



Southern Health  
and Social Care Trust

*Quality Care - for you, with you*

# **TRUST DELIVERY PLAN 2018/19**

**Version FINAL (v1.1)**

**Approved by SMT 19- Sep-18**

**Approved by Trust Board 27- Sep-18**

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**Appendix 1            Financial Templates**

## 1 Introduction

This **Trust Delivery Plan** (TDP) represents the response of the Southern Health & Social Care Trust to the Health & Social Care Board (HSCB) & Public Health Agency (PHA) **Commissioning Plan for 2018/19**

The Commissioning Plan itself is developed in response to the Draft **Commissioning Plan Direction 2018/19** published by the Department of Health (DOH). It sets out the priorities, aims and improvement objectives for the Health & Social Care (HSC) sector.

It identifies specific areas of focus for the 2018/19 financial year but also seeks to set these within the context of the broader outcomes that the Department and the HSC want to achieve as we work together to build a world-class health and social care service for the people of Northern Ireland.

It also identifies a number of associated quality and performance indicators against which the HSC should monitor performance and take improvement action as required. The Direction is structured around four strategic aims linked to the most recent publication of the vision set out for Health in **Health and Wellbeing 2026 'Delivering Together'**:

- To improve the health of our population;
- To improve quality and experience of care;
- To ensure sustainability of the services delivered;
- To support and empower the staff delivering health and social care services.

This TDP will provide a response to the regional commissioning priorities and decisions for 2018/19 set by the Department of Health and the HSCB & PHA as well as priorities and decisions being taken forward at a local level by the Southern Local



Commissioning Group. It also advises of the Trust's position in regards to each of the quality and performance indicators identified under each of the 4 key themes.

## 2 Local Context – Summary Overview

Over the last 2 Comprehensive Spending Review (CSR) periods, the Trust has a balanced financial position with regard to cash release and productivity targets. Current financial planning is set in the context of the Southern Trust's overall position with respect to performance, relative efficiency and significant demographic pressures compared with the rest of the region:

- **Performance:** The Trust continues to perform well in relation to and against NHS peers in a number of key areas. Delivery of core service and budget agreements for elective planned volumes remains a challenge as a result of sustained unscheduled (Emergency) Care pressures and a constrained financial context.
- **Efficiency:** We can demonstrate through external benchmarking that Annual Reference cost comparators continue to demonstrate the Trust's efficiency relative to peers.
- **Demography:** We have seen local population growth of 23.7% between 2000 and 2017 compared with the NI average of 11.2% and the Southern area is projected to grow at a higher rate within all age groups than the rest of Northern Ireland. An overall 19.9% increase is projected in the total population of the Southern area between 2017 and 2039 compared to a 7.9% increase for Northern Ireland as a whole.

### Some Facts & Figures:

- In 2017/18 the Trust had the highest throughput in the region with 64.4 admissions per bed
- Shortest average length of spell at 4.8 days
- Smallest percentage of average available beds at 15.5% of the NI total
- Second highest average percentage bed occupancy at 84.8%
- Lowest Hospital Cancellation rates over the last 5 years (7.4%)
- Lowest DNA rate (7.9%)
- Workforce efficiency measures compare favourably in the region:
  - Turnover 7.9%
  - Sickness and Absence 5.25%

The Trust's operational performance and financial saving requirements for 2018/19 are set in the context of what has already been achieved as well as emerging pressures within our hospital and community services particularly in relation to our demographic growth and increased demand in unscheduled care.

The Trust understands that the Department of Health's expectations in relation to the Trust Delivery Plan process in 2018/19 are as follows:

- The Trust must continue to ensure it meets its statutory obligation to deliver 'breakeven' in 2018/19;
- The Trust is expected to deliver its services and meet performance targets from within its 'total' budget;
- The Trust must identify acceptable savings proposals to ensure 'breakeven';
- The Trust is offered additional flexibility to deploy resources to best meet the needs of our local service users including local decision making to redirect resources and apply local savings targets as required to live within the Trust's allocated resources.

#### **Our approach in 2018/19:**

The Trust welcomes the opportunity for greater flexibility however recognises the significant challenge this presents in the context of an underlying 'recurrent' deficit position. To that end, the Trust will prioritise recurrent funding to address service pressures resulting from sustaining delivery of current service models in the first instance.

Traditionally any additional in year non recurrent financial allocations or 'slippage' is allocated to support achievement of issues affecting patient safety and key performance targets in the first instance and to minimise the in-year impact on core service delivery of longer term savings plans that are necessary to address the recurrent deficit position.

The Trust's financial plan for 2018/19 is detailed in Section 4. The Trust anticipates key challenges in 2018/19 related to increasing demand and significant workforce pressures impacting on performance. The Trust's overarching priority will be to deliver safe, high quality health and social care to local service users.

## 2.1 Planning Context

In line with the NI Executive's *Programme for Government*, it is expected that Trusts review their strategic plans to align to the revised departmental planning horizon and reflect the **outcomes** and indicators when finalised. During 2018/19, the Trust will continue to assess our plans in this context and in respect of wider Health and Social Care changes, including how the recommendations of the Donaldson Review "*The Right Time: The Right Place*" (December 2014) are progressed and specifically the outcomes set out in '*Systems, Not Structures*' (Bengoa Report) and the Minister's vision '*Health and Wellbeing: Delivering Together 2026*'.

*'Delivering Together'* provides a roadmap for radical transformation in Health and Social Care (HSC) and highlights the critical role that 'Co-production' and 'Co-design' must play in this reform. The Trust welcomes and supports this commitment that will build on the effective community development and strong personal and public involvement (PPI) approaches that are well established in the Southern area.

The Trust will continue to work at a regional level to deliver the service transformation set out in '*Delivering Together*'

In June 2017, the Trust Board endorsed our new four year Corporate Plan 2017/18 – 2020/21 '*Improving Together*'. This four year plan builds on our previous 3 year Strategic Plan 2015-2018, "*Improving through Change*" and sets out the strategic direction for the four year period. It includes challenges and opportunities to create better health outcomes for the population in the Southern area.

Our Corporate Plan recognises the need for service reform as a result of the changing needs of our local population, new ways of delivering care and treatment and the financial and workforce resources available to us.

The key objectives which the Trust will strive to achieve are: -

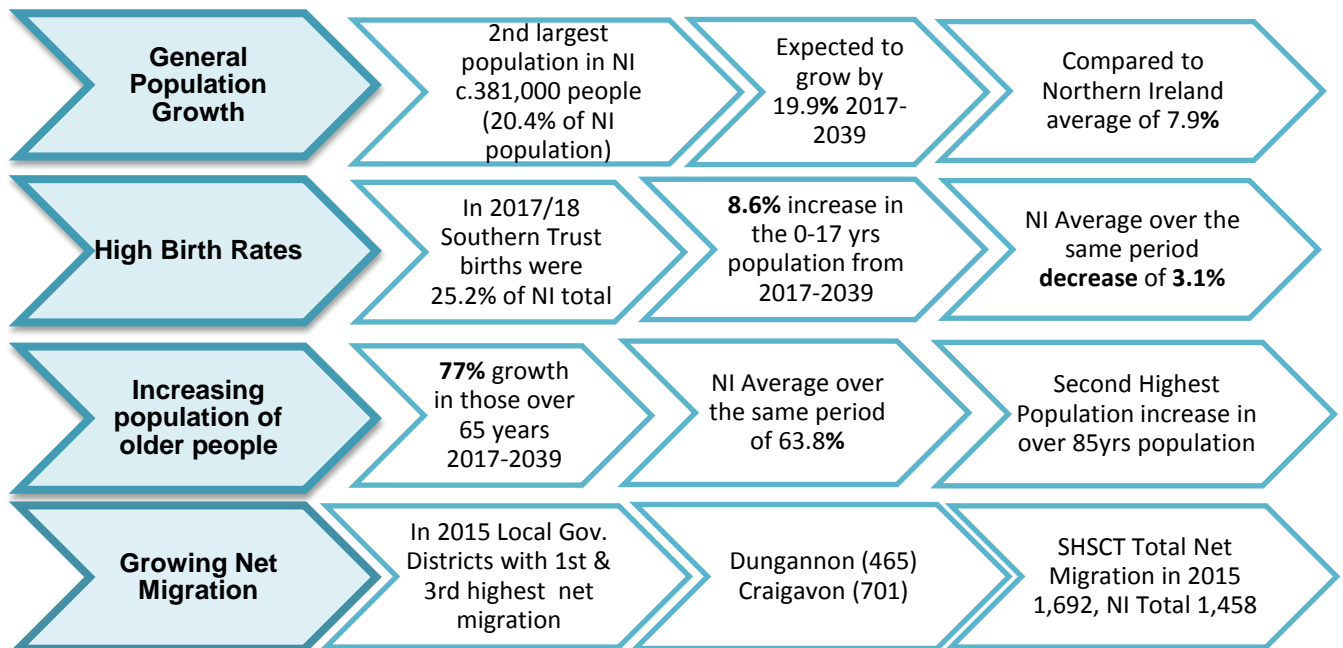
- Promoting safe, high quality care
- Supporting people to live long, healthy active lives
- Improving our services
- Making the best use of our resources
- Being a great place to work, supporting developing and valuing our staff
- Working in partnership

Despite the challenges facing the health and social care sector, we remain committed to the corporate objectives of the Trust and where appropriate we will publically consult with our key stakeholders on service change.

In planning for these changes we will work with our staff (eg the unscheduled care ‘café conversations), service users and carers, families and our wider local communities to better inform and influence how we develop and improve our services.

## 2.2 Local Demography

A Summary of some of the key features of our local demographic profile that impacts on our Trust Delivery Plan is as follows:



During 2018/19, it is expected the Southern Trust area will be required to respond to:

- Increased numbers of people with one or more long term condition. Over 52,000 people in the Southern area are on a GP register of people suffering from hypertension, whilst 22,574 people are registered as having asthma. Over 17,000 people (aged 17+) are on GP registers as having diabetes and over 14,000 are registered as having heart disease<sup>1</sup>. Many will be registered as having more than one condition, the likelihood of which increases with an ageing

<sup>1</sup> Qualities and Outcomes Framework Data Southern Area 2017



population. In terms of mental health, 3,186 people were on registers in Southern area GP practices as having a mental health condition;

- Increased demand, expectations and over reliance on acute hospital services - Attendances at our Emergency Departments (ED) continue to increase and a sustainable response that offers a range of enhanced preventative and treatment options in primary and community settings is required;
- To improve operational resilience during periods of peak unscheduled care demand a '*Look back*' senior engagement event was undertaken in March. The Trust, using the service of Internal Audit, undertook a survey of a broad range of staff, focusing on experiences during heightened pressures to identify opportunities for operational improvement and to consider staff perspectives on the support they require during times of heightened pressure.

Proposals to consolidate the service have been built in to the Trust's transformation priorities for the medium and longer term. The Unscheduled Care Seasonal Resilience Plan for 2018/19, documenting the Trust's operational response and contingency plan requirements, has been drafted;

- The Trust in partnership with the Department of Health, the Public Health Agency, the Health and Social Care Board, the Northern Ireland Ambulance Service and Community Representatives established the Daisy Hill Hospital Pathfinder (DHHPF) Project in response to the significant challenges that the Trust was facing in providing and maintaining adequate and sustainable emergency care services in Newry and Mourne. The Final Report of the Pathfinder Group was submitted to the Department of Health on 20th December 2017 and was endorsed by Emergency Care Regional Collaborative and the Transformation Implementation Group. The report detailed the overall model developed to meet the unscheduled care needs of the Newry and Mourne population and the wider catchment population of DHH. The Department of Health has approved £650,000 revenue this year from the Department's health and social care transformation fund to recruit Year 1 staff against the 5 year workforce plan. £1 million capital funding has also been approved by the Southern Trust to develop a new Direct Assessment Unit co-located with the Emergency Department. It is due to open by December 2018;
- Growing gaps in community care provision / providers to support effective patient flow and hospital discharges. During 2018/19, the Trust will be responding to further reductions in available community and domiciliary care capacity to support individuals in their own home that enable effective discharge from our acute hospitals. The Southern USC Resilience plan will utilise management intelligence from audits of delayed discharges and predictive analysis to address short and longer term measures to improve patient flow and effective discharge to support 'home as the hub';

- Significant workforce recruitment and/or retention challenges across a range of professions and programmes of care;
- Challenges in meeting the health and social care needs of our migrant population including child protection, domestic violence, mental health, health protection, vulnerability to non-communicable diseases, experience of health care and cultural beliefs about health/illness;
- Financial challenge resulting from increasing demand along with a requirement to make additional savings of £2.2m.

### 2.2.1 Particular challenges in Acute Services

These include:

- Evaluation and learning from the 2017/18 Unscheduled Care Plan, alongside system testing via the 100% challenge events at Craigavon Area and Daisy Hill Hospitals, will allow the Trust to plan for 18/19 to continue to improve management of its unscheduled care system. This however is set in the context of ongoing increases in Emergency Department attendances across all hospital sites over the last year with no additional funding allocated. Upstream measures to avoid reliance on hospital attendance and to establish alternatives to admission are key to the future management of unscheduled care.

Building on the introduction of the Older People's Assessment Unit at Craigavon Area Hospital in 2017/18, in 2018/19 the Trust will focus on expanding ambulatory and assessment services as alternatives to admission. In particular, this will involve the introduction of a Direct Assessment Unit at Daisy Hill as part of the Daisy Hill Hospital Pathfinder Project by December 2018 and initial introduction of respiratory ambulatory services at Craigavon and Daisy Hill Hospitals.

- The Trust is experiencing significant challenges in providing adequate and sustainable cover for senior and middle grade rotas. This is a particular issue in relation to Daisy Hill Hospital Emergency Department. As previously noted in section 2.1, this is being addressed via the Daisy Hill Hospital Pathfinder Project and associated revenue allocation from the Transformation fund;
- Demand for elective care services continues to grow with challenges in meeting access targets and addressing long waiting lists. The Trust will work with the regional elective care group to address longest waiters. However, this will be subject to additional funding that has not yet been identified for 2018/19;
- It is recognised that the Southern Trust is significantly under resourced in terms of senior medical posts in comparison to the rest of the region across a number of specialties. This is adding to the challenge of meeting the high levels of demand in acute services and exacerbating the existing difficulty of attracting

and retaining medical, nursing and other professional staff, given the shortages regionally and nationally. In 2017/18 the Trust used demography funding to fund a number of additional medical posts. Recruitment to these posts and existing vacancies is ongoing. In 2018/19 it is proposed to strengthen the Infection Control service, including recruiting a 3<sup>rd</sup> consultant microbiologist and associated team;

- The Radiology Service across the Trust is facing increasing pressure; activity has increased by more than 20% in the last 2 years. The CT service in Craigavon Area Hospital needs a second CT scanner which is supported by the Commissioner due to the activity levels. The Trust is relying on a mobile CT scanner in Craigavon Area Hospital to provide outpatient scanning. A new mobile is currently being procured to maintain continuity of services for the next 18-24 months whilst the business case for a twin CT scanning suite and second scanner is being resubmitted and the project implemented;

The CT scanner in Daisy Hill Hospital is 8 years old. As the life cycle of a CT is around 7 years, it now needs to be replaced. The Trust has begun the process to procure a mobile CT scanner for DHH to stabilise and maintain a CT service on the site until the permanent scanner is replaced;

- The current low voltage electrical infrastructure is inadequate for a modern day hospital service at both Craigavon Area and Daisy Hill Hospital sites and both the CT projects are frustrated by the lack of low voltage electrical supply and the costs to provide a supply for CT scanning is making the projects more expensive. A separate project is being taken forward by the Trust to provide additional capacity to support future developments.

### 2.2.2 Particular challenges in Mental Health and Disability Services

The Directorate has highlighted 2 particular areas of pressure as part of the Transformation process:

- The need for investment in **Core Rehabilitation and Recovery Services** which are essential to ensure throughput across from in-patient units for mental health and learning disability units, and additional investment for high cost placements and supported living schemes. Without this throughput will be greatly impacted. In the absence of significant new funding from the DoH and Northern Ireland Housing Executive (NIHE) to create placements our mental health in-patient services will continue to silt up, resulting in delayed discharges and ineffective patient flow. We will also face higher inescapable cost pressures year on year for high cost placements to meet new need;

- **Development of Community Infrastructure for Early Intervention and Effective Rehabilitation Outcomes** - Currently Trusts operate a range of services, provided directly, or purchased through the independent sector, for those who require complex placements. Over recent years, the number of providers able and willing to provide such support has reduced and the costs for such are increasing week on week. There are a significant number of such placements, which have also failed, and providers have gone on to refuse admission to such facilities for service users who have had a spell in Acute Mental Health Care.

Other challenges include:

- Unscheduled care bed pressures continue to be felt locally and regionally with occasions when there are no beds available for acute admissions;
- Referrals to Adult Mental Health Services remain high, which is one of a number of factors impeding the Trust's ability to maintain the 9 week access time target for non-urgent referrals;
- Referrals for opiate substitution services remain high and the service is under pressure to meet the needs of this population;
- Demand for Autism Spectrum Disorder (ASD) diagnosis in adults continues to far outstrip regional needs analysis and contributes to excessively long waiting times in the Southern area;
- The complexity of need and challenges in meeting that need, for children transitioning to adult services, remains both a service and cost pressure for the Trust;
- With reference to the previous point, a significant number of individuals in transition, whose needs challenge services, are now presenting to adult learning disability services requiring long term placement. There is a need for a short term assessment unit to establish the most appropriate accommodation and staffing to meet individual needs. This interim assessment unit/ crisis house will require 3-4 beds with increased specialist assessment and treatment professionals available.

### 2.2.3 Particular challenges in Children and Young People's Services

These include:

- Increased number of Looked after Children (LAC) in the Southern Trust (547 June 2018 compared with 525 in 2017 and 375 in 2011). This equates to a 46% increase in the Looked after Children population over the past seven years. The associated budgetary implications of this service pressure include additional

basic costs of placement provision and professional supports in addition to significant increase in legal fees. These challenges have also been reflected in a significant increase in staff associated costs as each Looked After Child has to have an identified statutory social worker;

- There are very significant challenges in recruiting adequate numbers of foster Carers to meet the demands for care placements arising from the significant increase in LAC admissions as outlined above. This is a very major issue of concern at present which impacts upon both Corporate Parenting and Safeguarding divisions;
- Associated challenges in sourcing appropriate Leaving and After care Accommodation for young people exiting Looked After child care arrangements;
- The number of children on the children protection register is the highest across Northern Ireland and the four nations – 557 children at 31.3.18 (568 children at 31.5.18);
- Increased pressure in relation to children with severe learning disabilities who require full time care placements outside of family as a consequence of Child Protection issues. These needs cannot be met via short breaks or traditional fostering services and there is currently inadequate provision within the Trust in relation to long term care placements for children with disabilities;
- A 17% rise in children in need referrals since 2016;
- The increased outpatient demand for 14-16 year olds of 1,500 per year across the Trust will have significant impact on waiting times and service delivery particularly given the current accommodation challenges in the Newry locality;
- Continued increasing demand for specialist paediatric services i.e. diabetes, epilepsy, respiratory /allergy and continence;
- Continued pressures within Community Children’s Nursing Services due to children requiring palliative care, increasing complexity, increasing need for respite provision for children and young people with nursing needs;
- Significant increase in referrals into community paediatric services;
- Lack of local specialist practice training courses for paediatric nurses;
- Allied Health Professional (AHP) workforce pressures giving rise to difficulty in securing additionality to address the AHP elective waiting list targets unless the AHP flexible pool is temporarily flexed up to enable recruitment of additional staff;
- Increasing demand for physiotherapy input for children with acute and long term conditions in acute inpatient settings;
- The increase in age for paediatrics has resulted in increased pressure on dentistry waiting times creating inequity when compared to adult waiting times;

- Increased number of referrals and increasing complexity at all ages creating pressures at every point in the Community Dental Service. Many referrals to clinics require onward referral to general anaesthetic lists for treatment due to medical conditions, disabilities and/ or behaviour problems;
- Short-staffing in dentistry due to absences from clinical work because of maternity and long term sick leave;
- The lack of a current Departmental Oral Health Strategy is causing a lack of direction which has resulted in a lack of recognition of how the community dental service is struggling to continue to deliver a service with an ever-expanding remit;
- Aging workforce with pending retirements which will result in loss of experience in the dentistry service;
- Child and Adolescent Mental Health Services' (CAMHS), core services have continued to experience increasing demand, year on year, over the last seven years with no additional CAMHS Core Funding since 2012. This is recognised by HSCB as an unsustainable position;
- CAMHS have responded by adopting and developing new ways of working, and actively contributing to local and regional work, such as developing the new local CAMHS/Diabetic Pathway and contributing to the regional Pathway for Children and Young People through CAMHS, beginning to adopt the iThrive model, etc. CAMHS continue to provide and refine a Single Point of Entry for all referrals which also acts as a point of resource and support for referrers;
- CAMHS have also continued specialist based provisions such as CAMHS Eating Disorder Team, Intellectual Disability (ID) CAMHS, Substance Misuse provision, ADHD provision, and Infant Mental Health iCAMHS, as well as consistent core CAMHS provision in meeting waiting time targets;
- CAMHS have received and accepted an increasing number of referrals year on year since 2012. In 2017/18 1579 referrals were accepted compared with 669 referrals being accepted in 2011/12 by Step 3 CAMHS. Similarly Step 2 CAMHS referrals have increased in 2017/18 to 821 compared to 645 in 2011/12.
- The nature and complexity of emotional and mental health clinical presentations have increased in children and young people, with similar changes in families, community and society as a whole, which subsequently increase the demand and expectations on services such as CAMHS.

#### **2.2.4 Particular challenges in Older People and Primary Care Services**

These include:

As demonstrated in section 2, year on year the older population in particular is increasing and with that there is a need for core teams to support an increasing

number of individuals with increasingly complex conditions, in either their own homes or other community settings, to remain as independent as possible. It will be important that Trusts are supported to enhance the existing core teams and services that are experiencing increasing demands due to demographic and epidemiological changes in the populations we serve.

The Directorate also continues to face significant challenges regarding the appointment of all disciplines of staff, including medical staff, given the limited availability of staff across the region. This affects the delivery of core services such as District nursing, AHPs, GP Out of Hours, Non-Acute Hospitals and Acute Care at Home, and may also impact the implementation of transformation projects. Service KPIs are also affected including GP Out of Hours, which is on the Directorate Risk Register. The Trust is currently scoping alternative primary care service models with key stakeholders. The Assistant Medical Director Primary Care post will support strategic service change across primary, secondary and community services.

Capacity in domiciliary care remains a challenge with unmet need. Instability in the market place is a feature with the Trust having to provide contingency care arrangements on an ongoing basis. A range of recruitment and patient centred approaches are in place within the Trust.

Support for implementation of the Regional Domiciliary Care Workforce Report '*A Managed Change*' would be welcomed including fair pay/hourly rates to providers, career pathway development and retention approaches.

Compliance with Self Directed Support (SDS) targets is of concern especially in terms of the uptake levels for some groups including older people. Procurement to facilitate "Managed Care Budgets" and equity of access in line with eligibility criteria for traditional services versus SDS options also needs further consideration by the Commissioner.

Governance arrangements with the Independent Sector including Domiciliary Care Providers and Care Homes need to be strengthened to assure ourselves of quality care and financial probity. Internal arrangements within the gift of the Trust have been strengthened and the Care homes transformational projects will impact positively on quality care provision. Further regional approaches are welcomed including "Live Monitoring" of domiciliary Care.

## 2.3 Workforce Challenges

### 2.3.1 Nursing Workforce

#### **Supply and Recruitment**

The shortage of Registered Nurses across the UK, and indeed globally, continues, which impacts directly on the Trust's ability to replace vacant posts. The Trust welcomes the increase in the number of commissioned student nurse and student midwife places by the Department of Health as one measure of contributing to addressing this shortage.

#### **Actions being taken address:**

- The Trust continues to progress a range of innovative approaches to recruitment including radio/online/social media campaigns, one-stop recruitment days, local, regional and national recruitment activities;
- Enhanced engagement with local students across the three universities;
- The Trust also continues to lead nursing international recruitment for the region;
- Increasing pre-registration nursing places via a vocational route for support staff with the Open University, both Adult and Mental Health branches of nursing;
- Increasing capacity across the Trust for student placements.

#### **Delivering Care**

Delivering Care is a policy framework, commissioned by the Chief Nursing Officer, Department of Health, to support the provision of high quality care which is safe and effective in hospital and community settings. This has been progressed through the development of a series of phases to determine staff ranges for the Nursing and Midwifery workforce in a range of major specialties. The only phase that has received full funding in order to implement the agreed safe staffing level is Phase 1, acute medical and surgical wards. The remaining phases are reliant on the funding to implement and a sufficient supply of Registrants to take up post.

#### **The Future Nurse**

The Nursing and Midwifery Council (NMC), as the United Kingdom regulator for the professions of nursing and midwifery, undertook a radical review of nurse education standards over the past two years. The new standards for nurse education have been ratified by NMC Council and are due for implementation in Northern Ireland in September 2020. The Trust is working with the three local universities, the Department of Health and the other Trusts, to plan for implementation.



### 2.3.2 Medical Workforce

The Southern Trust continues to work to address the short, medium and long term workforce challenges facing our medical workforce, particularly in our Acute Services Division, including:

- The sustainability of services across all specialties reflecting the expectations of 7 day working;
- The supply and demand challenges in relation to the Consultant workforce. Although there are different challenges in different areas, particular challenges exist across Emergency Medicine, Radiology, and a number of medical specialities;
- The issues relating to trainee experience and working arrangements including changes to Junior Doctors hours and Junior Doctor rota compliance;
- Significantly reducing the use of medical locum staff, and, where appropriate, increasing the substantive number of medical staff to support this;
- The expansion of the Clinical Co-ordinator into the out-of-hours period to help support our medical workforce.

The Southern Trust continues to work to analyse and improve recruitment and advertising strategies, with the aim of reaching a wider pool of potential medical staff across the UK and further afield – with a focus on hard-to-fill posts. We continue to engage with the ongoing regional International recruitment campaigns. Student Physician Associates are now on placement within the Trust, with plans to recruit permanent Associates once training period is complete. The Trust has also recruited its first qualified Physician Associate with a view to expanding this number incrementally.

Following the February 2018 changeover of rotational doctors in training, the vacancy rate in respect of fully funded training posts was approximately 9% (21 vacancies out of a total population of 235 training doctors). In addition there were a further 4% *part*-vacancies (11 out of our total 235 training doctors) as a result of part time doctors being allocated into full time positions. The Southern Trust continues to monitor and report on the impact these vacancies have on working patterns and the risks associated with European Working Time and safe working hours.

Regional Northern Ireland fill rates for Junior Doctor posts from NIMDTA continue to decrease year on year, and increased challenges from August 2018 are being experienced.

### 2.3.3 Workforce Challenges in Other Areas

In addition to medical and nursing vacancies, the Trust continues to face challenges linked to the availability of staff in other professions, including clinical psychologists, day care support workers and domiciliary care staffing to support community based services and maintaining individuals in their own homes.

### 3 Detailed Delivery Plans

The Trust Delivery Plan details how the Trust plans to deliver against each of the service requirements which have been identified for 2018/19 in order to provide assurances around the effectiveness of the Trust's governance arrangements and our plans to strengthen existing arrangements to ensure the transparency and accountability of our performance.

During 2018/19 the Trust will be expected to achieve financial break-even and specifically to deliver on challenging performance targets set out in the commissioning plan. Our plans to achieve this are set out in **Section 4** reflecting a balanced approach to pragmatic, in year actions alongside focused processes to identify the local reforms that will contribute towards securing the recurring financial savings required. In particular: -

- With agreement from the commissioner and the Department of Health, the Trust will continue to re-direct 2015/16 demographic funding intended to support unscheduled care reform to maintaining additional workforce costs into 2018/19 associated with ensuring safe, high quality services at the ED department in Daisy Hill Hospital.
- The Trust will implement further actions to support its USC Resilience plan during 2018/19 in line with available in year funding. Challenges remain in securing temporary appointments to support periods of peak demand and a balanced approach to risk in securing recurrent solutions via demographic funding from 2018/19 on will be required in year.

The Trust has a culture of quality improvement and continually strives to build capacity and capability that empowers front line staff to make improvements in how we deliver services. The Trust will continue to utilise its *Best Care Best Value* approach to ensure that service reforms aimed at improving care, increasing capacity and improving performance are progressed during 2018/19 with particular emphasis on prioritising our resources to address key service pressures in unscheduled care, addressing workforce shortages and improving elective care access where possible.

The Trust has in place robust monitoring and accountability arrangements for the delivery of targets and implementation of the service improvement and reform priorities.

### **3.1 Trust Response to DOH Commissioning Plan Direction 2018/19**

The Trust will continue to work in partnership with the HSCB, PHA and Southern LCG to deliver improvements in quality, productivity, efficiency, effectiveness and patient and client outcomes and experience as set out within the draft Commissioning Plan for 2018/19.

The Trust remains committed to seeking to maximise performance against specific Objectives and Goals for Improvement (OGIs) and has agreed trajectories for improvement in identified areas for 2018/19 in line with new performance management arrangements. However, this is set in the context of significant unscheduled care, financial and workforce pressures faced by the HSC during this financial year.

The sections below detail the Trust's assessment of its anticipated performance against OGIs however, it should be noted that this assessment of performance is subject to possible change linked to the impact of continued workforce pressures and the current financial position as detailed in Section 4.

#### **3.1.1 Responses to Standards and Targets**




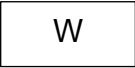




The Trust's response to each of the target areas has been assessed as:

- Objective is achievable and affordable (Green)
- Objective is partially achievable/achievable with additional resources (Amber)
- Objective is unlikely to be achievable/affordable (Red)

#### **Summary Assessment of Targets**






















Of the 68 priorities in the Commissioning Plan Direction 2018/19, 3 are identified as not applicable to the Trust and 18 are regional/multi-agency objectives to which the Trust will contribute. For these regional/multi-agency objectives the Trust has assessed its own contribution and made an assessment of achievability of this.

An overall summary of the Trust's assessment of deliverability of the targets / indicators set for 2018/19 against the RAG status index is provided in the table overleaf.

<b>Deliverability</b>	<b>RAG</b>	<b>Number 2018/19</b>
Objective is Achievable and Affordable	 Green	17 (25.0%)
Objective is Partially Achievable/Achievable with additional resources	 Amber	16 (23.5%)
Objective is Unlikely to be Achievable/Affordable	 Red	14 (20.6%)
'Multi-Agency Objective' The Trust will be unable to report against the totality of this target as its achievability is reliant on a multi-agency approach. The RAG status provided by the Trust relates only to those actions for which it is responsible for.	 W	18 (26.5%)  13 targets  4 targets  0 targets 
Objective is Not a Core Trust Objective	 B	3 (4.4%)
<b>TOTAL</b>		<b>68 (100%)</b>

The table overleaf provides a summary overview of the Trust's assessment against each individual OGI. It should be noted that a RAG status has been included for individual elements of each OGI where applicable and these have been considered in informing an overall achievability status to the target.

This section also provides a rationale for the assessment of each OGI based on the current known context at time of writing the TDP.

Summary Assessment of 2018/19 Commissioning Plan Objectives and Goals for Improvement (OGIs)	Green	Amber	Red	W (Multi- Agency Target)	B (Not Applicable/ Not Core Trust objective)
1.1 Tobacco Control 				X	
1.2 A Fitter Future for All 				X	
1.3 Breastfeeding <b>NEW</b> 				X	
1.4 Healthy Places <b>NEW</b> 				X	
1.5 Make Every Contact Count <b>NEW</b> 				X	
1.6 Children's Oral Health <b>NEW</b> 				X	
1.7 Healthier Pregnancy Programme 				X	
1.8 Healthy Child, Healthy Future 				X	
1.9 Family Nurse Partnerships 				X	
1.10 Children in Care					
1.10.1 Placement Change 					
1.10.2 Adoption Time Frame 					
1.11 Protect Life 2 Strategy <b>NEW</b>					
1.12 Substitute Prescribing <b>NEW</b>					
1.13 Diabetes Feet Care Pathway <b>NEW</b>					
2.1 Delivering Care					
2.2 Antibiotic Prescribing <b>NEW</b>					
2.2.1 Reduce Prescribing in Primary Care 					
2.2.2 Reduce Antibiotic Use in Secondary Care 					
2.2.3 Reduce Incarbapenem Use 					
2.3.4 Reduce Piperacillintazobactam use 					
2.2.5 Increase Antibiotics from WHO Access Aware 					
2.3 Gram Negative Bloodstream Infections <b>NEW</b>					
2.4 Healthcare Acquired Infections					
2.4.1 C Difficile 					
2.4.2 MRSA 					
2.5 NEWS					
2.6 Falls & Pressure Ulcers Reporting				X	
2.7 Medicines Optimisation Model					
2.8 Residential homes & Nursing Homes, failure to comply/notice of decision					
3.1 Same Gender Accommodation <b>NEW</b>					
3.2 Children in Care Permanence & Pathway Plans					
3.3 Dementia Portal					
3.4 Palliative Care					
3.5 Co-Production <b>NEW</b> 				X	
4.1 GP Appointments					
4.2 GP OOH					
4.3 Ambulance Service Category A Calls					
4.4 Emergency Department					
4.4.1 4-Hour Target 					
4.4.2 12-Hour Target 					
4.5 ED Triage					
4.6 Hip Fractures					
4.7 Ischaemic Stroke					

4.8 Diagnostic Reporting (Urgents)					
4.9 Breast Cancer Referrals					
4.9.1 14 day target					
4.9.2 31 day target					
4.9.3 62 day target					
4.10 Outpatient Assessment (Elective)					
4.10.1 50% <9weeks					
4.10.2 0 patient >52 weeks					
4.11 Diagnostic Tests (All Modalities)					
4.11.1 75%<9 weeks					
4.11.2 0 patient >26 weeks					
4.12 Inpatient/daycase treatment (Elective)					
4.12.1 55% <13 weeks					
4.12.2 0 patient >52 weeks					
4.13 Mental Health Services (0 patient >9 weeks)					
4.13.1 CAMHs					
4.13.2 Adult Mental Health Services					
4.13.3 Dementia Services					
4.13.4 Psychological Therapies (0 patient >13 weeks)					
5.1 Direct Payments					
5.2 Self Directed Support					
5.3 AHP Referral					
5.4 Swallow Assessment <b>NEW</b>					X
5.5 Direct Access Physiotherapy <b>NEW</b>					
5.6 Children & Young People's Framework <b>NEW</b>					X
5.7 Discharges					
5.7.1 Learning Disability					
5.7.2 Mental Health Discharge					
6.1 Carers Assessment					
6.2 Community based short breaks hours					
6.3 Young carers short breaks					
7.1 Community Pharmacy Services <b>NEW</b>					
7.2 Delegated Statutory Functions					
7.3 Consultant Led Appointments – Hospital Cancelled					
7.4 Elective Care Services – SBA levels					
7.5 Discharges					
7.5.1 Complex discharges <48hrs (90%)					
7.5.2 0 Complex discharge >7 days					
7.5.3 simple discharges <6 hours					
7.6 Regional Medicines Optimisation Efficiency Programme					
8.1 HSC Workforce Strategy <b>NEW</b>					
8.2 HSC Careers Service <b>NEW</b>					
8.3 Domiciliary Care Workforce Review <b>NEW</b>					X

8.4 HSC Workforce Model <b>NEW</b>					
8.5 Audit of Existing Provision – Workforce Strategy <b>NEW</b>					
8.6 Business Intelligence <b>NEW</b>					
8.7 Flu Vaccine					
8.8 Staff Sickness Levels					
8.9 Regional Healthier Workplace Network <b>NEW</b> ■				X	
8.10 OBA Approach – Social Work Workforce <b>NEW</b> ■				X	
8.11 Q2020 Attributes Framework - Level 1 & Level 2 training					
8.12 Suicide Awareness Training ■				X	
8.13 Dysphagia Awareness Training <b>NEW</b> ■				X	
<b>TOTALS</b>	<b>17</b>	<b>16</b>	<b>14</b>	<b>18</b>	<b>3</b>



**2018/2019 COMMISSIONING PLAN DIRECTION FORMING INTERIM OBJECTIVES AND GOALS FOR IMPROVEMENT FOR 2018/2019**

<b>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.</b>		
<b>Commissioning Plan Direction Objective</b>	<b>Trust Response 2018/2019</b>	<b>TDP Assessment</b>
<p>1.1 TOBACCO CONTROL: 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%. <b>Lead Director – OPPC</b></p>	<p><b>Regional Objective</b></p> <p>The Trust continues to support the achievement of this Regional objective via on-going smoking cessation services and maintenance of smoke free sites. Quality standards for delivery of stop smoking services requires that no less than 45% of those who quit smoking remain quit at 4 weeks and 20% at 52 weeks following their quit date.</p> <p>In 2017/2018 1317 people were engaged with and set a ‘quit date’ and at 4-weeks 65% of these people remained quit.</p> <p>In 2018/19 the Trust will seek to engage with a total of 1657 people and set a ‘quit date’ to include:</p> <ul style="list-style-type: none"> <li>• 20 young people aged 11-16 year old</li> <li>• 662 routine and manual workers</li> <li>• 300 pregnant smokers</li> <li>• 150 people with mental health needs or a learning disability</li> <li>• 350 people with a long term health condition</li> <li>• 35 pre surgery patients</li> </ul> <p>Trust actions will include training of 460 staff to deliver ‘brief</p>	<p><b>Unable to assess Regional achievability</b></p> <p><b>Trust’s Contribution – Green</b></p>

	Intervention training' to facility brief conversations with smokers to think about quitting.	
<p>1.2 A FITTER FUTURE FOR ALL: By March 2019, to have expanded the Weigh to a Healthy Pregnancy to now include women with a BMI over 38. This programme is one element of the Departmental Strategy 'A Fitter Future for All', which aims by March 2020, to reduce the level of obesity by 4 percentage points and overweight and obesity by 3 percentage points for adults; and by 3 percentage points and 2 percentage points for children.</p> <p><b>Lead Director – OPPC/ASD</b></p>	<p><b>Regional Objective</b></p> <p>The Health Promotion Team has worked with the Acute Services Directorate to implement the 'Weigh to a Healthy Pregnancy' programme, which is now extended to include those women with a BMI over 38 within the SHSCT. In parallel there are additional services in place that support this objective including High BMI Clinic and an Ante-Natal Diabetic Clinic has been extended in line with testing requirements.</p> <p>The Trust's contribution to this objective is assessed as achieved.</p>	<p><b>Unable to assess Regional achievability</b></p> <p><b>Trust's Contribution – Green</b></p>
<p>1.3 BREASTFEEDING: By March 2019, through continued promotion of breastfeeding, to increase in the percentage of infants breastfed (i) from birth, and (ii) at 6-months. This is an important element in the delivery of the Breastfeeding Strategy objectives for achievement by March 2025.</p> <p><b>Lead Director – ASD</b></p>	<p><b>Regional Objective</b></p> <p>The Trust will contribute to the achievement of this Regional objective via its Baby Friendly Strategy.</p> <p>The Trust regularly monitors its breastfeeding rates from birth and at 6 months. These are monitored by health visitors and recorded on the Child Health System. In 2017/18 60% of mothers attempted breastfeeding at birth and 50% were discharged from hospital breast feeding or breast feeding with complementary feeding. The breast feeding rate at 6 months is recorded by the health visiting service during the 6 – 9 month contact. Of this cohort 85% had the 6 – 9 month contact completed, of these, 17% were breast feeding or breast feeding and complementary feeding.</p>	<p><b>Unable to assess Regional achievability</b></p> <p><b>Trust's Contribution – Amber</b></p>

	<p>Albeit these can be variable the Trust has a number of actions in place to seek to improve uptake and contribute to the strategy.</p> <p>Actions include:</p> <ul style="list-style-type: none"> <li>• The Trust has achieved Level 3 , Baby Friendly Initiative assessment on the CAH site with planned assessment of the DHH site in November 2018;</li> <li>• All community areas in the Trust have achieved level 3 Baby Friendly Initiative assessment and they continue to be regularly re-assessed to ensure this standard is maintained. Trust Sure Starts are also undergoing assessment to reach level 3 Baby Friendly Initiative;</li> <li>• Development of action plan to address any recommendations made;</li> <li>• Regular monitoring of breast feeding rates.</li> </ul> <p>A regional breast feeding quarterly report has been developed and is in the process of being quality assured by Trusts. The plan is that this report will be produced quarterly as part of Indicators of Performance Reports (IOP).</p> <p>The Trust will seek to make further improvement and as such this objective has been assessed as partially achieved.</p>	
<p>1.4 HEALTHY PLACES: By March 2019, establish a minimum of 2 “Healthy Places” demonstration programmes, working with General Practice and partners across community, voluntary and statutory</p>	<p><b>Regional Objective</b></p> <p>The Trust will contribute to the achievement of this Regional objective as requested. Further instruction and detail on</p>	<p><b>Unable to assess Regional achievability</b></p>

<p>organisations. <b>Lead Director – OPPC</b></p>	<p>what the process will entail is awaited from the Public Health Agency who are leading on a process to identify a minimum of two “Healthy Places” demonstration programmes.</p>	<p><b>Trust’s Contribution</b> – <b>Green</b></p>
<p>1.5 MAKE EVERY CONTACT COUNT: By March 2019, to ensure appropriate representation and input to the PHA/HSCB Strategic Leadership Group in Primary Care to embed the Make Every Contact Count approach <b>Lead Director – OPPC</b></p>	<p><b>Regional Objective</b></p> <p>This is a regional objective to which the Trust will contribute as requested.</p> <p>The Northern Health and Social Care Trust is representing the five Northern Ireland Trusts on this Regionally-led objective. A number of meetings of the Regional group have been undertaken along with a workshop in May.</p> <p>The Regional group is currently exploring the use of an e-learning platform in relation to Making Every Contact Count and with also the potential alignment to the “Healthy Places” objective. The Regional group is Chaired by Dr Margaret O’Brien, with representation from HSCB; ICPs; PHA; GP Federations; and the five Trust Representatives.</p>	<p><b>Unable to assess Regional achievability</b></p> <p><b>Trust’s Contribution</b> – <b>Green</b></p>
<p>1.6 CHILDREN’S ORAL HEALTH: 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. <b>Lead Director - CYPS</b></p>	<p><b>Regional Objective</b></p> <p>The Trust will contribute to the achievement of this Regional objective as requested to establish a baseline of the number of teeth extractions in children aged 3 – 5 years.</p> <p>Whilst information on the number of teeth extracted is collated every year work will be required to separate out those in the aged 3-5 category.</p>	<p><b>Unable to assess Regional achievability</b></p> <p><b>Trust’s Contribution</b> – <b>Green</b></p>

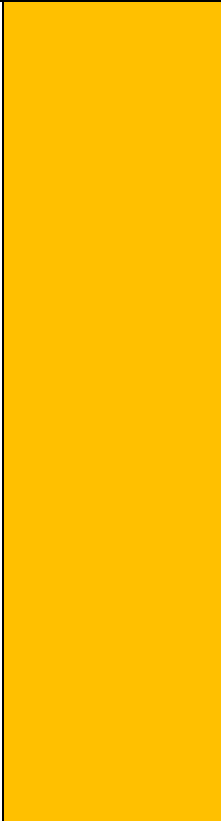
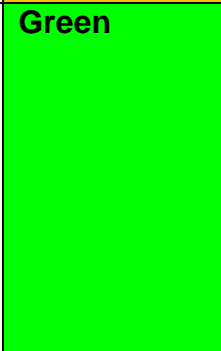
	<p>The Trust has a programme ongoing with pre-school children which is resulting in lower decay rates by the age of 5. However the ability to improve this further over the next 3 years will be subject to the availability of resources to extend the pre-school programme and will need to take cognisance of the challenges faced with oral health by the BME population in the Trust area.</p>	
<p>1.7 HEALTHIER PREGNANCY PROGRAMME: By March 2019, to have further developed, and implemented the 'Healthier Pregnancy' approach to improve maternal and child health and to seek a reduction in the percentage of babies born at low birth weight for gestation. <b>Lead Director – ASD</b></p>	<p><b>Regional Objective</b></p> <p>This is a regional objective which the Trust will contribute to via the implementation of the 'Healthier Pregnancy' approach locally</p> <p>Work initiated in 2017/2018 will continue to be embedded across both Acute hospital sites and also within the Community.</p> <p>Actions in year include:</p> <ul style="list-style-type: none"> <li>• Provision of additional training sessions;</li> <li>• Roll out of the initiative to the DHH site and the Community Teams.</li> </ul> <p>This objective has been assessed as partially achieved and further work will seek to see this fully achieved by March 2019.</p>	<p><b>Unable to assess Regional achievability</b></p> <p><b>Trust's Contribution – Green</b></p>
<p>1.8 HEALTHY CHILD HEALTHY FUTURE: By March 2019, ensure the full delivery of the universal child health promotion programme for Northern Ireland, Healthy Child Healthy Future. By that date:</p>	<p><b>Regional Objective</b></p> <p>The Trust continues to support the achievement of this Regional objective.</p>	<p><b>Unable to assess Regional achievability</b></p>

<ul style="list-style-type: none"> <li>• The antenatal contact will be delivered to all first time mothers.</li> <li>• 95% of two year old reviews must be delivered.</li> </ul> <p>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.</p> <p><b>Lead Director - CYPS</b></p>	<p>2017/2018 saw a 2% increase in the percentage of two year old who have their assessment completed; however at 85% this local position remains below the objective sought. Priority is also given to first time, or vulnerable mothers for antenatal contact visits.</p> <p>The ability to further improve on this position continues to be challenging with substantive permanent and temporary vacancies in the Health Visiting Team. This coupled with a high level of children on the Child Protection Register, impacts capacity to deliver the 'universal' contact.</p> <p>As such this objective continues to be assessed as only partially achievable.</p>	<p><b>Trust's Contribution</b> – <b>Amber</b></p>
<p>1.9 FAMILY NURSE PARTNERSHIPS: 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> <p><b>Lead Director – CYPS</b></p>	<p><b>Regional Objective</b></p> <p>The Trust supports the achievement of this Regional objective with the referral of all teenage pregnancies, identified by the hospital based service, to the Family Nurse Partnership Team.</p> <p>Current capacity, however, remains challenging supporting only approximately 50% of those referred. Additional investment is required to meet this objective fully and as such this objective continues to be assessed as only partially achievable.</p>	<p><b>Unable to assess Regional achievability</b></p> <p><b>Trust's Contribution</b> – <b>Amber</b></p>
<p>1.10.1 CHILDREN IN CARE (PLACEMENT CHANGE): By March 2019, the proportion of children in care for 12 months or longer with no placement change is at least 85%; The aim is to secure earlier permanence for looked after children</p>	<p><b>Baseline: Not Yet Available for 2017/2018</b> <b>Baseline 2016/2017 = 78%</b></p> <p>Performance in this area has remained relatively static over the last 4 years. Continued increase in the number of new</p>	<p><b>Amber</b></p>

<p>and offer them greater stability while in care. <b>Lead Director - CYPS</b></p>	<p>Looked After Children (LAC) admissions continues to place fostering and adoption services under considerable pressure, resulting in increased demand for placements which has impacted on permanence, placement security and stability. In response to increasing LAC admissions the Trust is taking part in Regional discussions in respect of preventative measures.</p> <p>Based on the ongoing static performance this objective has been assessed as only partially achievable.</p>	<p style="background-color: yellow;"></p>
<p>1.10.2 CHILDREN IN CARE (ADOPTION): By March 2019, 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. <b>Lead Director – CYPS</b></p>	<p><b>Baseline Not Yet Available for 2017/2018</b> <b>Baseline 2016/2017 = 53%</b></p> <p>Performance in 2016/2017 improved as a consequence of a number of initiatives including the ‘Home on Time’ Scheme. The majority of older children are adopted by their foster carers and is typically a longer process, than the 3-year timeframe, which whilst adversely impacting performance data, is not harmful in terms of care planning.</p> <p>The Trust continues to closely monitor care planning for children where there is an agreed plan for adoption with the objective of avoiding unnecessary delay.</p> <p>Based on the current level of performance this objective has been assessed as not achievable.</p>	<p style="background-color: red; color: white; text-align: center;"><b>Red</b></p>
<p>1.11 PROTECT LIFE 2 STRATEGY: 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 “Crises De-escalation Service” pilot. This work builds on previous</p>	<p>The Trust continues to provide an out-of-hours service to support de-escalation, between 01:00 and 09:00, based in Craigavon Area Hospital, and providing cover to Daisy Hill Hospital in line with initial investment made for this provision. However, the delivery of this service is challenging due to the geographical spread of the two Emergency Departments.</p>	<p style="background-color: yellow;"><b>Amber</b></p>

<p>investments in community mental health crisis teams and is an important element of the work to reduce the suicide rate by 10% by 2022 in line with the draft Protect Life 2 Strategy. <b>Lead Director - MHD</b></p>	<p>A number of Trust actions are in place and ongoing to seek improvement including:</p> <ul style="list-style-type: none"> <li>• A proposal for development of an enhanced community health infrastructure was made via transformation funding, however this has currently not been prioritised;</li> <li>• Ongoing review and revision of protocols to further inform on-going safe and effective provision for this challenging service;</li> <li>• Appointment of a Zero-Suicide Co-Ordinator, via transformation funding, will support the wider work to reduce suicide rates and whilst this post will not work out-of-hours it will review staff training and staff awareness to have a better understanding of the needs of those presenting in crisis.</li> </ul> <p>The Trust will seek to gain any learning from ‘street triage’ pilot to be undertaken in other Trust areas.</p> <p>Based on the current provision and the limited opportunity to further enhance this in-year, based on access to resources, the Trust has assessed this objective as only partially achievable</p>	<p><b>Amber</b></p>
<p>1.12 SUBSTITUTE PRESCRIBING: 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</p>	<p>Within existing resources the Trust is working with one GP practice to support GP prescribing of Methadone; Subutex; and Suboxone on a pilot basis within the Newry &amp; Mourne locality.</p>	



<p>secondary care, to reduce waiting times and improve access. This is an important element in the delivery of our strategy to reduce alcohol and drug related harm and to reduce drug related deaths.</p> <p><b>Lead Director - MHD</b></p>	<p>This initial work will seek to engage Primary Care and support them in the management of substitute prescribing. Achievement of this objective would require additional resources in secondary care to support GPs in Primary Care to manage substitute prescribing with a view to detox of specific patients and as such is subject to availability of resources.</p> <p>Constraints include the inclusion of Codeine dependent clients in the new guidance, which to date, has not been part of the service offered or commissioned. Further the lack of training for GPs to RCGP 2 Level in Opiate Substitute Prescribing will be a key constraint in the achievement of this objective.</p> <p>Whilst the ability to achieve this objective is challenging the Trust is undertaking a review of the Addictions service to consider the current resources against the demand, and ensure optimisation of the current resource.</p> <p>This objective has been assessed as only partially achievable due to the limited scale of the current provision.</p>	
<p>1.13 By July 2018, to provide detailed plans (to include financial profiling) for the regional implementation of the diabetes feet care pathway. Consolidation of preparations for regional deployment of the care pathway will be an important milestone in the delivery of the Diabetes Strategic Framework.</p> <p><b>Lead Director – OPPC/ASD</b></p>	<p><b>Regional Objective</b></p> <p>The Trust will contribute to the achievement of this objective via the implementation of the Diabetes Feet Care Pathway.</p> <p>Implementation of the pathway will be subject to the allocation of funding and will require additional medical, nursing and AHP staff along with additional appropriate multi-disciplinary accommodation.</p>	<p><b>Green</b></p> 

<b>Desired outcome 2: People using health and social care service are safe from avoidable harm.</b>		
<b>Commissioning Plan Direction Objectives</b>	<b>Trust Response 2018/2019</b>	<b>TDP Assessment</b>
<p>2.1 DELIVERING CARE (Sustainable Nurse Staffing Level): By March 2019, all HSC Trusts should have fully implemented Phases 2, 3 and 4 of Delivering Care, to ensure safe and sustainable nurse staffing levels across all Emergency Departments; Health Visiting; and District Nursing Services.</p> <p><b>Lead Director - EDN</b></p>	<p>Staffing models have been agreed for Phase 2 (Emergency Department); Phase 3 (District Nursing); and Phase 4 (Health Visiting), however, only a partial amount of recurrent funding, for Phase 2 and Phase 4 has been received.</p> <p>The Trust has a number of staff employed in these areas which is a significant proportion of the normative number that the Delivering Care standard seeks. Whilst the Trust will seek to improve the level of safe and sustainable nursing staffing levels full implementation of Phases 2, 3 and 4 can only be achieved on receipt of full funding and the ability to secure sufficient numbers of Registered Nurses.</p> <p>In the current context this objective remains challenging despite regional and local efforts to attract additional registered nursing staff.</p> <p>.As such this objective has been assessed as only partially achievable.</p>	<p><b>Amber.</b></p>
<p>2.2.1 ANTIBIOTIC PRESCRIBING: By 31 March 2019, ensure that the 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 figures;</p> <p><b>Lead Director – OPPC</b></p>	<p><b>Not Applicable</b></p> <p>This target relates to primary care prescribing.</p> <p>In relation to Bannview Practice, whilst no specific target has been identified for the practice, the Trust will work alongside commissioning colleagues to support this improvement in principle.</p>	<p><b>Not Applicable</b></p>

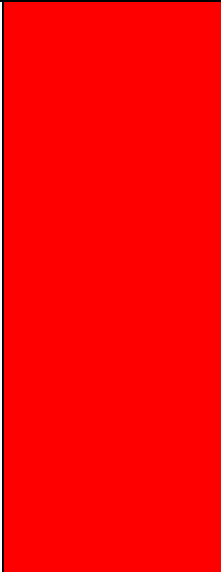
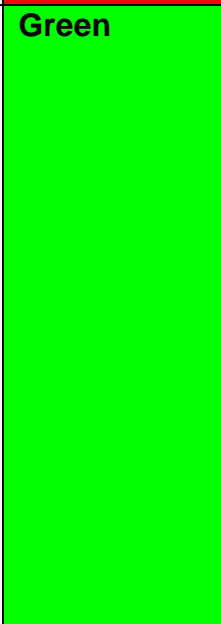
<p>2.2.2 ANTIBIOTIC PRESCRIBING: Taking 2017/2018 as the baseline figures, secure in secondary care: a reduction in total antibiotic use of 1%, measured in DDD per 1000 admissions <b>Lead Director – Medical Director</b></p>	<p>A baseline requires to be established.</p> <p>Due to constraints in the antibiotic stewardship service for the first half of 2018/19, achieving this target will be challenging.</p> <p>The Trust has recently appointed staff to restore and expand our antimicrobial stewardship team and the Trust anticipates greater progress towards this objective in relation to reduction in usage in the second half of 2018/2019.</p> <p>As such this objective has been assessed as only partially achievable.</p>	<p><b>Amber</b></p>
<p>2.2.3 ANTIBIOTIC PRESCRIBING: Taking 2017/2018 as the baseline figures, secure in secondary care: a reduction in carbapenem use of 3%, measured in DDD per 1000 admissions <b>Lead Director – Medical Director</b></p>	<p>A baseline requires to be established.</p> <p>Due to constraints in the antibiotic stewardship service for the first half of 2018/19, achieving this target will be challenging.</p> <p>The Trust has recently appointed staff to restore and expand our antimicrobial stewardship team and the Trust anticipates greater progress towards this objective in relation to reduction in usage in the second half of the 2018/2019. Actions may include application of restrictions to control usage later in the year if required.</p> <p>As such this objective has been assessed as only partially achievable.</p>	<p><b>Amber</b></p>
<p>2.2.4 ANTIBIOTIC PRESCRIBING: Taking 2017/2018 as the baseline figures, secure in secondary care: a reduction in piperacillin-</p>	<p>A baseline requires to be established.</p> <p>Due to constraints in the antibiotic stewardship service for</p>	<p><b>Amber</b></p>

<p>tazobactam use of 3% , measured in DDD per 1000 admissions <b>Lead Director – Medical Director</b></p>	<p>the first half of 2018/19, achieving this target will be challenging.</p> <p>The Trust has recently appointed staff to restore and expand our antimicrobial stewardship team and the Trust anticipates greater progress towards this objective in relation to reduction in usage in the second half of the 2018/2019.</p> <p>Guidelines will be reviewed during the year to help tackle this issue.</p> <p>As such this objective has been assessed as only partially achievable.</p>	
<p>2.2.5 ANTIBIOTIC CONSUMPTION: Taking 2017/2018 as the baseline figures, secure in secondary care: that at least 55% of antibiotic consumptions (as measured in DDD per 1000 admissions) should be antibiotics from the WHO access aware* category, OR an increase of 3% of antibiotics form WHO access aware* category, as a proportion of all antibiotic use.</p> <p>With the aim of reducing total antibiotic prescribing (DDD per 1000 population) by 10% by 31 March 2020. <b>Lead Director – Medical Director</b></p>	<p>A baseline requires to be established.</p> <p>A number of actions are in place to work toward the improvement sought including:</p> <ul style="list-style-type: none"> <li>• Recent appointment of additional staff to restore and expand our antimicrobial stewardship (AMS) team;</li> <li>• Trust guidelines have been updated to encourage the use of narrow-spectrum antibiotics; and</li> <li>• Increased AMS ward rounds will allow greater scrutiny and review of antibiotics.</li> </ul> <p>This objective has been assessed as only partially achievable.</p>	<b>Amber</b>
<p>2.3 GRAM-NEGATIVE BLOODSTREAM INFECTIONS:</p> <p>To secure an <b>aggregate reduction</b> of 11% of</p>	<p><b>Baseline: Not yet available</b> Target = 13 fewer cases,</p> <p>The Trust has been collecting data on gram-negative</p>	<b>Red</b>

<p>Escherichia coli, Klebsiella spp. and Pseudomonas aeruginosa bloodstream infection, acquired after two days of hospital admission, compared to 2017/2018</p> <p><b>Lead Director – Medical Director</b></p>	<p>infections for less than one year and further work is required to establish the robustness of this data which makes analysis and targeted improvement challenging.</p> <p>Whilst the Trust has a range of actions in place to seek to reduce these rates including analysis of risk factors to establish the level of cases that are deemed preventable, a focus will be required to reduce antibiotic prescribing of urinary prophylaxis in the community, noting Northern Ireland has the poorest performance on this in Europe.</p> <p>Based on the current lack of analysis the Trust has assessed this objective as unachievable.</p>	
<p>2.4.1 HEALTHCARE ACQUIRED INFECTIONS: By 31 March 2019, to secure a regional aggregate reduction of 5% in the total number of in-patient episodes of <b><i>Clostridium Difficile</i></b> infection in patients aged 2 years and over compared to 2017/2018.</p> <p>SHSCT objective level is 50 cases, therefore, no % reduction required.</p> <p><b>Lead Director - MD</b></p>	<p><b>Validated: Cumulative period of April 2017 to March 2018 = 48 cases</b> per Trust (this requires validation) <b>(55% higher (17 cases) than OGI)</b></p> <p>The Trust continues to work towards low incidence of <i>C.Difficile</i> against a background of increasingly complex clinical needs and an ageing population.</p> <p>Whilst 2017/2018 level was a decrease in performance in comparison to 2016/2017 the Trust had one of the lowest levels in the Region. Regional analysis of performance against comparable Trusts in England has been undertaken by the Public Health Agency and the target for 2018/2019 for the SHSCT has been set at 50 cases which requires no reduction.</p> <p>The Trust will strive to maintain the level of cases and antibiotic stewardship remains a key area for improvement. The Trust has appointed a new Antimicrobial Pharmacist to</p>	<b>Amber</b>

	<p>support this; and is seeking to increase microbiology and antimicrobial pharmacist cover in year and has committed additional resources to this area from demography.</p> <p>This target is assessed as partially achievable due to the ongoing challenge between hospital and community interfaces.</p>	
<p>2.4.2 HEALTHCARE ACQUIRED INFECTIONS: By 31 March 2019, to secure a regional aggregate reduction of 26% in the total number of in-patient episodes of <b>MRSA</b> infection in patients aged 2 years and over compared to 2017/2018.</p> <p>SHSCT objective level is 5 cases, therefore, no % reduction required. <b>Lead Director - MD</b></p>	<p><b>Validated: Cumulative period of April 2017 to March 2018 = 4 cases</b></p> <p>2017/2018 demonstrated an improvement in performance with a reduction in the number of incidences in comparison to 2016/2017 and the Trust will seek to maintain this low level of incidences in 2018/2019.</p> <p>Regional analysis of performance against comparable Trusts in England has been undertaken by the Public Health Agency and the target for 2018/2019 for the SHSCT has been set at 5 cases which requires no reduction.</p> <p>The Trust will strive to maintain the level of cases and has a range of actions ongoing in relation to infection prevention and control.</p>	<b>Green</b>
<p>2.5 NEWS: 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. <b>Lead Director - EDN</b></p>	<p>The National Early Warning Score (NEWS) is well embedded within the Trust and this indicator is part of a range of key performance indicators which the Trust routinely assesses as part of its nursing and quality assurance processes.</p> <p>Audit is well established for this indicator and operationally Lead Nurses now complete the audits for their respective</p>	<b>Amber</b>

	<p>areas which had proven to be more accurate than the previously undertaken self-audits. Action plans are developed and implemented following completion of the audits as required, addressing any weaknesses identified. Some challenges remain with robust record keeping around escalation.</p> <p>In 2018/2019 the Trust has committed to review its processes to provide assurance around the timely escalation of signs of deterioration and this will be taken forward via the NEWS Oversight Group.</p> <p>This objective has been assessed as partially achievable due to the ongoing in year review which seeks further improvement.</p>	
<p><b>2.6 FALLS AND PRESSURE ULCERS REPORTING:</b> By March 2019, review and regionally agree standardised operational definitions and reporting schedules for falls and pressure ulcers.</p>	<p>This is a regional objective to which the Trust will contribute.</p> <p>The Trust will participate in a regional exercise to review and regionally agree standardised operational definitions and reporting schedules for falls and pressure ulcers.</p>	<p><b>Unable to assess Regional achievability</b></p> <p><b>Trust's Contribution – Green</b></p>
<p><b>2.7 MEDICINES OPTIMISATION:</b> By March 2019, all Trusts must demonstrate 70% compliance with the regional Medicines Optimisation Model against the baseline established at March 2016 and</p> <p>the HSC Board must have established baseline compliance for community pharmacy and general practice.</p>	<p>Baseline = 2017/2018 46% compliance</p> <p>The ability to achieve this objective is resource dependent and whilst the Trust has improved its baseline from 2016/2017 it is unable to achieve full compliance due to the current level of funded capacity.</p> <p>Investment was made in 2016/17 to support medicines</p>	<p><b>Red</b></p>

<p>Reports to be provided every six months through the Medicines Optimisation Steering Group. <b>Lead Director - ASD</b></p>	<p>optimisation for older people in intermediate care, nursing homes and domiciliary care settings and for mental health home treatment.</p> <p>Trust challenges relate specifically to the administration of medicines including the ability of patients to be able to administer their own medicines where appropriate and the development of a clinical management plan, within 24 hours of admission, which includes discharge planning to help prevent delays on discharge.</p> <p>The Trust will continue to seek to improve this position and report six monthly, however gains are not anticipated to be significant in year. As such the Trust has assessed this objective as not achievable.</p>	
<p>2.8 RESIDENTIAL AND NURSING HOMES: 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. <b>Lead Director - OPPC</b></p>	<p>The achievement of this objective will require a multi-sectoral approach to which the Trust will contribute as part of its duty of care. The application of The Registration and Quality Improvement Authority's (RQIA) Minimum Care Standards form part of the Regional residential and nursing home contract which the Trust has in place with all residential and nursing homes that it contracts with. The Trust has processes in place for its statutory residential care homes to ensure compliance with contract terms and departmental standards.</p> <p>The Trust, in 2018/2019, will participate in the Regional Workshops that are being developed in light of the recent report from the Commissioner for Older People in Northern Ireland (COPNI).</p> <p>The Trust continues to support the delivery of quality care in residential and nursing homes as part of its duty of care and</p>	<p><b>Green</b></p> 



	<p>has a range of governance arrangements in place. In 2018/2019 the Trust will review and refresh these governance arrangements encompassing any learning from the recent report of COPNI.</p> <p>The Trust will continue to seek improvement in care standards and take action, as appropriate on any issues highlighted by RQIA. RQIA has responsibility for regulation and inspection and for issuing failure to comply notices as part of its remit.</p>	
<b>Desired outcome 3: People who use health and social care services have positive experiences of those services.</b>		
<b>Commissioning Plan Direction Objectives</b>	<b>Trust Response 2018/2019</b>	<b>TDP Assessment</b>
<p>3.1 SAME GENDER ACCOMMODATION: By March 2019, all patients in adult inpatient area 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 <b>Lead Director – ASD/OPPC/MHD</b></p>	<p>Established guidelines and processes are in place within the Trust to manage patients that are cared for in mixed gender ward environments where the ward infrastructure does not permit single sex or all single room accommodation. Within a mixed gender ward environment same sex patients will be managed in designated single sex ‘bays’ and single sex ‘double side rooms’.</p> <p>There are a number of areas within the Trust that this is not appropriate/ achievable due to the patient’s clinical need, including for example intensive care environments. Whilst patients are managed in same gender bays, infrastructural issues can prove challenging regarding bathrooms/toilets. Challenges also will present, even in single room accommodation, where individuals with challenging behaviours are being managed.</p> <p>A baseline audit is being undertaken by the Trust in</p>	<b>Green</b>

	<p>2018/2019 to fully assess the impact of these issues. These issues cannot be fully resolved until the site-wide redevelopments are undertaken/ completed.</p> <p>Further the Trust will participate on the Regional group, which is being led by the PHA, to develop a Regional policy in respect of same gender accommodation.</p>	
<p>3.2 CHILDREN IN CARE (PERMANENCE AND PATHWAY PLANS): 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. <b>Lead Director – CYPS</b></p>	<p>The Trust continues to work specifically with children and young people to ensure that, in line with age and understanding, that they are fully involved and consulted with in relation to their respective care plans.</p> <p>The Trust has two active Looked After Children service user groups which assist in enabling young people to influence decisions.</p> <p>Trust Board has also adopted a ‘LAC Pledge’ to seek to discuss issues of relevance with care experienced young people.</p>	<p><b>Green</b></p>
<p>3.3 DEMENTIA PORTAL: By March 2019, patients in all Trusts will have access to the Dementia portal. <b>Lead Director – MHD</b></p>	<p>The Trust is participating in a pilot, starting in June 2018, which allows dementia clients to access their appointments on-line along with a range of other resources, once agreed.</p> <p>This pilot (with 3 clients) is, however, dependent on the Dementia Navigators identifying clients who are willing to participate.</p> <p>Whilst the Trust has two recurrently funded Dementia Navigators, additional resources would be required to roll this pilot out further as well as the engagement of clients and their agreement to participate.</p>	<p><b>Green</b></p>

<p>3.4 PALLIATIVE AND END OF LIFE CARE: 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 support people to be cared for in their preferred place of care and in the manner best suited to meet their needs.</p> <p><b>Lead Director – OPPC/ASD</b></p>	<p>The achievement of this objective will require input from multiple partners and requires direction from the Regional Palliative Care Programme Board.</p> <p>The Trust in 2018/2019 is considering a service improvement pilot across both the Acute and Non-Acute Directorates to move forward with the task of identification of patients with palliative and end of life care needs. Whilst Primary Care have a Palliative Care Register in place there is no system available for use across both Primary and Secondary care. The pilot will be established between the Trust and the Bannview Practice.</p> <p>Whilst the Trust continues with advanced care planning; DNAR; and training/education there are concerns from Clinicians around the use of the SPICT tool and around the identification and engagement of patients who may be in their last year of life. The Trust will work with Clinicians to seek to improve identification of appropriate patients.</p> <p>The Trust is also participating in the regional end of life care national benchmarking exercise in year.</p>	<p><b>Amber</b></p>
<p>3.5 CO-PRODUCTION: 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.</p> <p><b>Lead Director – OPPC/All Directorates</b></p>	<p><b>Regional Objective</b></p> <p>The Trust is awaiting publication of the Regional Co-Production Guidelines, by the DoH, which are anticipated in late Summer/early Autumn.</p> <p>The Trust's Corporate Plan demonstrates a commitment to the principles of co-production; PPI; and Patient/Client</p>	<p><b>Unable to assess Regional achievability</b></p> <p><b>Trust's Contribution</b> –</p>

	Experience and this commitment and integration is evidenced in the Trust's Quality Improvement Strategy; Patient/Client Experience Framework; and PPI Framework.	<b>Green</b>
<b>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</b>		
<b>Commissioning Plan Direction Objectives</b>	<b>Trust Response 2018/2019</b>	<b>TDP Assessment</b>
4.1 GP APPOINTMENTS: By March 2019, to increase the number of available appointments in GP practices compared to 2017/2018 <b>Lead Director – OPPC</b>	<p>The Trust, in respect of the Bannview Practice, has established a multi-disciplinary team capacity of Nurse Practitioners and Pharmacists along with the GP which will facilitate an increase in the number of available appointments within the Practice.</p> <p>However, a baseline of available appointments requires to be established to facilitate analysis of the increase and this work will be taken forward in year.</p> <p>Whilst there is no baseline the practice has increased capacity which sees this objective achieved.</p>	<b>Green</b>
4.2 GP OOH: By March 2019, to have 95% of acute/ urgent calls to GP OOH triaged within 20 minutes. <b>Lead Director – OPPC</b>	<p><b>Baseline: Cumulative period April 2017 to March 2018 = 87.70%</b></p> <p>The Trust continues to be challenged to provide full cover in GP Out of Hours despite a range of on-going initiatives. In addition to G.P provision the current service provision includes; Home Triage, Nurse Advisors (Triagers), Nurse Practitioners and Pharmacists.</p>	<b>Red</b>

	<p>The Trust has undertaken a number of initiatives to reduce inappropriate contacts in the out of hours period and whilst on occasions contacts have reduced, there are days when there has been an increase. Unfortunately funding has been based on contacts and has been reduced which presents challenges in sustaining the current level of capacity to meet unscheduled demand.</p> <p>The presentation/variability in demand across the service hours compounds the capacity challenges. 2017/2018 performance remained static in comparison to 2016/2017 and is anticipated to remain static for 2018/2019. Based on the current level of performance and potential reduced funding level this objective has been assessed as not achievable.</p>	
<p>4.3 AMBULANCE SERVICE: From April 2018, 72.5% of Category A (life threatening) calls responded to within 8 minutes, 67.5% in each LCG area. <b>Lead Director- N/A</b></p>	<p><b>Not applicable to SHSCT: Northern Ireland Ambulance Service Objective</b></p>	Blue
<p>4.4.1 EMERGENCY DEPARTMENT (4-HOUR): 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; <b>Lead Director – ASD</b></p>	<p><b>Baseline: Cumulative period April 2017 to March 2018 = 74.5%</b></p> <p>Cumulative performance for 2017/2018 was relatively static in comparison to 2016/2017; however, this was set in the context of increasing attendances across all Trust Emergency Departments and increased 12-hour breaches associated with bed capacity and patient flow.</p> <p>The Trust continues to focus on ensuring safe and quality</p>	Red

	<p>care of patients in ED through a variety of on-going actions including:</p> <ul style="list-style-type: none"> <li>• Proposal for Senior Doctor in Triage (subject to resources);</li> <li>• Refocus on nurse triage to ensure appropriate levels of staffing in place at peak times for patient safety;</li> <li>• On-going review of ED quality indicators to ensure improvement in the quality of care.</li> </ul> <p>Whilst the Trust does not anticipate achievement of this objective it is working towards the achievement of the performance improvement trajectory which has been submitted to HSCB.</p>	
<p>4.4.2 EMERGENCY DEPARTMENT (12-HOUR): By March 2019, no patient attending any emergency department should wait longer than 12 hours. <b>Lead Director - ASD</b></p>	<p><b>Baseline: Cumulative period April 2017 to March 2018 = 3656</b></p> <p>Whilst the cumulative volume of 12-hour breaches in 2017/2018 was significantly higher than in 2016/017 this was set in the context of increasing attendances across all Trust Emergency Departments; bed capacity and patient flow challenges.</p> <p>Whilst the Trust has undertaken a significant amount of work through the Unscheduled Care Plan, to ensure safe and quality care of patients, challenges remain. The ability to improve performance against this objective requires a whole system approach and is challenged associated with Specialty medical workforce levels; low level of bed tolerance; 7-day working; nursing workforce; and reliance on other Directorates' input including paediatric assessment;</p>	<p><b>Red</b></p>

	<p>mental health assessment; and non-acute/community input.</p> <p>Actions to focus on whole system flow to improve this objective include:</p> <ul style="list-style-type: none"> <li>• Effective use of the Control Room, supported by transformation funding, to enhance patient flow as identified in the Operational Unscheduled Care Plan;</li> <li>• Enhanced pharmacy support, junior medical staffing issues and workload;</li> <li>• Effective discharge and optimisation of discharge lounges and discharge to assess models of care;</li> <li>• The implementation of mental health liaison initiative (RAID);</li> <li>• Creation of additional bed capacity over the winter period, however this remains subject to the ability to secure additional staffing to enable this;</li> <li>• Further development of community alternative to admissions via Acute Care At Home and Frailty Assessment Unit;</li> <li>• Development of respiratory rapid access (ambulatory services);</li> <li>• Robust escalation arrangements for management of flow; and</li> <li>• Engagement of staff in café conversations to ensure resilience plan is reflective of experiences.</li> </ul> <p>This continues to be a key area of focus for the Trust.</p>	
4.5 EMERGENCY DEPARTMENT (TRIAGE TO	<b>Baseline: Cumulative period April 2017 to March 2018 =</b>	<b>Green</b>

<p>TREATMENT): By March 2019, at least 80% of patients to have commenced treatment, following triage, within 2 hours.  <b>Lead Director – ASD</b></p>	<p><b>80.3%</b></p> <p>This objective, whilst achieved in 2017/2018, is set in the context of increased attendances across all Trust Emergency Departments.</p> <p>Whilst the Trust achieved this objective level corporately, challenges in achievability are demonstrated particularly on the CAH site.</p> <p>Trust actions to seek improvement at an individual site level and corporately include:</p> <ul style="list-style-type: none"> <li>• Appointment of clinical fellows to support and develop junior medical staff/ training to enhance decision making and improve flow in the ED area;</li> <li>• Establishment of senior doctor in triage to assist in early decision making and flow ;</li> <li>• Refocus of ENP services to ensure streaming of appropriate minor cases; and</li> <li>• Refresh and review of ED flow with departmental challenge events.</li> </ul> <p>The Trust considers this objective is achievable at a corporate level.</p>	
<p>4.6 By March 2019, 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.  <b>Lead Director – ASD</b></p>	<p><b>Baseline: Cumulative period April 2017 to March 2018 = 90.2%.</b></p> <p>Whilst cumulative performance in 2017/2018 remained relatively static in comparison to 2016/2017, an additional 37 patients had their hip fracture surgery within 48 hours.</p>	<p><b>Amber</b></p>



This was set in the context of increased demand (c 47 additional patients) without any subsequent increase in infrastructure capacity. It is of note that the demand for hip fractures is only part of the trauma demand which is managed based on clinical priority. In 2017/2018 the Trust required to reduce elective orthopaedic capacity to meet the demand and to utilise segregated beds within the orthopaedic ward to manage these patients.

Compounding the increased demand is the changing clinical requirements of patients, with an increase in the number of patients needing a full total hip replacement which required more theatre and recovery time.

In year the Trust will continue to meet the clinical demands of trauma patients, seeking the best clinical outcome and will:

- Continue to utilise elective orthopaedic capacity to meet trauma demand;
- Seek to maximise opportunities to backfill orthopaedic sessions using the additional new orthopaedic consultants now in post; and
- Continue to present a case for additional recurrent infrastructure capacity and revenue investment to increase capacity in the longer term.

Based on the submitted trajectory and the limited opportunity to increase capacity this objective has been assessed as only partially achievable.

<p>4.7 By March 2019, ensure that at least 15% of patients with confirmed ischaemic stroke receive thrombolysis treatment, where clinically appropriate. <b>Lead Director – ASD</b></p>	<p><b>Baseline: Cumulative period April 2017 to March 2018 = +12%</b> <b>Target : 15%</b></p> <p>Whilst this objective has a fixed achievement level, clinical decision making ultimately determines when the thrombolysis drug can be delivered to individual patients. Performance, therefore, will continue to be affected by the variable presentation of strokes and clinical decisions which consider clinical risks and benefits. All presentations of stroke are reviewed monthly and a stroke lysis bed and assessment bed is protected where possible on the CAH site. A stroke collaborative patient safety dashboard is in place and all aspect of stroke performance are reviewed monthly.</p> <p>Actions to improve the broader qualitative aspects of stroke include:</p> <ul style="list-style-type: none"> <li>• Establishment of a Trust stroke working group to identify areas of improvement;</li> <li>• Focus on improvement of the component parts of the SNAPP (national stroke audit);</li> <li>• Interface with the Emergency Department to improve the early identification of stroke cases;</li> <li>• A stroke collaborative patient safety dashboard is in place and all aspects of stroke performance are reviewed monthly.</li> </ul> <p>Acute and Rehabilitative stroke provision is carried out on 4 hospital sites which presents a challenge in the provision of</p>	<p><b>Amber</b></p>
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	<p>medical workforce. The Trust in year will also consider how best to support the medical workforce in this area.</p>	
<p>4.8 DIAGNOSTIC REPORTING (Urgents): By March 2019, all urgent diagnostic tests should be reported on within two days. (OGI = 100%) <b>Lead Director – ASD</b></p>	<p><b>Baseline: Cumulative period April 2017 to March 2018 = 81.4%</b> <b>(Imaging – 80.4%, Non Imaging – 93.8%)</b> <b>Target; 100%</b></p> <p><b>Imaging</b> – the Trust continues to be challenged to improve performance against this objective associated with an on-going Radiology vacancy rate of 34%. In parallel the Trust continues to appoint patients for diagnostics based on clinical need and therefore, patients may be appointed Friday/Saturday with no formal reporting sessions available within the required timeframes.</p> <p>Actions to improve include:</p> <ul style="list-style-type: none"> <li>• Review of opportunities to increase workforce with interviews scheduled for additional Locum cover; and</li> <li>• Ongoing utilisation of external reporting contracts in the independent sector.</li> </ul> <p><b>Physiological Measurement</b> – the Trust continues to be challenged to improve performance against this objective, particularly in cardiac investigations which is the largest area. Whilst additional investment has been made by the commissioner the requirement for validation of reports by senior staff and ongoing recruitment/retention challenges of these senior staff has impeded improvement.</p> <p>Based on these challenges the Trust continues to assess</p>	<p><b>Red</b></p>

	this objective as not achievable.	
<p>4.9 During 2018/19, all urgent suspected breast cancer referrals should be seen within 14 days;  <b>Lead Director – ASD</b></p>	<p><b>Baseline: Cumulative period April 2017 to March 2018 = 47.2%</b>  <b>Target; 100%</b></p> <p>Challenges associated with the ability to secure and sustain medical workforce continued from 2016/2017 into 2017/2018 and affected the ability to achieve this objective. However the Trust made significant improvement against this objective in the latter part of 2017/2018 and Quarter 4 reflected improved performance, close to 100%. This was associated with a recovery plan which facilitated an increase in capacity within the Trust and ongoing support received over the last 6 months from the other NI Trusts in the management of SHSCT patients.</p> <p>Achievability of this objective continues to be reliant upon a small clinical team in addition to on-going additionality (internal and external, as required) and as such required capacity is not recurrently mainstreamed. A Regional review of breast assessment services is on-going to secure a more sustainable Regional position.</p> <p>The breast team at the SHSCT continues to seek improvement and a number of quality developments in the local breast team have been recognised regionally and nationally.</p> <p>A plan is in place to continue to provide additional capacity for this service in 2018/2019 and whilst a small number of patients have waited in excess of 14 days at July the Trust</p>	<p><b>Amber</b></p>

<p>4.9.2 During 2018/19, at least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat; <b>Lead Director – ASD</b></p>	<p>position was 98.5% assessed within 14 days. <b>Baseline: Cumulative period April 2017 to March 2018 = 96.96%</b> <b>Target: 98%</b></p> <p>The Trust continues to perform strongly against this objective, although pressures felt in 2017/2018 associated predominantly with the delays in experience with the Breast Service last year did impact on the overall performance.</p> <p>Challenge remains associated with demand, and for services that are reliant on small teams which can impact on the timeliness of capacity. However it is anticipated that performance will remain fairly strong for 2018/2019, subject to demand and the Trust's trajectory for 2018/2019 reflects this. 97% is projected at year end, which is just less than the target and will reflect a partial achievement.</p>	<p><b>Amber</b></p>
<p>4.9.3 During 2018/19, at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days. <b>Lead Director – ASD</b></p>	<p><b>Baseline: Cumulative period April 2017 to March 2018 = 74.28%.</b></p> <p>Performance in 2017/2018 was impacted by an increased volume of patients on the pathway presenting increased demand on the resources available, including red flag out-patient assessment and diagnostic capacity. Despite this higher demand the percentage of confirmed cancers did not demonstrate a disproportionate percentage increase.</p> <p>A number of actions are in place to support optimisation of the pathway including:</p> <ul style="list-style-type: none"> <li>• Monthly Cancer Performance Meeting at Assistant</li> </ul>	<p><b>Red</b></p>

	<p>Director level to review performance, trends and opportunities for improvement; this includes monitoring of those who wait longer than anticipated and snapshot audits to identify delays;</p> <ul style="list-style-type: none"> <li>• Development of a corporate cancer improvement plan to consider the broader qualitative impacts;</li> <li>• Provision of additional capacity, funded non recurrently, to support demand for red flag and diagnostics assessments.</li> </ul> <p>However, based on the current level of demand, the Trust does not anticipate achievement of this objective.</p>	
<p>4.10.1 By March 2019, 50% of patients should be waiting no longer than 9 weeks for an outpatient appointment <b>Lead Director – ASD</b></p>	<p><b>Baseline: Assessment at 31 March 2018 = 33.1% less than 9 weeks; 5,888 greater than 52-weeks; longest wait is 173 weeks.</b></p> <p>Achievement of this objective continues to be impacted by multiple factors including increasing demand; insufficient capacity; lack of recurrent investment in capacity gaps; and the nature of non-recurrent investment. Other challenges relate to the medical workforce where general gaps in the middle and senior level tiers of staff have resulted in priority being given to non-elective requirements.</p> <p>Actions in place include:</p> <ul style="list-style-type: none"> <li>• Continued prioritisation of available capacity to red flag (cancer) and clinically urgent referrals in the first instance; non recurrent resources have been made available for red flag/urgent work however this does not</li> </ul>	<p><b>Red</b></p>

	<p>typically impact on wait times;</p> <ul style="list-style-type: none"> <li>• The Trust will bid to secure additional funding from the confidence and supply monies to address longest outpatient waits where capacity and funding permits;</li> <li>• Establishment of an Acute Services Directorate Validation Group to ensure data robustness and capacity optimisation; and</li> <li>• The Trust is also working with regional colleagues to consider additional actions that can be taken, subject to resources, to support improvement of patients lived experiences on waiting lists as per the recommendations of the Patient/Client Council report.</li> </ul> <p>This objective is not achievable.</p>	
<p>4.10.2 By March 2019, no patient waits longer than 52 weeks. <b>Lead Director – ASD</b></p>	<p><b>Baseline: Assessment at 31 March 2018 = 33.1% less than 9 weeks; 5,888 greater than 52-weeks; longest wait is 173 weeks.</b></p> <p>Achievement of this objective continues to be impacted by multiple factors including increasing demand; insufficient capacity; lack of recurrent investment in capacity gaps; and the nature of non-recurrent investment. Other challenges relate to the medical workforce where general gaps in the middle and senior level tiers of staff have resulted in priority being given to non-elective requirements</p> <p>Actions in place include:</p> <ul style="list-style-type: none"> <li>• Continued prioritisation of available capacity to red flag (cancer) and clinically urgent referrals in the first</li> </ul>	<b>Red</b>

	<p>instance; non recurrent resources have been made available for red flag/urgent work however this does not typically impact on wait times;</p> <ul style="list-style-type: none"> <li>• The Trust will bid to secure additional funding from the confidence and supply monies to address longest outpatient waits where capacity and funding permits;</li> <li>• Establishment of an Acute Services Directorate Validation Group to ensure data robustness and capacity optimisation; and</li> <li>• The Trust is also working with regional colleagues to consider additional actions that can be taken, subject to resources, to support improvement of patients lived experiences on waiting lists as per the recommendations of the Patient/Client Council report.</li> </ul> <p>This objective is not achievable.</p>	
<p>4.11.1 By March 2019, 75% of patients should wait no longer than 9 weeks for a diagnostic test <b>Lead Director – ASD</b></p>	<p><b>Baseline: Assessment at 31 March 2018 = 57.2% &lt;9-weeks</b></p> <p><b>Imaging</b> – Recurrent gaps in capacity are identified for both general and specialist diagnostics across a range of imaging modalities and an accrued backlog. These gaps have been recognised by the commissioner.</p> <p>The commissioner has allocated revenue investment to facilitate a second CT scanner to be established on the CAH site; whilst infrastructural works have delayed the permanent solution the Trust has sourced additional capacity via a mobile CT Scanner. A further capacity gap now presents highlighting an emerging requirement for a further scanner.</p>	<b>Red</b>



Challenges prevail however in the provision of specialist CT diagnostics including colonography and angiography due to increasing demand and limited provision

Actions to improve include:

- Continued prioritisation of available capacity to red flag (cancer) and clinically urgent referrals in the first instance; non recurrent resources have been made available for red flag/urgent work however this does not typically impact on wait times; and
- Utilisation of funding secured via the confidence and supply monies to address longest waits including CT and MRI.

The ability to improve performance will require recurrent investment, with the ability to secure both the necessary infrastructure and workforce. Due to the volume of specialist CT procedures, where additional capacity cannot be secured in house the Trust is unable to eradicate waits over 26 weeks

**Physiological Measurement** – The Trust does not anticipate achievement of this objective associated with recurrent capacity gaps and accrued backlogs.

The Trust has received recurrent funding for one element of Cardiac Investigations (TTEs) however this does not meet the gaps within the other diagnostics and does not address the backlog. The Trust is further challenged with its ability to recruit and retain the Cardiac Physiologist workforce.

	<p><b>Endoscopy</b> – The Trust does not anticipate achievement of this objective associated with workforce issues and the competing clinical demands for red flag (cancer); clinically urgent; urgent planned repeats (backlogged); routine planned repeats (backlogged); and routine.</p> <p>Actions to improve include :</p> <ul style="list-style-type: none"> <li>• Continued prioritisation of available capacity to red flag (cancer), urgent planned patients waiting beyond clinically indicated timescales, and clinically urgent referrals in the first instance;</li> <li>• Utilisation of funding secured via the confidence and supply monies to provide additional in-house capacity to address red flag and urgent patients, and to seek additional independent sector capacity, where available to target longest waits where they are suitable.</li> </ul> <p>Due to the volume of patients that may not be suitable for the independent sector it is likely that routine patients will exceed 26 weeks.</p>	
<p>4.11.2 DIAGNOSTIC TEST: By March 2018, no patient waits longer than 26 weeks. (OGI = &gt;26 weeks = 0) <b>Lead Director – ASD</b></p>	<p><b>Baseline: Assessment at 31 March 2018 = 2,963 &gt;26-weeks; and longest wait 87-weeks</b></p> <p><b>Imaging</b> – The Trust does not anticipate achievement of this objective associated with a recognised recurrent demand and capacity gap for both general and specialist diagnostics across a range of imaging modalities and an accrued backlog. These gaps have been recognised by the commissioner.</p>	<p><b>Red</b></p>

The commissioner has allocated revenue investment to facilitate a second CT scanner to be established on the CAH site; whilst infrastructural works have delayed the permanent solution the Trust has sourced additional capacity via a mobile CT Scanner. A further capacity gap now presents highlighting an emerging requirement for a further scanner. Challenges prevail however in the provision of specialist CT diagnostics including colonography and angiography due to increasing demand and limited provision.

Actions to improve include:

- Continued prioritisation of available capacity to red flag (cancer) and clinically urgent referrals in the first instance; non recurrent resources have been made available for red flag/urgent work however this does not typically impact on wait times; and
- Utilisation of funding secured via the confidence and supply monies to address longest waits including CT and MRI.

The ability to improve performance will require recurrent investment, with the ability to secure both the necessary infrastructure and workforce. Due to the volume of specialist CT procedures, where additional capacity cannot be secured in house the Trust is unable to eradicate waits over 26 weeks

**Physiological Measurement** – The Trust does not anticipate achievement of this objective associated with recurrent capacity gaps and accrued backlogs.

	<p>Whilst the Trust has received recurrent funding for one element of Cardiac Investigations (TTEs) this does not meet the gaps within the other diagnostics. The Trust has been allocated non-recurrent funding from the Confidence &amp; Supply deal to facilitate the clearance of patients waiting in excess of 26-weeks at 31 March 2018.</p> <p>This is reliant on the ability to secure the additional Cardiac Physiologist workforce.</p>	
<p>4.12.1 By March 2019, 55% of patient should wait no longer than 13 weeks for inpatient/day case treatment <b>Lead Director – ASD</b></p>	<p><b>Baseline: Assessment at 31 March 2018 = 33.9% &lt;9-weeks; 2,079 &gt;52-weeks; and longest wait 217-weeks</b></p> <p>Achievement of this objective continues to be impacted by multiple factors including increasing demand; insufficient capacity; lack of recurrent investment in capacity gaps; the impact of unscheduled care pressures on bed capacity and the nature of non-recurrent investment. Other challenges relate to the medical workforce where general gaps in the middle and senior level tiers of staff have resulted in priority being given to non-elective requirements</p> <p>Actions in place include:</p> <ul style="list-style-type: none"> <li>• Continued prioritisation of available capacity to red flag (cancer) and clinically urgent referrals in the first instance; non recurrent resources have been made available for red flag/urgent work however this does not typically impact on wait times;</li> <li>• The Trust will bid to secure additional funding from the confidence and supply monies to address longest</li> </ul>	<p><b>Red</b></p>

	<p>daycase waits where capacity and funding permits however, due to unscheduled care pressures and the impact on bed capacity, the Trust will be unable to undertake additional capacity in-house to reduce longest waits;</p> <ul style="list-style-type: none"> <li>• Establishment of an Acute Services Directorate Validation Group to ensure data robustness and capacity optimisation; and</li> <li>• The Trust is also working with regional colleagues to consider additional actions that can be taken, subject to resources, to support improvement of patients lived experiences on waiting lists as per the recommendations of the Patient/Client Council report.</li> </ul> <p>This objective is not achievable.</p>	
<p>4.12.2 By March 2019, no patient waits longer than 52 weeks. <b>Lead Director – ASD</b></p>	<p><b>Validated: Assessment at 31 March 2018 = 33.9% &lt;9-weeks; 2,079 &gt;52-weeks; and longest wait 217-weeks</b></p> <p>Achievement of this objective continues to be impacted by multiple factors including increasing demand; insufficient capacity; lack of recurrent investment in capacity gaps; the impact of unscheduled care pressures on bed capacity and the nature of non-recurrent investment. Other challenges relate to the medical workforce where general gaps in the middle and senior level tiers of staff have resulted in priority being given to non-elective requirements.</p> <p>Actions in place include:</p> <ul style="list-style-type: none"> <li>• Continued prioritisation of available capacity to red flag</li> </ul>	<p><b>Red</b></p>

	<p>(cancer) and clinically urgent referrals in the first instance; non recurrent resources have been made available for red flag/urgent work however this does not typically impact on wait times;</p> <ul style="list-style-type: none"> <li>• The Trust will bid to secure additional funding from the confidence and supply monies to address longest daycase waits where capacity and funding permits however, due to unscheduled care pressures and the impact on bed capacity, the Trust will be unable to undertaken additional capacity in-house to reduce longest waits</li> <li>• Establishment of an Acute Services Directorate Validation Group to ensure data robustness and capacity optimisation; and</li> <li>• The Trust is also working with regional colleagues to consider additional actions that can be taken, subject to resources, to support improvement of patients lived experiences on waiting lists as per the recommendations of the Patient/Client Council report.</li> </ul> <p>This objective is not achievable.</p>	
<p>4.13.1 By March 2019, no patient waits longer than nine weeks to access child and adolescent mental health services. <b>Lead Director – CYPS</b></p>	<p><b>Baseline: Assessment at 31 March 2018 = 0 patients waiting in excess of 9-weeks.</b></p> <p>The Trust was challenged throughout 2017/2018 to achieve this objective associated with demand outstripping capacity and reduced capacity associated with funded workforce challenges.</p>	<b>Green</b>

	<p>Performance remains strong however and whilst the service anticipated this will be sustained in year, in line with the submitted trajectory, longer term sustainability is subject to future investment to meet demand.</p> <p>Challenges also prevail with a number of staff due for retirement and the ability to recruit and retain appropriately skilled replacements. In particular, this year a number of staff from the small specialist eating disorder element of this service provision are due to retire.</p> <p>The Trust anticipates, subject to ability to replace and retain staff that this objective is achievable in year.</p>	
<p>4.13.2 By March 2019, no patient waits longer than nine weeks to access adult mental health services. <b>Lead Director – MHD</b></p>	<p><b>Baseline: Assessment at 31 March 2017 = 101 waiting in excess of 9-weeks; longest wait 25-weeks</b></p> <p>The Trust continues to be challenged to improve performance against this objective associated with capacity gaps, due to increased referrals; required changes to the patient pathway; and workforce challenges with sick leave; maternity leave; and vacancies.</p> <p>Particular challenges have been identified in addictions services in the management of ongoing caseloads which will see an increase in waits in year as reflected in the submitted trajectory. A service improvement project has been initiated to seek improvement in this service area.</p> <p>In lieu of recurrent investment to address these capacity gaps a number of actions are ongoing including:</p> <ul style="list-style-type: none"> <li>• Maximisation of opportunities through the utilisation of</li> </ul>	<b>Red</b>

	<p>the Well-Mind hub;</p> <ul style="list-style-type: none"> <li>• Communication with all patients who are waiting longer than 9-weeks providing details of how to access services if in crisis; and</li> <li>• Issuing 'You in Mind' documentation to patients, following receipt of their referral, with patient information leaflets included.</li> </ul> <p>Due to the demand and lack of recurrent investment this objective has been assessed as not achievable.</p>	
<p>4.13.3 By March 2019, no patient waits longer than nine weeks to access dementia services. <b>Lead Director – MHD</b></p>	<p><b>Baseline: Assessment at 31 March 2018 = 15 patients waiting in excess of 9-weeks, longest wait 22-weeks</b></p> <p>The Trust continues to be challenged to improve performance against this objective associated with current and impending increases in demand linked to demography and disease prevalence. Whilst the Regional review and development of a new dementia pathway is not yet finalised the Trust has agreed its pathway; mapped its capacity against the pathway; and confirmed capacity gaps in the delivery of this.</p> <p>Recurrent investment, and the ability to attract and retain key medical staff, will be required to improve this position.</p> <p>The Trust is considering how best to support patients who are waiting greater than 9-weeks and a number of actions are ongoing:</p> <ul style="list-style-type: none"> <li>• In-year the Trust has become an affiliated member of the Memory Service Accreditation Programme (MSNAP) and</li> </ul>	<p><b>Red</b></p>



	<p>is working to review processes against standards for memory services;</p> <ul style="list-style-type: none"> <li>• Further work is on-going via Peer Review to assess standards against best practice.</li> </ul> <p>Based on the current level of demand against capacity this objective is assessed as not achievable.</p>	
<p>4.13.4 By March 2019, no patient waits longer than 13 weeks to access psychological therapies (any age). <b>Lead Director – MHD</b></p>	<p><b>Baseline: Assessment at 31 March 2018 = 84 patients waiting in excess of 13-weeks, longest wait 56-weeks</b></p> <p>The Trust continues to be challenged to improve performance against this objective associated with a significant level of workforce vacancies, which is in line with a recognised Regional shortfall in qualified Psychologists.</p> <p>Whilst a bid for non-recurrent funding has been made to address reductions in the waiting list, due to the shortage in the psychology workforce this will focus on Step 3 referrals and will not address the most complex cases resulting in on-going long waits.</p> <p>As such this objective has been assessed as not achievable, even with additional resources.</p>	<b>Red</b>
<p><b>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 setting in the community.</b></p>		
<b>Commissioning Plan Direction Objectives</b>	<b>Trust Response 2018/2019</b>	<b>TDP Assessment</b>
<p>5.1 By March 2019, secure a 10% increase in the number of direct payments to all service users. <b>Lead Director – MHD</b></p>	<p><b>Baseline: Assessment at 31 March 2018 = 777</b> <b>Target 2018/2019 = 777 +10 % = 855</b></p>	<b>Red</b>

Whilst the Trust achieved an increase in the level of direct payments in 2017/2018 in comparison to 2016/2017 an improvement of only +3.5% was achieved against the objective level sought of +10%.

Direct payments remain an important and central component of how care is delivered and from April 2017 are managed under the Self Directed Support approach. The Trust undertook a number of actions to seek to improve uptake in 2017/2018 including:

- Staff training and active promotion of Direct Payments as part of promotional work around Self Directed Support;
- Development of proposals for simplification of the payment rates;
- Review for 'reasons for decline' of direct payments.

Despite this, challenges remain including a general reluctance of individuals to become an employer and a reduced workforce providing care support (as experienced in domiciliary care). The requirement for a short (debarment) order from the Office of Care and Protection for individuals with limited capacity has also had a negative impact on the uptake of direct payments, particularly in dementia and older persons programmes associated with the timeline for this.

All new direct payments are now paid at the Trust's Self-Directed Support (SDS) rate and now fall under the SDS OGI (5.2). SDS provides the same choice and control without the issues of direct management and it is anticipated that direct payment may reduce as SDS gathers momentum.

	<p>As such the assessment of this objective for this year remains as not likely to be achieved.</p> <p>To improve understanding of trends in these areas the Trust will actively monitor trends in uptake by programme of care.</p>	
<p>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> <p><b>Lead Director – MHD</b></p>	<p>In line with the HSCB's Analysis of Information Available for SDS for the period until May 2018 (published in August 2018), the SHSCT has a total of 529 clients recorded as having been in receipt of an SDS service, inclusive of 297 carers and 45 service users who received a one off service all of which were via Direct payments.</p> <p>In line with direction from the Southern Trust's Strategic Information Forum to maximise the electronic collection of data, the figures for the Southern Trust reflect direct payment options only as this information is held electronically within the Trust Financial system. The Trust is currently upgrading their Community Information System to electronically capture and report on all aspects of activity. Similar to recent progress made by integrating the Adult Social Care Outcome Toolkit (ASCOT) into the Paris Information System to reduce team-based administration across the Trust, it is anticipated that this will be replicated to improve the reporting of SDS activity and reflect an increase in SDS packages being facilitated as reporting becomes more robust.</p> <p>Within the SHSCT, following participation in the SDS process and Planning Training sessions, Case Managers will seek to ensure that all service user assessments and re-assessments are under the Self Directed Support</p>	<p><b>Amber</b></p>

approach. In building on the extensive Level 1, 2 & 3 Self Directed Support Staff Training facilitated to date it is hoped that as many social care service users as possible will be assessed under Self Directed Support by 31st March 2019. However whether this will achieve the 100% project measurable is doubtful. Having stated this position however the Southern Trust will be embarking on a significant plan of action over the coming months which once facilitated will give assurance that the Southern Trust is committed to fully implementing both Self Directed Support and Managed Budgets (once outstanding regional legal, contractual and procurement issues have been resolved).

The Trust has taken a number of actions in year to increase uptake including:

- A decision by the Trust's Senior Management Team to adopt the 2018-19 Regional Minimum Rate for SDS and resolve past Direct Payment issues to ensure simplification of payment rates and procedures for both service users and staff alike;
- Revision of Trust SDS and ASCOT implementation plans to increase the momentum and impetus of the Trust's implementation of SDS by incorporating ambitious tasks such as ensuring that all existing Direct Payment Recipients have completed Support Plans in place so the Trust can increase the total number of recurrent SDS Packages of Care from 187 to at least 779 by October 2018;
- Continued Training of key staff in line with the Trust's SDS, Direct Payment and ASCOT training strategies.

	<p>Whilst the Trust is committed to working towards the implementation of Managed Budgets, challenges remain including continued work still needing to be finalised with regional contracts, DLS, PALS &amp; HSCB to significantly increase individual choice and control for individuals hoping to avail of SDS and as such the Trust has assessed this objective in 2018/2019 as partially achievable.</p>	
<p>5.3 By March 2019, no patient should wait longer than 13 weeks from referral to commencement of treatment by an allied health professional. <b>Lead Director – OPPC/MHD/CYP/AS</b></p>	<p><b>Baseline: Assessment at 31 March 2018 = 3,952 &gt;13-weeks; longest wait 58-weeks</b> <b>Target 2018/19 = 0 waits &gt;13-weeks</b></p> <p>The total number of patients awaiting first AHP appointment has improved this year with 1,325 less patients waiting in excess of 13 weeks from March 2017</p> <p>The impact of recurrent investment previously committed by the Trust has supported this reduction and a number of additional actions have been undertaken in 2017/2018 to support improvement. These actions include the development of a peripatetic pool of AHP posts to assist with turnover and succession planning; development of rotational schemes to provide a more sustainable staff base; and continued direction of non-recurrent resources to provide additional capacity as funding is available.</p> <p>The majority of the current waits in excess of 13-weeks relate to Physiotherapy, 47% (1,877) and Occupational Therapy, 26% (1,033).</p> <p>Whilst non recurrent funding commitment from the Confidence and Supply Fund will target reduction for those</p>	<p><b>Red</b></p>

	<p>waiting over 13 weeks at the end of March it is anticipated that increasing demand will see a new cohort of waits &gt;13 weeks at the end of March 2019. As such this objective has been assessed at not achievable</p> <p>In-year the Trust is refreshing its demand and capacity analysis to identify new capacity gaps; it will seek to optimise delivery of core services to optimise capacity but will continue to balance the needs of those clients requiring review and intervention with the requirement to meet new demand.</p> <p>It is of note that AHP provision within MD teams is not included in elective monitoring.</p>	
<p>5.4 By March 2019, have developed a baseline definition data to ensure patients have timely access to a full swallow assessment. <b>Lead Director – EDN</b></p>	<p><b>Regional Objective</b></p> <p>This is a Regional objective to which the Trust will contribute.</p> <p>In SHSCT in 2015/2016 initial data would indicate there were 2255 referrals for full dysphagia assessment (2227 adult referrals, 28 paediatric referrals).</p> <p>The SHSCT will participate in the regional work to bring forward the recommendations of the PHA Thematic Review of Choking on Food including the development of a data definition to enable the development of a robust baseline assessment of timely access to a full swallow assessment.</p> <p>SHSCT staff are involved in regional work and the Trust has established a multi-disciplinary group to oversee the implementation of any actions that arise from the Thematic</p>	<p><b>Unable to assess Regional achievability</b></p> <p><b>Trust's Contribution – Green</b></p>

	review.	
<p>5.5 By March 2019, Direct Access Physiotherapy services will be rolled out across all Health and Social Care Trusts.</p> <p><b>Lead Director – EDN/OPPC</b></p>	<p>Direct Access Physiotherapy Services are in place for staff employed within the SHSCT facilitated by a self –referral process to Occupational Physiotherapy service.</p> <p>The Trust Head of Physiotherapy was part of the regional steering group working with the SEHSCT Physiotherapy Outpatient Service which piloted direct access physiotherapy in 2016/2017. The Trust will work to build on the learning of this pilot and implement a self-referral service for adults (over 16) with musculoskeletal problems within the Trust area in 2018/2019.</p> <p>The Trust will continue to manage all referrals that meet the routine criteria, at triage, in chronological order. The demand on the outpatient service at present is already exceeding the capacity with waits in excess of the 13- week access time. Further increase in demand, without additional resource, will result in continued waits in excess of the 13 week access time.</p>	<p><b>Green</b></p>
<p>5.6 By May 2018, to have delivered the Children &amp; Young People's Developmental &amp; Emotional Wellbeing Framework along with a costed implementation plan.</p> <p><b>Lead Director – CYPS</b></p>	<p>This is a regional objective</p> <p>A regional group has been established and the Trust will participate in this forum. The line of accountability for this group will be through the Children's Services Improvement Board.</p>	<p><b>Unable to assess Regional achievability</b></p> <p><b>Trust's Contribution – Green</b></p>
<p>5.7.1 During 2018/19, ensure that 99% of all learning disability discharges take place within</p>	<p><b>Baseline: Cumulative period April 2017 to March 2018</b>  <b>&lt;7-days = 95.7%; and &gt;28-days = 0 patients</b></p>	<p><b>Amber</b></p>

<p>seven days of the patient being assessed as medically fit for discharge, with no discharge taking more than 28 days.</p> <p><b>Lead Director – MHD</b></p>	<p>In 2017/2018 an improved position for performance against both the 7-day and 28-day objectives has been demonstrated, in comparison to 2016/2017. Only one patient discharged waited more than 7-days.</p> <p>Whilst improvement has been reported it is important to note that patents in this cohort are unlikely to be declared medically fit unless multi-disciplinary fitness is also confirmed and lack of suitable community places prevents this. Also patients under the Mental Health Order will not be declared medically fit unless a placement is confirmed. As such the reported position can mask the waits in acute beds for those waiting discharge to appropriate placements. The Trust anticipated 50% of the patient cohort delayed at any time impacts on acute hospital flow.</p> <p>Challenges include lack of community infrastructure to support placements; challenges with procurement and limited supply of appropriate community placements; a high level of demand, including a growing demand via those clients transitioning to adult services.</p> <p>Trust actions include the development of options of ‘step down’/rehabilitation facilities to mitigate this impact.</p> <p>In the context of these challenges the Trust has assessed this target as only partially achievable.</p>	
<p>5.7.2 During 2018/19, ensure that 99% of all mental health discharges take place within seven days of the patient being assessed as medically fit for</p>	<p><b>Baseline: Cumulative period April 2017 to March 2018:</b>  <b>&lt;7-days = 93.7% and &gt;28-days = 12</b></p>	<p><b>Red</b></p>



discharge, with no discharge taking more than 28 days.

**Lead Director – MHD**

Whilst performance in 2017/2018 has demonstrated a minimal improvement in percentage terms it should be noted that the actual number of admissions has decreased by -20%

With limited accommodation options and the timeline for transition into placements there is a resultant impact on the total available bed capacity for both learning disability and mental health.

Patient flow challenges are resulting in the emergence of a new 'long stay' population that consists of people with rehabilitation and/or complex needs that are proving difficult to manage in the community.

Trust actions include:

- Enhancement of patient flow and escalation arrangements for complex discharges;
- Submission of proposals under transformation funding for investment to support development of a community based rehabilitation team; this is subject to funding and ability to secure skilled staffing; and
- Pursuance of funding to meet individual high cost package costs where placements may be available.

Challenges also prevail around the lack of consistent regional agreement on specialist rates affecting the ability to secure value for money locally. The Trust will seek the support of the social care procurement unit to consider procurement of high cost/complex packages and stimulation

	<p>of the market sector to achieve greater value for money where opportunities present.</p> <p>The Trust has assessed this objective as not achievable.</p>	
<p><b>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.</b></p>		
Objectives and Goals for Improvement	Trust Response 2018/2019	TDP Assessment
<p>6.1 By March 2019, secure a 10% increase (based on 2017/2018 figures) in the number of carers' assessments offered to carers for all service users. <b>Lead Director - OPPC</b></p>	<p><b>Baseline: Cumulative period April 2017 to March 2018 = 3,136 assessments offered</b> <b>Objective level 2018/2019: 3,136 + 314 = 3,450</b></p> <p>The Trust improved the level of carers' assessment offered and recorded in 2017/2018 with an additional 64 carers' assessments reported reflecting a 2% increase. Whilst this did not meet the objective level sought, cumulatively the improvements in last two quarters of the year were significantly above the previous periods. This improvement has continued to be reflected in Quarter 1 2018/2019 and it is anticipated that this will be sustained in 2018/2019. As such the assessment of performance against this objective for 2018/2019 is Green reflecting an improvement from last year's assessed outcome.</p> <p>On-going actions in year continue and include:</p> <ul style="list-style-type: none"> <li>• Focus on the identification of carers and promotion of offers of assessment;</li> <li>• Enhanced recording of offers of carers' assessment; and</li> </ul>	<p><b>Green</b></p>

	<ul style="list-style-type: none"> <li>Monitoring by programme of care with individual internal targets to support ongoing improvement.</li> </ul>	
<p>6.2 By March 2019, secure a 5% increase (based on 2017/2018 figures) in the number of community based short break hours (i.e. non-residential respite) received by adults across all programmes of care. <b>Lead Director – OPPC</b></p>	<p><b>Baseline: Cumulative period April 2017 to March 2018 = 509,197 hours.</b></p> <p><b>Objective level 2018/2019 = 509,197 + 25,460 = 534,656</b></p> <p>Cumulative performance for 2017/2018 was +17.5% (+75,856) above the objective level sought predominantly associated with rebasing of recording to include day and night sitting services as community based short breaks.. In addition the Trust delivered a further 735,843 hours of breaks in more traditional residential settings reflecting in total 59% of all its Short Break hours provided in bed based services with the remaining 41% (509,197) provided through non-bed based services.</p> <p>Whilst the Trust continues to offer service users/carers access to a greater range of flexible, innovative and age appropriate (non-traditional) respite and short-break options in the community some carers seek bed-based respite/short breaks due to complexity and need for nursing care. Whilst the improved performance in 2017/2018 is noted it is not anticipated that this will increase at the same level in 2018/019 and as such this objective is assessed as only partially achievable.</p> <p>On-going actions in year continue to focus on:</p> <ul style="list-style-type: none"> <li>Identification of carers, as carers' assessment are the gateway for short breaks;</li> <li>Continued promotion of SDS, cash grant support and other forms of short breaks to decrease the reliance on</li> </ul>	<p><b>Amber</b></p>

	<p>residential bed based respite/short breaks; and</p> <ul style="list-style-type: none"> <li>Monitoring by programme of care with individual internal targets to support ongoing improvement.</li> </ul>	
<p>6.3 By March 2019, to create a baseline for the number of young carers receiving short breaks (i.e. non-residential respite) received by young carers. <b>Lead Director – CYPS</b></p>	<p><b>Baseline: Assessment at 31 March 2018 = 179 Young Carers.</b></p> <p>The Trust has established a baseline of young carers receiving short breaks for the 2017/2018 financial year ie. 179 young carers and will work with the commissioner to ensure this is in line with any agreed data definition. This baseline demonstrates an increase of +19 young carers in comparison to 2016/2017.</p> <p>The Trust has a number of actions in place to support the delivery of this objective and seek an increase in the number of young carers receiving short breaks.</p> <p>A Steering Group is in place and will monitor and review activity with key stakeholders; review resources including staffing; and raise awareness about the service.</p> <p>The Trust has an established Service Level Agreement in place for the delivery of short breaks for young carers.</p>	<b>Green</b>
<b>Desired Outcome 7: Resources are used effectively and efficiently in the provision of health and social care services.</b>		
<b>Commissioning Plan Direction Objectives</b>	<b>Trust Response 2018/2019</b>	<b>TDP Assessment</b>
<p>7.1 By March 2019, to have commenced implementation of new contractual arrangements for community pharmacy services.</p>	<p><b>Regional Objective</b></p> <p>The Health and Social Care Board hold and negotiate</p>	<b>Blue</b>

	contracts for community pharmacy services.	
7.2 By March 2019 to establish 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.	<p><b>Regional Objective</b></p> <p>This is a Regional objective. However, Trust input will be an important factor to shape outcomes for future monitoring.</p>	<b>Blue</b>
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% <b>Lead Director – ASD</b>	<p><b>Baseline: 8,712 (4.3%) of Consultant-Led OP cancelled Objective Level 2018/2019 = 8,712 - 436 = 8,276</b></p> <p>Utilising the report, previously developed to provide this information to the Health Committee, the Trust has established a baseline position on the number of hospital cancelled consultant-led outpatient appointments in the Acute programme, which resulted in the patient waiting longer for their appointment. In 2017/2018 there were 202,339 attendances in the Acute programme with 8,712 (4.3%) having a negative impact on patients.</p> <p>The SHSCT has the lowest level of hospital initiated outpatient cancellations regionally and will continue to seek to improve this position.</p> <p>Key on-going actions, to improve performance, will:</p> <ul style="list-style-type: none"> <li>• Focus on monitoring the reasons for cancellations;</li> <li>• Review and refreshment of the consultant leave policy; and</li> <li>• Preparation of medical rotas to assist clinic planning and minimise impact on booking. An action plan is in place.</li> </ul>	<b>Amber</b>

	<p>Challenges continue to prevail associated with medical workforce issues, including gaps in the junior and middle grade medical staff base (NIMDTA allocation circa -23% lower than last year), which impacts scheduling of out-patient sessions.</p> <p>Based the comparatively good position the ability to effect further improvement remains challenging and as such this objective has been assessed as partially achievable.</p>	
<p>7.4 By March 2019, to reduce the percentage of funded activity associated with elective care service that remains undelivered. <b>Lead Director – ASD</b></p>	<p><b>Baseline: Cumulative period April 2017 to March 2018 = New Out-Patients -8% (-6,223); Review Out-Patients -8% (-10,057); Elective In-Patients -40% (-2,730); Day Cases +4% (+824)</b></p> <p>The Trust did not achieve an improved position on the delivery of commissioned elective care in 2017/2018, however, in the same period there was an increase in recorded non-elective activity of +12% in comparison to 2016/2017.</p> <p>The biggest challenge relates to Elective In-Patients (EIP) where delivery of elective activity must be balanced against the impact of unscheduled care pressures. In 2017/2018 there were 1,299 IP/DC cancellations, +31% (+309) higher than in 2016/2017. These cancellations, along with a 30% elective capping and prudent scheduling, have significantly impacted the delivery of elective activity and SBA performance. Medical workforce issues relating to gaps in medical staffing rotas also impact delivery of core elective activity as ward based/unscheduled activities are prioritised in scheduling.</p>	<p><b>Red</b></p>

	<p>Actions to improve are on-going and include the preparation of projections of performance (trajectories) detailing expected levels of activity for OP and IP/DC based on planned/known operational capacity and robust monitoring of these.</p> <p>Whilst the Trust will seek to improve delivery of core elective activity, based on the on-going level of unscheduled care demand, this objective has been assessed as not achievable.</p>	
<p>7.5.1 By March 2019, ensure that 90% of complex discharges from an acute hospital take place within 48 hours, <b>Lead Director – ASD</b></p>	<p><b>Baseline: Cumulative period April 2017 to March 2018 = 93.4%</b></p> <p>Whilst the percentage of complex discharges in 2017/2018 remained static, in comparison to 2016/2017, the total number of complex discharges discharged within 48-hours increased by 657 in real terms. This is in part associated with more robust recording of information aligned to greater scrutiny of daily discharge information.</p> <p>The Trust continues to focus on actions to improve timeliness of discharge to effect an improved patient flow.</p> <p>Focus continues on complex discharge as part of the daily Control Room function; this new function is subject to a quality improvement approach in 2018/2019 where additional improvements will be sought.</p> <p>Based on submitted performance trajectories and previous performance this objective has been assessed as achievable.</p>	<p><b>Green</b></p>

<p>7.5.2 By March 2019, ensure no complex discharge taking more than seven days <b>Lead Director – ASD</b></p>	<p><b>Baseline: Cumulative period April 2017 to March 2018 = 15</b></p> <p>Performance against this objective has been traditionally strong and 2017/2018 has seen this position maintained, and improved. The 15 discharges in excess of 7-days equated to 0.72% of complex discharges.</p> <p>Focus on the Control Room function, as part of management of patient flow, will see an increased scrutiny on patient level detail and improved data robustness.</p> <p>Based on submitted performance trajectories and previous performance this objective has been assessed as achievable.</p>	<p><b>Green</b></p>
<p>7.5.3 By March 2019, ensure; and all non-complex discharges from an acute hospital take place within six hours. <b>Lead Director – ASD</b></p>	<p><b>Baseline: Cumulative period April 2017 to March 2018 = 94.5%</b></p> <p>Performance in 2017/2018 against this target increased by +2.9%, in comparison to 2016/2017, with the number of non-complex discharges remaining relatively static.</p> <p>Discharge management continues to be a focus of the Trust planning around unscheduled care with key actions including:</p> <ul style="list-style-type: none"> <li>• ‘Home for Lunch’ campaign;</li> <li>• Utilisation of both CAH and DHH discharge lounges;</li> <li>• Additional investment in ward based pharmacy to support junior medical staff; promoting ward flow and earlier discharge; and</li> </ul>	<p><b>Amber</b></p>



	<ul style="list-style-type: none"> <li>On-going focus on patient flow via the daily 'control room' function.</li> </ul> <p>Based on the submitted trajectories and previous performance this objective has been assessed as partially achievable.</p>	
<p>7.6 By March 2019, to have obtained savings of £90m through the 2016-19 Regional Medicines Optimisation Efficiency Programme, separate from PPRS receipts.</p> <p><b>Lead Director – ASD</b></p>	<p>This objective applies to both Primary and Secondary Care pharmaceutical services, with the Trust's share set at £1.5 million,</p> <p>At March 2018 the Trust achieved savings of £737,000. In 2018/2019 the Trust is projecting savings of £500,000.</p> <p>Whilst the Trust will continue to contribute to this objective the level of savings sought is not achievable without cutting pharmacy services or limiting treatments offered by the Trust. As such this objective has been assessed as not achievable.</p>	<b>Red</b>
<p><b>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.</b></p>		
<b>Commissioning Plan Direction Objective</b>	<b>Trust Response 2018/2019</b>	<b>TDP Assessment</b>
<p>8.1 By June 2018, to provide appropriate representation on the programme board overseeing the implementation of the health and social care Workforce Strategy.</p> <p><b>Lead Director – HROD</b></p>	<p>The Trust will provide appropriate representation to the programme board overseeing the implementation of the health and social care workforce strategy.</p>	<b>Green</b>
<p>8.2 By June 2018, to provide appropriate representation on the project board to establish a health and social care careers service.</p>	<p>The Trust will provide appropriate representation to the project board to establish a health and social care careers service.</p>	<b>Green</b>

<b>Lead Director – HROD</b>		
<p>8.3 By March 2019, to have completed the first phase of the implementation of the domiciliary care workforce review.</p> <p><b>Lead Director – OPPC</b></p>	<p><b>Regional Objective</b></p> <p>This is a Regional objective that the Trust will contribute to and actively engage with. As such the Trust’s contribution is assessed as achievable.</p> <p>The Domiciliary Care Workforce Review, including proposals for a common hourly rate across all Trusts, has not yet been concluded. However a regional investment proposal is currently being finalised that should progress this.</p> <p>NISCC are leading on a workforce Review which will include agreeing a training programme for Domiciliary care workers.</p>	<p><b>Unable to assess Regional achievability</b></p> <p><b>Trust’s Contribution – Green</b></p>
<p>8.4 By June 2018, to provide appropriate representation to the project to produce a health and social care workforce model.</p> <p><b>Lead Director – HROD</b></p>	<p>The Trust will provide appropriate representation to the project to produce a Health and Social Care Workforce Model.</p>	<p><b>Green</b></p>
<p>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.</p> <p><b>Lead Director – HROD</b></p>	<p>The Trust will provide appropriate representation and input to audits of existing provision across HSC, in line with actions 10-14 of the workforce strategy.</p>	<p><b>Green</b></p>
<p>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.</p> <p><b>Lead Director –HROD</b></p>	<p>The SHSCT will provide the information required to facilitate the proactive use of business intelligence information and provide appropriate personnel to assist with the analysis when this is defined.</p>	<p><b>Green</b></p>
<p>8.7 By December 2018, to ensure at least 40% of Trust staff (healthcare and social care staff) have</p>	<p><b>Baseline: Cumulative period April 2017 to March 2018 = 28%</b></p>	<p><b>Amber</b></p>

<p>received the seasonal flu vaccine. <b>Lead Director – HROD</b></p>	<p>Whilst this objective remained challenging during 2017/2018 cumulative performance demonstrated delivery of an additional +873 seasonal flu vaccinations to staff in comparison to 2016/2017. This was linked to a number of ongoing actions including a robust campaign to improve uptake and availability of flu vaccination at a range of Trust events.</p> <p>The Trust is implementing, in 2018/2019, a Peer vaccination model to assist in improving the uptake of flu vaccine. A Flu Vaccine Steering Group has been established to oversee the programme this year and to ensure increased leadership from Senior Managers across Directorates.</p>	
<p>8.8 By March 2019, to reduce Trust staff sick absence levels by a Regional average of 5% (<b>SHSCT reduction is 3.5%</b>) compared to 2017/2018 figure. <b>Lead Director – HROD</b></p>	<p><b>Baseline: Cumulative period April 2017 to March 2018 = 881,429</b> <b>Objective level 2018/2019 = 881,429 – 30,850 = 850,579</b></p> <p>In 2017/2018 the level of reported sickness increased in the last 4-months of the year, compared to the same period in 2016/2017, with a total of approximately 60,549 extra reported hours of sickness. This significantly impacted the achievement of the objective level sought. The Trust's cumulative level of sickness at March 2018 was 5.11% reflecting a small increase from 4.91% at March 2017.</p> <p>The Trust will continue to work with managers to support staff to achieve improved attendance at work. The Trust's target absence level, set by the Department of Health for 2018/2019, is 5.15%.</p>	<b>Green</b>
<p>8.9 By March 2019, to have an agreed and</p>	<p><b>Regional Objective</b></p>	<b>Unable to</b>

<p>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. <b>Lead Director – HROD</b></p>	<p>This is a Regional objective to which the Trust will contribute. The Trust is represented on the Network and plays an active role in a number of workstreams.</p>	<p><b>assess Regional achievability</b> <b>Trust's Contribution</b> – <b>Green</b></p>
<p>8.10 By March 2019 to pilot OBA approach to strengthen supports for the social work workforce <b>Lead Director – EDSW</b></p>	<p>The DoH has commenced work creating an Outcomes Based Accountability approach to the Annual Assurance Report, Delegated Statutory Functions.</p> <p>Whilst the Trust is not currently part of this developmental work, the CYPS Directorate have commenced a number of pilots using the OBA methodology.</p> <p>In addition, the Executive Director of Social Work hosted an OBA workshop involving the Social Work leads in the Trust and the Operational Assistant Directors and Heads of Service.</p>	<p><b>Unable to assess Regional achievability</b> <b>Trust's Contribution</b> – <b>Green</b></p>
<p>8.11 By March 2019, 50% 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 <b>Lead Director – HROD/DPR</b></p>	<p><b>Baseline: At March 2018 =</b> <b>29.4% of staff have achieved Level 1 of the Quality 2020 Attributes Framework.</b> <b>2.1% of staff have achieved Level 2 of the Quality 2020 Attributes Framework</b></p> <p><b>Level 1</b> - The Trust continues to raise awareness and to strengthen staff quality improvement knowledge through 'The Introduction to Quality Improvement' e-learning module available to all staff groups. This in-house training programme aligns to the Q2020 Level 1 as per the Quality</p>	<p><b>Amber</b></p>

Attributes Framework and complements a range of other packages.

**Level 2** - The Trust remains committed to supporting staff in quality improvement across all health and social care services. Delivery of the Quality 2020 vision will continue to be embedded in all programmes.

A range of initiatives are in place to support level 2 training programmes. However achievement of this target is more challenging associated with the current level of resources and capacity available to support/ deliver the required training and the timeline associated with Level 2 training, as typically the programmes are of a longer duration and may not be completed in year.

Examples of programmes in place include:

- Foundation in Quality Improvement (Level 3 Certificate) – externally accredited by Open College Network maps to Q20:20 Level 2;
- Taking the Lead & SHSCT Middle Management Programmes also maps to the Attributes Framework at Level 2;
- Quality Improvement Leader Programme (Level 5 Diploma) – externally accredited by Open College Network maps to Q20:20 Level 3;
- MSc in Business Improvement maps to Q20:20 Level 3; a 3 year programme;
- The IHI Personal Advisors course, commissioned by the

	<p>DoH, maps to Level 3 but places are limited to 1-2 per year;</p> <ul style="list-style-type: none"> <li>• IHI Improvement Advisor programme (hosted by SET) maps to Q20:20 Level 3 but places are limited to approximately 10 per year;</li> <li>• Scottish Quality and Safety Fellowship Programme (SQS Fellowship) maps to Q20:20 Level 3 but usually only 1 person is supported to undertake this per year.</li> </ul> <p>The Trust will work to achievement of these objectives however has assessed this as only partially achievable, particularly in relation to level 2 training.</p>	
<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. <b>Lead Director – MHD</b></p>	<p><b>Regional Objective</b></p> <p>This is a regional objective to which the Trust will contribute.</p> <p>The SHSCT will participate in the regional work to bring forward the objectives of the NI Mental Health Patient Safety Collaborative project ‘Toward Zero Suicide’. The collaborative supported by funding from the Transformation Implementation Group and HSC Trusts will focus efforts, initially over the next 3 years, aimed at leading a co-ordinated internal effort to reduce suicide in the NI mental health patient population.</p> <p>Workstream 3 of the regional collaborative will <b>develop</b> a stratified &amp; competency based Suicide Intervention skills Training Plan for multi-disciplinary suicide prevention commensurate with roles and therapeutic input in the furtherance of this objective.</p>	<p><b>Unable to assess Regional achievability</b></p> <p><b>Trust’s Contribution – Amber</b></p>

	<p>The Trust has established its own multi-disciplinary group to oversee the <b>implementation</b> of collaborative recommendations including training. Initial actions will include the appointment of a Zero suicide co-coordinator who will undertake a baseline assessment. The timeline for appointment of this key post and the timescale for delivery of the training plan will define the progress of implementation of suicide awareness and intervention training in year.</p> <p>A range of other targeted and whole population approaches to suicide prevention awareness continue across the SHSCT locality including:</p> <ul style="list-style-type: none"> <li>• Working in partnership with the C&amp;V mental health / suicide prevention training providers to ensure co-ordinated delivery of suicide prevention gatekeeper training (Applied Suicide Intervention Skills Training (ASIST) and delivery of SafeTALK in both SHSCT and community setting; and</li> <li>• Suicide prevention awareness sessions to be offered as part of the Promoting Wellbeing (PWB) training programme from September 2018.</li> </ul>	
<p>8.13 By March 2019, Dysphagia awareness training designed by speech and language therapy to be available to Trust staff in all Trusts <b>Lead Director – EDN</b></p>	<p><b>Regional Objective</b> This is a regional objective to which the Trust will contribute.</p> <p>The SHSCT will participate in the regional work to bring forward the recommendations of the PHA Thematic Review of Choking on Food including the development of awareness training for dysphagia.</p>	<p><b>Unable to assess Regional achievability</b> <b>Trust's Contribution</b> –</p>

	<p>SHSCT staff are involved in regional work and the Trust has established a multi-disciplinary group to oversee the implementations of any actions that arise from the Thematic review.</p> <p>The establishment of a Trust dysphagia team is a key component of this regional objective and the Trust has submitted a bid for establishment of a temporary Trust dysphagia team from transformation funding to include one Band 8a Service Implementation Lead, two Band 7 AHPs (1 Dietetics and 1 SLT) and two band 4 support staff.</p> <p>The Trust will contribute and support the development of training at a regional level.</p>	<b>Green</b>
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## 3.2 Trust Response to Regional and Local Commissioning Priorities

### Regional Commissioning Plan Priorities

#### UNSCHEDULED CARE (9)

<b>R</b>	<b>A</b>	<b>G</b>
	9	

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
1	Effective arrangements should be in place to enhance a therapeutic frontline home based intermediate care team, responding rapidly and with a focus on recovery, independence and patient experience.	Trust responses should demonstrate plans to deliver rapid response with professional review at home by a member of the team within 4 hours, bed days saved, re-admission avoidance & admission avoidance.	<p>Intermediate Care is operational Monday to Friday 9am-5pm with Discharge coordinators working Saturdays and Bank Holidays to facilitate discharge. If a patient is assessed as requiring review within 4 hours, this can be facilitated within these working hours.</p> <p>All patients are seen within 1 working day. The service is a short term intervention and aims to avoid unnecessary hospital admission, promote independence and prevent a move to care. The service is patient focussed with joint goal setting between patient and therapists.</p>	AMBER
2	Effective arrangements should be in place to ensure availability of a regional Outpatient Parenteral Antibiotic Therapy project	Trust responses should demonstrate how the service will enhance the governance and stewardship of intravenous antibiotic prescriptions	An Investment Proposal Template (IPT) for Outpatient Parenteral Antibiotic Therapy (OPAT) has been received from the commissioner. It involves the appointment of additional pharmacy	AMBER

		<p>and reduce the number prescribed, as well as reduce the number of patients waiting in hospital be discharged on appropriate IV antibiotics.</p>	<p>staff to develop the prescribing and supply aspects of the service, along with some consultant microbiologist support. This will facilitate the transfer of work from acute to community settings The IPT has been completed and submitted to the commissioner and recruitment of staff will be progressed.</p> <p>The IV Co-Ordinator has been trained in the insertion of PICC lines, which will have a significant impact on reducing the number and time of patients waiting in hospitals to be discharged on appropriate IV antibiotics. However it should be noted that delivery and effectiveness will be reliant on core district nursing teams which are under significant pressure.</p>	
3	<p>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".</p>	<p>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>	<p>The Trust will continue to engage with regional and local partners to bring forward service modernisation and reform proposals that support development of 7 day services.</p> <p>The Trust is progressing an Investment Proposal Template (IPT) for the further extension of 7 day per week working across the Trust. Phase 2 investment has been identified via Transformational funds and the Trust is currently identifying best use of the funding to maximise 7 day working for Social Work and Allied Health Profession input within base wards on CAH and</p>	AMBER

			<p>DHH sites alongside enhanced weekend working in the community.</p> <p>The Trust has commenced 7 day working for echo on the CAH site with plans in place to further roll out to DHH site. This has been funded within internal resources but has impacted on waiting list times.</p> <p>The Trust is keen to explore opportunities for funding to enable the TIA clinic at CAH to be extended to provide 7 day cover.</p>	
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 is progressing the development of an Investment Proposal Template (IPT) to secure Transformation funding to support the Control Room. With the support of non-recurrent funding the control room presently operates 5 days per week 8am – 5pm and is managed through existing management structures. Pending evaluation and assessment of outcomes of the control room, it is expected that the Trust would seek further investment to extend the hours of the control room to provide evening and weekend cover. In addition further investment in community services would be required to facilitate extended operating hours of the Control Room e.g. Acute Care at Home would be required to accept referrals 7 days per week.	AMBER
5	Effective arrangements should be in place to provide Acute /	Trust responses should demonstrate how, working with appropriate	The Acute Care at Home service is now available for suitable patients over 65 years who are	AMBER

<p>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.</p>	<p>partners Acute / Enhanced Care at Home services will be made available 24/7 and linkages to core primary / community care teams and NIAS.</p>	<p>acutely unwell and at the point of admission. The service covers 68 GP practices across the Trust and 47 care homes with 1,982 beds. Nursing cover is provided from 8am to 11pm, 7 days a week and there is medical cover from 9am to 8pm Monday to Friday and 4 hours cover on Saturday, Sunday and Bank Holidays. The Trust proposes further roll out of the service. However, a challenge to this further roll out is the availability of appropriately skilled staff. The Trust is actively developing a workforce plan that will seek to address the difficulties in recruiting staff, particularly Consultant Geriatricians, Middle Grade Doctors and Advanced Nurse Practitioners.</p> <p>The service has well-established referral pathways with GPs, the Northern Ireland Ambulance Service (NIAS) and Specialist Community teams e.g. Heart Failure and COPD.</p> <p>There will be significant issues with moving to 24 hour provision due to workforce pressures across the region and major investment would be required. To date there is little evidence to suggest that there is a demand for an overnight service.</p> <p>Enhanced care at home is currently provided by Chronic Obstructive Pulmonary Disease (COPD), Heart Failure and Specialist Palliative Care</p>	
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			<p>services Monday – Friday 9am – 5pm. This care and support for patients with complex symptoms, exacerbation of their condition, or at end of life will prevent hospital admission. Both COPD and Heart Failure services have agreed treat, leave and referral pathways which have been implemented by NIAS.</p> <p>The SHSCT is currently working with the commissioners to agree Transformation funding to re-establish the respiratory ambulatory service (first phase). This investment will also support an enhancement of the community COPD service to increase the capacity to accept referrals for patients with a range of respiratory symptoms and conditions beyond COPD and to provide care at home for people assessed by the ambulatory clinic. If this investment is realised this will increase capacity for the team to prevent hospital admission and facilitate early discharge.</p>	
6	<p>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.</p>	<p>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.</p>	<p>The Trust continues to engage in regional discussions to facilitate development of protocols for the network.</p> <p>The Southern Trust has identified a Major Trauma Team that would respond in the event of a major trauma alert. The team is led by ED consultants with active participation from Anaesthetics and all surgical specialties as patients' injuries dictate.</p>	AMBER

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.	<p>The Trust will continue to engage with regional network developments. The Trust is working to progress a range of service reforms to improve effectiveness and efficiency of response times. This includes exploring new service models and skill mix proposals.</p> <p>The Trust is progressing an Investment Proposal Template (IPT) for Transformation funding to support 7 day working for Social Work and Allied Health Profession input to base wards on CAH and DHH sites. This may also extend weekend working in the community.</p>	AMBER
8	Effective arrangements should be in place to ensure Trusts are able to respond to major trauma in their local Emergency Department as part of a regional Major Trauma Network.	Trust responses should demonstrate how processes will be implemented to alert local Trust trauma teams to 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.	The Southern Trust has identified a Major Trauma Team that would respond in the event of a major trauma alert. The team is led by ED consultants with active participation from Anaesthetics and all surgical specialties as patients' injuries dictate.	AMBER
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.	Capital funding has been identified to provide ambulatory care facilities at the two acute hospitals with the Direct Assessment Unit at Daisy Hill becoming operational in 2018. These two units will provide the much needed accommodation to support the further development of unscheduled care ambulatory	AMBER

			<p>services at the Trust.</p> <p>The Trust is preparing a bid for Transformation funding to enable establishment of a first phase of a respiratory ambulatory service.</p> <p>The commissioner has indicated that transformation funding will also be made available for the headache pathway in neurology and a proposal is also being developed for this service.</p> <p>It is intended to further develop the surgical assessment service. However additional investment in staffing (including a second Acute Surgeon) will be required to facilitate this.</p> <p>There are plans for an ambulatory care facility for Gynae services in Craigavon Area Hospital. These plans are being considered by the Trust's Transformational Steering Group. Investment in terms of staffing and estates works will be needed to progress this plan if approved.</p>	
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## ELECTIVE CARE (7)

<b>R</b>	<b>A</b>	<b>G</b>
	3	4

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
1	Effective arrangements should be in place to establish a regional programme of pathology transformation.	<p>Trust responses should demonstrate how they are supporting delivery of regional pathology transformation programme objectives, which are broadly as follows:</p> <ul style="list-style-type: none"> <li>• To enable managerial reform, including necessary regional standardisation;</li> <li>• To ensure future workforce &amp; service sustainability;</li> <li>• To further develop the quality, performance &amp; regulatory framework for pathology;</li> <li>• To develop a strategy for Pathology to support delivery of effective clinical services;</li> <li>• To procure &amp; implement replacement regional LIMS, blood production and tracking systems, and an interim digital pathology</li> </ul>	<p>The Laboratory in the SHSCT remains committed to pathology transformation as evidenced by:</p> <ul style="list-style-type: none"> <li>• All disciplines continue to support regional speciality fora in standardisation. The SHSCT lead the recent standardisation projects in Cellular Pathology and Blood Transfusion for the region (2018) and will continue to support this agenda in the remaining disciplines;</li> <li>• The Head of Service (Labs) in the SHSCT is currently involved in the development of a regional recruitment process for Biomedical Scientists. In addition the Head of Service is in discussions around alternative workforce models and service configurations;</li> <li>• The SHSCT Labs continue to maintain UKAS accreditation in all disciplines and is exploring collaborative models for increasing regional quality services;</li> <li>• Through the Laboratory Managers Forum –</li> </ul>	<p><b>GREEN</b> (Trust contribution is green)</p>



		solution.	<p>effective clinical services proposals are being considered and supported as appropriate;</p> <ul style="list-style-type: none"> <li>The SHSCT continues to be an integral part of the LIMS and digital pathology projects.</li> </ul>	
2	Effective arrangements should be in place to make the best use of resources in surgical and related specialties.	<p>Trusts should demonstrate plans to ensure that existing effective use of resources guidance is being adhered to.</p> <p>Trust should also provide plans, subject to consultation, on the proposed expansion of this guidance in 2018/19.</p>	The Trust will participate in any regional initiatives regarding the effective use of resources.	AMBER
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>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"> <li>Minor Surgery</li> <li>Gastroenterology</li> <li>ENT</li> <li>Gynaecology</li> <li>Dermatology</li> <li>Dermatology Photo Triage</li> <li>Rheumatology</li> <li>MSK/Pain Management</li> </ul>	<p>The Trust will continue to engage with and support the regional scheduled care reform process.</p> <p>The Trust is continuing to progress plans for a Health and Care Centre in Newry which will support the shift of acute services primarily from DHH to a community facility.</p> <p>The Trust is also finalising a Strategic Outline Case (SOC) for a Health and Care Centre in Dungannon. The Department of Health has indicated a likelihood of capital funding being available in the next 3 year budget period to fund some, but not all Primary Care Infrastructure requirements. Dungannon HCC is the next priority area for the Trust to develop and therefore is keen to progress development of the Outline Business Case to</p>	AMBER

		<ul style="list-style-type: none"> <li>• Trauma &amp; Orthopaedics</li> <li>• Cardiology</li> <li>• Neurology</li> <li>• Urology</li> <li>• Ophthalmology</li> <li>• Vascular surgery</li> <li>• Vasectomy</li> </ul>	<p>secure funding.</p> <p>Within Dermatology services a new pathway has commenced to enable GPs to take photos of skin conditions and query these with Consultant Dermatologists prior to completing a referral. It is expected that this will reduce the level of referrals received by Dermatology services.</p> <p>The Trust will continue to engage with regional and local partners to bring forward service modernisation and reform proposals that support development of enhanced services in primary and community care settings.</p>	
4	<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> <p>Actions should 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>	<p>E-triage is live across multiple specialties:</p> <ul style="list-style-type: none"> <li>• Gynaecology</li> <li>• Urology</li> <li>• Paediatric medicine</li> <li>• General Surgery in Daisy Hill</li> <li>• Pain Management</li> <li>• Cardiology</li> <li>• Gastroenterology</li> <li>• Dermatology</li> <li>• Orthopaedic ICATS</li> </ul> <p>Roll-out of E-triage is continuing.</p> <p>The majority of referrals to clinics are now received electronically and roll-out continues to those specialties that do not have this in place. E-referral</p>	GREEN

			templates have been completed for cardiology services and are due to be implemented.	
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 part of the regional working group led by the PHA to address the issues in relation to vaginal mesh. The Trust is also working to the recent DOH letter with priority given to the review of patients with existing concerns.</p> <p>One of the Trust's consultants is participating in the endometriosis regional group and will incorporate any future recommendations within the Trust in a progressive manner with the appropriate pathway devised and implemented.</p>	GREEN (Trust contribution is green)
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"> <li>• Development of one stop 'see and treat' services, linked to unscheduled care services as appropriate</li> <li>• The rollout and uptake of e triage to help streamline the patient pathway</li> <li>• Application of Transforming Cancer Follow Up principles to</li> </ul>	<p>The Trust will continue to engage with and support the regional scheduled care reform process.</p> <ul style="list-style-type: none"> <li>• The commissioner has indicated that transformation funding will be made available for the headache pathway in neurology and also the first phase of a rapid access respiratory service. Planning of these developments and drafting of the associated investment proposal templates is underway and they will move to the implementation phase on confirmation of funding.</li> <li>• A comprehensive plan has been developed to expand the transforming cancer follow up initiative. It has been implemented within breast services at the Southern Trust and is in the process of being implemented within</li> </ul>	AMBER

		<p>transform review pathways</p> <ul style="list-style-type: none"> <li>• Maximisation of skill mix opportunities in the delivery of assessment, diagnostic and treatment services</li> <li>• Direct access diagnostic pathways to improve patient access to appropriate tests.</li> </ul>	<p>colorectal and prostate cancer sites. The recruitment of additional site specific Cancer Nurse Specialists as allocated via the 5 year CNS workforce expansion plan will allow for progression of transformation of cancer follow up. Recruitment into funded posts has been completed.</p> <ul style="list-style-type: none"> <li>• A number of Operating Department Practitioners have commenced in theatres (appointed via an Agency). The Trust will also be advertising shortly for a Surgical Care Practitioner (for Trauma and Orthopaedics theatre).</li> </ul> <p>1 Physician Associate took up post in DHH in June of this year and 4 trainee Associates will commence training in September 2018 at the University of Ulster.</p> <p>Reporting Radiographers are providing a plain film reporting service 7 days per week and it is planned to extend further into reporting of GP examinations in the next year.</p> <p>3 Ultrasonographers have been trained in musculo-skeletal scanning and this service should be rolled out in the next 6 months.</p> <p>1 CT Radiographer currently reports on CT brains on the Daisy Hill site.</p> <p>Funding has been provided to enable specialist nurses/pharmacists to undertake prescribing of</p>	
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			<p>systemic anti-cancer therapies at 10 haematology/oncology clinics per week. (also note response to Elective Care number 7 below)</p> <p>Complex dental GA patients where appropriate are being pre-assessed face to face by anaesthetists</p>	
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	<p>Additional consultant physician posts have been funded across the Trust, and when filled, these will support the delivery of a more robust and sustainable unscheduled care service. However, due to the limited pool of potential applicants within the region it may take some time to achieve full capacity.</p> <p>As noted above, a number of Operating Department Practitioners have commenced in theatres (appointed via an Agency). The Trust will also be advertising shortly for a Surgical Care Practitioner (for Trauma and Orthopaedics theatre).</p> <p>Six Radiographers are trained in Breast Ultrasound and undertake examinations within Breast Assessment Services.</p> <p>Three Radiographers are training in mammography film reading (two of which are about to be signed off).</p> <p>One Radiographer is going to be trained in vacuum</p>	GREEN

			<p>assisted core biopsies, within the next 12 months.</p> <p>One Radiographer will be eligible to apply for a Consultant Radiographer post in approximately 12 months.</p> <p>(also note response to Elective Care number 6 above)</p>	
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## MATERNITY & CHILD HEALTH (14)

<b>R</b>	<b>A</b>	<b>G</b>
	7	7

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.	The Trust will continue to actively participate in the Maternity Strategy Implementation Group. This work is being led by PHA.	<b>GREEN</b>
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 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 HSCB/PHA to develop and test models of care which reduce the reliance on in-patient and secondary care paediatric services.	A Paediatric Advice Line is in place on both the CAH and DHH sites for GP's Health Visitors and Midwives to ensure access to senior decision makers facilitating same day and next day assessment. The Trust also offers urgent outpatient general paediatric 'HOT' slots for patients that need to be seen in less than 9 weeks which are accessible by GP's via the designated Consultant of the Week.  In the new Blossom and Daisy Paediatric Units there are dedicated short stay beds facilitating care close to home and actively preventing	<b>GREEN</b>  (Trust contribution is green)

		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.	admission to acute children's inpatient beds.  Consultant led training sessions and simulation exercises are provided twice yearly for Primary Care colleagues to enhance their paediatric assessment and intervention skills.  The Trust is contributing to regional pathway work to ensure patients are cared for in the most appropriate settings	
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.	The Trust can confirm that NIMATS is being fully utilised and data is extracted from NIMATS in conjunction with Business Objects and through audit to inform quality improvement work.  The Badgernet information system is being used in both the Neonatal Unit at CAH and the Special Care Baby Unit at DHH. This has been fully operational since June 2018.  The Trust will continue to participate in the regional initiative on outcome focused dashboards through the Maternity strategy Implementation group meetings.	GREEN  (Trust contribution is green)
4.	Effective arrangements are in place to support multidisciplinary	Trust responses should evidence how they are taking forward	The Trust is part of the Saving Babies Lives review where every child death is reviewed and	GREEN



	learning and service improvement through regular multi-disciplinary morbidity and mortality review.	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.	discussed with learning disseminated to staff. There are monthly Mortality and Morbidity meetings with discussion of cases with Maternity and Neo Natal Unit staff. There is also a Trust annual perinatal audit meeting.	
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 has moved all low risk pregnancies to midwifery led clinics (MLC) in the hospital & community. There is now a self-referral letter on the Trust's website and Facebook page so women can self-refer directly to a midwife for antenatal booking.  The Trust has implemented the UNICEF Baby Friendly Initiative Standards. Daisy Hill Hospital and Newry and Mourne Locality achieved an 'Excellent' result in Stage 3 UNICEF Baby Friendly Initiative. Re-accreditation assessment is planned for October 2018. Re-accreditation for the CAH site was successfully achieved in February 2018. The Trust will progress to the Gold award for Baby Friendly which is the next stage following the outcome for the DHH site in October 2018. Annual audits are required for each locality area and hospital sites.  The Trust has implemented Group based antenatal care and education through the Early intervention Transformation Programme (EITP). The Getting Ready for Baby (GRFB) initiative is currently being rolled out across the Trust. It has been fully implemented in the Banbridge,	AMBER

			Newry and Craigavon areas. This has proven to be a very beneficial and successful programme for first time mothers and their partners. For sustainability into 18/19 the Trust require to secure appropriate accommodation and this is currently being explored.	
6.	Effective arrangements should be in place to ensure that women with more complex pregnancies are offered the best possible care in line with national evidence based guidelines.	<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"> <li>• Recent investment in ante-natal diabetic services.</li> <li>• Plans to implement the 'Weigh to a Healthy Pregnancy' programme targeting women with a BMI of &gt;40.</li> <li>• Progress in implementing the NICE guidelines on multiple pregnancies, including the delivery of dedicated 'twin clinics'.</li> <li>• Plans to implement the regional care pathway for women with epilepsy.</li> </ul>	<p>The Trust is complying with the NICE guidelines and is working towards the early contact visit. Current resources do not facilitate this additional appointment. However to cope with the increasing demand the Trust has run at risk with an additional diabetic clinic on a Thursday morning in Craigavon Area Hospital.</p> <p>The Commissioner has indicated that Transformation funding will be allocated to enable improvement of the service provided to diabetic mothers. The following is proposed:</p> <ul style="list-style-type: none"> <li>• Virtual clinics to enable mothers to be streamlined to either virtual or face-to-face clinics as appropriate</li> <li>• Staff Grade cover at diabetic/ante-natal outpatient clinics facilitating post-natal patients to be reviewed</li> <li>• Daily inpatient ward rounds (Monday to Friday) for diabetic expectant mothers.</li> </ul> <p>Weigh to a Healthy Pregnancy is a regional programme which has been running in the</p>	AMBER

			<p>Southern Trust since June 2013. It is aimed at pregnant women with a Body Mass Index greater than 38 at their antenatal booking appointment to help limit gestational weight gain through healthy lifestyle changes. The key performance indicator is that 100% of eligible women are offered the programme with a 65% uptake. This target is met within the Southern Trust, and current figures would suggest that 90% of women do gain within or below the 5-9kgs recommendation from the American Institute of Medicine.</p> <p>Dedicated twins clinics have been established at Craigavon Area and Daisy Hill Hospitals. Twins are seen only by a number of lead consultants.</p> <p>There are two lead consultants on each site who look after ladies with epilepsy. The Trust will continue to participate in the regional initiative to implement an agreed care pathway for women with epilepsy.</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.	There are early pregnancy assessment clinics at Craigavon Area Hospital, (5 day service, Monday – Friday) and at Daisy Hill Hospital (3 day service - Monday, Wednesday and Friday). The Trust will work with the Public Health Agency and the Health and Social Care Board to explore opportunities to extend the service to	AMBER

			7 days. However additional resources will required for a 7 day service at CAH and DHH.	
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>In the new Blossom and Daisy Paediatric Units there are dedicated short stay beds The short stay beds are currently open 5 days a week (Mon to Fri 09:00 to 22:00hrs). The Trust will review these opening hours when current nurse vacancies are filled.</p> <p>A Paediatric Advice Line is in place also available on both the CAH and DHH sites for GPs Health Visitors and Midwives to ensure access to senior decision makers facilitating same day and next day assessment. The Trust also offers urgent outpatient general paediatric 'HOT' slots for patients that need to be seen in less than 9 weeks which are accessible by GP's via the designated Consultant of the Week.</p> <p>Consultant led training sessions and simulation exercises are provided twice yearly for Primary Care colleagues to enhance their paediatric assessment and intervention skills.</p> <p>Extended roles continue to be developed including Advanced Paediatric Nurse Practitioners with the support of senior medical staff.</p> <p>The Short Stay Paediatric Assessment beds are for children and young people up to their 16th birthday and referrals are received from the Emergency Department, GPs, Health Visitors and Community Midwives for short stay assessment, observation, treatment and</p>	AMBER

			admission/discharge.	
9.	Effective arrangements should be in place to ensure that there is appropriate monitoring of transfers to the RoI that take place because of capacity constraints.	Trust should put in place effective processes to monitor the number and care pathway for in-utero and ex-utero transfers from NI to the RoI that take place due to lack of local neonatal capacity.  Data collected should be collated regionally and reviewed jointly by the Maternity Collaborative and the Neonatal Network.	There is a regional protocol to capture all transfers within Northern Ireland. However the pathway is currently being updated. Moving forward for transfers to and from the ROI - these will be captured on the Datix system.  The Trust continues to be part of the Maternity Collaborative where work undertaken is reviewed as part of the Neonatal Collaborative.	AMBER
10.	Effective arrangements should be in place to ensure that opportunities to offer early intervention and prevention of long term disability by enhanced therapy services in neonatal units are realised.	Trust responses should evidence how recent investment in AHP services for neonatal units is being deployed and how they will ensure that the input will focus on neurodevelopment and nutritional support.	Additional investment has been used to employ a Dietician, Occupational Therapist, Speech and Language Therapist and Physiotherapist.  These new post holders are now embedded in the neonatal MDT ensuring holistic care based on assessed needs are provided to this patient group  The Trust has a long established integrated neonatology /Child Development Service for high risk infants with developmental needs.	GREEN
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 continue to work with PHA/HSCB to standardise the referral and clinical pathways for women who have recurrent miscarriages. On the CAH site there is a bi-monthly recurrent miscarriage clinic.	GREEN

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 new Blossom and Daisy paediatric units admit children and young people up to their 16th birthday. These are purpose built wards with single rooms and ensuite facilities which effectively meeting the needs of this age group.</p> <p>A protocol is in place to guide staff on the clinical management of 14-16 year olds requiring inpatient admission. This protocol is being reviewed by the Director of CYP, Acute Services, and Medical director; service managers and AMDs and CDs from the interfacing services.</p> <p>There are good working relationships between specialities internally and externally thereby ensuring appropriate care.</p> <p>Paediatricians provide training and simulation experiences to colleagues in acute services enhancing safe high quality care provision.</p> <p>Clinical pathways are in place to provide high quality and safe care ensuring transfer to the regional centre only if appropriate</p>	AMBER
13.	Effective arrangements should be in place to ensure that mothers and babies are not separated unless there is a	Trusts should demonstrate how antenatal, postnatal and neonatal services aim to prevent avoidable admissions to neonatal units and	Where clinically possible mothers and babies are not separated. Babies are only admitted to the neonatal units where this is clinically indicated. The Trust will endeavour to progress	AMBER

	clinical reason to do so.	<p>paediatric services.</p> <p>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.</p>	in this direction however there are limitations in relation to existing accommodation and Midwifery staffing levels.	
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.	The Trust is fully committed to working with the PHA to scope out the additional requirement for maternity support workers. The PHA has had a first meeting to progress this work.	GREEN

## FAMILY AND CHILDCARE (13)

<b>R</b>	<b>A</b>	<b>G</b>
	11	2

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.	The CAMHS service continues to participate in the regional planning group to deliver the Acute Managed Care network model. Posts for operational manager and clinical lead are being funded through “Confidence and supply” arrangement and are presently being recruited. The Trust remains concerned that it is the HSCB expectation that the delivery of the remainder of the service can be sourced from our existing CAMHS funding. This development is not anticipated to be cost neutral and the operational adjustments to deliver the service model will require changes to current practitioner job plans and working practices.	<b>AMBER</b>
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.	The Trust in collaboration with the DOH, HSCB, and Safeguarding Board Northern Ireland (SBNI) has fully implemented Trust actions to achieve the recommendations of the Marshall Review report. The Assistant Director of Safeguarding participated in regional groups convened by both	<b>GREEN</b>



			<p>the Department of Health and HSCB to progress and review implementation of actions</p> <p>The Trust has a dedicated Senior Social Work practitioner for Child Sexual Exploitation (CSE) co-located in the Police Service of NI Public Protection Unit. The CSE risk assessment tool has been implemented. Missing Children from Home and Care Protocol has been fully implemented.</p> <p>CSE is on the agenda of the Southern Safeguarding Panel; Southern Children's Safeguarding Interface Group; Regional Health &amp; Social Care/PSNI Strategic Group; Regional Children's Services Improvement Board.</p> <p>A follow up SBNI CSE audit is to take place during 18/19</p>	
3.	<p>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"> <li>• provide effective safeguarding services</li> <li>• ensure robust HSC child protection processes are in place</li> <li>• ensure safeguarding policy and procedures are in place relating to referrals, assessment, service planning, case management and record keeping</li> </ul>	<p>The Trust has arrangements in place to respond to referrals, investigate, assess and intervene when children and young people require protection. Gateway and Family Intervention Service. Child protection interventions and activity are monitored monthly to ensure performance standards are being met (Priority 5 returns).</p> <p>The Trust together with the Safeguarding Board for Northern Ireland (SBNI) and the Children's Services Improvement Board (CSIB) agree audit</p>	GREEN

		<ul style="list-style-type: none"> <li>• monitor and audit effectiveness of policy, practice and service provision in achieving specified outcomes for children and young people.</li> <li>• to ensure access to an effective range of therapeutic supports based on assessed needs.</li> </ul>	<p>activity to keep under review the effectiveness of safeguarding services. The Directorate of Children and Young People's Services also sets audit priorities for family support and safeguarding using the GAIN audit process.</p> <p>The Trust adheres to the SBNI Child Protection Procedures issued in December 2017.</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>Trust responses 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 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>CAMHS continue to comply with the regionally agreed HSCB data set. The service has also introduced the Child Outcomes Research Consortium (CORC) measurement framework across all services and continues to comply with the principles of the CAPA model.</p> <p>Internal data collection has been improved with the introduction of PARIS across all CAMH Services</p> <p>Professional Leads and Clinical managers have conducted a workforce training audit of the range of therapeutic skills interventions within the service. In addition a CAMHS Psychological Therapies Group has been established and has identified gaps in some evidenced therapies. Training in these areas is being prioritised.</p>	AMBER

5.	Effective arrangements should be in place to appropriately manage the increasing number of children with complex health care needs and challenging behaviour.	Trust responses should demonstrate how service provision will meet the needs of children with complex health care needs and challenging behaviour.	<p>The SHSCT has a Rapid Response Team in place aligned to Community Paediatrics. This team supports timely assessment and diagnosis enabling intervention to commence sooner, improving outcomes for this group of CYP in the longer term.</p> <p>The Trust has also recruited additional staff to further enhance physiotherapy, occupational therapy and speech and language therapy for children with complex physical healthcare needs and challenging behaviour.</p> <p>These additional staff will help facilitate early discharge, provide advice and training to staff and parents/carers, facilitate the provision of complex equipment and adaptations to meet child and carers complex physical and medical needs including the respite carer, provide assessment and advice as part of the statementing process for children to ensure their special educational needs are identified and met.</p> <p>The Trust continues to work to fill vacant children's nursing posts (via the regional recruitment process) as these arise, in order to provide nursing care to children with complex health care needs</p> <p>The Trust has offered posts to all of the children's nursing pre-registration nursing students on the</p>	AMBER
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			<p>current waiting list.</p> <p>The Trust has expanded the Scaffold Service (Psychology Service for Looked after children) and thus increased capacity to provide therapeutic intervention and support to Looked After Children.</p>	
6.	<p>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"> <li>• 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;</li> <li>• initiatives will be put in place to increase the number of placements and specify how these will be provided;</li> <li>• support will be provided to young (16/17 year olds), homeless individuals who are seeking to achieve a safe, stable return to a family;</li> <li>• Specialist Therapeutic Foster Carer placements in keeping with the needs of children and in line with regional criteria will be</li> </ul>	<p>The Trust has experienced a significant growth in the number of children in full time care. There has been approximately a 33% increase over the past 6 years. The Trust is currently responsible for 547 Looked After Children (LAC). This does not include children availing of Respite and Short Breaks which are managed by Child Health and Disability Services. This service pressure is having a major impact on the financial position. The increased LAC population has resulted in significant increases in boarding out allowances as the Trust is duty bound to finance Foster Care placements. In addition to the additional basic costs of placement provision, there are many hidden costs, for example significant increase in legal fees associated with court proceedings, increased costs of taxi travel to bring children to and from school where there are no viable public transport alternatives and when foster carers are unable to provide transport. The vast majority of SHSCT foster carers are rural based making provision of transport a necessity.</p>	AMBER

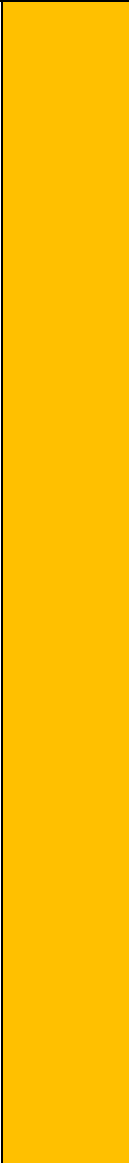
		<p>provided which will be monitored as part of the DSF process;</p> <ul style="list-style-type: none"> <li>• appropriate safeguarding measures will be put in place for extra-ordinary placements;</li> <li>• intensive edge of care interventions and family support will be provided to enable children to remain within their families where this is in the child's best interest.</li> <li>• required volumes of service activity for 2018/19 will be delivered.</li> </ul>	<p>The vast majority of Looked After Children are cared for within various types of foster care provision including kinship care, Trust Foster Care including Specialist Foster Care Placements with Independent Fostering Agencies. This has created immense challenges in relation to recruiting, assessing and supporting sufficient numbers of Foster Carers to meet demand. These challenges have also been reflected in a significant increase in staff associated costs as a consequence of having to ensure minimum staffing levels are maintained at all times, whilst being able to deploy additional staff to meet the needs of individual young people at any particular juncture.</p> <p>The Trust will continue to undertake its general duties outlined under Article 26 of the Children (NI) Order 1995 with particular reference to 26.2 and 3.</p> <p>The Trust continues to develop and expand the role of the Resource panel with a view to better planning LAC admissions and to ensure consistency of decision making and applications of thresholds.</p> <p>Children and young people are subject to an Understanding the Needs of Children in Northern Ireland (UNOCINI) initial/pathway assessment prior to becoming looked after. The threshold</p>	
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			<p>criteria of “significant harm” need to be met for children and young people who need to be safeguarded from harm. Looked After Children (LAC) review of arrangements is completed within required timescales. All children and young people are also subject to a UNOCINI LAC pathway assessment and have a care plan in place which takes account of the child’s physical, intellectual, emotional, social and behavioural development. Children and Young people will be referred to the Permanence Panel at 3 months to review plans for permanent living arrangements. Risk issues are considered as part of the pathway assessment and subject to review at each LAC review of arrangements meeting including extra-ordinary placements.</p> <p>The Trust has a robust recruitment and assessment process for new foster carers with the objective of increasing availability, capacity and choice. This includes a dedicated recruitment and promotion facility located in the Portadown Family Placement Team. There is a need for more choice in all foster placements from birth to aged 18 if there is going to be better processes put in place to match the needs of the child and young person with a proposed carer. There is a comprehensive promotion and recruitment process in place including local events and collaboration with regional</p>	
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			<p>recruitment team.</p> <p>The Trust aims to recruit 10 additional fee paid foster carers in the coming year which will enhance the service's capacity to manage more complex children and young people.</p> <p>The Trust has 2 dedicated youth Homeless social workers based within the Young Persons Project (a preventative service working with Adolescents) with a remit of working with young people, their families and other professionals to support placements at home, and or facilitating short term time out via the STAY scheme. The Trust seeks to avoid the use of bed and breakfast for young people if at all possible. (if in the future we have to use B&amp;B HSCB guidance would be applied).</p> <p>The Trust has developed a supported lodgings service, STAY (16 placements) for 16/17 year olds including short and long term placements.</p> <p>The Trust is committed to increasing the number of intensive support carers to meet need.</p> <p>The Gateway and Family Intervention Services develop family support and child protection multi-disciplinary/agency plans to support children to remain with their families in collaboration with other services eg, Barnardos, NSPCC and a range of other voluntary and community services.</p>	
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			<p>Service development and improvement is overseen by the Children Services Improvement Board including the implementation of Early Intervention Transformation Programme initiatives.</p> <p><u>Required levels of services activity</u></p> <p>The Trust is committed to work with Commissioners to bring forward robust SBA levels. Historic levels of activity will inform this position.</p> <p>Commissioned levels of activity for Social Work input into Foster Care and other placements will be agreed subject to the finalisation of the Social Work Community Indicator project including data definitions.</p> <p>The current historical level of activity, noted as per Schedule 5B of the SBA provides for the following, which the Trust will endeavour to deliver:</p> <ul style="list-style-type: none"> <li>• Residential Care – 21 children</li> <li>• Foster Care – Active caseload of 416</li> <li>• Other - Active caseload of 71</li> </ul>	
7.	Effective arrangements should be in place to ensure the stability of mainstream care placement	Trust responses should demonstrate a reduction in unplanned care placement moves for children in care	The Trust is committed to expanding the use of the Resource Panel with the objective of significantly increasing the number of children	AMBER



<p>arrangements for children in care</p>	<p>and use of effective interventions to deescalate crisis and prevent moves for children in care, particularly into high end regional facilities</p>	<p>being admitted to care on a planned basis with the objective of better matching their needs with specific placements and thus avoid further placement changes.</p> <p>The Trust continues to invest in support services for children in care. Additional posts have been created in the Family Placement service to support foster carers, additional training has been made available to foster carers as has additional Psychology support via the Trust expanded Scaffold Psychology Service. Additional posts are being appointed to the Fostering Intensive Support Scheme to support challenging and complex foster care placements with the objective of avoiding breakdown. The FPS continues to prioritise the promotion and recruitment of all types of foster carers and providers of supported lodgings for young people aged 16 and 17 years of age.</p> <p>Intensive work continues in respect of the Trust's residential child care provision to support staff and young people who have high levels of complexity.</p> <p>Under Transformation funding the Trust proposes to develop a residential support service to improve community engagement and make alternative experiences available to young people in residential care with the objective of supporting</p>	
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			<p>and stabilizing mainstream placements.</p> <p>The Trust is committed to developing effective inter professional collaboration in implementing care plans for young people based on their assessed therapeutic needs.</p>	
8.	<p>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>The Trust continues to develop and expand the role of the Resource Panel which has resulted in increasing numbers of presentations to the panel with the objective of a planned LAC admission where deemed appropriate. The Trust has been promoting the use of the Resource panel which meets at least weekly to consider presenting cases. This is an area of service development which will continue to be afforded senior management attention.</p>	AMBER
9.	<p>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</p>	<p>The Trust implemented the Looked After Child Pathway in November 2014 with the objective of ensuring smooth/seamless transfer of relevant cases across teams. This pathway was reviewed and updated in Autumn 2017 and remains the relevant Case Transfer Pathway across the service.</p> <p>The Trust is committed to reducing the number of unplanned placement moves for LAC and is striving to increase the number and choice of foster care placements available to facilitate better matches between LAC and Carer.</p>	AMBER

		<p>challenges to achieve these and plans to address these.</p>	<p>The Family Placement Service has recently appointed LAC support workers with the objective of working with social workers, foster carers, schools and community based groups to improve participation of Looked After Children in various activities and in turn support placement stability.</p> <p>The permanence panel considers the permanence needs of children following the first 3 month LAC review with an emphasis on avoiding drift. The Trust is working within the context of the LAC commissioning paper.</p> <p>The LAC service has moved to 14 plus (from 16 plus) to facilitate earlier intervention with LAC in assisting better planning in terms of education, training and employment and in preparation for leaving care and better meeting young people's assessed needs for when they formally leave the looked after child system</p>	
10.	<p>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</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</p>	<p>The Trust adheres to and implements the regionally agreed permanence policy for LAC.</p> <p>There are independent Chairpersons appointed to preside over the LAC review process and associated decision making regarding care plans. LAC cases are regularly audited as part of the GAIN Audit requirements. .All LAC reviews and assessments are reviewed by the Head of</p>	AMBER

	duration of the placement.	Order. This assessment should outline how the child/young person's views have been taken into account in agreeing the care plan.	<p>Service who acts as reviewing officer with a governance role. The same process is applied to these cases, i.e. Independent Chair person, reviewing officer and detailed discussions between Head of Service and team manager re: agreed care plan.</p> <p>Care orders are only maintained on children at home where there are ongoing issues and there is a need to share parental responsibility. Guardian is appointed by the Court and interface is as per every care proceedings case.</p> <p>There are increasing numbers of cases being presented to the Resource Panel where objectives and goals are discussed and appropriate suggestions made for further consideration before LAC admission or as part of the subsequent agreed care plan.</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	Trust responses should demonstrate how recent investments will ensure equitable access by all young people in foster care to avail of GEM.	<p>The Trust is committed to assisting young people and their carers to maintain placements post 18 where this is considered to be in the Young Person's best interest.</p> <p>At the end of March 2018 there were 44 young people 18 years and over residing with their former foster carers as part of the GEM scheme. The Trust in consultation with the HSCB has developed practice standards for the GEM scheme (April 2016) which provides clarity in terms of ethos, objectives and</p>	AMBER

			<p>procedures regarding the placement and associated supports available to both the young person and carer.</p> <p>The 14 Plus Service, Family Placement Service and Children's Disability Service are currently collaborating to expand the GEM scheme to include this as a viable option for young people with severe disabilities and residing in full time foster care.</p> <p>The Trust has replicated the GEM scheme in respect of Supported Lodgings (STAY) where "Looked After" young people are encouraged and facilitated to remain with their accommodation provider post 18 years of age. There continues to be year on year increases in the number of young people and carers availing of the GEM scheme.</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 Children, Young People with Developmental, Emotional and Mental Health services.	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.	Autism Spectrum Disorder (ASD) services currently provide assessment, diagnosis and post diagnostic intervention to the 0-18 population. Within the 18-30 population ASD services provide post diagnostic interventions to support adults to better understand and manage their diagnosis. Currently the 0-12 population is managed through the Autism Diagnosis Observation Schedule (ADOS) service and post primary young people are assessed and diagnosed through Child and Adolescent Mental	AMBER

			<p>Health Service (CAMHS). Service re-design to incorporate both services into a single 0-18 service has been completed and will be delivered when additional core funding is sourced.</p> <p>On-going and increasing referral demand continues to present significant pressures across the Assessment / diagnostic and intervention processes.</p> <p>There are currently significant waits for diagnosis in the Adult Services. Support for Adults 18-30 is solely in terms of advice and information. No services in terms of Safe Guarding or bespoke Care packages for the 18 + population are available where ASD is the sole presentation.</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"> <li>• Demonstrate the management of service demand</li> <li>• Improve interface arrangements between CAMHS acute and community care, secure care and with Youth Justice</li> <li>• Integrate CAMHS, Autism and ADHD services to ensure effective access based on assessed needs to children, young people and their families</li> <li>• Ensure implementation of the</li> </ul>	<p>The Trust cannot fully implement the CAMHS Integrated Care Pathway until additional recurrent resource is available for core CAMHS. (HSB acknowledge the current position and have requested an additional £4.8 million to be invested recurrently in Regional CAMHS).</p> <p>The CAMHS service continues to struggle to meet the Integrated Elective Access Protocols (IEAP) expectation. An 80% increase in accepted referrals since 2013 and an acknowledgement that 20% of the current workforce will now meet the retirement threshold within the next four</p>	AMBER

		<p>CAMHS Integrated Care Pathway (March 2018)</p>	<p>years is concerning.</p> <p>The process of integrating CAMHS with ASD / ADHD and Youth Justice services continues. ADHD is now fully integrated. ASD will follow once the additional staff requirement has been provided. CAMHS have been successful in requesting funding to set up a partnership arrangement with Youth Justice. The pilot will report back in March 2020.</p>	
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## CARE OF THE ELDERLY (13)

<b>R</b>	<b>A</b>	<b>G</b>
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ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
1.	Effective arrangements should be in place to ensure the implementation of requirements contained in Adult Safeguarding and Protection in Partnership (2015).	Trust responses should demonstrate plans to promote the development of the Adult Protection Gateway model.	<p>The Trust continues to operate an Adult Protection Gateway Service and as part of the work of the SHSCT Corporate Adult Safeguarding Blueprint is reviewing the roles and functions of the Gateway service and those holding specialist protection functions within the Trust. This review is in line with the new definitions and thresholds of the 2015 Policy and aims to focus specialist responses to those at greatest risk. The review of practice includes cognisance of associated governance arrangements to promote a continuous improvement approach.</p> <p>The Blueprint also focuses on the critical aspect of prevention and early intervention in adult safeguarding and therefore work is being undertaken to embed a culture of empowerment and keeping me safe within all areas of adult service delivery.</p>	<b>GREEN</b>



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 Falls service is case finding through ED and Northern Ireland Ambulance Service pathways. Assessment and strength and balance programmes are offered and links are in place with community and voluntary sector programmes.</p> <p>ICP contributed funding for the extension of the Acute Care at Home service. ICP has also funded the pharmacy post which is key to the links with community pharmacy and identification and resolution of polypharmacy issues and Respiratory, Diabetes and Palliative Care services.</p> <p>The Trust continues to nominate senior staff to work in partnership with the local ICPs and look forward to implementing any new initiatives.</p>	GREEN
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 implement the New Stepped Care Model for Older People and for people with dementia.	<p>A Trust representative is currently working with the HSCB to develop a regional standardised operating model for people with dementia.</p> <p>When the regional New Stepped Care Model for people with dementia has been agreed the Trust would intend to work with ICPs to implement the model subject to availability of funding.</p> <p>The Trust will also work to identify the needs of individuals with dementia and their carers and the resources required to meet demands.</p>	GREEN

			These demands present across a range of teams.	
4.	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.	<p>A Trust representative is currently working with the HSCB to develop a regional standardised operating model for people with dementia.</p> <p>When the regional New Stepped Care Model for people with dementia has been agreed the Trust would intend to work with ICPs to implement the model subject to availability of funding.</p> <p>The Trust will also work to identify the needs of individuals with dementia and their carers and the resources required to meet demands. These demands present across a range of teams.</p>	GREEN
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.	<p>Packages for all clients who require domiciliary care are offered on a daily basis to all providers via a central administrative hub (Care bureau). Acute/Community communication is ongoing to facilitate timely discharge. Cases are prioritised by Key workers such as palliative care or hospital discharges to expedite service responses.</p> <p>Capacity issues remain within the independent sector providers. This has been addressed by recently procuring four new supplementary providers who are at varying stages of</p>	AMBER

			<p>implementation of new business arrangements. In addition the statutory domiciliary care service has been recruiting on a monthly basis since January 2016 to grow the workforce to meet demand.</p> <p>A new outcomes focused model of domiciliary care was piloted by Trust statutory service in 2015 and evaluated very positively both from quality and efficiency perspectives. This has been rolled out across all Armagh / Dungannon areas and is to be further developed at scale Trust wide. Functional assessment and goal plans/outcomes are monitored by dedicated domiciliary care Occupational Therapists until maximum independence potential has been achieved. This new service model will influence the procurement specification.</p> <p>The Trust is working with the Social Care Procurement Unit and Directorate of Legal Services as part of the planning process for a future procurement exercise.</p> <p>Advertisement campaign and Recruitment Days will be explored in August. The Trust will also step up engagement with independent sector providers and commissioning teams in August and September to explore ways to down turn / manage the waiting list for</p>	
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			<p>packages of care. An engagement event with IS suppliers is planned for the end of August with a view to increasing IS capacity.</p> <p>An additional 2 Occupational Therapists are being recruited for Trust Home Care Armagh and Banbridge.</p>	
6.	<p>Effective arrangements should be in place to support services for carers that can be developed to maintain individuals to live as independently as possible in their own home.</p>	<p>Trust responses should demonstrate plans to expand and promote the assessment of needs and the availability and uptake of short breaks.</p>	<p>The Trust actively participates in the Regional Carers Strategy Implementation Group and mirrors the action plan at local level through the Carers Reference Group. During 2017/18 the Trust actively sought the views of carers on support services and short breaks and this feedback informed the development of the 2018 - 2020 carers' action plan which was finalised at a co-production workshop with carers, carer support organisations and Trust staff in May 2018. The targets contained within the action plan include increased carers needs and support planning in line with V4 Northern Ireland Single Assessment Tool (NISAT) which can mobilise a range of support options to meet identified need including the availability of short breaks. Directorate champions focus on these to maximise support for carers across all teams. The Trust has also contracted with a voluntary sector organisation for additional support service for adult carers.</p> <p>A directory of carer support services and</p>	<p>AMBER</p>

			<p>resources has been developed and launched at the co-production workshop in May 2018. There continues to be a high demand from staff and carers for this resource which the Trust is meeting.</p> <p>The Trust is finalising a carers' assessment support booklet for staff outlining responsibility with regard to offering carers' assessments and providing information on the range of support services and resources available locally to support the development of carers' needs and support plans</p> <p>The 'Useful Contacts' list has been up-dated and circulated widely.</p> <p>A booklet outlining the range of peer carer and other relevant support groups available across the SHSCT area is being finalised.</p> <p>The Trust has secured agreement for an additional £50k for carers' cash grants bringing the in-year total available to allocate to £70k. These carers' cash grants facilitate the purchase of items or services to relieve carer stress and/or provide a short break from the caring role.</p> <p>The introduction of Qlikview and the availability of weekly reports enables managers to monitor</p>	
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			<p>the activity with regard to carers assessments, and the Carers Coordinator and Carers Trust can now target teams that require additional support and provide tailored carers awareness training.</p> <p>It will be essential to secure the additional resources required to support the associated activity in the completion and follow-up of the carers' assessment.</p>	
7.	<p>Effective arrangements should be in place to review existing day opportunities for older people to ensure that they meet current needs and expectations.</p>	<p>Trust responses should demonstrate plans to review existing day care provision to make best use of resources.</p>	<p>The Trust is currently developing an Outcomes Based Framework for Older Persons Day Care Services. This framework seeks to ensure that day services are responsive to the individual needs of service users, which will support them to maximise their independence.</p> <p>The Trust has evaluated the service user experience, using 10,000 Voices methodology and as a result will further develop a reablement ethos to day care services, the introduction of the Outcomes Based Assessment Tools and new programmes.</p> <p>Review and variation of existing independent sector contracts has been completed and streamlined existing ISP in line with capacity, need and available funding. This has made better use of resources.</p>	<p>GREEN</p>

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.	<p>The Trust has fully implemented the regional model and the Reablement service is available in all areas of the Trust and targets are consistently achieved.</p> <p>The Trust has identified the level of resource required to allow the Reablement service to offer a full 7 day service across weekends and the out of hour periods, however, at this point no additional resources are available to facilitate this enhancement.</p>	GREEN
9.	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 investment in demography to meet the needs of the aging population.	<p>The Trust will continue to deliver domiciliary care, residential and nursing home placements in line with assessed need and available funding.</p> <p>The Trust has identified an emerging risk aligned to securing placements at regional tariff in Residential and Nursing Homes as Independent sector providers introduce third party payments. This includes a difficulty with the placement of individuals with more complex needs.</p> <p>The Trust has also identified emerging in year pressure on the domiciliary care budget allocation, as well as demographic related increases in demand across a wide range of existing core services including ICTs, ICS, Reablement and Specialist Community, Dental</p>	AMBER

			<p>and Allied Health Profession Services.</p> <p>Recruitment within this sector remains challenging. The Trust is exploring ways to actively recruit and retain staff.</p>	
10.	<p>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.</p>	<p>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.</p>	<p>The Trust is working collectively to strengthen and enhance current services, which are supporting healthy ageing across the end to end patient/ client journey.</p> <p>The Trust provides a range of opportunities to support healthy ageing in the community, including health improvement interventions such as those referenced below:</p> <p><b>Health Improvement</b></p> <ul style="list-style-type: none"> <li>• Ongoing dissemination and promotion of physical activity guidelines;</li> <li>• Co-ordination of Southern locality based 'Walking for Health' scheme and 'Cycle for Health' scheme;</li> <li>• 2 'Move More Often' Programmes were delivered in 17/18 to staff in residential/daycare settings to support physical activity with frail/elderly older people. A further 3 programmes are planned in 18/19;</li> <li>• A rolling programme of 'Strength and Balance' programmes is provided to those at risk of fall through the physio service, Falls Prevention Co-ordinator and joint working with Council leisure centres.</li> </ul>	<p>GREEN</p>



			<p>There is a falls prevention and early intervention service across community, statutory and voluntary partners across the Southern area; A new dementia page has been published on the SHSCT Falls Directory.</p> <p>4 x Safe &amp; Steady sessions have been delivered to Reablement Support Workers and community workers to enable them to promote falls prevention and provide equipment and resources to older people.</p> <p>Further community facilitators were trained and supported to deliver community-based nutrition and cooking skills programmes to support people to learn the practical skills for cooking healthy meals on a low budget;</p> <p>Home safety equipment was purchased and distributed to Trust staff teams including Health visiting, family nurse partnership, Reablement, Dementia Navigators, Parenting Partnership and Learning Disability.</p> <p>Oral health care programmes are facilitated with a range of older people's groups by the Community Dental service.</p> <p><b>Community Planning</b></p> <ul style="list-style-type: none"> <li>• The Trust has established a cross-Directorate and cross-sectoral structure to</li> </ul>	
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			<p>support the implementation and outworking of the regional Public Health Framework, Making Life Better and the ongoing development of local council community plans. 18/19 will see a greater focus on the implementation of these community plans in collaboration with local councils and other statutory, community and voluntary sector partners.</p> <p><b>Support for Community &amp; Voluntary (CV) Sector</b></p> <ul style="list-style-type: none"> <li>• Support for sustainable approaches to community development for health and social wellbeing including delivery of Community Sector Training programme (that now provides adult safeguarding modules in addition to the range of child safeguarding modules), further development of the role of and support for Community Health Champions and Trainers across the community, and implementation of Neighbourhood Renewal Health Improvement Plans in Newry, Craigavon, Lurgan, Portadown, Dungannon and Coalisland.</li> <li>• Work with others as above to develop a strategic approach to the improvement of social support and health and wellbeing for</li> </ul>	
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			<p>older people in the community.</p> <p>The Trust works in partnership with and provides funding to a range of community and voluntary sector organisations. The Trust plans to complete its review of current contracts to ensure services are delivered in line with the Trust strategic direction and offer value for money.</p> <p>Multi- agency initiatives working with PHA and local councils include for example:</p> <ul style="list-style-type: none"> <li>• <i>Newry and Mourne Age Friendly Strategic Alliance and</i></li> <li>• <i>Good Neighbourhoods for Ageing Well</i></li> </ul> <p>The Trust provides support for the development and implementation of Multi-Disciplinary Teams aligned to Primary Care – particular reference to support for social prescribing models including focus on frailty and development and implementation of an Older People’s Support Hub. (Dependent on Transformation bid.)</p> <p><b>mPower</b></p> <p>The Trust, as a partner of CAWT, will commence the implementation of the mPower project in Newry/South Armagh in Autumn</p>	
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			2018. The primary purpose of this project is to enable older people to live well, safely and independently in their own homes by empowering them to self-manage their health and care issues in the community.	
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.	<p>The Trust is actively engaged in this reform project. Change Plans have been submitted for Statutory Residential Homes to HSCB in November 2015 and we await a decision from HSCB/Department of Health. All new permanent residential placements are currently directed to independent providers. Capacity within statutory homes has been mobilised to support resilience plans in response to winter/seasonal pressures. A successful Intermediate Care scheme is now run within Cloughreagh House and Roxborough House.</p> <p>Currently statutory domiciliary care delivers 40% market share and capacity/demand issues influence this ratio as well as financial parameters. The future procurement plans will consider the hours to be commissioned and provided by both sectors to ensure sustainable outcome focused service model.</p>	AMBER (Trust contribution is Amber)
12.	Effective arrangements should be in place to support the development of intermediate/step down care to	Trust responses should demonstrate review options for remodelling existing provision or developing new services to increase availability of	The Trust has established an 'Unscheduled Care Operational Improvement Group' to work across Acute and Community to further improve the urgent care pathway. A number of	AMBER

	<p>relieve pressures on acute care and promote rehabilitation.</p>	<p>these services.</p>	<p>workstreams have been established to progress specific actions aimed at further exploring opportunities to promote rehabilitation and improve discharge processes to relieve pressures on acute care.</p> <p>Capacity within statutory homes has been mobilised to support resilience plans in response to pressures. Both Cloughreagh House and Roxborough House have enhanced staffing levels to support step down from acute and non-acute beds.</p> <p>Intermediate Care has enhanced staffing levels to support both Discharge to Assess and Step Up referrals. Currently, there is a pilot allowing Discharge to Assess patients to be identified in Acute and Non-Acute hospitals and reviewed rapidly in the community by Intermediate Care. There are restraints with this service operating Monday to Friday 9am-5pm.</p> <p>Further investment would be required to allow these pathways to be fully implemented at scale.</p> <p>A quality improvement project is underway to engage with GPs and promote the use of Step up to Intermediate Care, thereby preventing hospital admission.</p>	
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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.	<p>The Trust is represented on the regional implementation group for Self Directed Support and will continue to implement local actions in line with regional implementation arrangements.</p> <p>Additional resources will be required to support the associated activity in the completion and follow-up of SDS requirements.</p>	AMBER
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## MENTAL HEALTH (10)

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ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
1.	Effective arrangements should be in place to improve the physical health care of people with serious mental illness	Trust responses should demonstrate how they will develop medical monitoring and physical health care support for people undergoing treatment for an eating disorder. The Trust should also demonstrate how they are supporting people with long term mental health conditions to support their physical health outcomes.	<p>The Adult Eating Disorder service has recruited band 5 nursing staff to improve the physical health care for Adults with Eating Disorder. By September 2018 each of the three localities - Armagh &amp; Dungannon, Craigavon &amp; Banbridge and Newry &amp; Mourne will be covered by 0.4 wte band 5 nurse.</p> <p>The Trust has developed a health passport that is used to assess and monitor the health needs of clients who access acute care. We are currently awaiting the outcome of a bid to further extend this level of health monitoring across Support &amp; Recovery services for those on long- term medication and who have severe and enduring mental health problems. We have developed an electronic solution to the health passport on the PARIS system and have developed links with Northern Ireland Electronic Record (NIECR) to avoid duplication of effort and resource.</p> <p>The Trust plans to roll out the Health Passport into the Addiction Service to ensure that Addiction patient's Health monitoring needs are equitable to that within general Mental Health Services. This will require</p>	<b>AMBER</b>

			additional resourcing.	
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.	<p>The Trust is actively involved in the Regional work streams looking at implementing the service framework and self- assessed against the core data set and existing systems to facilitate reporting.</p> <p>The SHSCT has commenced a pilot in Home treatment Services to use the Questionnaire "Experience Feedback Form "(EFF) as part of the regional YiM Oversight Group.</p> <p>As part of the regional ImRoc Group the Southern Trust will pilot <i>Recovery Star</i> as a tool to evidence recovery. The Community rehabilitation team and the resource centres were selected as the pilot sites and 18 staff attended training on the use of the <i>Recovery Star</i> tool.</p> <p>The Recovery college will use <i>Wellness Star</i> with staff working in the Recovery College.</p>	GREEN
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.	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.	The Trust continues to provide Psychological Care through the stepped care model and in line with the You In Mind pathway. We are in the process of strengthening our Well Mind Hub model in partnership with the commissioner and are recruiting to 3 Well-Mind Hub navigator posts that will help maximise access to Community and Voluntary sector, and link people to the most appropriate service. The Coordinators will also raise the profile of our Recovery College. The Trust continues to be the lead partner in the CAWT I-Recovery project for the Eastern Hub	GREEN



			<p>working to rollout access to Recovery College in rural and border communities.</p> <p>We continue to fund several Community and Voluntary providers for Psychological interventions to address waiting list pressures.</p> <p>The Trust continues to develop the Psychological skill set among our mental health workforce in line with commissioned courses.</p>	
4.	<p>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>In-patient staff are trained in a range of psychological interventions i.e. CBT/Kuff/Storm/Motivational interviewing etc. In-patient staff utilise these interventions on a 1:1 basis and in group sessions held on the ward. There are Recovery champions on each ward as well as Peer Support Workers. In-patients have a dedicated psychologist.</p> <p>We would welcome further training in psychological therapies for our in-patient staff which would help us comply with the Regional KPI of all mental health nurses being trained in at least 2 psychological therapies and offer evidenced based interventions to inpatients.</p> <p>Bluestone also has Mental Health Resource Centre on site. In-patients are identified in the MDT as suitable to attend the condition-specific group programmes all of which have been designed in line with the YIM – Talking Yourself Well Guide to Mental Health Psychological Therapies. We would be keen to expand therapies offered in the centres to include</p>	AMBER

			<p>IPT, CBT for Psychosis, Art therapy and Psychosocial interventions.</p> <p>The Resource centres throughout the SHSCT offer the same programmes to Out-patients so treatment can be continued post discharge.</p> <p>The Personality Disorder service provides in-reach to the in-patient wards and co-facilitate groups in the Resource centres. There are currently 3 newly developed programmes specific to patients with Personality Disorder/Traits: Psychoeducation group, Coping with Emotions (Over controlled) and Dealing with Feelings (Under controlled). They offer DBT and Mentalisation. They work collaboratively with the MDT to develop appropriate recovery care plans as well as offering supervision and Reflective practice to staff to assist staff in the management of complex cases. The team is limited by its small numbers at present, it is hoped as the team is developed there will be increased link working and treatment planning resource to in-patients</p> <p>Bluestone adopt a person centred, recovery focussed approach. As well as the developments in Psychological therapies outlined above each in-patient ward has a dedicated OT and Social Worker who work as effective members of the MDT team. Bluestone also has developed a Health and Wellbeing team, consisting of a Dietician, SALT practitioner and Smoking Cessation Nurse. In patients</p>	
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			<p>have a Health Passport completed on admission which follows them through mental health services to reduce morbidity and mortality rates in our service users.</p> <p>Bluestone has 0.5 whole time equivalent Rehabilitation Occupational Therapist who works across all wards to case find patients requiring rehabilitation. They commence functional assessments on the ward and link in with the developing Rehab team.</p> <p>The Southern Trust has a dedicated Home Treatment In-reach Practitioner based in Bluestone to facilitate early discharge from hospital. They work with in-patients and their families to offer Home Treatment Crisis Response as the least restrictive option.</p> <p>A Patient Flow team is in development which will incorporate the HPCR In-reach Practitioner above and also develop the role of a Complex Discharge Practitioner who will identify in-patients whose discharges are delayed and link with community / domiciliary care services to facilitate discharge</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.	Trusts should support the development of peer led self-sustaining relapse prevention groups and family carer support groups	<p>The Trust is working through the Sense Maker feedback, distilling the comments into themes and developing an action plan around them.</p> <p>The process of co-production within mental health services in the Southern Trust is well developed. The following are the key processes currently active</p>	GREEN

			<p>in the promotion of a co-production ethos:-</p> <ul style="list-style-type: none"> <li>• <u>Recovery College</u></li> </ul> <p>Co-produced business plan approved by the Trust from within existing resources to support the employment of a peer educator and admin support to co-produce and co-deliver courses.</p> <p>Quality assured T4T programme underway, co-designed and co-delivered. Service users, carers and staff are active participants in training. The Trust continues to co-produce and co-deliver courses.</p> <ul style="list-style-type: none"> <li>• <u>Team Recovery Implementation Plans (TRIPs)</u></li> </ul> <p>Team engagement programme currently underway and champions identified across services for on-going review and benchmarking</p> <p>Service users active in co-production and co-delivery of the programme. Service users identified to actively contribute to benchmarking and establishing key objectives for teams. TRIPS focusing on key areas of the core care pathway eg provision of information at access to services stage.</p> <ul style="list-style-type: none"> <li>• <u>Communication Group</u></li> </ul> <p>Service users, carers and staff actively engaged in task and finish projects to ensure accurate, relevant and timely information is co-produced and available across a range of mediums.</p>	
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			<ul style="list-style-type: none"> <li>• <u>Transforming the Workforce</u></li> </ul> <p>The Trust has employed 4 Peer Support Worker's (PSWs) for Bluestone and 1 appointment to the Community Addiction Team. Service Users trained in Recruitment and Selection and active in interviewing at present.</p> <p>The Transforming the Workforce group are progressing the Expert By Experience Post that will form part of the Division's senior management team. This is a significant post at Band 7.</p> <p>Robust service user engagement process – UCSIG (User &amp; Carer Service Improvement Group) Active participation in the following workstreams:-</p> <ul style="list-style-type: none"> <li>• Divisional Management Group</li> <li>• ImROC Steering Group and ImROC work programmes</li> <li>• You in Mind Care Pathway Steering Group and work programmes</li> <li>• Wellness Recovery Action Plan (WRAPS) Training and WRAP Support Groups</li> <li>• Regional Adult Mental Health Group</li> <li>• Self-Harm Reference Group</li> <li>• Medication Management Group</li> <li>• PPI Engagement Group</li> <li>• Wellmind Talking Therapies Hub-Project Board and Implementation Group</li> <li>• CEC Pathway Training programme</li> <li>• Sensemaker Regional Group</li> <li>• Support &amp; Recovery Governance Group</li> <li>• Trust Interview and appointment panels</li> </ul>	
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6.	<p>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 &amp; 4B) must be provided within a regional Network arrangement accessible by all Trusts.</p>	<p>Trusts should participate in the planned review of community based Addiction services, the outcome of which should be to ensure that a more effective service provision model is in place given increasing demand (this will include 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>The Trust is represented on the regional Tier 3 and Tier 4 A and B groups which are reviewing the capacity and demand within Addiction Services for all service delivery modalities across all Trusts. Opiate Substitution as a significant element of Tier 3 services is included within this review programme.</p> <p>New opiate treatment guidance is due to replace the 2014, Northern Ireland guidance document. The Trust has been engaged in a process of reviewing the Opiate Substitution service with a view to being able to adopt the changes identified within the guidance. The Trust continues to seek additional funds in order to develop a robust and flexible service which is able to fully implement the UK guidance document with its stronger emphasis on Physical Health by extending the Trust's Health Monitoring protocols and also attending to the Mental Health and Social needs of this population.</p> <p>The Trust has strong pathway arrangements in place with Tier 4A services and has a good working relationship with all Tier 4A providers and links with these providers on a formal basis weekly and frequently on a more informal basis.</p> <p>Tier B provision has proven a challenge and we work closely with the Regional Bed Coordinator and the regional Tier 4 network, and aspire to having a fully fluid and clear pathway of access to Tier 4B service across the region.</p>	AMBER
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7.	Effective arrangements should be in place to support the new Regional Mental Health Trauma Network.	Trust responses should demonstrate plans to support and participate in the development and implementation of the Network.	The Southern Trust has been actively involved in the ongoing development of the regional trauma network. The job descriptions for the clinical staff have recently been agreed and the Trust will now be progressing to recruitment to the two current funded posts available. A local Regional Trauma Network Steering Group is also being finalised and will be meeting in September to support the further roll out of this service.	GREEN
8.	Effective arrangements should be in place to support the new Forensic Managed Care Network.	Trust responses should demonstrate plans to support the development and implementation of the Network including: <ul style="list-style-type: none"> <li>• advancing training and education of the forensic workforce</li> <li>• research and quality improvement,</li> <li>• improving interagency collaboration and learning from clinical practice</li> </ul>	<p>The Southern Trust forensic team were represented at the Forensic Managed Care Network Strategic Planning Workshop which took place on the 3<sup>rd</sup> May 2018. This allowed involvement in discussions with regard to how the Managed Care Network will be implemented regionally including consideration of the Terms of Reference for each of the sub groups.</p> <p>The Southern Trust CFMHT team leader has been selected to sit on one of the three sub groups-Criminal Justice, Interagency and Clinical Practice Group. As such this will ensure active engagement in the discussions which will take place within this forum, and developments will be fed back to the Trust as appropriate.</p> <p>Regular feedback will also be received from the other sub groups (Training and Education, and Research and Quality Improvement). Information from each of the sub groups will be used to guide the development of practice and training within the Trust's forensic</p>	GREEN

			team.	
9.	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.	<p>Skills analysis has been carried out to understand the existing level of training in psychological therapies within the workforce and this will marry to training needs for the 18/19 period. We allocate staff to each of the commissioned training opportunities however are challenged by the requirement for supervisors to oversee the trainees having to be British Association for Behavioural and Cognitive Psychotherapies (BABCP) accredited.</p> <p>We continue to experience significant challenge in recruiting staff of all grades and disciplines especially nursing and psychology. We have a rolling advert to attract new nurses.</p> <p>The additional number of nurse training places is welcomed but will not deliver additional capacity for some years. We have in turn invested significantly in developing our internal work-force through the Open University.</p> <p>In turn there remains a challenge in the release of staff to undertake the necessary training to develop psychological skills as this will inevitably compromise service delivery capacity.</p>	AMBER
10	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	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	A wide-ranging training programme for psychological therapies has been agreed, through profession-specific commissioned places and additional funding from the HSCB. This includes modular training, short courses, diploma and masters level courses from a range of providers including local universities, the	AMBER



	<p>scope of Talking Therapies in primary care.</p>	<p>modalities of psychological therapies and improve psychological approaches underpinning mental health treatment.</p>	<p>Clinical Education Centre (CEC), and private trainers.</p> <p>We are developing our capacity through contracts with the C&amp;V sector.</p> <p>Regional pressures with the recruitment and retention of Psychology posts have continued to create difficulties in terms of maintaining waiting lists and managing clinical demand.</p>	
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## LEARNING DISABILITY (6)

<b>R</b>	<b>A</b>	<b>G</b>
		6

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
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 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>All contracts with the Community Voluntary Sector pertaining to day services are being reviewed with the goal of increasing day opportunities for adults with a disability.</p> <p>The Trust is undertaking an exercise with other community day care providers to extend the number of day opportunities available within contractual agreements. It is envisaged that as a result of this shift, placements within day care will be maintained and available to Service users with complex care needs either already in the service or coming through transition and persons assessed as being able to avail of day opportunities are signposted accordingly.</p>	GREEN
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	<p>The Southern Trust completed the resettlement agenda in October 2013 for all long stay patients in Longstone Hospital including delayed discharges.</p> <p>One person remains in an out of Trust Long Stay Hospital placement and engagement continues to identify an appropriate resettlement</p>	GREEN

		with recent investments.	option.	
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>Health Facilitators continue to complete annual health checks in conjunction with GPs.</p> <p>The wider health agenda is promoted in partnership with local councils and other agencies. The Trust also offers a range of opportunities including activity based opportunities via Day Opportunities and Fit 4 U programmes</p>	GREEN
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.	<p>Carers with assessed need are currently offered a menu of options re short breaks which include:</p> <ul style="list-style-type: none"> <li>• Promotion of Self -directed support (SDS)</li> <li>• Direct Payments</li> <li>• Cash grant</li> <li>• Residential/nursing break</li> <li>• Rotational respite</li> </ul> <p>Flexible short breaks are offered to all carers including those caring for people with dementia. The frequency of breaks is based on assessed need and offered via direct payment, SDS or via traditional means. They are developed with the carer and service user and are responsive and person specific. The adult service is also</p>	GREEN

			developing a protocol for Senior Management Team approval for delivery of flexible breaks.	
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.	<p>Community based assessments are provided on admission to hospital and staff regularly attend ward rounds to assist with early discharge. Delays experienced are mainly as a result of inability to access suitable community placements. The teams work closely to address these issues on an individual basis. The Crisis Response/Home Treatment Team actively contributes to the prevention of hospital admissions and the home treatment element can be offered to expedite discharge for patients to the community setting.</p> <p>Community teams work closely with hospitals to ensure smooth hospital discharge. Most hospital discharges in this client group involve service users already known to the teams and therefore have case managers identified. Services are reinstated or increased as appropriate and a period of rehabilitation in nursing care is offered if required. This is a multi-disciplinary process.</p>	GREEN
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.	The SHSCT is committed to this initiative and has a representative on the regional group to take this forward.	GREEN (Trust contribution is green)

## PHYSICAL DISABILITY (3)

<b>R</b>	<b>A</b>	<b>G</b>
	1	2

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.	The Southern Health and Social Care Trust established a Transition Team in September 2015 for those with a learning disability/physical disability aged 18 – 21 years. There is an agreed protocol in place and ongoing communication between children and adult services to ensure early identification of young people in transition particularly those with complex needs.	<b>GREEN</b>
2.	Effective arrangements should be in place to develop a Physical and Sensory Disability structure/ network which facilitates regional, multi-agency strategic planning for the needs of people with Physical and/ or Sensory Disability.	Trust responses should demonstrate equitable access to Health and Social Care for people with Physical and Sensory Disability including:  <b>Access</b>  <ul style="list-style-type: none"> <li>• Trusts to ensure people with</li> </ul>	The SHSCT strives to ensure that the needs of the Disabled Population are met in respect of access to services, facilities and equipment	<b>AMBER</b>

		<p>Sensory loss/ Disability are empowered to access HSC services (i.e. statutory HSC services and services provided by Community &amp; Voluntary / Independent sectors).</p> <ul style="list-style-type: none"> <li>• 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</li> </ul> <p><b>Buildings</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Signage in HSC facilities should meet HSC accessibility standards.</li> </ul> <p><b>Equipment</b></p> <ul style="list-style-type: none"> <li>• Trusts should ensure equitable access to equipment (including</li> </ul>		
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		adaptive/ assistive technologies) and accessible, age appropriate accommodation/ care facilities for people with Physical and/or Sensory Disability.		
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.	Trust responses should demonstrate plans to ensure all HSC staff including HSC provider staff in Community & Voluntary / Independent sectors receive mandatory disability training.	In addition to ongoing professional training and development staff receive induction training and disability awareness training as well as specialist training for example sensory integration which keeps staff abreast of new developments	GREEN

## SPECIALIST SERVICES (14)

<b>R</b>	<b>A</b>	<b>G</b>
	3	1

Not Applicable 10

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
1	<p>Effective arrangements should be in place to ensure:</p> <ul style="list-style-type: none"> <li>• New patients continue to access previously approved specialist drug therapies</li> <li>• Access to new NICE TAs and other NICE recommended therapies approved during 2018/19</li> </ul>	<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>The Trust will continue to engage with the HSCB regarding projected demand and funding requirements and will continue to participate in regional fora including the Regional Biologics Forum and the Regional MS Group.</p> <p>The Trust has reviewed the capacity for treatment of Inflammatory Bowel Disease (IBD) patients with biological therapies and is in discussions regarding the deficit with the commissioner.</p> <p>The Trust will continue to engage with the Commissioner regarding funding for the necessary specialist nursing and pharmacy infrastructure to enable commencement of administration of Tysabri and other specialist Multiple Sclerosis treatments at the Southern Trust in line with NICE guidance.</p> <p>The Trust will deliver on the requirements to ensure access to new NICE TA's and other therapies in line with the available investments to</p>	<b>AMBER</b>



			facilitate this.	
2	<p>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 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>	Not Applicable	
3	<p>Effective arrangements should be in place to provide a specialist adult pulmonary hypertension</p>	<p>Belfast and South Eastern Trusts are requested to agree and bring forward detailed proposals for a specialist adult pulmonary hypertension service</p>	Not Applicable	

	service for Northern Ireland	for the population of Northern Ireland. This will take into account the recommendations of the National Peer Review of Pulmonary Hypertension Services, 2016/17.		
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>	Not Applicable	
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> <ul style="list-style-type: none"> <li>• Planned arrangements for the paediatric lead for rare disease by 30 September 2018.</li> <li>• Plans for a Paediatric Waiting List Office. This will ensure equity of access for patients waiting for</li> </ul>	Not Applicable	

		<p>tertiary services.</p> <ul style="list-style-type: none"> <li>• New arrangements for the management of children with hepatitis B in conjunction with Birmingham Children’s Hospital.</li> <li>• 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.</li> </ul>		
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>	Not Applicable	

7	<p>Effective arrangements should be in place to appropriately manage the service need of patients requiring specialist services.</p>	<p>Belfast Trust's response should demonstrate how the Trust will deliver the required volumes of service activity in light of the changing population need and demand for specialist services in 2018/19.</p> <p>Belfast Trust should also advise of any emerging vulnerabilities in specialist services including proposed contingency arrangements.</p>	Not Applicable	
8	<p>Effective arrangements should be in place to progress the work of the Plastics &amp; 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"> <li>• Needs assessment</li> <li>• Service profile</li> <li>• Service specification</li> <li>• Gap analysis</li> </ul>	Not Applicable	

9	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"> <li>• deliver a timely, accurate and effective monitoring of programme of activity and waiting lists consistent and compliant with extant DoH guidance</li> <li>• ensure commissioned capacity is fully utilised (RVH, MPH and RBHSC) and is accessible, for appropriate cases, within the clinically recommended timescale.</li> <li>• deliver scoliosis surgery within ministerial targets detailing any short to medium term subvention required to fully deliver these.</li> <li>• 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.</li> <li>• 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.</li> </ul>	Not Applicable	
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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.	The Trust has established dedicated MS clinics through internal funding for the necessary support staff. However recurrent funding is required to ensure they can be permanently maintained. The appointment of Consultant Neurologist with interest in MS has supported the development of the clinics.	AMBER
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.	Work is underway to identify the staffing and storage resource required by the Trust Pharmacy to allow this transfer to happen by October 2018. Two meetings have been held with the commissioner and a pharmacy staff education event is planned for August 2018.	AMBER
12	Effective arrangements should be in place to improve the pathway for patients accessing Gender Reassignment Services including: <ul style="list-style-type: none"> <li>• Setting out the arrangements for specialist surgery as part of the pathway</li> <li>• Improving referral and assessment of patients to improve the pathway and ensuring workforce issues are addressed.</li> </ul>	Belfast Trust's response should demonstrate plans to: <ul style="list-style-type: none"> <li>• 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.</li> <li>• develop options to ensure the continued delivery of the Regional Gender Identity Service including recruitment to fill key staff vacancies.</li> </ul>	Not Applicable	

13	<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 2018/19.</p> <p>Work will continue to progress during 2018/9 on the current role, scope of responsibility and accountability arrangements offered by the Northern Ireland Critical Care Network and how it might best develop consistent with the vision set out in <i>Delivering Together</i>.</p>	<p>Belfast Trust should demonstrate, via a project plan, how it will secure the balance of the Phase 2B staffing to deliver a full bed complement of 8 HDU and 17 ICU beds as well as the 2 ICU beds associated with trauma which will also transfer into Phase 2B.</p> <p>All Trusts should demonstrate full commitment to collaborate in the provision of safe, effective, clinically equitable access to ICU. The Northern Ireland Critical Care Network will support this with improvements in timely monitoring of bed availability, clear escalation protocols, timely discharge and staffing levels.</p>	<p>Not Applicable</p> <p>The Trust remains committed to the provision of safe, effective, clinically equitable access to ICU and to working with the Critical Care Network in Northern Ireland.</p> <p>Work is also being progressed via CCaNNI to standardise job descriptions and clarify roles and responsibilities for staff across the region.</p> <p>A project is being progressed (under the auspices of the Daisy Hill Pathfinder Project) to enhance the High Dependency Unit at Daisy Hill Hospital. Additional anaesthetic and nursing staff are being appointed with admission and discharge criteria being developed to meet the standards of a Level 2 facility.</p>	GREEN
14	<p>Effective arrangements should be in place to deliver a sustainable neuromuscular service for Northern Ireland.</p>	<p>Belfast Trust's response should detail proposals for a sustainable service model by December 2018 including a phased implementation approach.</p>	<p>Not Applicable</p>	

## CANCER SERVICES (13)

<b>R</b>	<b>A</b>	<b>G</b>
	4	4

Not Applicable 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.	The Trust will strive to deliver cancer access standards across all relevant services. However in prioritising red flag/urgent referrals this will impact on access waiting times for routine referrals. The Trust has completed robust Cancer Trajectories which have been submitted to the HSCB and we will continue to monitor these against performance and discuss issues within our Cancer operational meetings.	AMBER
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.	<p>The Trust is now in a position to maintain the two week access target for urgent suspected breast cancer referrals. Waiting times for routine referrals have also reduced significantly. Non recurrent funding has been provided to support the targets. Pending the outcome of public consultation on the Review recommendations, the Trust looks forward to recurrent funding being provided to mainstream this additional activity.</p> <p>In addition, the 62 day target for first definitive treatment is being achieved.</p>	AMBER



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.	<p>The Trust is participating in the regional Transformation of Cancer Services Programme to develop a sustainable model to support the delivery of cancer services with an initial focus on non-surgical oncology including chemotherapy and radiotherapy. The Trust, through an agreed QI approach, is testing two proposals of potential model/pathway change:</p> <ol style="list-style-type: none"> <li>1.To test the effectiveness of a nurse-led telephone assessment and pharmacy prescribing service for colorectal cancer patients on oral chemotherapy</li> <li>2. To improve the efficiency of IV chemotherapy delivery for the benefit of patients and staff involved in the Colorectal clinic in the Mandeville Unit, CAH.</li> </ol> <p>A local project steering group has been set up with patient representation to oversee the testing of the projects and report on findings by Dec 2018.</p>	GREEN
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.	<p>The Regional Information System for Oncology and Haematology (RISOH) has been fully implemented for Oncology. In relation to Haematology, patient appointments are booked through the Patient Administration System.</p> <p>Nurses have been completing the electronic patient record (EPR) from August 2017. Clerical staff are scanning in documents. Doctors and</p>	GREEN

			<p>Nurse Specialists are inputting patient diagnosis, allergy and infection control if known. Following the establishment of e-prescriptions within Oncology in March 2018, work is ongoing to implement EPR with the use of Doctors Questionnaires for Chemotherapy patients as a phased approach.</p> <p>The Electronic prescribing is not completed as Haematology regimes are still being built with an end date of March 2019.</p>	
5.	Effective arrangements should be in place to establish a regional coordination service for Metastatic Spinal Cord Compression.	Belfast Trust should demonstrate a commitment, working in partnership with all Trusts, to taking forward this service development on behalf of the region.	Not Applicable	
6.	Effective arrangements should be in place for the treatment of basal cell carcinoma to include Mohs surgery and the provision of radiation therapy.	<p>Belfast Trust should demonstrate plans to take forward an expansion of Mohs provision.</p> <p>NWCC to develop a regional radiation therapy service for Basal Cell Carcinoma (Superficial X-Ray).</p>	Not Applicable	
7.	Effective arrangements should be in place for the developments within radiotherapy services.	Northern Ireland Cancer Centre (NICC) and NWCC to roll out delivery of DIBH across Northern Ireland to people with breast cancer who would	Not Applicable	

		benefit from this Radiotherapy technique.  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.		
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 has participated in the roll-out of the second regional Cancer Patient Experience Survey (CPES) with results expected this Autumn.	AMBER
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.	Not Applicable	
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.	Not Applicable	
11.	Effective arrangements should be in place to expand the clinical nurse specialist (CNS) workforce	Trust responses should demonstrate the particular actions to be taken in 2018/19 to expand the CNS	To date, The Trust has appointed 5 new CNSs. The Haematology Clinical Nurse Specialist was appointed in February 2017, a full time Head and	GREEN

	in Northern Ireland in line with national benchmarks and the agreed regional CNS development plan.	workforce, and in doing so, how this will increase opportunities to modernize care pathways and improve the patient experience of care.	<p>Neck Nurse Specialist was appointed in July 18, a Lung CNS was appointed in November 17, and Colorectal and Skin CNSs were appointed in December 17. It is also hoped to recruit a Urology CNS during 2018.</p> <p>The Trust is participating in a regional group to agree the data collection mechanisms to monitor and measure the nursing activity against the regionally agreed CNS key performance indicators.</p>	
12.	Effective arrangements should be in place to take forward the expansion of non-medical prescribing of Systemic Anti-Cancer Therapy (SACT).	Trust responses should demonstrate how they will take forward plans for the expansion of non-medical prescribing of SACT.	<p>The Trust participates in the regional Non-medical Prescribing Implementation Group which was set up to implement the non-medical prescribing model of care.</p> <p>Currently there are 5 non-medical prescribers in the Trust across 10 Systemic Anti-Cancer Therapies (SACT) clinics (3 Pharmacists &amp; 2 Nurses).</p> <p>Southern Trust has proposed one additional person per year to be trained subject to availability of funding, and have included this one person per year in the Pharmacy expansion plan.</p>	AMBER
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	<p>Six Radiographers are trained in Breast Ultrasound and undertake examinations within Breast Assessment Services.</p> <p>Three Radiographers are training in</p>	GREEN

		assessment services.	mammography film reading (two of which are about to be signed off).  One Radiographer is going to be trained in vacuum assisted core biopsies, within the next 12 months.  One Radiographer will be eligible to apply for a Consultant Radiographer post in approximately 12 months.	
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## LONG TERM CONDITIONS

### Stroke (7)

<b>R</b>	<b>A</b>	<b>G</b>
	4	2

Not Applicable 2

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.	<p>The Stroke service is currently available to all over 18 year olds in SHSCT. The Trust is continuing to work in partnership with Northern Ireland Chest Heart and Stroke and Stroke Association (NICHs) to increase support networks e.g. Young Women Stroke Survivors Group, (SHSCT and Stroke Association)</p> <p>The Trust fully participates in the regional stroke work and is awaiting further information from the Regional Stroke Strategy Group.</p> <p>Return to work issues are identified as soon as possible after the person's stroke, reviewed regularly and managed actively by the community stroke team. Stroke survivors who have work issues are referred to Disabled Employment Agency-jobs and benefits and also links with Cedar foundation.</p>	<b>GREEN</b>

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>A bed is protected for lysis/stroke assessment in the stroke ward CAH which seeks to improve the potential for stroke patients to be admitted directly to the stroke ward. The ability to protect this bed is subject to ongoing unscheduled care pressures however it is prioritised for this purpose. On the DHH site, stroke patients are admitted to the High Dependency Unit.</p> <p>The Trust continues to experience blockages in ED due to the volume of demand which can potentially impact on delay in identification of stroke patients. Work is ongoing to support additional training for all reception and triage staff to improve early identification of stroke patients.</p> <p>All stroke patients presenting to the Trust have their patient journey mapped post admission to assess any areas for learning and improvement in the patient pathway.</p>	AMBER
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 is represented on the Regional Stroke Network. The lead Consultant for Stroke has commenced botox injections for patients experiencing spasticity post stroke. However the numbers are very small as this service continues to be provided regionally.	GREEN (Trust contribution is green)
4.	Effective arrangements should be in place to provide thrombolysis as a treatment for acute	Trust responses should demonstrate initiatives to ensure at least 15% of acute ischemic stroke patients,	<p>In 2017/18 12% of patients received thrombolysis.</p> <p>Clinical decision ultimately determines when the</p>	AMBER

	<p>ischaemic stroke.</p>	<p>attending each of its hospitals, receive thrombolysis and that those patients who receive thrombolysis do so within 60 minutes of arrival.</p>	<p>thrombolysis drug can be delivered to individual patients. Performance is therefore, impacted by the variable presentation of strokes and clinical decisions considering clinical risks and benefits. Whilst the presentation of individual cases will affect the ability to achieve this objective, the Trust continues to seek improvement in this and across a broader range of indicators, via participation in the Sentinel Stroke National Audit Programme (SSNAP) that creates and monitors quality outcomes for the management of stroke.</p> <p>Good access to CT Scanning is also required. Patients attending ED with suspected stroke require a CT scan within 1 hour to test suitability for administration of Lysis. The Trust continues to progress plans for a permanent 2<sup>nd</sup> CT scanner on the CAH site. Issues relating to electrical supply have delayed the commencement of the capital project. Consequently the Trust is procuring a higher specification replacement mobile CT for CAH which will provide enhanced and additional access for patients in the interim.</p>	
5.	<p>Effective arrangements should be in place to provide mechanical thrombectomy for large vessel stroke as an effective intervention</p>	<p>The Belfast Trust response should demonstrate plans for the continued development of regional stroke mechanical thrombectomy services</p>	<p>Not Applicable</p>	



	for selected stroke patients	as per the NICE guidance.		
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.	<p>The Trust is exploring the requirements to extend the existing 5 day TIA service in Craigavon Area Hospital to provide a 7 day service. However this is subject to funding and ability to attract and secure skilled staff</p> <p>The Trust would welcome engagement with the Commissioner to discuss opportunities for investment in this service development.</p>	AMBER
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.	<p>Plans are in place to provide ESD services with additional investment identified through transformation funding.</p> <ul style="list-style-type: none"> <li>• A Stroke Specialist Nurse is in place within secondary care and is involved in discharge planning to ensure effective communication with patients, carers etc.</li> <li>• The Trust has in place a Stroke Co-ordinator funded by the Southern Integrated Care Partnership.</li> </ul> <p>If additional investment is secured Community services are planned to be available across 7 days to provide early supported discharge.</p>	AMBER

## Diabetes (11)

<b>R</b>	<b>A</b>	<b>G</b>
	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).	<p>The Commissioner has indicated that recurrent and Transformation funding will be allocated to enable improvement of the service provided to diabetic mothers. The following is proposed:</p> <ul style="list-style-type: none"> <li>• Virtual clinics to enable mothers to be streamlined to either virtual or face-to-face clinics as appropriate</li> <li>• Staff Grade cover at diabetic/ante-natal outpatient clinics facilitating post-natal patients to be reviewed</li> <li>• Daily inpatient ward rounds (Monday to Friday) for diabetic expectant mothers.</li> </ul>	GREEN  (subject to approval of funding)
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.	<p>The Trust continues to implement the recommendations with in the 2016 audit. Training and induction for all new start staff is being rolled out across both sites including medical staff.</p> <p>A Diabetic specific ward round has commenced on CAH and DHH sites which provides one day per week ward rounds. The Trust would like to further extend this service but will require</p>	GREEN  (subject to approval of funding above)

			additional funding investment.	
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.	The Trust will implement locally a new regional prevention of Type 2 diabetes initiative, whereby patients who are pre-diabetic will be offered a place on a local lifestyle modification programme. The Trust has been actively engaged in planning for this initiative. An IPT for this is expected to be issued in July/August 2018 with staff recruitment taking place in the Autumn and commencement following confirmation of funding.	GREEN (subject to approval of funding)
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.	The Trust is phasing in the regionally agreed structured patient education programmes, currently: <ul style="list-style-type: none"> <li>• DESMOND for people with Type 2 Diabetes (replacing Xpert)</li> <li>• DAFNE for people with Type 1 Diabetes (1 team has been trained for the Newry and Mourne locality, pending further DAFNE training available SHAIRE will continue to run in Armagh and Dungannon and Craigavon and Banbridge).</li> </ul> The Trust is awaiting new funding to support additional training and refresher programmes.	AMBER
5.	Effective arrangements should be put in place to develop patient pathways for insulin pumps and Continuous Glucose Monitoring	Trust responses should demonstrate plans to expand access to insulin pumps and CGM in-year.	The Trust has purchased sufficient insulin pumps to enable new patients to access, as deemed appropriate, following full assessment by the MDT.	GREEN

	(CGM).			
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.	<p>Consultants continue to prescribe Freestyle Libre with review appointments carried out by nursing staff. A workshop was held on 23<sup>rd</sup> April 2018 to provide feedback to stakeholders on the inpatient audit and also to agree next steps in progressing necessary requirements.</p> <p>The Trust is developing a business case for new funding to support the ABCD audit.</p>	AMBER
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>Transition clinics have been established to support the transfer of patients from paediatric to adult diabetes services, with MDT protocols being developed.</p> <p>The Trust also ran a Young Adult event in June 2018 to provide additional support and resources.</p>	GREEN
8.	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 communication booklets among parents for insulin injections and insulin pumps.	<p>The Trust has a system in place to review annual health plans for all children and young people with diabetes (currently ~270). A range of booklets and electronic processes are in place to facilitate communication for those on insulin injections and pumps, these include the use of diasend, carelink, communication booklets and 'Ready Steady Go'.</p> <p>Structured Education – the CHOICE programme is provided to children and young people within 6</p>	GREEN

			<p>months of diagnosis. All patients are also are offered refresher training every 2 years.</p> <p>A general presentation on diabetes is included in all CHAT training sessions for school staff.</p> <p>In keeping with best practice guidance patient specific training on children and young people with diabetes who require support in school alongside comprehensive assessment of competencies is also provided by the Trust.</p> <p>The diabetes nurse specialist team provide phone support for parents in and out of office hours (out of hours is unfunded) to support parents to manage their children and young people at home and prevent hospital admission. During 17/18 this successfully avoided 548 acute admissions.</p> <p>Service leads are currently working with the ICP and network lead to secure additional funding to support this service</p>	
9.	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 16th birthday for in-patients and out services and confirm arrangements are in place for monitoring blood glucose and blood ketones.	Children and young people up to the age of 16 years who require admission are admitted to children's inpatient wards within the SHSCT. Comprehensive guidance is available to support staff in managing these patients and update training is provided regularly to acute nursing and medical staff.	GREEN

			<p>The SHSCT Paediatric Diabetes service is managed within the CYP Directorate. There is an identified medical lead for this service. CYP representatives are part of the Trust's Internal Diabetes Implementation Group and Diabetes Strategic Group. MDT and management representatives sit on the Regional Paediatric MCM Group which is part of the Regional Diabetes Network and meets quarterly.</p> <p>The SHSCT paediatric diabetes is a multidisciplinary service supported by doctors, nurse specialists, dieticians, psychology and administrative staff. There is a need for additional resources for psychology support within this service. Acute and community services work closely to support CYP with IDDM.</p> <p>Diabetes outpatient clinics are now divided into age groups and are provided at locations across the Trust. A transition clinic is being piloted between acute, OPPC and CYP directorates and feedback is positive.</p>	
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.	<p>Currently a virtual Enhanced Diabetes Foot team is operating in DHH where the Podiatrist has direct access to a Diabetologist for acute emergencies. A pilot vascular/Podiatry clinic in DHH is also being trialled.</p> <p>Subject to confirmation of transformation funding, recruitment will take place to support the implementation of the Regional Integrated</p>	GREEN (subject to approval of funding)

			Diabetic Foot Pathway.	
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.	The Trust is exploring with HSCB/Southern ICP a new model of care for community diabetes, to enable central triaging and assessment/treatment (ICATS model).	AMBER

## Respiratory (4)

<b>R</b>	<b>A</b>	<b>G</b>
	3	1

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).	<p>Trust responses should demonstrate that plans are in place to contribute to:</p> <ul style="list-style-type: none"> <li>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.</li> <li>Development of services in line with Year 3 requirement arising from the baseline assessment (where not otherwise explicitly mentioned in this summary)</li> </ul>	<p>A Trust respiratory forum has been established with representatives from Acute, Paediatrics, ICP and Primary Care. Annual reports have been submitted to the DOH, most recently in 2018. These reports detail SHSCT actions against all of the items detailed in this section. The HOSAR service is fully operational.</p> <p>The elements of the COPD discharge bundle are incorporated into discharge planning processes delivered by the acute respiratory team</p> <p>Acute services are reviewing pulmonary rehabilitation patients with a view to transferring care of appropriate patients to community respiratory teams and maintaining hospital based programmes for those with specific acute needs. This review has been completed for the CAH site. All appropriate referrals are directed to community based pulmonary rehabilitation programmes.</p>	AMBER
2.	Effective arrangements should be in place to ensure local health	Trust responses should demonstrate that plans are in place to contribute to:	The HOSAR service is fully operational across all three locality areas.	AMBER



	<p>economies deliver appropriate integrated pathways for adults and children across community, primary, secondary and tertiary care.</p>	<ul style="list-style-type: none"> <li>• Ongoing implementation of the paediatric asthma pathway in remaining Trusts, including primary care elements</li> <li>• Working with colleagues in HSCB to develop effective counting and coding methodologies to record relevant service and patient level data</li> <li>• Completion of the implementation of recommendations from the RQIA Review of Community Services</li> <li>• Effective arrangements for managing the 'local network' for respiratory care through Integrated Care Partnerships amongst others, including senior level clinical and managerial leadership</li> </ul>	<p>An audit will be undertaken in September regarding Adult Asthmas services - 25/26 charts will be reviewed.</p> <p>The Trust is presently unaware of any allocation of transformational funding specifically to address adult asthma pathways and timely access to diagnostics. The Trust is keen to engage with the Commissioner to discuss any potential future allocation within these areas. Meetings are ongoing to establish KPIs within adult asthma services in conjunction with Acute and Paediatric services.</p> <p>Within the Paediatric service the Trust is using the British Thoracic Society/SIGN 2014 asthma guidelines and pathway for asthma along with the Respiratory Framework. A regional GAIN audit (Guidelines and Audit Implementation Network) will commence in September.</p> <p>For Allergy the Trust is also using the British Society for Allergy and Clinical Immunology (BSACI) pathways and documentation for paediatrics which is accredited by NICE guidelines.</p>	
3.	<p>Effective arrangements should be in place to:</p> <ul style="list-style-type: none"> <li>• promote self-management, self-directed care and other suitable training programmes</li> </ul>	<p>Trust responses should demonstrate plans to deliver referral pathways to appropriate self- management programmes.</p>	<p>All patients referred to the community COPD team have an individualised self-management plan. Pulmonary Rehabilitation clinics are available and have been developed and agreed in collaboration with the patient.</p> <p>The Trust collaborates with Chest Heart and</p>	<b>GREEN</b>

	<p>for patients.</p> <ul style="list-style-type: none"> <li>reflect the concepts of co-design and co- production in improving and developing services in line with the Delivering Together agenda</li> </ul>		<p>Stroke, Arthritis Care and local leisure centres for the provision of living with long term conditions training and ongoing exercise programmes.</p> <p>The Trust has reviewed its PPI Strategic Action Plan and has co-produced its PPI Framework which together with the PCE Framework feeds into its Quality Strategy.</p> <p>The Trust has also co-produced a PPI Cycle fact sheet outlining the relationship between PCE, PPI, Co-production and Quality Improvement and is finalising the up-date of its PPI Toolkit for staff which includes guidance on co-design and co-production in improving and developing services in line with the Delivering Together agenda.</p>	
4.	<p>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"> <li>Interstitial Lung Disease (ILD)</li> <li>Neuromuscular related respiratory disease (NMD)</li> <li>Non-Invasive Ventilation (NIV)</li> <li>Obstructive Sleep Apnoea</li> </ul>	<p>Trust responses should demonstrate plans to:</p> <ul style="list-style-type: none"> <li>Develop a network approach for ILD as a conduit for referral, treatment and advice across HSCTs and via standardised pathways</li> <li>Progress one stop shop clinics between neurology and respiratory services to manage patients with specialist needs due to neuromuscular diseases across Northern Ireland including</li> </ul>	<p>The Trust will participate in the NI ILD Network as required. A job description for an (acute) Interstitial Lung Disease Specialist Nurse is currently being drafted in conjunction with PHA colleagues.</p> <p>The Trust has representatives involved in the regional procurement exercise for NIV and will continue to participate in this exercise. The bronchiectasis audit has been completed and submitted. The actions for SHSCT are minimal.</p> <p>A proposal for a rapid access respiratory service for Transformation funding is currently being developed as part of the Trust's direction to increase ambulatory care/assessment capacity.</p>	AMBER

<p>(OSA)</p> <ul style="list-style-type: none"> <li>• Ambulatory Care Pathways in the Unscheduled Care Reform Programme</li> <li>• Home IV antibiotics service</li> <li>• Difficult asthma guidelines</li> <li>• Implementation of COPD, bronchiectasis and paediatric asthma audit recommendations</li> </ul>	<p>diagnostics in BHSCT and WHSCT.</p> <ul style="list-style-type: none"> <li>• Facilitate progress of the ongoing regional procurement exercise for Non Invasive Ventilation (NIV) methods</li> <li>• Continue to reduce waiting lists for sleep studies in BHSCT.</li> <li>• Facilitate respiratory teams to develop ambulatory care pathways for patients requiring same day respiratory care, where appropriate</li> <li>• 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.</li> <li>• Deliver difficult asthma services for children, young people and adults to ensure the implementation of NICE TAs.</li> </ul>	<p>Whilst this service model was previously piloted and well received the implementation remains subject to funding.</p> <p>The Trust will continue to participate in the initiative to standardise the Home Intravenous Anti biotic and Anti-Viral service for respiratory patients.</p> <p>The Trust has a procedure in place to deliver difficult asthma services for children, young people and adults.</p> <p>Work is ongoing to implement the audit recommendations for COPD services.</p> <p>As mentioned previously, the Trust has also submitted a detailed OPAT case for additional resources to allow the creation of a resource to facilitate the associated transfer of work from acute to community settings.</p>	
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## Pain Management (7)

<b>R</b>	<b>A</b>	<b>G</b>
	6	

Non Applicable 1

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"> <li>• Support staff education and training for improved and integrated bio psychosocial management patients with persistent pain.</li> <li>• Contribute to the development and delivery of pain related public awareness, information and education projects through the Northern Ireland Pain Forum.</li> <li>• Transform services to ensure more patients with complex needs can be seen earlier to prevent or halt irreversible deterioration.</li> </ul>	<p>A multi-disciplinary approach is central to the delivery of the pain management service. Staff education and training plays an important role. A GP with special interest in pain management undertakes outpatient sessions. In addition to providing essential capacity within secondary care, this arrangement also enhances the expertise available within primary care.</p> <p>A key component in the provision of pain services is the ongoing education of other healthcare staff who deal with patients with chronic pain. Ad hoc talks to GP's, nurses and physiotherapists are currently provided and will continue.</p> <p>The Trust participates in the Regional Pain Forum and is willing to contribute to regional awareness campaigns.</p>	<b>AMBER</b>
<p>2. Effective arrangements should be in place to ensure regional and local prescribing guidelines are</p>	<p>Trust responses should demonstrate plans to optimise prescribing practice, reduce the risk of side effects, misuse</p>	<p>There is a medicines management service in place in the Trust hospitals which includes the elements listed. Within existing resources</p>	<b>AMBER</b>

	<p>followed and supported through regular medication reviews in line with NICE recommendations.</p>	<p>and addiction, as well as reducing prescribing costs by supporting services in secondary, primary and community care.</p>	<p>available the pharmacy staff will see approximately 55% of the Trust's inpatients. As additional resource becomes available this service will be expanded to cover as many patients as possible.</p> <p>Current resources do not enable a service to be provided for daycases or outpatients, including chronic pain management.</p> <p>The <i>New Medicines Optimisation In Older People Team</i>, led by a consultant pharmacist, has commenced work in the Trust community localities, carrying out medication reviews, de-prescribing and optimising patients' medicines with the aim of improving health and reducing admissions to secondary care.</p>	
3.	<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.</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"> <li>• reworking of existing contracts with voluntary providers of self-management programmes and local support groups,</li> <li>• reconfiguration of community and primary care services ,</li> <li>• collaboration with other</li> </ul>	<p>Patients referred to the Pain Management service have an initial appointment with either a consultant or GP with special interest in pain management. An appropriate treatment plan is developed at this appointment. Patient education and self-management strategies are an essential component and patients may be referred on to the Psychology Team. They may also be enrolled on a Pain Management Programme where individual or group psychological techniques are employed. Psychological therapies are critical to the treatment of this cohort of patients. However capacity is a major constraint and there is no potential to direct additional capacity towards Pain Management</p>	AMBER

		<p>government agencies to booster condition management programmes (CMPs), and</p> <ul style="list-style-type: none"> <li>• increasing capacity of pain management programmes (PMP) provided by specialist pain management teams.</li> </ul>	<p>without further investment in the Psychological Therapies service. Non recurrent funding allocated for chronic pain outpatient referrals (in quarters 1 and 2) whilst welcome will increase the number of patients needing a place on a Pain Management Programme.</p> <p>Chronic pain is extremely debilitating and can be life changing. Patients need to be assessed quickly and a treatment plan put in place. Patients currently wait 50 weeks for a routine first appointment at the Trust. Capacity to deliver treatment is also limited and patients are now waiting 157 weeks for daycase treatment.</p> <p>A proposal for the necessary additional funding to address the current capacity gap, both in terms of initial assessment and also treatment and support for self-management had been drafted in the past. It is proposed to update this to reflect the current position and service pressures.</p>	
4.	<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 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 Trust will be happy to work with the local ICP to develop integrated patient pathways for painful conditions.</p>	AMBER

5.	<p>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"> <li>• cross speciality triage criteria between primary care, core physiotherapy, ICATS, rheumatology, orthopaedics and pain management</li> <li>• the use of the Clinical Communication Gateway (CCG) and e triage</li> <li>• improved access to evidence base interventional pain management treatments as well as discontinuing treatment modalities that are no longer considered effective</li> </ul>	<p>The Trust has in place mechanisms for referrals to all pain and musculoskeletal specialities as appropriate. Those patients requiring regional expertise are also referred on for treatment.</p> <p>The Trust provides a number of interventional treatments locally including neuromodulation interventions and provides treatment for some patients from outside the Southern area.</p> <p>Outpatient clinics are provided in each of the 3 Trust localities. Pain Management Programmes have now been established in the Newry and Mourne area.</p> <p>As previously noted, a proposal for the necessary additional funding to address the current capacity gap, both in terms of initial assessment and also treatment and support for self-management had been drafted in the past. It is proposed to update this to reflect the current position and service pressures.</p>	AMBER
6.	<p>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.</p>	<p>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.</p>	<p>The Trust do not diagnose or treat patients with ME, however would be willing to participate in discussions regarding a Regional Service.</p>	AMBER

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.	Not Applicable	
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## Cardiovascular (5)

<b>R</b>	<b>A</b>	<b>G</b>
	2	3

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>Not Applicable</p> <p>The Southern Trust complies with all requirements for patients awaiting TAVI.</p>	<b>GREEN</b> (Trust contribution)
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	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.	<p>Currently the Southern Trust does not have equipment capacity to undertake the volumes of CT Angiography required.</p> <p>With a second CT scanner on the CAH site it would be planned to facilitate these patients.</p> <p>This will be subject to the successful appointment of Consultant Radiologists with</p>	<b>AMBER</b>

	leads.		the skillset for Cardiac reporting.	
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 have recently commenced Critical Communications Gateway (CCG) referrals for echo, BP monitoring and Holters. There are also CCG referrals for rapid access chest pain.	GREEN
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.	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.  All Trusts will share in the learning from the pilot outcomes.	N/A  The Trust will learn from any outcomes and / or recommendations resulting from the pilot.	GREEN  (Trust contribution is green)
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.	A Consultant Cardiologist with interest in Heart Failure recently commenced in SHSCT (Feb 2018). The Trust continues to work with community teams to progress heart failure services.	AMBER

## SEXUAL HEALTH (11)

<b>R</b>	<b>A</b>	<b>G</b>
	7	3

Non Applicable 1

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>The Trust has supported the delivery of C Card scheme pilot to increase provision of condoms to young people attending youth settings including the One Stop Shops for young people in Newry and Banbridge. The regional evaluation of this scheme is awaited to inform future roll out.</p> <p>The Trust provides a Health clinic service for young people aged 16-25 years in 8 Further Education College campuses across Southern Regional College and South West College. In 17/18 471 young people accessed the Health Clinic service .This service includes access to condoms, pregnancy testing, STI tests oral emergency contraception and now provides access to progestogen only contraceptive pill.</p>	<b>GREEN</b>
2.	Effective arrangements should be in place for safe and clinically governable SRH and GUM services to respond to patient need within 48 hours	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	There are vacant posts within the Trust with a plan in place for recruitment during 2018. Further funding would be required to expand clinical capacity.	<b>AMBER</b>

		<p>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>A new weekly GUM clinic has been funded and established in Portadown with a view to providing easier access for foreign national service users in north west of the SHSCT catchment area.</p>	
3.	<p>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"> <li>• 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</li> <li>• 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.</li> </ul>	<p>No online service exists at present but advice by telephone is currently available.</p> <p>The Trust is willing to participate in any regional initiatives that may be established including a postal testing service.</p>	AMBER
4.	<p>Effective arrangements should be in place for evidence-based</p>	<p>Trust responses should demonstrate plans to provide targeted sexual</p>	<p>The Trust promotes sexual health awareness through workshops and events in 8 Further Education colleges as part of the Health clinic</p>	GREEN

	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.	health promotion messages, focusing on those most at risk and explore the potential of social media and other technologies in collaboration with PHA.	service for young people aged 16-25 years. Workshops and activity has included a focus on consent, HIV awareness and sexual health.	
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.	The BHSCT sexual Health team is commissioned by the PHA to provide Relationships & Sex Education (RSE) teacher training to schools in the Southern area. The SHSCT is in communication with the BHSCT about schools participating and supports this by offering follow on RSE support to the schools.	GREEN
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.	Learning disability services are required to Implement and comply with the Regional Guidelines on Sexuality and Personal relationships. The Sexual Health Improvement lead has sourced resources and leaflets to support staff in discussing Sexual health with people with a learning disability.  The PHA has commissioned training for learning disability staff across Trusts in line with the regional Guidelines Framework and this is being offered to Trust staff	AMBER
7.	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 SRH service delivery in geographical areas of need, and to vulnerable populations e.g. in prisons and children's homes.	Genitourinary medicine (GUM) and Contraception and Sexual Health (CASH) services are co-located in Newry and Portadown.	AMBER

8.	Effective arrangements should be in place to ensure that HIV prevention clinics are established for high risk groups.	<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>The HSCB/PHA will work with the Trust to put in place formal arrangements to monitor and evaluate these clinics.</p>	Not Applicable	
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	The Southern Trust has a pathway in place for referral into the regional high risk reduction clinic in Belfast Trust.	AMBER
10.	Effective arrangements need to	Trust responses should demonstrate	The Trust CASH service is currently undertaking an improvement programme to improve access	AMBER

	be put in place to ensure sustainability of clinical sexual health services	actions to identify staff training and replacement needs and communicate these to appropriate regional workforce planning colleagues.	<p>to its services, maximise clinical capacity and in doing so improve patient experience.</p> <p>One Band 6 nurse is currently undertaking training on the insertion of IUD's to sustain this service provision into the future</p> <p>Amalgamation of OPPC and Acute CASH and GUM services under one line management structure is currently under consideration. This organisational change would support sustainability by utilising transferable skills across both areas and by increasing potential applicant pools as posts become available in the future</p> <p>Despite this however the future sustainability of this service is at risk due to the lack of skilled staff, staff in training or development programmes currently and lack of commissioned resource.</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.	Trust responses should demonstrate actions to ensure the identification of staff who require training in sexual health promotion and deliver of training as required.	The Trust promotes Sex e-learning and lesbian, gay, bisexual and trans-sexual (LGBT) e-learning training to staff as part of the PWB training calendar. British Association for Sexual Health and HIV (BASHH)/Sexually Transmitted Infection Foundation (STIF) training is available for GUM staff to attend. The Trust Website has been updated with links to Sexual Health and the applicable training.	AMBER

## PALLIATIVE CARE SERVICES (7)

<b>R</b>	<b>A</b>	<b>G</b>
	4	3

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.	<p><u>Specialist Primary Care Services</u></p> <p>The embedding of the Palliative Care keyworker role is a key priority within the 2018/19 Southern Locality Palliative and End of Life Care Work Plan. Regional guidance identifies the Palliative keyworker as 'typically' being the District Nurse. The SHSCT would require additional resources to enable the District Nursing Service to keywork all patients identified as being in the last year of life. The SHSCT is represented on the regional Delivering Care working group led by a Nurse Consultant at PHA. This group has scoped the resource required to enable the key worker role to be undertaken by District Nursing.</p> <p>The Trust is committed to ensuring that all people identified as being in the last year of life have an identified key worker. Work is currently ongoing within the Trust to design processes to support the identification of the Palliative Care keyworker and agree co-working arrangements</p>	<b>AMBER</b>



			when other services are also involved in the patient's care. This will inform the review of the Trust Palliative Care keyworker guidelines.	
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.	<p>The Trust is committed to supporting people living with a progressive condition to have the opportunity to engage in an Advance Care Planning conversation (if that is their choice) and record their wishes.</p> <p>Work continues to raise awareness of Advance Care Planning with health and social care staff and with the wider general public. The Trust is engaging with the local councils in order to identify and utilise opportunities to raise awareness with the general public. The "Your Life, Your Choices" booklet is now available across all Trust Macmillan information stands and GP surgeries. The Trust continues to roll out the Heart of Living and Dying initiative which provides the opportunity for members of the public to start a conversation about their future plans. There will be a focus in raising awareness of Advance Care Planning during Palliative Care Week in September 2018 and the Trust is working towards the roll-out of an Advance Care Planning training programme in 2019.</p>	GREEN
3.	Effective arrangements should be in place to improve the identification of palliative care	Trust responses should demonstrate plans to ensure that practices taking part in the prototype are supported to	Within Southern Trust locality four GP Practices are taking part in the identification prototype pilot. District Nursing staff have attended the initial	AMBER

	patients in primary care – identification prototype.	hold regular MDT meetings [details of practices taking part in the prototype will be shared with Trusts].	information day and are committed to prioritising attendance at the GP Palliative Care meetings for these practices. The Trust has recently been advised that an allocation of a 0.50 whole time equivalent District Nursing resource is available to support District Nursing involvement in the identification pilot.	
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 Trust continue to provide a Palliative Care education and training programme suitable for all staff, with a focus on raising awareness of palliative care and enhancing staff skills and confidence to engage in difficult conversations. The Trust is awaiting the outcome of an IPT that has been submitted for Transformational funding to the delivery of Palliative Care education and training.	GREEN (subject to approval of funding)
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.	Generalist palliative care is available 24 hours per day, 7 days per week. During the Out of hours period palliative care is provided by the GP Out of Hours service, District Nursing Services and the Marie Curie Nursing Service. The Trust is awaiting the outcome of an IPT that has been submitted for Transformational funding to extend the operating hours of the Marie Curie Rapid Response Service.	GREEN (subject to approval of funding)
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	This work will be lead regionally by the HSCB/PHA Palliative Care Service Team. The Trust is committed to working with the other Trusts and the voluntary partners to develop a	AMBER

		regional rota for access to specialist palliative care advice out of hours.	regional rota for access to out of hours specialist palliative care advice.	
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 Trust has engaged fully in the Specialist Palliative Care Workforce review and is committed to supporting the implementation of the recommendations. The Trust is awaiting the outcome of an IPT that has been submitted for Transformational funding to enhance the Allied Health Profession and Social work component of the existing Community Multidisciplinary Specialist Palliative Care Team.</p> <p>The community dental team provides training for staff on oral care for patients in palliative care and provide resources to assist in this</p>	AMBER

## Local Commissioning Plan Priorities (15)

<b>R</b>	<b>A</b>	<b>G</b>
	12	3

LOCAL ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
S1	Effective arrangements should be in place to ensure that the volumes of activity to be delivered reflect commissioned services and investment.	Southern 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.	Work is ongoing to develop a response to this priority and it will be forwarded shortly.	AMBER
S2	Effective arrangements should be in place to ensure the full implementation of the key worker function.	Southern Trust should demonstrate plans to implement the regionally agreed key worker function in line with the roll-out of Delivering Care.	When the clinical needs of any patient/ client requires interventions from across a range of professionals, the SHSCT is committed to ensuring that a suitably qualified health or social care professional will be assigned to act as a Key Worker. In keeping with the regional guidance relating to the Key Worker role, this staff member works to achieve best integration of services on behalf of the patient/ client.	AMBER

			<p>Mental Health</p> <p>There are Social Workers in place, aligned to GP practices. However to fully implement the recommendations in Systems Not Structures with regard to key workers, further investment will be required.</p> <p>Palliative Care</p> <p>The Trust is committed to ensuring that all people identified as being in the last year of life have an identified key worker. Work is currently ongoing within the Trust to design processes to support the identification of the Palliative Care keyworker and agree co-working arrangements when other services are also involved in the patient's care. This will inform the review of the Trust Palliative Care keyworker guidelines.</p>	
S3	Effective arrangements should be in place to ensure unscheduled care services in the Southern LCG/Trust area are safe, sustainable and accessible.	<p>Southern Trust should demonstrate plans to maintain safe, sustainable, accessible unscheduled care services across the SLCG/Trust area with a particular focus on Daisy Hill Hospital.</p> <p>The Trust should work with the ICP to agree a plan to address the issues around access to include telephone</p>	<p>The Trust in partnership with the Department of Health, the Public Health Agency, the Health and Social Care Board, the Northern Ireland Ambulance Service and Community Representatives established the Daisy Hill Hospital (DHH) Pathfinder Project in response to the significant challenges that the Trust was facing in providing and maintaining adequate and sustainable emergency care services in Newry and Mourne. The Final Report of the Daisy Hill Hospital (DHH) Pathfinder Group was submitted to the Department of Health on 20th December</p>	AMBER

		<p>advice</p> <p>The Trust, working with key stakeholders, should continue to develop the range of ambulatory care services that are available across the Southern area. Services should where possible offer direct access to advice and support for GPs.</p>	<p>2017 and was endorsed by Emergency Care Regional Collaborative and the Transformation Implementation Group. The report detailed the overall model developed to meet the unscheduled care needs of the Newry and Mourne population and the wider catchment population of DHH. The Department of Health has approved £650,000 revenue this year from the Department's health and social care transformation fund to recruit Year 1 staff against the 5 year workforce plan. £1 million capital funding has also been approved by the Southern Trust to develop a new Direct Assessment Unit co-located with the Emergency Department. It is due to open by December 2018.</p> <p>Capital funding has also been identified to provide an ambulatory care facility at Craigavon Area Hospital. These two units will provide the much needed accommodation to support the further development of unscheduled care ambulatory services at the Trust.</p> <p>There are plans for ambulatory care accommodation for Gynae services in Craigavon Area Hospital. These plans are being considered by the Trust's Transformational Steering Group. Investment in terms of staffing and estates works will be needed to progress this plan if approved.</p> <p>The Trust is preparing a bid for Transformation funding to enable establishment of a first phase of</p>	
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			<p>a rapid access respiratory clinic.</p> <p>The commissioner has indicated that transformation funding will also be made available for the headache pathway in neurology and a proposal is also being developed for this service.</p> <p>It is intended to further develop the surgical assessment service. However additional investment in staffing (including a second Acute Surgeon) will be required to facilitate this.</p> <p>The Trust will be happy to work with the ICP to further develop access to telephone advice. a A telephone advice service is available in some specialties to GPs, including urology.</p>	
S4	Effective arrangements should be in place to deliver safe and sustainable breast care services.	Southern Trust should demonstrate plans to address current service pressures within the breast care service and the longer term plans to deliver safe and sustainable breast care services.	<p>The Trust is now in a position to maintain the two week access target for urgent suspected breast cancer referrals. Waiting times for routine referrals have also reduced significantly. Non recurrent funding has been provided to support the targets. Pending the outcome of public consultation on the Review recommendations, the Trust looks forward to recurrent funding being provided to mainstream this additional activity.</p> <p>In addition, the 62 day target for first definitive treatment is being achieved.</p>	AMBER
S5	Effective arrangements should be in place to ensure that an IPT is submitted to secure the	Southern Trust should demonstrate plans to ensure there is sufficient access to theatre capacity for the	The Trust has plans to provide additional bed and theatre capacity to support the development of the Trauma and Orthopaedic service. The	AMBER

	further enhancement of the Trauma and Orthopaedic Team, recognising the significant growth in fracture demand	enhanced team together with a realistic timeline for implementation of the enhanced service	<p>provision of additional beds will require some internal service moves along with general capital investment to upgrade existing wards. An IPT is currently being developed for a first phase which will involve strengthening of the fracture service, which is currently under significant pressure.</p> <p>The commissioner has indicated that Transformation funding will be made available for fracture clinic modernisation. A proposal is currently being developed by the Trust.</p>	
S6	Effective arrangements should be in place to ensure that diagnostics /imaging services are appropriate.	<p>Southern Trust should demonstrate plans to:</p> <ol style="list-style-type: none"> <li>1. Optimise utilisation of the available equipment base</li> <li>2. Ensure capital priority is given to timely replacement of existing equipment and that plans are in place for additional equipment where indicated.</li> <li>3. Optimise productivity through available sessions</li> <li>4. Optimise and continued development of skill mix within imaging teams</li> <li>5. Ensure value for money and productivity from outsourced work</li> </ol>	<p>Both MRI scanners are utilised 19 sessions per week (7 day in CAH).</p> <p>CT is utilised 24/7 on the Craigavon and Daisy Hill sites and 10 sessions on the South Tyrone site. The restriction on the South Tyrone site is due to the absence of medical cover after 5pm.</p> <p>Extended days and 7 day working have been implemented cross site for Ultrasound.</p> <p>An equipment inventory has been compiled with a capital replacement programme. This is submitted annually to the Trust's Capital Allocation Group for funding and also to Trust Board. Frequent review of the equipment replacement plan is carried out to ensure patients' needs are a priority. There are currently considerable capital funding pressures in the Trust and the existing funding is not sufficient to</p>	AMBER



		<p>where necessary</p> <p>Trust responses should include detailed plans, implementation timelines, slippage assumptions and any potential savings impact.</p> <p>Plans should detail the level of investment, stating the source and the expected volumes to be delivered in 2018/19.</p>	<p>meet the demand for all requests for equipment replacement.</p> <p>Quality Improvement initiatives are proposed to maximise productivity in MRI and Ultrasound over the next year.</p> <p>Reporting Radiographers have extended the service to 7 days per week and plan to extend further into reporting of GP examinations in the next year.</p> <p>3 Ultrasonographers have been trained in musculo-skeletal scanning and this service should be rolled out in the next 6 months.</p> <p>1 CT Radiographer currently reports on CT brains on the Daisy Hill site.</p> <p>Procurement of contracts for independent sector is through the NHS supply chain and there is close auditing of outsourced reports and invoices.</p>	
S7	Effective arrangements should be in place to ensure that the population of the Southern Area has access to Sexual Health Services	Southern Trust should demonstrate plans to address current service pressures within the local sexual health service, in line with the regional plan	<p>The Trust will be working during 2018 to fill the vacant posts within the genitourinary medicine (GUM) service. The Trust will also be working to improve access to services for the Black and Minority Ethnic (BME) community through local delivery of the service in areas such as Dungannon if accommodation can be secured.</p> <p>The Trust will continue to work closely with colleagues in PHA/HSCB to deliver on the</p>	AMBER

			regional plan.	
S8	Effective arrangements should be in place to minimise the need for patients to be referred by GPs to hospital consultants for specialist assessment	<p>Southern Trust should demonstrate plans 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 specialties including:</p> <ul style="list-style-type: none"> <li>• Neurology</li> <li>• Gynaecology</li> <li>• ENT</li> <li>• Urology</li> <li>• Gastroenterology</li> <li>• General Surgery</li> <li>• Dermatology</li> </ul>	<p>The Trust will continue to engage with regional and local partners to bring forward service modernisation and reform proposals that support development of enhanced services in primary and community care settings.</p> <p>The Trust is continuing to progress plans for a health and care centre in Newry which will support the shift of acute services primarily from DHH to a community facility.</p> <p>The Trust is also finalising a Strategic Outline Case (SOC) for a Health and Care Centre in Dungannon. The Department of Health has indicated a likelihood of capital funding being available in the next 3 year budget period to fund some, but not all Primary Care Infrastructure requirements. Dungannon HCC is the next priority area for the Trust to develop and therefore is keen to progress development of the Outline Business Case to secure funding.</p> <p>Within Dermatology services a new pathway has commenced to enable GPs to take photos of skin conditions and query these with Consultant Dermatologists prior to completing a referral. It is expected that this will reduce the level of referrals received by Dermatology services.</p> <p>.The Trust has been working with colleagues at a</p>	AMBER

			regional level on a range of Gynae reform projects. The Trust has met with local commissioners and is preparing proposals for local work during 2018.	
S9	Effective arrangements should be in place to ensure provision of a sustainable midwifery service.	Southern Trust should demonstrate plans to monitor workforce pressures, projected midwifery retirements and raise workforce issues through appropriate commissioning structures and regional maternity workforce review bodies.	Following a meeting with the Chief Nursing Officer in March 2017 midwifery education training places have been increased by 25 places for 2018/19 to compensate the numbers of midwives retiring. The Maternity Strategy Implementation Group has recently reviewed current services pressures in relation to age profile and workforce in maternity services and is keeping this under review given current vacancies and recruitment difficulties.	GREEN
S10	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.	Southern Trust should demonstrate plans to participate fully in the National Audit of Intermediate Care for the year ending March 2018 and work with the commissioner and ICPs to develop plans to implement recommendations from the 2016/17 audit.	Intermediate Care is operational Monday to Friday 9am-5pm. If a patient is assessed as requiring review within 4 hours, this can be facilitated within these working hours. Patients are all seen within 1 working day. Discharge coordinators work Saturdays and Bank Holidays to facilitate discharge.  The service is a short term intervention and aims to avoid unnecessary hospital admission, promote independence and prevent a move to care. The service is patient focussed with joint goal setting between patient and therapists. This service is delivered under the home first ethos. Project work is ongoing to improve step up referrals to	AMBER

			<p>maximise patients remaining at home.</p> <p>The Acute Care at Home service is now available to 68 GP practices across the Trust and 47 care homes with 1,1,982 beds. Nursing cover is provided from 8am to 11pm 7 days a week and there is medical cover from 9am to 8pm Monday to Friday and 4 hours cover on a Saturday, Sunday and Bank Holidays. This service aims to treat frail elderly clients at home or facilitate earlier discharge of acutely ill patients from hospital to home.</p>	
S11	<p>Effective arrangements should be in place to meet the acute care needs of older people.</p>	<p>Southern Trust should demonstrate plans to maximise capacity in the acute care at home team, ensuring full geographical coverage and work towards implementation of a single point of access for the range of services for older people.</p> <p>The Trust should work with its ICP partners to review current arrangements for Direct Admission, community support to maintain patients at home including use of Step-up beds and review of additional plans to address the current conversion rate.</p>	<p>The Acute Care at Home service is now available to 68 GP practices across the Trust and 47 care homes with 1,1,982 beds. Nursing cover is provided from 8am to 11pm 7 days a week and there is medical cover from 9am to 8pm Monday to Friday and 4 hours cover on a Saturday, Sunday and Bank Holidays. This service aims to treat frail elderly clients at home or facilitate earlier discharge of acutely ill patients from hospital to home.</p>	AMBER

S12	Effective arrangements and infrastructure should be in place to support an integrated model of care.	Southern Trust, working with their local LCG should demonstrate plans to re-configure its community services and estate to support multi-disciplinary working embedded with general practice working, including a Frailty Index, Diabetes Non-Contact Specialist Assessment with community support infrastructure wrapped around the practice.	The Trust is considering 'Diabetes Non-Contact Specialist Assessment' as part of a proposed new model of care for community diabetes.	AMBER
S13	Effective arrangements should be in place to meet the growing demand for mental health services.	Southern Trust should demonstrate plans to work with primary care services and across local community and voluntary sector organisations to further develop the range of psychological therapy services available in the southern area.	<p>The Trust continues to provide Psychological Care through the stepped care model and in line with the You In Mind pathway. We are in the process of strengthening our Well Mind Hub model in partnership with the commissioner and are recruiting to 3 Well-Mind Hub navigator posts that will help maximise access to C&amp;V sector, and link people to the most appropriate service. The Coordinators will also raise the profile of our Recovery College. The Trust continues to be the lead partner in the CAWT I-Recovery project for the Eastern Hub working to rollout access to Recovery College in rural and border communities.</p> <p>We continue to fund several C&amp;V providers for Psychological interventions to address waiting list pressures.</p> <p>The Trust continues to develop the Psychological skill set among our mental health workforce in line with commissioned courses.</p>	AMBER

			<p>The key pressures faced by the Southern Trust as a provider over the past year has been around access to Acute Mental Health in-patient beds and appropriate community placements and accommodation for those in need of complex care arrangements, rehabilitation and low secure provision. Existing housing arrangements are unable to meet this need, and the Independent Providers are struggling to find appropriate facilities and staff to deliver the required level of care and support. This results in a reduced number of acute admission beds within which to provide acute in-patient care.</p> <p>This experience is reflected across all five Trusts resulting in limited admission options.</p> <p>The Trust is keen to enhance our community teams to provide rehabilitation and better manage complex presentations such as Personality Disorders.</p>	
S14	People at risk of Type 2 Diabetes should be offered self - management support	Southern Trust should demonstrate plans to work with its ICP partners to take forward a pro-active approach to ensure the Type 2 prevention programme is established and a pro-active approach to staged referrals in the first year.	<p>Patients newly diagnosed with Type 2 Diabetes are now offered the DESMOND programme, which supports self-management. Waiting lists are currently undergoing validation to ascertain the number of programmes required.</p> <p>The Trust will implement locally a new regional prevention of Type 2 diabetes initiative, whereby patients who are pre-diabetic will be offered a place on a local lifestyle modification programme.</p>	GREEN (subject to approval of funding)

			The Trust has been actively engaged in planning for this initiative. An IPT for this is expected to be issued in July/August 2018 with staff recruitment taking place in the Autumn and commencement following that.	
S15	People who require palliative care should be identified and an appropriate care plan developed with them and their carers.	Southern Trust should demonstrate plans to work with its ICP partners to progress a work plan through the Local Palliative Care Project Board	<p>The Trust will continue to work with Primary Care partners to enhance the Palliative Care service. As noted in the Palliative Care section of this document, a range of initiatives are being progressed including:</p> <ul style="list-style-type: none"> <li>• Within Southern Trust locality four GP Practices are taking part in the prototype pilot to improve the identification of palliative care patients in primary care. District Nursing staff have attended the initial information day and are committed to prioritising attendance at the GP Palliative Care meetings for these practices.</li> <li>• The Trust has engaged fully in the Specialist Palliative Care Workforce review and is committed to supporting the implementation of the recommendations.</li> <li>• The Trust is committed to ensuring that all people identified as being in the last year of life have an identified key worker. Work is currently ongoing within the Trust to design processes to support the identification of the Palliative Care keyworker and agree co-working arrangements when other services</li> </ul>	GREEN

			<p>are also involved in the patient's care. This will inform the review of the Trust Palliative Care keyworker guidelines.</p> <ul style="list-style-type: none"><li>• Work continues to raise awareness of Advance Care Planning with health and social care staff and with the wider general public. The Trust is engaging with the local councils in order to identify and utilise opportunities to raise awareness with the general public.</li></ul>	
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## 4 Resource Utilisation

### 4.1 Finance Strategy

The Financial Strategy for the Trust moving into 2018/19 is set in the context of the approach to future financial planning outlined by the Department of Health in October 2015. In summary the approach was aimed at identifying all available opportunities that could be deployed in seeking to manage a challenging financial position, whilst also securing delivery of reform and transformation.

The approach identified a number of key principles that apply to the current financial year:-

- The planning horizon is for 2018/19 only, with the Department of Health confirming that they will consider the opportunity for longer term planning in future years;
- Financial planning information will not be prepared on an incremental basis. For 2018/19 the totality of the Department of Health budget will be considered and analysed. As part of this exercise the Trust considered expenditure on a 'Programme of Care' basis and scrutinised all budgets on a zero budget basis rather than a focus on incremental additionality;
- Financial balance needs to be secured for existing services before consideration of new service developments.

#### **Financial Position 2018/19**

The Trust is responsible for developing a financial plan which demonstrates the ability to live within the overall allocation and the savings which are planned to achieve. The Trust, in agreement with HSCB/PHA, will continue to redirect £1.9m of 2015/16 demography funding to support the ongoing pressures at Daisy Hill Hospital Emergency Department.

The Health and Social Care system has been working collaboratively to address the significant financial pressures facing the service in 2018/19. It has been well publicised that the cost of providing services is increasing, with estimates suggesting 5-6% annually. This is due to an increasing ageing population with greater and more complex needs, increasing costs for goods and services, growing expertise and innovation which mean a more extensive range of continually developing services are available, supporting improvement in the health of our population. All of these factors combine to impose an upward pressure on the funding required just to stand still.

The forecast cost to maintain existing services in 2018/19, was estimated in the December 2017 Northern Ireland Budget Consultation, to be some £5.466m in NI. This represents an increase of £281m or 5% when compared to the overall outturn for 2017/18.

The outlook for 2018/19 is indicating that the capital and revenue resources will be increasingly constrained. The Trust has been working closely with the HSCB and DoH to financially plan for 2018/19. On 8<sup>th</sup> March 2018 the Secretary of State for Northern Ireland announced a budget for Northern Ireland.

The scale of the gap between funding and costs is reflected in the amount to be released by Trusts through opportunities for savings\income generation of some £61.6m, summarised as follows:-

**Regional savings\income generation opportunities**

		<b>Regional £m</b>	<b>Trusts £m</b>
1	Regional cash releasing efficiency target	44.7	44.7
2	Regional cash releasing medicines optimisation target	40.0	15.0
3	Other cash releasing savings	16.3	1.9
	<b>Total Gap</b>	<b>101.0</b>	<b>61.6</b>

This is against a background of increasing demand in both acute and community services at Trust level, waiting list pressures and an already stretched resource base.

Initial figures indicated that even after all savings and efficiencies above are delivered, an unfunded gap of some £31m would remain. However, recent communications from HSCB has confirmed that the DoH has secured non-recurrent funding to bridge this gap, removing the requirement for a permitted overspend by Trusts in the form of a planned “control total”.

The Trust has received confirmation of its indicative allocations and contribution requirements towards the savings targets, these are summarized below:-

**Trust requirements against regional savings\income generation opportunities**

		<b>Regional £m</b>	<b>SHSCT £m</b>
1	Regional cash releasing efficiency target	44.7	0.0
2	Regional cash releasing medicines optimisation target	40.0	1.9
3	Other Cash Releasing	16.3	0.3
	<b>Total Target</b>	<b>101.0</b>	<b>2.2</b>

The most significant observation from the above is that the Trust has not been tasked to contribute to the overall regional gap of £44.7m. The Trust's fair share of this funding gap is £7.3m. Ongoing negotiations between the Trust, the HSCB and DoH specifically around the capitation inequity gap have secured this positive result for 2018/19 which means the Trust is not required to make this level of savings.

It is important to remember, that before account is taken of the new savings targets above, the Trust entered the new financial year with an opening recurrent gap of some £16.3m. A regional review conducted by Directors of Pharmacy has concluded with a marginal revision being made to the recurrent impact of the 2017/18 savings generated from the medicines optimisation programme. This has added £0.2m to our opening gap. HSCB have now confirmed funding of £15.8m to support in part this revised opening gap, leaving a small residual pressure of £0.7m. The total gap, as summarised below, between committed expenditure and indicative income in 2018/19 is £2.9m before considering additional pressures.

### **Total Gap to be Addressed before additional pressures**

	£m	£m	£m
Opening Recurrent Gap 2018/19	16.3		
Plus increase in underachievement of Medicines Optimisation	0.2	16.5	
Less indicative HSCB Allocation		(15.8)	
Residual Opening Gap to be addressed by Trust		0.7	
Trust Share of regional savings\income generation target – as per table 2 above		2.2	
<b>TOTAL TRUST OPENING GAP</b>			<b>2.9</b>

### **Anticipated Income 2018/19**

The Trust has received confirmation from HSCB and PHA of a level of indicative funding available for 2018/19 totalling £614.5k. The Trust is assuming that the PHA will continue to fund a number of projects on a non-recurrent basis, totalling £200k, that commissioned courses will be funded by the DoH to the level of £900k and that £1.9m funding will be released to support Undergraduate Medical and Dental Education.

In addition the Trust is also anticipating non-RRL income from a range of different sources as indicated below. These figures have been established by using the 2017/18 actual audited position reduced for one-off elements of income and by increasing other income streams to represent the full year effect of recurrent income received part way through 2017/18.

	£m	£m
<b><u>Income from Activities</u></b>		
Private patients	0.5	
Client Contributions	28.8	
Other Income from Activities	3.2	
<b>Total Income from Activities</b>		<b>32.5</b>
<b><u>Other Operating Income</u></b>		
Boarding and Lodgings	0.6	
Restaurant Receipts	2.2	
Miscellaneous Income	3.8	
<b>Total Other Operating Income</b>		<b>6.6</b>
NIMDTA	5.9	
Supporting People	1.8	<b>7.7</b>
<b>TOTAL ESTIMATED NON-RRL INCOME 2018/19</b>		<b>46.8</b>

### **Total Income Available 2018/19**

	£m	£m
Total anticipated RRL Income	614.5	
Plus roll over NRR PHA	0.2	
Plus commissioned courses	0.9	
Plus SUMDE	1.9	<b>617.5</b>
Total anticipated Non RRL Income	46.8	
<b>Total Anticipated Income 2018/19</b>		<b>664.3</b>

### **Anticipated Expenditure 2018/19**

In estimating the expenditure projections for 2018/19 there are a number of factors to take into account:-

- The Trust has been provided with inflationary funds of £8.1m, it is assumed that this full amount will be required to cover the increase in underlying expenditure inflation. This includes an increase in tariffs for nursing and residential homes and independent domiciliary care providers. Fixed costs inflation, e.g. on rates and other utility costs as well as maintenance contracts and pharmacy are also covered;

- The Trust, as previously agreed with HSCB and DoH, will continue to redirect £1.9m of 2015/16 demographic funding to support the ongoing pressure at Daisy Hill Hospital ED;
- During 2017/18 the Trust benefited from natural slippage of some £4.1m, the expenditure forecast below assumes that this slippage will be spent in full during 2018/19;
- The assessment below excludes all elective care and transformational expenditure and associated income streams.

In advance of taking into account emerging pressures the Trust expects to spend some £666.9m during 2018/19.

The total gap therefore between committed expenditure and indicative income before new pressures in 2018/19 is **£2.6m** as summarised below.

<b>Opening Position</b>	<b>£m</b>	<b>£m</b>
Total Anticipated Income	664.3	
Total Estimated Expenditure	666.9	
<b>Total Remaining Gap 2018/19</b>		<b>(2.6)</b>

A robust financial strategy must also address all known new and emerging inescapable pressures. The Trust has identified an inescapable pressure of £1m, directly associated with superannuation auto-enrolment and this must therefore be added onto the gap of £2.6m identified above, increasing the total savings requirement to **£3.6m**.

### **Addressing the Forecasted Gap 2018/19**

This section will deal with each component of the gap in turn:-

- £1.8m of the remaining gap is directly related to the predicted underachievement of the Trust's share of the medicines optimisation savings target. The target to be achieved is £1.9m plus the balance of £0.2m from 2017/18. The HSCB then confirmed £309k non-recurrent funding support creating a gap to be resolved of £1.8m. The Trust is confident that it can secure £548k of the remaining target leaving a **shortfall of £1.2m**.

Regionally there is currently a gap of almost £10m against this target. At the point of writing, HSCB and DoH colleagues have not yet identified a source of funding to assist with bridging this gap and advised that, at this stage;

- £0.5m is the remaining balance from the opening gap of £16.3m. The Trust has received confirmation of an additional non-recurrent amount of £102k against this gap leaving the Trust with the remaining **£400k to address**;
- All Trusts have been tasked with generating recurrent savings from the community and voluntary sector. Regionally this totals £1.9m; the Trust's share of this is **£310k**. Trusts have been advised that to the degree savings are not achievable in this sector, that alternative savings proposals are sought to address any shortfall;
- Superannuation auto-enrolment inescapable pressure of **£1m**.

Remaining Gap to be addressed is **£2.9m** and is summarised below:-

	£m	£m
Unachieved Medicines Target	1.2	
Remaining Opening Gap, allowing for a control total	0.4	
Community and Voluntary Sector Savings	0.3	
New and emerging inescapable pressures	1.0	
<b>Total Remaining Gap</b>		<b>2.9</b>

A range of no/low impact proposals, totalling £2.9m, have been identified to address the remaining gap, they are:-

- Slippage on Dungannon Supported Living Facility - £0.1m. The Trust has the recurrent funding to support this facility; however, it has not yet been available for use;
- The Trust's experience has shown that due to a shortage of healthcare professionals it can take many months for vacancies to be filled on a permanent basis, the result is an unplanned non-recurrent expenditure benefit. It is not unreasonable to expect this to reach c £1.5m during 2018/19, which represents a marginal 0.3% of the overall forecasted payroll expenditure;
- In recent financial years, the Trust has ensured that discretionary non-direct patient and client goods and services are kept to an absolute minimum. This has the potential to achieve a reduction in expenditure of £0.5m;
- The Trust has carefully considered the level of demography funding available for investment during 2018/19 and again based on prior year trends and the

time required to recruit it is not unreasonable to expect an unplanned non-recurrent expenditure benefit of a minimum of £0.8m.

The table below summarises the overall gap to be addressed and the measures being proposed to address this gap.

	£m	£m
<b><u>Summary of Gap to be Addressed</u></b>		
Medicines Optimisation remaining target	1.2	
Balance of opening gap	0.4	
Community & Voluntary Sector	0.3	
New and Emerging Pressures	1.0	<b>2.9</b>
<b><u>Measures to Address the Gap</u></b>		
Dungannon Supported Living	0.1	
Unplanned expenditure benefit directly related to the time taken to recruit scarce resources	1.5	
Non-direct patient\client goods and services	0.5	
Demography non-recurrent expenditure benefit	0.8	<b>2.9</b>

HSCB has advised that the preparation of this financial plan should be based on an assumption that any emerging pressures together with undelivered in year savings are required to be addressed by alternative savings proposals. The Trust, through the above measures, has addressed in full the in-year savings requirement and will present break-even. In addition the Trust has identified a few emerging pressures, namely additional agency and locum expenditure and increased costs associated with Looked After Children, together at this early stage in the financial year, estimated to be £1.9m. The Trust has now received confirmation of additional non-recurrent support for general pressures totalling £1.6m, leaving a balance of £300k to be achieved through cost containment measures. Based on prior year trends and the time required to recruit the Trust is confident that this can be achieved from demography funding as unplanned non-recurrent expenditure benefit.

## **4.2 Human Resources and Organisational Development**

The Human Resources & Organisational Development Directorate has a central role to play in supporting the Trust to achieve its strategic objectives during 2018/19 in what will be another challenging and changing time in the delivery of services to patients and clients in the provision of health and social care. The Directorate, through the Business Partner arrangements continues to work closely with other Trust Directorates and Trade Unions to develop and deliver services, in order to meet the needs of our patients, clients and carers as well as their families.

During 2018/19, the HR Directorate will undergo a period of restructuring with a result that there will be greater strategic capacity for organisational development and development of our core HR services to provide a more focused and integrated approach to strategic workforce, organisational development and people management issues.

### **4.2.1 Workforce Strategy**

The Department's Workforce Strategy 'Delivering for our People' has been launched in early 2018/19, and provides the overarching framework for resolving fundamental problems with the supply, recruitment and retention of the highly trained and talented health and social care workforce in NI. The Trust will be actively involved in the implementation structures at regional level associated with the HSC Workforce Strategy.

The Trust's Workforce Strategy for the next 5 years (2019 – 2024) will be developed in line with the overarching HSC Workforce Strategy with an annual management plan to set out the programme of work for the Human Resources Directorate for each year which will support both the regional and local Workforce Strategy and Trust Corporate Plan.

### **4.2.2 Organisational and Workforce Development**

A key part of the Trust's workforce strategy will be in Workforce & Organisation Development. The Trust is committed to building the capacity of the organisation and its workforce to achieving improved outcomes and high quality, safe and effective standards of patient/client care, within a challenging environment. The Trust's Staff Survey Action Plan continues to provide the focus for a range of initiatives.



Key activities for 2018/19 are as follows:-

- Refresh of Trust leadership and management development programmes, with a strong emphasis on new leaders;
- Strengthening team-working ethos and shared & collective leadership; a new Senior Leaders' Forum of corporate, professional and clinical leaders across the Trust to meet 4 times per year with the Chief Executive and Senior Management Team;
- Further roll out of the '5 fundamentals of Civility' model across the Trust to reinforce the Trust's standards for civil and respectful behaviour;
- Continued focus on increasing Corporate Mandatory Training rates;
- Enhancing the Trust's approach to work experience and careers information to local schools;
- Continuing to implement the Trust's QCF Strategy ensuring support staff in the SHSCT has QCF training in core units related to their job role;
- Improving the Trust's performance in respect of sickness absence and personal development plans;
- Further embedding the Trust's approach to Raising Concerns across the Trust, and lessons learned agenda;
- Implementation of the Trust's newly launched Staff Workplace Health & Wellbeing Strategy 2017- 2021;
- Completion of a review of the Trust's existing Occupational Health Service, and work towards the development of an enhanced multi-disciplinary approach to occupational health and wellbeing;
- Focus on improving the experience of staff who contribute to responding to unscheduled care pressures – across acute and community services;
- Ongoing support to staff and teams to expand Quality Improvement (QI) capacity and capability and to facilitate 'Time Out for Teams'.

#### **4.2.3 Attracting, Recruiting and Retaining**

The Trust remains committed to ensuring effective Recruitment and Selection as a means to ensure the right people, with the right skills are deployed in sufficient numbers in the right place, at the right time, to allow the Trust to effectively deliver all essential services. However, given the ongoing recruitment and retention difficulties particularly in the medical and nursing workforces, but not exclusively, there are significant challenges to this.

In the above context, key areas for 2018/19 in terms of improving how we attract, recruit and retain staff, will be:

- To continue to proactively contribute to Strategic Resourcing Innovation Forum (SRIF), which will incorporate 4 key workstreams: Attraction and Retention of Staff; Selection; Performance Improvement; Systems. The Recruitment & Selection Shared Service Centre (RSSSC) will be fully engaged in this work, alongside a range of other key stakeholders;
- To continue to monitor service delivery from the RSSSC on an ongoing basis and to work collaboratively with them to ensure that they provide an efficient, effective and responsive recruitment and selection service for non-medical posts in the Trust. A key focus this year will be improving the functioning of the customer forums, and development of robust performance management information;
- To progress local plans, in conjunction with service directorates to attract staff to address local workforce challenges;
- To establish a Workforce Development Group to explore solutions and innovative approaches to current recruitment and retention issues identified through the DHH Pathfinder Project, the outcomes of which will also have applicability across the Trust;
- To establish, in conjunction with the Director of Nursing, workstreams to provide a greater focus on the recruitment & retention of nursing staff. This will include the development of our own local strategies as well as the continued progression of international recruitment exercises;
- To ensure all aspects of the HRPTS E-Recruitment system are fully embedded across the Trust and users are sufficiently trained to ensure the system is fully and correctly utilised. To further facilitate this, the Trust will work closely with the RSSSC and regional colleagues in the ongoing identification, development and implementation of key system enhancements, as part of the Strategic Resourcing Innovation Forum;
- To fully participate in international medical and nursing recruitment exercises;
- To roll out Recruitment & Selection skills training for Trust managers, to facilitate the appointment of high-calibre staff to the Trust, in the first instance focusing on team leader roles;
- To continue to implement flexible pools of staff to facilitate maintenance of service delivery and reduced reliance on temporary recruitment, thereby aiding retention of staff, and ensuring safer staffing levels;

- To take account of, and plan for the workforce implications arising from the UK's exit from the EU and the subsequent implications for the EU/EEA and non-EU/EEA workforce, and our ability to sustain services.

#### **4.2.4 Workforce Modernisation**

HR continues to assist managers with the challenge of workforce modernisation and reconfiguration of services in line with service reform priorities. This will nurture quality improvement and innovative approaches to the way services are delivered to ensure safety and quality of care for our patient and clients.

In 2018/19, 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 a number of reform programmes;
- Continue to engage and consult with our staff, Trade Unions and the community in support of service improvement reform and modernisation;
- Support the use and capacity of Trust managers to use continuous improvement techniques, methodologies and practices to review and improve service delivery;
- Continue to explore and develop new roles, redesigning existing roles to improve productivity and including, as required, new ways of working, in light of significant workforce challenges;
- Continue to develop 7 day working.

#### **4.2.5 Workforce management information & workforce planning**

The Trust will continue to use workforce management information and analysis to support its decision making for service delivery, including workforce planning which is critical in helping the Trust ensure it has the right people in the right place at the right time to deliver, and modernise, health and social care services. The Trust will also continue to support Directorates and work in partnership with DOH, HSC Board, Trade Union representatives and staff on various workforce planning initiatives. The Trust is supporting a number of core staff to avail of workforce planning, training and development at Postgraduate Certificate level, commencing in 2018/19.

#### **4.2.6 Equality & Human Rights Considerations**

Section 75 of the Northern Ireland Act 1998 (the Act) requires public authorities, in carrying out their functions relating to Northern Ireland, to have due regard to the

need to promote equality of opportunity and regard to the desirability of promoting good relations across a range of categories outlined in the Act. In our Equality Scheme we set out how the Southern Health and Social Care Trust (the Trust) proposes to fulfil the Section 75 statutory duties. We realise the important role that the community and voluntary sector and the general public have to play to ensure the Section 75 statutory duties are effectively implemented. Our Equality Scheme demonstrates how determined we are to ensure there are opportunities, for people affected by our work, to positively influence how we carry out our functions in line with our Section 75 statutory duties.

The Trust is also mindful of the Human Rights Act, which was enacted in October 2000, and will seek to ensure that this Scheme is compatible with the European Convention on Human Rights. Further, the Trust is mindful of its duties under Section 49A of the Disability Discrimination Act 1995 (DDA 1995) (as amended by Article 5 of the Disability Discrimination (NI) Order 2006) when carrying out its functions.

Through the application of our Equality Scheme, specifically through the methodologies of Equality Screening, Equality Impact Assessments (EQIA) the Trust will seek to promote and further its equality duties.

### 4.3 Capital Investment Plan

The Trust has received notification of its Capital Resource Limit (CRL) for 2018-19. Capital allocations are confirmed for the following projects:

<b>Project</b>	<b>CRL 2018/19</b>	<b>Comments and Status</b>
General Capital Allocation	<b>4,286,410</b>	General Capital Allocation to progress Estates, IT, Medical Equipment and Transport priorities of the Trust. This allocation also covers Maintaining Existing Services projects.
CAH Aseptic Suite	2,801,931	This project involves construction of a new build Pharmacy Aseptic Unit attached to the Mandeville Unit at Craigavon Area Hospital.
Craigavon Area Hospital – Twin CT Scanning Suite	263,431	This project will provide a twin CT scanning suite along with a second CT scanner at Craigavon Area Hospital.
Craigavon Area Hospital – Paediatric and Ambulatory Unit	70,127	The Paediatric Unit at Craigavon Area Hospital has been completed and is operational. The final account is being progressed.
Daisy Hill Hospital – Paediatric Centre of Excellence	54,607	The Paediatric Unit at Daisy Hill Hospital has been completed and is operational. The final account is being progressed.
GP Improvement Scheme	22,000	Upgrade to the Rathfriland surgery which is Trust owned.
ICT Tranche 1 & 2	2,393,710	
Diagnostics	670,000	Funding for replacing diagnostic equipment
<b>TOTAL CRL</b>	<b>£10,562,216</b>	

## **Primary and Community Care**

### **Newry Community Treatment and Care Centre (CTCC)**

The new Community Treatment and Care Centre (CTCC) in Newry is one of two pathfinder projects in Northern Ireland, to test the affordability and viability of a revenue based solution to funding primary and community care infrastructure, as an alternative to the traditional capital procurement route, given constraints on available capital funding.

In April 2013, Ministerial Direction confirmed that the project should proceed to third party development (3PD) procurement and in February 2016 the Trust received an instruction from the then Department of Health Social Security and Public Safety to proceed to appoint the Preferred Bidder for the Newry CCTC project.

In 2017/18 the preferred bidder was appointed and works concluded on the detailed design of the building. The project is now reaching the end of the Preferred Bidder stage of procurement. The Trust will conclude the Review of Design Data (RDD) and a Full Business Case (FBC) will be developed and submitted to the Department of Health and the Health and Social Care Board. It is currently anticipated that the formal award of contract for the new facility will be undertaken in late Autumn of this year, with the timing being dependent on the approval of the Full Business Case by the Department of Health (DOH) and the receipt of the relevant planning approvals by the Preferred Bidder. Construction of Newry CTCC will commence shortly after the award of contract, following a short period of mobilisation by the Contractor.

### **Dungannon Health & Care Centre**

The Primary Care Infrastructure Programme Strategic Implementation Plan (SIP) sets out the regional plan for investment in primary care infrastructure and is based on a hub and spoke model. The Department of Health (DoH) recognises that further Primary and Community Care Centre developments (hubs) will be required to deliver the Minister's vision, *Health and Wellbeing 2026: Delivering Together*. The DoH has reaffirmed this position and has requested the HSCB and the Health and Social Care Trusts (the Trusts) to commence work on Business Cases for a further four hub projects. It is envisaged that these projects will form Tranche 2 of the Primary Care Infrastructure Development (PCID) Programme. The Dungannon Health and Care Centre Project has been selected as one of the four priority hub projects to be progressed to Business Case stage.

### 4.3.1 Asset Management Strategy

The Trust continues to be committed to the delivery of the NI Executive Asset Management Strategy which requires the optimum use of property assets and rationalisation of surplus assets and vacant assets for which there is no deliverable foreseeable need, ensuring property costs demonstrate value for money. The Trust has agreed its planned and potential disposals for 2018/19 and progress against targets will continue to be reviewed with the Department of Health Asset Management Unit through the current established processes.

### 4.3.2 Proposed Projects

#### **General Capital / MES UPDATE**

The Trust has received a General Capital Allocation for 2018/19 of £4,286,410

General Capital will be allocated to the following areas:

1. Carry forward schemes (i.e. schemes started during 2017/18 which will be completed during 2018/19);
2. Requirements identified during 2017/18 which were not funded due to insufficient funding;
3. Estate-led schemes – this includes Maintaining Existing Services, CERI, DDA, Health and Safety, Firecode and backlog maintenance;
4. Service-led schemes – this includes the development of new services which may require estates work to be undertaken;
5. Transport – this allocation supports the fleet replacement programme;
6. Information Technology – this includes systems management, infrastructure replacement and development;
7. Medical Equipment – this is to fund new and replacement for both hospital and community.

#### **Trust Capital Priorities Review**

The Trust has completed a capital prioritisation exercise led by DHSSPS which was submitted in July 2016. Given the age and condition of the Trust infrastructure and particularly the challenges presented in the current acute hospital estate, this prioritisation proved extremely difficult as a number of schemes would be seen by the Trust as being a priority 1.

The Trust's top 5 ranked schemes were: -

- Craigavon Area Hospital Pharmacy Aseptic Suite (which has been subsequently approved and is being constructed, as per CRL allocation above);
- Craigavon Area Hospital Site Redevelopment Phase 1;
- Craigavon Area Hospital 2<sup>nd</sup> CT Scanner (which has been subsequently approved, as per CRL allocation above);
- Daisy Hill Hospital Evacuation Strategy;
- Oakridge Day Care Centre for Adults with a Learning Disability.

There is a severe low voltage capacity constraint at Craigavon Area Hospital which will restrict future development on the site. A project is in progress which will identify a preferred option to increase capacity and an outline business case will be submitted to the Department of Health in 2018/19.

#### **4.4 Measures to Break Even**

The Trust has identified a range of measures to address the gap during 2018/19. These measures include payroll reductions and non-recurrent slippage on financial investments. The details of these proposals are included in the Financial Templates attached in Appendix 1.

#### **4.5 HSC Transformation Programme**

“Health & Wellbeing 2026: Delivering Together” set the blueprint for how the health and social care system is to be transformed. In response, the Department of Health and HSCB has set out plans for investment in 2018/19 and 2019/20.

The Trust will work in partnership with the DOH and HSCB to implement local transformation projects in line with funding allocated to the Trust. Some examples of transformation areas that the Trust will focus on in 2018/19 are as follows:

- Establishing a ‘control room’ type function to enhance our co-ordination of patient flow in our acute hospitals and facilitating effective discharge;
- Enhancing ambulatory and direct assessment provision to avoid hospital admission with particular focus on respiratory assessment at Craigavon Area Hospital and introduction of a Direct Assessment Unit at Daisy Hill Hospital;
- Build on the success of established Intermediate Care Services by expanding this service in our local communities;



- Focus on improvement by establishing Early Supported Discharge (ESD) for Stroke patients;
- Further enhance our Children and Adolescent Mental Health Services (CAMHS) services;
- Providing additional support in local communities by enhancing our Nursing Home In-Reach programme;
- Offer additional support to recovery by further developing our mental health services;
- Expansion of the 'Shared Lives' approach;
- In addition, the Trust will work in partnership with the region to support rollout of workforce development and training opportunities for staff across a range of areas including pharmacy, nursing, and social care.

The Trust welcomes the availability of transformation funding to support a range of services for local people however, acknowledges that delivery of the programme will also present some challenges/risks during the 2018/19 period, which will need to be kept under ongoing review including:

- Inability to recruit sufficient and appropriate workforce, within required timescales to establish Transformation initiatives while maintaining safe high quality core service provision in line with our service and budget agreement;
- Financial risk associated with the potential need for further flexible spend to support additional costs associated with backfill and maintaining core services;
- Building future financial commitments and/or the need for agreed exit strategies beyond the lifetime of the Transformation programme and funding.

The Trust has re-designated its well established Best Care Best Value Programme to establish a Transformation Programme Board that will provide strategic oversight, work with DOH/HSCB Project leads to agree expected outcomes and ensure effective implementation of the Transformation Programme within the Trust.

## 5 Governance

### 5.1 Overview of Governance Arrangements

The Trust has an Integrated Governance Framework in place which brings overall coherence to the various component parts of governance. This sets out the arrangements by which the Trust Board, which has primary responsibility for effective governance, will be assured that there is a comprehensive system for all aspects of governance including financial, organisational, clinical and social care; that objectives are being met and services are safe and of a high quality. Committee structures are in place to reflect this approach and to support the Board.

The Governance Committee is the overarching strategic Committee responsible for providing assurance to the Board on all aspects of governance (except financial control which is the remit of the Audit Committee). The Trust continues to strengthen its governance arrangements and their effectiveness will continue to be regularly considered by this Committee.

### 5.2 Assurance

A systematic approach is taken to ensure that the systems upon which the Trust relies are challenged and tested. The Board Assurance Framework is an integral part of the Trust's governance arrangements and is compiled in conjunction with all Directorates. The Assurance Framework for 2018/19 defines the organisation's objectives, identifying risks to their achievement, highlighting the key controls through which these risks will be managed and the sources of assurance about the effectiveness of these controls. It sets 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.

The framework will provide the Board with the necessary information to enable them to:

- Assess the assurances given;
- Identify where there are gaps in control and/or assurances;
- Take corrective action where gaps have been identified.

The Corporate Risk Register is complementary to and works in conjunction with the Assurance framework. A high level summary of the Corporate Risk Register is included with the Board Assurance Framework and this provides the Board with information on other significant risks that are under active management and review. The Corporate Risk Register is reviewed by the Governance Committee on a quarterly basis and by SMT monthly.

### 5.3 Risk Management

The key components of Risk Management within the Trust are underpinned by the Controls Assurance Standard for Risk Management and the Trust's Risk Management Strategy and procedures for the identification and management of risk within the organisation.

Each service Directorate has a Governance team who facilitate the senior management of the Directorate (the Director, Assistant Directors and Associate Medical Directors) to identify, assess and manage risk within their area of responsibility.

The key objectives for 2018/19 are to promote further the risk identification and management process within all Directorates across all divisions and within each team of staff working within the Trust. The Senior Management Team and Trust Board via the Governance Committee will keep under regular review the identified risks ensuring they are managed, monitored and escalated externally where appropriate. Directorate Risk Registers are in place at team, division and directorate levels within the Trust and inform the Corporate Risk Register

### 5.4 Emergency Planning and Business Continuity

The new Emergency Planning Controls Assurance Standards requires that the Trust:

*“Has an annual work programme to mitigate against identified risks and incorporate the lessons identified relating to emergency planning (including details of training and exercises and past incidents) and improve response.”*

1. Given the nature of Trust services, it is critical that it is able to continue the delivery of essential services in the event of a major incident (mass casualty) or emergency situation (pandemic influenza, severe weather, civil unrest);
2. To ensure that the Trust conducts its emergency management activities in line with the requirements of the NI Civil Contingencies Framework (2005). The Trust's strategic aim is to ensure preparedness to provide a proportionate, effective response to any major incident or emergency situation impacting on achievement of its corporate objectives.

This is achieved through:

- Implementation of an appropriate risk assessment process to identify the threats to the organisation;
- Provision and dissemination of information and advice on emergency planning and business continuity to all appropriate Trust Directorates;

- Ensuring emergency preparedness and business continuity management are part of every-day decision making through education, training, exercises, job descriptions, policies and procedures;
- Execution of exercise events (including cross border and multi-agency) to regularly test the effectiveness of Emergency Response and Business Continuity Plans and review outcomes of tests/drills;
- Compliance with the new Emergency Planning Controls Assurance Standards and regional, local and ministerial Emergency Planning targets;
- Close working relationship with relevant external agencies (DoH, HSCB, PHA, PSNI, NIFRS, NIAS, Local Councils) to ensure an integrated multi-agency emergency response capability.

## 5.5 Clinical and Social Care Governance

The Medical Director supported by the Assistant Director of Clinical and Social Care Governance has the responsibility for providing assurance regarding Clinical and Social Care Governance systems and processes within the Trust. The Clinical and Social Care Governance structures are embedded within the organisation and cut across all professions and Directorates.

In 2018/19 the Trust's Clinical and Social Care Governance agenda will continue be shaped by professional standards and learning lessons from key internal and external reports. This process includes the reporting of incidents, scrutiny of risk associated with the provision of clinical and social care, safe systems of care delivery, the reporting of serious adverse incidents and the lessons learned.

During 2018/19 the Trust strives to continuously develop and improve its clinical and social care governance arrangements by undertaking to:

- Continuously review its present mechanisms for the identification investigation and learning from incidents and SAI's (Serous Adverse Incidents);
- Improve on existing systems in place to support easy reporting, trend analysis, visibility of lessons learned and action planning following incidents and complaints by developing the use of 'real time' electronic incident/complaints dash boards across the Trust;
- Put in place a CSCG audit programme which links to key areas of patient safety and risk;
- Strengthen the range of CSCG Quality Indicators in place to provide the type and depth of organisational intelligence/information required to adequately inform the organisation's CSCG, Risk, Safety and Quality Improvement priorities;

- To foster links with experts in the area of developing and improving on organisational 'safety cultures'.

## 6 Promoting Wellbeing, PPI and Patient Client Experience

Promoting health and wellbeing and reducing health inequalities remains a key priority for the Trust. The Trust continues to work closely with partners from across the statutory, community and voluntary sectors to ensure effective collaborative approaches to address the needs of local communities. This will include:

- The Trust has established a cross-Directorate and cross-sectoral structure to support the implementation and outworking of the regional *Public Health Framework, Making Life Better* and the ongoing development of local council community plans. 18/19 will see a greater focus on the implementation of these community plans in collaboration with local councils and other statutory, community and voluntary sector partners;
- Leading the ongoing implementation of Smoke Free sites for the Trust;
- Leading on development and delivery of health improvement action plans to progress physical activity opportunities, nutrition and cooking skills, sexual health, home accident prevention, mental health, suicide prevention, stop smoking support and health improvement for young people;
- Implementation of the Trust Staff Health and Wellbeing strategic action plan – including launch of the *UMatter Hub*, recruitment of a part-time Physical Activity Officer for staff and recruitment and support of Workplace Health Champions;
- Development of a Trust *Arts for Health and Wellbeing Strategic Action Plan*;
- Health Improvement/Community Development action plans for 2018/19 have been tailored to meet the needs of vulnerable and harder to reach groups as indicated by the commissioner and in keeping with collaborative working arrangements linked to local council community planning processes and structures;
- Specific plans will be developed to target the health and wellbeing needs of Looked After Children and Adults with a Learning Disability. This includes the recruitment of a health and wellbeing support worker for adults with a learning disability;
- The MacMillan Cancer Health and Wellbeing programme will continue to increase access to cancer information and support across the Trust;
- Work with Macmillan and Newry, Mourne and Down Council to extend the Move More Physical Activity pathway for people affected by cancer;
- Co-ordination and delivery of Early Interventions programmes including “*Roots of Empathy*” and a portfolio of parenting support programmes being commissioned by the Public Health Agency and related primarily to the Delivering Social Change (DSC) Early Intervention Transformation Programme;

- Support for sustainable approaches to community development for health and social wellbeing including delivery of Community Sector Training programme (that now provides adult safeguarding modules in addition to the range of child safeguarding modules), further development of the role of and support for Community Health Champions and Trainers across the community, and implementation of Neighbourhood Renewal Health Improvement Plans in Newry, Craigavon, Lurgan, Portadown, Dungannon and Coalisland;
- Work with others as above to develop a strategic approach to the improvement of social support and health and wellbeing for older people in the community;
- The Trust's Access and Information Service will continue to be developed to provide a single, centralised point of access and a single access strategy for referral for a range of social and health care services within the Older People and Primary Care (OPPC) Directorate as well as reaching out into the community, voluntary sectors and other statutory providers;
- Commence implementation of EU-funded *CoH-Sync* (Population Health) and *mPower* (Older People) projects under the auspices of the Co-operation and Working Together (CAWT) partnership;
- Development and commencement of implementation of a regional Pre-Diabetes prevention programme at Trust level as agreed by the regional Transformation Implementation Group;
- Support for social prescribing models of health and social wellbeing, including implementation of a frailty pilot with a GP practice;
- Support for the development and implementation of a Trust Infant Mental Health strategic action plan.

### **Personal and Public Involvement and Patient Client Experience**

The Trust is committed to ensuring the active and meaningful involvement of individuals, communities and stakeholders in improving the design, delivery and efficiency of services.

#### ***In promoting Personal and Public Involvement the Trust will:***

- Provide effective leadership and support across all areas to create and implement appropriate mechanisms and opportunities for involvement for all those who wish to engage with the Trust, including service users and carers, in identifying needs and priorities and in the design, planning and delivery of services as per the regional standards for Personal and Public Involvement (PPI) and Patient Client Experience (PCE);
- Review and up-date PPI support resources for staff and service users/carers and develop new resources to meet identified need;

- Identify and support carers to access a wider range of services, improve their health and wellbeing and access financial support. In 18/19, the carers support action plan will be co-produced with carers;
- Review and up-date carer support resources for staff and carers and develop new resources to meet identified need;
- Influence regional approach to the auditing and analysis of PCE and PPI processes and outcomes across health and social care – to streamline and improve reporting processes and build capacity for wider involvement across Trust services;
- Build on the work of the Trust Volunteer Service through the targeted recruitment of volunteers and the development of new volunteer roles as needed to address a range of needs in the community and enhance patient experience through befriending and social support;
- Embed community development approaches to support local involvement and innovation in the future delivery of services including working in partnership with other key stakeholders to encourage support for a mixed economy approach to the provision of health and social care across all sectors;
- Involve and engage patients, service users, carers and representative groups in establishing priorities and plans and supporting the evaluation of health and social care delivery to provide learning and continuous improvement, e.g. PPI Panel, Carers Reference Group, Mental Health Service User Groups, Maternity Services Liaison Committee, Traveller Action Group, etc.;
- To play a leading role in the development of local implementation structures for *Making Life Better*;
- Continue to participate in the *10,000 Voices Project* in line with the agreed regional action plan for 2018/19.



## INFORMATION FOR TRUST DELIVERY PLANS 2018/19

Trust	SHSCT
Table No.	
FP1	<b>Forecast Financial Position</b> <p>This should reflect both the planned 2018/19 in -year and full year projected financial position. <b>Please note that Confidence &amp; Supply Transformation Funding and associated expenditure is not to be included in the TDP returns.</b></p> <p>As it is currently projected that the total forecast expenditure for all Trusts in 2018/19 is to exceed the level of income currently available for 2018/19, the DoH has given approval for a number of Trusts to carry a level of authorised over spend as part of their 2018/19 Financial Plan. The Trust's notified Control Total must not be exceeded during 2018/19 and Trusts will be required to make every effort to minimise the level of authorised overspend. <b>In the absence of a Minister, no decision can be taken to implement a pay award for 2018/19. For the purposes of the TDP neither assumed income for pay nor estimated pay expenditure should be factored into the financial position.</b></p>
FP2	<b>Reconciliation of RRL Income</b> <p>This table should be used to indicate income assumptions by reconciling current RRL to planned income anticipated from HSCB and PHA. Once agreed as part of the TDP, additional Trust income is not to be assumed without the approval of DoH.</p>
FP3	<b>Trust Savings Target 2018/19 (excluding Regional Pharmacy - see Table 3a)</b> <p>In regard to the advised Trust Savings Target for 2018/19, this table should reflect the savings plan proposals included within the calculation of the financial position. As appropriate, a commentary should be included against planned measures together with a RAG status. Additional rows can be inserted as required. Each proposal should be identified by Programme of Care.</p>
FP3a	<b>Regional Medicines Optimisation Efficiency Savings 2018/19</b> <p>This table is to indicate the proposals to address the Trust's Medicines Optimisation Efficiency target for 2018/19, which it is expected will be delivered to the target level set. All Medicines efficiency savings are to be reported against this target.</p>
FP4	<b>Workforce Planning - Indicative Impact on WTE</b> <p>Trusts should provide estimate of staffing impact of the cash releasing plans detailed on FP3 and indicative allocations/investments on paid WTE.</p>
FP5	<b>Workforce Planning - Total Staff</b> <p>This should indicate the projected paid WTE for the Trust analysed between Trust's staff and Agency/Locum staff and across all staff groups</p>
FP6	<b>Detail of Income</b> <p>This table should analyse all income in 2018/19 by Programme of Care</p>
FP7	<b>Detail of Expenditure</b> <p>This table should analyse all expenditure in 2018/19 by Programme of Care <b>before</b> impact of any savings delivery</p>
FP8	<b>Demography</b> <p>Gross pressure by Scheme by Programme of Care should be recorded with slippage identified separately in the proforma and the Trust identifying:</p> <ul style="list-style-type: none"><li>- The level of modelled demand that will be avoided in year by the reform and transformation investments made by LCGs in prior years</li><li>- The level of demand that is realised in year that can be addressed through productivity and other cash avoidance means</li></ul>
FP9	<b>Reconciliation Check</b> <p>This table provides high level reconciliation between FP1 in year position and the tables on Income (FP2), Expenditure (FP7) and Savings (FP3 &amp; FP3a).</p>

TRUST:

Contact Name:  
Position:  
Phone No:

Note: This table excludes all Provisions, Depreciation, Impairment Expenditure.

Date Completed:

TABLE 1 FINANCIAL POSITION	2018/19	
	In Year Effect	Full Year Effect
	£'000	£'000
<b>1.0 Expenditure:</b>		
1.1 Staff costs	420,435	418,055
1.2 Other expenditure	245,620	244,764
1.3 Total expenditure	666,055	662,819
<b>2.0 Income:</b>		
2.1 Income from activities	32,519	30,878
2.2 Other income	6,613	6,613
2.3 Total income	39,132	37,491
<b>3.0 Net expenditure</b>	626,923	625,328
add: RRLs agreed for services provided by other HSC bodies		
4.1 BSO		
4.2 Other (specify)		
4.3 Other (specify)		
4.4 Total RRLs agreed	-	-
<b>5.0 Net resource outturn</b>	626,923	625,328
<b>6.0 Calculation of Revenue Resource Limit (RRL)</b>		
6.1 Allocation from HSCB (as per FP2)	614,500	600,860
6.2 Allocation from PHA (as per FP2)	4,764	4,564
6.3 Total Allocation from HSCB/PHA	619,264	605,424
6.4 NIMDTA	5,883	5,883
6.5 RRL agreed with other HSC bodies (specify)		
6.6 RRL agreed with other gov't departments (specify)	1,776	1,776
6.7 Revenue Resource Limit	626,923	613,083
7.0 Surplus / (Deficit) against RRL	0	(12,245)
7.1 % Surplus / (Deficit) against RRL	0.00%	-2.00%

8.0	Control Total for 2018/19 (show as minus)	0
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9.0	Variance of In year Surplus/(Deficit) to Control Total for 2018/19	0
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Notes:

Name of Trust:

SHSCT

## RECONCILIATION OF RRL TO PLANNED INCOME

Date Completed:

INCOME FROM COMMISSIONERS	2018/19	
	In-Year Effect	Full Year Effect
<b>1. HSCB</b>	<b>£'000</b>	<b>£'000</b>
RRL as at 1st April 2018	556,495	556,495
<b>Indicative Allocations:</b>		
<i>Ring Fenced (if applicable)</i>		
Mental Health	1,406	0
Legacy Transformation (TYC -non recurrent element)		
EITP	202	0
LIBOR	0	0
<i>Other</i>		
June Monitoring Alcohol and Drug	198	198
Drugs and Therapies	2,019	2,019
Commissioning Dementia Strategy	43	43
Social Services PSS Training Support	88	88
Recurrent funding for 2017/18 pressures	5,782	5,782
Psychological Therapies adjustments now ringfenced	-1,069	-1,069
Recurrent funding for prior year pressures	11,174	11,174
Non-recurrent funding for prior year pressures	6,166	0
2016/17 allocation for bandings which should have been NRR	-122	-122
Non- Pay	4,305	4,305
National Living Wage	3,806	3,806
Apprenticeship Levy 0.5%	20	20
Demography	4,674	4,674
Drugs and Therapies	2,047	2,047
Physical and Sensory Disability Strategy	15	15
Demential Strategy Sustainability	82	82
Childrens services	411	411
Implementing adult safeguarding prevention and protection policy	39	39
Learning Disability	744	744
RCCE existing capital schemes	925	925
MORE savings share of secondary care target	-1,854	-1,854
Community and Voluntary Sector recurrent savings target	-310	-310
NRR support to assist with MORE	309	0
Previous TYC Initiatives	758	719
SAUCS	4,213	4,213
Domiciliary Care regrading	2,300	0
Non-Recurent support for control total	102	0
Surestart	4,516	4,516
<b>Total Indicative Allocations</b>	<b>52,989</b>	<b>42,465</b>
<b>Other Assumed Allocations</b>		
SUMDE	1,900	1,900
GIA commissioned courses	900	0

International Nurse Recruitment	632	0
NR Assistance for general pressures	1,584	0
<b>Total Other Allocations</b>	<b>5,016</b>	<b>1,900</b>
<b>HSCB Income as per FP1</b>	<b>614,500</b>	<b>600,860</b>
<b>2. PHA</b>	<b>£'000</b>	<b>£'000</b>
RRL as at 1st April 2018	4,464	4,464
<u>Indicative Allocations:</u>		
<i>Ring Fenced</i> EITP		0
<i>Other</i>		
Non pay inflation	47	47
Demography	53	53
<b>Total Indicative Allocations</b>	<b>100</b>	<b>100</b>
<u>Other Assumed Allocations</u>		
Roll over of non-recurrent	200	0
<b>Total Other Allocations</b>	<b>200</b>	<b>0</b>
<b>PHA Income as per FP1</b>	<b>4,764</b>	<b>4,564</b>
<b>Total Allocation from HSCB/PHA</b>	<b>619,264</b>	<b>605,424</b>

INFORMATION FOR TRUST DELIVERY PLANS 2018/19

Name of Trust:

SHSCT

FP3

Date Completed:

Trust Savings Target 2018/19

	Recurrent/N on recurrent	RAG Status	POC	POC	POC	POC	POC	POC	POC	POC	POC	Total	Commentary
Project Title			1	2	3	4	5	6	7	8	9		
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
1 Slippage on Dungannon Supported Living	NRR	Green	0	0	0	0	140	0	0	0	0	140	
2 Vacancy factor	NRR	Green	528	80	102	372	119	159	51	31	59	1,500	
3 Non-direct Clinical Goods & Services	NRR	Green	176	27	34	124	40	53	17	10	20	500	
4 Demography Slippage	NRR	Green	296	0	121	198	350	109	42	0	0	1,116	
5													
6												0	
7												0	
etc												0	
<b>Total</b>			<b>1,000</b>	<b>107</b>	<b>256</b>	<b>694</b>	<b>648</b>	<b>321</b>	<b>110</b>	<b>41</b>	<b>79</b>	<b>3,256</b>	

INFORMATION FOR TRUST DELIVERY PLANS 2018/19

Name of Trust:

SHSCT

FP3a

Date Completed:

Regional Medicines Optimisation Efficiency Savings 2018/19

	Recurrent/N on recurrent	RAG Status	POC	POC	POC	POC	POC	POC	POC	POC	POC	Total	Commentary
Project Title			1	2	3	4	5	6	7	8	9		
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
1 Generics 3	R	Green	28	0	0	0	0	0	0	0	0	28	
2 Generics 4	R	Green	9	0	0	0	0	0	0	0	0	9	
3 G4new	R	Green	1	0	0	0	0	0	0	0	0	1	
4 Wound management	R	Green	56	0	0	0	0	0	0	0	0	56	
5 Benchmarking	R	Green	25	0	0	0	0	0	0	0	0	25	
6 Contract Price Reduction	R	Green	22	0	0	0	0	0	0	0	0	22	
7 Switching	R	Green	407	0	0	0	0	0	0	0	0	407	
etc												0	
<b>Total</b>			<b>548</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>548</b>	



**INFORMATION FOR TRUST DELIVERY PLANS 2018/19**

FP5

Name of Trust:

SHSCT

**Workforce Planning**

Date Completed:

Staff Group	Actual WTE as at 31 March 2018			Staff on Payroll	Agency/Locum Staff	Total
	On Payroll	Agency/locum	Total	Projected WTE 31-Mar-19	Projected WTE 31-Mar-19	Projected WTE 31-Mar-19
Admin & Clerical			0			0
Estate Services			0			0
Support Services			0			0
Nursing & Midwifery			0			0
Social Services			0			0
Professional & Technical			0			0
Medical & Dental			0			0
Ambulance Service			0			0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>





Community & Voluntary sector recurrent savings	0	0	-39	-144	-46	-61	-20	0	0	-310
SAUCS	0	0	0	0	0	0	0	0	4,213	4,213
Surestart	0	0	4,516	0	0	0	0	0	0	4,516
NR funding of control total	102	0	0	0	0	0	0	0	0	102
<i>Ring Fenced</i>										
Mental Health inescapables	0	0	0	0	337	0	0	0	0	337
Psychological Therapies	0	0	0	0	1,069	0	0	0	0	1,069
Legacy Transformation (TYC -non recurrent element)	135	0	0	204	0	91	0	0	289	719
EITP	0	0	202	0	0	0	0	0	0	202
LIBOR										
<i>Other</i>										
										0
										0
										0
<u>Other Assumed Allocations:</u>										
Domiciliary care regradings	0	0	0	2,300	0	0	0	0	0	2,300
SUMDE	1,900	0	0	0	0	0	0	0	0	1,900
GIA commissioned courses	900	0	0	0	0	0	0	0	0	900
Roll over of NRR PHA	0	0	0	0	0	0	0	200	0	200
International Nurse Recruitment	632	0	0	0	0	0	0	0	0	632
NRR Easement for general pressures	1,584	0	0	0	0	0	0	0	0	1,584
										0
<b>Total Income</b>	<b>219,014</b>	<b>31,191</b>	<b>46,519</b>	<b>148,517</b>	<b>46,887</b>	<b>63,839</b>	<b>19,743</b>	<b>16,439</b>	<b>27,114</b>	<b>619,264</b>

Should agree to FP2

## INFORMATION FOR TRUST DELIVERY PLANS 2018/19

TRUST: SHSCT

Date Completed:

## Detail of Expenditure 2018/19

Description	POC	POC	POC	POC	POC	POC	POC	POC	POC	Total
	1	2	3	4	5	6	7	8	9	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Opening Deficit	613	0	0	0	0	0	0	0	0	613
Opening HSCB RRL 2018/19	195,750	29,672	37,685	138,142	43,998	58,999	18,928	11,411	21,910	556,495
Opening PHA RRL 2018/19	0	0	0	0	0	0	0	4,464	0	4,464
<b>Prior Year Pressures :</b>										
Opening prior year pressures	11,539	1,083	1,972	3,563	1,358	2,964	421	143	277	23,320
Psychological therapies now ring-fenced	0	0	0	0	-1,069	0	0	0	0	-1,069
Inescapable Service Developments (list)										
Legacy Transformation (TYC)	142	0	0	215	0	96	0	0	305	758
										0
<b>2018/19 Inescapable Pressures:</b>										
Non Pay	1,531	232	295	1,080	344	461	148	89	171	4,352
National Living Wage	1,339	203	258	945	301	404	129	78	150	3,806
Apprenticeship levy	7	1	1	5	2	2	1	0	1	20
Demography 2018/19	1,189	0	206	2,247	593	231	120	53	88	4,727
Domiciliary care regradings	0	0	0	2,300	0	0	0	0	0	2,300
Mental Health (Ring Fenced)	0	0	0	0	1,406	0	0	0	0	1,406
Auto-enrolment	352	53	68	248	79	106	34	21	39	1,000
RCCE	0	0	925	0	0	0	0	0	0	925
EIPT ringfenced	0	0	202	0	0	0	0	0	0	202
<b>Other Pressures (list):</b>										
Drugs & Therapies	2,047	0	0	0	0	0	0	0	0	2,047
Drugs and Therapies	2,019	0	0	0	0	0	0	0	0	2,019
Physical & Sensory Disability Strategy	0	0	0	0	0	0	15	0	0	15
Dementia strategy	0	0	0	125	0	0	0	0	0	125
PSS Training	0	0	88	0	0	0	0	0	0	88
Childrens services	0	0	411	0	0	0	0	0	0	411
Adult safeguarding	0	0	0	39	0	0	0	0	0	39
Learning Disability	0	0	0	0	0	744	0	0	0	744
SAUCS	0	0	0	0	0	0	0	0	4,213	4,213
Surestart	0	0	4,516	0	0	0	0	0	0	4,516
SUMDE	1,900	0	0	0	0	0	0	0	0	1,900
Commissioned courses	900	0	0	0	0	0	0	0	0	900
International Nurse Recruitment	632	0	0	0	0	0	0	0	0	632
Agency and Locum	1,500	0	0	0	0	0	0	0	0	1,500
LAC	0	0	400	0	0	0	0	0	0	400
Roll over NRR PHA	0	0	0	0	0	0	0	200	0	200
										0
<b>Total Expenditure</b>	<b>221,460</b>	<b>31,244</b>	<b>47,026</b>	<b>148,909</b>	<b>47,012</b>	<b>64,007</b>	<b>19,796</b>	<b>16,460</b>	<b>27,154</b>	<b>623,068</b>

## INFORMATION FOR TRUST DELIVERY PLANS 2018/19

## TRUST:

SHSCT

Date Completed:

## Demography 2018/19

	POC	POC	POC	POC	POC	POC	POC	POC	POC	Total
Description	1	2	3	4	5	6	7	8	9	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
<u>Gross Demography -Programme/Scheme list:</u>										
Demography 2018/19	1,176	13	206	2,247	592	231	119	53	88	4,725
Total Gross Demography	1,176	13	206	2,247	592	231	119	53	88	4,725
Demand avoided through reform investment in prior year(s)										0
Demand avoided through reform investment in 2018/19										0
Other productivity measures										0
Managed Slippage										0
Natural Slippage	296	0	121	198	350	109	42	0	0	1,116
<b>Total Net Demography 2018/19</b>	<b>880</b>	<b>13</b>	<b>85</b>	<b>2,049</b>	<b>242</b>	<b>122</b>	<b>77</b>	<b>53</b>	<b>88</b>	<b>3,609</b>

**INFORMATION FOR TRUST DELIVERY PLANS 2018/19**

**RECONCILIATION CHECK**

		2018/19
		In Year Effect
		£'000
1.0	Surplus / (Deficit) against RRL ( FP1)	0
2.0	Income ( FP2)	619,264
3.0	Expenditure as per (FP7)	623,068
4.0	Trust Savings Target 2018/19 Delivery (FP3)	3,256
5.0	Regional Medicines Optimisation Efficiency Savings 2018/19 (FP3a)	548
6.0	Surplus / (Deficit) against RRL ( should agree to 1.0 above)	0