to full implementation of seven day working in - August 2019. The Trust is increasing numbers of service users accessing community rehabilitation services by 20/25 per month - Immediate & ongoing The Trust is completing a Review of Rehabilitation Services for Older People with a view to further strengthening 'home first principle' and increasing number of service users discharged home requiring rehabilitation. This will require further consultation with key stakeholders – December 2019 	
L3	Effective arrangements should be in place to ensure people at risk of Type 2 Diabetes should be	Trusts should demonstrate plans to work with their ICP partners to support implementation of the Diabetes Prevention Programme.	The Trust in partnership with the PHA, 4 other Trusts and ICP's are currently implementing a Diabetes Prevention programme. This entails the delivery of a NICE Public Health Guideline 38 compliant diabetes prevention programme. This complements	

	<p>offered self -management support.</p>		<p>a range of existing health promotion programmes that are delivered to help people address the lifestyle risk factors associated with Diabetes.</p>	
<p>L4</p>	<p>Effective arrangements and infrastructure should be in place to support an integrated model of care across the LCG/Trust area.</p>	<p>Trusts should demonstrate plans to re-configure community services and estate to support multi-disciplinary working embedded with general practice, including co-location.</p>	<p>Last year response – now updated by CW (28/08/19) 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 was shortlisted and is included in the 2019/20 phase of the project. Funding through TIG has been utilised to commence the phases of the project. 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. 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 autonomous MDT staff will work within their professional boundaries, sharing key information, delivering best practice via collaborative decision-making and shared patient outcomes.</p>	

			<p>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>	
L5	<p>Effective arrangements should be in place to ensure patients referred by GPs for Talking Therapies are able to access the service to meet their needs as soon as possible.</p>	<p>Trusts should work with its ICP partners to ensure that patients who are referred can access the service in a timely way.</p>	<p>Talking Therapy Hubs and the resources allocated for the service are not able to match demand on a long-term basis.</p> <p>The Trust will continue to seek additional resources for this service and to streamline the referral pathway to remove some existing inefficiencies.</p>	
L6	<p>Effective arrangements should be in place to ensure that diagnostics /imaging services are appropriate.</p>	<p>Trusts should demonstrate plans to:</p> <ul style="list-style-type: none"> • Optimise utilisation of available diagnostic facilities • Ensure capital priority is given to timely replacement of existing equipment and that plans are in place for additional equipment where indicated. 	<p>The Trust is working to optimise the use of diagnostic / images services within the limitations of space and availability of capital funding. The service is working to ensure the most effective use of its funded resources.</p>	

		<ul style="list-style-type: none"> • Optimise productivity of diagnostic facilities. • Optimise and develop skill mix within imaging teams • Ensure value for money and productivity from outsourced work where necessary. <p>Trust responses should include detailed plans, implementation timelines, slippage assumptions and any potential savings impact. Plans should detail the level of investment, stating the source and the expected volumes to be delivered in 2019/20.</p>		
L7	<p>Effective arrangements should be in place to appropriately manage the increasing number of older people over 75 years.</p>	<p>Trust responses should outline progress in the establishment of 24-hour community nursing, building on investment to date in district nursing, Rapid Response nursing and treatment rooms, additional palliative care nursing support</p> <p>Trusts should also provide an overview of its plans to better coordinate the range of community nursing services in place.</p>	<p>As the key workers for patients requiring palliative and end of life care District Nurses in the Belfast Trust provide a rapid response 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 is reviewing the current out of hour's services and identify any gaps in service provision. The Marie Curie Rapid Response service (part of the overall Palliative bid) commenced in February 2019. This was gradually implemented as not all of the staff required had been recruited by Marie Curie. We are currently reviewing this service and have a meeting planned for 3rd September 2019 with Marie Curie, Trust Business Service Planning and Contracts and Community Health Nursing.</p>	

L8	Effective arrangements should be in place to ensure that services provided are safe, effective and delivered in accordance with national guidance.	Trusts should demonstrate plans to implement guidance and actions in relation to: <ul style="list-style-type: none"> • NICE guidance • NCEPOD reports • RQIA reports 	The Trust has robust systems and processes in place to address the actions arising from reports of external agencies. Where NICE guidance has a resource implication the Trust will discuss with our commissioner the delivery of the guidance.	
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Specific Local Commissioning Priorities (5)

R	A	G
0	2	3

LOCAL ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
B1	Effective arrangements should be in place to ensure unscheduled care services in the Belfast LCG/Trust area are safe, sustainable and accessible.	Belfast Trust should work with its ICP partners to expand clinical assessment services and secure direct access for GPs.	<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. 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 <i>which has been shared with the Locality Network Group. Feedback will allow the Trust to use the results of 18/9 and to adjust plans for 19/20 across out-of-hours, assessment, bed management, discharge management, rehabilitation capacity and discussions are ongoing with local 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.</i></p>	
B2	Effective arrangements should be in place to ensure that maternity services are arranged to meet the needs of all pregnant women.	Belfast Trust should work with the LCG towards an agreed workforce plan for the Belfast Maternity Hospital	<p>Belfast Trust continues to meet quarterly with commissioning and is developing a strategic workforce policy document to demonstrate a dedicated workforce required for the Belfast Maternity Hospital.</p> <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.</p>	

			<p>Midwifery led care clinics are in place across the Trust Maternity service and these clinics comply with the pathway. The Early Intervention Programme, 'Getting Ready for Baby' that provides group based antenatal care is already underway in the Mater Midwifery Led unit. EITP has been implemented as part of normal services.</p>	
B3	<p>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>A major PR communication exercise was implemented in January 2019 with the ICP Community pharmacists for better awareness of the Falls service. Leaflet drops undertaken 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 across 6 venues.</p> <p>The referrals per month consistently exceed the KPI target of 170 :</p> <ul style="list-style-type: none"> • 313 referred – June 2019 • 304 referred - July 2019 • 313 referred - August 2019 <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 source from primary care in order that the team manage</p>	

			<p>Falls in a timely and responsive manner. The team have went Live with CCG 30/08/19. The communication has been circulated to Belfast area GPs, and notification via Primary Care Intranet for the attention of Belfast area GPs colleagues about changes to CCG Falls Referral Pathway.</p> <p>IPT has been submitted for additional funds through Demography monies and awaiting Outcome.</p>	
B4	<p>Effective arrangements should be in place to ensure people who require palliative care are identified and effective arrangements should be in place to ensure people requiring end of life care are supported to remain at home where that is their wish.</p>	<p>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 and should work with voluntary sector partners to implement the out of hours rapid response service for end of life patients ensuring the capability of cross Trust working in response to patient need.</p>	<p>The Trust is committed to identifying patients in any setting. Within Trust hospitals senior management ward walk arounds 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. The Trust is committed to enabling district nursing and specialist teams to attend GP-led multidisciplinary palliative care meetings. This is dependent on GP practices initiating these monthly meetings and inviting relevant community staff, something which is currently limited in Belfast. Updates on the practices signed up to this has been sought.</p>	
B5	<p>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>Belfast Trust should work within ICPs to (i) identify a prototype test site, (ii) map out current provision within that locality for the whole dementia journey and (iii) specify gaps against the regional pathway and take forward implementation where possible.</p>	<p>The Belfast Health & Social Care Trust is currently in discussions with East Belfast ICP with regard to developing a pilot Primary Care Assessment and Diagnostic Model for Dementia in line with the Regional Dementia Care Pathway.</p> <ul style="list-style-type: none"> • A draft proposal for the pilot is being developed by the Trust. • In partnership with the ICPs, a project plan will be developed to support implementation of the model. This will include a process mapping exercise of current service provision against the Regional Dementia Care Pathway, to identify gaps in service and resources required to implement the pilot. 	

			We envisage the preliminary planning will be completed by December 2019 with the aim of commencing the pilot by April 2020.	
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4.0 Resource Utilisation

4.1 Financial Strategy 2019/20

The Trust finance position is awaiting a revision in funding allocation after which the finance response will be updated.

4.2 Workforce Strategy

The Commissioning Plan for 2019/20 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 population;
- 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 2019/20 a summary of the key Workforce Strategies relevant to the Trust Delivery Plan in response to the overarching strategic themes are set out below:

A key part of improving the care quality is that those who deliver the care are themselves supported and have the resources to deliver safe, effective compassionate health and social care. Delivering Together reaffirmed that effective workforce engagement and planning are key enablers for transforming HSC Services. As part of this vision the Trust will continue to work with the DOH and key stakeholders in the implementation of the Health and Social Care Workforce Strategy 2026. In addition, the Trust will be taking forward its People and Culture Programme as part of its plan to realise its vision “to be one of the safest, most effective and compassionate health and social care organisations”

4.2.1 To Improve the Health of our Population

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 continues to be effective and through the bwell Steering Group a number of bwell workstreams have worked in partnership to develop and progress areas such as:

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

The Trust continues to actively participate 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.

An example of this collaborative approach is the development in partnership with Business in the Community NI a new and innovative Menopause Toolkit which is a useful on-line resource for both Managers and Staff in understanding all matters related

to menopause and managing symptoms during work. The Toolkit is also a great resource for signposting individuals to additional support and guidance. The Trust has been approached by other Organisations about using this innovative Toolkit.

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:

- Chronic Pain
- Type 2 diabetes
- Financial Wellbeing
- Getting a Good Night's Sleep
- Advice Space – Universal Credit
- Parenting NI Advise Sessions

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. A Pathway for Supporting Staff with a Mental Health Condition was developed as a guide to support staff who are experiencing mental health difficulties. This is a useful resource enabling Managers to support and signpost staff to a range of assistance available internally and external to the Trust.

At some time in our lives, any one of us may be a carer. To this end the Trust has developed a Carer's Framework for staff with a caring role. The Framework provides a more integrated approach to supporting and enabling our staff with caring commitments to remain in work whilst simultaneously safeguarding their health and well-being.

As part of SAFETember 2019 a number of interesting events have been arranged for Managers and Staff on a wide variety of subjects including Trauma and the troubles information session; Meet the Smoking Cessation specialists; and a Sleep Hygiene Talk.

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 and

staff to reduce levels of sickness absence. The absence target for 2018/19 was 6.47% and we are currently awaiting confirmation of the 2019/20 Absence target from the Department of Health. The Trust absence level at July 2019 was 6.61%

Human Resources continue to work in partnership with Occupational Health in order to reduce sickness absence levels and implement preventative methods of management designed to both reduce the amount of time employees are off and also prevent sickness absence where possible. We are involved in co-developing a number of new resources to support managers in response to the growing number of employees who are experiencing mental health difficulties.

Staff from Attendance Management team are represented on a Stress Working Group with Trade Union, Occupational Health and Health and Safety colleagues and have developed a number of resources to support staff experiencing stress and to support and guide managers in managing staff. We are currently updating the Managers Toolkit and reviewing the Management of Attendance Protocol to reflect the updated guidance and sources of support.

The Attendance Management team also co-deliver the Drug and Alcohol Awareness Training with Employment Law and Inspire Addiction Services to ensure Managers and Staff are aware of the key updates in the Policy and Procedural Arrangement relating to the prevention and management of Alcohol and Drugs in the Workplace.

The Absence Management Team also work closely with HSC Pensions Branch to ensure the facilitation of the Ill Health Retirement process and that employees with acute ill health and their families are supported and signposted appropriately. We work with the wider Human Resources team to ensure employment and equality legislation and best practice is upheld for all the relevant processes and to jointly support managers and staff with professional and consistent guidance.

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 in 2018/19 the Attendance Management Team supported **58** ill health retirements, **97** ill health terminations and facilitated the completion of **39** successful redeployments

Our staff in the Absence Management team are committed to ensuring staff and managers are supported 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. The team is committed to updating and developing their knowledge and skills in these areas and have attended a number of training programmes, courses and updates provided by internal and external training providers including; Legal Island, The Equality Commission NI, Labour Relations Agency and Disability Positive.

Attendance Management Drop in clinics are accommodated on request, providing Managers the opportunity to raise their concerns, obtain tailored guidance and support and manage their staff. Mandatory absence training is provided for Managers and staff and during the period 1 April 2018 and 31 March 2019, 186 staff and managers were

trained. An Attendance Management e-learning programme is currently being developed to allow for more accessible Attendance Management training.

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.

The DHSS target for front-line health care staff to receive the flu vaccine this year is 50% (40% for Social Care staff). Encouragingly, the Belfast Trust has achieved the Department’s target over the last two years and will build on this success to achieve an even higher uptake this year.

The Flu Steering Group commenced planning for the 2019/20 flu campaign in April 2019. 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 100 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 per vaccinators.

Occupational Health will operate large vaccination clinics on the BCH, RVH, KHCP and Mater sites for a period of 3 weeks commencing 1 October 2019. In addition, peer vaccinators will offer local, accessible flu vaccinations from 1 October 2019 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 2018 to 31 March 2019 there were 1589 applications received with a 74% approval rate. Managing WLB requests is a key theme in our mandatory equality training and is incorporated into our new e-learning programme. The Trust has developed a series of podcasts showcasing WLB practically enhancing employees' lives.

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.

As part of the bwell, Here 4 U learning series the following sessions were held:

- How to manage chronic pain
- How to manage Type 2 diabetes
- Financial Wellbeing in partnership with Bank of Ireland
- Getting a Good night's sleep
- Universal credit in partnership with Advice Space

We have developed in partnership with Business in the Community NI, a new and inventive Menopause Toolkit which is a useful on-line resource for both Managers and Staff in understanding all matters related to the menopause and managing symptoms during work. The Toolkit is also a great resource for signposting individuals to additional sources of support and guidance. In addition, Café menopause was an innovative approach to create an environment whereby all colleagues can discuss menopause openly and share their experiences. Two events were facilitated by Dr Liz Simpson from the University of Ulster.

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 Halloween break. Our highly commended scheme further enables our staff as working parents to continue to carry out their roles and responsibilities during school holidays.

At some time in our lives, any one of us may be a carer or need someone close to us to support us with our everyday living. This often happens unexpectedly, for example as the result of an accident or sudden illness. It is also important to remember that carers come from all walks of life and are a very diverse group. We have developed a Carers' Framework to support us in building on our progress to date and develop a more integrated approach to supporting and enabling our staff with caring commitments to remain in work whilst simultaneously safeguarding their health and wellbeing.

The Pathway for Supporting Staff with a Mental Health Condition was developed as a guide to support staff who are experiencing mental health difficulties. This is a useful resource for Managers on how they can support their staff and signpost them to the range of assistance available both internally and externally.

Employers for Disability facilitated two learning sessions Working with Neurodiversity which provided important information for managers on supporting staff with a range of conditions including, Dyslexia, ADHD & Autistic Spectrum.

The second session was Working with Mental Health to provide important information for Managers on supporting staff with mental health conditions and/or who are experiencing high levels of stress.

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.

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.

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.

The Belfast Trust's HR Directorate was shortlisted and went on the win or be highly commended in the following Awards:

- The NI Equality and Diversity Awards: **Winner** of Best Disability Initiative – Positive Action Programme – Making it Work
- HPMA NI Awards: **Winner** of Innovation in HR Award: Positive Action Programme – Making it Work
- HPMA National Awards: **Highly Commended**: Capsticks Award for Innovation in HR: Positive Action Programme – Making it Work
- Business in the Community Responsible Business Awards: **Highly Commended**: Employability and Jobs Award: Positive Action Programme – Making it Work

As an accredited employer of excellence, the Trust continues to develop its employability and best practice initiatives for staff with disabilities under the Disability Action Plan.

In September 2018 ten successful applicants commenced the 14 week – Positive Action – Making it Work employability programme and were registered as students with Belfast Metropolitan College who were pivotal in the delivery of the programme with the support of PCSS staff. Across the 14 weeks, training alternated between a classroom based learning week and a placement/job shadow week. Applicants had the opportunity to experience placements in areas such as Porterage, Environmental Cleanliness and Catering in various locations across the Royal Site. This enabled candidates to put their classroom based learning into practice whilst supported and shadowed by PCSS staff. Throughout the Programme applicants were continually assessed by the Tutor, PCSS

staff and the Employment Officers focussing on retention of information, practical tasks, work skills, punctuality, presentation for work etc.

On successful completion of the programme trainees met with the Tutor and PCSS training staff to complete a preference form regarding their preferred work area, ie. Environmental Cleansing Services, Portering or Catering and geographic location. Where possible these preferences were matched with existing vacant posts within PCSS and where there were no specific job matches, applications were offered their next preference. Job offers were then made with a commencement date of January 2019.

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 and sub groups to enable/support the employment of disabled persons and continue to promote the employability programme supporting persons with a learning disability into employment.

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

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. From April-July 2019 1100 staff have been trained and we deliver the Training in the Corporate Welcome Event.

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 new HSC Values and the Trust's and the Regional HSC Collective Leadership Strategy.

Key OD actions in 2019/20 -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

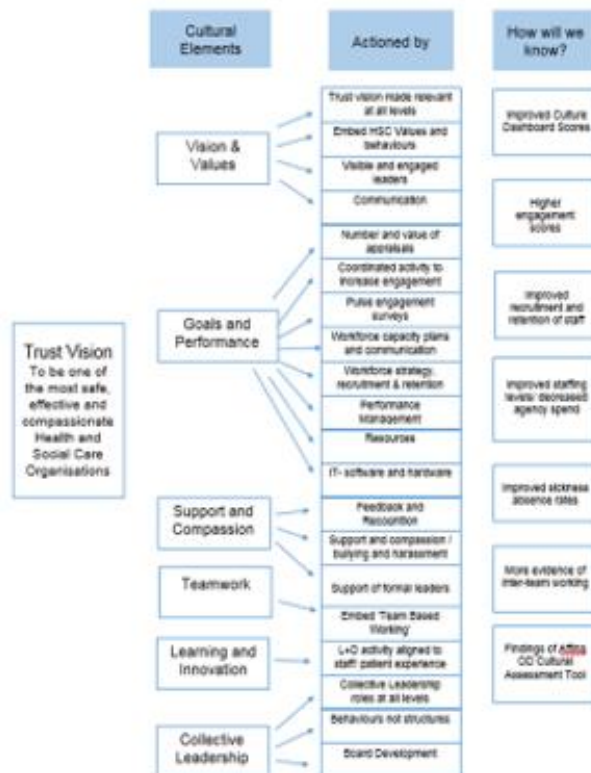
centeredness by shifting responsibility and autonomy for decision making and improvement closer to the point of care through teams of senior health professionals and managers at Divisional level. Specific OD activities will include, for example, ongoing discussions with divisional leadership teams about 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:

- To commence the development and implementation of the required programmes of work and recommendations from the Trusts Discovery Phase : Understanding Our Culture The Trust has completed a pathfinder approach utilising the diagnostic tools of the NHS Improvement People and Culture Programme aiming to get a better understanding :
 - How compassionate and empathetic is our Trust Culture
 - What are our strengths and areas for development
 - What leadership action is needed to support the delivery of the Trust vision.

All the data gathered both qualitative and quantitative have informed the findings and recommendations. These have been presented and approved by the Trust Board and summarised within the driver diagram below:

Culture Driver Diagram



- 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. All of which will form the work programme of the People and Culture workstream of the Trusts Impact Programme (Improving Patient experience Accessing Care through Teamwork)

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 Senior Leadership Group (monthly).

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

- Continue to implement team based working activities within and across the new divisional leadership teams, and to commence the roll out of similar activities at Delivery Service level teams in 2019/20.

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 continue to 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. 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 HR Learning and Development team have continued to see a steady uptake of the programme. In total 70% of Trust staff have now completed Level 1 training either through attendance at face-to-face workshops or completion of the regional eLearning training programme, exceeding the target of 60% set by DHSSPS for 2019-20.

4.2.2.4 Level 2 Delivering Improvement Quality

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. 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 2019/20 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 and Transformation

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 2019/20 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 and implementation of the both Regional and Trust transformation of services programmes

4.2.3.2 Workforce Planning

Inextricably linked to Workforce Modernisation is Workforce Planning. In 2019/20, the focus will be on supporting the directorates in the development of workforce plans for a new Children's Hospital, Maternity Hospital. Alongside supporting succession planning and identifying critical positions within the Trust.

4.2.3.3 Medical Workforce

Medical Workforce Strategic Forum

The Trust formed a Medical Workforce Strategic Forum in May 2019 to focus on the following medical workforce objectives:

- Excellence in professional and clinical practice
- Resourcing the medical workforce and reduce reliance on non-standard employment (eg. agency locums, in-house ad hoc capacity and remuneration)

- “Great place to work” and support to doctors
- Ensuring high standards of medical workforce performance and clarity of approaches and support when this is not achieved

The Forum comprises of senior medical leaders, HR and service managers, and an overarching Medical Workforce strategy will be produced by early 2020.

Physician Associate Role

There is commitment across the HSC system to grow the Physician Associate profession as it is recognised there is an immediate requirement for this role to meet service delivery requirements. The current shortage in doctors and nurses and the increasing demand for healthcare as the population ages and grows has strengthened the desire to employ Physician Associates in the HSC.

In January 2017 the University of Ulster launched the first PGDip/MSc Physician Associate programme in Northern Ireland. HSC Trusts provided clinical placements to the students, and the first cohort of students graduated in March 2019.

In November 2018, a regional recruitment exercise took place, with each Trust offering permanent employment opportunities for Physician Associate New Graduate Year (NGY) roles. These roles will be remunerated at a Band 6 for the first year, with progression to a Band 7 salary upon successful completion of the NGY. BHSCT appointed 5 Physician Associates, who took up post in April 19.

The appointees work alongside and under the supervision of doctors to deliver medical care as part of a multidisciplinary team. The specialties in which the Physicians Associate have been recruited to are:

- Acute and Emergency care
- Gynaecology
- Paediatrics
- Trauma and Orthopaedics
- Mental Health.

The Trust continues to provide clinical placements across a range of specialties to the next cohort of University of Ulster students undertaking the Physician Associate PGDip/MSc course.

Single Employer for Doctors and Dentists in Training

As one of the key objectives of the HSC Workforce Strategy, the Department of Health announced the creation of a Single Employer for all junior doctors and dentists in training in Northern Ireland, commencing in August 2019, with NIMDTA as the new employer. The overarching objective of this initiative is to improve the employment experience of doctors and dentists in training, with the following benefits for trainees:

- one contract of employment for the duration of their training
- one sign on process regarding pay and pensions (and associated reduction in complications regarding pay and tax)
- standardised interpretation of terms and conditions

- reduced duplication of effort for both trainees and HSC Trusts
- improved information sharing between Trusts and NIMDTA

The new model is being introduced in three phases:

Phase 1 (Aug 19): Three specialties (Radiology, Trauma & Orthopaedics and Histopathology) comprising approx. 150 doctors

Phase 2 (April 20): F1s and GP Trainees

Phase 3 (Aug 20): ALL other specialties

To achieve the August 2020 deadline, there are a number of regional Task and Finish Groups established to support this work, which are represented by Medical HR staff. In addition, as the largest placement provider to doctors and dentists in training, BHSCT Medical HR team will continue to play a significant support role to NIMDTA during the transitional period.

4.2.3.4 Workforce Governance

The Workforce Governance team will continue to monitor and ensure compliance with HR Controls Assurance Standards, the Trust's Safer Recruitment & Employment Framework, associated Audits, Policy Reviews, Working Time Regulations, and Leaver's Checklist for Managers.

In relation to Information Governance an Electronic Data Records Management System (EDRMS) Protocol/User Guide has been designed to harmonise and streamline scanning and uploading of electronic staff records. Training on EDRMS is being delivered to all HR Staff and work is ongoing in partnership with IT, Automated Intelligence (AI) and Corporate Records.

A Project Team including Corporate Records has been established and an Action Plan has been developed to take forward the management, storage and archiving of Staff Leaver Files in Bush House (Phase 1), Current Staff Records in McKinney Hall (Phase 2) and Off Site Storage of HR Records (Phase 3).

The Workforce Governance team continues to provide support and guidance to managers on all aspects of Safer Recruitment and Employment Practices including the use of agency, managing leavers, working time regulations and safeguarding issues.

4.2.3.5 Recruitment and Attraction

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

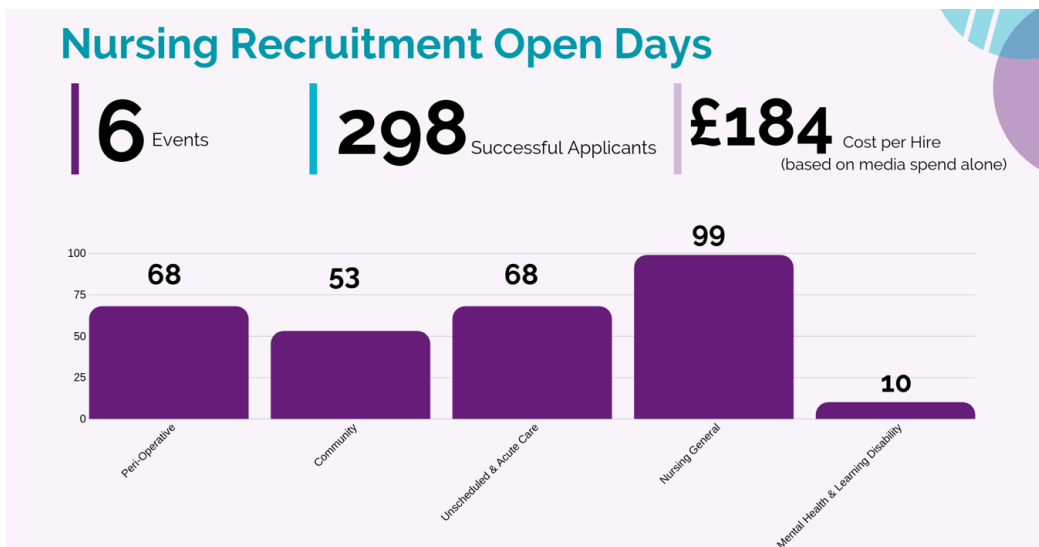
established to take forward a programme of continuous improvement in respect of all aspects of recruitment services.

Due to the workforce shortages being experienced across the Trust and region, attraction of candidates to the Trust is one aspect of talent management that is essential to the delivery of high quality services to patients and clients and assist in delivering the Trust’s vision to be one of the safest, most effective and compassionate HSC organisations. Traditional methods of attracting applicants are no longer effective due to changing job seeker preferences and the development of new and emerging technologies. To address this team have refocused their efforts and resources to promote the Trust as an employer of choice and develop new and innovate approaches to raising our employer profile.

The team have expanded the search for Nursing talent to previously untapped markets in 2018. We attended a number of job fairs that have resulted in offers being made to band 5 nurses as follows:

Dublin, March & October	26 offers
Glasgow, June	10 offers
Dubai, November	33 offers
Abu Dhabi, November	37 offers

In addition, the team have taken a different approach to nurse recruitment this year by holding a number of smaller events. Detailed over is a summary of the numbers of successful applicants to these:



The success of the 2018 “Belfast Nursing Jobs” campaign has been replicated in events for community nursing, adult social workers and children’s services social workers. A report on the effectiveness of the social media used is attached.

The team organised and delivered outreach sessions to managers in partnership with RSSC colleagues. These sessions were an opportunity to advise managers on the recruitment process and gain valuable feedback on what we need to improve. The

response to these sessions has been extremely positive and have contributed to the development of a new approach to engagement with RSSC.

4.2.3.6 Digitalisation

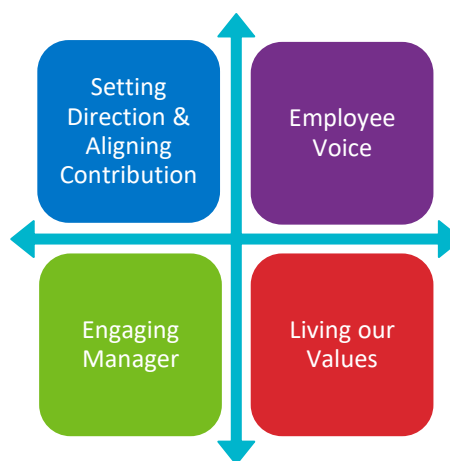
In 2019/20, we will continue on our journey to maximise the use of digital technologies to support a range of HR functions. We will continue to up-skill staff to use a range of digital learning technologies and scope the use of online technologies to support pre-boarding and on-boarding activities and 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. The recently developed Employee Engagement Toolkit has also been updated to include Joy in Work.



4.2.4.2 Embedding HSC Values

A key action in the HSC Collective Leadership Strategy was to establish and embed a core set of values and associated behaviours across Health and Social Care organisations for everyone in Northern Ireland. An agreed set of Values has been agreed and launched.

Over recent years, the Trust has embarked on a significant programme of work to embed Trust values and their associated behaviours. We will build upon the progress already achieved on embedding values and collectively strive to transition to the HSC Values and fully embed them.

A communication strategy and Action plan has been developed and includes a proactive programme of stakeholder engagement. Throughout 19/20 we will co-ordinate communication and engagement activities across the Belfast Trust to raise awareness of the HSC Values and Behaviours ensuring that consistent messages are delivered to stakeholders at all levels.

The HR Learning and Development team will continue to provide and promote Values workshops and targeted sessions to inform and stimulate discussion.

The success of this transition will be tested through the results of the Culture Survey, due for implementation before end March 2020 and through the results of subsequent staff surveys and pulse survey.

4.2.4.3 Appraisal / Staff Development Review (SDR)

Staff development review remains a priority of the Belfast Health and Social Care Trust. The HR Learning and Development team continue to promote the use of the integrated SDR process developed in partnership with our Trade Union colleagues. Using the feedback from our staff the HR Learning and Development Team in partnership with our Union colleagues streamlined the supporting documentation for this process, the new documentation has been in use since May 2018.

To ensure full understanding and use of the SDR process the HR Learning and Development Team will continue in 2019-20 to provide training workshops for reviewers and information sessions for all staff. From April 2018 to March 2019, a total of 420 staff attended this training/information sessions.

SDR completion and compliance is now monitored on HRPTS for non-medical staff. Total compliance for recording SDR completion on HRPTS in 2018-19 was 55%. Ensuring that all staff receive a meaningful appraisal will remain a priority in 2019-20.

4.2.4.4 Learning and Development Strategy

The Trust will continue to implement the 2018-21 Learning and Development Strategy. The aim of this 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 a robust assessment process the Trust achieved Silver level accreditation under IIP Generation VI Standard. This follows three previous accreditations (2010, 2013 and 2016). The lead upto and the assessment process included the following:

- A mock assessment during which 294 staff were interviewed (1.4% of the Trust's headcount) by 52 Mock Assessors comprised of trained Trust staff. The outcome of these informed the People & Culture plans across the organisation in the lead-into for the Online Assessment and Face-to-Face meetings with external assessors.
- Preparation of an IIP storyboard and presentation setting out the evidence of how the Trust meets the IIP standard.



- Completion of the IIP Online Assessment by 4,150 Trust staff (*20% of the organisation*).
- A full day External Assessors meeting with the Trust's Executive Team during which the Trust's IIP Storyboard was presented. The assessors also attended presentations from each Directorate which set out the key people and culture issues in each area.
- Assessors interviewed 440 staff from across the organisation.

Throughout 2019-20 the Trust will continue to build on this success and take forward any recommendations as part of our People and Culture plans.

Leadership Development: We will continue in 2019-20 to implement the actions set out in our Leadership and Management Framework (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. To ensure that our training is relevant and meets the needs of our rapidly changing environment, our programmes have been updated to ensure that our actions and behaviours support a culture of Collective Leadership, Quality Improvement, and engaging our workforce.

The Leading with Care Programme for middle-level post holders which was launched in 2016-17 will continue to be delivered in 2019-20. All participants complete a collective leadership challenge and have the opportunity for 'front line' experiential learning. In addition we will also be relaunching the programme for senior post-holders at tier 4 level.

The Band 6 and 7 *Nursing & Midwifery Leadership Programme* will continue to be delivered in partnership with Central Nursing. The programme provides Nurse Leaders with an opportunity to understand how they can influence and support transformational change. Since April 2018 three cohorts have completed the programme with approximately 70 participants with plans for a further cohort for newly appointed Nurse leaders to commence in April 2019-2020. An interim evaluation has been completed which shows that the course was well received. Respondents stated that the programme has been a valued asset to the participants who have noted a change in

their performance and their development in leadership and management within their ward areas.

Succession Planning: The Trust's Succession Planning initiative continues to be delivered. The aim of the initiative is to develop a comprehensive sustainable talent management system to increase the pool and potential of leader ready and able to take up more senior posts.

Following a review and adaption of the model the initiative was extended to current Tier 6 post holders in 2018, typically for those in band 6/7 positions who are aspiring senior managers. 18 tier 6 post holders are due to complete the programme in June 2019 with further cohorts planned during 2019-20.

Supporting Belfast Strategy: Through implementation of the Supporting Belfast Strategy the Trust continue to support staff in Bands 1 to 4 to fulfil 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.

This will include in 2019-20 a focus on further embedding the Nursing/Senior Nursing Assistants Induction and Development Pathway, an OCN Vocational Skills programme for Medical Records staff and the continued promotion of the benefits of continuous learning and development for life and work through participation in regional and national learning campaigns such as Learning at Work Week and the Belfast Festival of Learning.

We will also continue to promote the 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.

Statutory and Mandatory Training: The Belfast Trust recognises the importance of Statutory and Mandatory Training in the provision of safe, high quality services to our service users and has been working to implement improvements to the provision and delivery of Statutory and Mandatory training in an effort to increase compliance.

Throughout 2019-20 the HR Learning and Development team will continue to support the Statutory and Mandatory Training Policy Working Group to build on the work already completed. This includes:

1. A roll-out of the new compliance reporting process and dashboard which enables reporting by Division/Co-Director area. This provides regular updates on the ten core pieces of SM training required by all staff and supports a more robust approach to the management of non-compliance.
2. Welcome Event – a new and unique approach to the welcoming of new staff, commenced on 1st April 2019. The event runs on a monthly basis marking the first day of employment for new staff and not only provides a welcome and induction to new staff but also incorporates eight of the core Statutory and Mandatory training requirements which all staff are required to complete, including Quality 2020 Level 1 training. During 2019-20, this will be extended to include all ten requirements.
3. The updated Statutory and Mandatory Training Policy and Matrix will be presented for sign-off and shared Trust-wide. The updated policy focuses specifically on the provision and delivery of core Statutory and Mandatory training for all staff.
4. Following the development of the specifications for a regional Learning Management System to improve access to the delivery of SM training, an Outline Business case will be developed in 2019-20.

Category	Progress	Completion %
Statutory Training	100%	100%
Mandatory Training	100%	100%
Quality 2020 Level 1	100%	100%
Quality 2020 Level 2	100%	100%
Quality 2020 Level 3	100%	100%
Quality 2020 Level 4	100%	100%
Quality 2020 Level 5	100%	100%
Quality 2020 Level 6	100%	100%
Quality 2020 Level 7	100%	100%
Quality 2020 Level 8	100%	100%
Quality 2020 Level 9	100%	100%
Quality 2020 Level 10	100%	100%

Trust	Q1	Q2	Q3	Q4	YTD	Variance
Trust A						
Trust B						
Trust C						
Trust D						
Trust E						
Trust F						
Trust G						
Trust H						
Trust I						
Trust J						

4.3 CAPITAL INVESTMENT PLAN

4.3.1 Introduction

The Capital Resource Limit (CRL) issued by DoH provides funding for the Trust to incur capital expenditure. The Trust is not permitted to breach 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 2019/20 CRL which includes the following schemes:

Project	CRL 2019/20 £'000s
Regional Children's Hospital	9,539
RGH - Maternity New build	27,736
BCH – Mental Health Inpatient Unit	1,404
RGH Energy Centre	2,000
RGH Critical Care Block	1,118
Specialist Services	167
Genomes R&D	238
ICT	1,107
Invest to save	765
Transformation Capital	1,454
General Capital	17,567
Total	63,095

4.3.2 Approved Capital schemes

The 2019/20 capital programmes cover a wide area of service provision and are in line with previously agreed investment priorities. Redevelopment schemes continue across the Trust. The new BCH Acute Mental Health Unit will open in 2019/20 and work continues on the Maternity and Children's Hospital schemes on the RVH site.

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.

4.3.3 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's opening 19/20 general capital allocation, while substantially lower than what is required, was approximately £4m higher than the initial planning figure and the DOH indicated that it would expect some of the additional funding to be targeted towards high risk backlog maintenance issues. The Trust's agreed general capital schemes have taken cognisance of this expectation.

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

4.3.4 Revenue Consequences of Capital Schemes

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

4.3.5 Asset Management

Disposal of McCartney House 529 Upper Newtownards Road is the only Trust disposal programmed for 2019/20.

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.

4.4 Measures to break even

[This is a draft of the Trust's finance position. The Trust is awaiting Departmental guidance to revise finance submission.](#)

Addressing the Residual Gap

In terms of the residual 2019/20 gap of £30m, the Trust does not believe that this is achievable in-year without resorting to service impact measures. As discussed above, the Trust has made significant recurrent savings in previous years and the identification of recurrent savings is becoming more difficult, particularly in light of growing demand coupled with rising vacancy levels. Nevertheless, the Trust will continue to explore all opportunities for efficiency and productivity savings or cost containment. A renewed focus on savings has commenced to secure savings already included in the plan and to try to generate additional savings to contribute to the residual deficit. The trust held a workshop on 21st August involving key clinical and management leaders to review high spend areas and opportunities emerging from quality improvement work and comparative analysis with other Trusts. A number of workstreams were identified and task and finish groups will be established to take forward savings initiatives.

Beyond the efficiencies identified through this work and the work already progressed through the Trust's MORE programme, the only other options available to significantly reduce the residual deficit are likely to have local and regional service impact. Service impact measures have not yet been discussed at Trust Board level but on the basis of previous work it is likely that the Trust would have to consider highly unpalatable actions

including for example reductions in elective care and nursing/residential and domiciliary care services in order to generate cash releasing savings of the magnitude needed to breakeven in the short term. It is imperative that the Trust, HSCB and DoH work together to resolve the financial 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.

4.5 Plans for Shift Left of Resources and other Transformational Initiatives

The Trust finance position is awaiting a revision in funding allocation after which the finance response will be updated.

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 DoH 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 organisational 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. 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 June 2019. 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 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).

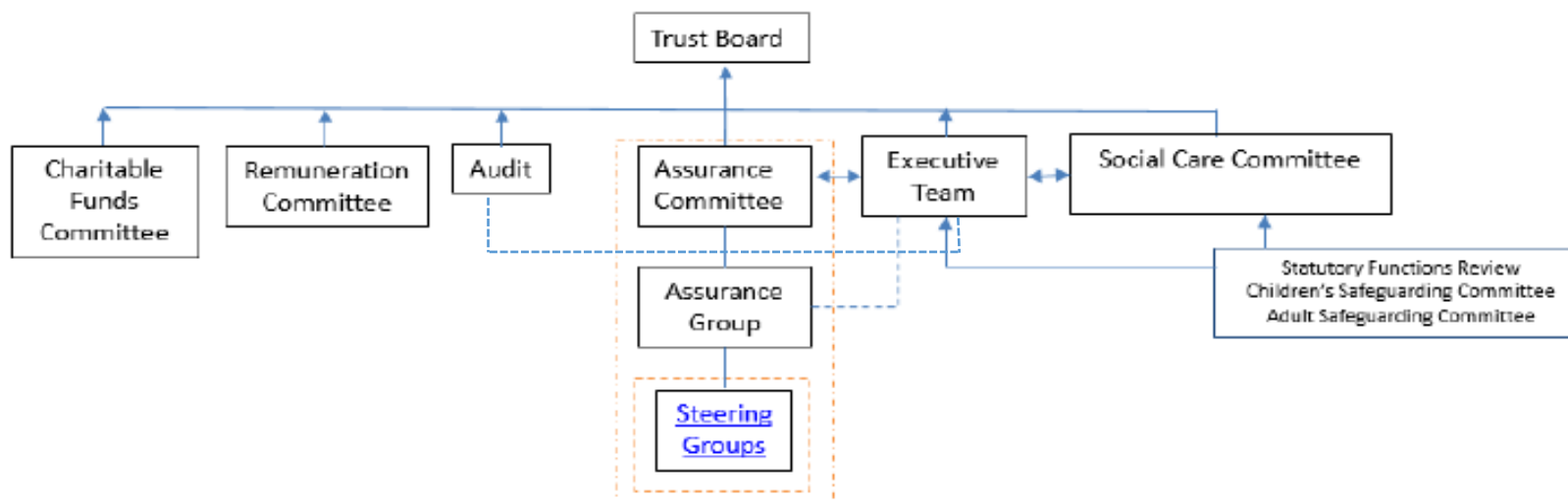
5.6 Assurance Standards

The Controls Assurance process that ceased in April 2018 has been replaced with a process that still seeks assurance from the same standards. The process has been renamed 'Organisational Assurance' and requires an established system of identified key Directors to be accountable for action planning against each standard. The assessment process that provides assurance for each one of these standards still continues to be used to inform the Trust's corporate risk register and reported up through the Assurance Framework as required.

The Belfast HSC Trust assessed its compliance with the Organisational Assurance Standards and confirmed compliance against all standards in 2018/19.

Appendix 2A

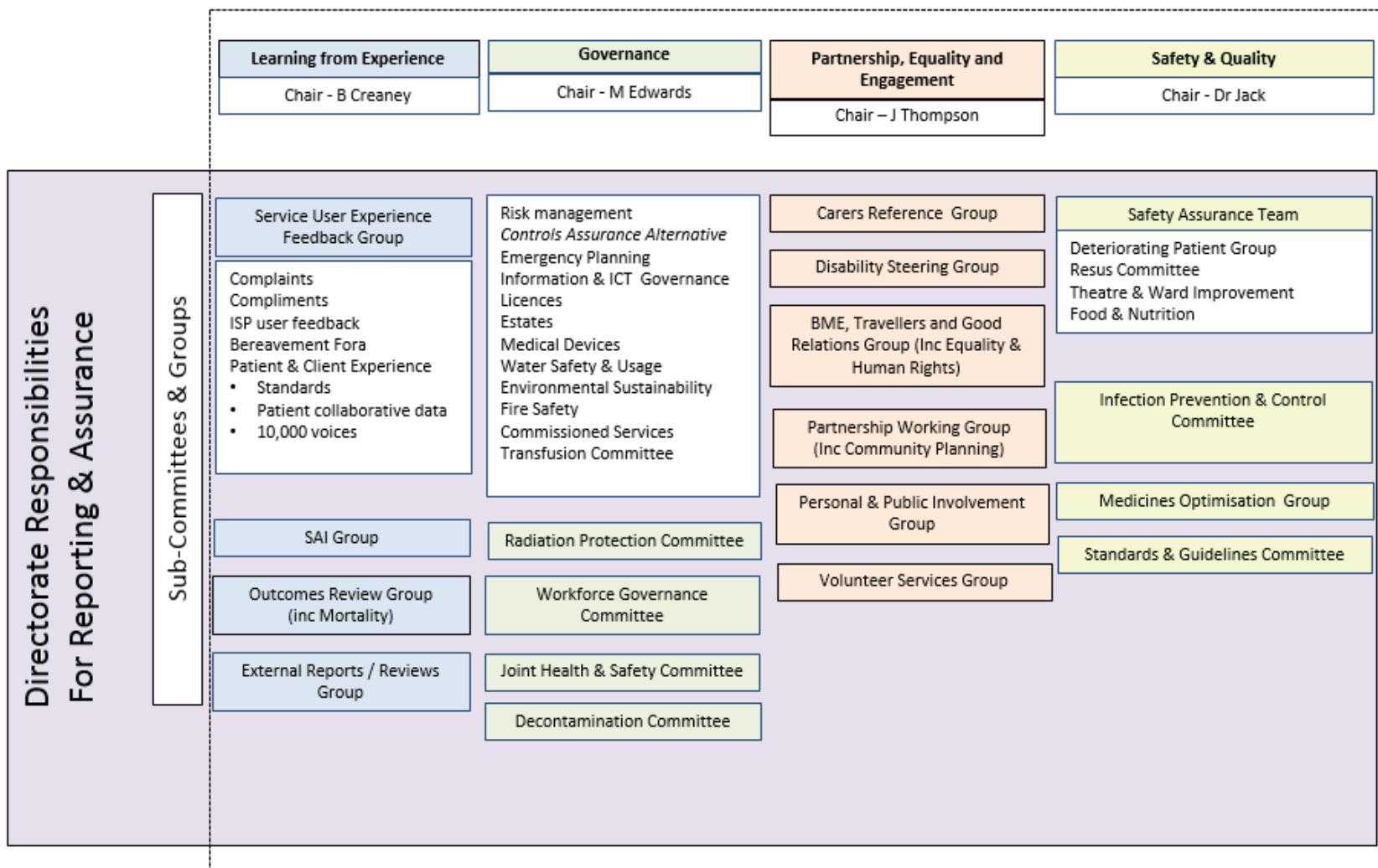
Trust Assurance & Accountability Organisational Overview



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

Appendix 2B

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 will continue to 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. We are also partners in progressing the Community Planning process through the Belfast Agenda and LCCC Community Plans. 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, loneliness and isolation, early intervention and parenting programmes. The Trust will also work to improve staff health and wellbeing through BWell and HERE4U programmes.

The Trust will continue to integrate health improvement, community development and personal and public involvement 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 partners in 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. In line with the regional approach, the Trust will work to

ensure that the agreed priorities of work on Older people, Children and Young People, Mental Health and Physical Activity are developed within Community Planning actions.

The Trust's will continue to implement its 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. The Trust will also work to develop an Integrated Partnership plan that brings together PPI, Co Production and Patient Experience.

**INFORMATION FOR TRUST DELIVERY PLANS 2017/18
Financial Planning pro-forma**

To follow when Finance revision is ratified

Annex A

**MUCKAMORE
ABBNEY
HOSPITAL
DRAFT
HSC ACTION PLAN**

BHSCT Update – November 2019

‘People with learning disabilities should not have to live at Muckamore Abbey Hospital and that the management and practitioner skills and efforts required to effect modest changes in patients’ lives are better spent in creating high quality community services.’ – the Review Team

No	Recommendation	Lead Agency responsible	Actions and progress update	RAG Status
Permanent Secretary commitments				
	<p>Completion of resettlement process commenced in 2011 by the end of 2019, and the issue of delayed discharges addressed.</p>	<p>HSC Trusts</p>	<p>By 30 November 2019 carry out a full re-assessment of the needs of all patients they have currently placed in MAH, with a view to preparing contingency plans for their patients, including updated discharge plans for each individual assessed as medically fit for discharge, with a target date for the individuals’ discharge, a timeline to deliver appropriate high quality placements matching each individual’s assessed needs and identifying any barriers to discharge.</p> <p>BHSCT October 2019 Update All BHSCT patients that are medically fit for discharge have been assessed for community placements. These are updated and reviewed once the placement is confirmed. Estimated Discharge Dates are in place, however, these dates are being impacted by services experiencing difficulty attracting staff, which includes both statutory and community providers.</p> <p>BHSCT November 2019 Update Cherryhill has 1 BT placement that has commenced since October, further placements are pending staff recruitment which is underway (with up to 10 staff required to 1 discharge, further delays are expected).</p> <p>There are 2 further planned discharges for BT by end of 2019 to Positive Futures and Praxis.</p> <p>Strategic Meetings are established for the 2 new schemes being developed for mid 2020; Bradley Manor (4 BT</p>	

'People with learning disabilities should not have to live at Muckamore Abbey Hospital and that the management and practitioner skills and efforts required to effect modest changes in patients' lives are better spent in creating high quality community services.' – *the Review Team*

No	Recommendation	Lead Agency responsible	Actions and progress update	RAG Status
			<p>discharges) and Mallusk has started the Operational Planning level this month (1 BT).</p> <p>Work has also commenced in November on a business case for the 5 BT patients formerly identified for Glencraig, dates for these patients are currently estimated to be 2022.</p>	
			<p>BHSCT October 2019 Update</p> <p>Patients who have had a failed leave on trial and have returned to Muckamore Abbey Hospital have their plans reassessed and new plans including higher-level provision / more appropriate community environments are being explored in conjunction with BHSCT planners and private providers.</p> <p>The Trust continues to work closely with providers and other Trusts to secure placements and develop plans where more complex needs or bespoke environments are currently an unmet need in the community.</p>	

'People with learning disabilities should not have to live at Muckamore Abbey Hospital and that the management and practitioner skills and efforts required to effect modest changes in patients' lives are better spent in creating high quality community services.' – *the Review Team*

No	Recommendation	Lead Agency responsible	Actions and progress update	RAG Status
		<p>HSCB/HSC Trusts</p>	<p>By 30 November 2019 develop and oversee a regional resettlement plan and agreed timeline for all individuals who are currently resident in MAH and assessed as medically fit for discharge.</p> <p>BHSCT October 2019 Update A Resettlement Task and Finish Group has been established in BHSCT with representation from both hospital and community teams. The Group is overseeing resettlement plans and working towards establishing definitive timelines for all individuals who are currently resident in MAH and who are medically fit for discharge. Development Groups are in place for each of the new schemes being progressed.</p> <p>In addition, inter Trust Meetings between BHSCT, SEHSCT and NHSCT are held to review and update on the progress of each Trust's resettlement plan - this includes a review of the resettlement plan for each patient. The frequency of these meetings is currently 3 weekly. Inter Trust partnership working is well established between the main Trusts with patients in MAH.</p> <p>BHSCT manage a summary of the Estimated Discharge Dates, which is updated on a fortnightly basis. The Trust also gives updates on a monthly basis to the Regional Learning Disability Operational Group chaired by HSCB.</p> <p>BHSCT November 2019 Update</p>	

'People with learning disabilities should not have to live at Muckamore Abbey Hospital and that the management and practitioner skills and efforts required to effect modest changes in patients' lives are better spent in creating high quality community services.' – *the Review Team*

No	Recommendation	Lead Agency responsible	Actions and progress update	RAG Status
			No change to above.	
		HSCB/PHA	By 31 October 2019 , complete an independent review of the current service model / provision for acute care for people with learning disabilities (in patient and community based) and associated clinical pathways in order to recommend a future best practice model for assessment, treatment and care and support for adults with a learning disability, which is regionally consistent and focused on relevant clinical and patient related outcomes.	
		DoH	By 31 August 2019 , establish a professionally chaired Departmental Assurance Group to assure the Permanent Secretary of the DoH (and any incoming Minister) that the resettlements commitments and recommendations of the SAI report are met (see full governance structures associated with this plan at Annex A). Completed	

'People with learning disabilities should not have to live at Muckamore Abbey Hospital and that the management and practitioner skills and efforts required to effect modest changes in patients' lives are better spent in creating high quality community services.' – *the Review Team*

No	Recommendation	Lead Agency responsible	Actions and progress update	RAG Status
		<p>DoH/HSCB/H SC Trusts</p>	<p>By 30 September 2021, develop specialist staff training and a model of support to upskill the current workforce providing care to people with complex needs and challenging behaviours to support current placements and develop capable environments with appropriate philosophy of care eg Positive Behaviour Support, and prevent inappropriate re-admissions to hospital, and by June 2022 deliver training to an agreed cohort of staff.</p> <p>BHSCT October 2019 Update The Belfast HSC Trust is working towards adoption of a Trauma Informed Positive Behaviour Support model of care, with a formulation based care plan/ PBS plan approach. This should be supported with specific training in autism and mental health presentations, and their specific interactions with learning disability. The trauma informed approach places significant emphasis on staff support and the service has initiated a pilot of a compassion-focused approach to staff care and development.</p> <p>The aim is to be able to offer training in a PBS approach using the RAID model of supporting behaviours that challenge, and to roll out PBS training to all healthcare support workers in community and hospital sites. Work is required to ensure that as many of the ward based staff as possible access training. In addition, however, there is a multi-disciplinary approach to patient care in respect of Behavioural Specialists and Behavioural Assistants</p>	

'People with learning disabilities should not have to live at Muckamore Abbey Hospital and that the management and practitioner skills and efforts required to effect modest changes in patients' lives are better spent in creating high quality community services.' – *the Review Team*

No	Recommendation	Lead Agency responsible	Actions and progress update	RAG Status
			<p>integrated into ward teams who role model the positive behaviour support approach.</p> <p>BHSCT November 2019 Update No change to above.</p>	
		HSCB/PHA	<p>By 31 March 2022, commission HSC Trusts to develop robust Crisis and Intensive Support Teams, including local step up and step down services, flexible staff resources and Community Treatment services, to support safe and timely resettlement of in-patients from MAH drawing on findings from the independent review of acute inpatient care.</p> <p>Incremental investment plan to be developed by 31 January 2020.</p>	
		DoH/HSCB/H SC Trusts	<p>By 30 September 2020, in conjunction with DfC/DoF and housing providers, identify barriers to accommodation provision and develop innovative solutions to support individuals' specific needs in their transition to community settings, and inform the development of a long term sustainable accommodation strategy for people with learning disability.</p> <p>BHSCT October 2019 Update An interdepartmental group between DoH and DfC has had its inaugural meeting and will plan to address this strategy.</p>	

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No	Recommendation	Lead Agency responsible	Actions and progress update	RAG Status
			<p>It is crucial that each Trust has senior representation to ensure appropriate long term regional strategic planning going forward.</p> <p>BHSCT November 2019 Update</p>	
		HSCB/HSC Trusts	<p>By 30 September 2020, in the context of the Reform of Adult Social Care, establish a regionally agreed framework for higher tariff placements which specifies what staff and service requirements justify a higher tariff.</p> <p>BHSCT October 2019 Update BHSCT is participating in this regional exercise which includes community LD, finance and contracting colleagues.</p> <p>BHSCT November 2019 Update</p>	
		DoH/DoJ	<p>By 31 December 2019, provide a new statutory framework for Deprivation of Liberty through commencement of relevant provisions in the Mental Capacity Act.</p>	
		HSCB/HSC Trusts	<p>By 30 September 2020, review current forensic LD services, identify and address service development needs to support people in community settings.</p>	

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No	Recommendation	Lead Agency responsible	Actions and progress update	RAG Status
			<p>BHSCT October 2019 Update The Belfast Trust continues to work as part of the Forensic Services Network and with colleagues in HSCB in order to identify and address service development needs to support people in community services, including scoping of a community forensic model.</p> <p>BHSCT November 2019 Update No change to above.</p>	
Independent Review panel recommendations				
1.	Evidence of a renewed commitment (i) to enabling people with learning disabilities to have full lives in their families and communities and (ii) to services which understand that ordinary lives require extraordinary supports – which will change over the life course.	HSCB/PHA	By 31 March 2020 , deliver a co-produced model for Learning Disability Services in Northern Ireland to ensure that adults with learning disability in Northern Ireland receive the right care, at the right time, in the right place; along with a costed implementation plan, which will provide the framework for a regionally consistent, whole system approach. This should ensure the delivery of high quality services and support, and also a seamless transition process at age 18. The new model will be subject to public consultation and will be presented to an incoming Minister for decisions on implementation.	

'People with learning disabilities should not have to live at Muckamore Abbey Hospital and that the management and practitioner skills and efforts required to effect modest changes in patients' lives are better spent in creating high quality community services.' – the Review Team

No	Recommendation	Lead Agency responsible	Actions and progress update	RAG Status
2.	An updated strategic framework for Northern Ireland's citizens with learning disability and neuro developmental challenges which is co-produced with self-advocates with different kinds of support needs and their families. The transition to community-based services requires the contraction and closure of the Hospital and must be accompanied by the development of local services. The Review Team suggests that elements of the latter include purposefully addressing the obstacle cited by so many, that is, "there are no community services". A life course vision of "age independent pathways," participative planning, and training for service development, for example, remains to be described. Elements of the contraction and closure include individual patient relocation, staff	HSCB/PHA/ HSC Trusts	<p>By 31 March 2020 develop a regionally consistent pathway for children transitioning from Children's to Adult services, including:</p> <ul style="list-style-type: none"> • People with learning disability and complex health needs. • People with Learning disability and social care needs. • People with learning disability and mental health needs (consistent with the CAMHS care Pathway) • People with LD who exhibit distressed behaviours. <p>BHSCT October 2019 Update This work is being taken forward by a workstream of the regional LD Service Model Transformation which the Trust is participating in.</p> <p>BHSCT November 2019 Update No change to above.</p> <hr/> <p>By 31 December 2020 finalise and develop a costed implementation plan for the new regional framework for reform of children's autism, ADHD and emotional wellbeing services, including consideration of the services required to support them into adulthood.</p> <p>BHSCT October 2019 Update This work has not yet commenced pending the outcome of the regional LD Service Model Transformation work.</p>	

'People with learning disabilities should not have to live at Muckamore Abbey Hospital and that the management and practitioner skills and efforts required to effect modest changes in patients' lives are better spent in creating high quality community services.' – *the Review Team*

No	Recommendation	Lead Agency responsible	Actions and progress update	RAG Status
	consultation and participation, and maintaining quality and morale.		<p>BHSCT November 2019 Update No change to above.</p> <p>By 31 December 2020 review the needs of children with learning disability that are currently being admitted to Iveagh Centre and to specialist hospital / placements outside of Northern Ireland with a view to considering if specialist community based service should be developed locally to meet their needs. This should be aligned to the ongoing regional review of children's residential services.</p> <p>BHSCT October 2019 Update This review has not yet commenced in detail.</p> <p>BHSCT November 2019 Update No change to above.</p>	
	Long term partnerships with visionary housing associations, including those with experience of developing shared ownership, for example, is crucial to closing and locking the "revolving door" which enables existing	<p>HSCB/HSC Trusts</p> <p>HSCTs</p>	<p>By 30 June 2020 review the capability of current providers of supported housing, residential and nursing home care to meet the needs of people with complex needs.</p> <p>BHSCT October 2019 Update Initial conversations with providers through the BHSCT LD Forum Accommodation subgroup have taken place. A "Comprehensive Live Accommodation Needs Assessment"</p>	

'People with learning disabilities should not have to live at Muckamore Abbey Hospital and that the management and practitioner skills and efforts required to effect modest changes in patients' lives are better spent in creating high quality community services.' – *the Review Team*

No	Recommendation	Lead Agency responsible	Actions and progress update	RAG Status
	community services to refuse continued support to former patients in group living, residential care or nursing home settings. If a young person or adult has their own home or settled tenancy, there is no question about where their destination will be if they have required Assessment and Treatment.		<p>exists for LD service users and an associated plan is in development.</p> <p>BHSCT November 2019 Update No change to above.</p>	
			<p>By 31 December 2019, address security of tenure of people with a learning disability living in supported housing.</p> <p>BHSCT October 2019 Update The BHSCT believe it is necessary to develop a review process with housing, social care and policy stakeholders to review the tenancy arrangements for people with severe learning disabilities to ensure that admissions to hospital do not precipitate premature cessation of tenancies.</p>	
			<p>By 31 March 2020 complete working with NIHE develop a robust strategic, intelligence led housing needs assessment to support the planning and development of special needs housing and housing support to inform future funding decisions for adult LD.</p> <p>BHSCT October 2019 Update The Trust is engaged with the NIHE in the various strands of the NIHE SP Action Plan including their Needs Assessment template. However, the NIHE Regional Accommodation Needs Assessment is unlikely to report by March 2020 as it is already overdue. In the interim, the LD</p>	

'People with learning disabilities should not have to live at Muckamore Abbey Hospital and that the management and practitioner skills and efforts required to effect modest changes in patients' lives are better spent in creating high quality community services.' – *the Review Team*

No	Recommendation	Lead Agency responsible	Actions and progress update	RAG Status
			Service in BHSCT has completed its own accommodation needs assessment on which planning for development will be based. BHSCT November 2019 Update	

Patients families recommendations			
3.	Hospital staff at all levels must invest in repairing and establishing relationships and trust with patients and with their relatives as partners.	Belfast Trust	<p>Appoint a Carers Consultant and co-produce a communications strategy with parents and carers.</p> <p>BHSCT October 2019 Update</p> <p>The BHSCT appointed a Carers Consultant in March 2019. To further improve communication, a small group of staff and families have developed a 10-point Communication Plan, work on which is ongoing.</p> <p>Other key developments are :</p> <ul style="list-style-type: none"> • Establishment of a Muckamore Carers Forum, Co-Chaired by a family carer and a member of the BHSCT senior management team. There is a standing open invitation for families to join at any stage. The Forum has been used to give presentations by staff on the new PiPA process, MAPA and the regional project for the learning disability service model. • Co-production of a Family Feedback Card • Co-production of a Family and Carer Information Booklet • Publication of the MAH Newsletter to improve communication of news and events across the site. • June 2019 – site celebration day for families, patients and staff • September 2019 – families, staff and patients participated in the BHSCT's Good Relations work by hosting an event in MAH. <p>BHSCT November 2019 Update</p> <ul style="list-style-type: none"> • The Trust's interim management team for Muckamore Abbey Hospital joined the Carers Forum for its meeting on 18 November 2019. Further efforts are required to

			<p>expand the membership of the Carers Forum to a representative number.</p> <ul style="list-style-type: none"> • The next step is for the Trust management team to write to all next of kin to invite them to attend the next meeting of the Carers Forum, and to offer each an opportunity of an individual meeting by way of introduction. This will also be an opportunity to agree a tailored communication approach between each family member and the management team, and to seek feedback on how communication could be improved more widely. • The Trust will engage with the Patient Client Council in terms of its role as an advocate. 	
<p>4.</p>	<p>Families and advocates should be allowed open access to wards and living areas.</p>	<p>Belfast Trust, Southern and Western Trusts.</p>	<p>Co-produce and implement an Open Access policy for MAH (and Lakeview and Dorsey). Completed</p> <p>BHSCT October 2019 Update Included within the Family and Carer Information Booklet, which is given to each family, is a section on visiting arrangements. This information notes that there are no restrictions on family visiting, however that it is advisable to contact the ward to avoid coinciding with meal times/appointments/planned activities.</p> <p>Each ward has a visitors room and visits can also be undertaken in patient's bedrooms or away from the ward. Recent feedback from families via the Carer Consultant is that there is in effect a practice of open access to ward environments, with the exception of meal times.</p> <p>BHSCT November 2019 Update No change to above as this is RAG status Green.</p>	

<p>5.</p>	<p>There is an urgent need to (i) invest in valued activities for all patients and (ii) to challenge the custom and practice concerning the improper and excessive use seclusion at the Hospital.</p>	<p>Belfast Trust, & Southern and Western Trusts.</p>	<p>By 30 June 2020, carry out a review of access and availability of meaningful activity in MAH (and Lakeview and Dorsey), including the range and volume of activities available to patients and monitoring of patient uptake and views to inform a new evidence based model for high intensity therapeutic interventions designed to minimise the need for restrictive practices.</p> <p>BHSCT October 2019 Update A review of Day Services at Muckamore Abbey Hospital took place in 2018 – ‘Muckamore Abbey Hospital Day Care Review: The role of therapeutic day services in an acute assessment and treatment hospital, October 2018’.</p> <p>A Day Opportunities Manager was employed to implement the recommendations of this review, the primary ones being - (1) to increase meaningful, therapeutic and skilful activity for patients; (2) to extend day services into the evening and weekends; (3) to establish more links with community organisations in order that patients can engage while in hospital and when they return to community life. (4) activities for patients can, and should be provided by all staff working with them. These may include recreational input, social input or skill development – all of which is therapeutic</p> <p>There is now a more varied activity timetable, which includes evenings, and weekends and which promotes community links with most patients in Muckamore having an activity schedule which is accessible in their ward (the patients that do not are either still in assessment or choose not to have one).</p> <p>For patients who cannot occupy themselves and who struggle to engage with the day service, Joint Therapy Aims - Free Time plan & Therapy Boxes are in place.</p>	
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			<p>BHSCT November 2019 Update No change to above as this is RAG status Green.</p>	
6.	The use of seclusion ceases.	<p>Belfast Trust, & Southern and Western Trusts.</p>	<p>By 31 January 2020, complete an urgent review of seclusion policy and practice in MAH (and Lakeview and Dorsey), to inform wider consideration of regional policy, and share outcomes with families.</p> <p>BHSCT October 2019 Update The review of the seclusion policy in MAH is complete and the new policy came into effect on 9 September 2019. There has been a programme of staff training and an audit has been devised which captures all the seclusion episodes from this date. Seclusion use continues to decrease across the site however given the patient profile, it will be challenging to ensure this ceases until adequate discharges from hospital have occurred and suitable placements secured for patients displaying high-level complex behaviours.</p> <p>BHSCT November 2019 Update Monthly audits continue in respect of compliance with the Seclusion Policy and the use of seclusion remains low. In line with a recommendation from East London Foundation Trust, a Reducing Restrictive Practices Steering Group will be established in January 2020 for the site. Terms of Reference are drafted and out for consultation.</p>	

		DoH	By 30 June 2020 , develop a co-produced and publish regional seclusion and restraint policy/guidance.	
7.	The perception that people with learning disabilities are unreliable witnesses has to change.	Belfast Trust	<p>By 30 June 2020, complete a review of Adult Safeguarding culture and practices at MAH, to inform wider consideration of regional safeguarding policy and procedures taking account of lessons also emerging from the Independent Review into Dunmurry Manor.</p> <p>BHSCT October 2019 Update All referrals made to the ASG team are initially screened and then investigated. If the incident meets a potential criminal threshold a referral is made to the PSNI via an AJP1. At the PSNI request a capacity assessment is completed now in a timely fashion by the Consultant Psychiatrist in Muckamore Abbey Hospital and if the patient is deemed 'fit' to participate in a PIA and ABE then this can be facilitated by a specially trained SW and PSNI officer. A Registered intermediary are also requested as required. As part of the investigation process other information/ potential evidence is also considered including witness statements, CCTV, body charts and information directly from the patients and family.</p> <p>To date a number of themes have been identified by the ASG team as a result of the ASG investigation arising from the viewing of the historical CCTV - these areas for improvement are being addressed.</p> <p>Actions arising from the RQIA Improvement Notices are also being addressed. There is a robust implementation action plan in place and there has been substantial progress made in relation to these recommendations.</p>	

		<p>Within Learning Disability services in BHSCT, a monthly MDT Safeguarding Forum is being established which will be an opportunity to share data analysis, feedback re. good practice, areas for learning and review the effectiveness of protection plans.</p> <p>The social work team continues to provide feedback to ward staff regarding the outcomes of ASG investigations, feedback from CCTV, feedback from moderating referrals and to identify any areas for improvement. Weekly MDT ASG meetings in each ward has now been established to ensure MDT risk assessment is taking place in respect of robust protection planning. ASG is a standing agenda item at Live Governance, PIPA, Ward managers meetings and safety briefings</p> <p>Pre and post ASG questionnaires have now been introduced to receive real time feedback from carers to understand better if intervention is improving outcomes for service users.</p> <p>Within the wider directorate an ASG process mapping workshop has taken place to understand better the processes across the directorate. An 8a lead is to be appointed to support the strategic development of Adult Safeguarding across the Directorate - they will facilitate the reform of adult safeguarding / protection in line with policy and procedures and complete developmental work in relation to adult protection gateway services and the necessary systems and processes, protocols and standards around the delivery of adult safeguarding.</p> <p>Training Bespoke ASG training has been provided to the MDT team Additional training has been identified in respect of Line</p>	
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			<p>Manager / Safeguarding Champion training for Ward Managers and Deputy Ward Managers which this is currently being explored. Medical staff have also requested additional ASG training and this is being progressed.</p> <p>CCTV CCTV is live across the hospital site. Contemporaneous viewing of CCTV takes place- areas of good practice and areas for learning are feedback to the staff.</p> <p>PSNI PSNI provide a Liaison Officer for the MAH site which has been extremely beneficial. The PSNI officer is also a link person for single agency PSNI ASG referrals in relation to incidents of patient on staff which have been reported to PSNI. A flowchart has been developed outlining the process and how staff can access additional support and updates from the PSNI liaison officer in relation to incidents where they have been subject to an alleged assault from patients. A central email address has been established by the PSNI which staff can email to request input. A memorandum of understanding is also being developed between PSNI and MAH in relation to times when the PSNI are called to the wards to assist in de-escalation.</p> <p>BHSCT-ARC Project The BHSCT is currently commissioning a service from the Association for Real Change (ARC) to :</p> <ul style="list-style-type: none"> • Carry out a baseline assessment in Muckamore Abbey Hospital utilizing a number of different approaches and techniques, including group work and 1:1 support, to explore how safe and happy patients feel in Muckamore. It is planned to pilot this in Ardmore Ward and then roll 	
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			<p>this out across the hospital site. The end result of this work will culminate in a report followed up with a conversation regarding how this information will support future planning for patients.</p> <ul style="list-style-type: none"> • Carry out post incident ASG investigations with patients, to explore the impact of response, support offered and aftercare. This will include the completion of the questionnaire LD has drafted which will be amended by ARC. • Deliver the Keeping You Safe Programme to all the remaining patients within the hospital who the social work team have been unable to deliver the programme to, including those with communication needs. <p>BHSCT November 2019 Update No change to above.</p> <p>Dunmurry Manor In relation to Dunmurry Manor there is a Regional Action Plan for Trusts to progress. This is headed up by COPS but has representatives from Learning Disability and Mental Health on the Task and Finish Group.</p>	
8.	People with learning disabilities and their families are acknowledged to have a critical and ongoing role in designing individualised support services for their relatives.	Belfast Trust	<p>By 31 December 2019, review and change needs assessment and care planning culture and processes in MAH to ensure individuals and their families are fully involved, taking account of lessons emerging from Independent Review into Dunmurry Manor.</p> <p>BHSCT October 2019 Update If a patient is accompanied by a family member/carer on a admission, they will be asked to give information to complete a section of the care plan 'All About Me' – this in turn helps guide/inform the nursing care plan. The patient is present</p>	

			<p>at the time this section is completed.</p> <p>The daily PIPa round has a section to record patient/ family views and opinions which is with the intention of facilitating their daily involvement into patient's care and aiding best possible outcomes. These are available on Paris as evidence.</p> <p>Families are invited to attend regular multi-disciplinary meetings to keep them informed of progress i.e. preparing/planning for discharge and looking at alternative community placements.</p> <p>BHSCT November 2019 Update Work is ongoing to ensure that care plans are up to date and further work is required to review the communication with families in this regard.</p>	
9.	The Hospital's CCTV recordings are retained for at least 12 months.	Belfast Trust	<p>By 31 October 2019, liaise with provider to explore options for retention of recordings, in compliance with existing regional HSC and national information and record management guidance and legislation.</p> <p>BHSCT October 2019 Update A number of meetings have taken place with the Trust's CCTV supplier and confirmation has been provided that retention of recordings is achievable with a number of amendments to the existing system. These are being scoped currently.</p> <p>BHSCT November 2019 Update An estimate of the cost involve to upgrade the system in order to achieve a 12 month retention period of CCTV has been received which is in excess of £500k. Further discussion is now required to understand the full detail</p>	

			behind this quote, and to determine next steps. Should this estimate remain in the region of £500k then capital funding will be required, and a procurement process/tender will need progressed. At this stage it is not therefore possible to put a timeframe on achieving this, although it is anticipated that this position will be clearer by December 2019.	
10.	Families are advised of lawful practices the hospital may undertake with (i) voluntary patients and (ii) detained patients.	Belfast Trust	By 30 November 2019 , develop an information paper and share with families and staff. BHSCT October 2019 Update The Trust is currently reviewing best practice within NHS England and reviewing the 'Getting it right for people with learning disabilities: What families need to know' document as a basis to provide better information to families and patients on their rights under the law. BHSCT November 2019 Update No change to the above.	
11.	Families are given detailed information, perhaps in the form of a booklet, about the process of making a complaint on behalf of their relatives.	Belfast Trust	By 31 October 2019 , provide an information booklet to families on the complaints process. BHSCT October 2019 Update The BHSCT's Complaints Leaflet and related posters are available on all wards. The Carer Consultant is developing a bespoke flow chart. BHSCT November 2019 Update No change to the above.	
12.	Families receive regular progress updates about what	Belfast Trust	By 31 October 2019 , a schedule of Trust meetings with families will be produced and circulated to families.	

	is happening as a result of the review.		<p>BHSCT October 2019 Update Dates for future Carers Forums will be circulated to all families in line with communication approach described previously.</p> <p>BHSCT November 2019 Update No change to the above.</p>	
Hospital staff recommendations				
13.	An enhanced role for specialist nursing staff is set out.	Belfast Trust	<p>By 30 June 2020, develop a workforce plan for specialist nursing provision in MAH in line with findings from ongoing regional work.</p> <p>BHSCT October 2019 Update An Interim Divisional Nurse has been in post since 14 October 2019. Data is currently being collected in relation to specialist nursing roles in order to scope commissioning requirements for 2020 which will feed into the Regional Collaborative on Learning Disability.</p> <p>BHSCT November 2019 Update</p>	
		DOH	By 31 May 2020 , complete a review of Learning Disability Nursing.	
14.	Responses to safeguarding incidents and allegations are proportionate and timely.	Belfast Trust	<p>By 30 June 2020, complete a review of Adult Safeguarding culture and practices at Muckamore Abbey Hospital, to inform wider consideration of regional safeguarding policy and procedures taking account of lessons also emerging from the Independent Review into Dunmurry Manor.</p> <p><i>See response to point 7 above.</i></p>	

15.	Safeguarding documentation is substantially revised.	HSCB	By 31 December 2020 , carry out a review of regional Adult Safeguarding documentation, to inform wider consideration of regional safeguarding policy and procedures taking account of lessons also emerging from the Independent Review into Dunmurry Manor.	
Senior Trust staff recommendations				
16.	A shared narrative is set out.	HSCB/ PHA/HSC Trusts	<p>By 31 March 2020, the LD Service Model Transformation project (see Recommendations 1 and 2) will inform the development of a best practice regionally consistent model for community and acute services, which (subject to agreement by an incoming Minister) will set out the road map for regional adult learning disability services in the future.</p> <p>BHSCT October 2019 Update The Trust is participating fully in the regional LD Service Model Transformation Project.</p> <p>BHSCT November 2019 Update No change to the above.</p>	
17.	Commissioners specify what “collective commissioning” means.	HSCB	By 16 October 2019 , HSCB to write to BHSCT outlining the current position and status of commissioning for HSC Services, taking account of learning also emerging from the Independent Review into Dunmurry Manor.	
18.	The transformation required in learning disability services must be values driven and well led.	HSCB/ PHA/HSC Trusts	By 31 March 2020 , the LD Service Model Transformation project (see Recommendations 1 and 2) will build on the vision set out in the Bamford Review, and adopt an outcomes based approach. It will also be co-produced with people with learning disability, carers, advocates and	

			<p>families. Bespoke governance arrangements have been established and will be kept under review throughout the life of the project.</p> <p>BHSCT October 2019 Update The Trust is participating fully in the regional LD Service Model Transformation Project in a values based approach.</p> <p>BHSCT November 2019 Update No change to the above.</p>	
19.	The purpose of all our services is clear.	HSCB/ PHA/HSC Trusts	<p>By 31 March 2020, the LD Service Model Transformation project will inform the development of a regionally consistent model for community and acute services and will provide clarity around purpose.</p> <p>BHSCT October 2019 Update The Trust is participating fully in the LD Service Model Transformation Project.</p> <p>BHSCT November 2019 Update No change to the above.</p>	
20.	All Trusts should invest in people-skills and be cautious about focusing solely on learning disability nursing.	DoH HSCB/ PHA/HSC Trusts	<p>By 31 December 2020, develop an evidence based plan for recruitment, training and retention of a sufficiently skilled multi-disciplinary workforce, including people skills, to undertake and deliver therapeutic and clinical assessment and intervention across both inpatient and community services.</p> <p>BHSCT October 2019 Update The BHSCT recognises that a workforce plan is required for the multi-disciplinary team who provide support to MAH.</p>	

			<p>One example of developments in the wider workforce is the pilot of “Behaviour Assistants” as part of the MDT.</p> <p>By 30 September 2020, deliver community and home treatment services support placements for people with learning disability so that all assessment and treatment options are explored, undertaken and exhausted in the community where possible and only in hospital when indicated/necessary.</p> <p>BHSCT October 2019 Update A Home Treatment model has been developed and work is underway to plan for implementation.</p> <p>BHSCT November 2019 Update</p>	
21.	The default “Friday afternoon and weekend admissions” to Muckamore Abbey Hospital have to stop.	HSCB/PHA/ HSC Trusts	<p>By 31 December 2019 support HSC Trusts to complete a regional review of admissions criteria and develop a regional bed management protocol for learning disability services</p> <p>BHSCT October 2019 Update The BHSCT is fully participating in this review.</p> <p>BHSCT November 2019 Update No change from above.</p>	
22.	Time limited and timely Assessment and Treatment become the norm.	HSCB/HSC Trusts	<p>By 30 November 2019, appoint a regional bed manager for all 3 current in-patient units.</p> <p>BHSCT October 2019 Update The job description for this post will be finalised by 4 November 2019, and will proceed to recruitment thereafter.</p>	

			<p>BHSCT November 2019 Update The job description for this post has been finalised, and is with HR colleagues in BHSCT for desk top matching. It will then proceed to recruitment thereafter. BHSCT will fund this post at risk beyond the end of 2019/20 in order to maximise interest in the post and likelihood of recruiting.</p>	
		<p>HSCB/PHA/ HSC Trusts</p>	<p>By 30 September 2020, taking into account the outcome and recommendations of the independent review of acute care for people with learning disabilities support HSC Trusts to develop regional care pathways for inpatient care to ensure that admissions are planned and delivered in the context of an overall formulation. This should include community based assessment and treatment, clear thresholds for hospital admission and timely, supported discharge from hospital. (See Permanent Secretary commitments).</p> <p>BHSCT October 2019 Update The Trust is fully participating in this work.</p> <p>BHSCT November 2019 Update No change to above.</p>	
<p>23.</p>	<p>Trusts and Commissioners must be knowledgeable about the “user experience” and that of their families.</p>	<p>HSCB/ PHA/HSC Trusts</p>	<p>By 31 March 2020 the LD Service Model Transformation project (see Recommendations 1 and 2) is being co-produced with people with learning disability, carers, and families. The future model for LD services will be designed around their aspirations, and will ensure effective structures are in place on an ongoing basis to fully operationalise this commitment.</p> <p>BHSCT October 2019 Update</p>	

			<p>The Trust is participating fully in the LD Service Model Transformation Project</p> <p>BHSCT November 2019 Update No change to above.</p>	
24.	Trusts and Commissioners should set out the steps required in the Department of Health's post Bamford plan: in the short and medium term.	DoH/HSCB/PHA/HSC Trusts	<p>By 31 March 2020, all parts of the HSC will have been involved in the development of the Learning Disability Service Model which will include a costed implementation plan and provide the framework for a regionally consistent, whole system approach to delivering high quality services and support to adults with Learning Disabilities. The new model will inform future service developments and investments for LD services.</p> <p>BHSCT October 2019 Update The Trust is participating fully in the LD Service Model Transformation Project.</p> <p>BHSCT November 2019 Update No change to above.</p>	

RAG Rating	
Completed	
Work in progress	
Progress required/Risk of not meeting target	

GLOSSARY OF TERMS

HSC – Health and Social Care

DoH – Department of Health

DfC – Department for Communities

DoF - Department of Finance

HSCB – Health and Social Care Board

PHA – Public Health Agency

RQIA – Regulation and Quality Improvement Authority

BHSCT – Belfast Health and Social care Trust

NHSCT – Northern Health and Social Care Trust

SEHSCT – South-Eastern Health and Social Care Trust

SHSCT – Southern Health and Social Care Trust

WHSCT – Western Health and Social Care Trust

MAH – Muckamore Abbey Hospital

SAI – Serious Adverse Incident

Bamford – the Bamford Review of Mental Health and Learning Disability in Northern Ireland

LD – Learning Disability

NIHE – Northern Ireland Housing Executive

GOVERNANCE STRUCTURES

Resettlement Process

Initial nursing and medical assessments.

Initial MDT meeting to discuss environment and staffing levels and shared/ single occupancy.

Search for available accommodation.

Liaison with Providers about developing bespoke accommodation and/or inclusion in the business case.

Housing Executive application if required.

Potential Placement Identified

Nursing and Medical staff and Behavioural staff to assess to determine whether it meets the person's needs.

O/T assessment of environment if required.

Provider to carry out an assessment to determine whether they can meet the person's needs.

Person and family to visit the potential placement to determine if it will meet the person's needs.

Initial Care Planning Meeting

Request for updated nursing and medical assessments.

Discussion about who is completing/updating the About You.

E-mail Speech and Language Therapist to request SALT reports indicating the proposed transition date.

Request O/T assessment.

Request a copy of Epilepsy Management Plan.

Request a copy of PBSP.

Request a copy of any other available assessments, for example, physiotherapy.

Agree a date to share Trust Care & Support Plan if applicable,

Agree a date for Provider to complete draft Care Plan.

Discuss appointeeship and agree who will complete a financial support plan if required.

Ask Provider to share weekly budget if required.

Discuss financial contributions if relevant.

Ask Provider to liaise with day care and community key worker to provide a daytime activity schedule.

Agree who will be responsible for purchasing furniture if required.

Arrange a date for review of CRA for use in a community setting if appropriate.

Agree potential transition date.

Agree date for commencement of inreach.

Agree inreach arrangements.

Agree potential transition date.

Discuss capacity, consent and Dols.

Subsequent Care Planning Meetings

Update on progress since last meeting.

Discuss arrangements for transferring money to the person/Provider.

Request photographic ID for example, an electoral card for GP registration and opening a bank account if required.

Request details of GP practice and planned registration date.

Agree outreach arrangements.

Ask Provider to make arrangements with housing provider to sign tenancy.

Ensure family and /or advocate is present to support the person when the tenancy is being signed.

RESETTLEMENT PROCESS DOCUMENT MAH 2021

Stevenson, Ann/Murray, Kim

BELFAST TRUST

Background to changes

In 2019, the senior manager for resettlement and the team carried out a review of the then resettlement process to understand what was working, what was not and what needed changed.

The senior manager undertook a review of failed placements for the previous year and compiled a report entitled '*Summary of learning from unsuccessful trial placements*' with recommendations for change (appendices VIII).

The team completed an action plan based on these recommendations with 18 areas identified, which we continue to work through to shapes our process (appendices IX).

The assessment led process was enhanced following the review, with more emphasis being placed on the analysis of need, with greater fine-tuning and a fully agreed outcome with the MDT.

The team then updated the resettlement process to reflect this and undertook a process of sharing the new approach across the Trusts for continuity and to ensure successful placements.

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Appendices

- I. Copy of Care Management needs analysis – pg14-17
- II. Overview of In-reach to providers – pg18-19
- III. COVID guidance for in-reach staff – pg20-21
- IV. Leave drug procedure for resettlement patients – pg22
- V. Pre-trial on leave check list – pg23-24
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- IX. Action plan – pg58-76

1. Current Model of Resettlement

The resettlement team are involved with all patient on the Muckamore Abbey site with the exception of patient currently receiving treatment.

The current model of resettlement used within Muckamore Abbey Hospital is an assessment led process, which was enhanced following reviews into failed placements, early 2020. These assessments consist of reports from professionals within the Multidisciplinary Team, including: Medical, Nursing, Occupational Therapy, Positive Behavioural Support, Essential Lifestyle Plan (BT resettlement professional), Incident reports and Speech and Language professionals. The care manager for the patient reviews the above assessments and completes an outcome of needs analysis document, which represents the salient points from these reports (appendix II).

This analysis identifies the level of care and support that is required to meet the individuals' needs. An outcome meeting between the Multidisciplinary team and the family representatives (family having had opportunity to read the document prior to this meeting) discusses and accepts the document (plus amendments to it) and considers the onward resettlement journey for the patient.

It will identify the patients' community support needs, including the type of accommodation required, such as residential, supported living, nursing care and additional complex care needs: the totality of these indicates the need for any bespoke placement, tailored to each individual's specific or complex care needs. The next part of the process is the identification of an appropriate

provider/accommodation scheme, in conjunction with the Care Manager. When all parties agree that a proposed placement is suitable, a referral to the scheme will be made and the provider invited to complete their assessment.

Before the transition process begins, an initial discussion with families and the resettlement team identifies the level of involvement they wish to have. Some families opt for regular updates from the team, while others will be more involved in the process. The resettlement team supports and encourages families to be as involved as much they wish in their loved ones' resettlement.

The resettlement co-ordinator will organise an initial resettlement-planning meeting with the full MDT, providers and family to discuss all plans that need to be made to support the patient to transition to their forever home. The initial planning meeting entails discussions around adaptations required, care planning, risk assessment, DOLS, best interest meeting, financial planning, essential lifestyle plans and PBS planning among other meetings and discussions to support the transition. Providers are invited up to the hospital to complete in-reach alongside of these planning meetings, and review meetings are held regularly to assess progress. If any further training is identified such as epilepsy management etc this will be organised with the provider and the MDT. The hospital routinely provides formulation and PBS training to the provider nearer the transition date.

Careful planning and thought is given to the patient's actual transition to their new home, with further consideration given to their length of stay in hospital, difficulties with previous transitions and the learning from these and any specific patient needs such as Autism to support a seamless transition.

While on trial leave, outreach from the ward will have been considered and planned for if appropriate to support the move and settling in period. If ward outreach is not required, MDT visits are organised on a weekly basis to review and support the placement. The provider will submit a weekly update report to the team to outline the patient's progress and any difficulties. Regular reviews meeting with the team will discuss and address the content of these reports and agree actions.

An agreed discharge timeframe will be worked towards, with all parties including the family being in support of this. This is dependent on how the individual is settling in, any difficulties that have arisen that need to be worked through addressed, confidence with the provider in order to satisfy MDT and family that a discharge can safely take place.

The team completed a document on the resettlement process that consists of 4 phases. The work required in each of these phases have been captured in a checklist to support the resettlement process. This checklist is a working document, which is continually reviewed and added to due to the uniqueness of each transition.

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2. Phases of resettlement

Assessment Phase	√	N/A	Comments
Nursing, Medical, Social Work, Occupational Therapy, Day-care, Physio and SALT reports			
Completion of care management assessment & analysis of need			
Meeting with the MDT & family to review and agree the care management assessment and analysis			
Referral to provider			
Environmental Assessment-Include family and MDT visit to placement			
Compatibility Assessment			
Discuss appointee and financial support plan			
Provider to carry out an assessment to determine whether they can meet the person's needs.			
Multidisciplinary Outcome Meeting			
Liaison with Providers about developing bespoke accommodation and/or inclusion in the business case.			

Planning Phase	√	N/A	Comments
Initial Resettlement Planning Meeting-MDT Discuss/agree environmental adaptations and staffing levels and shared/ single occupancy			
Hold initial inreach planning meeting			
Organise Inreach induction Session			
Housing Executive application if required			
Discuss Transport Needs-Has scheme got own transport/is there an existing mobility car or does one need to be applied for/can pt access and use public transport			
Has patient got an 'About You'			
Has patient got a Hospital Passport			
Arrange a separate financial planning meeting-agree who needs to be in attendance. Ask Provider to share weekly budget if required. Agree who will be responsible for purchasing furniture if required.			
Review by MDT of the following documentation -CRA, PBSP and Epilepsy Management Plan.			
Request updated OT, SALT and Physio assessment for sharing with the provider			
Share Trust Support Plan if applicable			
Meet to Review Provider Support Plan			

Convene Best Interest Meeting(if applicable)			
Discuss DOLs application			
Discuss & Agree Day Activities/Review Schedule			
GP Registration-Request photographic ID for example, an electoral card for GP registration and opening a bank account if required. Request details of GP practice and planned registration date.			

Review Phase	√	N/A	Comments
Update on progress since last meeting			
Review Inreach			
Agree PBSP and Formulation training			
Agree Transition Plan			
Arrange a CRA Review Meeting –ensure changes are made to suit a community setting			
Convene a Best Interest Meeting			
Agree transition date			
Agree Key point of contact for family and frequency of contact			

Meeting to be arranged prior to transition with two of the following Pharmacist, Doctor or Nurse to review transcript of Kardex.			
Tenancy- Arrange a day to sign. Ensure family and /or advocate is present to support the person when the tenancy is being signed.			
Discuss arrangements for transferring money to the person/Provider.			
Agree outreach arrangements.			
Ensure review Meeting and weekly updates are provided			

Trial Phase	√	N/A	Comments
Ensure weekly updates are shared with full MDT			
Ensure Key Contact with family			
Arrange subsequent review meetings			

3. In-reach

In-reach has always been an integral part of resettlement and is a process whereby the provider comes onto the ward to experience first-hand the care and support that is provided to the patient by hospital staff. This includes personal care, routines and support of behaviours that challenge, over a 24-hour period. The initial period will consist mainly of observation, with progression to more hands on care as their confidence grows and knowledge of the patient increases. Following a review into failed placements (appendices VII) this process was enhanced to include a more robust approach to how it was carried out and reviewed.

An initial in-reach planning meeting identifies expectations, hours of work and any preparation that needs to occur. Families are encouraged to be involved in an induction morning with the provider, which is hosted, by the named nurse and PBS nurse. This session allows a ward induction to be carried-out and reviews the patient care plan, risk assessment and PBS plan to discuss behaviours that challenge and what they can expect on the ward. Providers are given in-reach guidance (appendices II) to share with their staff along with COVID guidance (appendices III).

Providers, the ward and families submit their expectations on what they expect in-reach to look like and this is used as a review tool throughout in-reach to ensure all goals are being met. In-reach contact/hours, will only be increased once confidence in the recent learning has been achieved and the patient is coping with the extra input of staff. All in-reach is person centred and although there is no set time to in-reach having to be completed, it is tailored to a level that the patient can manage and to allow the staff to experience the patient's full routine.

Provider confidence is a crucial in supporting the individual's transition. Regular review meetings are held with the ward; provider and family input to openly discuss progress, identify any issues and agree plans to address these.

4. Trial leave medication procedure

Please see appendices IV – Leave drug procedure for patients

5. Pre-trial on leave resettlement checklist

Please see appendices V – pre-trial on leave checklist.

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6. Out-reach

Out-reach consists of ward staff accompanying the patient to their new home for a number of weeks after transition. The purpose is to be on hand to continue to support the staff to develop their confidence following transition, observe interactions, and provide guidance as necessary. Out-reach is person centred with reducing ward staff support as the patients settles in and staff take over their full care. Ward staff are given out-reach guidance (appendices VI) to inform them of their role and responsibilities, and regular reviews meetings with the ward and provider are held to reflect on provider confidence, how the patient is settling in, identification of any issues, and agreeing plans to address these.

7. Out-reach review visits by MDT

A shorter outreach period may be required for some patients. This may be due to their placement being too far away to complete outreach, or the patient choosing ward staff not to facilitate this. As such, the MDT would schedule visits to review the patient in their new home and feedback to the wider team. These disciplines include Consultant, OT, PBS, resettlement and SW colleagues. This provides an overview that the transition is going well and the provider has developed their confidence to support the patient.

APPENDICIES

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Appendices I – CM needs analysis

Personal Details:

Name:

Address:

DOB:

GP:

Next of Kin:

Main point of Contact:

1. Background information including history & current circumstances

Date of Care Management Assessment / /

Who was involved?

2. Information available to you at that the time of the assessment

Essential	Available	Explain / Comment
Nursing	Yes / No / N/A	
Social Work	Yes / No / N/A	
Activities of Daily Living	Yes / No / N/A	
If Involved - Essential	Available	Explain / Comment
Occupational Therapy	Yes / No / N/A	
Physiotherapy	Yes / No / N/A	
Speech and Language	Yes / No / N/A	
Psychology	Yes / No / N/A	
Behaviour Support	Yes / No / N/A	
Desirable	Available	Explain / Comment
G.P. Medical	Yes / No / N/A	
Other	Yes / No / N/A	

2. Summary of Referral and Professional Assessments

--

3. Service User Views (include capacity and consent to share information):

4. Carers / Family Views

5. Care Managers Comprehensive Analysis of the assessed need and information including Human Rights considerations)

(Document the Client's current assessed need e.g. Direct Payments, Domiciliary Package, Nursing, Residential, Support Living– specify details eg: 24hour support, access to 24hour support, intermittent support. Number of staff, including night cover, environment, skills/training, location)

[Empty rectangular box]

6. Discussed and agreed with other Care Management team members as follows:

[Empty rectangular box]

7. Next steps?

[Empty rectangular box]

Appendices II – overview of in-reach to providers

Inreach staff-Function & Role

(For Patients Where there is an Identified Need for Inreach)

Function

Before patients move to the community, you will get the opportunity to work with them in the hospital setting. This will allow you to get to know the patient and to familiarise yourself with the patients' needs and plans of care.

It is important that you use this opportunity to build your confidence and skills with the patient and to become aware of all their needs so that you are fully competent in meeting these needs, when the patient leaves hospital.

Role

- Do not visit a ward unless this has been pre-arranged.
- If applicable, wear uniform or name badge. If wearing your own clothing, please dress professionally in clothing suitable for carrying out caring duties (no tight fitting/revealing clothing should be worn).
- Ensure that you receive an induction when you commence working on a ward. Alert the Manager/Deputy or Nurse in Charge if you have not had an induction. Have a tour of the ward and know where to access all the facilities and equipment.
- Avoid taking a lot of personal belonging and ensure any personal belonging brought, are secured. Alert Manager/Deputy or Person in Charge if you need access to a locker.
- For your own safety and the safety of others, ensure that you wear a personal alarm at all times. The sign in/out register must be completed and in the event that you leave the premises with an alarm, you must return it as soon as possible.

- You must work under the supervision of nursing/day-care staff and observe closely how they engage with the patient, paying particular attention to how they communicate with the patient.
- Observe how patient's physical needs are catered for(washing, dressing, toileting and feeding)
- Pay particular attention to any risk factors that the patient has and observe how staff manage these to ensure safety.
- Follow advice/guidance given by nursing/day-care staff in relation to patient management (particularly in an emergency). They know the patients well and will know what strategies to employ, to ensure the situation is managed safely. Staff may instruct you to leave to an area of safety.
- Staff need to seek as many opportunities as possible to become involved in meeting the patient's needs. This means getting as much **practical experience** in meeting the patient's Activities of Daily Living.
- Staff need to get experience in activities off the ward also such as walks, swimming and community outings.
- Ask as many questions as possible to get the information required, to meet the patient's needs.
- Be prepared that nursing/ day care staff may question you on the patient's assessment/plans of care.
- Read as much information as possible about the patient during their in-reach work e.g. care plan, risk assessment, CRA and PBS plan.
- Do not photocopy or remove any documentation from the ward without speaking to the Nurse-in-Charge.
- Report any concerns immediately to the Nurse/Person in Charge.
- Whilst completing in-reach, staff should adhere to hospital policies and guidelines.
- Refrain from using mobile phones.
- Smoking is not permitted anywhere on site, Muckamore is a no smoking hospital.
- Ensure that you complete an evaluation at the end of every shift.
- Please be aware that CCTV is in operation in all wards on site.
- Once the provider care/support plan has been agreed by the MDT, you will then be deemed to know the patient and their needs sufficiently to take them off site without supervision of ward staff.

Appendices III – COVID guidance for in-reach staff

Dear Inreach provider,

We are recommencing our resettlement programme and are in a position to accept your staff coming onto our wards to provide inreach.

We know that you usually provide us with a weekly schedule; we are going to have to request this arrive with the ward on a Wednesday, in advance of your initial visit. This is to help us plan for and limit the number of people on the wards. Nobody can arrive to any ward unannounced.

The ASM, Ward Manager and Daycare Manager will review your submitted schedule and confirm whether this can go ahead. Some wards may have a number of In-reach programmes from different providers, and as such, the ward will have to oversee the full coordination and ensure numbers are kept to a minimum at any given time. The contact details are as follows:

Assistant Service Manager _____

Ward Manager _____

Day-care Manager _____

To operate the in-reach schedule, we request that you do the following:

1. You will contact the ward to confirm your appointment (2 days before the appointment).
2. Contact number is _____
3. On the morning of your in-reach, you must contact the ward to confirm that the visit can proceed.

4. We will ask you on that call the following questions;

- Do you feel well?
- Do you feel you have a temperature?
- Have you developed a new cough in the past 14 days?
- Have you lost your sense of taste in the past 14 days?
- Has anyone in your household displayed symptoms of COVID in the past 14 days?
- Have you been in contact with anyone with COVID symptoms in the past 14 days?

If you answer yes to any of these questions, you must not visit the ward for up to 14 days from the onset of symptoms, or being in contact with someone who is symptomatic. We will notify your line manager if the visit does not proceed due to any of the above.

During your in-reach on the MAH site, you will be expected to bring a clean change of clothes with you, and to change before and after your shift. Showering, changing and locker facilities are available. ALL personal belongings including mobile phones must not be brought onto the wards, and must be stored in the lockers provided. Can we ask that you do not work with other service users prior to your visit to the ward on that day.

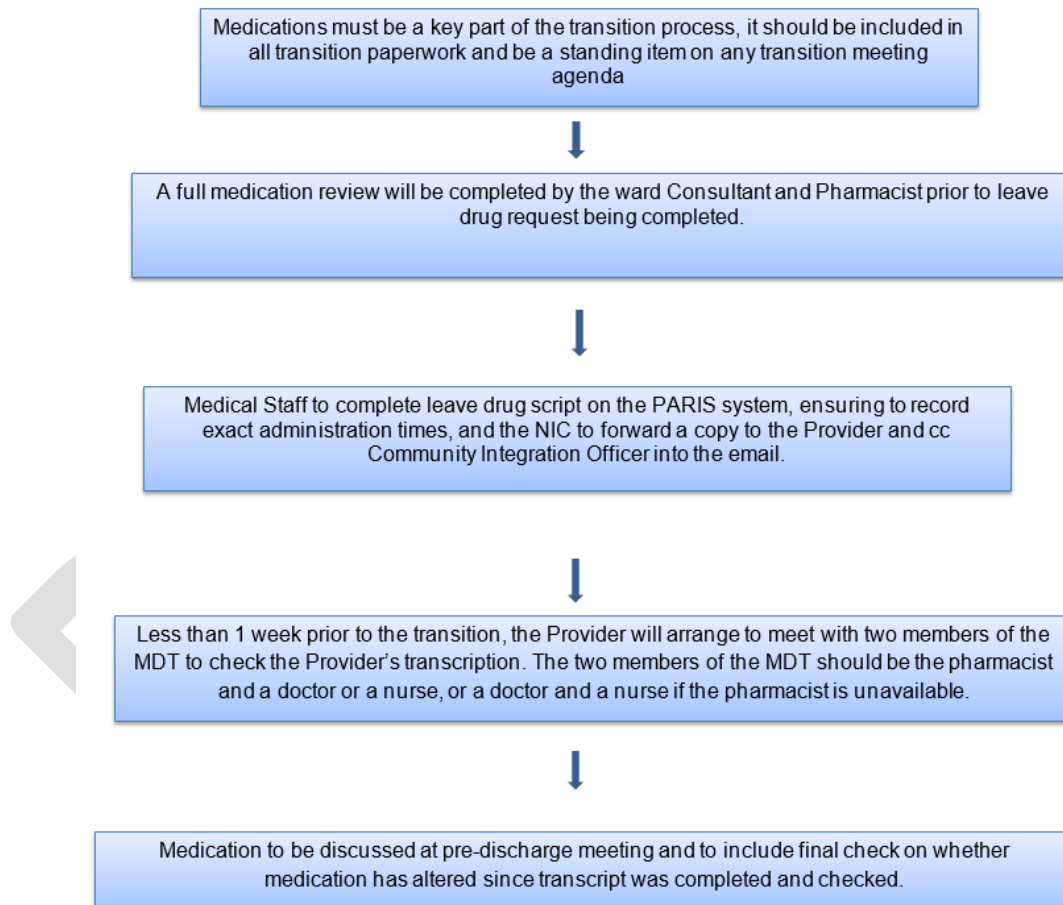
On arrival to the ward, we will provide you with the appropriate PPE and guidance on how to apply. In addition, we will take your temperature when you arrive. If you have a high temperature, the visit will not proceed. Throughout your visit, you will be expected to wear assigned PPE and adhere to good hand hygiene and social distancing principles.

You will not be permitted to bring any paperwork onto the ward with you. We ask that you email any documentation you will require to the ward prior to your visit and these will be printed for you. Alternatively, ward staff will provide materials needed for you on the day.

When you are leaving the ward all PPE must be disposed of in the appropriate waste receptacle.

Appendices IV – Leave drug procedure for resettlement patients

Leave Drug Procedure for Resettlement Patients



Appendices V – Pre-trial on leave checklist



Leave On Trial/Trial Leave Checklist (Complete prior to and on day of transition))

Ward: _____ Name: _____ Paris ID: _____
 Transitioned to: _____ Accompanied by: _____ Date: _____

	Completed	Date (Time if applicable)	Signature	Comments
Has the patient's place of transition been notified of the precise move date and time				
Has the patient been seen by a MO prior to transition				
Has a physical examination been completed by MO prior to transition				
Has a PCR test with a negative result been obtained within 48 hours of the move				
If appropriate, has a <u>service group risk assessment</u> been completed if patient is not able to isolate for 14 days following the move.				
Have all relevant community staff been notified of the patient's transition				
Has the patient's transition been recorded into the wards daily report				
Has the patient's case notes been completed on PARIS to record commencement of leave				
Have all out-patient appointments been forwarded to the patient's place of discharge				
Sharing of Reports				
Has the swallowing assessment been forwarded to the provider				
Has the epilepsy management plan been forwarded to the provider				
Has the patient's PBSP been forwarded to the provider				
Placemat to accompany patient on transition day				
Has a copy signed by MDT of the patient's CRA been handed over to the provider on transition day				

Has a signed copy of the CRA been forwarded to the community key worker				
	Completed	Date (Time if applicable)	Signature	Comments
Patient's Medications				
Has the medical officer sent the leave drug request to pharmacy				
Has the NIC sent the Provider a copy of the leave drug script				
Has the Provider met with two members of the MDT to check the Provider's transcript - The two members of the MDT should be the pharmacist and a doctor or a nurse, or a doctor and a nurse if the pharmacist is unavailable				
Has all leave medication been reviewed and handed over to the provider				
Have all medications, no longer required by the patient been returned to pharmacy				
Patient's Property				
Has the patient's private property been prepared for them to take with them				
Has there been a current inventory prepared for all property				
Has the patient's money/valuables/bank notebooks etc. been documented and made available for the patient to take with them				
Patient Computer Records				
Have medical records been notified of the patient's transition				
Have medical records been notified of the patient's new contact details/phone no.				



Appendices VI – Overview of outreach to ward staff

Outreach Staff-Function & Role

(for patients where there is an Identified need for outreach)

Function

To support patients with their transition from hospital into their new home in the community.

To support community staff to continue to develop their confidence and skills in looking after patients when they move out of hospital.

To be a good role model to the staff you are supporting and to practise at a high standard, staff are likely to follow your example.

Role

- Ensure that you receive an induction/orientation when you commence working in a new facility. Alert the Manager/Deputy or Person in Charge if you have not had an induction.
- Avoid taking a lot of personal belonging and ensure any personal belonging brought, are secured. Alert Manager/Deputy or Person in Charge if you need access to a locker.
- If applicable, ensure you wear personal alarms at all times. Ensure you sign in/out register and in the event that you take an alarm home, it needs to be returned as soon as possible.
- Work alongside community staff giving guidance and support to them on how to meet the patients' needs. Encourage community staff to take the lead in providing care and assess each situation to establish what level of input they require from you. The level of support required from hospital staff should lessen as the community staff get to know the patient better.
- At times, the role will involve you being there for advice/support only. This is to allow community staff time to build their confidence. Staff must ensure that they occupy this time meaningfully and are aware that they could be called-upon, at any time.
- Follow the direction of the Person in Charge/Most Senior member of Staff and report any concern to them immediately.

- Refrain from using mobile phones.
- Ensure you are adhering to hospital and trust policies at all times.
- Complete an evaluation on return from outreach
- Ensure that you report any concerns immediately to the NIC/Ward Manager or Community Integration Co-Ordinator on your return.

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Appendices VII – Carer and Provider feedback

Resettlement Feedback

Following your loved ones recent resettlement from Muckamore Abbey Hospital to their community placement, we would appreciate your feedback on your experience of the resettlement process. This process included assessments, care planning, in-reach and other resettlement meetings.

Your feedback is really important to us and will be used to help us review and improve our services.

All responses are anonymous, and will be treated in confidence.

We appreciate you taking the time to provide us with this feedback.

1. Did you feel you were given the level of involvement you would have liked in the resettlement process?

Yes

No

If yes, can you please tell us how?

If no, do you have any suggestions how we could improve on this?

2. Were you or your loved ones opinions/views sought throughout the process?

Yes

No

If yes, please tell us how?

If no, do you have any suggestions how we could improve on this?

3. Do you feel your views and opinions were listened to and acted on?

Yes

No

If yes, can you give us an example?

If no, could you provide us with an example and any suggestions for improvement?

4. Did you feel the preparation and planning for the move was thorough?

Yes

No

If yes, please tell us what worked well?

If no, please tell us how it could be improved?

5. Were you kept updated throughout the process?

Yes

No

If yes, please tell us how?

If no, can you tell us how communication could be improved?

6. Can you tell us how you found the move and the support provided afterwards?

Very poor Poor Average Good Excellent

Please tell us more

7. Overall, can you tell us what you feel could have been improved or changed in the resettlement process?

8. How would you rate your resettlement experience? From 1-5 (1 being poor, 5 being excellent) Please tick.

Very poor Poor Average Good Excellent

Are there any additional comments you would like to make?

If you would like to discuss any of these points further please contact the resettlement team at the office on 02896154263.

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Resettlement Feedback

A part of capturing feedback on resettlement, we would appreciate your team's thoughts on your overall experience in the resettlement process. This includes assessments, care planning, inreach and other resettlement meetings.

It would be very helpful if you could provide us with feedback which we will use to review and improve our services. We appreciate you taking the time to provide us with this feedback.

1. As part of your assessment of the patient, do you feel you were provided with the appropriate information to determine suitability?

2. a. How did you feel the initial resettlement planning for a patient's transition went?

b. Would you have any suggestions as to how we could improve on this?

3. Were your organisations opinions/views sought throughout the process?

Yes

No

If yes, please tell us how?

If no, would you have any suggestions as to how we could improve on this?

4. Overall, how do you feel the inreach process went?

- a. Planning
- b. Meetings
- c. Off-duty
- d. Resolution of problems
- e. Induction

a.

b.

c.

d.

e.

5. Did you feel the care planning process captured all the required information in preparation for the transition?

If yes, please tell us how?

If no, would you have any suggestions as to how we could improve on this?

6. Were you provided with patient specific training? (e.g. PBS / Formulation / ELP / Communication/Dysphagia / Physical Health)

7. Overall, how do you feel the trial on leave process went?

- a. Planning
- b. Outreach ward staff support/off duty
- c. MDT visits
- d. Meetings
- e. Responsiveness to difficulties raised

a. _____

b. _____

c. _____

d. _____

8. How did you find working with the MDT in MAH during transitions?

Can you let us know what worked well?

Can you let us know what would help this process?

9. How would your organisation rate the resettlement experience? From 1-5 (1 being poor, 5 being excellent) Please tick.

1 2 3 4 5

Additional comments

If you would like to discuss any of these points further please contact the resettlement team at the office on 02896154263.

Appendices VIII – review of failed placements

Background and Review of SEAs 2019-2020

During the period of February 2019 – February 2020, there was a total of 25 patients with planned resettlements, of the 25, 19 were successfully placed, with 6 placements that were unsuccessful (3 Belfast Trust and 3 Northern Trust). Each unsuccessful placement was followed by a review, using the format of either a Shared Learning Event or a Significant Event Audit. The type of learning event was dependent upon the Trust involved, all resettlements were patients from Muckamore Abbey Hospital.

Each SEA invited / involved representatives from the following groups;

- MAH Multi-disciplinary Team; including Consultant Psychiatrist, Nursing, PBS, OT, Community and Resettlement staff,
- Carers advocate
- Independent Sector Provider (ISP)
- Family or carers were invited to attend, or if choosing not to attend were given the opportunity to share their view of the placement
- Trust involved (NT or BT)
- During later SEAs a representative from the HSCB was also invited, with consent from families

The main purpose of the summary is to draw out the key learning so that it can be used to improve assessment, discharge planning and therefore an earlier detection and opportunity to address or avoid pursuing unsuitable placements, and reduce placement failures. The review can also be shared as an alert to staff as to what may be early signals of a potentially failing placement, i.e. 'red flags' that require immediate action.

RESETTLEMENT PROCESS DOCUMENT MAH 2021 from Unsuccessful Trial Placements

STEVENSON, ANN/MURRAY, KIM

A SUMMARY OF THE LEARNING FROM UNSUCCESSFUL TRIAL
PLACEMENTS FOR REGIONAL INTELLECTUAL DISABILITY DISCHARGES.

Author: Fiona Rowan June2020

Contents:

Background and Review of SEAs, 2019 - 2020

Part 1

Key Learning

Red Flags

Part 2

Examples Section

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Background and Review of SEAs 2019-2020

During the period of February 2019 – February 2020, there was a total of 25 patients with planned resettlements, of the 25, 19 were successfully placed, with 6 placements that were unsuccessful (3 Belfast Trust and 3 Northern Trust). Each unsuccessful placement was followed by a review, using the format of either a Shared Learning Event or a Significant Event Audit. The type of learning event was dependent upon the Trust involved, all resettlements were patients from Muckamore Abbey Hospital.

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placements, and reduce placement failures. The review can also be shared as an alert to staff as to what may be early signals of a potentially failing placement, i.e. 'red flags' that require immediate action.

Part 1 of the report summarises the learning from each of the SEAs. Which is information that could be openly shared. Part 2, the 'Examples Section' provides concrete examples of the day-to-day issues that arose during leave on trials. These examples are to demonstrate what the themes look like in practice and are therefore more recognisable in practice than the use of generic themes.

Due to the highly specific nature of some of the 'Examples Section', Independent Sector Providers (ISPs) may be able to identify service users, which would require further anonymisation. The learning is as relevant to ISPs as it is to HSCTs and it is intended that the summary could be used by BHSCT ID Resettlement Teams to develop a learning opportunity to share with the new providers, their managers, staff and as part of learning for new developments.

The document will be used by BHSCT as a reference to improve the assessment process. It highlights the value of co-ordinating and ensuring an approach that pays attention to detail and that it is the attention to detail that can have the most impact on the quality of life and discharge experience for the patient, their family and the staff involved.

BHSCT ID Resettlement Team is using the document and learning to develop assessment checklists as part of an Intensive Discharge Planning Process which is being co-produced with carers. The key themes that have led to placement breakdown during leave on trials regularly involve deficits in the following areas:

- Communication
- Assessment

- Care Plan and discharge planning
- Provider is unable, or the providers community environment is unsuitable to meet needs, which was not fully recognised or addressed in the stages above.

The learning themes and red flags are being shared with resettlement, hospital and community staff and also used to develop checklists for monitoring and assurances to guide a more intensive assessments and discharge process. By considering the themes and ensuring more comprehensive assessments that include details of specific areas that may be difficult to replicate in the community or behavioural challenges, alongside the use of a resettlement team to focus on more intensive in-patient should reduce the likelihood of red flags emerging and therefore better outcomes.

Part 1

Key Learning & Recommendations:

1. Significant areas have been missed in the assessment process, in particular the exploration of behaviours that have become well-managed in the ward setting or by the MAH environment such as the impact of having easy access to open space, pods, sound proofing etc. These can be difficult to recognise and understand how these translate to a new setting or replicate in community placements settings. Involving Psychology in

the assessment process is being established to improve the assessment around identifying and managing behaviours.

2. Patients have been long stay in hospital where needs have often been met and well managed for many years due to staff knowledge, experience and adaptations to the environment. Changing the environment (ie a move to any new environment) can pose new or a return to previous behaviours that had settled.
3. Listening to families and carers needs to be a core focus, ELP can aid this communication and sharing of information. Families often have previous experiences and insight into life for the patient prior to hospital or on previous placements and these are valuable insights and learning.
4. Use of Psychological services at a much earlier stage, i.e. to be included in the assessment process, to aid understanding of how changes to the environment may impact upon behaviours, identify concerns and support the team with an early intervention approach and therefore reduce crisis working.
5. Placements have routinely been identified prior to the completion of full / formal assessments, The assessment of need must be completed including a psychological and sensory approach to aspects of care that may be challenging. This should be in place before a final decision on a placement can be made. Decision making on a placement should be based on the assessment of need and not on the 'availability' of a placement opportunity.

6. The standard assessment and care planning process has not been sufficient or supported with enough staff to intensively assess and review placements to ensure they are successful. The lack of an intensive approach has led to crisis situations developing, which are in turn are more difficult to correct and a drain on resources at a different stage.
7. When a provider's team has lost confidence in their ability to meet the needs of the service user, the placement will be unlikely to succeed and it could potentially be detrimental to the service user to remain in an environment where the staff feel unable to manage, we have seen examples where staff can withdraw and become fearful.
8. Model for Supported Housing, originated from supporting those with less complex needs (which was a significant success). When the complexity of need increased the skills, training, Trust in-put and potentially salary scale need reviewed.
9. Development of a resettlement service which can engage in a high intensity, low volume approach, facilitating intensive working with a smaller caseload and staying with the patient, their family /carer and the provider from assessment to post discharge remains the most rigorous way to co-ordinate care and support for all involved.
10. For Trusts to support providers with a constructive, open and transparent approach will achieve the best outcomes
11. Communication is a repeated theme, as with any complex discharge, it requires working across hospital, community, provider, carers and the service user. The communication between multiple agencies benefits

significantly from a dedicated individual with the responsibility to have an oversight between hospital and community settings. To manage, co-ordinate and ensure the comprehensive assessment, discharge and care planning – a resettlement team or service is best placed to support the MDT, however, this will be dependent upon the resource and therefore capacity of the service to meet this level of work.

12. Staff consistency in the ISP team is key to effective communication, building relationships, understanding behaviours and improves the understanding and application of Care Plans.
13. Confidence of a provider to meet needs, prior to the trial placement, does not predetermine whether the placement will succeed. The Trust assessment of need must determine what is needed and the provider evidence how this is to be met.
14. Dynamics between service users' requires more detailed exploration before shared placements commence. Shared placements create a dynamic that appears to have developed from a history of institutionalised care and should not be promoted unless there is a specific request by service users to share.
15. The development of Essential Lifestyle Plans (ELPs) to capture what is important in a service user's day-to-day quality of life, such as hobbies, likes and dislikes, (in addition to the care needs identified in a care plan) were not in place and information shared verbally was being 'lost' with staff changes early in the placements.
16. Provider in-reach checklists to improve in-reach and to ensure providers are familiar with service users in different environments (i.e. out of the ward, community settings, day care, outings, hairdressers).

17. Training needs for ISP staff teams must be identified as early as possible in the discharge planning process to minimise delays and improve in-reach learning.
18. Previous failed placements for a service user should be reviewed and used as learning to lead any new assessment process for discharge.
19. While a patient may be medically fit for discharge it may be that the resettlement of a number of long stay patients, particularly those with previous failed placements, are likely to require a bespoke environment and staff trained to a level that may not currently be available in a community setting.
20. Statutory services should be targeted to provide services and support the patients with the most complex needs, which would require the development of new settings / services. The current community provision has resulted in the majority of complex patients being reliant upon and discharged to non-statutory providers of Supported Housing and Nursing Care. An options summary to identify potential future developments could explore this further.
21. Recent experience of PBS Support is that it is currently best managed by the Trust and in-reached to the ISP. Providers in Northern Ireland have not developed sufficiently to ensure effective internal PBS services.
22. More collaborative working between community psychological/behavioural services and hospital services from assessment onwards. This will facilitate a more co-ordinated approach, greater understanding of the patient's needs at an early stage. Opportunities for community staff to work with the patient prior to discharge will strengthen skills and confidence and lead to better outcomes

23. The need for a patient to return to hospital for a short period during a trial period should not always be viewed negatively and can allow a Provider time to rebuild their team and can lead to discharge

24. ISP to have a greater awareness of PBS and ensure it is embedded throughout all aspect of their organisation as well as recognition that manager/deputies need to support staff though practice leadership.

Flags to Placement Breakdown:

The following list should be treated as 'red flags' and require immediate action to resolve, support the provider and closely monitor the placement until there is improvement or the change required.

Check for;

1. Incident reports; from the ISP in particular staff injuries, medication errors and each report should be scrutinised by the Trust along with the ISP, preferably by way of a meeting with the provider rather than email communication.
2. Medication errors, including either repeated errors or incorrect transcription of medication may have a negative and potentially serious consequence for the service users.
3. Lack of incident reports; under reporting can be equally significant. It would be unusual for a complex discharge at this stage of resettlement to have no incident reports from a provider. Trust staff on the ground

have heard verbal reports of problems, which then need to be checked against the receipt of an incident report or ASG referral. Again, email communication for responses and action from the provider will limit the assurance process.

4. Members of ISP staff withdrawing from working with a service user, it has been reported on several occasions that staff have refused to work with an individual, once this occurs, it has the potential to expand across the team, leaving the placement unviable.
5. Higher than usual or increasing vacancies in a service or key people leaving the service, i.e. Manager, preferred Support Worker, in particular just before or during the early stage of transition. A decision may need to be taken as to the stability of the service to continue the transition and a monitoring and support process initiated between the Trust and the ISP.
6. Changes to support staff, as this will impact consistency and care. It is likely that new or re-allocated staff usually will not have received the initial training and information provided, this should be checked and addressed.
7. Service User getting out to activities other than with family or carers.
8. Family / Carers flagging issues are a priority, even if it appears at a relatively low level – as it can signify the start of problems and should be thoroughly explored, again with face to face follow up as the preference.
9. Changes to out-reach can be a flag, for example if it has stopped, reduced and then needs re-started or where there may be a difference of opinion between ISP and hospital staff

10. Concerned feedback from Ward staff regarding provider staff in-put during out-reach, i.e. not being involved, waiting outside, or signs of limited engagement
11. Incomplete parts of the care plan: day care placement not available or delayed, in-reach or out-reach aims not achieved prior to starting placement.
12. Lack of, or communication problems with any involved person or agency; Trust, family/carer and providers. Including a reliance on email rather than visits or meetings.
13. Checking for the main form of communication between provider and family, checking with both parties to ensure consistent and appropriate communication, i.e. not reliant on text messaging
14. Check for any inconsistency between Providers' expectations with what the hospital or Trust can provide. Inconsistencies should be identified and addressed as early as possible and appropriate contingency plans agreed.
15. Concerns raised by Carer or patient advocate
16. Day-to-day signs in the new accommodation, such as cleanliness of the room, housekeeping issues, contents of the person's cupboards, fridge or freezer, quality of meals, snacks and hygiene, should include feedback from family / carers.
17. Medication administration sheets have they been filled out correctly, has it been checked / reviewed, responsibility and process needs agreed as part of discharge planning process.

18. The Positive Behaviour Support (PBS) plan is a key document. Regular, preferably weekly checks are required to ensure it is being followed appropriately, that there are staffing in place to meet the plan and staff are actively engaging in the plan. Providers lack of, or inability to meet the PBS plan has been a feature of several failed placements.

DRAFT

Appendices IX – Action plan

Action plan for resettlement for BHSCT

The trust acknowledged that valuable work within the review into failed placements and the importance of learning from this, and actioning the recommendations to achieve more positive successful resettlement placements for patients and their families.

The team completed an action plan with 18 areas identified based on these recommendations.



Belfast Health and Social Care Trust

ACTION PLAN

Date & Number of Action Plan:

Ref No:

Unique Identifier or source		Date of report	

Current Status Grading:

Achieved	Partially achieved	Not achieved

Ref	Recommendations	Current Position	Actions required	Responsible lead(s)	Timescale	Evidence of progress/ completion	Current Status
1	Significant areas have been missed in the assessment process, in particular the exploration of behaviours that have become well-managed in the ward setting or by the MAH environment such as the impact of having easy access to open space, pods, sound proofing etc. These can be difficult to recognise and understand how these translate to a new setting or replicate in community placements settings.	<ul style="list-style-type: none"> Whilst the Trust have always planned placements based on assessed need, there was no written record of the decision making. Care Management have recently devised a Needs Analysis which comprehensively records MDT assessments and identifies the assessed accommodation and care/support needs for the individual. There is recognition that the patients remaining in Muckamore are there, as there are no current 	<p>This process requires appropriate resources to complete comprehensive assessments. Lack of staff resource across the service is impacting on the speed and quality of assessments.</p> <p>A small number of resettlements that have</p>	<p>Community Service Manager for Resettlement & Care Management (RST&CM)</p> <p>Resettlement Team</p> <p>Care Management</p> <p>MDT</p>	2023	There have been no failed placements since April 2020. Four BHSCT patients have moved out of hospital, three of these have followed the new model and one followed the old. Two have been successfully discharged	

Ref	Recommendations	Current Position	Actions required	Responsible lead(s)	Timescale	Evidence of progress/ completion	Current Status
		<p>community placements which would meet their assessed needs, therefore bespoke placements need to be developed.</p> <ul style="list-style-type: none"> • A team Social Worker (SW) has been appointed to complete essential lifestyle plans (ELP's) for all Belfast Trust patients. • Psychology (PBS) input to the assessment process is being developed to improve the assessment around identification and management of behaviours. • Additional assessment work is being completed i.e. ecological assessments/optional appraisals 	<p>commenced, are following the old model.</p> <p>Bespoke placements need to be developed.</p>			<p>while updates remain positive in relation to the two on trial.</p>	

Ref	Recommendations	Current Position	Actions required	Responsible lead(s)	Timescale	Evidence of progress/ completion	Current Status
2	Listening to families and carers needs to be a core focus, ELP can aid this communication and sharing of information. Families often have previous experiences and insight into life for the patient prior to hospital or on previous placements and these are valuable insights and learning.	<ul style="list-style-type: none"> Parents / carers are fully involved in assessment process, their views are sought and recorded as part of the care management assessment process. A copy of the Care Management Needs Analysis is shared with the family. A team SW has been appointed to complete essential lifestyle plans (ELP's) for all Belfast Trust patients. Families can be involved in the discussion with providers on ELP's. Families are given the opportunity to attend resettlement meetings or if preferred to get an update following each meeting. 	Carer feedback form to be shared with Senior Management and feedback obtained. Carer feedback also to be shared with friends and families of Muckamore.	Community Service Manager for RST&CM Resettlement Team Care Management	3 months	Since SW commenced in July 2020, 8 ELP have been fully completed.	

Ref	Recommendations	Current Position	Actions required	Responsible lead(s)	Timescale	Evidence of progress/ completion	Current Status
3	Use of Psychological services at a much earlier stage, i.e. To be included in the assessment process, to aid understanding of how changes to the environment may impact upon behaviours, identify concerns and support the team with an early intervention approach and therefore reduce crisis working.	<ul style="list-style-type: none"> Psychology (PBS) input to the assessment process is being further established to improve the assessment around identification and management of behaviours that challenges. This includes further ecological assessments such as type of accommodation/space required and number of staff for crisis response etc. 		Head of Psychological Services	Ongoing	Behavioural assessments. PBS plans.	

Ref	Recommendations	Current Position	Actions required	Responsible lead(s)	Timescale	Evidence of progress/ completion	Current Status
4	<p>Placements have routinely been identified prior to the completion of full / formal assessments; The assessment of need must be completed including a psychological and sensory approach to aspects of care that may be challenging. This should be in place before a final decision on a placement can be made. Decision making on a placement should be based on the assessment of need and not on the 'availability' of a placement opportunity.</p>	<ul style="list-style-type: none"> Whilst Muckamore have always planned placements based on assessed need, there was no written record of the decision making. Care Management have recently devised a Needs Analysis which comprehensively records MDT assessments and identifies the assessed accommodation and care/support needs for the individual. There is recognition that the patients remaining in Muckamore remain there because there are no current community placements which would meet their assessed needs, therefore bespoke placements need to be developed. Formal outcome meetings with the family and MDT are being held to collectively agree the patient's 	<p>Bespoke placements need to be developed.</p>	<p>Community Service Manager for RST&CM Care Management Resettlement Team MDT</p>	<p>2023</p>	<p>There have been no failed placement since April 2021. Four BHSCT patients have moved out of hospital, three of these have followed the new model and one followed the old. Two have been successfully discharged while updates remain positive in relation to the two on trial.</p>	

Ref	Recommendations	Current Position	Actions required	Responsible lead(s)	Timescale	Evidence of progress/ completion	Current Status
		assessment prior to decisions in relation to onward referral					
5	The standard assessment and care planning process has not been sufficient or supported with enough staff to intensively assess and review placements to ensure they are successful. The lack of an intensive approach has led to crisis situations developing, which are in turn are more difficult to correct and a drain on resources at a different stage.	<ul style="list-style-type: none"> Whilst Muckamore have always planned placements based on assessed need, there was no written record of the decision making. Care Management have recently devised a Needs Analysis which comprehensively records MDT assessments and identifies the assessed accommodation and care/support needs for the individual. The assessment is co-ordinated by the resettlement team, Care Manager and MDT. A lack of crisis response to support/ resource within the community setting can impact the success of the placement. 	Community based intensive support/wrap around service is being developed.	Community Service Manager for RST&CM Care Management Crisis Response Lead Community Service Manager / Community Teams & Safeguarding	2023	There have been no failed placement since April 2021. Four BHSCT patients have moved out of hospital, three of these have followed the new model and one followed the old. Two have been successfully discharged while updates remain positive in relation to the two on trial.	

Ref	Recommendations	Current Position	Actions required	Responsible lead(s)	Timescale	Evidence of progress/ completion	Current Status
6	When a provider's team has lost confidence in their ability to meet the needs of the service user, the placement will be unlikely to succeed and it could potentially be detrimental to the service user to remain in an environment where the staff feel unable to manage, we have seen examples where staff can withdraw and become fearful.	<ul style="list-style-type: none"> An Operational policy and framework document is currently being developed for the resettlement process. Intensive assessment work is being undertaken to lead the referral process. The provider and ward staff are asked to attend an inreach planning meeting with their goals identified and subsequent meetings allow for a full review of these goals. Having these meetings separate allows for a fuller discussion on who is part of the core team and on what they have achieved against the identified goals. Robust care planning and risk assessment discussion/meetings are in place and held with the MDT 	<p>An Operational policy and framework document is for the resettlement process to be completed.</p> <p>Provider feedback form is being developed to obtain feedback on the resettlement journey and identify areas that need developed.</p>	<p>Community Service Manager for RST&CM</p> <p>Resettlement Team</p> <p>Care Management</p>	6-12 months	Minutes of inreach planning, review and evaluation meetings. Future analysis of feedback forms will allow resettlement to better understand and address issues for providers.	

Ref	Recommendations	Current Position	Actions required	Responsible lead(s)	Timescale	Evidence of progress/ completion	Current Status
		<p>and provider to ensure all aspects of the patients care and needs are discussed.</p> <ul style="list-style-type: none"> • Care management have devised a feedback form for providers to detail management of all known behaviours. • Operational oversight meetings for all new schemes happen regularly, allowing for a review of the full service. Problems that could destabilise the service are detected early and plans put in place to address, and offer support to the provider. • Part of trial leave arrangements include close monitoring of the patient by the full MDT. A schedule of weekly MDT visits are scheduled from transition to discharge. 					

Ref	Recommendations	Current Position	Actions required	Responsible lead(s)	Timescale	Evidence of progress/ completion	Current Status
7	<p>The model for Supported Housing, was based on the support provided to those with less complex needs- This was a significant success. When the complexity of need increased, staff skills, training and potentially the salary scale need reviewed.</p>	<ul style="list-style-type: none"> Operational oversight meetings for all new schemes happen regularly, allowing for a review of the service. Problems that could destabilise the service are detected early and plans put in place to address them and offer support to the provider. Prior to transition, training is held for providers by the Trust on ELPs, positive behaviour support/ formulation and communication or any other patient specific training that is required. 	<p>Placements require support with appropriate resources including crisis response</p>	<p>Community Service Manager for RST&CM Resettlement Team Care Management</p>	<p>2023</p>	<p>Minutes of project oversight group meetings. Evaluation from training sessions.</p>	

Ref	Recommendations	Current Position	Actions required	Responsible lead(s)	Timescale	Evidence of progress/ completion	Current Status
8	Development of a resettlement service which can engage in a high intensity, low volume approach, facilitating intensive working with a smaller caseload and staying with the patient, their family /carer and the provider from assessment to post discharge remains the most rigorous way to co-ordinate care and support for all involved.	<ul style="list-style-type: none"> • There are currently 2 community integration co-ordinators overseeing the complex resettlement work between MAH and provider. • A team SW has been appointed to assist in the extra assessment and planning work required as well as formulation of ELPs. • Admin support 2.5 days has been allocated to the resettlement team. 	Full time admin support required.	Community Service Manager for RST&CM Resettlement Team	3 months	There have been no failed placement since April 2020. Four BHSCT patients have moved out of hospital, three of these have followed the new model and one followed the old. Two have been successfully discharged while updates remain positive in relation to the two on trial.	

Ref	Recommendations	Current Position	Actions required	Responsible lead(s)	Timescale	Evidence of progress/ completion	Current Status
9	<p>Complex discharges require working across hospital, community, provider, carers and the service user. Communication is a repeated theme, and multiple agencies benefit significantly from a dedicated individual with the responsibility to have an oversight between hospital and community settings. This individual should manage, co-ordinate and ensure the comprehensive assessment, discharge and care planning process. A resettlement team or service is best placed to support the MDT, however, this will be dependent upon the resource and therefore capacity of the service to meet this level of work.</p>	<ul style="list-style-type: none"> There are currently 2 Community Integration Co-ordinators overseeing the complex resettlement work between MAH and providers. Communication with the family prior to and following transition will be facilitated by the resettlement team. 	<p>Resettlement team to develop a letter for families providing an overview of resettlement process prior to it beginning.</p>	<p>Community Service Manager for RST&CM</p> <p>Resettlement Team</p>	3 months	<p>Carer feedback forms.</p> <p>Paris records</p>	

Ref	Recommendations	Current Position	Actions required	Responsible lead(s)	Timescale	Evidence of progress/ completion	Current Status
10	Staff consistency in the ISP team is key to effective communication, building relationships, understanding behaviours and improving the understanding and application of Care Plans.	<ul style="list-style-type: none"> Operational oversight meetings will facilitate discussions with providers about recruitment and retention of staff. It will allow for discussion/review of support mechanisms needed for staff team dealing with behaviours that challenge. Prior to transition, training is held for providers by the trust on ELPs, positive behaviour support/ formulation and communication and any other patient specific training that is required. Following transition, resettlement team co-ordinate a schedule of visits on a regular basis from the MDT to monitor and review the placement. Resettlement team in conjunction with the ward 	Provider feedback form is being developed to obtain feedback on the resettlement journey and identify areas that need developed.	Community Service Manager for RST&CM Resettlement Team		<p>Minutes of outreach review meetings</p> <p>Training and evaluation feedback</p> <p>Minutes of oversight and project meetings</p>	

Ref	Recommendations	Current Position	Actions required	Responsible lead(s)	Timescale	Evidence of progress/ completion	Current Status
		ASM will hold meetings to plan and review outreach support to the providers.					
11	The confidence of a provider to meet assessed needs prior to the trial placement, does not predetermine whether the placement will succeed. The Trusts assessment of need identifies the level of care and support required and the provider must evidence how this is to be met.	<ul style="list-style-type: none"> Whilst Muckamore have always planned placements based on assessed need, there was no written record of the decision making. Care Management have recently devised a Needs Analysis document which comprehensively records all MDT assessments, identifying the assessed level of care and support need and in what environment this is best met. This is collectively reviewed and agreed by the MDT and family. Care Management have developed a Feedback Form to ensure that the Provider evidences how they intend to meet the individual assessed needs. 		Community Service Manager for RST&CM Resettlement Team MDT Care Management	Ongoing	Provider feedback forms Care Management needs analysis	

Ref	Recommendations	Current Position	Actions required	Responsible lead(s)	Timescale	Evidence of progress/ completion	Current Status
12	Dynamics between service users' requires more detailed exploration before shared placements commence. Shared placements create a dynamic that appears to have developed from a history of institutionalised care. These should not be promoted unless there is a specific request by service users to share.	<ul style="list-style-type: none"> • Patient assessments will highlight compatibility concerns or behaviours that challenge that indicate the requirement of single occupancy. • Recent work with providers outlines the need for single occupancy accommodation for those patients. • Robust compatibility assessments should be completed for those patients who appear to have good relationships and would struggle in a single occupancy placement. 		Community Service Manager for RST&CM Resettlement Team MDT Care Management	Ongoing	Care Management assessments	
13	The introduction of ELPs aims to capture what is important in a service user's day-to-day living. These include hobbies, likes and dislikes, bedtime routine and personal care. This information is in addition to the care needs identified in a care plan with information shared verbally being 'lost' with staff changes early in the placements.	<ul style="list-style-type: none"> • A team SW has been appointed to complete person centred ELPs with the MDT and family for all Belfast trust patients. 	8 ELPs to be completed	Community Service Manager for RST&CM Resettlement Team	2021/2022	8 Completed ELPs	

Ref	Recommendations	Current Position	Actions required	Responsible lead(s)	Timescale	Evidence of progress/ completion	Current Status
14	<p>Previous failed placements for a service user should be reviewed and used as learning to lead any new assessment process for discharge.</p> <p>Current assessment process will consider all assessment information including historical information that precedes the patients admission</p>	<p>SEA reviews which are completed on failed placements capture the key learning points identified.</p> <p>While most ongoing resettlements are assessment led, there remain a few patients whose resettlement journeys commenced prior to the new model.</p>	<p>Full assessments will be required for all patients. Active resettlements currently have/will have assessments completed as part of the resettlement process.</p>	<p>Community Service Manager for RST&CM</p> <p>Resettlement Team</p> <p>MDT</p> <p>Care Management</p>	Ongoing	<p>Care Management Needs Analysis.</p> <p>SEA's for failed placements.</p>	
15	<p>While a patient may be medically fit for discharge, a suitable community placement may not be available. The resettlement of some long stay patients, particularly those with previous failed placements, are likely to require a bespoke environment and staff trained to a level that may</p>	<p>Two business cases is to be submitted in June 2021.</p> <p>1st – 6 bedded forensic business case.</p> <p>2nd – 5 bedded statutory business case.</p> <p>Senior Management meetings are taking place to consider the</p>	<p>Business cases to be submitted.</p>	<p>Director</p> <p>Co-Director</p> <p>Business and Service Planning Officer</p>	2022/2023	<p>Submission of business case.</p> <p>Minutes of monthly director meetings.</p>	

Ref	Recommendations	Current Position	Actions required	Responsible lead(s)	Timescale	Evidence of progress/ completion	Current Status
	not currently be available in a community setting.	needs of patients residing on site for more than 30 years and how to best meet their accommodation needs on site.		Community Service Manager for RST&CM Resettlement Team Care Management Hospital Management			
16	Statutory services should be identified to provide services and support to the patients with the most complex needs, which would require the development of new settings / services. The current community provision has resulted in the majority of complex patients being reliant upon and discharged to Independent Providers of Supported Housing and Nursing Care. An options summary to identify potential future developments could explore this further.	The Trust has identified the need for a statutory supported living unit to meet the needs of BHSCT inpatients through the development of a 5 bedded unit. Business cases are being submitted to NI Housing Executive.	Submission of outline business cases for statutory service.	Director Co-Director Business and Service Planning Officer Community Service Manager for RST&CM Resettlement team Care Management Hospital Management	2023	Submission of business case. Minutes of monthly Director meetings.	

Ref	Recommendations	Current Position	Actions required	Responsible lead(s)	Timescale	Evidence of progress/ completion	Current Status
17	<p>Recent experience of PBS Support is that it is currently best managed by the Trust and in-reached to the ISP. Providers in Northern Ireland have not developed sufficiently to ensure effective internal PBS services</p> <p>More collaborative working between community psychological/behavioural services and hospital services from assessment onwards. This will facilitate a more co-ordinated approach, greater understanding of the patient's needs at an early stage. Opportunities for community staff to work with the patient prior to discharge will strengthen skills and confidence and lead to better outcomes.</p>			Sarah			

Ref	Recommendations	Current Position	Actions required	Responsible lead(s)	Timescale	Evidence of progress/ completion	Current Status
18	Should a patient require a return to Hospital during their trial on leave this should not be viewed negatively. This can allow time to restabilise the placement and lead to a successful discharge	During a transition a return to hospital for six weeks was required to facilitate the provider to carry out further adaptations to the environment. The MDT and provider were able to further develop care plans surrounding this which lead to a successful discharge.	This concept needs to be shared and explored further with Senior Management and MDT.	Community Service Manager for RST&CM Resettlement Team MDT Hospital Management Team	3 months	Successful discharges has/have been achieved following short periods of return to hospital.	

Summary of Learning from Unsuccessful Trial Placements

A SUMMARY OF THE LEARNING FROM UNSUCCESSFUL TRIAL
PLACEMENTS FOR REGIONAL INTELLECTUAL DISABILITY DISCHARGES.

ROWAN, FIONA

BELFAST H&SC TRUST | June 2020

Contents:

Background and Review of SEAs, 2019 - 2020

Part 1

Key Learning

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Examples Section

Background and Review of SEAs 2019-2020

During the period of February 2019 – February 2020, there was a total of 25 patients with planned resettlements, of the 25, 19 were successfully placed, with 6 placements that were unsuccessful (3 Belfast Trust and 3 Northern Trust). Each unsuccessful placement was followed by a review, using the format of either a Shared Learning Event or a Significant Event Audit. The type of learning event was dependent upon the Trust involved, all resettlements were patients from Muckamore Abbey Hospital.

Each SEA invited / involved representatives from the following groups;

- MAH Multi-disciplinary Team; including Consultant Psychiatrist, Nursing, PBS, OT, Community and Resettlement staff,
- Carers advocate
- Independent Sector Provider (ISP)
- Family or carers were invited to attend, or if choosing not to attend were given the opportunity to share their view of the placement
- Trust involved (NT or BT)
- During later SEAs a representative from the HSCB was also invited, with consent from families

The main purpose of the summary is to draw out the key learning so that it can be used to improve assessment, discharge planning and therefore an earlier detection and opportunity to address or avoid pursuing unsuitable placements, and reduce placement failures. The review can also be shared as an alert to staff as to what may be early signals of a potentially failing placement, i.e. 'red flags' that require immediate action.

Part 1 of the report summarises the learning from each of the SEAs. Which is information that could be openly shared. Part 2, the 'Examples Section' provides concrete examples of the day-to day issues that arose during leave on trials. These examples are to demonstrate what the themes look like in practice and are therefore more recognisable in practice than the use of generic themes.

Due to the highly specific nature of some of the 'Examples Section', Independent Sector Providers (ISPs) may be able to identify service users, which would require further anonymisation. The learning is as relevant to ISPs as it is to HSCTs and it is intended that the summary could be used by BHSCT ID Resettlement Teams to develop a learning opportunity to share with the new providers, their managers, staff and as part of learning for new developments.

The document will be used by BHSCT as a reference to improve the assessment process. It high-lights the value of co-ordinating and ensuring an approach that pays attention to detail and that it is the attention to detail that can have the most impact on the quality of life and discharge experience for the patient, their family and the staff involved.

BHSCT ID Resettlement Team is using the document and learning to develop assessment checklists as part of an Intensive Discharge Planning Process which is being co-produced with carers. The key themes that have led to placement breakdown during leave on trials regularly involve deficits in the following areas:

- Communication
- Assessment

- Care Plan and discharge planning
- Provider is unable, or the providers community environment is unsuitable to meet needs, which was not fully recognised or addressed in the stages above.

The learning themes and red flags are being shared with resettlement, hospital and community staff and also used to develop checklists for monitoring and assurances to guide a more intensive assessments and discharge process. By considering the themes and ensuring more comprehensive assessments that include details of specific areas that may be difficult to replicate in the community or behavioural challenges, alongside the use of a resettlement team to focus on more intensive in-put should reduce the likelihood of red flags emerging and therefore better outcomes.

Part 1

Key Learning & Recommendations:

1. Significant areas have been missed in the assessment process, in particular the exploration of behaviours that have become well-managed in the ward setting or by the MAH environment such as the impact of having easy access to open space, pods, sound proofing etc. These can be difficult to recognise and understand how these translate to a new setting or replicate in community placements settings. Involving Psychology in

the assessment process is being established to improve the assessment around identifying and managing behaviours.

2. Patients have been long stay in hospital where needs have often been met and well managed for many years due to staff knowledge, experience and adaptations to the environment. Changing the environment (ie a move to any new environment) can pose new or a return to previous behaviours that had settled.
3. Listening to families and carers needs to be a core focus, ELP can aid this communication and sharing of information. Families often have previous experiences and insight into life for the patient prior to hospital or on previous placements and these are valuable insights and learning.
4. Use of Psychological services at a much earlier stage, i.e. to be included in the assessment process, to aid understanding of how changes to the environment may impact upon behaviours, identify concerns and support the team with an early intervention approach and therefore reduce crisis working.
5. Placements have routinely been identified prior to the completion of full / formal assessments, The assessment of need must be completed including a psychological and sensory approach to aspects of care that may be challenging. This should be in place before a final decision on a placement can be made. Decision making on a placement should be based on the assessment of need and not on the 'availability' of a placement opportunity.

6. The standard assessment and care planning process has not been sufficient or supported with enough staff to intensively assess and review placements to ensure they are successful. The lack of an intensive approach has led to crisis situations developing, which are in turn are more difficult to correct and a drain on resources at a different stage.
7. When a provider's team has lost confidence in their ability to meet the needs of the service user, the placement will be unlikely to succeed and it could potentially be detrimental to the service user to remain in an environment where the staff feel unable to manage, we have seen examples where staff can withdraw and become fearful.
8. Model for Supported Housing, originated from supporting those with less complex needs (which was a significant success). When the complexity of need increased the skills, training, Trust in-put and potentially salary scale need reviewed.
9. Development of a resettlement service which can engage in a high intensity, low volume approach, facilitating intensive working with a smaller caseload and staying with the patient, their family /carer and the provider from assessment to post discharge remains the most rigorous way to co-ordinate care and support for all involved.
10. For Trusts to support providers with a constructive, open and transparent approach will achieve the best outcomes
11. Communication is a repeated theme, as with any complex discharge, it requires working across hospital, community, provider, carers and the service user. The communication between multiple agencies benefits

significantly from a dedicated individual with the responsibility to have an oversight between hospital and community settings. To manage, co-ordinate and ensure the comprehensive assessment, discharge and care planning – a resettlement team or service is best placed to support the MDT, however, this will be dependent upon the resource and therefore capacity of the service to meet this level of work.

12. Staff consistency in the ISP team is key to effective communication, building relationships, understanding behaviours and improves the understanding and application of Care Plans.
13. Confidence of a provider to meet needs, prior to the trial placement, does not predetermine whether the placement will succeed. The Trust assessment of need must determine what is needed and the provider evidence how this is to be met.
14. Dynamics between service users' requires more detailed exploration before shared placements commence. Shared placements create a dynamic that appears to have developed from a history of institutionalised care and should not be promoted unless there is a specific request by service users to share.
15. The development of Essential Lifestyle Plans (ELPs) to capture what is important in a service user's day-to-day quality of life, such as hobbies, likes and dislikes, (in addition to the care needs identified in a care plan) were not in place and information shared verbally was being 'lost' with staff changes early in the placements.
16. Provider in-reach checklists to improve in-reach and to ensure providers are familiar with service users in different environments (i.e. out of the ward, community settings, day care, outings, hairdressers).

17. Training needs for ISP staff teams must be identified as early as possible in the discharge planning process to minimise delays and improve in-reach learning.
18. Previous failed placements for a service user should be reviewed and used as learning to lead any new assessment process for discharge.
19. While a patient may be medically fit for discharge it may be that the resettlement of a number of long stay patients, particularly those with previous failed placements, are likely to require a bespoke environment and staff trained to a level that may not currently be available in a community setting.
20. Statutory services should be targeted to provide services and support the patients with the most complex needs, which would require the development of new settings / services. The current community provision has resulted in the majority of complex patients being reliant upon and discharged to non-statutory providers of Supported Housing and Nursing Care. An options summary to identify potential future developments could explore this further.
21. Recent experience of PBS Support is that it is currently best managed by the Trust and in-reached to the ISP. Providers in Northern Ireland have not developed sufficiently to ensure effective internal PBS services.
22. More collaborative working between community psychological/behavioural services and hospital services from assessment onwards. This will facilitate a more co-ordinated approach, greater understanding of the patient's needs at an early stage. Opportunities for community staff to work with the patient prior to discharge will strengthen skills and confidence and lead to better outcomes

23. The need for a patient to return to hospital for a short period during a trial period should not always be viewed negatively and can allow a Provider time to rebuild their team and can lead to discharge

24. ISP to have a greater awareness of PBS and ensure it is embedded throughout all aspect of their organisation as well as recognition that manager/deputies need to support staff though practice leadership.

Flags to Placement Breakdown:

The following list should be treated as 'red flags' and require immediate action to resolve, support the provider and closely monitor the placement until there is improvement or the change required.

Check for;

1. Incident reports; from the ISP in particular staff injuries, medication errors and each report should be scrutinised by the Trust along with the ISP, preferably by way of a meeting with the provider rather than email communication.
2. Medication errors, including either repeated errors or incorrect transcription of medication may have a negative and potentially serious consequence for the service users.

3. Lack of incident reports; under reporting can be equally significant. It would be unusual for a complex discharge at this stage of resettlement to have no incident reports from a provider. Trust staff on the ground have heard verbal reports of problems, which then need to be checked against the receipt of an incident report or ASG referral. Again, email communication for responses and action from the provider will limit the assurance process.
4. Members of ISP staff withdrawing from working with a service user, it has been reported on several occasions that staff have refused to work with an individual, once this occurs, it has the potential to expand across the team, leaving the placement unviable.
5. Higher than usual or increasing vacancies in a service or key people leaving the service, i.e. Manager, preferred Support Worker, in particular just before or during the early stage of transition. A decision may need to be taken as to the stability of the service to continue the transition and a monitoring and support process initiated between the Trust and the ISP.
6. Changes to support staff, as this will impact consistency and care. It is likely that new or re-allocated staff usually will not have received the initial training and information provided, this should be checked and addressed.
7. Service User getting out to activities other than with family or carers.
8. Family / Carers flagging issues are a priority, even if it appears at a relatively low level – as it can signify the start of problems and should be thoroughly explored, again with face to face follow up as the preference.

9. Changes to out-reach can be a flag, for example if it has stopped, reduced and then needs re-started or where there may be a difference of opinion between ISP and hospital staff
10. Concerned feedback from Ward staff regarding provider staff in-put during out-reach, i.e. not being involved, waiting outside, or signs of limited engagement
11. Incomplete parts of the care plan: day care placement not available or delayed, in-reach or out-reach aims not achieved prior to starting placement.
12. Lack of, or communication problems with any involved person or agency; Trust, family/carer and providers. Including a reliance on email rather than visits or meetings.
13. Checking for the main form of communication between provider and family, checking with both parties to ensure consistent and appropriate communication, i.e. not reliant on text messaging
14. Check for any inconsistency between Providers' expectations with what the hospital or Trust can provide. Inconsistencies should be identified and addressed as early as possible and appropriate contingency plans agreed.
15. Concerns raised by Carer or patient advocate

16. Day-to-day signs in the new accommodation, such as cleanliness of the room, housekeeping issues, contents of the person's cupboards, fridge or freezer, quality of meals, snacks and hygiene, should include feedback from family / carers.
17. Medication administration sheets have they been filled out correctly, has it been checked / reviewed, responsibility and process needs agreed as part of discharge planning process.
18. The Positive Behaviour Support (PBS) plan is a key document. Regular, preferably weekly checks are required to ensure it is being followed appropriately, that there are staffing in place to meet the plan and staff are actively engaging in the plan. Providers lack of, or inability to meet the PBS plan has been a feature of several failed placements.

Part 2

Example Section (Limited Circulation, contains patient references)

Problem identified in SEA Process	Narrative	Learning
1TJ (BT)		
Ending or delays to in-reach can have a negative impact.	<p>A provider alerted the Trust during an early transition stage that they no longer had the staff team to support the transition.</p> <p>This led to a suspension of in-reach for 7 months, during which time there was no direct contact between the patient and the provider.</p> <p>Patient was described by ward staff as 'anxious and confused' by in-reach ending.</p>	<p>Circumstances outside of the providers and Trust's control can emerge during a transition.</p> <p>A patient may have a very limited understanding of what has occurred or why the transition has stopped. This can lead to changes in behaviours and can potentially effect also how the person manages a re-start or future transition.</p> <p>Some limited, structured in-reach to continue relationship building may be more advisable than a complete withdrawal, if possible.</p>

<p>How to manage a 'breath holding' behaviour</p>	<p>Patient was previously known to 'hold his breath' while an in-patient, patient then fell during the behaviour</p> <p>Information on breath holding was not included in the assessment or care plan</p> <p>Patient's mother was unaware of previous incidents of breath holding while an in-patient.</p> <p>Provider did not have a plan or PBS to safely manage the breath holding behaviour.</p>	<p>Assessments and care planning need to include all potential risk behaviours, even if they have only occurred once or twice before or several years ago.</p> <p>Assessments require more detailed and historical checks of behaviours. Information should be shared with carers.</p>
<p>Use of vehicles</p>	<p>Retrospectively the Trust and family believed the vehicle was 'over-used' and that outings could be day long and late at night. (Note: at SEA provider disagreed). The car use was not flagged as a concern until the placement ended.</p>	<p>A PBS plan should be considered for use of transport, in particular if it should be linked with managing behaviours.</p> <p>Suspected 'overuse' needs to be addressed.</p>

	<p>It was reported that the patient was regularly in the car all day, returning to the unit only for meals and medication.</p>	<p>That the use of a car could potentially become a restrictive practice and would therefore need reviewed and be part of care planning.</p>
<p>Provider had 3 staff on sick leave, due to injuries sustained from the patient.</p>	<p>There was an increase in behaviours during the months after admission to the provider, the Trust initially believed these were manageable</p> <p>Provider had requested support from the Trust when they started having staff difficulties and without wraparound support, they subsequently advised the Trust they could no longer meet the patient's needs.</p> <p>Provider asked for admission to MAH.</p> <p>Trust staff were sent to the provider, providers staff withdrew from direct care.</p>	<p>Where there are significant staff injuries, the Trust needs to respond rapidly.</p> <p>Where a Care Plan or assessment identifies that staff injuries can be a feature, the assessment for the placement will require more intensive work, including Psychology to determine if a placement is suitable.</p> <p>Use of reflective practice, learning for teams, contingency planning, PBS support.</p> <p>Building of community providers resilience and capacity to manage behaviours that challenge. This can be through a forum for providers</p>

		<p>led by the Trust and on an individual team development basis.</p> <p>Establish an early intervention and preventative approach by earlier involvement with Psychological services.</p>
Recruitment difficulties	<p>Provider had on-going recruitment problems, began during the first transition and repeated later.</p> <p>Provider described their service as a charitable organisation with financial limitations. Provider increased pay scale to attract new staff.</p>	<p>The robustness of a service and a provider should be considered as part of the decision making process in discharge planning.</p> <p>A review of pay for Social Care / Supported Housing staff</p>
Assessment of need and care planning of staff ratios	<p>Care Plan indicated 2:1, staffing levels were later reassessed to increase during the trial to 3:1, this was not possible by the provider.</p> <p>Behaviours continued to escalate and the situation became unmanageable for the provider.</p>	<p>It was agreed at the SEA that the initial care planning should have been for 3:1 staffing.</p> <p>More intensive work on assessments and care planning required.</p>

	It was acknowledged that the care plan should have been reviewed sooner.	When concerns arise, a review of the care plan and interventions need to happen sooner, or ideally to avoid reaching crisis stage.
Impact of physical health on behaviour change and placements	<p>Patient had dental pain prior to placement breakdown.</p> <p>It is possible that dental pain contributed towards the escalation in behaviours</p>	Physical pain and physical health care needs can add a further dynamic towards the end of placement.
<p>Communication</p> <p>Contact with carer / family</p>	<p>The SEA described that 'communication between all parties declined during the last few months, including prior to and during the placement'.</p> <p>Patient's carer described 'not feeling listened to' about 'triggers' and previous incidents and that they wanted a closer working relationship with the keyworker.</p> <p>Carer described feeling 'isolated' from the communication between the hospital and the provider.</p>	<p>Effective communication remains a consistent area for improvement in resettling patients.</p> <p>The development of a resettlement team to manage communication and contact with carers has been proposed.</p>

	Details of incidents need recorded in the care plan	
In-reach meetings	Carer fed back that there were too many staff at the discharge meetings and they became less effective.	Smaller groups of staff with more effective decision making, clear responsibilities and engagement process.
Assessment	Some behaviours and incidents were not fully addressed in the Care Plan and assessment information from the hospital had gaps flagged in the SEA.	The involvement of a Behaviour Specialist would improve the initial decision making about the placement.
Community Team involvement	The SEA described limited involvement prior to placement and therefore relationships or knowledge of the patient and carer were not well developed.	<p>More comprehensive and detailed involvement is required to support patients with more complex needs.</p> <p>Community Teams have limited resources and have experienced difficulty in providing the level of support required to manage the complexity robustly during transition.</p> <p>Use of a resettlement service to improve involvement with a high</p>

		intensity approach and the capacity to manage more complex, detailed assessments and discharge planning.
2 DMcM (BT)		
Wifi took time to set up, was not ready for start of the placement.	Communication about the readiness of the Wifi between the Trust and provider.	All aspects that are of high importance to an individual's quality of life should be clearly identified and in place prior to discharge. Use of Essential Lifestyle Plans to promote person centred working and promote what is important to service users.
Wifi leads were subsequently damaged by service user.		Where something has been damaged, it should be a priority to be followed up to ensure it is in place.
Day Centre was a key part of the community package.	The Day Care assessment had not taken place and placement was not confirmed. Therefore the patient was on trial without this in place for 3 months.	Key decisions about whether the placement should proceed without day care in place need to be made as they are potentially pivotal to the placements success.

		<p>Decisions and preparations for community Day Care should be in place and where possible commenced prior to discharge.</p>
<p>TV broken by service user.</p>	<p>TV was in place but broken on the first day of the placement. Replacement TVs were also damaged.</p> <p>The MDT assessment indicated that there was a require to enclose the TV, family fed back that the service user did not damage the TV at home. The decision that the service user would not damage their own TV was incorrect. A protected 'boxed' TV was then required which took several weeks to put in place.</p>	<p>Contingency plans for replacement of key items of significance to the individual should be discussed in advance and followed up immediately.</p> <p>Behaviours in a ward or family home setting are not guaranteed to translate to a placement setting, a low risk approach needs considered.</p>
<p>In-reach from provider – it was identified that the provider did not take the patient out during the in-reach phase and therefore ISP staff sat in bedroom using computer tablets rather than using the</p>	<p>In-reach Out reach Guidelines are in place and discussion was held on the ward, but concerns about the in-reach do not appear to have been acted upon or possibly communicated between hospital, community and provider.</p>	<p>In-reach work must be well managed and co-ordinated between Trust, including a resettlement team, Ward staff and ISP through regular and potentially weekly meetings with provider, ward and community – this should</p>

<p>opportunity to learn how to meet outdoor needs.</p>	<p>This translated into provider staff lacking confidence to take the service user out, which was not flagged by the provider.</p>	<p>be led by resettlement staff. The quality and structure of in-reach needs close monitoring.</p> <p>Development of a resettlement team with the capacity to work more intensively.</p> <p>Written agreements and expectations should be developed, with a checklist for each person to ensure that activities and daily living tasks are regularly observed and tried out with support by the provider staff.</p> <p>A record of provider attendance maintained by the ward for review and payment.</p>
<p>Sudden rise in vacancies and loss of key staff, such as a Team Lead, manager, preferred keyworker.</p>	<p>Unstable workforces lead to a high turnover and reduces staff consistency - key to building relationships and managing complex behaviours.</p>	<p>Vacancies should be seen as red flags and may be a deciding factor in delaying a placement.</p> <p>Monitoring that care plans and PBS plans are in place and being followed.</p>

	Negative effect on communication and training, as knowledge from previous training and experience built up has been lost.	
Staff were reported by family and Trust staff going in as fearful of working with the some of the behaviours and therefore impacting on their relationship with the service user. Where injuries are occurring in the providers team.	Injuries to several staff in a team should be taken as a flag and additional support and training may be required, potentially the re-start of in-reach. This can lead to a rapid deterioration in relationships and breakdown with the provider.	Where relationships with a service user and a staff team are effected or broken down the placement is likely to be unsafe to continue. Decision-making must be made in the service users best interests, which may be to end the placement.
Concerns raised by family to the provider.	Examples ranging from: staff use of mobile phones in work, responsibility for cleanliness of the persons room or apartment, experience of staff for preparing meals.	Attention and engagement with carers to feedback on the service provider should be managed and led by Community staff. Resettlement service to be developed to have the capacity to engage intensively with carers and providers.
Failure to provide incident reports.	Incidents had occurred without Trust staff being made aware by the provider, giving a different perspective on the placement, i.e.	Referred to Contracts Department and provider reminded of contractual agreement.

	<p>that the placement was becoming more settled.</p> <p>That incident reports were differing from staff accounts about the severity of the incident.</p>	
Medication Errors.	A transcribing problem by the provider and no mechanism to check the transcription by hospital or community staff resulted in a service user being on incorrect / lowered medication for 7 weeks.	Separate medication SEA to establish a process to prevent this occurring in the future.
Environment.	Aspects of living environment not suitable for service user.	Full inspection of placement to be completed in advance of service user visits to ensure it meets service user's needs. Changes to be made before service user moves to placement.
Housekeeping errors.	Family were not provided a key to access the apartment, only a fob to access the garden, leaving family and service user waiting outside for staff.	Discharge planning to ensure all housekeeping arrangements such as keys, access to the building are in place and reviewed.

	<p>Access was routinely delayed by up to 20 minutes leaving the carer with no access to the building – leading to the service user to become frustrated and the situation became a trigger for behaviours.</p> <p>The lack of access was compounded by family being unable to get a response to a single phone line which was constantly engaged.</p>	<p>Checks would be advised that assurances for access and keys are in place.</p> <p>Phone lines need to be considered and agreed to ensure the service can be contacted.</p>
Feedback from Advocate.	Advocate felt that hospital discharge was the priority and that other patients had previously been given more time and support.	Followed up through complaints process and additional monitoring
Community Services had flagged concerns about the complexity and number of service users in one setting.	The service model of 12 placements was recognised by Community staff as reaching a limit about 6/7 th admission, so the maximum number of complex service users with behaviours that challenge in one setting should be considered to not exceed approx 5-6 tenants.	<p>Learning that when staff are flagging concerns, original plans may need to be reviewed.</p> <p>The development of new services, specifically for complex service users should take the learning of maximum numbers into account.</p>

<p>Transfer to Community Services at the end of Out-reach by ward staff.</p>	<p>The handover between hospital and community staff requires clearly defined roles, responsibilities and expectations.</p> <p>A detailed knowledge of the patient, carers the provider and the care plan are essential to supporting the hospital discharge</p>	<p>Clear roles and responsibilities.</p> <p>The caseload capacity and availability of community staff expected to manage complex discharges needs further consideration. An alternative would be to manage through a developed Resettlement Service with the capacity to provide more intensive monitoring and working.</p>
<p>Physical health</p>	<p>Patient had a number of known and outstanding physical health issues that were being treated and monitored by community GP. These health issues were previously known to lead to deteriorations in behaviours, which was shared with the provider.</p>	<p>Impact of physical health care and needs on placement breakdown were being monitored and may have been a contributory factor.</p>
<p>3JG (NT)</p>		
<p>Communication between provider and family.</p>	<p>Provider communicated with family primarily via text.</p>	<p>Communication by phone call and meetings is often more appropriate. A dependence upon text communication signifies there may be issues around communication.</p>

<p>Communication of changes between Trust and family.</p>	<p>Family unable to attend a meeting where delayed discharge was discussed.</p>	<p>Family must be informed by telephone or in person regarding the details of the meeting.</p>
<p>Co-tenanting and assessments</p>	<p>Two patients for planned transition from the same ward. No evidence from the ward to suggest there had been historical issues. However, the ward environment was large and two patients had no or limited interactions – this did not translate to the new, much smaller shared setting.</p>	<p>A formal compatibility Assessment to be considered when sharing houses.</p> <p>Even with further assessment it will remain difficult to fully assess the dynamic or relationship between 2 people while in the ward setting and also how this translates into a different environment.</p> <p>Sharing houses should not be considered as 'normal' practice.</p> <p>In-Reach could be tried with patients together in communal areas to see how they interact.</p> <p>Involve Psychology</p>

<p>When sharing a house, different timeframes for transitioning may impact the outcome.</p>	<p>Both patients were originally to transition within a few weeks of each other. Delayed for one patient due to provider staff requiring training in physical intervention model.</p> <p>The result was that one person moved into the bungalow first and had several months living in the house without sharing the space or staff team.</p>	<p>More comprehensive assessments would have identified that the provider required the physical intervention training and the delay could have been avoided.</p> <p>If there are delays to an original plan, a reassessment on dynamics and the shared space should be considered.</p> <p>If sharing is unavoidable, contingency plans need to be in place.</p>
<p>In-reach</p>	<p>In-Reach was done on individual basis for patients who were going to be sharing a house.</p> <p>Once on placement the other Trust's PBS became involved</p>	<p>PBS staff from another Trust should be involved as part of the assessment and in-reach to the ward</p>
<p>Termination of a trial placement by the provider</p>	<p>The provider had ended the ward outreach the week before and there had been no further formal contact or flagging that there were problems</p>	<p>The provider ending the in-reach was taken as a positive, it has been custom and practice that the other Trust should follow up with contacts.</p>

	<p>with the placement or between the individuals.</p> <p>The family were contacted by the provider to advise that the placement was being withdrawn that day. This happened before Trust staff were made aware (provider had left messages for Trust).</p>	<p>Resettlement Team should continue with a high level of contact for assurances during the trial leave.</p> <p>A clear understanding of who to report to while on trial leave should be given to providers.</p>
Family investment in new home	The family had spent considerable time and cost preparing the bedroom and contributing to the shared spaces in the house.	Ensure in advance that there is an agreement and discussion with family regarding belongings and expenses.
4GM (NT)		
Transition	It was acknowledged by the originator Trust that in part, the transition had been based on an opportunity for a placement arising and pressure felt by the originator Trust from the Department to identify placements	<p>Placements must be based on assessed need and not an opportunity for a placement.</p> <p>It is now widely accepted that all discharge planning must be based on comprehensive assessments.</p>
Changes in key staff	Keyworker who had developed a good rapport and was seen as a	While it is not possible to stop this from happening, the impact needs

	leader within the team left during the trial for a new post	to be recognised and monitored closely.
Vacancies in the staff team	<p>A number of staff started leaving during the leave on trial, initially this was not believed to be connected</p> <p>As incidents occurred during the trial leave staff went out sick and others continued to leave, with 12 staff in total leaving.</p>	<p>Comprehensive assessments should include impact on staff teams and potential risk</p> <p>Staff vacancies are a flag and should be monitored closely throughout placements.</p> <p>Incidents and sick leave are flags and will require action, support for the provider and a review of the package.</p> <p>Supports may not be able to maintain package where critical numbers of staff have left.</p>
Use of non-core or 'satellite units' for service users who require additional staff at short notice	When additional staff are required to supplement the support / care package it needs to be close enough to make this possible. Staff were unable to respond quickly from the core unit	Where additional staff are required at short notice, this needs to be part of the same complex and not a satellite unit.

<p>Environment</p>	<p>There was only one door into the property and no rear exit, a staff member went out a rear window due to concerns and no alternative exit strategy.</p>	<p>Comprehensive assessment of properties is required, the property should be discounted or adapted to meet needs.</p> <p>Psychology should be invited to bring in the behavioural aspect to OT environmental assessments.</p> <p>Assessments should be made on the basis of managing a 'challenging day', if the environment is unsuitable for that instance then it needs reviewed.</p>
<p>Provider experience of incidents during in-reach</p>	<p>Community time with the service user and the provider staff was not included in the in-reach, therefore there had been limited exposure or experience to some of the risks and behaviours that later started during the leave on trial.</p> <p>The provider team had limited experience of the potential for aggressive behaviours during the in-reach phase.</p>	<p>The quality and breadth of in-reach experience must be managed and monitored before trial leave commences.</p> <p>Where possible provider staff should gain experience of the behaviours that challenge as part of getting to know the person.</p>

<p>Provider expectation of Trust support and provider ability to manage complex behaviours</p>	<p>Providers team appeared to have difficulty recognising triggers to behaviour.</p> <p>When Hospital PBS staff were there, situations were managed, once the PBS staff started to withdraw the team had difficulty managing behaviours that challenged or to identify potential situations and triggers prior to escalation.</p> <p>A weekend visit to an animal sanctuary had been arranged by staff, no-one had phoned ahead to confirm opening or review the environment. Staff arrived and the centre was closed, which was a trigger to escalated behaviours.</p>	<p>Trust does not have wraparound or intensive support to provide additional support out of hours in the community.</p> <p>Additional training and support in PBS for providers</p> <p>Post incident de-briefs for staff should be in place with the provider and if developed sufficiently, the Resettlement Team, PBS or community staff from Trust to join these.</p> <p>A recognition that the current Supported Housing model may not be able to meet the more complex needs of service users at this stage of resettlement. And that staff development and skill level will need to be considered.</p>
<p>5FA (NT)</p>		
<p>Concerns raised by ward or community staff during discharge planning require thorough</p>	<p>Staff and medical team had flagged concerns about the patient's</p>	<p>Documentary evidence of previous offers and plans and that the leave on trial was contrary to medical</p>

<p>assessment, which may in some cases delay or prevent discharges.</p>	<p>planned discharge to family's home.</p> <p>A meeting had been held between the originator Trust and DLS but the concerns were unable to be fully evidenced in the information given to DLS and therefore the guidance from DLS was there were insufficient grounds to prevent discharge at the family's request.</p>	<p>advice require clear documentation and must be shared with family / carer.</p> <p>Decision making by DLS will be on the basis of evidence provided, therefore detailed history of incidences, previous offers of support and family ability to meet needs should have been available. A social history report completed by Social Work and documentation outlining the discharge being contrary to medical advice may have improved the decision making.</p> <p>An assessment of the family plan and environment to meet the persons needs could have been explored.</p> <p>Delay to a discharge on the basis of a more intensive assessment and review of work with a family / carer should be discussed and a reasonable delay to facilitate that work, to be considered acceptable.</p>
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Lack of services in a specific area	Family had requested a Domiciliary Package to supplement support at home, when the Trust went to source a package, unfortunately there were no providers or service available in the area	The availability of community packages of care should be established early in the discharge process.
Funding for meals at day care	Day centre requested £2 towards a daily meal at lunch time, family declined.	Any costs attached to day care or activities need to be transparent and fully resolved prior to leave on trial
Community visits to review leave on trial	<p>During leave on trial the family declined offers to meet with the originator Trust. Further visits to the home were carried out, but the Team were unable to gain access to see the patient or assess the family's ability to meet his needs.</p> <p>All contact with community services was via the telephone or outside the</p>	<p>Expectations and agreed access need confirmed as part of the discharge plan.</p> <p>If a family or carer is unwilling or fails to provide access and review, legal guidance should be sought.</p>

	<p>house, so no staff were able to observe the home situation.</p>	
<p>6EB(BT)</p>		
<p>Assessment of noise disturbance in the community environment</p> <p>While day time shouting was being managed, it was the continuation overnight that had the most significant impact and kept others awake.</p>	<p>Placement was suitable and appropriate and did meet nursing needs.</p> <p>The impact of the change in environment was not fully recognised and noise levels that are tolerated in a ward setting did not transfer well to the settled community placement.</p> <p>Once in the environment, the impact of the patient shouting became a significant problem for the other residents already in the home.</p> <p>Bedroom was at the end of a corridor behind double doors and separated from other bedrooms, it was hoped these factors would have mitigated against the sound / impact on others</p>	<p>More detailed environmental assessments are required where noise is identified.</p> <p>Environmental assessments carried out by OTs should be extended to include PBS and Psychology to assess the interrelational connection between environment and behaviour.</p> <p>Adaptations or sound proofing of buildings may be required to meet specific needs.</p> <p>Assessment and discharge planning need to acknowledge that MAH Wards are sound proofed and often busy active areas.</p>

	<p>It was also a small unit with 5 other, well established and settled residents, this was a quiet environment and constructed as a standard build bungalow with no sound proofing.</p> <p>The day time shouting was being managed by the patient spending more time in their bedroom and eating separately to other residents, which impacted the persons experience of the placement and did not promote settling in to the new environment.</p>	
<p>In-reach needs to have a structure and monitoring of the activity</p>	<p>Noise disturbance and difficulty with the transition may have been better recognised had the provider engaged in a more 'hands on' in-reach.</p>	<p>During SEAs the quality of in-reach has been cited as a problem. Often this information is not apparent until retrospectively reviewed</p> <p>The progress and review of in-reach work requires much closer monitoring. This would be best achieved with support to ward managers from community or resettlement team</p>

		<p>A checklist of activities and experiences needs to be developed which can be adapted for each individual and used to support ward staff and providers manage the in-reach and where this is incomplete a flag for extending in-reach.</p>
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Belfast HSC Trust.

Supported Housing 3 year development plan.

Adult Social and Primary Care.

December 2012.

Introduction

This document outlines the existing plans for the development of supported housing in line with the Bamford review recommendations across the Adult Social and Primary Care Directorate in Belfast. The developments are planned to occur within the current 3 year time frame, from 2011/12 to 2013/14, in line with DSD and HSCB capital and revenue funding.

The **first section** of the document summarises the number of new tenancies planned for development by programme of care by year.

The **second section** of the document outlines the detailed plans for schemes across the three year period. These plans are not concrete and can be amended or increased subject to the approval of the NIHE and the Belfast Area Supporting People Partnership (BASP). The window of opportunity to make such changes is rapidly closing as 2013/14 is the last year of available funding. Each scheme has an associated current status comment outlining the actions still required. The matrices identify risks to timely completion which can be diverse, but the services capacity to provide project management and business case development is probably the biggest current risk associated with most if not all of the schemes.

The **third section** of the document outlines the key stages (or pathway) for the development of supported housing schemes from their initial planning, through design phase, business case development , planning application, building and hand over , including joint service management agreements.

The **fourth section** of the document outlines the critical issues affecting delivery of the plan within the allotted timescales.

Section 1: Summary of planned Supported Housing developments by year and programme of Care.

2011/12.

Scheme	New tenancies	Location	Status
MH 1	8	East Belfast	Amber
LD 1	15	South Belfast	Amber
OP1	34	North Belfast	Amber
Sub Total	37		

2012/13.

Scheme	New tenancies	Location	Status
MH2	16	East Belfast	Amber
LD2	14	North Belfast	Amber
LD3	0	West Belfast	Green
OP2	31	West Belfast	Amber
LD4	7	Castlereagh	Amber

2012/13 contd.

Scheme	New tenancies	Location	Status
LD 5	5	West Belfast	Amber
LD 6	5	South Belfast	Amber
LD 7	4	North Belfast	Red
Sub Total	82		

2013/14

Scheme	New tenancies	Location	Status
MH3	14	South Belfast	Amber
MH4	5	South Belfast	Amber
MH5	6	East Belfast	Amber
MH6	6-8	Castlereagh	Amber
MH7	16	South Belfast	Amber
MH8 Threshold/ clearwater	0	South Belfast	Amber
Complex Disability 1	10	North Belfast	Amber
Complex Disability 2	17	North Belfast	Amber
ABI 1	12	East Belfast	Amber

2013/14 contd.

Scheme	New tenancies	Location	Status
LD 8	26	Antrim	Amber
LD 9	15-20	West Belfast	Amber
Leaving Care	0	South Belfast	Amber
Sub total	127		
3 year total	266		

The current 3 year plan details a total of 23 schemes providing 266 **new** supported housing tenancies across the city. The original mental health plan for Belfast included units of supported housing required to cater for the needs of specific groups of tenants who were deaf, have offending behaviour, or who have personality disorder. The revised plan integrates these specific needs across the general plan.

Programme of Care	New tenancies
Mental health	71
Learning Disability	91
Older People's	65
Complex Disability	27
ABI	12
Young people leaving Care	0
Total	266

Section 2: Three Year Supported Housing development plan by programme of care.

2011/12

Scheme & Location	Details	What we have done to date	What we still need to do: December 2012 update	Status	Risks/ Date of expected completion.
Mental health: Scheme 1. Kirkliston reprovision East Belfast	Type: New Build Tenancies: 8 additional new tenancies and 8 replacement tenancies = 16 in total. Housing Association: Triangle HA Provider: Triangle HA. Project lead: TBC.	Strategic outline case submitted August 2011. Business case for off shelf purchase submitted & approved. Jan 2012. Housing Association nominated Sept 2012. Property and site search conducted. Potential site identified Oct 2012.Hollywood/station Rd. Site surveyed Nov 2012, existing buildings not fit for improvement.	Site surveyed Nov 2012. Feasibility study. Project approval application to NIHE. Land purchase. Establish project management group Modify business case to new build only. Planning application amendment.	Amber	Risks: No identified project lead. Business case needs modified. Expected completion: Planned for 2011/12. New build expected March 2014.

2011/12 contd.

Scheme & Location	Details	What we have done to date	What we need to do: December 2012 update	Status	Risks/ Date of expected completion.
Learning Disability Scheme 1: Annadale South/East Belfast	Type: New Build Tenancies: 14 places self contained apartments (+ 1 staff) Housing Association: Triangle HA Provider: Triangle HA Project lead: Margaret Cameron	Business case approved by NIHE. Planning approval received December 2012. Decision made on Independent provider.	Pending removal of land covenants and completion of land sale to Triangle HA. Establish project management group.	Amber	Risks: Land purchase / transfer issues Expected hand over December 2013.

2011/12 contd.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>Older peoples</p> <p>Scheme 1.</p> <p>Reprovision of Shankill residential home</p> <p>North Belfast</p>	<p>Type:</p> <p>New Build</p> <p>Tenancies:</p> <p>14 places</p> <p>Housing Association:</p> <p>Helm HA</p> <p>Provider:</p> <p>Belfast Trust</p> <p>Project lead:</p> <p>TBC</p>	<p>Business case approved by NIHE.</p> <p>Planning approval received December 2012.</p> <p>Decision made on Independent provider.</p>	<p>Underway</p>	<p>Amber</p>	<p>Expected hand over April 2013.</p>

2012/13.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Mental health: Scheme 2. East Belfast	Type: New Build/ off shelf Tenancies: 16 places plus 1 staff. Housing Association: TBC Provider: TBC Project lead: TBC	Property and land search commenced.	Strategic outline case Site survey Feasibility study. Project approval application to NIHE. Land purchase. Establish project management group Update business case to include new build and off shelf purchase. Planning application.	Amber	Risks: No identified project lead. Business case needs developed. Expected completion . December 2014

2012/13 contd.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Learning Disability Scheme 2. Peter's Hill North Belfast	Type: New Build. Tenancies: 13 places plus 1 staff. Housing Association: Oaklee HA Provider: Oaklee HA Project lead: Margaret Cameron	Extensive public consultation. Planning application made. Business case approved by NIHE. Independent sector provider identified.	Planning approval now expected Dec 2012. Reform project management group	Amber	Risks: Community opposition. Expected completion Jan 2014
Learning Disability Scheme 3. Dympna Hse phase 1. West Belfast	Type: Refurbishment Tenancies: Zero new. Housing Association: Oaklee HA Provider: Cedar	Brought building up to HMO standard. Submitted Supporting people application.	Completed	Green	Completed Sept 2012.

2012/13 contd.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Older peoples Scheme 2. Reprovision of ballyowen residential home West Belfast	Type: New Build. Tenancies: 31 places plus staff. Housing Association: Helm HA Provider: Trust Project lead: TBC	Business case developed. Several land searches have proved negative.	Identify potential site. Conduct feasibility study Establish design team Make planning application. Submit business case. Identify provider.	Amber	Risks: No identified project lead. Business case needs to be completed. Expected completion: Jan 2015

2012/13 contd.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Learning Disability: Scheme 4. Barronscourt Castlereagh	Type: Off shelf Tenancies: 7 tenancies plus 2 staff Housing Association: Triangle HA Provider: Triangle Project lead: Margaret Cameron	Identified properties for purchase.	Purchase properties Strategic outline case, Consultation. Full business case.	Amber	Risks: No identified project lead. Business case required urgently 18th December. Expected completion March 2013.

2012/13 contd.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Learning Disability: Scheme 5. Glengoland West Belfast	Type: Off shelf Tenancies: 4 tenancies plus 1 staff Housing Association: Oaklee HA Provider: Cedar Project lead: Margaret Cameron	Property identified	Strategic outline case. Purchase properties. Consultation. Full business case.	Amber	Risks: Business case needs to be completed. Resistance from nearest neighbours. Issue with deed of house. Expected completion: March 2013. Risk of slip to 2013/14.

2012/13 contd.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Learning Disability: Scheme 6. L'Arche Ormeau Road South Belfast	Type: Off shelf Tenancies: 4 tenancies plus 1 staff Housing Association: Oaklee HA Provider: L'Arche Project lead: Margaret Cameron	Property identified Survey of required works carried out.	Strategic outline case. Full business case. Purchase properties. Consultation.	Amber	Risks: No identified project lead. Business case required urgently 18th December. Expected completion: March 2013 May Slip

2012/13 contd.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Learning Disability: Scheme 7. Divis NorthWest Belfast	Type: Off shelf Tenancies: 4 tenancies plus 1 staff Housing Association: Oaklee HA Provider: TBC Project lead: Margaret Cameron	Property identified. Property withdrawn by vendor Dec 2012	Identify new property Strategic outline case. Purchase properties. Consultation. Full business case.	Red	Risks: Business case required urgently 18th December. Expected completion March 2013. Risk of slip to 2013/14.

2013/14.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>Mental health:</p> <p>Scheme 3</p> <p>Refurbish Fountainville</p> <p>East Belfast</p>	<p>Type: Refurbishment Of Fountainville to ensuite accommodation and development of 24/7 support.</p> <p>Tenancies: 17 tenancies providing 14 new .</p> <p>Housing Association: Oaklee HA</p> <p>Provider: NIAMH</p> <p>Project lead: TBC</p>	<p>Housing association working up plans for refurbishment with Trust and provider.</p>	<p>SP application for 24/7 supported housing model</p> <p>Decant arrangements</p>	<p>Amber</p>	<p>Risks:</p> <p>No identified project lead.</p> <p>Business case required</p> <p>Expected completion</p> <p>November 2013</p>

2013/14 contd.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>Mental health Scheme: 4</p> <p>Reconfiguration of Sandhurst road, (5 places) for supported Housing,</p> <p>South Belfast</p>	<p>Type: Refurbishment</p> <p>Tenancies: 5 or 6</p> <p>Housing Association: Habinteg HA</p> <p>Provider: TBC</p> <p>Project lead: TBC</p>	<p>Identified need.</p> <p>Identified potential property.</p>	<p>Subject to agreement with Habinteg Housing Association.:</p> <p>Strategic outline case</p> <p>Feasibility study.</p> <p>Remodel property to self- contained</p> <p>? Project approval application to NIHE?</p> <p>Establish project management group</p> <p>Develop full business case.</p>	<p>Amber</p>	<p>Risks:</p> <p>No identified project lead.</p> <p>Business case required</p> <p>Expected completion</p> <p>August 2013.</p>

2013/14 contd.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Mental health Scheme : 5 Remodelling of Kirkliston House. East Belfast	5 to 6 tenancies plus 1 staff Type: Refurbishment Tenancies: 5 or 6 plus 1 staff. Housing Association: Triangle HA Provider: NIAMH Project lead: TBC	Identified Housing Association and service provider.	Submit Strategic outline case. Submit full green book business case. Establish design team. Vacate Kirkliston house.	Amber	Risks: No identified project lead. Business case required Expected completion: 2014/15

2013/14 contd.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Mental health Scheme :6 Milburn court extension Castlereaigh	Type: new build Tenancies: 6 to 8 tenancies plus 1 staff. Housing Association: Oaklee HA Provider: NIAMH Project lead: TBC	Identified Housing Association and service provider. Commenced deed search and land disposal process.	Submit strategic outline case. Establish design team. Disposal of land Seek planning approval. Submit full business case.	Amber	Risks: No identified project lead. Business case required Expected completion: March 2014

2013/14 contd.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Mental health Scheme :7 South Belfast	Type: off shelf purchase Tenancies: 16 tenancies plus 3 staff. Housing Association: TBC Provider: NIAMH Project lead: TBC	<p>Identified the need to create a core and cluster of supported housing for adults with mental health difficulties in South Belfast. The model proposes purchasing a cluster of houses in the vicinity of Fountainville, in South Belfast.</p> <p>Potential house/flats in the area have been identified by Oaklee and Helm housing (ex Mac accommodation)</p>	<p>Submit strategic outline case.</p> <p>Submit full business case.</p> <p>Purchase properties.</p>	Amber	Risks: No identified project lead. Business case required Expected completion: March 2014

2013/14 contd.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Mental health Scheme :8 South Belfast	Type: New build Tenancies: 20 tenancies plus 3 staff. Housing Association: Oaklee HA Provider: Threshold Project lead: TBC	Discussions with Threshold/ Oaklee housing regarding model of care and support and subsequent design .	Establish project Board. Bring forward Outline business case Bring forward full business case. Bring forward planning application. Decant, Demolish and re build	Amber	Risks: No identified project lead. Business case required Expected completion: March 2014

2013/14 contd.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Adults with complex disability. Scheme 1. Bedeque North Belfast	Type: Refurbish Tenancies: 6 to 10 tenancies plus 1 staff . Housing Association: Oaklee HA Provider: LCF Project lead: Bernie Kelly	Needs assessment carried out. Strategic outline case submitted. Property identified Bedeque House, lower Antrim Road. Project management team established. Agreed Housing association remodeling. No capital case required?	Supporting people application. Oaklee refurbishing whole site including Bedeque house.	Amber	Risks: No identified project lead. Business case required Expected completion: July 2013.

2013/14 contd.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Adults with complex disability. Scheme 2. Maples North Belfast	Type: Refurbish Tenancies: 17 tenancies plus 1 staff. Housing Association: Oaklee HA Provider: LCF Project lead: Bernie Kelly	Needs assessment carried out. Project management team established. Negotiation between LCF / NIHE and Oaklee for LCF to take over responsibility for the whole of the maples complex with the development of 17 supported tenancies for the Trust.	Strategic outline case. Consultation. ?? Full green book business case??	Amber	Risks: Business case required Expected completion: Dec 2013.

2013/14 contd.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
ABI & Kosakoffs Scheme 1. East Belfast	Type: Refurbish Tenancies: 12 plus 1 staff Housing Association: Triangle HA Provider: LCF Project lead: TBC	Strategic outline case submitted. Potential site identified.	Secure land disposal into Housing. Establish design team. Make planning application. Submit full business case.	Amber	Risks: No identified project lead. Business case required Expected completion: March 2014 Risks slipping to 2014/15.

2013/14 contd.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Learning Disability Scheme 8. Abbey Gardens Antrim	Type: Refurbish & build Tenancies: 26 plus 1 staff Housing Association: Triangle HA Provider: LCF Project lead: Margaret Cameron	Strategic outline case submitted. Pending HSCB approval to continue	Secure HSCB approval. Secure land disposal into Housing. Establish design team. Make planning application. Submit full business case.	Amber	Risks: Pending clarification on HSCB approval Business case required Expected completion: March 2014.

2013/14 contd.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Learning Disability Scheme 9. Dympna house reprovision West Belfast	Type: New build Tenancies: 15 to 20 plus 1 staff Housing Association: Oaklee HA Provider: Cedar Project lead: Margaret Cameron	Established design team.	Strategic outline case Establish design team. Make planning application. Submit full business case.	Amber	Risks: Business case required Expected completion: March 2014 Risks slipping to 2014/15.

2013/14 contd.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Leaving & after care. Scheme 1. Refurbishment & extension of Barnardos Annadale Ave scheme South Belfast	Type: Refurbish. Tenancies: Zero new Housing Association: Triangle HA Provider: Barnardos Project lead: Martin Morgan	Established project management group. Option appraisal.	Strategic outline case. Planning permission. Full green book business case.	Amber	Risks: Business case required Expected completion: March 2014

Section 3: Supported Housing Development pathway Key Milestones

The development of a supported housing scheme has in general 3 key stages or processes which have key milestones that have to be accomplished. Whilst the order of the stages does not vary the order of completion of the key milestones within may vary.

The stages require the following functions to be available:

- Informatics
- Needs assessments
- Planning
- Design
- Project management.
- Business management
- Financial appraisal including budget building.

Key Stage 1:

- Need identified including client group and numbers.
- Strategic outline case presented to the BASPP for approval.
- Housing association nominated by NIHE.
- Surveyors and architects appointed.
- Proceed to Project Team.

Key Stage 2:

- Housing Specification developed.
- Support model developed.
- Property/ land searches begin.
- Options appraisal.
- Proceed to full business case.
- Full green book business case presented to the BASPP for approval.

- Full green book business case presented to the NIHE commissioning Board for approval.
- Property/land identified and acquired.
- Project submitted to DPG for capital approval.
- Planning application prepared and submitted.

Key Stage 3.

- Public consultation.
- Care / support provider appointed.
- Builders appointed
- On site
- Joint management agreement / service level agreement signed off.
- Completion and hand over.

Section 4. Emerging Issues

The DSD/NIHE commissioning process requires the Sponsor agent, ie. the Trust, to produce strategic outline cases, full green book standard business cases for each scheme as well as project management each scheme. In Belfast, this equates to 20 strategic outline cases, 20 full green book standard business cases, and potentially 20 project management teams.

The project group for each scheme, chaired by the Trust, manages the scheme development from initial planning phase through detailed design phase, building phase and hand over.

Capacity, within what is largely two, **nominated housing associations** to process all these schemes within Belfast within the time scales, including scanning the market place for suitable sites and properties suitable for development.

Need for housing associations to **consult with nearest neighbour's** can result in planning objections and considerable delays, if local communities decide to resist.

Planning approval can take between 9 and 12 months depending on the emerging issues from town planning services and the degree of opposition from communities.

Housing associations are now required to **"De-risk" advance land purchases** with the Planning service.

Once a recommendation for planning approval has been signaled the **Belfast and Castelreagh city councils** can delay final approval through deferment of their decision depending on the representations made to them by opposition groups.

Land disposal/transfer issues and land and property purchase are subject to delays associated with issues relating to deeds, covenants and general conveyancing issues.

Time lines are extremely tight and these scheme developments all need to be running in parallel if funding is to be accessed in a timely fashion and not lost. Considerable funding was lost from the NIHE budget last year due to lack of spend on projects, and there is a high risk of this happening again this year.

Belfast HSC Trust.

Supported Housing 3 year development plan.

Adult Social and Primary Care.

Version 3.

April 2013.

Section 1: Summary of planned Supported Housing developments by year and programme of Care.

2011/12.

Scheme	New tenancies	Location	Expected completion	Status
MH 1	13	East Belfast	July 2014	Amber
LD 1	14	South Belfast	Dec 2013	Amber
OP1	34	North Belfast	July 2013	Amber
Sub Total	61			

2012/13.

Scheme	New tenancies	Location	Expected completion	Status
MH2	11	East Belfast	Dec 2014	Amber
LD2	13	North Belfast	Jan 2014	Amber
LD3	0	West Belfast	complete	Green
OP2	31	West Belfast	Jan 2015	Amber
LD4	7	Castlereagh	July 2013	Amber

2012/13 contd.

Scheme	New tenancies	Location	Expected completion	Status
LD 5	4	West Belfast	Mar 2014	Amber
LD 6	5	South Belfast	Oct 2013	Amber
LD 7	4	North Belfast	Mar 2014	Red
Sub Total	75			

2013/14

Scheme	New tenancies	Location	Expected completion	Status
MH3	Upgrade to 24/7	South Belfast	Dec 2013	Amber
MH4	5	South Belfast	Dec 2013	Amber
MH5	5	East Belfast	Mar 2015	Amber
MH6	6	Castlereagh	Jan 2015	Amber
MH7	16	South Belfast	Mar 2014	Amber
MH8 Threshold/ clearwater	0	South Belfast	Dec 2014	Amber
Complex Disability 1	10	North Belfast	TBC	Amber
Complex Disability 2	17	North Belfast	Dec 2013	Amber
ABI 1	12	East Belfast	Mar 2015	Amber

2013/14 contd.

Scheme	New tenancies	Location	Expected completion	Status
LD 8	26	Antrim	Mar 2015	Amber
LD 9	15	West Belfast	Mar 2015	Amber
Leaving Care	0	South Belfast	Mar 2014	Amber
Sub total	112			
3 year total	248			

The current 3 year plan details a total of 23 schemes providing 248 **new** supported housing tenancies across the city. The original mental health plan for Belfast included units of supported housing required to cater for the needs of specific groups of tenants who were deaf, have offending behaviour, or who have personality disorder. The revised plan integrates these specific needs across the general plan.

Programme of Care	New tenancies
Mental health	56
Learning Disability	88
Older People's	65
Complex Disability	27
ABI	12
Young people leaving Care	0
Total	248

Section 2: Three Year Supported Housing development plan by programme of care.

2011/12

Scheme & Location	Details	What we have done to date	What we still need to do: December 2012 update	Status	Risks/ Date of expected completion.
Mental health: Scheme 1. Kirkliston reprovision East Belfast	Type: New Build. Tenancies: 13 additional new tenancies and 8 replacement tenancies = 21 in total. (Plus one staff sleep in). One 4 bedded bungalow, and 3 x 6 unit apartment blocks. Housing Association: Triangle HA Provider: NIAMH Project lead: Geraldine Hamilton.	Strategic outline case submitted August 2011. Business case for off shelf purchase submitted & approved. Jan 2012. Housing Association nominated Sept 2012. Property and site search conducted. Potential site identified Oct 2012.Hollywood/station Rd. Project group established. Site surveyed Nov 2012, existing buildings not fit for improvement. Plans developed Feb 2013 Land purchased March 2013	Modify business case to new build only. Project approval application to NIHE. Planning application amendment mid April 2013.	Amber	Risks: Business case needs modified. Expected completion: New build expected July 2014.

2011/12 contd.

Scheme & Location	Details	What we have done to date	What we need to do: December 2012 update	Status	Risks/ Date of expected completion.
Learning Disability Scheme 1: Annadale South/East Belfast	Type: New Build Tenancies: 14 places self contained apartments (+ 1 staff) Housing Association: Triangle HA Provider: Triangle HA Project lead: Margaret Cameron	Business case approved by NIHE. Planning approval received December 2012. Decision made on Independent provider. Works tendered and builder selected	Pending removal of land covenants and completion of land sale to Triangle HA.	Amber	Risks: Land purchase / transfer issues Expected completion: Project slipping due to outstanding covenant issues. Expected hand over now June 2014.

2011/12 contd.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>Older peoples</p> <p>Scheme 1.</p> <p>Reprovision of Shankill residential home</p> <p>North Belfast</p>	<p>Type:</p> <p>New Build</p> <p>Tenancies:</p> <p>34 places</p> <p>Housing Association:</p> <p>Helm HA</p> <p>Provider:</p> <p>Belfast Trust</p> <p>Project lead:</p> <p>Katie Campbell</p>	<p>Business case approved by NIHE.</p> <p>Planning approval received December 2012.</p> <p>Decision made on Independent provider.</p> <p>Project approval received.</p>		<p>Amber</p>	<p>Expected hand over July 2013.</p>

2012/13.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Mental health: Scheme 2. East Belfast	Type: New Build/ off shelf Tenancies: 11 places plus 1 staff. Housing Association: Triangle Provider: TBC Project lead: Geraldine Hamilton	Site of old Braniel health centre identified. Feasibility study conducted. Initial plans for 11 units plus one staff completed. Pre consultative meeting with Planning service positive but advised to expect community resistance. Established project management group	Strategic outline case Site survey Strategic outline case Full business case Project approval application to NIHE. Land purchase. Planning application.	Amber	Risks: Business case needs developed. Expected completion . December 2014

2012/13 contd.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Learning Disability Scheme 2. Peter's Hill North Belfast	Type: New Build. Tenancies: 13 places plus 1 staff. Housing Association: Oaklee HA Provider: TBC Project lead: Margaret Cameron	Extensive public consultation. Planning application made. Business case approved by NIHE. Project approval from NIHE. Independent sector provider identified. Planning approval received January 2013.	On site. Identification of tenants Identification of provider	Amber	Risks: Expected completion . Jan 2014
Learning Disability Scheme 3. Dympna Hse phase 1. West Belfast	Type: Refurbishment Tenancies: Zero new. Housing Association: Oaklee HA Provider: Cedar	Brought building up to HMO standard. Submitted Supporting people application.	Completed	Green	Completed Sept 2012.

2012/13 contd.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>Older peoples</p> <p>Scheme 2.</p> <p>Reprovision of ballyowen residential home</p> <p>West Belfast</p>	<p>Type: New Build.</p> <p>Tenancies: 31 places plus staff.</p> <p>Housing Association: Clanmill HA</p> <p>Provider: Trust/ TBC</p> <p>Project lead: Katie Campbell</p>	<p>Business case developed.</p> <p>Grovetree identified as site.</p> <p>Business case submitted pending approval.</p>	<p>Land disposal by Trust & pick up by HA.</p> <p>Site survey/ feasibility study</p> <p>Establish design team</p> <p>Make planning application.</p> <p>Identify provider.</p>	<p>Amber</p>	<p>Risks:</p> <p>Expected completion:</p> <p>Jan 2015</p>

2012/13 contd.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Learning Disability: Scheme 4. Barronscourt Castlereagh	Type: Off shelf Tenancies: 7 tenancies plus 2 staff Housing Association: Triangle HA Provider: Triangle Project lead: Margaret Cameron	Business case submitted March 2013. 2 properties purchased at risk by the Triangle HA on 8/3/13. Public consultation. 2 separate project approval applications due to the need to go through planning for the proposed extension of no. 4 Barronscourt Park. Planning application submitted for No. 4 extension.		Amber	Expected completion Occupation of No. 5 is now expected by the end of June 2013. Expected purchase of no. 4 B'Court Park April 2013. Planning approval for extension of No. 4 expected end of April 2013. Subject to planning approval and works hand over for No. 4 expected July 2013.

2012/13 contd.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Learning Disability: Scheme 5. Previously Glengoland West Belfast	Type: Off shelf Tenancies: 4 tenancies plus 1 staff Housing Association: Oaklee HA Provider: Cedar Project lead: Margaret Cameron	Property in Glengoland has fallen through due to uncontested covenant issue New property search has begun.	Strategic outline case. Purchase properties. Consultation. Full business case. NIHE Project approval	Amber	Risks: Expected completion: March 2014.

2012/13 contd.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Learning Disability: Scheme 6. L'Arche Ormeau Road South Belfast	Type: Off shelf Tenancies: 4 tenancies plus 1 staff Housing Association: Oaklee HA Provider: L'Arche Project lead: Margaret Cameron	Property purchased at risk by Oaklee Housing. Survey of required works carried out. Full business case submitted. Consultation carried out.	Pending Project approval. Major repair to front of house.	Amber	Risks: Expected completion: Projected completion date 1 st October 2013.

2012/13 contd.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Learning Disability: Scheme 7. Divis NorthWest Belfast	Type: Off shelf Tenancies: 4 tenancies plus 1 staff Housing Association: Oaklee HA Provider: TBC Project lead: Margaret Cameron	Property withdrawn from sale by vendor Dec 2012	Identify new property Strategic outline case. Purchase properties. Consultation. Full business case. Project approval.	Red	Risks: Expected completion March 2014.

2013/14.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>Mental health:</p> <p>Scheme 3</p> <p>Refurbish of Fountainville and conversion to 24/7 support.</p> <p>East Belfast</p>	<p>Type: Refurbishment Of Fountainville to ensuite accommodation and development of 24/7 support.</p> <p>Tenancies: 17 tenancies SP providing 14 new .</p> <p>Housing Association: Oaklee HA</p> <p>Provider: NIAMH</p> <p>Project lead: Geraldine Hamilton</p>	<p>Project group established with full stakeholder representation. Floor plans nearing completion.</p> <p>17 units in total + 1 staff accommodation.</p> <p>Four houses in total 4 + 4 + 4+ 5.</p> <p>This will maintain the number of NIAMH tenancies (5 MAC tenancies lost to Oaklee)</p> <p>Oaklee confirmed properties eligible for HAG funding.</p> <p>Office space to be reviewed.</p> <p>HA confirmed eligibility for HAG funding.</p>	<p>Strategic outline case.</p> <p>Full Business case.</p> <p>NIHE Project approval.</p> <p>Establish decant arrangements.</p>	<p>Amber</p>	<p>Risks:</p> <p>Business case required</p> <p>Expected completion</p> <p>December 2013.</p>

2013/14 contd.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>Mental health Scheme: 4</p> <p>Reconfiguration of Sandhurst road, (5 places) for supported Housing,</p> <p>South Belfast</p>	<p>Type: Refurbishment</p> <p>Tenancies: 5 or 6</p> <p>Housing Association: Habinteg HA</p> <p>Provider: TBC</p> <p>Project lead: Geraldine Hamilton</p>	<p>Identified need.</p> <p>Identified potential property.</p>	<p>Subject to agreement with Habinteg Housing Association.:</p> <p>Strategic outline case</p> <p>Feasibility study.</p> <p>Remodel property to self- contained</p> <p>? Full business case.</p> <p>? Project approval application to NIHE?</p> <p>Establish project management group</p>	<p>Amber</p>	<p>Risks: Subject to agreement with Habinteg</p> <p>Expected completion December 2013.</p>

2013/14 contd.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Mental health Scheme : 5 Remodelling of Kirkliston House. East Belfast	5 to 6 tenancies plus 1 staff Type: Refurbishment Tenancies: 5 or 6 plus 1 staff. Housing Association: Triangle HA Provider: NIAMH Project lead: Geraldine Hamilton		Trust to check out existing covenants and provide red line map. Submit Strategic outline case. Submit full green book business case. Establish design team. Vacate Kirkliston house.	Amber	Risks: No identified project lead. Business case required Expected completion: March 2015

2013/14 contd.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Mental health Scheme :6 Milburn court extension Castlereagh	Type: new build Tenancies: 6 to 8 tenancies plus 1 staff. Housing Association: Oaklee HA Provider: NIAMH Project lead: Geraldine Hamilton	Identified Housing Association and service provider. Requested deed search and land disposal process.	Trust to check out existing covenants and provide red line map. Feasibility study. Submit strategic outline case. Establish design team. Disposal of land Seek planning approval. Submit full business case.	Amber	Risks: Delays in land disposal. Expected completion: Jan 2015

2013/14 contd.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Mental health Scheme :7 South Belfast	Type: off shelf purchase Tenancies: 16 tenancies plus 3 staff. Housing Association: TBC Provider: NIAMH Project lead: Geraldine Hamilton	<p>Identified the need to create a core and cluster of supported housing for adults with mental health difficulties in South Belfast. The model proposes purchasing a cluster of houses in the vicinity of Fountainville, in South Belfast.</p> <p>Potential house/flats in the area were identified in December 2012 by Oaklee.</p> <p>Properties identified deemed as unsuitable by HA in March 2013. housing association to begin search.</p>	<p>Recommence housing search.</p> <p>Submit strategic outline case.</p> <p>Submit full business case.</p> <p>NIHE project approval.</p> <p>Purchase properties.</p>	Amber	Risks: Business case required Expected completion: March 2014

2013/14 contd.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Mental health Scheme :8 South Belfast	Type: New build Tenancies: 20 tenancies plus 3 staff. Housing Association: Oaklee HA Provider: Threshold Project lead: Geraldine Hamilton.	Discussions with Threshold/ Oaklee housing regarding model of care and support and subsequent design .	Establish project Board. Bring forward Outline business case Bring forward full business case. NIHE project approval. Bring forward planning application. Arrange decant solution. Decant, Demolish and re build	Amber	Risks: Business case required Expected completion: March 2014

2013/14 contd.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>Adults with complex disability.</p> <p>Scheme 1.</p> <p>Bedeque</p> <p>North Belfast</p>	<p>Type:</p> <p>Refurbish</p> <p>Tenancies:</p> <p>6 to 10 tenancies plus 1 staff .</p> <p>Housing Association:</p> <p>Oaklee HA</p> <p>Provider:</p> <p>LCF</p> <p>Project lead:</p> <p>Bernie Kelly</p>	<p>Needs assessment carried out.</p> <p>Strategic outline case submitted.</p> <p>Property identified Bedeque House, lower Antrim Road.</p> <p>Project management team established.</p> <p>Agreed Housing association remodeling. ?No capital case required?</p>	<p>Development now subject to OAklee housing redevelopment of whole site.</p> <p>Clarification of Oaklee site plan and completion date.</p> <p>SP application only. Oaklee Housing managing capital bids.</p>	<p>Amber</p>	<p>Risks:</p> <p>Business case required</p> <p>Expected completion:</p> <p>TBC by Oaklee Housing.</p>

2013/14 contd.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Adults with complex disability 2. Scheme 2. Maples North Belfast	Type: Refurbish Tenancies: 17 tenancies plus 1 staff. Housing Association: Oaklee HA Provider: LCF Project lead: Bernie Kelly	Needs assessment carried out. Project management team established. Negotiation between LCF / NIHE and Oaklee for LCF to take over responsibility for the whole of the maples complex with the development of 17 supported tenancies for the Trust. Strategic outline case submitted	Clarification required from Oaklee on whether capital grant or adaptation grant required. Strategic outline case. Consultation. SP application or Full green book business case??	Amber	Risks: Business case required Expected completion: Dec 2013.

2013/14 contd.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
ABI & Kosakoffs Scheme 1. East Belfast	Type: Refurbish Tenancies: 12 plus 1 staff Housing Association: Triangle HA Provider: TBC Project lead: Geraldine Hamilton	Strategic outline case submitted. Branial site unsuitable. Search recommenced.	Service to work up detailed spec based on comprehensive assessment of housing needs including requirement for enhanced sq meterage. Produce more detailed specification. Identify pathway to get clearance for enhanced space requirements Identify new site. Establish design team. Make planning application. Submit full business case. NIHE project approval	Amber	Risks: Ability to acquire sq meterage required to support needs of ABI tenants. Business case required Expected completion: March 2015

2013/14 contd.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Learning Disability Scheme 8. Abbey Gardens Antrim	Type: Refurbish & build Tenancies: 26 plus 1 staff Housing Association: Triangle HA Provider: Project lead: Margaret Cameron	Strategic outline case submitted. HSCB approval received March 2013.	Trust to check out existing covenants and provide red line map and commence land disposal. Secure land disposal into Housing. Establish design team. Make planning application. Submit full business case. NIHE project approval.	Amber	Risks: Land disposal / covenant delays Business case required Expected completion: March 2015.

2013/14 contd.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Learning Disability Scheme 9. Dympna house reprovion West Belfast	Type: New build Tenancies: 15 to 20 plus 1 staff Housing Association: Oaklee HA Provider: Cedar Project lead: Margaret Cameron	Established design team.	Decant / transfer tenants from existing accommodation. Strategic outline case Establish design team. Make planning application. Submit full business case. NIHE project approval.	Amber	Risks: Business case required Expected completion: March 2015

2013/14 contd.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Learning Disability Scheme 10. Mournevie w/ (Dympna house reprovision) West Belfast	Type: Off shelf purchase. Tenancies: TBC Housing Association: Oaklee HA Provider: Cedar Project lead: Margaret Cameron	Revisited assessments of need of current Dympna House tenants and adaptation requirements for Mourneview property.	Strategic outline case. Full business case Property purchase. NIHE Project approval.		Risks: Business case required Expected completion: September 2014

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Leaving & after care. Scheme 1. Refurbishment & extension of Barnardos Annadale Ave scheme South Belfast	Type: Refurbish. Tenancies: Zero new Housing Association: Triangle HA Provider: Barnardos Project lead: Martin Morgan	Established project management group. Option appraisal. Strategic outline case submitted April 2013..	Planning permission. Full green book business case.	Amber	Risks: Business case required Expected completion: March 2014

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>Mental health Scheme :9</p> <p>North Belfast</p> <p>South Belfast</p>	<p>Type: refurbishment</p> <p>Tenancies: No new tenancies.</p> <p>Housing Association: Oaklee HA</p> <p>Provider: Mindwise</p> <p>Project lead: Geraldine Hamilton.</p>	<p>Agreed service model redesign.</p>	<p>Strategic outline case.</p> <p>Full business case</p> <p>NIHE Project approval.</p> <p>Planning approval.</p> <p>Decant arrangements.</p>		<p>Risks:</p> <p>Business case required</p> <p>Expected completion:</p> <p>March 2015</p>

Belfast HSC Trust.

Supported Housing 3 year development plan.

Adult Social and Primary Care.

Version 4.

June 2013.

Section 1: Summary of planned Supported Housing developments by year and programme of Care.

2011/12.

Scheme	New tenancies	Location	Expected completion	Status
MH 1	13	East Belfast	July 2014	Amber
LD 1	14	South Belfast	Dec 2013	Amber
OP1	34	North Belfast	July 2013	Amber
Sub Total	61			

2012/13.

Scheme	New tenancies	Location	Expected completion	Status
MH2	11	East Belfast	Dec 2014	Amber
LD2	13	North Belfast	Jan 2014	Amber
LD3	0	West Belfast	complete	Green
OP2	31	West Belfast	Jan 2015	Amber
LD4	7	Castlereagh	July 2013	Amber

2012/13 contd.

Scheme	New tenancies	Location	Expected completion	Status
LD 5	4	West Belfast	Mar 2014	Amber
LD 6	5	South Belfast	Oct 2013	Amber
LD 7	4	North Belfast	Mar 2014	Red
Sub Total	75 (*)			

- Note: Greystone scheme, refurbishment of Trust owned houses in Antrim. No capital sp application only, numbers 3 permanent tenancies and one transitional tenancy)

2013/14

Scheme	New tenancies	Location	Expected completion	Status
MH3	Upgrade to 24/7	South Belfast	Dec 2013	Amber
MH4	5	South Belfast	Dec 2013	Amber
MH5	5	East Belfast	Mar 2015	Amber
MH6	6	Castlereagh	Jan 2015	Amber
MH7	16	South Belfast	Mar 2014	Amber
MH8 Threshold/ clearwater	0	South Belfast	Dec 2014	Amber
Complex Disability 1	10	North Belfast	TBC	Amber
Complex Disability 2	17	North Belfast	Dec 2013	Amber
ABI 1	12	East Belfast	Mar 2015	Amber

2013/14 contd.

Scheme	New tenancies	Location	Expected completion	Status
LD 8	26	Antrim	Mar 2015	Amber
LD 9	15	West Belfast	Mar 2015	Amber
LD 10	20	West Belfast	Sept 2013	Amber
Leaving Care	0	South Belfast	Mar 2014	Amber
Sub total	132			
3 year total	268			

The current 3 year plan details a total of 25 schemes providing 272 **new** supported housing tenancies across the city. The original mental health plan for Belfast included units of supported housing required to cater for the needs of specific groups of tenants who were deaf, have offending behaviour, or who have personality disorder. The revised plan integrates these specific needs across the general plan.

Programme of Care	New tenancies
Mental health	56
Learning Disability	108(+ 4 SP only)
Older People's	65
Complex Disability	27
ABI	12
Young people leaving Care	0
Total	268(*272)

Section 2: Three Year Supported Housing development plan by programme of care.

2011/12

Scheme & Location	Details	What we have done to date	What we still need to do: December 2012 update	Status	Risks/ Date of expected completion.
Mental health: Scheme 1. Kirkliston reprovision East Belfast	Type: New Build. Tenancies: 13 additional new tenancies and 8 replacement tenancies = 21 in total.(Plus one staff sleep in). One 4 bedded bungalow, and 3 x 6 unit apartment blocks. Housing Association: Triangle HA Provider: NIAMH Project lead: Geraldine Hamilton.	Strategic outline case submitted August 2011. Business case for off shelf purchase submitted & approved. Jan 2012. Housing Association nominated Sept 2012. Property and site search conducted. Potential site identified Oct 2012.Hollywood/station Rd. Project group established. Site surveyed Nov 2012, existing buildings not fit for improvement. Plans developed Feb 2013 Land purchased March 2013	Business case currently being modified. Project approval application to NIHE. Planning application to be submitted June 2013.	Amber	Risks: Business case needs modified. Expected completion: New build expected July 2014.

2011/12 contd.

Scheme & Location	Details	What we have done to date	What we need to do: December 2012 update	Status	Risks/ Date of expected completion.
Learning Disability Scheme 1: Annadale South/East Belfast	Type: New Build Tenancies: 14 places self contained apartments (+ 1 staff) Housing Association: Triangle HA Provider: Triangle HA Project lead: Margaret Cameron	Business case approved by NIHE. Planning approval received December 2012. Decision made on Independent provider. Works tendered and builder selected	Pending removal of land covenants and completion of land sale to Triangle HA. Application to land tribunal made, to be fast tracked	Amber	Risks: Land purchase / transfer issues Expected completion: Project slipping due to outstanding covenant issues. Expected hand over now July 2014.

2011/12 contd.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>Older peoples</p> <p>Scheme 1.</p> <p>Reprovision of Shankill residential home</p> <p>North Belfast</p>	<p>Type:</p> <p>New Build</p> <p>Tenancies:</p> <p>34 places</p> <p>Housing Association:</p> <p>Helm HA</p> <p>Provider:</p> <p>Belfast Trust</p> <p>Project lead:</p> <p>Katie Campbell</p>	<p>Business case approved by NIHE.</p> <p>Planning approval received December 2012.</p> <p>Decision made on Independent provider.</p> <p>Project approval received.</p>		Green	<p>Expected hand over July 2013.</p>

2012/13.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>Mental health:</p> <p>Scheme 2.</p> <p>East Belfast</p>	<p>Type:</p> <p>New Build/ off shelf</p> <p>Tenancies:</p> <p>11 places plus 1 staff.</p> <p>Housing Association:</p> <p>Triangle</p> <p>Provider:</p> <p>TBC</p> <p>Project lead:</p> <p>Geraldine Hamilton</p>	<p>Site of old Braniel health centre identified.</p> <p>Feasibility study conducted.</p> <p>Initial plans for 11 units plus one staff completed.</p> <p>Pre consultative meeting with Planning service positive but advised to expect community resistance.</p> <p>Established project management group.</p> <p>Initial meeting with local residents association conducted.</p>	<p>Open morning in local community hall.</p> <p>Strategic outline case</p> <p>Site survey</p> <p>Strategic outline case</p> <p>Full business case</p> <p>Project approval application to NIHE.</p> <p>Land / Transfer purchase.</p> <p>Planning application.</p>	<p>Amber</p>	<p>Risks:</p> <p>Land transfer</p> <p>Business case development.</p> <p>Expected completion</p> <p>December 2014</p>

2012/13 contd.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Learning Disability Scheme 2. Peter's Hill North Belfast	Type: New Build. Tenancies: 13 places plus 1 staff. Housing Association: Oaklee HA Provider: TBC Project lead: Margaret Cameron	Extensive public consultation. Planning application made. Business case approved by NIHE. Project approval from NIHE. Independent sector provider identified. Planning approval received January 2013.	On site. Identification of tenants Identification of provider	Green	Risks: Expected completion . Jan 2014
Learning Disability Scheme 3. Dympna Hse phase 1. West Belfast	Type: Refurbishment Tenancies: Zero new. Housing Association: Oaklee HA Provider: Cedar	Brought building up to HMO standard. Submitted Supporting people application.	Completed	Green	Completed Sept 2012.

2012/13 contd.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Older peoples Scheme 2. Reprovision of ballyowen residential home West Belfast	Type: New Build. Tenancies: 31 places plus staff. Housing Association: Clanmill HA Provider: Trust/ TBC Project lead: Katie Campbell	Business case developed. Grovetree identified as site. Business case submitted pending approval.	Land disposal by Trust & pick up by HA. Site survey/ feasibility study Establish design team Make planning application. Identify provider. Closure proposal to Trust Exec team	Amber	Risks: Land disposal by Trust & pick up by HA. Expected completion: Jan 2015

2012/13 contd.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Learning Disability: Scheme 4. Barronscourt Castlereagh	Type: Off shelf Tenancies: 7 tenancies plus 2 staff Housing Association: Triangle HA Provider: Triangle Project lead: Margaret Cameron	Business case submitted March 2013. 2 properties purchased at risk by the Triangle HA on 8/3/13. Public consultation. 2 separate project approval applications due to the need to go through planning for the proposed extension of no. 4 Barronscourt Park. Planning application submitted for No. 4 extension.		Green	Expected completion Occupation of No. 5 is now expected by the end of June 2013. Subject to planning approval and works hand over for No. 4 expected July 2013.

2012/13 contd.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Learning Disability: Scheme 5. Previously Glengoland West Belfast	Type: Off shelf Tenancies: 4 tenancies plus 1 staff Wheel chair accessible. Housing Association: Oaklee HA Provider: Cedar Project lead: Margaret Cameron	Property in Glengoland has fallen through due to uncontestable covenant issue	New property search Strategic outline case. Purchase properties. Consultation. Full business case. NIHE Project approval	Amber	Risks: Business case capacity/ HA capacity to deliver/ identification of suitable property. Expected completion: March 2014.

2012/13 contd.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Learning Disability: Scheme 6. L'Arche Ormeau Road South Belfast	Type: Off shelf Tenancies: 4 tenancies plus 1 staff Housing Association: Oaklee HA Provider: L'Arche Project lead: Margaret Cameron	Property purchased at risk by Oaklee Housing. Survey of required works carried out. Full business case submitted. Consultation carried out.	Pending Project approval. Major repair to front of house. Query tender status?	Green	Risks: Expected completion: Projected handover date 1 st October 2013.

2012/13 contd.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Learning Disability: Scheme 7. Divis NorthWest Belfast	Type: Off shelf Tenancies: 4 tenancies plus 1 staff Housing Association: Oaklee HA Provider: TBC Project lead: Margaret Cameron	Property withdrawn from sale by vendor Dec 2012.	LD service to review assessment of need & clarify accommodation new requirements. Identify new ESPs Strategic outline case. Purchase properties. Consultation. Full business case. Project approval.	Red	Risks: Expected completion March 2014.

2013/14.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>Mental health:</p> <p>Scheme 3</p> <p>Refurbish of Fountainville and conversion to 24/7 support.</p> <p>East Belfast</p>	<p>Type: Refurbishment Of Fountainville to ensuite accommodation and development of 24/7 support.</p> <p>Tenancies: 17 tenancies SPproviding 14 new .</p> <p>Housing Association: Oaklee HA</p> <p>Provider: NIAMH</p> <p>Project lead: Geraldine Hamilton</p>	<p>Project group established with full stakeholder representation. Floor plans nearing completion.</p> <p>17 units in total + 1 staff accommodation.</p> <p>Four houses in total 4 + 4 + 4+ 5.</p> <p>This will maintain the number of NIAMH tenancies (5 MAC tenancies lost to Oaklee)</p> <p>Oaklee confirmed properties eligible for HAG funding.</p> <p>Office space to be reviewed.</p> <p>HA confirmed eligibility for HAG funding.</p> <p>Niamh completing SOC</p>	<p>Strategic outline case in development.</p> <p>Full Business case.</p> <p>NIHE Project approval.</p> <p>Establish decant arrangements.</p>	<p>Amber</p>	<p>Risks:</p> <p>Business case required.</p> <p>Suitable decant</p> <p>HA capacity</p> <p>Expected completion</p> <p>December 2013.</p>

2013/14 contd.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>Mental health Scheme: 4</p> <p>Reconfiguration of Sandhurst road, (5 places) for supported Housing,</p> <p>South Belfast</p>	<p>Type: Refurbishment</p> <p>Tenancies: 5 or 6</p> <p>Housing Association: Habinteg HA</p> <p>Provider: TBC</p> <p>Project lead: Geraldine Hamilton</p>	<p>Identified need.</p> <p>Identified potential property.</p> <p>Initial meeting with Habinteg not positive. Conversion to self-contained / ensuite could be problematic and involve rebuild.</p>	<p>Commence new search for ESPs</p> <p>Strategic outline case</p> <p>Feasibility study.</p> <p>Remodel property to self- contained</p> <p>? Full business case.</p> <p>? Project approval application to NIHE?</p> <p>Establish project management group</p>	<p>Amber</p>	<p>Risks: Housing Association capacity</p> <p>Expected completion</p> <p>????????</p>

2013/14 contd.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>Mental health Scheme : 5</p> <p>Remodelling of Kirkliston House.</p> <p>East Belfast</p>	<p>5 to 6 tenancies plus 1 staff</p> <p>Type: Refurbishment</p> <p>Tenancies: 5 or 6 plus 1 staff.</p> <p>Housing Association: Triangle HA</p> <p>Provider: NIAMH</p> <p>Project lead: Geraldine Hamilton</p>		<p>Trust to check out existing covenants and provide red line map.</p> <p>Submit Strategic outline case immediately.</p> <p>Submit full green book business case.</p> <p>Establish design team.</p> <p>Vacate Kirkliston house.</p>	<p>Amber</p>	<p>Risks:</p> <p>Trust capacity for BC development</p> <p>Confirmation of covenants and land disposal issues.</p> <p>Business case required</p> <p>Expected completion:</p> <p>March 2015</p>

2013/14 contd.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Mental health Scheme :6 Milburn court extension Castlereagh	Type: new build Tenancies: 6 to 8 tenancies plus 1 staff. Housing Association: Oaklee HA Provider: NIAMH Project lead: Geraldine Hamilton	<p>Identified Housing Association and service provider.</p> <p>Requested deed search and land disposal process.</p>	<p>NIHE to nominate new HA</p> <p>Trust to check out existing covenants and provide red line map.</p> <p>Feasibility study.</p> <p>Submit strategic outline case.</p> <p>Establish design team.</p> <p>Disposal of land</p> <p>Seek planning approval.</p> <p>Submit full business case.</p>	Amber	<p>Risks:</p> <p>Delays in nominating new HA. BC writing capacity.</p> <p>Delays in land disposal.</p> <p>NIHE to nominate new HA.</p> <p>Expected completion:</p> <p>Mar 2015</p>

2013/14 contd.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Mental health Scheme :7 South Belfast	Type: off shelf purchase Tenancies: 16 tenancies plus 3 staff. Housing Association: TBC Provider: NIAMH Project lead: Geraldine Hamilton	<p>Identified the need to create a core and cluster of supported housing for adults with mental health difficulties in South Belfast. The model proposes purchasing a cluster of houses in the vicinity of Fountainville, in South Belfast.</p> <p>Potential house/flats in the area were identified in December 2012 by Oaklee.</p> <p>Properties identified deemed as unsuitable by HA in March 2013. housing association to begin search.</p>	<p>Identify new HA</p> <p>Recommence housing search.</p> <p>Submit strategic outline case.</p> <p>Submit full business case.</p> <p>NIHE project approval.</p> <p>Purchase properties.</p>	<p>Amber</p>	<p>Risks: HA capacity</p> <p>Business case required</p> <p>Expected completion:</p> <p>March 2014</p>

2013/14 contd.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Mental health Scheme :8 North Belfast Clearwater reprovision	Type: New build Tenancies: 20 tenancies plus 3 staff. Housing Association: Oaklee HA Provider: Threshold Project lead: Geraldine Hamilton.	Discussions with Threshold/ Oaklee housing regarding model of care and support and subsequent design. Threshold developing SOC	Establish project Board. Bring forward Strategic Outline business case Bring forward full business case. NIHE project approval. Bring forward planning application. Arrange decant solution. Decant, Demolish and re build	Amber	Risks: Business case required Expected completion: Sept 2014

2013/14 contd.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Adults with complex disability. Scheme 1. Bedeque North Belfast	Type: Refurbish Tenancies: 6 to 10 tenancies plus 1 staff . Housing Association: Oaklee HA Provider: LCF Project lead: Bernie Kelly	Needs assessment carried out. Strategic outline case submitted. Property identified Bedeque House, lower Antrim Road. Project management team established. Agreed Housing association remodeling. ?No capital case required?	Development now subject to OAKlee housing redevelopment of whole site. Clarification of Oaklee site plan and completion date. SP application only. Oaklee Housing managing capital bids.	Amber	Risks: Lack of clarity from HA on timescales and deliverability Business case required Expected completion: TBC by Oaklee Housing.

2013/14 contd.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Adults with complex disability 2. Scheme 2. Maples North Belfast	Type: Refurbish Tenancies: 17 tenancies plus 1 staff. Housing Association: Oaklee HA Provider: LCF Project lead: Bernie Kelly	Needs assessment carried out. Project management team established. Negotiation between LCF / NIHE and Oaklee for LCF to take over responsibility for the whole of the maples complex with the development of 17 supported tenancies for the Trust. Strategic outline case submitted	Clarification required from Oaklee on whether capital grant or adaptation grant required. Strategic outline case. Consultation. SP application or Full green book business case??	Amber	Risks: Lack of clarity from HA on timescales and deliverability Business case required Expected completion: Dec 2013.

2013/14 contd.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>ABI & Kosakoffs</p> <p>Scheme 1.</p> <p>East Belfast</p>	<p>Type: Refurbish</p> <p>Tenancies: 12 plus 1 staff</p> <p>Housing Association: Triangle HA</p> <p>Provider: TBC</p> <p>Project lead: Geraldine Hamilton</p>	<p>Strategic outline case submitted.</p> <p>Braniel site unsuitable.</p> <p>Search recommenced.</p> <p>??? Palmerston Road?????</p> <p>Links developing with QUB Architect department</p>	<p>Service to work up detailed spec based on comprehensive assessment of housing needs including requirement for enhanced sq meterage.</p> <p>Produce more detailed specification. Identify pathway to get clearance for enhanced space requirements</p> <p>Identify new site.</p> <p>Establish design team.</p> <p>Make planning application.</p> <p>Submit full business case. NIHE project approval</p>	<p>Amber</p>	<p>Risks:</p> <p>Ability to acquire sq meterage required to support needs of ABI tenants.</p> <p>Business case required</p> <p>Expected completion:</p> <p>March 2015</p>

2013/14 contd.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Learning Disability Scheme 8. Abbey Gardens Antrim	Type: Refurbish & build Tenancies: 26 plus 1 staff Housing Association: Triangle HA Provider: Project lead: Margaret Cameron	Strategic outline case submitted. HSCB approval received March 2013.	Ongoing discussion with NHSCT Trust to check out existing covenants and provide red line map and commence land disposal. Secure land disposal into Housing. Establish design team. Make planning application. Submit full business case. NIHE project approval.	Amber	Risks: Land disposal / covenant delays. Delay/ failure in reaching agreement with NHSCT Business case required Expected completion: March 2015.

2013/14 contd.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Learning Disability Scheme 10. Mournevie w/ (Dympna house reprovision) West Belfast	Type: Off shelf purchase. Tenancies:20 TBC Housing Association: Oaklee HA Provider: Cedar Project lead: Margaret Cameron	Revisited assessments of need of current Dympna House tenants and adaptation requirements for Mourneview property. SOC completed Option appraisal complete	Full business case development commenced. Capital / revenue costs to capital finance for financial appraisal. Property purchase. NIHE Project approval.		Risks: Business case required Expected completion: September 2013

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Leaving & after care. Scheme 1. Refurbishment & extension of Barnardos Annadale Ave scheme South Belfast	Type: Refurbish. Tenancies: Zero new Housing Association: Triangle HA Provider: Barnardos Project lead: Martin Morgan	Established project management group. Option appraisal. Strategic outline case submitted April 2013. Intern identified to develop business case under supervision	Planning permission. Full green book business case underway.	Amber	Risks: Business case required Expected completion: March 2014

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>Mental health Scheme :9</p> <p>North Belfast South Belfast</p>	<p>Type: refurbishment</p> <p>Tenancies: No new tenancies.</p> <p>Housing Association: Oaklee HA</p> <p>Provider: Mindwise</p> <p>Project lead: Geraldine Hamilton.</p>	<p>Agreed service model redesign.</p> <p>Model of care could be supported through renovation/ minor works and would not require HAG funding.</p> <p>May require SP extension.</p>	<p>Support Mindwise with negotiations with Oaklee HA</p> <p>Prepare SP application</p>		<p>Risks:</p> <p>Expected completion:</p> <p>March 2015</p>

Belfast HSC Trust.

Supported Housing 3 year development plan.

Adult Social and Primary Care.

Version 12

June 2014

Section 1: Summary of planned Supported Housing developments by Programme of Care. (27 Schemes)

Mental Health Programme (9 Schemes)

Scheme	Scheme Name	New tenancies	Location	Expected completion	Status
MH 1	Hollywood Rd	13	East Belfast	July 2015	Amber
MH 2	Fountainville Phase 1	12	South Belfast	December 2014	Green
MH 3	University St	6	South Belfast	March 2015	Amber
MH 4	Kirkliston Hse	5	East Belfast	December 2015	Amber
MH 5	Millburn Ext	6	South East Belfast	TBC	Amber
MH 6	Fountainville Phase 2	8 (SP only)	South Belfast	January 2016	Amber
MH 7	Clearwater	2 (SP only)	North Belfast	December 2015	Amber
MH 8	Altigarron	0	West Belfast	TBC	Amber
Total		52			

Learning Disability Programme (13 Schemes)

Scheme	Scheme Name	New tenancies	Location	Expected completion	Status
LD 1	29a Annadale Ave	14	South Belfast	Nov 2014	Green
LD2	Peter's Hill	13	North Belfast	March 2014	Green
LD3	Dympna Hse Phase 1	0	West Belfast	complete	Green
LD4	Baronscourt	3	House 5 Castlereagh	Dec 2013	Green
LD5	Baronscourt	4	House 4 Castlereagh	March 14	Green
LD 6	Antrim Hse (F)	3	North Belfast/ Antrim Area	TBC	Amber
LD 7	L'Arche	4	South Belfast	Dec 2013	Green
LD 8	Antrim Hse (M)	4	North Belfast/ Antrim Area	September 2014	Amber
LD 9	Abbey Road	23	Antrim	Mar 2017	Amber
LD 10	Dympna Hse Phase 2	12	West Belfast	December 2015	Amber
LD 11	Mourneview	22	West Belfast	July 2014	Green
LD 12	LD & Autism	6	South/ South East Belfast	December 2016	Amber
LD 13	Challenging Behaviour	4	East/ South & South-East Belfast	September 2014	Amber
Total		112			

Older Peoples Services (2 Schemes)

Scheme	New Tenancies	Location	Expected Completion	Status
OP 1	34	North Belfast	June 2013	Green
OP 2	30	West Belfast	TBC	Amber
Total	64			

Physical Disability Programme (2 Schemes)

Scheme	New Tenancies	Location	Expected Completion	Status
Complex Disability	17	North Belfast	September 2014	Green
Complex Neuro-Disability	18 (12 ABI + 6 Complex disability)	TBC	TBC	Amber
Total	35			

Children's Services (1 Scheme)

Scheme	New Tenancies	Location	Expected Completion	Status
Leaving Care Service	0	South Belfast	February 2015	Green

Summary

Programme of Care	New tenancies
Mental health	52 (inc 10 SP only)
Learning Disability	112 (inc 4 SP only)
Older People's	64
Complex Disability (inc CND)	35
Young people leaving Care	0
Total	263

The current 3 year plan details a total of 27 schemes providing 263 **new** supported housing tenancies across the city. The original mental health plan for Belfast included units of supported housing required to cater for the needs of specific groups of tenants who were deaf, have offending behaviour, or who have personality disorder. The revised plan integrates these specific needs across the general plan. A needs analysis has also identified that the majority complex neuro-disability population who require supported housing are in the Physical Health & Disability Programme of Care as opposed to Mental Health; a scoping exercise between the Physical Disability and Mental Health Service indicates the need for 18 units of supported housing – this figure encompasses the 6 units previously designated for complex disability plus the 12 units for CND; the revised April 2014 plan reflected this.

The plan now also includes the need for 3 additional ESPs for 4 tenants, 2 of whom are currently in supported accommodation where due to their behaviours and associated risks the living situation is untenable for both tenants and staff and 2 of who are currently living in MAH in delayed discharge. The former two tenants require an individual house; the latter two will share accommodation.

The June 2014 plan no longer includes 342 Ormeau Road as refurbishment/ re-modeling whilst maintaining current tenancies is not feasible.

Section 2: Three Year Supported Housing Development Plan by Programme of Care.

Mental Health Programme

Scheme & Location	Details	What we have done to date	What we still need to do: November 2013 update	Status	Risks/ Date of expected completion.
Mental health: Scheme 1. Kirkliston reprovision Hollywood Road East Belfast	Type: New Build. Tenancies: 13 additional new tenancies and 8 replacement tenancies = 21 in total. One 4 bedded house, and 3 x 6 unit apartment blocks. Housing Association: Triangle HA Provider: NIAMH Project lead: Fiona Rowan Planner: Geraldine Hamilton	Strategic outline case submitted August 2011. Outline Business case for off shelf purchase submitted & approved May 2012. Housing Association nominated Sept 2012. Potential site identified Oct 2012. Hollywood/station Rd. Project group established. Site surveyed Nov 2012, existing buildings not fit for improvement. Plans developed Feb 2013 Land purchased March 2013 Revised full Business Case resubmitted 12.09.13 Revenue re-submitted Feb 14. Approved by Commissioning body March 2014 Planning application approved April 2014	Projected on site July 2014 (SOC for existing Kirkliston house submitted 13 th February 2014)	Amber	Risks: Some issues clearing site of asbestos buildings Expected completion: July 2015.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>Mental health:</p> <p>Scheme 2</p> <p>Refurbishment of Fountainville and conversion to 24/7 support.</p> <p>Fountainville Phase 1</p> <p>South Belfast</p>	<p>Type: Refurbishment Of Fountainville to ensuite accommodation and development of 24/7 support.</p> <p>Tenancies: 18 tenancies SP providing 1 new. (12 new to Trust)</p> <p>Housing Association: Oaklee HA</p> <p>Provider: NIAMH</p> <p>Project lead: Fiona Rowan</p> <p>Planner: Geraldine Hamilton</p>	<p>Project Group established with full stakeholder representation. Plans agreed</p> <p>18 units in total + 1 staff accommodation.</p> <p>Oaklee confirmed properties eligible for HAG funding.</p> <p>Meetings re move on and decant with NIAMH, Oaklee and Trust ongoing; Existing Tenants now decanted to Cromwell Road</p> <p>Plans submitted for extension to No.10 and for use of property</p> <p>OBC approved by commissioning body March 2014</p> <p>Contractor costs approx. 50% below approved costs – OBC revised – DPG approved 31st March 2014</p> <p>Contractor on-site 31st March 2014</p>	<p>Monitor progress of works – 4 week add-on due to works needed now factored in</p> <p>Provide move-on options for tenants in Cromwell road in keeping with their on-going assessment of need</p>	<p>Green</p>	<p>Risks:</p> <p>Expected completion</p> <p>December 2014</p>

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>Mental health Scheme: 3</p> <p>6 Apartments in 104 University St</p> <p>South Belfast</p>	<p>Type: Off the shelf with minor refurbishment</p> <p>Tenancies: 6 plus staff accommodation</p> <p>Housing Association: Helm</p> <p>Provider: TBC</p> <p>Project lead: Fiona Rowan</p> <p>Planner: Simon Daly</p>	<p>Identified need</p> <p>Identified potential property owned by Helm</p> <p>Submitted SOC 4/11/13</p> <p>Contacted NIHE to progress</p> <p>Established Helm no capital for minor refurb but will use grant to update heating – therefore revenue only application required</p>	<p>Await vacant possession of apartments (tenants from 7 Annadale Avenue decanted to this property)</p> <p>Minor updating of apts</p> <p>MH to agree model</p> <p>Appoint provider ?? peripatetic ??</p> <p>SP Revenue only application. Identify whop will do this.</p> <p>Project Team meeting 11th June 2014</p>	<p>Amber</p>	<p>Risks:</p> <p>Delay of progress of 7 Annadale Avenue</p> <p>Expected completion March 2015</p>

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>Mental health Scheme : 4</p> <p>Remodelling of Kirkliston House.</p> <p>East Belfast</p>	<p>5 to 6 tenancies plus 1 staff</p> <p>Type: Refurbishment</p> <p>Tenancies: 5 or 6 plus 1 staff.</p> <p>Housing Association: Triangle HA</p> <p>Provider: NIAMH</p> <p>Project lead: Fiona Rowan</p> <p>Planner: Geraldine Hamilton</p>	<p>Established need</p> <p>Checked Covenants – no issues</p> <p>Submitted SOC 12/2/14 (pending service decision).</p>	<p>Service to confirm nature of need.</p> <p>Submit full green book business case.</p> <p>Establish Project Board</p> <p>Establish design team.</p> <p>Vacate Kirkliston House.</p> <p>Await Development of Holywood Road</p>	<p>Amber</p>	<p>Risks: Contingent on timely completion of Holywood Rd</p> <p>Business case required</p> <p>Expected completion: December 2015</p>

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Mental health Scheme :6 Milburn Close extension Castlereagh	Type: new build Tenancies: 6 tenancies Housing Association: Habinteg Provider: NIAMH Project lead: Fiona Rowan Planner: Simon Daly	Identified Housing Association and service provider. Established that there are no issues re: deeds or land disposal and red line map agreed Feasibility study carried out by planning consultant who advised site could accommodate 6 apartments Planning policy statements highlighted – HA to set up PAD meeting November 2013 to resolve Project Team established – currently suspended whilst Habinteg resolve internal issue SOC submitted 14/11/13	Resume Project Board Submit schedule of accommodation to architect for development of plans. Agree plans Submit OBC Seek planning approval.	Amber	Risks: HA resolving internal issue Expected completion: TBC

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Mental health Scheme :7 South Belfast (Fountainville Phase 2)	Type: New build Tenancies: 8 tenancies. Housing Association: Oaklee HA Provider: NIAMH Project lead: Fiona Rowan Planner: Geraldine Hamilton	<p>Identified the need to create a core and cluster of supported housing for adults with mental health issues in South Belfast.</p> <p>The model proposes building apartments in the vicinity of Fountainville (Phase 1), in South Belfast.</p> <p>Existing Oaklee Properties identified deemed as unsuitable by Trust in March 2013.</p> <p>Cromwell Road considered feasible from architect's perspective – PAD meeting requested to confirm feasibility</p> <p>Project Board established 8th April 2014</p>	<p>SOC submitted 7/2/14</p> <p>Agree proposed site</p> <p>Submit full business case.</p> <p>NIHE project approval.</p>	<p>Amber</p>	<p>Risks: Planning Approval for 8 apts</p> <p>Expected completion: January 2016</p>

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Mental health Scheme :8 North Belfast Clearwater reprovion	Type: New build Tenancies: 22 tenancies plus staff. (2 extra SP only tenancies) Housing Association: Oaklee HA Provider: Threshold Project lead: Fiona Rowan Planner: Geraldine Hamilton	Project Team established. Strategic Outline Case approved. Model of care and design of building agreed. Plans approved by Project Team Planning application week commencing 17/2/14 Commenced local and political consultation OBC completed and submitted 30/1/14 – issue highlighted re: rents at NIHE budget meeting April 2014 – Project Board suspended whilst being resolved between HA, provider and HB Identified decant property for Clearwater House tenants- cannot commit to rent until OBC approved Organise letters of support from BHSCT, HSCB and Depts re demolition.	New rents to be submitted and OBC to be approved by Commissioning Body Community consultation to continue NIHE project approval. Planning approval. Decant property to be secured Decant, Demolish and re build	Amber	Risks: Planning approval to demolish Expected completion: December 2015

Scheme & Location	Details	What we have done to Date	What we need to do:	Status	Risks/ Date of expected completion
<p>Mental Health Scheme: 10</p> <p>Remodelling of Altigarron Court</p> <p>West Belfast</p>	<p>Type: Refurbishment? New Build?</p> <p>Tenancies: 11 (potential for 5 new tenancies)</p> <p>Housing Association: Oaklee HA</p> <p>Provider: NIAMH</p> <p>Project Lead: Fiona Rowan</p> <p>Planner: Simon Daly</p>	<p>Established need for modernization and reconfiguring of service</p> <p>Planning consultant provided report re: feasibility of what could be done on site within existing building – plans to be reviewed 10th June 2014</p>	<p>Agree options as per planning consultant report</p> <p>Strategic Outline Case needed</p> <p>Outline business Case required</p> <p>Planning etc.</p>	<p>Amber</p>	<p>Risks:</p> <p>Feasibility of modernization of existing buildings</p> <p>Expected Completion:</p> <p>TBC</p>

Learning Disability Programme

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Learning Disability Scheme 1: 29 a Annadale South/East Belfast	Type: New Build Tenancies: 14 new tenancies (+ 1 staff) Housing Association: Triangle HA Provider: Triangle HA Project lead: Margaret Cameron Planner: Geraldine Hamilton	Business case approved by NIHE. Planning approval received December 2012. Works tendered and builder selected Sale to Triangle completed 11/10/13 Capital & Revenue approved. Works commenced November 2013	Monitor monthly progress Allocate apartments Occupy building	Green	Risks: Expected completion: Nov 2014

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>Learning Disability:</p> <p>Scheme 6</p> <p>Antrim Area/ seven mile straight (Female)</p> <p>North Belfast/ Antrim Area</p>	<p>Type: Off shelf</p> <p>Tenancies: 3 tenancies plus 1 staff</p> <p>Wheel chair accessible.</p> <p>Housing Association: Oaklee HA</p> <p>Provider: TBC</p> <p>Project lead: Margaret Cameron</p> <p>Planner: Simon Daly</p>	<p>SOC submitted and approved by BASPP Oct 2013</p> <p>Property identified – valuation by Oaklee not compatible with price</p> <p>House search ongoing</p>	<p>Find new property.</p> <p>Consultation.</p> <p>Full business case.</p> <p>NIHE Project approval</p>	<p>Amber</p>	<p>Risks:</p> <p>identification of suitable property.</p> <p>Expected completion:</p> <p>TBC</p>

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Learning Disability: Scheme 7 L'Arche Ormeau Road South Belfast	Type: Off shelf Tenancies: 4 tenancies plus 1 staff Housing Association: Oaklee HA Provider: L'Arche Project lead: Margaret Cameron	Property purchased at risk by Oaklee Housing. Survey of required works carried out. Full business case approved. Consultation carried out. RQIA updated. (Proposed tenants, i.e, 4 community places, of which 1 residential transfer will release place for resettlement from MAH.) Handover of property 13/12/13 – tenants to be in for Christmas	complete	Green	Risks: Expected completion:

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Learning Disability: Scheme 8 Knockcairn (Male)	Type: Off shelf Tenancies: 4 tenancies plus 1 staff Housing Association: Oaklee HA Provider: TBC Project lead: Margaret Cameron Planner: Simon Daly	SOC approved by BASPP Oct 2013 Identified clients Property identified – Close to agreement	Purchase property. Community Consultation. Full business case. Project approval. Minimal structural plan of work required.	Amber	Risks: valuation? Expected completion September 2014.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>Learning Disability</p> <p>Scheme 9.</p> <p>Abbey Road</p> <p>Antrim</p>	<p>Type: New Build</p> <p>Tenancies: 23 plus 1 staff</p> <p>Housing Association: Triangle HA</p> <p>Provider: tbc</p> <p>Project lead: Margaret Cameron</p> <p>Planner: Geraldine Hamilton</p>	<p>HSCB approval received March 2013.</p> <p>3 Trusts met August 2013 – Belfast Trust to progress business case - NHSCT taking lead in management</p> <p>Agreed accommodation is required post March 2015 for emerging population of adults with a complexity of need requiring specific environmental design</p> <p>Project Group established and met November 2013 – meeting monthly</p> <p>Site visit with Trust and HA November 2013</p> <p>Site agreed by Trust</p> <p>Design Team appointed</p> <p>Exemplar schemes visited</p>	<p>Commence land disposal process</p> <p>Agree design</p> <p>Make planning application.</p> <p>Submit full business case.</p> <p>NIHE project approval.</p> <p>Evaluation</p> <p>Land disposal needs to start now as this takes 1 year.</p> <p>Land transfer.</p>	<p>Amber</p>	<p>Risks:</p> <p>Expected completion: March 2017.</p>

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Learning Disability Scheme 10 Dympna house re-build West Belfast	Type: New build Tenancies: 12 tenancies plus 1 staff Housing Association: Oaklee HA Provider: TBA Project lead: Margaret Cameron Planner: Geraldine Hamilton	Submitted Strategic Outline Case November 2013 Established Project Team Established design team. Revenue and Capital costs being worked up Visited exemplar schemes Agreed design 7 th April Provided rationale for design requirements to Oaklee/ DPG	Decant / transfer tenants from existing accommodation to Mourneview Agree design Make planning application. Submit full business case. NIHE project approval. Demolish and re-build	Amber	Risks: Challenges to design by DPG/ Planning approval Expected completion: December 2015

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Learning Disability Scheme 11 Mourneview / (Dympna house reprovision) West Belfast	Type: Off shelf purchase. Tenancies: 22 Housing Association: Oaklee HA Provider: Cedar Project lead: Margaret Cameron Planner: Geraldine Hamilton	Revisited assessments of need of current Dympna House tenants and adaptation requirements for Mourneview property. SOC completed and approved Oaklee purchased property October 2013 – sale completed 17 th Feb 14 OBC approved by Commissioning Body Consultation with service-users and carers 26/11/13 4 tenants decanted to Dympna House Service agreed schedule of works with HA – Contractor on-site March 2014 EDC July 2014.	Monitor progress	Green	Risks: Expected completion: July 2014

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of completion
Learning Disability Scheme 12 LD and Autism South/ SE Belfast	Type: New build Tenancies: 6 Housing Association: Oaklee Provider: TBC Project Lead: Margaret Cameron Planner: Simon Daly	<p>Strategic Outline Case approved by BASPP October 2013 for 81 Ballynahinch Road –revised to reflect greater need – capital costings required before able to submit to BASPP</p> <p>Set up Project meeting for 25/11/13</p> <p>Meeting held 6th December 2013 with Trust staff and SP – established that process needs to be reviewed to ensure proposed scheme fit for purpose and encompasses broader need</p> <p>Set up meeting 28th January with service group to discuss</p> <p>DPG appointed Oaklee</p>	<p>Project Board to be re-established</p> <p>Oaklee to scope sites (which will include Ballynahinch Road)</p> <p>Outline business Case</p> <p>NIHE approval</p> <p>Appoint design team</p> <p>Planning approval</p>	Amber	Risks: Expected Completion: December 2016

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of completion
Learning Disability Scheme 13 LD Challenging Behaviour East/ South/ SE Belfast	Type: 3 ESPs Tenancies: 4 Housing Association: Oaklee – S/SE Belfast Triangle – E Belfast Provider: TBC Project Lead: Aine Morrison Planner: Geraldine Hamilton	Established need Submitted 3 X SOC's to BASPP for 10/4/14 HAs officially nominated, project meetings set up, house searches in progress	Oaklee/ Triangle to identify suitable properties 2 X Outline business Cases to be submitted NIHE approval	Amber	Risks: finding suitable properties Expected Completion: September 2014

Older Peoples Services

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>Older peoples</p> <p>Scheme 1.</p> <p>Reprovision of Shankill residential home</p> <p>North Belfast</p>	<p>Type: New Build</p> <p>Tenancies: 34 places</p> <p>Housing Association: Helm HA</p> <p>Provider: Belfast Trust</p> <p>Project lead: Katie Campbell</p>	<p>Business case approved by NIHE.</p> <p>Planning approval received December 2012.</p> <p>Decision made on Independent provider.</p> <p>Project approval received.</p>	<p>Target 4 tenants agreed per month.</p> <p>Tenants – in place at present.</p> <p>2 more tenants scheduled to accept tenancies this week.</p> <p>2 tenants awaiting financial assessment before accepting tenancies.</p> <p>Proposed tenants would prefer face to face financial assessments.</p> <p>Targets to complete occupancy – March 2013.</p> <p>Trust Project Team to maximize occupancy occupancies.</p>	Green	<p>Handover June 2013</p> <p>Opened 16.07.13</p> <p style="color: red; font-weight: bold; font-size: 1.2em;">complete</p>

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>Older peoples</p> <p>Scheme 2.</p> <p>Reprovision of Ballyowen residential home (Grovetree)</p> <p>West Belfast</p>	<p>Type: New Build.</p> <p>Tenancies: 30 places plus staff.</p> <p>Housing Association: Clanmill HA</p> <p>Provider: Trust/ TBC</p> <p>Project lead: Katie Campbell</p> <p>Planner: Simon Daly</p>	<p>Business case developed.</p> <p>Grovetree identified as site.</p> <p>Business case submitted pending approval – to be revised</p> <p>Trust Board approved disposal of Grovetree 7th November 2013</p> <p>Meeting to progress set up with planning and service 22/11/13</p> <p>Scoping exercise re: need</p>	<p>Site survey/ feasibility study</p> <p>Establish design team</p> <p>Project team to meet June 14</p> <p>Make planning application.</p> <p>Identify provider.</p> <p>Evaluation</p> <p>Business Case to be revised, including non-recurrent revenue</p> <p>Review revenue</p>	<p>Amber</p>	<p>Risks:</p> <p>Expected completion:</p> <p>TBC</p>

Physical Disability Programme

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Adults with complex disability 2. Scheme 2. Maples North Belfast	Type: Refurbish Tenancies: 17 tenancies plus 1 staff. Housing Association: Oaklee HA Provider: Leonard Chesire Project lead: Bernie Kelly Planner: Simon Daly	Needs assessment carried out. Project management team established. Negotiation between LCF / NIHE and Oaklee for LCF to take over responsibility for the whole of the maples complex with the development of 17 supported tenancies for the Trust. Strategic outline case submitted Letter sent from Oaklee re: commitment to carry out works Time-line of works schedule submitted Outline Business Case submitted. LCF proceeding with recruitment at risk, NIHE have advised informally that this will be funded.	Monitor	Green	Risks: Expected completion: September 2014

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>Complex Neuro-Disability Scheme</p> <p>Scheme 3.</p> <p>Area:</p> <p>N&W Belfast - 9</p> <p>S&W Belfast - 9</p>	<p>Type:</p> <p>New build</p> <p>Tenancies:</p> <p>18 plus 2 staff</p> <p>Housing Association:</p> <p>Triangle HA</p> <p>Provider:</p> <p>TBC</p> <p>Project lead:</p> <p>Jane McMillan</p> <p>Planner:</p> <p>Geraldine Hamilton</p>	<p>Strategic outline case submitted.</p> <p>Braniel site unsuitable.</p> <p>Revised scheme name to reflect complex needs as opposed to diagnosis. (Complex Neuro-Disability Scheme)</p> <p>Needs analysis ongoing – highlighting a growing need</p> <p>Meetings held with PSD and MH to scope need – SOC for 18 tenancies submitted 10/4/14 (main population with CND – those with Korsakoff's syndrome)</p> <p>Set up Project Board May 2014</p> <p>Visited Korsakoff Scheme June 2014</p>	<p>Service to work up detailed spec based on comprehensive assessment of functional needs of population to inform environmental design</p> <p>Identify sites.</p> <p>Establish design team.</p> <p>Make planning application.</p> <p>Submit full business case.</p> <p>NIHE project approval</p>	<p>Amber</p>	<p>Risks:</p> <p>Finding suitable sites</p> <p>Expected completion:</p> <p>TBC</p>

Children's Services

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Leaving & after care. Scheme 1. Refurbishment & extension of Barnardos 7 Annadale Ave scheme South Belfast	Type: Refurbish. Tenancies: Zero new Housing Association: Triangle HA Provider: Barnardos Project lead: Martin Morgan	Established project management group. Strategic outline case submitted April 2013. Full green book business case submitted October 2013 –approved by Commissioning Body January 2014 Decant Week beg 11 th Nov 13 to 104, University Street. Planning permission granted Contractors on site March 2014 for 45 weeks. EDC Jan/ Feb 2015	Monitor	Green	Risks: Expected completion: February 2015

Belfast HSC Trust.

Supported Housing 3 year development plan.

Adult Social and Primary Care.

Version 12

Aug 2014

Section 1: Summary of planned Supported Housing developments by Programme of Care. (26 Schemes)

Mental Health Programme (8 Schemes)

Scheme	Scheme Name	New tenancies	Location	Expected completion	Status
MH 1	Hollywood Rd	13	East Belfast	Sept 2015	Amber
MH 2	Fountainville Phase 1	12	South Belfast	December 2014	Green
MH 3	University St	6	South Belfast	March 2015	Amber
MH 4	Kirkliston Hse	5	East Belfast	December 2015	Amber
MH 5	Millburn Ext	6	South East Belfast	TBC	Amber
MH 6	Fountainville Phase 2	8 (SP only)	South Belfast	January 2016	Amber
MH 7	Clearwater	2 (SP only)	North Belfast	December 2015	Amber
MH 8	Altigarron	0	West Belfast	TBC	Amber
Total		52			

Learning Disability Programme (13 Schemes)

Scheme	Scheme Name	New tenancies	Location	Expected completion	Status
LD 1	29a Annadale Ave	14	South Belfast	August 2014	Green
LD2	Peter's Hill	13	North Belfast	March 2014	Green
LD3	Dympna Hse Phase 1	0	West Belfast	complete	Green
LD4	Baronscourt	3	House 5 Castlereagh	Dec 2013	Green
LD5	Baronscourt	4	House 4 Castlereagh	March 14	Green
LD 6	Antrim Hse (F)	3	North Belfast/ Antrim Area	TBC	Red
LD 7	L'Arche	4	South Belfast	Dec 2013	Green
LD 8	Antrim Hse (M)	4	North Belfast/ Lisburn / Antrim Area	March 2015	Amber
LD 9	Abbey Road	23	Antrim	Mar 2017	Amber
LD 10	Dympna Hse Phase 2	12	West Belfast	December 2015	Amber
LD 11	Mourneview	22	West Belfast	July 2014	Green
LD 12	LD & Autism	6	South/ South East Belfast	December 2016	Amber
LD 13	Challenging Behaviour	4	East/ South & South-East Belfast	September 2014	Amber
Total		112			

Older Peoples Services (2 Schemes)

Scheme	New Tenancies	Location	Expected Completion	Status
OP 1	34	North Belfast	June 2013	Green
OP 2	30	West Belfast	TBC	Amber
Total	64			

Physical Disability Programme (2 Schemes)

Scheme	New Tenancies	Location	Expected Completion	Status
Complex Disability	17	North Belfast	September 2014	Green
Complex Neuro-Disability	18 (12 ABI + 6 Complex disability)	TBC	TBC	Amber
Total	35			

Children's Services (1 Scheme)

Scheme	New Tenancies	Location	Expected Completion	Status
Leaving Care Service	0	South Belfast	February 2015	Green

Summary

Programme of Care	New tenancies
Mental health	52 (inc 10 SP only)
Learning Disability	112 (inc 4 SP only)
Older People's	64
Complex Disability (inc CND)	35
Young people leaving Care	0
Total	263

The current 3 year plan details a total of 26 schemes providing 263 **new** supported housing tenancies across the city. The original mental health plan for Belfast included units of supported housing required to cater for the needs of specific groups of tenants who were deaf, have offending behaviour, or who have personality disorder. The revised plan integrates these specific needs across the general plan. A needs analysis has also identified that the majority complex neuro-disability population who require supported housing are in the Physical Health & Disability Programme of Care as opposed to Mental Health; a scoping exercise between the Physical Disability and Mental Health Service indicates the need for 18 units of supported housing – this figure encompasses the 6 units previously designated for complex disability plus the 12 units for CND; the revised April 2014 plan reflected this.

The plan now also includes the need for 3 additional ESPs for 4 tenants, 2 of whom are currently in supported accommodation where due to their behaviours and associated risks the living situation is untenable for both tenants and staff and 2 of who are currently living in MAH in delayed discharge. The former two tenants require an individual house; the latter two will share accommodation.

The June 2014 plan no longer includes 342 Ormeau Road as refurbishment/ re-modeling whilst maintaining current tenancies is not feasible.

Section 2: Three Year Supported Housing Development Plan by Programme of Care.

Mental Health Programme

Scheme & Location	Details	What we have done to date	What we still need to do: November 2013 update	Status	Risks/ Date of expected completion.
Mental health: Scheme 1. Kirkliston reprovision Hollywood Road East Belfast	Type: New Build. Tenancies: 13 additional new tenancies and 8 replacement tenancies = 21 in total. One 4 bedded house, and 3 x 6 unit apartment blocks. Housing Association: Triangle HA Provider: NIAMH Project lead: Fiona Rowan Planner: Geraldine Hamilton	Strategic outline case submitted August 2011. Outline Business case for off shelf purchase submitted & approved May 2012. Housing Association nominated Sept 2012. Potential site identified Oct 2012. Hollywood/station Rd. Project group established. Site surveyed Nov 2012, existing buildings not fit for improvement. Plans developed Feb 2013 Land purchased March 2013 Revised full Business Case resubmitted 12.09.13 Revenue re-submitted Feb 14. Approved by Commissioning body March 2014 Planning application approved April 2014	Projected on site August 2014 (SOC for existing Kirkliston house submitted 13 th February 2014)	Amber	Risks: asbestos cleared Expected completion: Sept 2015.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>Mental health:</p> <p>Scheme 2</p> <p>Refurbishment of Fountainville and conversion to 24/7 support.</p> <p>Fountainville Phase 1</p> <p>South Belfast</p>	<p>Type: Refurbishment Of Fountainville to ensuite accommodation and development of 24/7 support.</p> <p>Tenancies: 18 tenancies SP providing 1 new. (12 new to Trust)</p> <p>Housing Association: Oaklee HA</p> <p>Provider: NIAMH</p> <p>Project lead: Fiona Rowan</p> <p>Planner: Geraldine Hamilton</p>	<p>Project Group established with full stakeholder representation. Plans agreed</p> <p>18 units in total + 1 staff accommodation.</p> <p>Oaklee confirmed properties eligible for HAG funding.</p> <p>Meetings re move on and decant with NIAMH, Oaklee and Trust ongoing; Existing Tenants now decanted to Cromwell Road</p> <p>Plans submitted for extension to No.10 and for use of property</p> <p>OBC approved by commissioning body March 2014</p> <p>Contractor costs approx. 50% below approved costs – OBC revised – DPG approved 31st March 2014</p> <p>Contractor on-site 31st March 2014</p>	<p>Monitor progress of works – 4 week add-no due to works needed now factored in.</p> <p>Provide move-on options for tenants in Cromwell road in keeping with their on-going assessment of need</p>	<p>Green</p>	<p>Risks:</p> <p>Expected completion</p> <p>December 2014</p>

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>Mental health Scheme: 3</p> <p>6 Apartments in 104 University St</p> <p>South Belfast</p>	<p>Type: Off the shelf with minor refurbishment</p> <p>Tenancies: 6 plus staff accommodation</p> <p>Housing Association: Helm</p> <p>Provider: TBC</p> <p>Project lead: Fiona Rowan</p> <p>Planner: Simon Daly</p>	<p>Identified need</p> <p>Identified potential property owned by Helm</p> <p>Submitted SOC 4/11/13</p> <p>Contacted NIHE to progress</p> <p>Established Helm no capital for minor refurb but will use grant to update heating – therefore revenue only application required</p>	<p>Await vacant possession of apartments (tenants from 7 Annadale Avenue decanted to this property)</p> <p>Minor updating of apts</p> <p>MH to agree model</p> <p>Appoint provider</p> <p>Revenue only application</p>	<p>Amber</p>	<p>Risks:</p> <p>Delay of progress of 7 Annadale Avenue, Now Jan 2015</p> <p>Expected completion March 2015</p>

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>Mental health Scheme : 4</p> <p>Remodelling of Kirkliston House.</p> <p>East Belfast</p>	<p>5 to 6 tenancies plus 1 staff</p> <p>Type: Refurbishment</p> <p>Tenancies: 5 or 6 plus 1 staff.</p> <p>Housing Association: Triangle HA</p> <p>Provider: NIAMH</p> <p>Project lead: Fiona Rowan</p> <p>Planner: Geraldine Hamilton</p>	<p>Established need</p> <p>Checked Covenants – no issues</p> <p>Submitted SOC 12/2/14</p>	<p>Submit full green book business case.</p> <p>Establish Project Board</p> <p>Establish design team.</p> <p>Vacate Kirkliston House.</p> <p>Await Development of Holywood Road</p>	<p>Amber</p>	<p>Risks: Contingent on timely completion of Hoywood Rd</p> <p>Business case required</p> <p>Expected completion:</p> <p>December 2015</p>

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Mental health Scheme :6 Milburn Close extension Castlereagh	Type: new build Tenancies: 6 tenancies Housing Association: Habinteg Provider: NIAMH Project lead: Fiona Rowan Planner: Simon Daly	Identified Housing Association and service provider. Established that there are no issues re: deeds or land disposal and red line map agreed Feasibility study carried out by planning consultant who advised site could accommodate 6 apartments Planning policy statements highlighted – HA to set up PAD meeting November 2013 to resolve Project Team established – currently suspended whilst Habinteg resolve internal issue SOC submitted 14/11/13	Resume Project Board Submit schedule of accommodation to architect for development of plans. Agree plans Submit OBC Seek planning approval.	Amber	Risks: Pending HA confirmation of design team. Expected completion: TBC ???

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Mental health Scheme :7 South Belfast (Fountainville Phase 2)	Type: New build Tenancies: 8 tenancies. Housing Association: Oaklee HA Provider: NIAMH Project lead: Fiona Rowan Planner: Geraldine Hamilton	<p>Identified the need to create a core and cluster of supported housing for adults with mental health issues in South Belfast.</p> <p>The model proposes building apartments in the vicinity of Fountainville (Phase 1), in South Belfast.</p> <p>Existing Oaklee Properties identified deemed as unsuitable by Trust in March 2013.</p> <p>Project Board established 8th April 2014</p> <p>Cromwell Road considered feasible from architect's perspective – PAD meeting requested to confirm feasibility - proposed site agreed by project board 10/6/14</p>	<p>SOC submitted 7/2/14</p> <p>Submit full business case.</p> <p>Plan for 9apts, OBC to be completed when costs available</p>	Amber	<p>Risks: Planning Approval for 8 apts</p> <p>Expected completion: January 2016</p>

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Mental health Scheme :8 North Belfast Clearwater reprovision	Type: New build Tenancies: 22 tenancies plus staff. (2 extra SP only tenancies) Housing Association: Oaklee HA Provider: Threshold Project lead: Fiona Rowan Planner: Geraldine Hamilton	Project Team established. Strategic Outline Case approved. Model of care and design of building agreed. Plans approved by Project Team Planning application week commencing 17/2/14 Commenced local and political consultation OBC completed and submitted 30/1/14 – issue highlighted re: rents at NIHE budget meeting April 2014 – Project Board suspended whilst being resolved between HA, provider and HB Identified decant property for Clearwater House tenants- cannot commit to rent until OBC approved	New rents submitted and OBC to be considered by Commissioning body W/b 11.08.14 Planning approval. Decant property to be secured Decant, Demolish and re build	Amber	Risks: Planning approval / Demolish streetscape issue. Meeting with Environ minister planned. Expected completion: December 2015

Scheme & Location	Details	What we have done to Date	What we need to do:	Status	Risks/ Date of expected completion
Mental Health Scheme: 10 Remodelling of Altigarron Court West Belfast	Type: Refurbishment? New Build? Tenancies: 11 (potential for 5 new tenancies) Housing Association: Oaklee HA Provider: NIAMH Project Lead: Fiona Rowan Planner: Simon Daly	Established need for modernization and reconfiguring of service Planning consultant provided report re: feasibility of what could be done on site within existing building shows demolition may be unnecessary	Agree options as per planning consultant report Strategic Outline Case needed Outline business Case required Planning etc.	Amber	Risks: Feasibility of modernization of existing buildings Expected Completion: TBC

Learning Disability Programme

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Learning Disability Scheme 1: 29 a Annadale South/East Belfast	Type: New Build Tenancies: 14 new tenancies (+ 1 staff) Housing Association: Triangle HA Provider: Triangle HA Project lead: Margaret Cameron Planner: Geraldine Hamilton	Business case approved by NIHE. Planning approval received December 2012. Works tendered and builder selected Sale to Triangle completed 11/10/13 Capital & Revenue approved. Works commenced November 2013	Monitor monthly progress Allocate apartments Occupy building Ensure Trust have made preparations for clients/staff	Green	Risks: Expected completion: Aug 2014

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>Learning Disability:</p> <p>Scheme 6</p> <p>Antrim Area/ seven mile straight (Female)</p> <p>North Belfast/ Antrim Area</p>	<p>Type: Off shelf</p> <p>Tenancies: 3 tenancies plus 1 staff</p> <p>Wheel chair accessible.</p> <p>Housing Association: Oaklee HA</p> <p>Provider: TBC</p> <p>Project lead: Margaret Cameron</p> <p>Planner: Simon Daly</p>	<p>SOC submitted and approved by BASPP Oct 2013</p> <p>Property identified – valuation by Oaklee not compatible with price</p> <p>House search ongoing</p>	<p>Find new property.</p> <p>Consultation.</p> <p>Full business case.</p> <p>NIHE Project approval</p>	<p>Amber</p>	<p>Risks:</p> <p>Identification of suitable property. HA had not furthered the search for this house 7/8/. Passed to new development officer.</p> <p>Expected completion:</p> <p>March 2015 at risk</p>

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Learning Disability: Scheme 7 L'Arche Ormeau Road South Belfast	Type: Off shelf Tenancies: 4 tenancies plus 1 staff Housing Association: Oaklee HA Provider: L'Arche Project lead: Margaret Cameron	Property purchased at risk by Oaklee Housing. Survey of required works carried out. Full business case approved. Consultation carried out. RQIA updated. (Proposed tenants, i.e, 4 community places, of which 1 residential transfer will release place for resettlement from MAH.) Handover of property 13/12/13 – tenants to be in for Christmas	complete	Green	Risks: Expected completion:

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Learning Disability: Scheme 8 Knockcairn (Male)	Type: Off shelf Tenancies: 4 tenancies plus 1 staff Housing Association: Oaklee HA Provider: TBC Project lead: Margaret Cameron Planner: Simon Daly	SOC approved by BASPP Oct 2013 Identified clients Property identified – Close to agreement	Property purchased at risk 11.08.14. Community Consultation. Public meeting held 28.07.14 Full business case. Project approval. Structural plan of work approved by DPG 04.08.14. Completion of minor works	Green	Risks: Expected completion March 2015.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>Learning Disability</p> <p>Scheme 9.</p> <p>Abbey Road</p> <p>Antrim</p>	<p>Type: New Build</p> <p>Tenancies: 23 plus 1 staff</p> <p>Housing Association: Triangle HA</p> <p>Provider: tbc</p> <p>Project lead: Margaret Cameron</p> <p>Planner: Geraldine Hamilton</p>	<p>HSCB approval received March 2013.</p> <p>3 Trusts met August 2013 – Belfast Trust to progress business case - NHSCT taking lead in management</p> <p>Agreed accommodation is required post March 2015 for emerging population of adults with a complexity of need requiring specific environmental design</p> <p>Project Group established and met November 2013 – meeting monthly</p> <p>Site visit with Trust and HA November 2013</p> <p>Site agreed by Trust</p> <p>Design Team appointed</p> <p>Exemplar schemes visited</p>	<p>Commence land disposal process</p> <p>Agree design</p> <p>Make planning application.</p> <p>Submit full business case.</p> <p>NIHE project approval.</p> <p>Evaluation</p> <p>Land disposal needs to start now as this takes 1 year.</p> <p>Land transfer.</p>	<p>Amber</p>	<p>Risks:</p> <p>Initial site not suitable , now scoping other sites on Abbey Road against concept design.</p> <p>Expected completion:</p> <p>March 2017.</p>

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Learning Disability Scheme 10 Dympna house re-build West Belfast	Type: New build Tenancies: 12 tenancies plus 1 staff Housing Association: Oaklee HA Provider: TBA Project lead: Margaret Cameron Planner: Geraldine Hamilton	Submitted Strategic Outline Case November 2013 Established Project Team Established design team. OBC undergoing financial analysis Visited exemplar schemes Agreed design 7 th April 2014 Provided rationale for design requirements to Oaklee/ DPG – approval to proceed granted May 2014 Agreed revised plans 30 th May 2014 OBC tabled at BASPP 12/6/14	Tenants transferred from existing accommodation to Mourneview Planning application submitted 11/07/14. NIHE project approval pack completed, presenting to DPG w/B 11.08.14. Community consultation commenced and no responses. Demolish and re-build Confirm revenue streams for communication systems	Amber	Risks: Length of planning process as accommodation required for resettlement population Expected completion: December 2015

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Learning Disability Scheme 11 Mourneview / (Dympna house reprovision) West Belfast	Type: Off shelf purchase. Tenancies: 22 Housing Association: Oaklee HA Provider: Cedar Project lead: Margaret Cameron Planner: Geraldine Hamilton	Revisited assessments of need of current Dympna House tenants and adaptation requirements for Mourneview property. SOC completed and approved Oaklee purchased property October 2013 – sale completed 17 th Feb 14 OBC approved by Commissioning Body Consultation with service-users and carers 26/11/13 4 tenants decanted to Dympna House Service agreed schedule of works with HA – Contractor on-site March 2014 EDC July 2014.	Monitor progress	Green	Completed July 2014

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of completion
Learning Disability Scheme 12 LD and Autism South/ SE Belfast	Type: New build Tenancies: 6 Housing Association: Oaklee Provider: TBC Project Lead: Margaret Cameron Planner: Simon Daly	<p>Strategic Outline Case approved by BASPP October 2013 for 81 Ballynahinch Road –revised to reflect greater need – capital costings required before able to submit to BASPP</p> <p>Set up Project meeting for 25/11/13</p> <p>Meeting held 6th December 2013 with Trust staff and SP – established that process needs to be reviewed to ensure proposed scheme fit for purpose and encompasses broader need</p> <p>Set up meeting 28th January with service group to discuss – SOC to be revised and re-tabled</p> <p>DPG appointed Oaklee</p>	<p>Project Board re-established. 1st Meeting Sept 2014.</p> <p>Revised SOC tabled 12th June 2014</p> <p>Oaklee to scope sites (which will include Ballynahinch Road)</p> <p>Outline business Case</p> <p>NIHE approval</p> <p>Appoint design team</p> <p>Planning approval</p>	Amber	Risks: Expected Completion: December 2016

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of completion
Learning Disability Scheme 13 LD Challenging Behaviour East/ South/ SE Belfast	Type: 3 ESPs Tenancies: 4 Housing Association: Oaklee – S/SE Belfast Triangle – E Belfast Provider: TBC Project Lead: Aine Morrison Planner: Geraldine Hamilton	Established need Submitted 3 X SOCs to BASPP for 10/4/14 HAs officially nominated, project meetings set up, house searches in progress	Oaklee/ Triangle to identify suitable properties 2 X Outline business Cases to be submitted NIHE approval	Amber	Risks: finding suitable properties Expected Completion: September 2014

Older Peoples Services

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>Older peoples</p> <p>Scheme 1.</p> <p>Reprovision of Shankill residential home</p> <p>North Belfast</p>	<p>Type:</p> <p>New Build</p> <p>Tenancies:</p> <p>34 places</p> <p>Housing Association:</p> <p>Helm HA</p> <p>Provider:</p> <p>Belfast Trust</p> <p>Project lead:</p> <p>Katie Campbell</p>	<p>Business case approved by NIHE.</p> <p>Planning approval received December 2012.</p> <p>Decision made on Independent provider.</p> <p>Project approval received.</p>	<p>Target 4 tenants agreed per month.</p> <p>Tenants – in place at present.</p> <p>2 more tenants scheduled to accept tenancies this week.</p> <p>2 tenants awaiting financial assessment before accepting tenancies.</p> <p>Proposed tenants would prefer face to face financial assessments.</p> <p>Targets to complete occupancy – March 2013.</p> <p>Trust Project Team to maximize occupancy occupancies.</p>	Green	<p>Handover June 2013</p> <p>Opened 16.07.13</p> <p style="color: red; font-weight: bold; font-size: 1.2em;">complete</p>

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>Older peoples</p> <p>Scheme 2.</p> <p>Reprovision of Ballyowen residential home (Grovetree)</p> <p>West Belfast</p>	<p>Type: New Build.</p> <p>Tenancies: 30 places plus staff.</p> <p>Housing Association: Clanmill HA</p> <p>Provider: Trust/ TBC</p> <p>Project lead: Katie Campbell</p> <p>Planner: Simon Daly</p>	<p>Business case developed.</p> <p>Grovetree identified as site.</p> <p>Business case submitted pending approval – to be revised</p> <p>Trust Board approved disposal of Grovetree 7th November 2013</p> <p>Meeting to progress set up with planning and service 22/11/13</p> <p>Scoping exercise re: need</p>	<p>Site survey/ feasibility study</p> <p>Establish design team</p> <p>Project team delayed start. Now starting Sept 2014.</p> <p>Make planning application.</p> <p>Identify provider.</p> <p>Evaluation</p> <p>Business Case to be revised, including non-recurrent revenue</p> <p>Review revenue</p>	<p>Amber</p>	<p>Risks:</p> <p>Expected completion:</p> <p>TBC</p>

Physical Disability Programme

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>Adults with complex disability 2.</p> <p>Scheme 2.</p> <p>Maples</p> <p>North Belfast</p>	<p>Type: Refurbish</p> <p>Tenancies: 17 tenancies plus 1 staff.</p> <p>Housing Association: Oaklee HA</p> <p>Provider: Leonard Chesire</p> <p>Project lead: Bernie Kelly</p> <p>Planner: Simon Daly</p>	<p>Needs assessment carried out.</p> <p>Project management team established.</p> <p>Negotiation between LCF / NIHE and Oaklee for LCF to take over responsibility for the whole of the maples complex with the development of 17 supported tenancies for the Trust.</p> <p>Strategic outline case submitted</p> <p>Letter sent from Oaklee re: commitment to carry out works</p> <p>Time-line of works schedule submitted</p> <p>Outline Business Case submitted.</p> <p>LCF proceeding with recruitment at risk, NIHE have advised informally that this will be funded.</p>	<p>SP confirmed 040814</p> <p>LCF 2nd recruitment as full staff compliment not achieved on first ad.</p> <p>Works expected to complete Sept</p> <p>Monitor</p>	Green	<p>Risks:</p> <p>Expected completion:</p> <p>Slipped to Sept/ Oct for occupation.</p>

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>Complex Neuro-Disability Scheme</p> <p>Scheme 3.</p> <p>Area:</p> <p>N&W Belfast - 9</p> <p>S&W Belfast - 9</p>	<p>Type:</p> <p>New build</p> <p>Tenancies:</p> <p>18 plus 2 staff</p> <p>Housing Association:</p> <p>Triangle HA</p> <p>Provider:</p> <p>TBC</p> <p>Project lead:</p> <p>Jane McMillan</p> <p>Planner:</p> <p>Geraldine Hamilton</p>	<p>Strategic outline case submitted.</p> <p>Branieil site unsuitable.</p> <p>Revised scheme name to reflect complex needs as opposed to diagnosis. (Complex Neuro-Disability Scheme)</p> <p>Needs analysis ongoing – highlighting a growing need</p> <p>Meetings held with PSD and MH to scope need – SOC for 18 tenancies submitted 10/4/14 (main population with CND – those with Korsakoff's syndrome)</p> <p>Set up Project Board May 2014</p> <p>Visited Korsakoff Scheme June 2014</p>	<p>Service to work up detailed spec based on comprehensive assessment of functional needs of population to inform environmental design</p> <p>Identify sites.</p> <p>Establish design team.</p> <p>Make planning application.</p> <p>Submit full business case.</p> <p>NIHE project approval</p>	<p>Amber</p>	<p>Risks:</p> <p>Finding suitable sites</p> <p>Expected completion:</p> <p>TBC</p>

Children's Services

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Leaving & after care. Scheme 1. Refurbishment & extension of Barnardos 7 Annadale Ave scheme South Belfast	Type: Refurbish. Tenancies: Zero new Housing Association: Triangle HA Provider: Barnardos Project lead: Martin Morgan	Established project management group. Strategic outline case submitted April 2013. Full green book business case submitted October 2013 –approved by Commissioning Body January 2014 Decant Week beg 11 th Nov 13 to 104, University Street. Planning permission granted Contractors on site March 2014 for 45 weeks. EDC Jan/ Feb 2015	Monitor	Green	Risks: Expected completion: February 2015

Belfast HSC Trust.

Supported Housing 3 year development plan.

Adult Social and Primary Care.

Version 13

Oct 2014

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Mental Health Programme (8 Schemes)

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MH 1	Hollywood Rd	13	East Belfast	Sept 2015	Amber
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MH 3	University St	6	South Belfast	March 2015	Amber
MH 4	Kirkliston Hse	5	East Belfast	December 2015	Amber
MH 5	Millburn Ext	6	South East Belfast	TBC	Amber
MH 6	Fountainville Phase 2	8 (SP only)	South Belfast	January 2016	Amber
MH 7	Clearwater	2 (SP only)	North Belfast	December 2015	Amber
MH 8	Altigarron	0	West Belfast	TBC	Amber
Total		52			

Learning Disability Programme (13 Schemes)

Scheme	Scheme Name	New tenancies	Location	Expected completion	Status
LD 1	29a Annadale Ave	14	South Belfast	August 2014	Green
LD2	Peter's Hill	13	North Belfast	March 2014	Green
LD3	Dympna Hse Phase 1	0	West Belfast	complete	Green
LD4	Baronscourt	3	House 5 Castlereagh	Dec 2013	Green
LD5	Baronscourt	4	House 4 Castlereagh	March 14	Green
LD 6	Antrim Hse (F)	3	North Belfast/ Antrim Area	TBC	Red
LD 7	L'Arche	4	South Belfast	Dec 2013	Green
LD 8	Antrim Hse (M)	4	North Belfast/ Lisburn / Antrim Area	March 2015	Amber
LD 9	Abbey Road	23	Antrim	Mar 2017	Amber
LD 10	Dympna Hse Phase 2	12	West Belfast	December 2015	Red
LD 11	Mourneview	22	West Belfast	July 2014	Green
LD 12	LD & Autism	6	South/ South East Belfast	December 2016	Amber
LD 13	Challenging Behaviour	4	East/ South & South-East Belfast	September 2014	Amber
Total		112			

Older Peoples Services (2 Schemes)

Scheme	New Tenancies	Location	Expected Completion	Status
OP 1	34	North Belfast	June 2013	Green
OP 2	30	West Belfast	TBC	Amber
Total	64			

Physical Disability Programme (2 Schemes)

Scheme	New Tenancies	Location	Expected Completion	Status
Complex Disability	17	North Belfast	September 2014	Green
Complex Neuro-Disability	18 (12 ABI + 6 Complex disability)	TBC	TBC	Amber
Total	35			

Children's Services (1 Scheme)

Scheme	New Tenancies	Location	Expected Completion	Status
Leaving Care Service	0	South Belfast	February 2015	Green

Summary

Programme of Care	New tenancies
Mental health	52 (inc 10 SP only)
Learning Disability	112 (inc 4 SP only)
Older People's	64
Complex Disability (inc CND)	35
Young people leaving Care	0
Total	263

The current 3 year plan details a total of 26 schemes providing 263 **new** supported housing tenancies across the city. The original mental health plan for Belfast included units of supported housing required to cater for the needs of specific groups of tenants who were deaf, have offending behaviour, or who have personality disorder. The revised plan integrates these specific needs across the general plan. A needs analysis has also identified that the majority complex neuro-disability population who require supported housing are in the Physical Health & Disability Programme of Care as opposed to Mental Health; a scoping exercise between the Physical Disability and Mental Health Service indicates the need for 18 units of supported housing – this figure encompasses the 6 units previously designated for complex disability plus the 12 units for CND; the revised April 2014 plan reflected this.

The plan now also includes the need for 3 additional ESPs for 4 tenants, 2 of whom are currently in supported accommodation where due to their behaviours and associated risks the living situation is untenable for both tenants and staff and 2 of who are currently living in MAH in delayed discharge. The former two tenants require an individual house; the latter two will share accommodation.

The June 2014 plan no longer includes 342 Ormeau Road as refurbishment/ re-modeling whilst maintaining current tenancies is not feasible.

Section 2: Three Year Supported Housing Development Plan by Programme of Care.

Mental Health Programme

Scheme & Location	Details	What we have done to date	What we still need to do: November 2013 update	Status	Risks/ Date of expected completion.
Mental health: Scheme 1. Kirkliston reprovision Hollywood Road East Belfast	Type: New Build. Tenancies: 13 additional new tenancies and 8 replacement tenancies = 21 in total. One 4 bedded house, and 3 x 6 unit apartment blocks. Housing Association: Triangle HA Provider: NIAMH Project lead: Fiona Rowan Planner: Maurice O'Kane	Strategic outline case submitted August 2011. Outline Business case for off shelf purchase submitted & approved May 2012. Housing Association nominated Sept 2012. Potential site identified Oct 2012. Hollywood/station Rd. Project group established. Site surveyed Nov 2012, existing buildings not fit for improvement. Plans developed Feb 2013 Land purchased March 2013 Revised full Business Case resubmitted 12.09.13 Revenue re-submitted Feb 14. Approved by Commissioning body March 2014 Planning application approved April 2014	Projected on site August 2014 (SOC for existing Kirkliston house submitted 13 th February 2014)	Amber	Risks: On site asbestos cleared but 2 remaining properties burnt and now have to be treated as if they too contain asbestos. Expected completion: Sept 2015.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>Mental health:</p> <p>Scheme 2</p> <p>Refurbishment of Fountainville and conversion to 24/7 support.</p> <p>Fountainville Phase 1</p> <p>South Belfast</p>	<p>Type: Refurbishment Of Fountainville to ensuite accommodation and development of 24/7 support.</p> <p>Tenancies: 18 tenancies SP providing 1 new. (12 new to Trust)</p> <p>Housing Association: Oaklee HA</p> <p>Provider: NIAMH</p> <p>Project lead: Fiona Rowan</p> <p>Planner: Maurice O’Kane</p>	<p>Project Group established with full stakeholder representation. Plans agreed</p> <p>18 units in total + 1 staff accommodation.</p> <p>Oaklee confirmed properties eligible for HAG funding.</p> <p>Meetings re move on and decant with NIAMH, Oaklee and Trust ongoing; Existing Tenants now decanted to Cromwell Road</p> <p>Plans submitted for extension to No.10 and for use of property</p> <p>OBC approved by commissioning body March 2014</p> <p>Contractor costs approx. 50% below approved costs – OBC revised – DPG approved 31st March 2014</p> <p>Contractor on-site 31st March 2014</p>	<p>Monitor progress of works – 4 week add-no due to works needed now factored in.</p> <p>Provide move-on options for tenants in Cromwell road in keeping with their on-going assessment of need</p>	<p>Green</p>	<p>Risks:</p> <p>Expected completion</p> <p>December 2014</p> <p>No change</p>

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>Mental health Scheme: 3</p> <p>6 Apartments in 104 University St</p> <p>South Belfast</p>	<p>Type: Off the shelf with minor refurbishment</p> <p>Tenancies: 6 plus staff accommodation</p> <p>Housing Association: Helm</p> <p>Provider: TBC</p> <p>Project lead: Fiona Rowan</p> <p>Planner: Simon Daly</p>	<p>Identified need</p> <p>Identified potential property owned by Helm</p> <p>Submitted SOC 4/11/13</p> <p>Contacted NIHE to progress</p> <p>Established Helm no capital for minor refurb but will use grant to update heating – therefore revenue only application required</p>	<p>Await vacant possession of apartments (tenants from 7 Annadale Avenue decanted to this property)</p> <p>Minor updating of apts</p> <p>MH to agree model</p> <p>Appoint provider</p> <p>Revenue only application</p>	<p>Amber</p>	<p>Risks:</p> <p>Delay of progress of 7 Annadale Avenue, Now Jan 2015</p> <p>Expected completion March 2015</p> <p>No change</p>

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>Mental health Scheme : 4</p> <p>Remodelling of Kirkliston House.</p> <p>East Belfast</p>	<p>5 to 6 tenancies plus 1 staff</p> <p>Type: Refurbishment</p> <p>Tenancies: 5 or 6 plus 1 staff.</p> <p>Housing Association: Triangle HA</p> <p>Provider: NIAMH</p> <p>Project lead: Fiona Rowan</p> <p>Planner: Maurice O'Kane</p>	<p>Established need</p> <p>Checked Covenants – no issues</p> <p>Submitted SOC 12/2/14</p>	<p>Submit full green book business case.</p> <p>Establish Project Board</p> <p>Establish design team.</p> <p>Vacate Kirkliston House.</p> <p>Await Development of Holywood Road</p>	<p>Amber</p>	<p>Risks: Contingent on timely completion of Holywood Rd</p> <p>Business case required .</p> <p>Service to confirm need</p> <p>Expected completion:</p> <p>TBC</p>

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Mental health Scheme :6 Milburn Close extension Castlereagh	Type: new build Tenancies: 6 tenancies Housing Association: Habinteg Provider: NIAMH Project lead: Fiona Rowan Planner: Simon Daly	Identified Housing Association and service provider. Established that there are no issues re: deeds or land disposal and red line map agreed Feasibility study carried out by planning consultant who advised site could accommodate 6 apartments Planning policy statements highlighted – HA to set up PAD meeting November 2013 to resolve Project Team established – currently suspended whilst Habinteg resolve internal issue SOC submitted 14/11/13	Submit schedule of accommodation to architect for development of plans. Agree plans Submit OBC Seek planning approval.	Amber	HA confirmed and appointed design team. Project Board reestablished Risks: Expected completion: TBC

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>Mental health Scheme :7</p> <p>South Belfast</p> <p>(Fountainville Phase 2)</p>	<p>Type: New build</p> <p>Tenancies: 8 tenancies.</p> <p>Housing Association: Oaklee HA</p> <p>Provider: NIAMH</p> <p>Project lead: Fiona Rowan</p> <p>Planner: Maurice O’Kane</p>	<p>Identified the need to create a core and cluster of supported housing for adults with mental health issues in South Belfast.</p> <p>The model proposes building apartments in the vicinity of Fountainville (Phase 1), in South Belfast.</p> <p>Existing Oaklee Properties identified deemed as unsuitable by Trust in March 2013.</p> <p>Project Board established 8th April 2014</p> <p>Cromwell Road considered feasible from architect’s perspective – PAD meeting requested to confirm feasibility - proposed site agreed by project board 10/6/14</p>	<p>SOC submitted 7/2/14</p> <p>Submit full business case.</p> <p>Plan for 9apts, OBC to be completed when costs available</p>	<p>Amber</p>	<p>Risks:</p> <p>Planning Approval for 8 apts</p> <p>OBC submission Pending capital costs from OAKleeTrinity and revenue from NIAMH.</p> <p>Expected completion:</p> <p>January 2016</p>

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Mental health Scheme :8 North Belfast Clearwater reprovision	Type: New build Tenancies: 22 tenancies plus staff. (2 extra SP only tenancies) Housing Association: Oaklee HA Provider: Threshold Project lead: Fiona Rowan Planner: Maurice O'Kane	Project Team established. Strategic Outline Case approved. Model of care and design of building agreed. Plans approved by Project Team Planning application week commencing 17/2/14 Commenced local and political consultation OBC completed and submitted 30/1/14 – issue highlighted re: rents at NIHE budget meeting April 2014 – Project Board suspended whilst being resolved between HA, provider and HB Identified decant property for Clearwater House tenants- cannot commit to rent until OBC approved	New rents submitted and OBC to be considered by Commissioning body W/b 11.08.14 Planning approval. Decant property to be secured Decant, Demolish and re build	Amber	Risks: Planning approval / Demolish streetscape issue. Meeting with Environ minister held in September. HA to change front façade design and Trust to submit additional evidence of significance of current site. Expected completion: December 2015

Scheme & Location	Details	What we have done to Date	What we need to do:	Status	Risks/ Date of expected completion
Mental Health Scheme: 10 Remodelling of Altigarron Court West Belfast	Type: Refurbishment? New Build? Tenancies: 11 (potential for 5 new tenancies) Housing Association: Oaklee HA Provider: NIAMH Project Lead: Fiona Rowan Planner: Maurice O’Kane	Established need for modernization and reconfiguring of service Planning consultant provided report re: feasibility of what could be done on site within existing building shows demolition may be unnecessary	Agree options as per planning consultant report Strategic Outline Case needed Outline business Case required Planning etc.	Amber	Risks: Feasibility of modernization of existing buildings v new build in progress. Expected Completion: TBC

Learning Disability Programme

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Learning Disability Scheme 1: 29 a Annadale South/East Belfast	Type: New Build Tenancies: 14 new tenancies (+ 1 staff) Housing Association: Triangle HA Provider: Triangle HA Project lead: Aine Morrison Planner: Maurice O'Kane	Business case approved by NIHE. Planning approval received December 2012. Works tendered and builder selected Sale to Triangle completed 11/10/13 Capital & Revenue approved. Works commenced November 2013		Green	Risks: Expected completion: Aug 2014 Handed over September 2014.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Learning Disability: Schemes 4/5 Barronscourt Castlereagh	Type: Off shelf Tenancies: 7 tenancies plus staff Housing Association: Triangle HA Provider: Triangle Project lead: Aine Morrison Planner: Maurice O’Kane	Business case submitted March 2013. 2 properties purchased at risk by the Triangle HA on 8/3/13. Public consultation. 2 separate project approval applications due to the need to go through planning for the proposed extension of no. 4 Barronscourt Park. Planning application submitted for No. 4 extension. Business Case and works plan with DPG for approval – Monday 16 th September 2013. Occupation of No. 5- 3 rd Feb 2014 (3 tenants & 1 staff). Occupation No. 4 Mid- March 2014		Green	Expected completion Handed over June 2014

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>Learning Disability:</p> <p>Scheme 6</p> <p>Antrim Area/ seven mile straight (Female)</p> <p>North Belfast/ Antrim Area</p>	<p>Type: Off shelf</p> <p>Tenancies: 3 tenancies plus 1 staff</p> <p>Wheel chair accessible.</p> <p>Housing Association: Oaklee HA</p> <p>Provider: TBC</p> <p>Project lead: Aine Morrison</p> <p>Planner: Jason Mullen</p>	<p>SOC submitted and approved by BASPP Oct 2013</p> <p>Property identified – valuation by Oaklee not compatible with price</p> <p>House search ongoing</p>	<p>Find new property.</p> <p>Consultation.</p> <p>Full business case.</p> <p>NIHE Project approval</p>	<p>RED</p>	<p>Risks:</p> <p>Identification of suitable property. HA had not furthered the search for this house 7/8/. Passed to new development officer.</p> <p>Expected completion:</p> <p>Search commenced for 5 bedroomed house in proximity to Knockcairn Road.</p> <p>Revised to 4 tenants</p> <p>March 2015 at risk</p>

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Learning Disability: Scheme 7 L'Arche Ormeau Road South Belfast	Type: Off shelf Tenancies: 4 tenancies plus 1 staff Housing Association: Oaklee HA Provider: L'Arche Project lead: Aine Morrison	Property purchased at risk by Oaklee Housing. Survey of required works carried out. Full business case approved. Consultation carried out. RQIA updated. (Proposed tenants, i.e, 4 community places, of which 1 residential transfer will release place for resettlement from MAH.) Handover of property 13/12/13 – tenants to be in for Christmas		Green	Risks: Expected completion: Handed over Sept 2013.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Learning Disability: Scheme 8 Knockcairn (Male)	Type: Off shelf Tenancies: 4 tenancies plus 1 staff Housing Association: Oaklee HA Provider: TBC Project lead: Aine Morrison Planner: Jason Mullen	SOC approved by BASPP Oct 2013 Identified clients Property identified – Close to agreement	Property purchased at risk 11.08.14. Community Consultation. Public meeting held 28.07.14 Project approval. Structural plan of work approved by DPG 04.08.14. Completion of minor works	Green	OBC submitted 01.10.14 Risks: Expected completion March 2015.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>Learning Disability</p> <p>Scheme 9.</p> <p>Abbey Road</p> <p>Antrim</p>	<p>Type: New Build</p> <p>Tenancies: 23 plus 1 staff</p> <p>Housing Association: Triangle HA</p> <p>Provider: tbc</p> <p>Project lead: Aine Morrison</p> <p>Planner: Maurice O’Kane</p>	<p>HSCB approval received March 2013.</p> <p>3 Trusts met August 2013 – Belfast Trust to progress business case - NHSCT taking lead in management</p> <p>Agreed accommodation is required post March 2015 for emerging population of adults with a complexity of need requiring specific environmental design</p> <p>Project Group established and met November 2013 – meeting monthly</p> <p>Site visit with Trust and HA November 2013</p> <p>Site agreed by Trust</p> <p>Design Team appointed</p> <p>Exemplar schemes visited</p>	<p>Commence land disposal process</p> <p>Agree design</p> <p>Make planning application.</p> <p>Submit full business case.</p> <p>NIHE project approval.</p> <p>Evaluation</p> <p>Land disposal needs to start now as this takes 1 year.</p> <p>Land transfer.</p>	<p>Amber</p>	<p>Risks:</p> <p>Back to original site. Trust exploring at splitting the site in order to reach TCI qualifying rates.</p> <p>Expected completion:</p> <p>March 2017.</p>

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Learning Disability Scheme 10 Dympna house re-build West Belfast	Type: New build Tenancies: 12 tenancies plus 1 staff Housing Association: Oaklee HA Provider: TBA Project lead: Aine Morrison Planner: Maurice O'Kane	Submitted Strategic Outline Case November 2013 Established Project Team Established design team. OBC undergoing financial analysis Visited exemplar schemes Agreed design 7 th April 2014 Provided rationale for design requirements to Oaklee/ DPG – approval to proceed granted May 2014 Agreed revised plans 30 th May 2014 OBC tabled at BASPP 12/6/14	Planning application submitted 11/07/14. NIHE project approval pack completed, presenting to DPG w/B 11.08.14. Community consultation completed and no responses.	Red	Risks: Review of revenue budget at NIHE request Expected completion: December 2015 at risk.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>Learning Disability</p> <p>Scheme 11</p> <p>Mourneview / (Dympna house reprovion)</p> <p>West Belfast</p>	<p>Type: Off shelf purchase.</p> <p>Tenancies: 22</p> <p>Housing Association: Oaklee HA</p> <p>Provider: Cedar</p> <p>Project lead: Aine Morrison</p> <p>Planner: Maurice O’Kane</p>	<p>Revisited assessments of need of current Dympna House tenants and adaptation requirements for Mourneview property.</p> <p>SOC completed and approved</p> <p>Oaklee purchased property October 2013 – sale completed 17th Feb 14</p> <p>OBC approved by Commissioning Body</p> <p>Consultation with service-users and carers 26/11/13</p> <p>4 tenants decanted to Dympna House</p> <p>Service agreed schedule of works with HA – Contractor on-site March 2014</p> <p>EDC July 2014.</p>	<p>Monitor progress</p>	<p>Green</p>	<p>Handed over July 2014</p>

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of completion
Learning Disability Scheme 12 LD and Autism South/ SE Belfast	Type: New build Tenancies: 6 Housing Association: Oaklee Provider: TBC Project Lead: Aine Morrison Planner: Simon Daly	<p>Strategic Outline Case approved by BASPP October 2013 for 81 Ballynahinch Road –revised to reflect greater need – capital costings required before able to submit to BASPP</p> <p>Set up Project meeting for 25/11/13</p> <p>Meeting held 6th December 2013 with Trust staff and SP – established that process needs to be reviewed to ensure proposed scheme fit for purpose and encompasses broader need</p> <p>Set up meeting 28th January with service group to discuss – SOC to be revised and re-tabled</p> <p>DPG appointed Oaklee</p>	<p>Project Board re-established. 1st Meeting Sept 2014.</p> <p>Revised SOC tabled 12th June 2014</p> <p>Oaklee to scope sites (which will include Ballynahinch Road)</p> <p>Outline business Case</p> <p>NIHE approval</p> <p>Appoint design team</p> <p>Planning approval</p>	Amber	Risks: Expected Completion: December 2016

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of completion
Learning Disability Scheme 13 LD Challenging Behaviour East/ South/ SE Belfast	Type: 3 ESP Tenancies: 4 Housing Association: Oaklee – S/SE Belfast Triangle – E Belfast Provider: TBC Project Lead: Aine Morrison Planner: Maurice O’Kane	<p>Established need</p> <p>Submitted 3 X SOCs to BASPP for 10/4/14</p> <p>HAs officially nominated, project meetings set up, house searches in progress</p>	<p>Oaklee/ Triangle to identify suitable properties</p> <p>2 X Outline business Cases to be submitted</p> <p>NIHE approval</p>	Amber	<p>Risks: finding suitable properties</p> <p>Cheviot street sale agreed.</p> <p>Expected Completion:</p> <p>Slipped March 2015</p>

Older Peoples Services

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>Older peoples</p> <p>Scheme 1.</p> <p>Reprovision of Shankill residential home</p> <p>North Belfast</p>	<p>Type:</p> <p>New Build</p> <p>Tenancies:</p> <p>34 places</p> <p>Housing Association:</p> <p>Helm HA</p> <p>Provider:</p> <p>Belfast Trust</p> <p>Project lead:</p> <p>Katie Campbell</p>	<p>Business case approved by NIHE.</p> <p>Planning approval received December 2012.</p> <p>Decision made on Independent provider.</p> <p>Project approval received.</p>	<p>Target 4 tenants agreed per month.</p> <p>Tenants – in place at present.</p> <p>2 more tenants scheduled to accept tenancies this week.</p> <p>2 tenants awaiting financial assessment before accepting tenancies.</p> <p>Proposed tenants would prefer face to face financial assessments.</p> <p>Targets to complete occupancy – March 2013.</p> <p>Trust Project Team to maximize occupancy occupancies.</p>	<p>Green</p>	<p>Handover June 2013</p> <p>Opened 16.07.13</p>

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>Older peoples</p> <p>Scheme 2.</p> <p>Reprovision of Ballyowen residential home (Grovetree)</p> <p>West Belfast</p>	<p>Type: New Build.</p> <p>Tenancies: 30 places plus staff.</p> <p>Housing Association: Clanmill HA</p> <p>Provider: Trust/ TBC</p> <p>Project lead: Katie Campbell</p> <p>Planner: Simon Daly</p>	<p>Business case developed.</p> <p>Grovetree identified as site.</p> <p>Business case submitted pending approval – to be revised</p> <p>Trust Board approved disposal of Grovetree 7th November 2013</p> <p>Meeting to progress set up with planning and service 22/11/13</p> <p>Scoping exercise re: need</p>	<p>Site survey/ feasibility study</p> <p>Establish design team</p> <p>Project team delayed start. Now starting Sept 2014.</p> <p>Make planning application.</p> <p>Identify provider.</p> <p>Evaluation</p> <p>Business Case to be revised, including non-recurrent revenue</p> <p>Review revenue</p>	<p>Amber</p>	<p>Risks:</p> <p>Expected completion:</p> <p>TBC</p>

Physical Disability Programme

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>Adults with complex disability 2.</p> <p>Scheme 2.</p> <p>Maples</p> <p>North Belfast</p>	<p>Type: Refurbish</p> <p>Tenancies: 17 tenancies plus 1 staff.</p> <p>Housing Association: Oaklee HA</p> <p>Provider: Leonard Chesire</p> <p>Project lead: Bernie Kelly</p> <p>Planner: Simon Daly</p>	<p>Needs assessment carried out.</p> <p>Project management team established.</p> <p>Negotiation between LCF / NIHE and Oaklee for LCF to take over responsibility for the whole of the maples complex with the development of 17 supported tenancies for the Trust.</p> <p>Strategic outline case submitted</p> <p>Letter sent from Oaklee re: commitment to carry out works</p> <p>Time-line of works schedule submitted</p> <p>Outline Business Case submitted.</p> <p>LCF proceeding with recruitment at risk, NIHE have advised informally that this will be funded.</p>	<p>SP confirmed 040814</p> <p>LCF 2nd recruitment as full staff compliment not achieved on first ad.</p> <p>Works expected to complete Sept</p> <p>Monitor</p>	Green	<p>Risks:</p> <p>Expected completion:</p> <p>Completed Sept 2014.</p>

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>Complex Neuro-Disability Scheme</p> <p>Scheme 3.</p> <p>Area:</p> <p>N&W Belfast - 9</p> <p>S&W Belfast - 9</p>	<p>Type:</p> <p>New build</p> <p>Tenancies:</p> <p>18 plus 2 staff</p> <p>Housing Association:</p> <p>Triangle HA</p> <p>Provider:</p> <p>TBC</p> <p>Project lead:</p> <p>Jane McMillan</p> <p>Planner:</p> <p>Maurice O’Kane</p>	<p>Strategic outline case submitted.</p> <p>Branieil site unsuitable.</p> <p>Revised scheme name to reflect complex needs as opposed to diagnosis. (Complex Neuro-Disability Scheme)</p> <p>Needs analysis ongoing – highlighting a growing need</p> <p>Meetings held with PSD and MH to scope need – SOC for 18 tenancies submitted 10/4/14 (main population with CND – those with Korsakoff’s syndrome)</p> <p>Set up Project Board May 2014</p> <p>Visited Korsakoff Scheme June 2014</p>	<p>Service to work up detailed spec based on comprehensive assessment of functional needs of population to inform environmental design</p> <p>Identify sites.</p> <p>Establish design team.</p> <p>Make planning application.</p> <p>Submit full business case.</p> <p>NIHE project approval</p>	<p>Amber</p>	<p>Risks:</p> <p>Finding suitable sites</p> <p>Expected completion:</p> <p>TBC</p>

Children's Services

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Leaving & after care. Scheme 1. Refurbishment & extension of Barnardos 7 Annadale Ave scheme South Belfast	Type: Refurbish. Tenancies: Zero new Housing Association: Triangle HA Provider: Barnardos Project lead: Martin Morgan	Established project management group. Strategic outline case submitted April 2013. Full green book business case submitted October 2013 –approved by Commissioning Body January 2014 Decant Week beg 11 th Nov 13 to 104, University Street. Planning permission granted Contractors on site March 2014 for 45 weeks. EDC Jan/ Feb 2015	Monitor	Green	Risks: Expected completion: February 2015

Belfast HSC Trust.

Supported Housing 3 year development plan.

Adult Social and Primary Care.

Version 15

Jan 2015

Section 1: Summary of planned Supported Housing developments by Programme of Care. (26 Schemes)

Mental Health Programme (8 Schemes)

Scheme	Scheme Name	New tenancies	Location	Expected completion	Status
MH 1	Hollywood Rd	13	East Belfast	Sept 2015	Amber
MH 2	Fountainville Phase 1	12	South Belfast	December 2014	Green
MH 3	University St	6	South Belfast	March 2015	Amber
MH 4	Kirkliston Hse	5	East Belfast	July 2016	Amber
MH 5	Millburn Ext	6	South East Belfast	July 2016	Amber
MH 6	Fountainville Phase 2	8 (SP only)	South Belfast	January 2016	Amber
MH 7	Clearwater	2 (SP only)	North Belfast	December 2015	Amber
MH 8	Altigarron	0	West Belfast	TBC	Amber
Total		52			

Learning Disability Programme (15 Schemes)

Scheme	Scheme Name	New tenancies	Location	Expected completion	Status
LD 1	29a Annadale Ave	14	South Belfast	August 2014	Green
LD2	Peter's Hill	13	North Belfast	March 2014	Green
LD3	Dympna Hse Phase 1	0	West Belfast	complete	Green
LD4	Baronscourt	3	House 5 Castlereagh	Dec 2013	Green
LD5	Baronscourt	4	House 4 Castlereagh	March 14	Green
LD 6	Antrim Hse (1)	3	North Belfast/ Antrim Area	Mar 2015	Amber
LD 7	L'Arche	4	South Belfast	Dec 2013	Green
LD 8	Antrim Hse (2)	4	North Belfast/ Lisburn / Antrim Area	March 2015	Amber
LD 9	Abbey Road	23	Antrim	Mar 2017	Amber
LD 10	Dympna Hse Phase 2	12	West Belfast	December 2015	Red
LD 11	Mourneview	22	West Belfast	July 2014	Green
LD 12	LD & Autism	6	South/ South East Belfast	December 2016	Amber
LD 13	Challenging Behaviour	4	East/ South & South-East Belfast	March 2015	Amber
LD 14	Sandown Extension	2	South East Belfast	May 2015	Amber
LD 15	Squires Hill extension	4	North Belfast	July 2015	Amber
Total		118			

Older Peoples Services (2 Schemes)

Scheme	New Tenancies	Location	Expected Completion	Status
OP 1	34	North Belfast	June 2013	Green
OP 2	30	West Belfast	TBC	Amber
Total	64			

Physical Disability Programme (2 Schemes)

Scheme	New Tenancies	Location	Expected Completion	Status
Complex Disability	17	North Belfast	September 2014	Green
Complex Neuro-Disability	18 (Complex disability including Korsakoffs syndrome)	TBC	July 2016	Amber
Total	35			

Children's Services (1 Scheme)

Scheme	New Tenancies	Location	Expected Completion	Status
Leaving Care Service	0	South Belfast	February 2015	Green

Summary

Programme of Care	New tenancies
Mental health	52 (inc 10 SP only)
Learning Disability	118 (inc 4 SP only)
Older People's	64
Complex Disability (inc CND)	35
Young people leaving Care	0
Total	269

The current 3 year plan details a total of 28 schemes providing 269 **new** supported housing tenancies across the city. The original mental health plan for Belfast included units of supported housing required to cater for the needs of specific groups of tenants who were deaf, have offending behaviour, or who have personality disorder. The revised plan integrates these specific needs across the general plan. A needs analysis has also identified that the majority complex neuro-disability population who require supported housing are in the Physical Health & Disability Programme of Care as opposed to Mental Health; a scoping exercise between the Physical Disability and Mental Health Service indicates the need for 18 units of supported housing – this figure encompasses the 6 units previously designated for complex disability plus the 12 units for CND; the revised April 2014 plan reflected this.

The plan now also includes the need for 2 additional ESPs for 3 tenants (LD 13) , 2 of whom are currently in supported accommodation where due to their behaviours and associated risks the living situation is untenable for both tenants and staff and 2 of who are currently living in MAH in delayed discharge. The former two tenants require an individual house; the latter two will share accommodation.

In addition the proposal to extend Sandown Road (LD 14) by two tenancies by purchasing a property in proximity was added in November 2014 as was the proposed extension of Squires Hill supported Living (LD 15, 2 x 3 bedded bungalows).

Section 2: Three Year Supported Housing Development Plan by Programme of Care.

Mental Health Programme

Scheme & Location	Details	What we have done to date	What we still need to do:	Status	Risks/ Date of expected completion.
Mental health: Scheme 1. Kirkliston reprovision Hollywood Road East Belfast	Type: New Build. Tenancies: 13 additional new tenancies and 8 replacement tenancies = 21 in total. One 4 bedded house, and 3 x 6 unit apartment blocks. Housing Association: Triangle HA Provider: NIAMH Project lead: Fiona Rowan Planner: Maurice O'Kane	Strategic outline case submitted August 2011. Outline Business case for off shelf purchase submitted & approved May 2012. Housing Association nominated Sept 2012. Potential site identified Oct 2012. Hollywood/station Rd. Project group established. Site surveyed Nov 2012, existing buildings not fit for improvement. Plans developed Feb 2013 Land purchased March 2013 Revised full Business Case resubmitted 12.09.13 Revenue re-submitted Feb 14. Approved by Commissioning body March 2014 Planning application approved April 2014	Ensure scheme registered with RQIA	Amber	Initial delays as the existing properties were burnt and site had to be cleared of asbestos. Expected completion: Sept 2015.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>Mental health:</p> <p>Scheme 2</p> <p>Refurbishment of Fountainville and conversion to 24/7 support.</p> <p>Fountainville Phase 1</p> <p>South Belfast</p>	<p>Type: Refurbishment Of Fountainville to ensuite accommodation and development of 24/7 support.</p> <p>Tenancies: 18 tenancies SP providing 1 new. (12 new to Trust)</p> <p>Housing Association: Oaklee HA</p> <p>Provider: NIAMH</p> <p>Project lead: Fiona Rowan</p> <p>Planner: Maurice O’Kane</p>	<p>Project Group established with full stakeholder representation. Plans agreed</p> <p>18 units in total + 1 staff accommodation.</p> <p>Oaklee confirmed properties eligible for HAG funding.</p> <p>Meetings re move on and decant with NIAMH, Oaklee and Trust ongoing; Existing Tenants now decanted to Cromwell Road</p> <p>Plans submitted for extension to No.10 and for use of property</p> <p>OBC approved by commissioning body March 2014</p> <p>Contractor costs approx. 50% below approved costs – OBC revised – DPG approved 31st March 2014</p> <p>Contractor on-site 31st March 2014</p>	<p>Monitor progress of works – 4 week add-no due to works needed now factored in.</p> <p>Provide move-on options for tenants in Cromwell road in keeping with their on-going assessment of need</p>	<p>Green</p>	<p>Risks:</p> <p>completed</p> <p>December 2014</p>

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>Mental health Scheme: 3</p> <p>6 Apartments in 104 University St</p> <p>South Belfast</p>	<p>Type: Off the shelf with minor refurbishment</p> <p>Tenancies: 6 plus staff accommodation</p> <p>Housing Association: Helm</p> <p>Provider: TBC</p> <p>Project lead: Fiona Rowan</p> <p>Planner: Maurice O'kane</p>	<p>Identified need</p> <p>Identified potential property owned by Helm</p> <p>Submitted SOC 4/11/13</p> <p>Contacted NIHE to progress</p> <p>Established Helm no capital for minor refurb but will use grant to update heating – therefore revenue only application required.</p> <p>Await vacant possession of apartments (tenants from 7 Annadale Avenue decanted to this property)</p> <p>Revenue only application made Dec 2014.</p>	<p>Appoint provider</p> <p>RQIA registration</p>	<p>Amber</p>	<p>Risks:</p> <p>Delay of progress of 7 Annadale Avenue, Now Jan 2015</p> <p>Expected completion March 2015</p> <p>No change</p>

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>Mental health Scheme : 4</p> <p>Remodelling of Kirkliston House.</p> <p>East Belfast</p>	<p>5 to 6 tenancies plus 1 staff</p> <p>Type: Refurbishment</p> <p>Tenancies: 5 or 6 plus 1 staff.</p> <p>Housing Association: Triangle HA</p> <p>Provider: NIAMH</p> <p>Project lead: Fiona Rowan</p> <p>Planner: Maurice O'Kane</p>	<p>Established need</p> <p>Checked Covenants – no issues</p> <p>Submitted SOC 12/2/14</p>	<p>Submit full green book business case.</p> <p>Establish Project Board</p> <p>Establish design team.</p> <p>Vacate Kirkliston House.</p> <p>Await Development of Holywood Road</p>	<p>Amber</p>	<p>Risks: Contingent on timely completion of Holywood Rd</p> <p>Business case required .</p> <p>Service need to confirm need</p> <p>Expected completion:</p> <p>TBC</p>

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Mental health Scheme :6 Milburn Close extension Castlereagh	Type: new build Tenancies: 6 tenancies Housing Association: Habinteg Provider: NIAMH Project lead: Fiona Rowan Planner: Maurice O'kane	<p>Identified Housing Association and service provider.</p> <p>Established that there are no issues re: deeds or land disposal and red line map agreed</p> <p>Feasibility study carried out by planning consultant who advised site could accommodate 6 apartments</p> <p>Planning policy statements highlighted – HA to set up PAD meeting November 2013 to resolve</p> <p>Project Team established – currently suspended whilst Habinteg resolve internal issue</p> <p>SOC submitted 14/11/13</p> <p>Schedule of accommodation to architect for development of plans.</p> <p>Outline design completed with project team Dec 2014.</p>	<p>Agree plans</p> <p>Submit OBC</p> <p>Seek planning approval.</p>	Amber	Risks: None identified Expected completion: July 2016

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Mental health Scheme :7 South Belfast (Fountainville Phase 2)	Type: New build Tenancies: 8 tenancies. Housing Association: Oaklee HA Provider: NIAMH Project lead: Fiona Rowan Planner: Maurice O'Kane	<p>Identified the need to create a core and cluster of supported housing for adults with mental health issues in South Belfast.</p> <p>The model proposes building apartments in the vicinity of Fountainville (Phase 1), in South Belfast.</p> <p>Existing Oaklee Properties identified deemed as unsuitable by Trust in March 2013.</p> <p>Project Board established 8th April 2014</p> <p>Cromwell Road considered feasible from architect's perspective – PAD meeting requested to confirm feasibility - proposed site agreed by project board 10/6/14.</p> <p>SOC submitted 7/2/14. OBC submitted and approved Dec 2014.</p> <p>PAD meeting .</p>	<p>Planning application Jan 2015.</p> <p>Register with RQIA</p>	<p>Amber</p>	<p>Risks: Planning Approval for 8 apts</p> <p>Expected completion: January 2016</p>

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>Mental health Scheme :8</p> <p>North Belfast</p> <p>Clearwater reprovision</p>	<p>Type: New build</p> <p>Tenancies: 22 tenancies plus staff. (2 extra SP only tenancies)</p> <p>Housing Association: Oaklee HA</p> <p>Provider: Threshold</p> <p>Project lead: Fiona Rowan</p> <p>Planner: Maurice O’Kane</p>	<p>Project Team established.</p> <p>Strategic Outline Case approved.</p> <p>Model of care and design of building agreed.</p> <p>Plans approved by Project Team</p> <p>Planning application week commencing 17/2/14</p> <p>Commenced local and political consultation</p> <p>OBC completed and submitted 30/1/14 – issue highlighted re: rents at NIHE budget meeting April 2014 – Project Board suspended whilst being resolved between HA, provider and HB</p> <p>Identified decant property for Clearwater House tenants- cannot commit to rent until OBC approved.</p> <p>Meeting with Environ minister held in September.</p>	<p>Meet with Planning service to resolve design & streetcape/demolishment issues January 2015</p> <p>Planning approval.</p> <p>Decant property to be secured</p> <p>Decant, Demolish and re build</p>	<p>Amber</p>	<p>Risks:</p> <p>Planning approval / Demolishment & streetscape issues.</p> <p>9th Jan 2015 meeting with Planning service</p> <p>Expected completion:</p> <p>December 2015</p>

Scheme & Location	Details	What we have done to Date	What we need to do:	Status	Risks/ Date of expected completion
Mental Health Scheme: 10 Remodelling of Altigarron Court West Belfast	Type: Refurbishment? New Build? Tenancies: 11 (potential for 5 new tenancies) Housing Association: Oaklee HA Provider: NIAMH Project Lead: Fiona Rowan Planner: Maurice O’Kane	Established need for modernization and reconfiguring of service Planning consultant provided report re: feasibility of what could be done on site within existing building shows demolition may be unnecessary. Agreed refurbishment as per as per planning consultant report Strategic Outline Case submitted Nov 2013.	Staff profile and care and support revenue budgets. Outline business Case required	Amber	Risks: Expected Completion: TBC

Learning Disability Programme

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Learning Disability Scheme 1: 29 a Annadale South/East Belfast	Type: New Build Tenancies: 14 new tenancies (+ 1 staff) Housing Association: Triangle HA Provider: Triangle HA Project lead: Aine Morrison Planner: Maurice O'Kane	Business case approved by NIHE. Planning approval received December 2012. Works tendered and builder selected Sale to Triangle completed 11/10/13 Capital & Revenue approved. Works commenced November 2013		Green	Risks: Expected completion: Aug 2014 Handed over September 2014.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Learning Disability: Schemes 4/5 Barronscourt Castlereagh	Type: Off shelf Tenancies: 7 tenancies plus staff Housing Association: Triangle HA Provider: Triangle Project lead: Aine Morrison Planner: Maurice O’Kane	Business case submitted March 2013. 2 properties purchased at risk by the Triangle HA on 8/3/13. Public consultation. 2 separate project approval applications due to the need to go through planning for the proposed extension of no. 4 Barronscourt Park. Planning application submitted for No. 4 extension. Business Case and works plan with DPG for approval – Monday 16 th September 2013. Occupation of No. 5- 3 rd Feb 2014 (3 tenants & 1 staff). Occupation No. 4 Mid- March 2014		Green	Expected completion Handed over June 2014

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>Learning Disability:</p> <p>Scheme 6</p> <p>Antrim Area/ seven mile straight</p> <p>North Belfast/ Antrim Area</p>	<p>Type: Off shelf</p> <p>Tenancies: 3 tenancies plus 1 staff</p> <p>Wheel chair accessible.</p> <p>Housing Association: Oaklee HA</p> <p>Provider: TBC</p> <p>Project lead: Aine Morrison</p> <p>Planner: Jason Mullen</p>	<p>SOC submitted and approved by BASPP Oct 2013</p> <p>Property identified – valuation by Oaklee not compatible with price</p> <p>House search ongoing</p>	<p>Find new property.</p> <p>Consultation. Staff profile and revenue budgets developed.</p> <p>Full business case.</p> <p>NIHE Project approval</p>	<p>RED</p>	<p>Risks:</p> <p>Expected completion:</p> <p>Search commenced for 5 bedroomed house in proximity to Knockcairn Road.</p> <p>Revised to 4 tenants</p> <p>March 2015 at risk</p>

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Learning Disability: Scheme 7 L'Arche Ormeau Road South Belfast	Type: Off shelf Tenancies: 4 tenancies plus 1 staff Housing Association: Oaklee HA Provider: L'Arche Project lead: Aine Morrison	Property purchased at risk by Oaklee Housing. Survey of required works carried out. Full business case approved. Consultation carried out. RQIA updated. (Proposed tenants, i.e, 4 community places, of which 1 residential transfer will release place for resettlement from MAH.) Handover of property 13/12/13 – tenants to be in for Christmas		Green	Risks: Expected completion: Handed over Sept 2013.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Learning Disability: Scheme 8 Knockcairn (Phase 1)	Type: Off shelf Tenancies: 4 tenancies plus 1 staff Housing Association: Oaklee HA Provider: TBC Project lead: Aine Morrison Planner: Jason Mullen	SOC approved by BASPP Oct 2013 Identified clients Property identified – Close to agreement	Property purchased at risk 11.08.14. Community Consultation. Public meeting held 28.07.14 Project approval. Structural plan of work approved by DPG 04.08.14. Completion of minor works	Green	OBC submitted 01.10.14 Risks: Expected completion March 2015.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>Learning Disability Scheme 9.</p> <p>Abbey Road</p> <p>Antrim</p>	<p>Type: New Build</p> <p>Tenancies: 23 plus 1 staff</p> <p>Housing Association: Triangle HA</p> <p>Provider: tbc</p> <p>Project lead: Aine Morrison</p> <p>Planner: Maurice O’Kane</p>	<p>HSCB approval received March 2013.</p> <p>3 Trusts met August 2013 – Belfast Trust to progress business case - NHSCT taking lead in management</p> <p>Agreed accommodation is required post March 2015 for emerging population of adults with a complexity of need requiring specific environmental design</p> <p>Project Group established and met November 2013 – meeting monthly</p> <p>Site visit with Trust and HA November 2013</p> <p>Site agreed by Trust</p> <p>Design Team appointed</p> <p>Exemplar schemes visited</p>	<p>Commence land disposal process</p> <p>Agree design</p> <p>Make planning application.</p> <p>Submit full business case.</p> <p>NIHE project approval.</p> <p>Evaluation</p> <p>Land disposal needs to start now as this takes 1 year.</p> <p>Land transfer.</p>	<p>Amber</p>	<p>Risks:</p> <p>Back to original site. Trust exploring at splitting the site in order to reach TCI qualifying rates.</p> <p>Expected completion:</p> <p>March 2017.</p>

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Learning Disability Scheme 10 Dympna house re-build West Belfast	Type: New build Tenancies: 12 tenancies plus 1 staff Housing Association: Oaklee HA Provider: TBA Project lead: Aine Morrison Planner: Maurice O'Kane	Submitted Strategic Outline Case November 2013 Established Project Team Established design team. OBC undergoing financial analysis Visited exemplar schemes Agreed design 7 th April 2014 Provided rationale for design requirements to Oaklee/ DPG – approval to proceed granted May 2014 Agreed revised plans 30 th May 2014 OBC tabled at BASPP 12/6/14	Planning application submitted 11/07/14. Planning approval received Dec 2014. NIHE project approval pack completed, presenting to DPG w/B 11.08.14. Community consultation completed and no responses. RQIA registration	Red	Risks: Review of revenue budget at NIHE request and re submission of OBC. Expected completion: December 2015 at risk.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Learning Disability Scheme 11 Mourneview / (Dympna house reprovision) West Belfast	Type: Off shelf purchase. Tenancies: 22 Housing Association: Oaklee HA Provider: Cedar Project lead: Aine Morrison Planner: Maurice O'Kane	Revisited assessments of need of current Dympna House tenants and adaptation requirements for Mourneview property. SOC completed and approved Oaklee purchased property October 2013 – sale completed 17 th Feb 14 OBC approved by Commissioning Body Consultation with service-users and carers 26/11/13 4 tenants decanted to Dympna House Service agreed schedule of works with HA – Contractor on-site March 2014 EDC July 2014.	Monitor progress	Green	Handed over July 2014

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of completion
Learning Disability Scheme 12 LD and Autism South/ SE Belfast	Type: New build Tenancies: 6 Housing Association: Oaklee Provider: TBC Project Lead: Aine Morrison Planner: Maurice O'kane	<p>Strategic Outline Case approved by BASPP October 2013 for 81 Ballynahinch Road –revised to reflect greater need – capital costings required before able to submit to BASPP</p> <p>Set up Project meeting for 25/11/13</p> <p>Meeting held 6th December 2013 with Trust staff and SP – established that process needs to be reviewed to ensure proposed scheme fit for purpose and encompasses broader need</p> <p>Set up meeting 28th January with service group to discuss – SOC to be revised and re-tabled</p> <p>DPG appointed Oaklee</p>	<p>Project Board re-established. 1st Meeting Sept 2014.</p> <p>Revised SOC tabled 12th June 2014</p> <p>Oaklee to scope sites (which will include Ballynahinch Road)</p> <p>Outline business Case</p> <p>NIHE approval</p> <p>Appoint design team</p> <p>Planning approval</p>	Amber	Risks: Location of suitable sites. Expected Completion: December 2016

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of completion
Learning Disability Scheme 13 LD Challenging Behaviour East/ South/ SE Belfast	Type: 2 ESPs Tenancies: 3 Housing Association: OakleeTrinity Provider: TBC Project Lead: Aine Morrison Planner: Maurice O'Kane	Established need Submitted 2 X SOC's to BASPP for 10/4/14 HAs officially nominated, project meetings set up, house searches in progress	Property searches on-going . Oaklee/ Triangle to identify suitable properties. Staffing profile and Revenue budget build. 2 X Outline business Cases to be submitted NIHE Project approval	Amber	Risks: finding suitable properties Cheviot street sale agreed. Expected Completion: Slipped March 2015

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of completion
<p>Learning Disability</p> <p>Scheme 14</p> <p>Sandown Road extension. SE Belfast</p>	<p>Type: 1 ESPs</p> <p>Tenancies: 2 No staff acc.</p> <p>Housing Association: Triangle</p> <p>Provider: Triangle</p> <p>Project Lead: Aine Morrison</p> <p>Planner: Maurice O’Kane</p>	<p>Acc spec completed.</p> <p>SOC submitted.</p> <p>Property purchased at risk by HA.</p>	<p>Revise SOC</p> <p>Submit OBC</p> <p>Register with RQIA</p>		

Older Peoples Services

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>Older peoples</p> <p>Scheme 1.</p> <p>Reprovision of Shankill residential home</p> <p>North Belfast</p>	<p>Type: New Build</p> <p>Tenancies: 34 places</p> <p>Housing Association: Helm HA</p> <p>Provider: Belfast Trust</p> <p>Project lead: Katie Campbell</p>	<p>Business case approved by NIHE.</p> <p>Planning approval received December 2012.</p> <p>Decision made on Independent provider.</p> <p>Project approval received.</p>	<p>Target 4 tenants agreed per month.</p> <p>Tenants – in place at present.</p> <p>2 more tenants scheduled to accept tenancies this week.</p> <p>2 tenants awaiting financial assessment before accepting tenancies.</p> <p>Proposed tenants would prefer face to face financial assessments.</p> <p>Targets to complete occupancy – March 2013.</p> <p>Trust Project Team to maximize occupancy occupancies.</p>	Green	<p>Handover June 2013</p> <p>Opened 16.07.13</p>

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>Older peoples</p> <p>Scheme 2.</p> <p>Reprovision of Ballyowen residential home (Grovetree)</p> <p>West Belfast</p>	<p>Type: New Build.</p> <p>Tenancies: 30 places plus staff.</p> <p>Housing Association: Clanmill HA</p> <p>Provider: Trust/ TBC</p> <p>Project lead: Katie Campbell</p> <p>Planner: Maurice O'Kane</p>	<p>Business case narrative revised pending financial review.</p> <p>Grovetree identified as site.</p> <p>Trust Board approved disposal of Grovetree 7th November 2013</p> <p>Design team established October 2014.</p> <p>Paper submitted to Trust Board for approval to proceed with public consultation re reprovision on Ballyowen, Jan 2015.</p>	<p>Conduct public / nearest neighbor consultations May / June 2015.</p> <p>Agree revenue cost distribution.</p> <p>Sign off initial design.</p> <p>Assess capital costs as per new design (QS)</p> <p>Revise OBC financial sections.</p> <p>Agree covenant land transfer.</p> <p>In year 2015/16 commencement required.</p> <p>Agree project plan.</p>	<p>Amber</p>	<p>Risks:</p> <p>Expected completion:</p> <p>TBC</p>

Physical Disability Programme

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Adults with complex disability 2. Scheme 2. Maples North Belfast	Type: Refurbish Tenancies: 17 tenancies plus 1 staff. Housing Association: Oaklee HA Provider: Leonard Chesire Project lead: Bernie Kelly Planner: Maurice O'Kane	Needs assessment carried out. Project management team established. Negotiation between LCF / NIHE and Oaklee for LCF to take over responsibility for the whole of the maples complex with the development of 17 supported tenancies for the Trust. Strategic outline case submitted Letter sent from Oaklee re: commitment to carry out works Time-line of works schedule submitted Outline Business Case submitted. LCF proceeding with recruitment at risk, NIHE have advised informally that this will be funded.	SP confirmed 040814 LCF 2 nd recruitment as full staff compliment not achieved on first ad. Works expected to complete Sept Monitor	Green	Risks: Expected completion: Completed Sept 2014.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>Complex Neuro-Disability Scheme</p> <p>Scheme 3.</p> <p>Area:</p> <p>N&W Belfast - 9</p> <p>S&W Belfast - 9</p>	<p>Type:</p> <p>New build</p> <p>Tenancies:</p> <p>18 plus 2 staff</p> <p>Housing Association:</p> <p>Triangle HA</p> <p>Provider:</p> <p>TBC</p> <p>Project lead:</p> <p>Jane McMillan</p> <p>Planner:</p> <p>Maurice O’Kane</p>	<p>Strategic outline case submitted.</p> <p>Braniel site unsuitable.</p> <p>Revised scheme name to reflect complex needs as opposed to diagnosis. (Complex Neuro-Disability Scheme)</p> <p>Needs analysis ongoing – highlighting a growing need</p> <p>Meetings held with PSD and MH to scope need – SOC for 18 tenancies submitted 10/4/14 (main population with CND – those with Korsakoff’s syndrome)</p> <p>Set up Project Board May 2014</p> <p>Visited Korsakoff Scheme June 2014</p>	<p>Service to work up detailed spec based on comprehensive assessment of functional needs of population to inform environmental design</p> <p>Identify sites.</p> <p>Establish design team.</p> <p>Make planning application.</p> <p>Submit full business case.</p> <p>NIHE project approval</p>	<p>Amber</p>	<p>Risks:</p> <p>Finding suitable sites</p> <p>Expected completion:</p> <p>TBC</p>

Children's Services

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Leaving & after care. Scheme 1. Refurbishment & extension of Barnardos 7 Annadale Ave scheme South Belfast	Type: Refurbish. Tenancies: Zero new Housing Association: Triangle HA Provider: Barnardos Project lead: Martin Morgan	Established project management group. Strategic outline case submitted April 2013. Full green book business case submitted October 2013 –approved by Commissioning Body January 2014 Decant Week beg 11 th Nov 13 to 104, University Street. Planning permission granted Contractors on site March 2014 for 45 weeks. EDC Jan/ Feb 2015	Monitor	Green	Risks: Expected completion: February 2015

Belfast HSC Trust.

Supported Housing 3 year development plan.

Adult Social and Primary Care.

Version 16

Feb 2015

Section 1: Summary of planned Supported Housing developments by Programme of Care. (26 Schemes)

Mental Health Programme (8 Schemes)

Scheme	Scheme Name	New tenancies	Location	Expected completion	Status
MH 1	Hollywood Rd	13	East Belfast	Sept 2015	Amber
MH 2	Fountainville Phase 1	12	South Belfast	December 2014	Green
MH 3	University St	6	South Belfast	March 2015	Amber
MH 4	Kirkliston Hse	5	East Belfast	July 2016	Amber
MH 5	Millburn Ext	6	South East Belfast	July 2016	Amber
MH 6	Fountainville Phase 2	8 (SP only)	South Belfast	January 2016	Amber
MH 7	Clearwater	2 (SP only)	North Belfast	December 2015	Amber
MH 8	Altigarron	0	West Belfast	TBC	Amber
Total		52			

Learning Disability Programme (15 Schemes)

Scheme	Scheme Name	New tenancies	Location	Expected completion	Status
LD 1	29a Annadale Ave	14	South Belfast	August 2014	Green
LD2	Peter's Hill	13	North Belfast	March 2014	Green
LD3	Dympna Hse Phase 1	0	West Belfast	complete	Green
LD4	Baronscourt	3	House 5 Castlereagh	Dec 2013	Green
LD5	Baronscourt	4	House 4 Castlereagh	March 14	Green
LD 6	Knockcairn phase 1	3	Lisburn/ Antrim Area	Mar 2015	Amber
LD 7	L'Arche	4	South Belfast	Dec 2013	Green
LD 8	Knockcairn phase 2	4	Lisburn / Antrim Area	March 2015	Amber
LD 9	Abbey Road	23	Antrim	Mar 2017	Amber
LD 10	Dympna Hse Phase 2	12	West Belfast	December 2015	Red
LD 11	Mourneview	22	West Belfast	July 2014	Green
LD 12	LD & Autism	6	South/ South East Belfast	December 2016	Amber
LD 13	Challenging Behaviour	4	East/ South & South-East Belfast	March 2015	Amber
LD 14	Sandown Extension	2	South East Belfast	May 2015	Amber
LD 15	Squires Hill extension	4	North Belfast	July 2015	Amber
Total		118			

Older Peoples Services (2 Schemes)

Scheme	New Tenancies	Location	Expected Completion	Status
OP 1	34	North Belfast	June 2013	Green
OP 2	30	West Belfast	TBC	Amber
Total	64			

Physical Disability Programme (2 Schemes)

Scheme	New Tenancies	Location	Expected Completion	Status
Complex Disability	17	North Belfast	September 2014	Green
Complex Neuro-Disability	18 (Complex disability including Korsakoffs syndrome)	TBC	July 2016	Amber
Total	35			

Children's Services (1 Scheme)

Scheme	New Tenancies	Location	Expected Completion	Status
Leaving Care Service	0	South Belfast	February 2015	Green

Summary

Programme of Care	New tenancies
Mental health	52 (inc 10 SP only)
Learning Disability	118 (inc 4 SP only)
Older People's	64
Complex Disability (inc CND)	35
Young people leaving Care	0
Total	269

The current 3 year plan details a total of 28 schemes providing 269 **new** supported housing tenancies across the city. The original mental health plan for Belfast included units of supported housing required to cater for the needs of specific groups of tenants who were deaf, have offending behaviour, or who have personality disorder. The revised plan integrates these specific needs across the general plan. A needs analysis has also identified that the majority complex neuro-disability population who require supported housing are in the Physical Health & Disability Programme of Care as opposed to Mental Health; a scoping exercise between the Physical Disability and Mental Health Service indicates the need for 18 units of supported housing – this figure encompasses the 6 units previously designated for complex disability plus the 12 units for CND; the revised April 2014 plan reflected this.

The plan now also includes the need for 2 additional ESPs for 3 tenants (LD 13) , 2 of whom are currently in supported accommodation where due to their behaviours and associated risks the living situation is untenable for both tenants and staff and 2 of who are currently living in MAH in delayed discharge. The former two tenants require an individual house; the latter two will share accommodation.

In addition the proposal to extend Sandown Road (LD 14) by two tenancies by purchasing a property in proximity was added in November 2014 as was the proposed extension of Squires Hill supported Living (LD 15, 2 x 3 bedded bungalows).

Section 2: Three Year Supported Housing Development Plan by Programme of Care.

Mental Health Programme

Scheme & Location	Details	What we have done to date	What we still need to do:	Status	Risks/ Date of expected completion.
Mental health: Scheme 1. Kirkliston reprovision Hollywood Road East Belfast	Type: New Build. Tenancies: 13 additional new tenancies and 8 replacement tenancies = 21 in total. One 4 bedded house, and 3 x 6 unit apartment blocks. Housing Association: Triangle HA Provider: NIAMH Project lead: Fiona Rowan Planner: Maurice O'Kane	Strategic outline case submitted August 2011. Outline Business case for off shelf purchase submitted & approved May 2012. Housing Association nominated Sept 2012. Potential site identified Oct 2012. Hollywood/station Rd. Project group established. Site surveyed Nov 2012, existing buildings not fit for improvement. Plans developed Feb 2013 Land purchased March 2013 Revised full Business Case resubmitted 12.09.13 Revenue re-submitted Feb 14. Approved by Commissioning body March 2014 Planning application approved April 2014	Ensure scheme registered with RQIA Decision to be made on future of Kirkliston House.	Amber	Some further delay as a result of damage to site vehicles, though should not change expected completion . Expected completion: Sept 2015.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>Mental health:</p> <p>Scheme 2</p> <p>Refurbishment of Fountainville and conversion to 24/7 support.</p> <p>Fountainville Phase 1</p> <p>South Belfast</p>	<p>Type: Refurbishment Of Fountainville to ensuite accommodation and development of 24/7 support.</p> <p>Tenancies: 18 tenancies SP providing 1 new. (12 new to Trust)</p> <p>Housing Association: Oaklee HA</p> <p>Provider: NIAMH</p> <p>Project lead: Fiona Rowan</p> <p>Planner: Maurice O’Kane</p>	<p>Project Group established with full stakeholder representation. Plans agreed</p> <p>18 units in total + 1 staff accommodation.</p> <p>Oaklee confirmed properties eligible for HAG funding.</p> <p>Meetings re move on and decant with NIAMH, Oaklee and Trust ongoing; Existing Tenants now decanted to Cromwell Road</p> <p>Plans submitted for extension to No.10 and for use of property</p> <p>OBC approved by commissioning body March 2014</p> <p>Contractor costs approx. 50% below approved costs – OBC revised – DPG approved 31st March 2014</p> <p>Contractor on-site 31st March 2014</p>	<p>Works progressing onsite expected handover 5th March 2015.</p> <p>Pre handover meeting scheduled for 27th February 2015.</p> <p>Service commencement scheduled 16th March 2015.</p>	<p>Green</p>	<p>Risks:</p>

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>Mental health Scheme: 3</p> <p>6 Apartments in 104 University St</p> <p>South Belfast</p>	<p>Type: Off the shelf with minor refurbishment</p> <p>Tenancies: 6 plus staff accommodation</p> <p>Housing Association: Helm</p> <p>Provider: TBC</p> <p>Project lead: Fiona Rowan</p> <p>Planner: Maurice O'kane</p>	<p>Identified need</p> <p>Identified potential property owned by Helm</p> <p>Submitted SOC 4/11/13</p> <p>Contacted NIHE to progress</p> <p>Established Helm no capital for minor refurb but will use grant to update heating – therefore revenue only application required.</p> <p>Await vacant possession of apartments (tenants from 7 Annadale Avenue decanted to this property)</p> <p>Revenue only application made Dec 2014.</p>	<p>NIHE to agree expression of interest selection process drafted and submitted by Trust early January.</p> <p>Appoint provider</p> <p>RQIA registration</p>	<p>Amber</p>	<p>Risks:</p> <p>No agreed expression of interest selection process, leading to delayed selection and registration of provider.</p> <p>Expected completion</p> <p>TBC</p> <p>At risk of slipping</p>

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>Mental health Scheme : 4</p> <p>Remodelling of Kirkliston House.</p> <p>East Belfast</p>	<p>5 to 6 tenancies plus 1 staff</p> <p>Type: Refurbishment</p> <p>Tenancies: 5 or 6 plus 1 staff.</p> <p>Housing Association: Triangle HA</p> <p>Provider: NIAMH</p> <p>Project lead: Fiona Rowan</p> <p>Planner: Maurice O'Kane</p>	<p>Established need</p> <p>Checked Covenants – no issues</p> <p>Submitted SOC 12/2/14</p>	<p>Submit full green book business case.</p> <p>Establish Project Board</p> <p>Establish design team.</p> <p>Vacate Kirkliston House.</p> <p>Await Development of Holywood Road</p>	<p>Amber</p>	<p>Risks: Contingent on timely completion of Holywood Rd</p> <p>Business case required .</p> <p>Service need to confirm need</p> <p>Expected completion:</p> <p>TBC</p>

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Mental health Scheme :6 Milburn Close extension Castlereagh	Type: new build Tenancies: 6 tenancies Housing Association: Habinteg Provider: NIAMH Project lead: Fiona Rowan Planner: Maurice O'kane	Identified Housing Association and service provider. Established that there are no issues re: deeds or land disposal and red line map agreed Feasibility study carried out by planning consultant who advised site could accommodate 6 apartments Planning policy statements highlighted – HA to set up PAD meeting November 2013 to resolve Project Team established – currently suspended whilst Habinteg resolve internal issue SOC submitted 14/11/13 Schedule of accommodation to architect for development of plans. Outline design completed with project team Dec 2014.	Agree plans Submit OBC Seek planning approval.	Amber	Risks: Flooding risk to be assessed. Expected completion: July 2016

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Mental health Scheme :7 South Belfast (Fountainville Phase 2)	Type: New build Tenancies: 8 tenancies. Housing Association: Oaklee HA Provider: NIAMH Project lead: Fiona Rowan Planner: Maurice O’Kane	Project Board established 8 th April 2014 Cromwell Road considered feasible from architect’s perspective – PAD meeting requested to confirm feasibility - proposed site agreed by project board 10/6/14. SOC submitted 7/2/14. OBC submitted and approved Dec 2014. PAD meeting . Revised OBC resubmitted to NIHE 16 th Jan 2015.	Planning application approved BCC 6.11.14 Green form received. Letter to DSD required seeking approval for demolition. Out to tender by 23 rd January with a return date of 20 th February 2015. On site 16 th March 2015. Estimated completion March 2016.	Amber	Risks: Planning Approval for 8 apts Expected completion: January 2016

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Mental health Scheme :8 North Belfast Clearwater reprovision	Type: New build Tenancies: 22 tenancies plus staff. (2 extra SP only tenancies) Housing Association: Oaklee HA Provider: Threshold Project lead: Fiona Rowan Planner: Maurice O'Kane	<p>OBC completed and submitted 30/1/14</p> <p>Identified decant property for Clearwater House tenants- cannot commit to rent until OBC approved.</p> <p>Meeting with Environ minister held in September.</p> <p>MeetingsX 2 with senior planners to resolve demolition in ATC.</p>	<p>Redesign building to meet Planning NI requirements , ie retain one façade of existing and demolish rest.</p> <p>Architect working up renewed designs.</p> <p>Planning approval.</p> <p>Decant property to be secured</p> <p>Decant, Demolish and re build</p>	Amber	<p>Risks:</p> <p>Planning approval / Demolishment & streetscape issues.</p> <p>Redesign will delay further and may have impact on OBC costs.</p> <p>Expected completion:</p> <p>December 2015</p> <p>At risk</p>

Scheme & Location	Details	What we have done to Date	What we need to do:	Status	Risks/ Date of expected completion
Mental Health Scheme: 10 Remodelling of Altigarron Court West Belfast	Type: Refurbishment? New Build? Tenancies: 11 (potential for 5 new tenancies) Housing Association: Oaklee HA Provider: NIAMH Project Lead: Fiona Rowan Planner: Maurice O’Kane	Established need for modernization and reconfiguring of service Planning consultant provided report re: feasibility of what could be done on site within existing building shows demolition may be unnecessary. Agreed refurbishment as per as per planning consultant report Strategic Outline Case submitted Nov 2013.	Staff profile and care and support revenue budgets TBC. Outline business Case prepared for BASPP.	Amber	Risks: Expected Completion: TBC

Learning Disability Programme

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Learning Disability Scheme 1: 29 a Annadale South/East Belfast	Type: New Build Tenancies: 14 new tenancies (+ 1 staff) Housing Association: Triangle HA Provider: Triangle HA Project lead: Aine Morrison Planner: Maurice O'Kane	Business case approved by NIHE. Planning approval received December 2012. Works tendered and builder selected Sale to Triangle completed 11/10/13 Capital & Revenue approved. Works commenced November 2013	First tenants expected Feb/March 2015. Trust to register with RQIA	Green	Risks: Expected completion: Aug 2014 Handed over September 2014.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Learning Disability: Schemes 4/5 Barronscourt Castlereagh	Type: Off shelf Tenancies: 7 tenancies plus staff Housing Association: Triangle HA Provider: Triangle Project lead: Aine Morrison Planner: Maurice O'Kane	Business case submitted March 2013. 2 properties purchased at risk by the Triangle HA on 8/3/13. Public consultation. 2 separate project approval applications due to the need to go through planning for the proposed extension of no. 4 Barronscourt Park. Planning application submitted for No. 4 extension. Business Case and works plan with DPG for approval – Monday 16 th September 2013. Occupation of No. 5- 3 rd Feb 2014 (3 tenants & 1 staff). Occupation No. 4 Mid- March 2014		Green	Expected completion Handed over June 2014

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>Learning Disability:</p> <p>Scheme 6</p> <p>Knockcairn phase 2</p> <p>Antrim Area</p>	<p>Type: Off shelf</p> <p>Tenancies: 3 tenancies plus 1 staff</p> <p>Wheel chair accessible.</p> <p>Housing Association: Oaklee HA</p> <p>Provider: TBC</p> <p>Project lead: Aine Morrison</p> <p>Planner: Jason Mullen</p>	<p>SOC submitted and approved by BASPP Oct 2013</p> <p>Property identified – valuation by Oaklee not compatible with price</p> <p>House search ongoing</p>	<p>Find new property.</p> <p>Consultation. Staff profile and revenue budgets developed.</p> <p>Full business case.</p> <p>NIHE Project approval</p>	RED	<p>Risks:</p> <p>Expected completion:</p> <p>Search commenced for 5 bedroomed house in proximity to Knockcairn Road.</p> <p>Revised to 4 tenants</p> <p>March 2015 at risk</p>

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Learning Disability: Scheme 7 L'Arche Ormeau Road South Belfast	Type: Off shelf Tenancies: 4 tenancies plus 1 staff Housing Association: Oaklee HA Provider: L'Arche Project lead: Aine Morrison	Property purchased at risk by Oaklee Housing. Survey of required works carried out. Full business case approved. Consultation carried out. RQIA updated. (Proposed tenants, i.e, 4 community places, of which 1 residential transfer will release place for resettlement from MAH.) Handover of property 13/12/13 – tenants to be in for Christmas		Green	Risks: Expected completion: Handed over Sept 2013.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Learning Disability: Scheme 8 Knockcairn (Phase 1)	Type: Off shelf Tenancies: 4 tenancies plus 1 staff Housing Association: Oaklee HA Provider: TBC Project lead: Aine Morrison Planner: Jason Mullen	SOC approved by BASPP Oct 2013 Identified clients Property purchased at risk 11.08.14. Structural plan of work approved by DPG 04.08.14. Triangle confirmed as service provider. Community Consultation. Public meeting held 28.07.14	Phase 1(4 +1) Out to tender, contractor appointed, works to commence Jan 2015 subject to OBC approval by NIHE Commissioning Board.	Green	OBC submitted 01.10.14 Risks: Expected completion March 2015.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>Learning Disability</p> <p>Scheme 9.</p> <p>Abbey Road</p> <p>Antrim</p>	<p>Type: New Build</p> <p>Tenancies: 23 plus 1 staff</p> <p>Housing Association: Triangle HA</p> <p>Provider: tbc</p> <p>Project lead: Aine Morrison</p> <p>Planner: Maurice O’Kane</p>	<p>HSCB approval received March 2013.</p> <p>3 Trusts met August 2013 – Belfast Trust to progress business case - NHSCT taking lead in management</p> <p>Agreed accommodation is required post March 2015 for emerging population of adults with a complexity of need requiring specific environmental design</p> <p>Project Group established and met November 2013 – meeting monthly</p> <p>Site visit with Trust and HA November 2013</p> <p>Design Team appointed</p> <p>Exemplar schemes visited</p> <p>Broad principles of the footprint and outline design have been agreed.</p>	<p>Appoint Design team</p> <p>Commence land disposal process</p> <p>Agree design</p> <p>Make planning application.</p> <p>Submit full business case.</p> <p>NIHE project approval.</p> <p>Land disposal needs to start now as this takes 1 year.</p> <p>New site identified on Abbey Road, valuation received from LPS.</p> <p>Financial feasibility test on land value.</p> <p>Planning consultant appointed.</p>	<p>Amber</p>	<p>Risks:</p> <p>Financial feasibility on land costs and outside planning zone.</p> <p>Expected completion:</p> <p>March 2017.</p>

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>Learning Disability</p> <p>Scheme 10</p> <p>Dympna house re-build</p> <p>West Belfast</p>	<p>Type: New build</p> <p>Tenancies: 12 tenancies plus 1 staff</p> <p>Housing Association: Oaklee HA</p> <p>Provider: TBA</p> <p>Project lead: Aine Morrison</p> <p>Planner: Maurice O’Kane</p>	<p>Submitted Strategic Outline Case November 2013</p> <p>Agreed design 7th April 2014</p> <p>Provided rationale for design requirements to Oaklee/ DPG – approval to proceed granted May 2014</p> <p>Agreed revised plans 30th May 2014</p> <p>OBC tabled at BASPP 12/6/14</p> <p>Planning approval received Dec 2014.</p> <p>NIHE project approval pack completed, presenting to DPG w/B 11.08.14.</p> <p>Community consultation completed and no responses.</p>	<p>VFM issue with SP revenue element of OBC.</p> <p>Awaiting formal response from NIHE.</p> <p>Escalation plan required on receipt of NIHE decision.</p> <p>RQIA registration.</p>	<p>Red</p>	<p>Risks:</p> <p>VFM re SP. high cost</p> <p>Expected completion:</p> <p>December 2015 at risk of slippage.</p>

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Learning Disability Scheme 11 Mourneview / (Dympna house reprovision) West Belfast	Type: Off shelf purchase. Tenancies: 22 Housing Association: Oaklee HA Provider: Cedar Project lead: Aine Morrison Planner: Maurice O'Kane	Revisited assessments of need of current Dympna House tenants and adaptation requirements for Mourneview property. SOC completed and approved Oaklee purchased property October 2013 – sale completed 17 th Feb 14 OBC approved by Commissioning Body Consultation with service-users and carers 26/11/13 4 tenants decanted to Dympna House Service agreed schedule of works with HA – Contractor on-site March 2014 EDC July 2014.	Monitor progress	Green	Handed over July 2014

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of completion
Learning Disability Scheme 12 LD and Autism South/ SE Belfast	Type: New build Tenancies: 6 Housing Association: Oaklee Provider: TBC Project Lead: Aine Morrison Planner: Maurice O'kane	<p>Strategic Outline Case approved by BASPP October 2013 for 81 Ballynahinch Road –revised to reflect greater need – capital costings required before able to submit to BASPP</p> <p>Set up Project meeting for 25/11/13</p> <p>Meeting held 6th December 2013 with Trust staff and SP – established that process needs to be reviewed to ensure proposed scheme fit for purpose and encompasses broader need</p> <p>Set up meeting 28th January with service group to discuss – SOC to be revised and re-tabled</p> <p>DPG appointed Oaklee</p>	<p>Project Board re-established. 1st Meeting Sept 2014.</p> <p>Revised SOC tabled 12th June 2014</p> <p>Ongoing site search. Potyential site in East Belfast identified .</p> <p>Early feasibility carried out and satisfactory</p> <p>Outline business Case</p> <p>NIHE approval</p> <p>Appoint design team</p> <p>Planning approval</p>	Amber	<p>Risks:</p> <p>Finding suitable site in appropriate location.</p> <p>Expected Completion:</p> <p>December 2016</p>

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of completion
Learning Disability Scheme 13 LD Challenging Behaviour East/ South/ SE Belfast	Type: 2 ESPs Tenancies: 3 Housing Association: OakleeTrinity Provider: TBC Project Lead: Aine Morrison Planner: Maurice O'Kane	Established need Submitted 2 X SOCs to BASPP for 10/4/14 HAs officially nominated, project meetings set up, house searches in progress	Property searches on-going. Oaklee/ Triangle to identify suitable properties. Staffing profile and Revenue budget build. 2 X Outline business Cases to be submitted NIHE Project approval	Amber	Risks: finding suitable properties Expected Completion: Slipped March 2015

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of completion
Learning Disability Scheme 14 Sandown Road extension. SE Belfast	Type: 1 ESPs Tenancies: 2 No staff acc. Housing Association: Triangle Provider: Triangle Project Lead: Aine Morrison Planner: Maurice O’Kane	Acc spec completed. SOC submitted. Property purchased at risk by HA. Cheviot street sale agreed. Revised SOC	Submit OBC for approval Register with RQIA		Risks: Expected Completion: Slipped March 2015

Older Peoples Services

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>Older peoples</p> <p>Scheme 1.</p> <p>Reprovision of Shankill residential home</p> <p>North Belfast</p>	<p>Type: New Build</p> <p>Tenancies: 34 places</p> <p>Housing Association: Helm HA</p> <p>Provider: Belfast Trust</p> <p>Project lead: Katie Campbell</p>	<p>Business case approved by NIHE.</p> <p>Planning approval received December 2012.</p> <p>Decision made on Independent provider.</p> <p>Project approval received.</p>	<p>Target 4 tenants agreed per month.</p> <p>Tenants – in place at present.</p> <p>2 more tenants scheduled to accept tenancies this week.</p> <p>2 tenants awaiting financial assessment before accepting tenancies.</p> <p>Proposed tenants would prefer face to face financial assessments.</p> <p>Targets to complete occupancy – March 2013.</p> <p>Trust Project Team to maximize occupancy occupancies.</p>	Green	<p>Handover June 2013</p> <p>Opened 16.07.13</p>

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>Older peoples</p> <p>Scheme 2.</p> <p>Reprovision of Ballyowen residential home (Grovetree)</p> <p>West Belfast</p>	<p>Type: New Build.</p> <p>Tenancies: 30 places plus staff.</p> <p>Housing Association: Clanmill HA</p> <p>Provider: Trust/ TBC</p> <p>Project lead: Katie Campbell</p> <p>Planner: Maurice O’Kane</p>	<p>Business case narrative revised pending financial review.</p> <p>Grovetree identified as site.</p> <p>Trust Board approved disposal of Grovetree 7th November 2013</p> <p>Design team established October 2014.</p> <p>Paper submitted to Trust Board for approval to proceed with public consultation re reprovision on Ballyowen, Jan 2015.</p>	<p>Conduct public / nearest neighbor consultations May / June 2015.</p> <p>Agree revenue cost distribution.</p> <p>Sign off initial design.</p> <p>Assess capital costs as per new design (QS)</p> <p>Revise OBC financial sections and submit to Feb BASPP.</p> <p>Agree covenant land transfer.</p> <p>In year 2015/16 commencement required.</p> <p>Agree project plan.</p>	<p>Amber</p>	<p>Risks:</p> <p>Expected completion:</p> <p>TBC</p>

Physical Disability Programme

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Adults with complex disability 2. Scheme 2. Maples North Belfast	Type: Refurbish Tenancies: 17 tenancies plus 1 staff. Housing Association: Oaklee HA Provider: Leonard Chesire Project lead: Bernie Kelly Planner: Maurice O'Kane	Needs assessment carried out. Project management team established. Negotiation between LCF / NIHE and Oaklee for LCF to take over responsibility for the whole of the maples complex with the development of 17 supported tenancies for the Trust. Strategic outline case submitted Letter sent from Oaklee re: commitment to carry out works Time-line of works schedule submitted Outline Business Case submitted. LCF proceeding with recruitment at risk, NIHE have advised informally that this will be funded.	SP confirmed 040814 LCF 2 nd recruitment as full staff compliment not achieved on first ad. Works expected to complete Sept Monitor	Green	Risks: Expected completion: Completed Sept 2014.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>Complex Neuro-Disability Scheme</p> <p>Scheme 3.</p> <p>Area:</p> <p>N&W Belfast - 9</p> <p>S&W Belfast - 9</p>	<p>Type:</p> <p>New build</p> <p>Tenancies:</p> <p>18 plus 2 staff</p> <p>Housing Association:</p> <p>Triangle HA</p> <p>Provider:</p> <p>TBC</p> <p>Project lead:</p> <p>Jane McMillan</p> <p>Planner:</p> <p>Maurice O’Kane</p>	<p>Strategic outline case submitted.</p> <p>Braniel site unsuitable.</p> <p>Revised scheme name to reflect complex needs as opposed to diagnosis. (Complex Neuro-Disability Scheme)</p> <p>Needs analysis ongoing – highlighting a growing need</p> <p>Meetings held with PSD and MH to scope need – SOC for 18 tenancies submitted 10/4/14 (main population with CND – those with Korsakoff’s syndrome)</p> <p>Set up Project Board May 2014</p> <p>Visited Korsakoff Scheme June 2014</p>	<p>Service to work up detailed spec based on comprehensive assessment of functional needs of population to inform environmental design</p> <p>Identify sites.</p> <p>Establish design team.</p> <p>Make planning application.</p> <p>Submit full business case.</p> <p>NIHE project approval</p>	<p>Amber</p>	<p>Risks:</p> <p>Finding suitable sites</p> <p>Expected completion:</p> <p>TBC</p>

Children's Services

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Leaving & after care. Scheme 1. Refurbishment & extension of Barnardos 7 Annadale Ave scheme South Belfast	Type: Refurbish. Tenancies: Zero new Housing Association: Triangle HA Provider: Barnardos Project lead: Martin Morgan	Established project management group. Strategic outline case submitted April 2013. Full green book business case submitted October 2013 –approved by Commissioning Body January 2014 Decant Week beg 11 th Nov 13 to 104, University Street. Planning permission granted Contractors on site March 2014 for 45 weeks. EDC Jan/ Feb 2015	Monitor	Green	Risks: Expected completion: February 2015

Belfast HSC Trust.

Supported Housing 3 year development plan.

Adult Social and Primary Care.

Version 17

April 2015

Section 1: Summary of planned Supported Housing developments by Programme of Care. (26 Schemes)

Mental Health Programme (8 Schemes)

Scheme	Scheme Name	New tenancies	Location	Expected completion	Status
MH 1	Hollywood Rd	13	East Belfast	Sept 2015	Amber
MH 2	Fountainville Phase 1	12	South Belfast	December 2014	Green
MH 3	University St	6	South Belfast	March 2015	Red
MH 4	Kirkliston Hse	5	East Belfast	July 2016	Amber
MH 5	Millburn Ext	6	South East Belfast	July 2016	Amber
MH 6	Fountainville Phase 2	8 (SP only)	South Belfast	January 2016	Green
MH 7	Clearwater	2 (SP only)	North Belfast	December 2015	Red
MH 8	Altigarron	0	West Belfast	TBC	Amber
Total		52			

Learning Disability Programme (15 Schemes)

Scheme	Scheme Name	New tenancies	Location	Expected completion	Status
LD 1	29a Annadale Ave	14	South Belfast	August 2014	Green
LD2	Peter's Hill	13	North Belfast	March 2014	Green
LD3	Dympna Hse Phase 1	0	West Belfast	complete	Green
LD4	Baronscourt	3	House 5 Castlereagh	Dec 2013	Green
LD5	Baronscourt	4	House 4 Castlereagh	March 14	Green
LD 6	Knockcairn phase 1	3	Lisburn/ Antrim Area	Mar 2015	Green
LD 7	L'Arche	4	South Belfast	Dec 2013	Green
LD 8	Knockcairn phase 2	4	Lisburn / Antrim Area	March 2015	Green
LD 9	Abbey Road	23	Antrim	Mar 2017	Amber
LD 10	Dympna Hse Phase 2	12	West Belfast	December 2015	Red
LD 11	Mourneview	22	West Belfast	July 2014	Green
LD 12	LD & Autism	6	South/ South East Belfast	December 2016	Amber
LD 13	Challenging Behaviour	4	East/ South & South-East Belfast	March 2015	Amber
LD 14	Sandown Extension	2	South East Belfast	May 2015	Green
LD 15	Squires Hill extension	4	North Belfast	July 2015	Amber
Total		118			

Older Peoples Services (2 Schemes)

Scheme	New Tenancies	Location	Expected Completion	Status
OP 1	34	North Belfast	June 2013	Green
OP 2	30	West Belfast	TBC	Amber
Total	64			

Physical Disability Programme (2 Schemes)

Scheme	New Tenancies	Location	Expected Completion	Status
Complex Disability	17	North Belfast	September 2014	Green
Complex Neuro-Disability	18 (Complex disability including Korsakoffs syndrome)	TBC	July 2016	Amber
Total	35			

Children's Services (1 Scheme)

Scheme	New Tenancies	Location	Expected Completion	Status
Leaving Care Service	0	South Belfast	February 2015	Green

Summary

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The plan now also includes the need for 2 additional ESPs for 3 tenants (LD 13) , 2 of whom are currently in supported accommodation where due to their behaviours and associated risks the living situation is untenable for both tenants and staff and 2 of who are currently living in MAH in delayed discharge. The former two tenants require an individual house; the latter two will share accommodation.

In addition the proposal to extend Sandown Road (LD 14) by two tenancies by purchasing a property in proximity was added in November 2014 as was the proposed extension of Squires Hill supported Living (LD 15, 2 x 3 bedded bungalows).

Section 2: Three Year Supported Housing Development Plan by Programme of Care.

Mental Health Programme

Scheme & Location	Details	What we have done to date	What we still need to do:	Status	Risks/ Date of expected completion.
Mental health: Scheme 1. Kirkliston reprovision Hollywood Road East Belfast	Type: New Build. Tenancies: 13 additional new tenancies and 8 replacement tenancies = 21 in total. One 4 bedded house, and 3 x 6 unit apartment blocks. Housing Association: Triangle HA Provider: NIAMH Project lead: Fiona Rowan Planner: Maurice O'Kane	Strategic outline case submitted August 2011. Outline Business case for off shelf purchase submitted & approved May 2012. Housing Association nominated Sept 2012. Potential site identified Oct 2012. Hollywood/station Rd. Project group established. Site surveyed Nov 2012, existing buildings not fit for improvement. Plans developed Feb 2013 Land purchased March 2013 Revised full Business Case resubmitted 12.09.13 Revenue re-submitted Feb 14. Approved by Commissioning body March 2014 Planning application approved April 2014	Mental Health service to determine future need for Kirkliston.	Amber	Expected completion: TBC.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>Mental health:</p> <p>Scheme 2</p> <p>Refurbishment of Fountainville and conversion to 24/7 support.</p> <p>Fountainville Phase 1</p> <p>South Belfast</p>	<p>Type: Refurbishment Of Fountainville to ensuite accommodation and development of 24/7 support.</p> <p>Tenancies: 18 tenancies SP providing 1 new. (12 new to Trust)</p> <p>Housing Association: Oaklee HA</p> <p>Provider: NIAMH</p> <p>Project lead: Fiona Rowan</p> <p>Planner: Maurice O’Kane</p>	<p>Project Group established with full stakeholder representation. Plans agreed</p> <p>18 units in total + 1 staff accommodation.</p> <p>Oaklee confirmed properties eligible for HAG funding.</p> <p>Meetings re move on and decant with NIAMH, Oaklee and Trust ongoing; Existing Tenants now decanted to Cromwell Road</p> <p>Plans submitted for extension to No.10 and for use of property</p> <p>OBC approved by commissioning body March 2014</p> <p>Contractor costs approx. 50% below approved costs – OBC revised – DPG approved 31st March 2014</p> <p>Contractor on-site 31st March 2014</p>	<p>Works progressing onsite expected handover 5th March 2015.</p> <p>Pre handover meeting scheduled for 27th February 2015.</p> <p>Service commencement scheduled 16th March 2015.</p>	<p>Green</p>	

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>Mental health Scheme: 3</p> <p>6 Apartments in 104 University St</p> <p>South Belfast</p>	<p>Type: Off the shelf with minor refurbishment</p> <p>Tenancies: 6 plus staff accommodation</p> <p>Housing Association: Helm</p> <p>Provider: TBC</p> <p>Project lead: Fiona Rowan</p> <p>Planner: Maurice O'kane</p>	<p>Identified need</p> <p>Identified potential property owned by Helm</p> <p>Submitted SOC 4/11/13</p> <p>Contacted NIHE to progress</p> <p>Established Helm no capital for minor refurb but will use grant to update heating – therefore revenue only application required.</p> <p>Await vacant possession of apartments (tenants from 7 Annadale Avenue decanted to this property)</p> <p>Revenue only application made Dec 2014.</p>	<p>Awaiting NIHE agreement on draft provider selection process proposed buy the Trust in January 2015.</p> <p>Trust may need to consider declaring as an extension of another scheme in order to complete.</p>	<p>Red</p>	<p>Risks:</p> <p>No agreed expression of interest selection process, leading to delayed selection and registration of provider.</p> <p>Expected completion</p> <p>TBC</p> <p>At risk of slipping</p>

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>Mental health Scheme : 4</p> <p>Remodelling of Kirkliston House.</p> <p>East Belfast</p>	<p>5 to 6 tenancies plus 1 staff</p> <p>Type: Refurbishment</p> <p>Tenancies: 5 or 6 plus 1 staff.</p> <p>Housing Association: Triangle HA</p> <p>Provider: NIAMH</p> <p>Project lead: Fiona Rowan</p> <p>Planner: Maurice O'Kane</p>	<p>Established need</p> <p>Checked Covenants – no issues</p> <p>Submitted SOC 12/2/14</p>	<p>Submit full green book business case.</p> <p>Establish Project Board</p> <p>Establish design team.</p> <p>Vacate Kirkliston House.</p> <p>Await Development of Holywood Road</p> <p>All pending decision by Mental Health service on future need for Kirkliston house.</p>	<p>Amber</p>	<p>Risks: Contingent on timely completion of Holywood Rd</p> <p>Business case required .</p> <p>Service need to confirm need</p> <p>Expected completion:</p> <p>TBC</p>

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Mental health Scheme :6 Milburn Close extension Castlereagh	Type: new build Tenancies: 6 tenancies Housing Association: Habinteg Provider: NIAMH Project lead: Fiona Rowan Planner: Maurice O'kane	<p>Identified Housing Association and service provider.</p> <p>Established that there are no issues re: deeds or land disposal and red line map agreed</p> <p>Feasibility study carried out by planning consultant who advised site could accommodate 6 apartments</p> <p>Planning policy statements highlighted – HA to set up PAD meeting November 2013 to resolve</p> <p>Project Team established – currently suspended whilst Habinteg resolve internal issue</p> <p>SOC submitted 14/11/13</p> <p>Schedule of accommodation to architect for development of plans.</p> <p>Outline design completed with project team Dec 2014.</p>	<p>Sign off the plans.</p> <p>Reach agreement on land to be disposed. Habinteg unhappy about the extent of land Trust initially proposed.</p> <p>Submit OBC</p> <p>Seek planning approval.</p>	Amber	<p>Risks:</p> <p>Agreement on plot of land and disposal by Trust</p> <p>Expected completion:</p> <p>July 2016</p>

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Mental health Scheme :7 South Belfast (Fountainville Phase 2)	Type: New build Tenancies: 8 tenancies. Housing Association: Oaklee HA Provider: NIAMH Project lead: Fiona Rowan Planner: Maurice O’Kane	Project Board established 8 th April 2014 SOC submitted 7/2/14. OBC submitted and approved Dec 2014. Revised OBC resubmitted to NIHE 16 th Jan 2015. OBC Approved by Commissioning body Feb 2015 Planning application approved BCC 6.11.14 Green form received.	Letter to DSD required seeking approval for demolition. Out to tender by 23 rd January with a return date of 20 th February 2015. On site 16 th March 2015. Estimated completion March 2016.	Green	Risks: Expected completion: January 2016

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Mental health Scheme :8 North Belfast Clearwater reprovion	Type: New build Tenancies: 22 tenancies plus staff. (2 extra SP only tenancies) Housing Association: Oaklee HA Provider: Threshold Project lead: Fiona Rowan Planner: Maurice O'Kane	OBC completed and submitted 30/1/14 Identified decant property for Clearwater House tenants- cannot commit to rent until OBC approved. Meeting with Environ minister held in September. MeetingsX 2 with senior planners to resolve demolishment in ATC. Redesign building to meet Planning NI requirements , ie retain one façade of existing and demolish rest Planning Approval received 31.03.15 OBC approved Feb 2015	Tender works . Secure decant property. Involve RQIA re decant premises. Decant, Demolish and re build	Amber	Risks: Expected completion: Slipped to Feb 2017 (from Sept 2016)

Scheme & Location	Details	What we have done to Date	What we need to do:	Status	Risks/ Date of expected completion
Mental Health Scheme: 10 Remodelling of Altigarron Court West Belfast	Type: Refurbishment? New Build? Tenancies: 11 (potential for 5 new tenancies) Housing Association: Oaklee HA Provider: NIAMH Project Lead: Fiona Rowan Planner: Maurice O’Kane	Established need for modernization and reconfiguring of service Planning consultant provided report re: feasibility of what could be done on site within existing building shows demolition may be unnecessary. Agreed refurbishment as per as per planning consultant report Strategic Outline Case submitted Nov 2013.	OBC Pending Staff profile and care and support revenue budgets from trust and provider.	Amber	Risks: Expected Completion: TBC

Learning Disability Programme

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Learning Disability Scheme 1: 29 a Annadale South/East Belfast	Type: New Build Tenancies: 14 new tenancies (+ 1 staff) Housing Association: Triangle HA Provider: Triangle HA Project lead: Aine Morrison Planner: Maurice O’Kane	Business case approved by NIHE. Planning approval received December 2012. Works tendered and builder selected Sale to Triangle completed 11/10/13 Capital & Revenue approved. Works commenced November 2013		Green	Risks: Expected completion: Aug 2014 Handed over September 2014.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Learning Disability: Schemes 4/5 Barronscourt Castlereagh	Type: Off shelf Tenancies: 7 tenancies plus staff Housing Association: Triangle HA Provider: Triangle Project lead: Aine Morrison Planner: Maurice O’Kane	Business case submitted March 2013. 2 properties purchased at risk by the Triangle HA on 8/3/13. Public consultation. 2 separate project approval applications due to the need to go through planning for the proposed extension of no. 4 Barronscourt Park. Planning application submitted for No. 4 extension. Business Case and works plan with DPG for approval – Monday 16 th September 2013. Occupation of No. 5- 3 rd Feb 2014 (3 tenants & 1 staff). Occupation No. 4 Mid- March 2014		Green	Expected completion Handed over June 2014

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>Learning Disability:</p> <p>Scheme 6</p> <p>Knockcairn phase 2</p> <p>Antrim Area</p>	<p>Type: Off shelf</p> <p>Tenancies: 3 tenancies plus 1 staff</p> <p>Wheel chair accessible.</p> <p>Housing Association: Oaklee HA</p> <p>Provider: TBC</p> <p>Project lead: Aine Morrison</p> <p>Planner: Jason Mullen</p>	<p>SOC submitted and approved by BASPP Oct 2013</p> <p>Property identified – valuation by Oaklee not compatible with price</p> <p>House search ongoing</p>	<p>Find new property.</p> <p>Consultation. Staff profile and revenue budgets developed.</p> <p>Full business case.</p> <p>NIHE Project approval</p> <p>Property searches continuing to a ten mile radius from KC1</p>	<p>Red</p>	<p>Risks:</p> <p>Expected completion:</p> <p>Search commenced for 5 bedroomed house in proximity to Knockcairn Road.</p> <p>Revised to 4 tenants</p> <p>March 2015 at risk</p>

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Learning Disability: Scheme 7 L'Arche Ormeau Road South Belfast	Type: Off shelf Tenancies: 4 tenancies plus 1 staff Housing Association: Oaklee HA Provider: L'Arche Project lead: Aine Morrison	Property purchased at risk by Oaklee Housing. Survey of required works carried out. Full business case approved. Consultation carried out. RQIA updated. (Proposed tenants, i.e, 4 community places, of which 1 residential transfer will release place for resettlement from MAH.) Handover of property 13/12/13 – tenants to be in for Christmas		Green	Risks: Expected completion: Handed over Sept 2013.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Learning Disability: Scheme 8 Knockcairn (Phase 1)	Type: Off shelf Tenancies: 4 tenancies plus 1 staff Housing Association: Oaklee HA Provider: TBC Project lead: Aine Morrison Planner: Jason Mullen	SOC approved by BASPP Oct 2013 Identified clients Property purchased at risk 11.08.14. Structural plan of work approved by DPG 04.08.14. Triangle confirmed as service provider. Community Consultation. Public meeting held 28.07.14 Contractor appointed, works commenced OBC. OBC approved Staff recruited	Provider awaiting start date from LD service.	Green	OBC submitted 01.10.14 Risks: Expected completion March 2015.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>Learning Disability</p> <p>Scheme 9.</p> <p>Abbey Road</p> <p>Antrim</p>	<p>Type: New Build</p> <p>Tenancies: 23 plus 1 staff</p> <p>Housing Association: Triangle HA</p> <p>Provider: tbc</p> <p>Project lead: Aine Morrison</p> <p>Planner: Maurice O'Kane</p>	<p>HSCB approval received March 2013.</p> <p>3 Trusts met August 2013 – Belfast Trust to progress business case - NHSCT taking lead in management</p> <p>Agreed accommodation is required post March 2015 for emerging population of adults with a complexity of need requiring specific environmental design</p> <p>Project Group established and met November 2013 – meeting monthly</p> <p>Site visit with Trust and HA November 2013</p> <p>Design Team appointed</p> <p>Exemplar schemes visited</p> <p>Broad principles of the footprint and outline design have been agreed.</p>	<p>Appoint Design team</p> <p>Commence land disposal process</p> <p>Agree design</p> <p>Make planning application.</p> <p>Submit full business case.</p> <p>NIHE project approval.</p> <p>Land disposal needs to start now as this takes 1 year.</p> <p>New site identified on Abbey Road, valuation received from LPS.</p> <p>Financial feasibility test on land value.</p> <p>Planning consultant appointed.</p>	<p>Amber</p>	<p>Risks:</p> <p>Financial feasibility on land costs and outside planning zone.</p> <p>Expected completion:</p> <p>March 2017.</p>

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Learning Disability Scheme 10 Dympna house re-build West Belfast	Type: New build Tenancies: 12 tenancies plus 1 staff Housing Association: Oaklee HA Provider: TBA Project lead: Aine Morrison Planner: Maurice O'Kane	Submitted Strategic Outline Case November 2013 Agreed design 7 th April 2014 Provided rationale for design requirements to Oaklee/ DPG – approval to proceed granted May 2014 Agreed revised plans 30 th May 2014 OBC tabled at BASPP 12/6/14 Planning approval received Dec 2014. NIHE project approval pack completed, presenting to DPG w/B 11.08.14. Community consultation completed and no responses. OBC resubmitted March 15.	Awaiting formal response from NIHE. RQIA registration.	Red	Risks: VFM re SP. high cost Expected completion: December 2015 at risk of slippage.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Learning Disability Scheme 11 Mourneview / (Dympna house reprovision) West Belfast	Type: Off shelf purchase. Tenancies: 22 Housing Association: Oaklee HA Provider: Cedar Project lead: Aine Morrison Planner: Maurice O'Kane	Revisited assessments of need of current Dympna House tenants and adaptation requirements for Mourneview property. SOC completed and approved Oaklee purchased property October 2013 – sale completed 17 th Feb 14 OBC approved by Commissioning Body Consultation with service-users and carers 26/11/13 4 tenants decanted to Dympna House Service agreed schedule of works with HA – Contractor on-site March 2014 EDC July 2014.		Green	Handed over July 2014

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of completion
Learning Disability Scheme 12 LD and Autism South/ SE Belfast	Type: New build Tenancies: 6 Housing Association: Oaklee Provider: TBC Project Lead: Aine Morrison Planner: Maurice O'kane	<p>Strategic Outline Case approved by BASPP October 2013 for 81 Ballynahinch Road –revised to reflect greater need – capital costings required before able to submit to BASPP</p> <p>Set up Project meeting for 25/11/13</p> <p>Meeting held 6th December 2013 with Trust staff and SP – established that process needs to be reviewed to ensure proposed scheme fit for purpose and encompasses broader need</p> <p>Set up meeting 28th January with service group to discuss – SOC to be revised and re-tabled</p> <p>DPG appointed Oaklee</p>	<p>Project Board re-established. 1st Meeting Sept 2014.</p> <p>Revised SOC tabled 12th June 2014</p> <p>Ongoing site search. Potential site in East Belfast identified .</p> <p>Early feasibility carried out and satisfactory</p> <p>Outline business Case</p> <p>NIHE approval</p> <p>Appoint design team</p> <p>Planning approval</p> <p>Exploring potential of Trust property on Upper Newtownards Road.</p>	Amber	<p>Risks:</p> <p>Finding suitable site in appropriate location.</p> <p>Expected Completion:</p> <p>December 2016</p>

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of completion
Learning Disability Scheme 13 LD Challenging Behaviour East/ South/ SE Belfast	Type: 2 ESPs Tenancies: 3 Housing Association: OakleeTrinity Provider: TBC Project Lead: Aine Morrison Planner: Maurice O'Kane	Established need Submitted 2 X SOC's to BASPP for 10/4/14 HAs officially nominated, project meetings set up, house searches in progress Potential properties identified .	Oaklee/ Triangle to identify suitable properties. Staffing profile and Revenue budget build. 2 X Outline business Cases to be submitted NIHE Project approval	Amber	Risks: finding suitable properties Expected Completion: Slipped March 2015

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of completion
Learning Disability Scheme 14 Sandown Road extension. SE Belfast	Type: 1 ESPs Tenancies: 2 No staff acc. Housing Association: Triangle Provider: Triangle Project Lead: Aine Morrison Planner: Maurice O'Kane	Acc spec completed. SOC submitted. Property purchased at risk by HA. Cheviot street sale agreed. Revised SOC Submit OBC for approval	OBC approved March 2015 Register with RQIA		Risks: Expected Completion: Slipped March 2015

Older Peoples Services

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>Older peoples</p> <p>Scheme 1.</p> <p>Reprovision of Shankill residential home</p> <p>North Belfast</p>	<p>Type: New Build</p> <p>Tenancies: 34 places</p> <p>Housing Association: Helm HA</p> <p>Provider: Belfast Trust</p> <p>Project lead: Katie Campbell</p>	<p>Business case approved by NIHE.</p> <p>Planning approval received December 2012.</p> <p>Decision made on Independent provider.</p> <p>Project approval received.</p>	<p>Target 4 tenants agreed per month.</p> <p>Tenants – in place at present.</p> <p>2 more tenants scheduled to accept tenancies this week.</p> <p>2 tenants awaiting financial assessment before accepting tenancies.</p> <p>Proposed tenants would prefer face to face financial assessments.</p> <p>Targets to complete occupancy – March 2013.</p> <p>Trust Project Team to maximize occupancy occupancies.</p>	Green	<p>Handover June 2013</p> <p>Opened 16.07.13</p>

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>Older peoples</p> <p>Scheme 2.</p> <p>Reprovision of Ballyowen residential home (Grovetree)</p> <p>West Belfast</p>	<p>Type: New Build.</p> <p>Tenancies: 30 places plus staff.</p> <p>Housing Association: Clanmill HA</p> <p>Provider: Trust/ TBC</p> <p>Project lead: Katie Campbell</p> <p>Planner: Maurice O'Kane</p>	<p>Business case narrative revised pending financial review.</p> <p>Grovetree identified as site.</p> <p>Trust Board approved disposal of Grovetree 7th November 2013</p> <p>Design team established October 2014.</p> <p>Paper submitted to Trust Board for approval to proceed with public consultation re reprovision on Ballyowen, Jan 2015.</p> <p>OBC submitted April 2015.</p>	<p>Conduct public / nearest neighbor consultations May / June 2015.</p> <p>Agree revenue cost distribution.</p> <p>Sign off initial design.</p> <p>Assess capital costs as per new design (QS)</p> <p>Agree covenant land transfer.</p> <p>In year 2015/16 commencement required.</p> <p>Agree project plan.</p>	<p>Amber</p>	<p>Risks:</p> <p>Expected completion:</p> <p>TBC</p>

Physical Disability Programme

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Adults with complex disability 2. Scheme 2. Maples North Belfast	Type: Refurbish Tenancies: 17 tenancies plus 1 staff. Housing Association: Oaklee HA Provider: Leonard Chesire Project lead: Bernie Kelly Planner: Maurice O'Kane	Needs assessment carried out. Project management team established. Negotiation between LCF / NIHE and Oaklee for LCF to take over responsibility for the whole of the maples complex with the development of 17 supported tenancies for the Trust. Strategic outline case submitted Letter sent from Oaklee re: commitment to carry out works Time-line of works schedule submitted Outline Business Case submitted. LCF proceeding with recruitment at risk, NIHE have advised informally that this will be funded.		Green	Risks: Expected completion: Completed Sept 2014.

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
<p>Complex Neuro-Disability Scheme</p> <p>Scheme 3.</p> <p>Area:</p> <p>N&W Belfast - 9</p> <p>S&W Belfast - 9</p>	<p>Type:</p> <p>New build</p> <p>Tenancies:</p> <p>18 plus 2 staff</p> <p>Housing Association:</p> <p>Triangle HA</p> <p>Provider:</p> <p>TBC</p> <p>Project lead:</p> <p>Jane McMillan</p> <p>Planner:</p> <p>Maurice O’Kane</p>	<p>Strategic outline case submitted.</p> <p>Braniel site unsuitable.</p> <p>Revised scheme name to reflect complex needs as opposed to diagnosis. (Complex Neuro-Disability Scheme)</p> <p>Needs analysis ongoing – highlighting a growing need</p> <p>Meetings held with PSD and MH to scope need – SOC for 18 tenancies submitted 10/4/14 (main population with CND – those with Korsakoff’s syndrome)</p> <p>Set up Project Board May 2014</p> <p>Visited Korsakoff Scheme June 2014</p>	<p>Service to work up detailed spec based on comprehensive assessment of functional needs of population to inform environmental design</p> <p>Identify sites.</p> <p>Establish design team.</p> <p>Make planning application.</p> <p>Submit full business case.</p> <p>NIHE project approval</p> <p>Site at Upper Newtownards Road ruled out at PAD meeting.</p> <p>Recommence search</p>	<p>Amber</p>	<p>Risks:</p> <p>Finding suitable sites</p> <p>Expected completion:</p> <p>TBC</p>

Children's Services

Scheme & Location	Details	What we have done to date	What we need to do:	Status	Risks/ Date of expected completion.
Leaving & after care. Scheme 1. Refurbishment & extension of Barnardos 7 Annadale Ave scheme South Belfast	Type: Refurbish. Tenancies: Zero new Housing Association: Triangle HA Provider: Barnardos Project lead: Martin Morgan	Established project management group. Strategic outline case submitted April 2013. Full green book business case submitted October 2013 –approved by Commissioning Body January 2014 Decant Week beg 11 th Nov 13 to 104, University Street. Planning permission granted Contractors on site March 2014 for 45 weeks. EDC Jan/ Feb 2015		Green	Risks: Expected completion: February 2015

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Supported Housing 3 year development plan.

Adult Social and Primary Care.

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March 2016

Mental Health Programme (8 Schemes)

Scheme	Scheme Name	New tenancies	Update	Status
MH 1	Hollywood Rd	13	Expected hand over 18th March 2016	Green
MH 2	Fountainville Phase 1	12	Complete	Green
MH 3	University St	6	Pending NIHE response to revenue only case. Property at risk	Red
MH 4	Kirkliston Hse	5	Planning Proceeding	Amber
MH 5	Millburn Ext	6	Deferred at NIHE budget meeting for further consideration. At Risk.	Red
MH 6	Fountainville Phase 2	8 (SP only)	Building in progress. EDC September 2016	Green
MH 7	Clearwater	2 (SP only)	2nd decant pending > EDC Jan 2018.	Amber
MH 8	Altigarron	0	Re-establish project Board to bring forward a revenue only OBC	Amber
Total		52		

Learning Disability Programme (15 Schemes)

Scheme	Scheme Name	New tenancies	Update	Status
LD 1	29a Annadale Ave	14	Complete August 2014	Green
LD2	Peter's Hill	13	Complete March 2014	Green
LD3	Dympna Hse Phase 1	0	complete	Green
LD4	Baronscourt	3	Complete Dec 2013	Green
LD5	Baronscourt	4	Complete March 14	Green
LD 6	Knockcairn phase 1	3	Complete Mar 2015	Green
LD 7	L'Arche	4	Complete Dec 2013	Green
LD 8	Knockcairn phase 2	4	EDC March 2016. Pending sale completion and 6 to 8 weeks works	Amber
LD 9	Abbey Road	23	Pending planning approval & OBC EDC June 2017	Amber
LD 10	Dympna Hse Phase 2	12	NIHE approval received. Managed demolition March 2016. EDC July 2017	Red
LD 11	Mourneview	22	Completed July 2014	Green
LD 12	LD & Autism	6	On hold pending 2016/17 NIHE budget announcement. Site identified.	Red
LD 13	Challenging Behaviour	3	On hold pending 2016/17 NIHE budget announcement	Red
LD 14	Sandown Extension	2	Completed May 2015	Green
LD 15	Squires Hill extension	4	OBC Pending resolution of revenue costs & pending 2016/17 NIHE budget announcement ? EDC?	Red

Total		117	
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Older Peoples Services (2 Schemes)

Scheme	New Tenancies	Update	Status
OP 1	34	Completed June 2013	Green
OP 2	30	OBC approved March 2016. Planning approval 15.03.16 EDC Sept 2017	Green
Total	64		

Physical Disability Programme (2 Schemes)

Scheme	New Tenancies	Update	Status
Complex Disability	17	Completed	Green
Complex Neuro-Disability	18 (Complex disability including Korsakoffs syndrome)	Pending 2016/17 NIHE budget announcement. Trust property at Millburn Hse , Belvoir ? EDC?	Amber
Total	35		

Children's Services (1 Scheme)

Scheme	New Tenancies	Update	Status
Leaving Care Service	0	South Belfast February 2015	Green

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Mental Health Programme (8 Schemes)

Scheme	Scheme Name	New tenancies	Update	Status
MH 1	Hollywood Rd	13	Complete Handed over 18 th March 2016	Green
MH 2	Fountainville Phase 1	12	Complete	Green
MH 3	University St	6	Pending NIHE response to revenue only case. Property at risk	Red
MH 4	Kirkliston Hse	5	Planning project Board established Awaiting NIHE Hosiung assoc nomination.	Amber
MH 5	Millburn Ext	6	Deferred at NIHE budget in March 2016 meeting for further consideration. At Risk.	Red
MH 6	Fountainville Phase 2	8 (SP only)	Building in progress. EDC September 2016	Green
MH 7	Clearwater	2 (SP only)	2 nd decant pending complete. Site works commenced. EDC Jan 2018.	Amber
MH 8	Altigarron	0	Re-establish project Board to bring forward a revenue only OBC	Amber
Total		52		

Learning Disability Programme (15 Schemes)

Scheme	Scheme Name	New tenancies	Update	Status
LD 1	29a Annadale Ave	14	Complete August 2014	Green
LD2	Peter's Hill	13	Complete March 2014	Green
LD3	Dympna Hse Phase 1	0	complete	Green
LD4	Baronscourt	3	Complete Dec 2013	Green
LD5	Baronscourt	4	Complete March 14	Green
LD 6	Knockcairn phase 1	3	Complete Mar 2015	Green
LD 7	L'Arche	4	Complete Dec 2013	Green
LD 8	Knockcairn phase 2	4	EDC March 2016. Pending sale completion and 6 to 8 weeks works	Amber
LD 9	Abbey Road	23	Pending planning approval & OBC EDC June 2017	Amber
LD 10	Dympna Hse Phase 2	12	NIHE approval received. Managed demolition March 2016. EDC July 2017	Amber
LD 11	Mourneview	22	Completed July 2014	Green
LD 12	LD & Autism	6	On hold pending 2016/17 NIHE budget announcement. Site identified.	Red
LD 13	Challenging Behaviour	3	On hold pending 2016/17 NIHE budget announcement	Red
LD 14	Sandown Extension	2	Completed May 2015	Green
LD 15	Squires Hill extension	4	OBC Pending resolution of revenue costs & pending 2016/17 NIHE budget announcement ? EDC?	Red
Total		117		

Older Peoples Services (2 Schemes)

Scheme	New Tenancies	Update	Status
OP 1	34	Completed June 2013	Green
OP 2	30	OBC approved March 2016. Planning approval received March 16. EDC Sept 2017	Green
OP3	25	Reprovision of Fairholme. SOC to be completed. Project Board tbc.	
Total	64		

Physical Disability Programme (2 Schemes)

Scheme	New Tenancies	Update	Status
Complex Disability	17	Completed	Green
Complex Neuro-Disability	18 (Complex disability including Korsakoffs syndrome)	Pending 2016/17 NIHE budget announcement. Hold pending Trust property at Millburn Hse , Belvoir under consideration. ? EDC?	Amber
Total	35		

Children's Services (1 Scheme)

Scheme	New Tenancies	Update	Status
Leaving Care Service	0	Annadale Ave South Belfast February 2015	Green

Belfast HSC Trust.

Supported Housing 4 year development plan.

Adult Social and Primary Care.

Version 23

June 2016

Mental Health Programme (8 Schemes)

Scheme	Scheme Name	New tenancies	Update	Status
MH 1	Hollywood Rd	13	Complete Handed over 18th March 2016	Green
MH 2	Fountainville Phase 1	12	Complete	Green
MH 3	University St	6	Pending NIHE response to revenue only case. Property at risk	Red
MH 4	Kirkliston Hse	5	Planning project Board established NIHE confirm Choice Housing assoc nomination.	Amber
MH 5	Millburn Ext	6	Deferred at NIHE budget in March 2016 meeting for further consideration. At Risk. Pending meeting date tbc by NIHE.	Red
MH 6	Fountainville Phase 2	8 (SP only)	Building in progress. EDC September 2016	Green
MH 7	Clearwater	2 (SP only)	2nd decant pending complete. Site works commenced. EDC Jan 2018.	Amber
MH 8	Altigarron	0	Re-established project Board to bring forward a revenue neutral, capital only OBC	Amber
Total		52		

Learning Disability Programme (15 Schemes)

Scheme	Scheme Name	New tenancies	Update	Status
LD 1	29a Annadale Ave	14	Complete August 2014	Green
LD2	Peter's Hill	13	Complete March 2014	Green
LD3	Dympna Hse Phase 1	0	complete	Green
LD4	Baronscourt	3	Complete Dec 2013	Green
LD5	Baronscourt	4	Complete March 14	Green
LD 6	Knockcairn phase 1	3	Complete Mar 2015	Green
LD 7	L'Arche	4	Complete Dec 2013	Green
LD 8	Knockcairn phase 2	4	EDC August 2016. Sale completed last week in May. Pending 6 to 8 weeks of works	Amber
LD 9	Abbey Road	23	Pending planning approval & OBC EDC June 2017. Uncertainty about SP revenue funding	Amber
LD 10	Dympna Hse Phase 2	12	NIHE approval received. Managed demolition March 2016. EDC July 2017	Amber
LD 11	Mourneview	22	Completed July 2014	Green
LD 12	LD & Autism	6	On hold pending 2016/17 NIHE budget announcement. Site identified.	Red
LD 13	Challenging Behaviour	3	On hold pending 2016/17 NIHE budget announcement	Red
LD 14	Sandown Extension	2	Completed May 2015	Green
LD 15	Squires Hill extension	4	OBC Pending resolution of revenue costs & pending 2016/17 NIHE budget announcement ? EDC?	Red

Total		117	
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Older Peoples Services (2 Schemes)

Scheme	New Tenancies	Update	Status
OP 1	34	Completed June 2013	Green
OP 2	30	OBC approved March 2016. Planning approval received March 16. On site April 2016. EDC Sept 2017	Green
OP3	25	Reprovision of Fairholme. SOC to be completed. Discussions with HA. Project Board tbc.	
Total	64		

Physical Disability Programme (2 Schemes)

Scheme	New Tenancies	Update	Status
Complex Disability	17	Completed	Green
Complex Neuro-Disability	18 (Complex disability including Korsakoffs syndrome)	Pending 2016/17 NIHE budget announcement. Hold pending Trust property at Millburn Hse, Belvoir under consideration. ? EDC?	Amber
Total	35		

Children's Services (1 Scheme)

Scheme	New Tenancies	Update	Status
Leaving Care Service	0	Annadale Ave South Belfast February 2015	Green

Belfast HSC Trust.

Supported Housing 4 year development plan.

Adult Social and Primary Care.

Version 24

September 2016

Mental Health Programme (8 Schemes)

Scheme	Scheme Name	New tenancies	Update	Status
MH 1	Hollywood Rd	13	Complete	Green
MH 2	Fountainville Phase 1	12	Complete	Green
MH 3	University St	6	Mental Health services proceeding paying full revenue cost. No additional SP available.	Green
MH 4	Kirkliston Hse	5	Planning project Board established NIHE confirm Choice Housing assoc nomination. Capital only bid.	Amber
MH 5	Millburn Ext	6	Funding confirmed at commissioning board August 2016.	Green
MH 6	Fountainville Phase 2	8 (SP only)	Building in progress. EDC September 2016	Green
MH 7	Clearwater	2 (SP only)	2nd decant pending complete. Site works commenced. EDC Jan 2018.	Amber
MH 8	Altigarron	0	Re-established project Board to bring forward a revenue neutral, capital only OBC	Amber
Total		52		

Learning Disability Programme (15 Schemes)

Scheme	Scheme Name	New tenancies	Update	Status
LD 1	29a Annadale Av	14	Complete August 2014	Green
LD2	Peter's Hill	13	Complete March 2014	Green
LD3	Dympna Hse Phase 1	0	complete	Green
LD4	Baronscourt	3	Complete Dec 2013	Green
LD5	Baronscourt	4	Complete March 14	Green
LD 6	Knockcairn phase 1	3	Complete Mar 2015	Green
LD 7	L'Arche	4	Complete Dec 2013	Green
LD 8	Knockcairn phase 2	4	Complete Aug 2016	Green
LD 9	Abbey Road	23	Pending planning approval & OBC EDC June 2017. Uncertainty about SP revenue funding	Red
LD 10	Dympna Hse Phase 2	12	NIHE approval received. Managed demolition March 2016. EDC July 2017. No provider nomination/ selection.	Amber
LD 11	Mourneview	22	Completed July 2014	Green
LD 12	LD & Autism	6	On hold> No SP revenue	Red
LD 13	Challenging Behaviour	3	On hold> No SP revenue	Red
LD 14	Sandown	2	Completed May 2015	Green
LD 15	Squires Hill extension	4	On hold, No SP revenue. Service exploring private arrangement with Housing Association to cover capital costs and revenue	Red
Total		117		

Older Peoples Services (2 Schemes)

Scheme	New Tenancies	Update	Status
OP 1	34	Completed June 2013	Green
OP 2	30	OBC approved March 2016. Planning approval received March 16. On site April 2016. EDC Sept 2017	Green
OP3	25	Reprovision of Fairholme. SOC to be completed. Discussions with HA. Project Board tbc. On hold. No SP	Red
Total	64		

Physical Disability Programme (2 Schemes)

Scheme	New Tenancies	Update	Status
Complex Disability	17	Completed	Green
Complex Neuro-Disability	18 (Complex disability including Korsakoffs syndrome)	No additional SP revenue.	Red
Total	35		

Children's Services (1 Scheme)

Scheme	New Tenancies	Update	Status
Leaving Care Service	0	Annadale Ave South Belfast February 2015	Green

Summary of completed tenancies @ September 2016.

Belfast 4 year Housing Plan 2012 to 2016

	No. Of Schemes delivered	No. of new tenancies Delivered	Planned tenancies at risk
Mental health	6	49	7
Learning Disability	11	79	38
Older Peoples	2	64	25
Children's	1	0	0
Total	20	192	68

Potential impact of SP Budget Freeze.

Presentation to CEO
06/09/16

Belfast Health & Social Care Trust



Belfast Health and
Social Care Trust

Summary of completed S housing tenancies @ September 2016. Belfast 4 year Housing Plan 2012 to 2016

	No. Of Schemes delivered	No. of new tenancies Delivered	Planned tenancies at risk
Mental health	6	49	7
Learning Disability	11	79	38
Older Peoples	2	64	25
Complex & physical disability	1	17	18
Total	20	209	88

Supporting People Update

No Further SP revenue to support development of Supported Housing schemes for vulnerable people.

Focus on the implementation of the Homelessness strategy.



Belfast Health and
Social Care Trust

The following planned supported Housing schemes are now at risk and unlikely to proceed.

Mental Health	2 schemes	7 tenancies
Learning Disability	4 schemes	38 tenancies
Older People	1 scheme	25 tenancies
Complex Disability	1 scheme	20 tenancies
Total	8 schemes	90 tenancies



Belfast Health and
Social Care Trust

Mental health

- 1st April 2016 the Mental health service had 52 service users who required accommodation including supported Housing.
- 40% are delayed in acute in patient Mental Health wards.
- At the same time the service is “exporting” between 20 and 30 Service Users each month to other Trust’s Acute In-Patient facilities because we have no beds, or rather the beds we have cannot be cleared.
- Without further supported housing development the pressure on our acute mental health inpatient wards will grow.

Learning Disability

- Fifty service users who require supported accommodation are delayed in Muckanmore Abbey Hospital, 20 of whom are residents of Belfast. These people are currently blocking inpatient assessment & treatment hospital beds.
- Immense pressures within the community not least in relation to children transitioning to adulthood and breakdown in family placements as carer's age and less able to meet the challenges of caring for their disabled relatives.
- Currently 15 adults with learning Disability living in the community require supported living accommodation.

Older People (Dementia & Functional mental illness)

The Older Peoples service are planning for an ongoing and increasing demand from Older people and People with Dementia & functional mental illness for supported housing in the community.

Failure to keep pace with the demand will result in a return to traditional practices of accommodating people with Dementia in outdated EMI homes and delayed discharge from acute general hospital wards.

Complex Disability

The Physical & Sensory Disability service in Belfast has identified thirty people with complex needs who require tailored supported accommodation.

Twenty of these people have Korsakoff's syndrome and are currently living in residential and Nursing care that is inappropriate for their age and needs.

The incidence of Korsakoff's Syndrome in the community is steadily growing.

Children & Young People.

- The Children's service had planned to roll out the Supported Lodgings scheme currently in the Northern & Western Trust to support 15 young people across the Belfast and South Eastern HSC Trust areas. The HSCB has made a commitment of recurrent funding but there is no SP funding available. This scheme is at risk as a result of the lack of SP funding. The service is currently discussing additional revenue funding with the HSCB. The scheme may have to be down sized to fit the financial envelope.

Corrective Action being considered by Services.

- Exploring the use of capital only bids for Housing.
- Supplementing of SP revenue with care revenue.
- Examining potential areas for SP revenue efficiencies across services.
- Exploring the reconfiguration of SP revenue across existing schemes.
- Exploring moving away from accommodation based support to peripatetic support.

Conclusions

- The development of Supported housing schemes has been an intrinsic part of each Service's modernisation plans in relation to TYC/ Bamford.
- The Trust acknowledges the NIHE's requirement to review all existing services to find any cost efficiencies but efficiencies alone will not provide the level of funding required to develop the capacity required to meet the needs of the demographic and implement existing HSC strategies.
- The Trust believes that a collaborative approach including joint commissioning akin to that demonstrated in the community Integration programme is now required again.

Community services for people with severe learning disabilities*

Homes Not Hospitals – the implications of Resettlement

*with behaviour that challenges

Reminder of why we are here

People with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition (*1) should:

- Be supported to have a **good and meaningful life**, with access to activities & support to sustain relationships;
- Receive care and support which is **person-centred, planned, pro-active & co-ordinated**
- Have **choice & control** over how their health and care needs are met & strong independent advocacy
- Be supported to live in the community **with support from/for family & carers**, as well as their care team, including training and respite
- Have choice about **where and with whom they live**
- Be able to **access specialist health & social care support in community** (including intensive 24/7 support as required)
- Access, if required, to **high quality assessment & treatment in hospital** setting with **discharge planning starting from point of admission**
- Have access if required to **Community forensic health & care** to support people who may pose a risk to others

The Review Team (*2) recommendations:

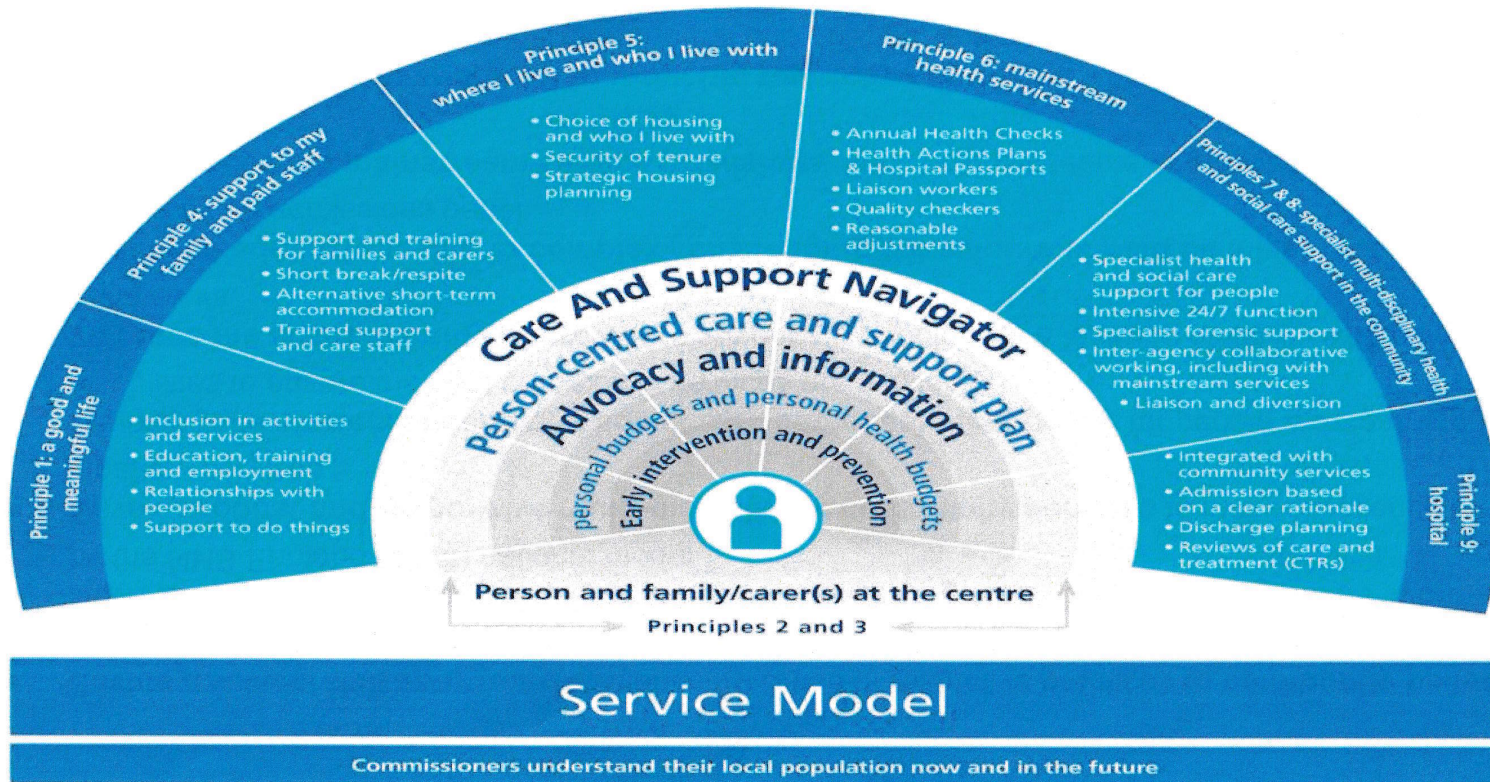
- **Ordinary lives require extraordinary supports**
- **A life course vision of services** for people with learning disabilities and autism is required

*1: NHS England – Building the right support – the National Service Model

*2: A Way to Go – A Review of Safeguarding at MAH

National Service Model (NHS England, 2015)

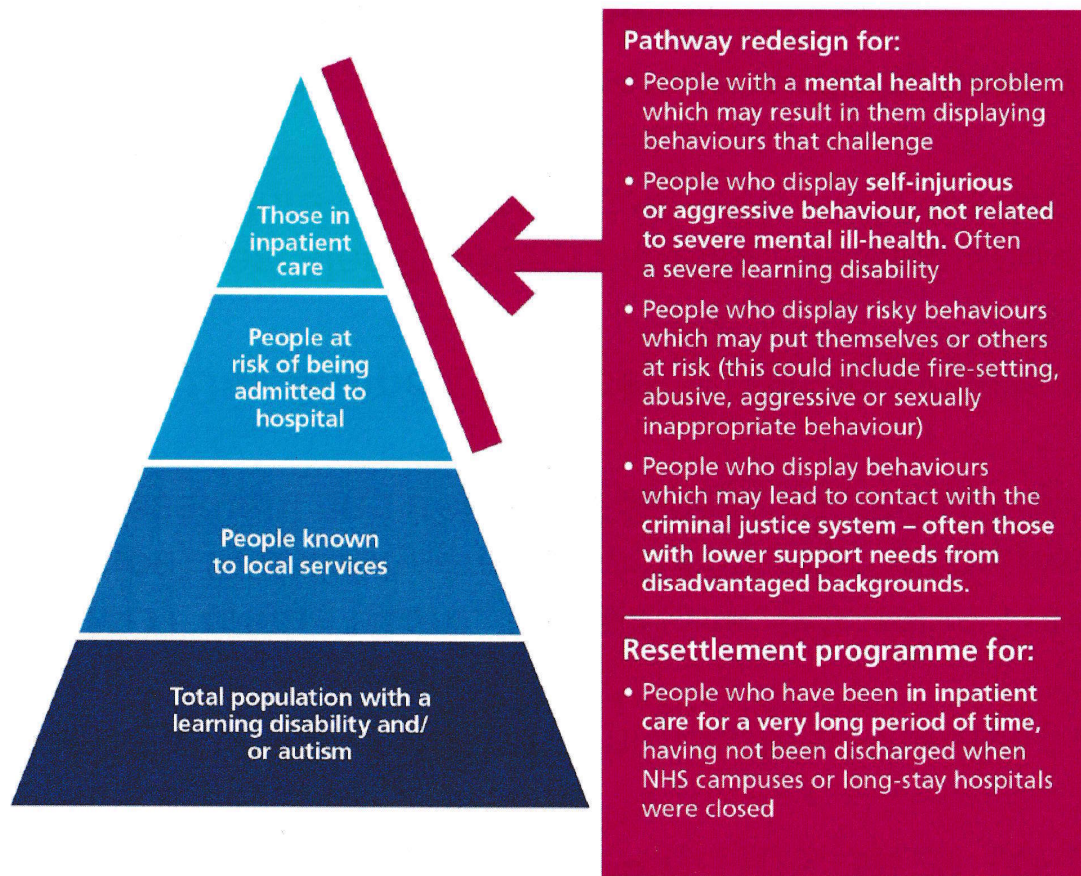
“The success in this lies not within systems and processes but within human connections, commitments, accountability and sustainable relationships that are non-adversarial.” (Commissioner)



Key recommendations from BHSCT Review by East London Foundation Trust (1, August 2019)

- Ensure a cultural shift away from inpatient care & use of restrictive practices **to community based care and positive risk taking.**
- Develop a **national service model for people with learning disabilities**, which could be informed by the NHS England (2015) national model.
- Develop **robust and responsive multi-disciplinary community services** to mitigate reliance on inpatient services.
- Develop **joint strategic health and social care commissioning policy** for people with learning disabilities to ensure the right community services are available.
- **Increase the accountability of providers** supporting people with a learning disability with complex behaviours.
- **Specialist admissions due to complex / challenging behaviours should be a last resort** and only agreed by an admissions panel.
- **Enable access to mainstream service provisions**, such as crisis teams or inpatient services if risks warrant this.
- To adopt a **systematic approach to reducing restrictive practices**. This could focus on improving training and development, clinical governance and policies, and explicit use of quality improvement methodology.
- To **visit other services to share ideas and see practice in action**. We would be happy to host such visits.

People for whom we need new services (Building the right support, NHS England)
'Challenge is as much about preventing new admissions ..and providing alternative care and support, as it is about discharging those individuals currently in hospital.'



Investment required to deliver successful transition for people from hospital to home

Unsuccessful placements have highlighted the need for investment in:

- **Trust MDT teams (Core, Transitions, Intensive Treatment & Forensics)** to deliver agreed local and regional pathways (as required) with assessment and treatment services, forensic services & respite services;
- **Specialist Day Support services**, to ensure access to meaningful activities
- **Homes** – timescales & cost of planning, funding and implementing for current and future accommodation need with partners in C&V and private sector
- **Provider Development** – partnership working, performance management, contract & training
- **Workforce** – statutory, community & voluntary

● **Financial Planning** – scale of additional costs required



Working together



Excellence

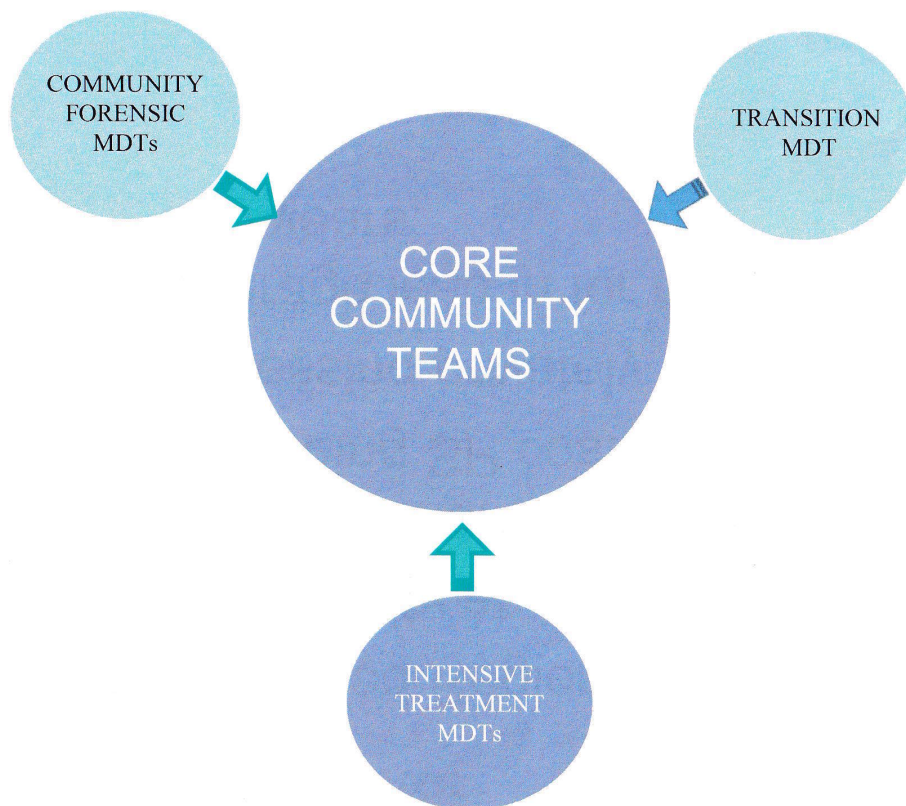


Openness & Honesty



Compassion

Development of Trust multi-disciplinary teams



- **Core Community Teams** – the ongoing development and investment in MDT community teams to promote family support, independent living, physical & emotional wellbeing, risk & needs assessment, care planning & oversight and supporting discharge from admission;
- **Transitions Team** – **new team**, to deliver integrated planning between hospital, community & providers for the most complex individuals;
- **Community Learning Disability Intensive Treatment Team** to provide targeted support, including therapeutic support, for individuals in the community at times of escalating crisis/ during acute episodes (**limited service funded, excluding therapeutic support, for existing community population**);
- **Community Forensic MDT** – **new team**, to support individuals with specific forensic needs across Belfast Trust.

Homes – timescales & cost of planning, funding and implementing for current and future accommodation need with partners in C&V and private sector

- Collapsed Regional supported Housing plan (NIHE).
- Uncertainty about access to capital for housing.
- No additional supporting people funding. Trusts currently absorbing SP costs.
- Accessing privately secured capital to build housing?
- Average lead in for newly developed supported Housing 2 to 3 years.

Belfast Learning Disability Accommodation Needs assessment
Number of supported Housing units and Nursing Home beds required over the
three years and revenue consequences from 2019/20 to 2021/2022.

Supported Housing Units/ Year	Revenue 2019/20	Revenue 2020/21	Revenue 2021/22	Unit cost range
Complex Need (Forensic)	£ 635,000 (6)	£ 635,000 (6)	£ 105,000 (1)	£2020 ppw
Self-contained 24 hr	£983,000 (9)	£983,000 (9)	£328,000 (3)	£1,700 to £2500 ppw
Self-contained non-24 hr	£832,000 (16)	£832,000 (16)	£832,000 (16)	£1,000 ppw
Shared 24 hr	£763,620 (11)	£763,620 (11)	£972,000 (14)	£1,335 PPW
Shared non - 24	£468,000 (9)	£468,000 (9)	£1.04m (20)	£1,000 ppw
Total revenue cost FYE	£3.681M	£3.681M	£3.27M	
Places/Units	6 Forensic 45 non-forensic	6 Forensic 45 non-forensic	1 Forensic 53 non-forensic	
Specialist Nursing Home beds	-	10 beds	15 beds**	
Indicative cost		£2.3 M*	£3.5 M*	

• £4.4K weekly resident costs

** Assumes expansion in nursing home beds required

Provider Development – partnership working, performance management, contract & training

Learning from unsuccessful placements have identified the need for:

- **Intensive transition work** that is focused on listening to patients their families/carers, alongside an **Integrated MDT**. With a focus on comprehensive assessments, **person centred (Essential Lifestyle) plans** and ensuring these are being effectively used and reviewed with the provider as part of Contract;
- Trust and Providers to have **clearly defined in-reach and out-reach services** with specific objectives, regularly reviewed to ensure good communication between all parties & managed by a transition team;
- Trust and Providers to **mitigate against the need for trial placements** by a focused approach to planning, supported by contract documentation as additions to the core contract.
- The need for a **regional training plan aimed at front line staff**, particularly those working in Supported Housing eg Diploma in Behaviour Support, as evidenced in GB Training and qualifications that would support sector development.

Workforce – all staff groups in statutory, community & voluntary sectors

- Provide **clarity on model** of acute assessment including mental health and community;
- **Transform the carer support role**, with accredited behavioural training & enhanced remuneration, to secure sufficient numbers to meet the growing community demand;
- Work with Providers (across the regulated social care sector) to address the increasing **challenges of recruitment and retention** which destabilise the current service provision;
- Develop with partners **a funded statutory workforce plan** to secure sustainable community MDTs to attract and retain the best staff for these complex and challenging individuals.

Financial Planning -- scale of additional costs required for Belfast

Service Teams

- Transition team
- Immediate Resettlement cost, with staffing for sustainable homes
- Specialist Day Support services
- Ongoing resettlement costs for population
- Expansion Intensive Treatment Team
- Development of Transitions Team
- Expansion of Community MDTs
- Forensic service – integration of inpatient forensic service with

Shannon (MH)



Indicative costs

- tbc
- £7M revenue for 20 people
- (Specialist Day support included)

- Tbc
- Tbc
- Tbc
- Tbc
- Tbc
- Tbc

• TOTAL



Current Resettlement Plan* (Jan 2020)

	Trial leave	Feb 2020	Mar 2020	April-June 2020	June-December 2020	Placement Proposals being Explored 2020 -2021(inc Forensic)	Business Case for 2023	Total
BHST	2 RD BH	1 AB		3 EB-Cherry Hill CM-AI RMcF-Knockcairn EXT	7 TJ-Bradley Court RMcC-Bradley Court LL-Bradley Court JR-Bradley Court DMcM-Bradley Court EB-Bradley Court KS-Mallusk	4 CB-Positive Futures(awaiting assessment outcome) RC-Triangle(Knockcairn Ext 2021 tbc) RG-Triangle(Knockcairn Ext 2021 tbc) SG-Triangle(Knockcairn Ext 2021 tbc)	4 4-6 (inc Contingency for 2) CMcA ZLT TRI GF	21
NHST	0	1 SM- cherry Hill		4 JM-P'Futures Omagh ED-Woodford, Fairways SC-Killenswood, B'Castle(Triangle) JH-Cherry Hill	11 MMcC-Cherry Hill PMcN-P'Futures, C'town MMcP-Mallusk FA-Mallusk DOH-Mallusk CB-Mallusk LMcM-Mallusk DMcM TC BMcC AH	5 MB-Knockcairn Ext AH JG GM BM		21
SEHST	1 MA			3 SB-Cheery Hill PF-Cherry Hill KM-Mencap	4 AR-Mallusk CJ-Mallusk MR-P'Futures JJ-ECR	2 AB-Triangle(Knockcairn Extension) JB-Triangle(Knockcairn Extension)		10
SHSCT						GH – complex risk management		1
WHSCT						RL – not medical fit		1
Total	3	2	0	10	22	12	5	54

Conclusions

- All parties committed to people with learning disabilities living '**ordinary lives with extraordinary support**';
- Complex nature of remaining individuals in MAH (56 people in 2020 compared to 250(?) people in 2010) requiring **specialist multi-agency supports**;
- Dedicated **Oversight Board** (Housing/ Education/ Health & Social Care Trust & Commissioner) to lead change & secure resources for current & future populations.