



Belfast Health and
Social Care Trust



Annual Report

2007/08





Contents

Foreword	2
Pat McCartan, Chairman Belfast Health and Social Care Trust	



Introduction	4
William McKee, Chief Executive Belfast Health and Social Care Trust	



Directors' Report	7
Safety and Quality	10
Modernisation	13
Partnerships	22
Our People	24
Resources	28



Chairman's Foreword



Meeting the challenge of managing change

It is a great pleasure to present the annual report of Belfast Health and Social Care Trust. Since our formation on 1 April 2007, and in the six months prior to that, we have seen a hectic period of activity. The new Trust Board, Executive Directors and Non Executive Directors, all had to be recruited in time to take over responsibility for the six legacy Trusts which merged to form the new Belfast Trust.

It was our task to ensure not only a smooth transition, but also to continue the improvement in health and social care for everyone in the Belfast and Castlereagh boroughs. In addition we were determined to continue the drive for excellence in all of the regional services for which we are responsible, including mental health and learning disability as well as cancer, cardiology care and many other services.

The requirement to meet stringent targets on patient access to services, improved productivity and performance and financial savings as well as breakeven, were all part of the challenges we faced on 1 April 2007.

It is deeply satisfying to report that we have met those challenges successfully. This is due to the effort of each and every employee as well as the co-operation of all our patients and carers, and the support we have received from our commissioners. It was particularly pleasing to receive the support of the Assembly and Minister when they took up office in May 2007. This support was evident from the number of visits we hosted for the Minister and the Assembly's health committee.

The Trust Board has been particularly well served by the dedication and commitment demonstrated by the Chief Executive and the Directors, both non executive and executive. All have shown their commitment to improving health and wellbeing for everyone, particularly by tackling health inequalities. Our strength is in working with voluntary and community groups and in partnership with them delivering better care where it is most needed. To this end the Trust is now operating three integrated wellbeing and treatment centres covering every part of Belfast, with appropriate accessible services. A further two are opening this year and plans for two more are proceeding.

I have been particularly impressed by the creativity of our staff in finding solutions to the problems presented by bringing six organisations with six different cultures and ranges of activity into one organisation. It was a delight to recognise this with the Chairman's Awards in December last, with the focus on the creativity, innovation and dedication of staff right across the Trust.



Knockbreda Wellbeing and Treatment Centre

My congratulations are due to all of the participants in the fifty groups who competed for the awards and to the prize winners. The real prizes were of course in better services delivered to those for whom we care.

The future for our Trust and for improvement in health and social care for us all, particularly for those who are most needy, lies in co-operation with many other organisations whose decisions affect health. These include organisations such as Belfast City Council, the Northern Ireland Housing Executive and the education authorities. I am convinced that together with the voluntary and community groups we can all play our part in making Belfast the healthy, caring city it aspires to be – a place where respect, dignity, wellbeing and caring will be an exemplar for other communities.

I have great confidence in the staff of our Trust to meet the challenges of future years even more effectively than they have during our first highly successful year.

We have met the challenges of change in our first 12 months. For those who say the public service is less efficient than the private sector let them find an example of a success, particularly success in merging six large organisations, where there was not a dip in financial performance, quality, or productivity during the first year. Yet it is in the public service, and Belfast Health and Social Care Trust in particular, that we have a successful merger of six organisations with a total of 22,000 employees, full-time and part-time, providing vital services to almost 340,000 citizens, and the whole region, where there was no dip in performance, no reduction in care. A job well done.

Mr Pat McCartan
Chairman
Belfast Health and Social Care Trust

Chief Executive's Report



Keeping focussed on the business of care

Measuring success in health and social care is never easy. If we measure it in numbers there are some very impressive figures to report from the past year. Thousands of people were treated by Belfast Health and Social Care Trust – and thousands more were supported by community based teams.

In our finance department we started the year £48m in the red and ended not only with the books balanced but with a plan to meet the 3% savings required of all public bodies over the next three years – while still improving services.

We met tough regional targets thanks to outstanding work by staff. For example 15 months ago 20 patients a day were waiting more than 12 hours on trolleys in Belfast A&E departments. Today this only happens to one person every 30 days – and we're working to end that too.

But if we only measure success by numbers or targets met – and if the public only judge us by these – we will be misrepresenting the business we are in. Our business is delivering safe, effective, quality care.

There were a small number of targets we didn't meet in 2007/08. This was because we put patients first. For example in one instance, ticking the box to say we had met the target would have involved asking patients to travel for treatment elsewhere before the end of March when it was not in the best interests of their health to do so. We could have hit the target - but missed the point.

Quality care puts the person who needs the care first – and there have been impressive examples of this throughout the Trust in the first year.

A new cancer services management service is helping speed the progress of patients from check-up to treatment.

Away from the acute hospital part of our business we now have a next day assessment for children with mental health problems in place and are well on the way to establishing a single point of contact for child protection referrals.

Every person who works for Belfast Trust has played a part in all our achievements. For example, doctors and nurses are supported by laboratory staff, imaging teams and a range of ward and theatre support staff. In the community, where the majority of our patients and clients are cared for, district nurses, health visitors, social workers and allied health professionals use their skills and experience, alongside homecare staff to keep people as independent as possible.

In our residential homes and day centres, multidisciplinary teams deliver services which have been independently assessed as high quality.



Corporate support staff in human resources, finance, IT, communications, planning, and estates work alongside secretaries and other administrative and clerical staff, switchboard operators, courier, catering, cleaning and security teams in a commendable way that demonstrates what public service is about. Indeed it is a huge tribute to all those staff that when Belfast Trust took on the management of the variety of services delivered formerly by six Trusts, those who used the services didn't notice the join.

During our first year, with input from staff and other stakeholders, we established the basis on which we will carry out our work – four core values. Firstly we will treat everyone with respect and dignity – our colleagues, our patients and clients. Secondly, we will be open and transparent in our dealings with the aim of winning the public's trust in us as an organisation. Thirdly, we will be personally and professionally accountable for all the resources at our fingertips – whether this is money or people – and fourthly, we will be a learning organisation – learning from mistakes and also developing staff to equip them for the jobs they do and to help them be the best they can be.

On this foundation we have set five pillars – five strategic objectives – to guide our work in the years to come. These are safety, modernisation, partnerships, our people and resources. Some of the achievements we have made on these in just one year are set out in the pages that follow.

Safety and quality

Hospitals shouldn't make you sick. We can and will beat healthcare acquired infections if everybody, including the public, plays their part. Alongside increased cleaning regimes, handwashing and a reduction in the prescribing of antibiotics are also important. We're also looking at how quality of life is improved after we mend broken bones rather than just look at the number of people who received surgery – and in all areas we are looking at how we can do things differently for better outcomes.

Modernisation

Integration of hospital and community services under new management structures was the first step towards delivering services that are centred round people, not institutions. We will have many challenges ahead and we will be asking the public for their support and understanding as we review and reorganise the way services are provided – something we would have done even in the absence of the requirement to work from a reduced budget. But if we keep putting the needs of patients and clients at the heart of everything we do, we won't go far wrong.

Partnerships

Our Trust contributes to only a quarter of the factors affecting people's health and wellbeing. Education, housing and employment also play a vital role so we are working in partnership with other statutory and voluntary bodies as well as individuals and community groups to make real gains in health.

Our people

People work to pay the mortgage and support their families but those who work in health and social care also want to make a positive difference to the lives of others so I am committed to regular and open dialogue, an honest relationship with the staff of Belfast Trust because I view them as volunteers, not conscripts.

Resources

It's possible to improve services and save money by encouraging innovative thinking and listening to what service users want. So if for example we provide some outpatient, treatment and review services near to people's homes in one of our Wellbeing and Treatment Centres, we reduce journey times and the impact of our business on the environment as well as giving service users what they want.

It is clear that the next three years are going to present a wide range of challenges for us financially. The budget for public services within Northern Ireland which was agreed at the start of the year by our local Assembly sets very stretching efficiency targets of 3% per annum for all public services.

The Department of Health, Social Services and Public Safety has set a challenging efficiency target of £93 million for the Belfast Trust by the end of 2010/11. In addition to this demanding efficiency agenda there are a number of underlying financial issues which have been inherited by the Trust from its six legacy organisations.

Recent proposals regarding the shift of funds by the Department across the region will have an impact on the volume of services the Trust delivers over the next five years and the associated funding streams.

We recognise that the combined impact of these changes is considerable and will result in a reduction in the funding baseline of our organisation. The scale of the challenge is such that the efficiency and cash releasing projects which have been delivered in the past will not be enough. We have therefore embarked on an organisational reform programme which focuses on resource utilisation, performance improvement and effective service delivery.

We have adopted a strategic approach to the programme which is grounded in the vision and strategic direction of the organisation. The programme aims to achieve the best possible care for patients and clients and deliver maximum value for money.

The programme has been named MORE reflecting the aim of Maximising Outcomes, Resources and Efficiencies.

The National Health Service is 60 years old this year. Born out of a long held ideal that good healthcare should be available to all, it's a vision that holds good today.

We will work with the Minister and Department of Health, Social Services and Public Safety, elected representatives of the people who use our services, a wide range of partners and service users to play our part in a healthier Northern Ireland.



Mr William McKee
Chief Executive
Belfast Health and Social Care Trust

Directors' Report



Belfast Health and Social Care Trust delivers integrated health and social care to 340,000 citizens in Belfast and part of the Borough of Castlereagh. It also provides specialist services to all of Northern Ireland.

With an annual budget of approximately £1bn (spending £3m a day) and a staff of 22,000 (full-time and part-time), it is one of the largest Trusts in the United Kingdom.

In our hospitals for example, we treat approximately 210,000 inpatient and day patients a year, see 680,000 outpatients and more than 200,000 people at our A&E departments.

In the community we are corporate parent to 600 children in care – the majority in foster care. We are also responsible for between 500 and 550 children on the child protection register – and every year receive 800 referrals for children in need of support – mostly in their own home.

We provide services for older people through nine residential homes and also commission services from the independent and voluntary sector to support older people who wish to remain in their own homes.

Alongside our commitment to delivering safe, timely, high quality and cost-effective care, our Trust has a higher purpose – to improve health and wellbeing and reduce inequalities by using our size as a force for good and working in partnerships with other organisations such as those responsible for housing and education.

The Trust came into existence on 1 April 2007. It was formed under the Belfast Health and Social Services Trust Establishment Order Northern Ireland 2006 – and is responsible for the services formerly delivered by six Trusts which were merged on 31 March 2007. These Trusts were – the Royal Group of Hospitals and Dental Hospital Health and Social Services Trust, the Mater Hospital HSS Trust, North and West Belfast HSS Trust, South and East Belfast HSS Trust, Green Park HSS Trust and Belfast City Hospital HSS Trust.

Board of Directors

The Board of Belfast Trust is responsible for the strategic direction and management of the Trust's activities. It is made up of a Chairman, seven non Executive Directors, five Executive Directors and seven other Directors.

Chairman	Mr Pat McCartan
Non-Executive Directors	Ms Joy Allen Mr Les Drew Professor Eileen Evason Dr Val McGarrell Councillor Tom Hartley Mr Charles Jenkins Mr James O'Kane
Executive Directors	
Chief Executive	Mr William McKee
Director of Social Services, Family & Child Care	Ms Bernie McNally
Medical Director	Dr Tony Stevens
Director of Finance	Mrs Wendy Galbraith
Director of Nursing, Older People, Medicine and Surgery	Mrs Valerie Jackson
Directors	
Chief Operating Officer and Deputy Chief Executive	Mr Hugh McCaughey
Director of Mental Health and Learning Disability Services	Mr Brendan Mullen
Director of Clinical Services	Mrs Patricia Donnelly
Director of Specialist Services	Mrs Jennifer Welsh
Director of Head and Skeletal Services	Miss Patricia O'Callaghan
Director of Human Resources	Mrs Marie Mallon
Director of Planning and Redevelopment	Ms Denise Stockman

A declaration of Board Members interests has been completed and is available on request from the Chief Executive's office, Belfast Health and Social Care Trust Headquarters, Roe Centre, Knockbracken Healthcare Park, Saintfield Road, Belfast BT8 8BH.

The Chief Executive has confirmed there is no relevant audit information of which he and the Trust's auditors are unaware. A full statement of Internal Control is available from the Chief Executive's office.



Governance

The Board exercises strategic control over the operation of the organisation through a system of corporate governance which includes:

- A schedule of matters reserved for Board decisions
- A scheme of delegation, which delegates decision-making authority within set parameters to the Chief Executive and other officers
- Standing Orders and Standing Financial Instructions. An Audit Committee and an Assurance Committee have also been established.

The Assurance Framework of the Trust sets out the committee structures for clinical and social care governance and risk management. This framework describes the mechanisms to address weaknesses and ensure continuous improvement, including the delivery of the delegated statutory functions and corporate parenting responsibilities.

Integrated delivery

In working to deliver integrated acute and community services our Trust has six key Service Groups supported by Corporate Services. These are:

- Mental Health and Learning Disability Services
- Clinical Services incorporating anaesthetics, theatres, critical care, sterile service, diagnostic services and therapeutic services
- Specialist Services incorporating cardiovascular services, specialist medical services such as rheumatology, dermatology, nephrology and cancer
- Head and Skeletal Services incorporating neurosciences, neurorehabilitation, ophthalmology, ENT, dentistry, fractures and Orthopaedics, Physical and Sensory Disability.
- Older People, Medicine and Surgery Services
- Social Services, Family and Child Care Services incorporating child health, maternity and women's services, Child and Adolescent Mental Health Services.

The Trust has adopted the policies, standards and guidelines of the six legacy organisations including those relating to equal opportunities and disabled employees and is presently in the process of harmonising all of these through a Policy Committee. A staff survey, communication tools such as a monthly staff newspaper and an intranet site have also been established.

It has endorsed the Emergency Plans of the former legacy Trusts and has completed an integrated Emergency Plan for the new Belfast Trust.

To ensure our emergency plans are effective we regularly test them. During 2007/08 we took part in a large multi-agency exercise called Exercise Exodus, one of the largest 'live' airport exercises to be run in Europe. In January 2008 we also took part in Exercise United Endeavour 2, part of a joint Department of Health and Health Protection Agency exercise relating to information flows during a Pandemic Flu.

Safety and Quality



Infection control

Throughout the year there has been a sustained focus on infection prevention and control. In preparation for merger in April 2007 the six legacy Trusts worked together to develop healthcare associated infection reduction plans. These were taken to the Board of Directors soon after the formation of Belfast Trust and progress against these plans was tracked by Directors during the year. The plans were modified to take account of the new organisational structure focused around service groups. Importantly each service group had a healthcare associated infection reduction plan by the end of 2007 against which progress was audited. The focus has been particularly on hand hygiene.

The Executive team and Board of Directors recognised in the autumn of 2007 that Clostridium Difficile represented a significant risk to the wellbeing and safety of patients. A risk review was carried out in October 2007 and a control plan developed. We have since been working to fully implement the control plan and have taken on board the further advice received from the Regulation, Quality and Improvement Authority following a review they also carried out. Our focus now is to achieve the Ministerial target of 20% reduction in infections from Clostridium Difficile. RQIA in particular noted a "can do" attitude among staff at the Belfast Trust in dealing with healthcare associated infections. An example of good practice is the development of care pathways for both MRSA and Clostridium Difficile.

Our Trust has at all times recognised the importance of its staff in dealing effectively with healthcare associated infections and is now working in a successful partnership with staffside organisations to raise awareness and improve practice.

Reducing risk and learning lessons

The first year of Trust proved busy for the newly formed risk and governance team. The first priority was to establish an assurance framework and develop a risk management strategy. The assurance framework clearly sets out the lines of accountability from Trust Board to frontline staff.

It sets out the framework of expert advisory committees that will support the Board of Directors, managers and staff in assessing and controlling risk.

Of particular importance was the development of the standards and guidelines committee which has been tasked with harmonising existing clinical standards and guidelines, developing new standards and guidelines in response to Departmental circulars, external guidance and other authoritative sources.

This important committee is helping to ensure that across the Belfast Trust all clinical and social care staff have clear standards and guidelines to work to which are consistent and up-to-date. The committee is supported by a reorganised audit department. Each new standard or guideline issued is the subject of audit to ensure its effective implementation. In addition the team working within the audit department has initiated Trust-wide audits on mental health discharge, child protection and colposcopy (a gynae procedure). The audit department is also leading on three regional audits. These have been funded by the newly formed guidelines and audit implementation network (GAIN). They include the important topics of paediatric brain injury, management of patients on treatment with methotrexole and central line care for babies in neonatal intensive care units.



Safer patient initiative

The Royal Victoria Hospital and Mater Hospital were successful in the period running up to the formation of the Belfast Trust in gaining entry, by competition, to the Safer Patients Initiative. This is a national programme driven by the Health Foundation in London and the Institute for Healthcare Improvement in the United States. The primary aim is to reduce avoidable harm to patients particularly by reducing healthcare associated infection, by improving communication and preventing medication errors. The Safer Patient Initiative has been successfully rolled out across the two hospitals and although the project is not due to be completed until October 2008, we have already seen improvements to patient safety particularly in the area of critical care. We have also been able to share learning from the Safer Patients Initiative with staff at the Belfast City Hospital. Our Trust is now supporting a regional initiative to ensure that the methods used in the Safer Patients Initiative can benefit patients across Northern Ireland.

Underpinning the assurance framework and risk management strategy has been a programme to integrate the governance arrangements of the six legacy Trusts for the controls assurance process. In Belfast has had a year long project to self assess all its activities against the twenty controls assurance standards. Importantly in the first year we have achieved substantive compliance with the three core standards - financial management, governance and risk management.

National audit ranks Belfast critical care among the best

Our Trust has 30 critical care beds spread across 3 sites, providing care for patients from all over Northern Ireland. In order to measure the quality of care delivered, we collect information for every admission and send this for analysis to the Intensive Care National Audit and Research Centre (ICNARC).

ICNARC is an independent organisation that collects and analyses data from all the critical care units in England, Wales and Northern Ireland and now has data on almost half a million admissions over the last 10 years.

Analysis of Belfast Trust data shows that, compared with similar units in the UK treating similar patients, the Belfast Trust has consistently better outcomes. For example, in the last six months of 2007/08 there were 71 fewer deaths in critical care in Belfast Trust than would have been expected.

Listening and acting on complaints

We welcome the opportunity that complaints provide to help us raise the quality of our services. Complaints management is fully integrated in the assurance and governance structures. During 2007/08 the Trust's complaints team was centralised in an easily accessible location – Glendinning House in Belfast City Centre. Complaints literature was standardised and a new public information leaflet was produced. A dedicated email address was also created to help service users access the process – complaints@belfasttrust.hscni.net and telephone number 0800 137736.

During the year a total of 1,793 complaints were received – 351 fewer than the previous year. 61% were answered within 20 working days. While this was short of the 72% target set by the Department, it is a tribute to the complaints team that they achieved 61% during the difficult year following the merger when systems processes from six former Trusts were being brought together.

An example of action taken on complaints was the relocation of daycase treatment for MS patients. While patients were happy with the disease modifying therapies they received, they complained of problems with parking, access and



waiting space at the Royal Victoria Hospital. The creation of Belfast Trust and its management responsibility for both the Royal Victoria and Musgrave Park Hospital sites meant that staff from the Head and Skeletal Services group were better able to work together to improve the experience of patients and their families. All daycase treatment is now based at Musgrave Park where people coming for treatment can park at the entrance and walk a much shorter distance to the treatment room. In addition their relatives can be accommodated in the day room/recreation area.

Closer working between mental health and children's services

Many of the people who use our mental health services are also parents, so it makes good sense that mental health services work closely with children services to provide support. November 2007 saw the launch of a new protocol 'Collaborative Working Between Mental Health Professionals and Family and Child Care Social Workers' which aims to ensure the safeguarding of children through the highest standards of multidisciplinary working and shared decision making.

Next day mental health assessment

The Child and Adolescent Mental Health Service (CAMHS) - part of the Social Services, Family and Child Care Service Group - introduced a Crisis Assessment and Intervention Service across the Eastern Health and Social Services Board area during October 2007. This service provides a responsive, next day mental health assessment service for children and young people with the majority of referrals coming from A&E Departments, GPs and Trust staff responsible for Looked After Children. During March 2008 this valuable service was extended and now also operates at weekends and bank holidays from 8.00am to 2.00pm. This will greatly increase the safety of our children and young people who are at risk by providing responsive services in crisis situations.

Good fracture outcomes

The Trust's fracture outcomes and research units play a vital part in improving the quality of the fracture service. By continually collecting data the various fracture units can compare themselves with similar units locally, nationally and internationally. This can be an important driver in improving services for patients by identifying any shortcomings or highlighting good practice.

Older patients with hip fractures account for much of the workload in our fracture services. Alongside monitoring the time it takes to get to surgery, we look at clinical outcomes such as mobility and mortality. In Belfast the outcomes unit has demonstrated that we have one of the best mortality rates in the UK for this patient group. Access to theatre has also been significantly improved.

Caring for a child with a tracheostomy

In September 2007 two new documents were launched at the Royal Belfast Hospital for Sick Children (RBHSC) – aiming to improve the safety of tracheostomy by improving the care given to children with tracheostomies and their families. The publications set out multiprofessional guidelines and a parent guide to caring for a child with a tracheostomy. Parents were closely involved in the development of these resources. Following reference to the publications in an edition of the Royal College of Nursing Bulletin, 27 requests for copies were received from outside Northern Ireland and the documents have also been widely distributed throughout the region.

Modernisation

A good performance against targets

In its first year of operation the Trust was required to deliver challenging performance targets. The targets demonstrate how we are offering quicker access and better quality services for many patients and clients. Trust staff worked hard to achieve these targets during a time of significant organisational change.

A summary of our performance and achievements against the key government targets is set out below.

Outpatients waiting times

- **Target:**

Achieve a 13-week waiting time for first appointments by 31 March 2008.

- **Our performance:**

Number of patients waiting over 13 weeks @ April 2007 = 9591

Number of patients waiting over 13 weeks @ March 2008 = 17

At the end of March 2008, a small number of patients (17) were waiting over 13 weeks for a first outpatient appointment in the specialty of orthopaedics. These patients were previously referred for treatment to an independent sector provider who subsequently was not able to treat the patients in the timescale required. The patients were returned to the Trust and appointments were arranged for all outstanding patients in April and May 2008.

We achieved the target in all other specialties.

Inpatient and daycase waiting times

- **Target:**

Achieve a 21-week waiting time for admission for inpatient and daycase treatment by March 2008.

- **Our Performance:**

Number of patients waiting over 21 weeks @ April 2007 = 734

Number of patients waiting over 13 weeks @ March 2008 = 56

At the end of March 2008, some orthopaedic and urology patients (56 in total) remained waiting over 21 weeks for inpatient and day case treatment. The vast majority of the patients were in the specialty of orthopaedics and were previously referred for treatment to an independent sector provider. The provider was subsequently unable to treat the patients in the timescale required. We are currently arranging treatment dates for all remaining patients.

We achieved the target in all other specialties.

Waiting time for diagnostic tests

- **Target:**

Achieve a 13-week waiting time for diagnostic tests by 31 March 2008.

- **Our performance:**

Number of patients waiting over 13 weeks @ May 2007 = 2780 (within 16 monitored tests)

Number of patients waiting over 13 weeks @ March 2008 = 0 (within 16 monitored tests)

At the end of March 2008, no patient was waiting longer than 13 weeks for a diagnostic test.

We achieved the target.

Waiting times for treatment for physiotherapy, occupational therapy, dietetics, podiatry, speech therapy and orthoptics (allied health profession) services

- **Target:**

Achieve a 26-week waiting time for first appointment with allied health profession (AHP) services by March 2008.

- **Our performance:**

Number of patients waiting over 26 weeks @ April 2007 = 298

Number of patients waiting over 26 weeks @ March 2008 = 0

At the end of March 2008, no patient was waiting longer than 26 weeks for a 1st appointment.

We achieved the target.

Waiting times for cancer services

- **Target:**

All referrals for suspected breast cancer should be seen within 14 days of the receipt of the referral.

- **Our performance:**

Percentage of referrals seen within 14 days @ September 2007 = 50%

Percentage of referrals seen within 14 days @ March 2008 = 100%

We achieved the target.

- **Target:**

98% of patients diagnosed with cancer should begin treatment within 31 days of the decision to treat and at least 75% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.

- **Our performance (31 days):**

Percentage of patients beginning treatment within 31 days of decision @ September 2007 = 91%

Percentage of patients beginning treatment within 31 days of decision @ March 2008 = 98%

- **Our performance (62 days):**

Percentage of patients beginning treatment within 62 days of referral @ September 2007 = 86%

Percentage of patients beginning treatment within 62 days of referral @ March 2008 = 90%

We achieved the target.

Waiting times accident and emergency departments

- **Target:**

No patient should wait longer than 12 hours in A&E and by March 2008, 95% of patients should be either treated and discharged home, or admitted within 4 hours of their arrival in the department.

- **Our performance (12 hour target):**

Number of patients waiting over 12 hours during April 2007 = 164

Number of patients waiting over 12 hours during March 2008 = 1

- **Our performance (4 hour target):**

Percentage of patients seen and treated within 4 hours during April 2007 = 76%

Percentage of patients seen and treated within 4 hours during March 2008 = 90%

We achieved significant improvements against both targets during the year. During March 2008 only 1 patient waited longer than 12 hours and 90% of patients were seen and treated within 4 hours. We are continuing to take forward actions to improve our performance against the 4 hour target in 2008/09.

Waiting times inpatient fracture treatment

- **Target:**

By March 2008, at least 75% of patients should wait no longer than 48 hours for inpatient fracture surgery

- **Our performance:**

Percentage of patients treated within 48 hours between December 2007 and February 2008 = 42%

Percentage of patients treated within 48 hours during March 2008 = 62%

The target was not achieved during March as the additional staffing and theatre lists that were required to help meet this target were not fully in place. During April, however, additional theatre sessions did get underway and in the first 3 weeks of April, 80% of patients received inpatient fracture treatment with the 48 hour target.

Discharge from hospital

- **Target:**

50% of patients with complex needs should be discharged within 72 hours of being declared medically fit for discharge, rising to 100% by March 2008. All other discharges should take place within 12 hours, reducing to 6 hours by March 2008.

- **Our performance (complex discharges)**

Percentage of patients with complex needs discharged within 72 hours during April 2007 = 60%

Percentage of patients with complex needs discharged within 72 hours during March 2008 = 79%

During the year over 50% of patients with complex core needs were able to be discharged with the required community care services in place within 72 hours of being declared medically fit. We did not achieve the 100% target as the community services needed to ensure patients could be discharged safely to residential or nursing home care, or discharged back to their own home were not available at that time due to pressures in demand.

- **Our performance (non complex discharges)**

During the year 99% of patients with non complex needs were discharged within 12 hours of being declared medically fit. In relation to the 6 hour target, during March 2008, 96% of patients were discharged within the target timescale.

Foster carers

- **Target:**
Achieve 435 foster carers by March 2008 (an increase of 39)
- **Our performance:**
At the end of March, 454 foster carers were registered with Belfast Trust. The target was achieved.
- **Target:**
Resettle people with learning disability cared for in Muckamore Abbey Hospital to appropriate places in the community.
- Our target was to successfully resettle 9 people with learning disability who were cared for in Muckamore Abbey Hospital.
- **Our performance:**
At the end of March we had successfully agreed and taken forward appropriate resettlement arrangements for 9 patients. A total of 25 people from the hospital were resettled across Northern Ireland.

We achieved this target.

Mental health services

This was the first year in which access targets were set for community mental health services – and 100% compliance was achieved. Most people referred to our mental health services began treatment within 6 weeks of referral and no one waited more than 13 weeks.

The above summary above has provided details on our performance in some of the areas which we focussed on during our first year of operation. There are also a number of other performance targets which we successfully delivered in 2007/08, and which have equally contributed to better quality services for our patients and clients.

Modernising services through ICT

A new Belfast Trust IT infrastructure was created during 2007/08 to replace servers and systems – and allow computer users to share information in the different locations where our work is carried out.

Our Trust is one of 25 organisations worldwide to be part of the Microsoft VIP project for the rollout of the Vista operating system.

We have also won a number of awards in UK and Ireland for innovative use of wireless technologies.

Managing cancer referrals

Before a dedicated cancer management structure was put in place last year the shared opinion would have been that cancer patients were seen and treated within an appropriate timescale. Without proper systems to measure patient journey times however this was difficult to prove.

The last year has seen the creation of a virtual cancer management service dedicated to the promotion of best practice and improved processes in the management of cancer patients, from the GP referral process to the beginning of treatment.

The lead cancer team has been heavily involved in the development of a new, tailor-made cancer information system which will provide a wide range of clinical data and detailed tracking information on the stage each patient has reached on their journey.

The referral process and the appropriate designation of urgency is a frustration to both the GP and the receiving clinician. Most GPs will see no more than six to eight new cancer cases a year and for some rare cancers a GP may go through their whole career without referring one. Significant progress has been made on several fronts in primary care. The cancer management team in conjunction with the N.I. Cancer Network (NICAN) has held several very successful seminars for GPs to raise awareness of cancer access standards.

The cancer management team is also working with Eastern Board and several GP practices in the development of an electronic referral form specific to each

cancer type, for example, urological, colorectal, skin. This will help ensure a more informed referral and will give the receiving clinician the information required to determine the most effective initial intervention. A pilot project is being undertaken and if successful will be rolled out on a phased basis. No other location in the UK currently operates an electronic referral system like this for urgent cancer.

The management of the cancer patient journey has been enhanced by the introduction of patient navigators. The principal role of the navigator is to identify urgent cancer referrals and proactively manage the patient through all necessary appointments, diagnostic procedures and treatments. The role also involves support to the vital multi-disciplinary meetings where the key decisions on patient treatments are agreed. It is planned that all cancer types will have dedicated patient navigator support.

Helping with cancer diagnosis

PET-CT is an innovative imaging method which is extremely useful in planning treatment for cancer patients. It is now based on the ground floor of the new Imaging Centre in the Royal Victoria Hospital. Previously we had to purchase radioisotopes from a supplier outside Northern Ireland. The transport difficulties sometimes caused delays or cancellation of patient sessions. However, the NI Regional Medical Physics Agency in conjunction with our Trust and GE Healthcare has successfully installed and commissioned a Cyclotron radiopharmaceutical production facility at the Royal Victoria Hospital.

The Cyclotron will allow the manufacture of radiopharmaceuticals used in Positron Emission Tomography (PET) imaging. These radiopharmaceuticals emit radiation and are designed to be preferentially absorbed by cancer cells. The emitted radiation is detected by the PET scanner which then generates an image or map of the location of the cancer within the body. PET-CT is a powerful tool in the diagnosis of cancer and the on-site Cyclotron will improve the efficiency and increase the reliability and capacity of the PET-CT service.





Resettlement of people with learning disabilities

The learning disability service was delighted to help 9 people from Belfast move from Muckamore Abbey Hospital to new homes in the community. Most of these people had lived in Muckamore Abbey Hospital for many years. Their needs were well known to hospital staff and they had well-developed friendships and a full social life in the hospital.

The people who left had a variety of needs to be met in their new settings. The move from hospital meant not only planning a new home to live in but planning new and different activities as well as making sure that existing friendships are maintained.

Several of the individuals will need continued support from staff in community learning disability teams to help ensure that their mental and physical health remains good. Staff in the facilities that they are going to will also need continued support from community services to assist them in meeting the needs of a diverse range of people.

Successful resettlement involves a well-co-ordinated joint approach between staff in hospital, community, private and voluntary sector organisations and families to provide the individual with a fulfilling life in a community setting. The Trust is very pleased that 9 people have been able to achieve that in Belfast and that the staff at Muckamore Abbey Hospital have facilitated the move of an additional 16 people who will be going to live in other Trust areas.

Research and development

Research is an important activity within the Trust, and helps to ensure that patients can benefit from early access to new treatments. The Trust is the main focus of healthcare research in Northern Ireland, working in close partnership with both local universities. Staff from many different professional backgrounds develop and lead research studies, which are approved and monitored by staff working in our research office. An external inspection of research in the Trust has just been completed by the Medicines and Healthcare products Regulatory Agency (MHRA), who have confirmed that it is carried out to a high standard in line with regulatory requirements.

Research is used to improve care in many ways. For instance, one group of researchers in the Trust is developing new educational materials which can be given to patients with diabetes to help them to understand the condition more easily. Other Trust researchers are running a UK-wide study which is testing the effectiveness of new treatments to prevent deterioration of vision in patients with macular degeneration, the main cause of blindness in the UK.

Joined up services benefit patients

One of the big advantages of an integrated service system for acute and community patients has been the ability to work across previous boundaries. For example, in A&E we have been able to divert patients from one site to another, reducing the time patients have to wait to be seen. This process has also ensured that the journey of the patient is the priority. We now have a robust process to ensure that patients can move seamlessly from the acute setting to community setting, reducing the need for patients to wait inappropriately in hospital and ensuring that packages/placements are arranged faster.

In addition to meeting elective access targets this year the Older People Medicine and Surgery service group made significant improvements in relation to waiting times in A&E.

Other achievements over the year have been the review of booking processes for outpatients/inpatients where we have been able to engage with clinical staff and have secured initiatives such as the pooling of referrals/procedures. This ensures that equity is maintained as routine patients are seen in chronological order by the most appropriate clinician.



Community-based alternatives to hospital care

We are continuing to develop community-based alternatives to hospital care and new services in hospital that speed up accurate assessment, appropriate care and earlier discharge. New services developed this year include:

- An intermediate care ward at Meadowlands on the Musgrave Park Hospital site. This 24-bed unit has been established to allow patients who are medically fit but staying in hospitals on our other sites, to have time for further rehabilitation and decision-making regarding their long term care options. It also helps free acute beds in the other hospitals for more urgent cases
- Older People Assessment Liaison Service. This service, led by a consultant geriatrician, is designed to seek out and care for older people in the acute system by providing appropriate and timely assessment and accessing the correct care pathway
- Support to Nursing Homes. While seeking to care for as many people as possible in their own homes we recognise the role played by our partners in the independent sector. Therefore we are seeking to support them through training, advice and practical care from qualified nursing staff to enable them to care longer and more appropriately for complex cases, avoiding inappropriate hospital admissions
- Rapid Response Domiciliary Care. This pilot project is designed on a 24/7 model to enable earlier discharge from hospital by having enough capacity to respond at very short notice until appropriate long-term care arrangements can be made.

Further evidence of continued integration has been the expanded involvement of consultant geriatricians with community teams and in community settings. This has been particularly relevant in the area of fracture rehabilitation.

We met all targets relating to prompt assessment, implementation of care packages and discharge from hospital. It is particularly satisfying that we achieved the target of caring for 44% of our complex cases in their own homes. The achievements regarding discharge delay have been very significant; from a high of just over a year ago when some 70-80 people would have been delayed even though medically fit, this has now fallen into the high teens and is falling further. This has involved significant integrated working between colleagues in hospital and community settings.

More choice to meet mental health needs

People with enduring mental health needs now have more choice when experiencing acute crisis. The Belfast Crisis Response and Home Treatment Team now operates 24/7, 365 days a year. It offers a comprehensive programme to support people being treated and cared for at home where previously they would need to have been admitted to hospital.

A survey on home treatment found that patients valued this as an alternative to being admitted to hospital.

Substance misuse service established

During July 2007 the Child and Adolescent Mental Health Service established a specialist substance misuse service. This is provided by two specialist therapists supported by a consultant and provides direct work and consultation across the Eastern Health and Social Services Board area in support of the outpatient Child and Adolescent Mental Health Service teams.

A 24-hour regional helpline service for foster parents was established in 2007. This innovative service development was achieved through the Regional Fostering Team which is managed by Belfast Trust. The helpline service will significantly enhance support to foster carers and reduce fostering placement breakdowns.

Making hospital treatment easier for children

Children have benefited in a number of ways from paediatric nurses modernising and expanding their practice.

For example, outpatient department nurses at Royal Belfast Hospital for Sick Children now take blood samples directly from central lines. This prevents a child having to go through the distress and pain involved in having blood repeatedly taken from a vein in their arm.

A gas and air mixture that helps calm children is also being used in outpatients to prevent them having to go to theatre and have a general anaesthetic. Procedures in which this is used include the injection of steroids into scar tissue and the removal of stabilising pins from healed fractures.



Belfast laboratories process over five million tests

It has been estimated that 80% of all clinical episodes involve laboratory diagnostics and the annual workload in excess of five million tests reflects the essential role of the service and the challenge in returning all of those paper reports to the correct requestor.

Over the past 12 months the managerial structures in the laboratories have been re-organised to reflect the similarities in the service delivery models required for the disciplines.

The clinical diagnostic laboratories on the 4 hospital sites within the Belfast Trust – Belfast City, Royal, Mater and Musgrave Park Hospitals have continued to provide high quality responsive services to the clinical users on a 24/7 basis.

It is a reflection of the dedication and professionalism of the staff on all sites that the laboratory services have maintained the quality standards of accreditation.

Partnerships



Involving service users

The Trust has developed a Framework for Community Development and User Involvement following many conversations with service users, carers, patients, community and voluntary organisations and other public service agencies, about how we can involve people in planning and delivery of our services and how we can work together to tackle health inequalities. The main issues identified for action fall under six headings: commitment; communication; partnership; valuing people; tackling health inequalities; and health and wellbeing. Under each heading the framework presents what people said, guiding principles, what the Trust will do and how progress will be measured.

Following the introduction of smoke free legislation on 30 April 2007, the health improvement team has worked with the Eastern Area Tobacco Control Group on its implementation. Further work has been ongoing to ensure the extension of the legislation to cover residential mental health units. This is a significant public health achievement and will improve the health and wellbeing of the population.

The Health Improvement Team has led the implementation of the Fit Futures Strategy through a locality Community of Interest, which has focused on the 'FRESH' and Community Sports programmes which have resulted in increased physical activity and improved eating habits among children and their parents.

Other examples of the team's work include progress on men's health, physical activity through the award winning Green Gym, a lay health worker for Diabetes and Cancer Prevention.

Opportunities for people with learning disabilities

During the year we built on and further developed opportunities for people with learning disabilities to gain paid employment. This has been achieved through a variety of partnership arrangements with organisations such as NOW, the Orchardville Society and Mencap.

We successfully expanded the range of community partnerships that people can access as an alternative to traditional day centre provision eg local libraries and leisure centres. In partnership with a voluntary organisation a self-advocacy group for patients at Muckamore Abbey Hospital was also set up.

Joining forces to help prevent suicide

Representatives from family support projects, local communities, the voluntary and statutory sector met to address current issues surrounding suicide and self harm at a conference hosted by our Trust and attended by Michael McGimpsey, Minister for Health, Social Services and Public Safety.

Northern Ireland has more suicides per 100,000 of the population than England and Wales. In 2007/08 our Trust invested more than £750,000 in supporting the work of voluntary and community partners to implement the prevention of suicide strategy.

The conference provided one of the first opportunities for local community groups from across Belfast to meet, share their experiences and work together.

Surveying mums to be

Our maternity services are based on the principle that our staff deliver the service to women in partnership with them. In February 2007, the Royal-Jubilee Maternity Service (RJMS) took part in a national maternity postal survey to determine women's experience of maternity care. The survey was carried out by the Picker Institute Europe on behalf of our Trust. The questionnaire used in the survey consisted of seventy-two questions which covered all areas of maternity care and reflected the priorities and concerns which new mothers may experience. The response rate equated to a sample size of two hundred and eleven.

When benchmarked against seventy UK Trusts, RJMS survey results indicated that it scored significantly better than average in 33% of the questions, 57% of scores ranked average and only 10% of the



scores were lower than the UK average. It is noteworthy that of these lower than average scores, the Picker Institute advised that they should be treated with caution due to small number of respondents.

In response to the views obtained from the mothers, the maternity hospital held feedback sessions with staff informing them of the results and formed a working group to address the areas where mothers highlighted a particular concern.

By taking part in this survey, the hospital staff have listened and responded to the views of women. In so doing, the quality of maternity care has been enhanced as staff have a greater understanding of women's views with regards to the maternity care they wish to receive.

Physical and sensory disability services

Physical and sensory disability services provide a range of services for children and adults up to age 65 years who have physical disabilities, sensory impairments or chronic ill health.

Within the community there are three physical health and disability teams and two sensory support teams providing social work and rehabilitation services. The north and west Belfast area sensory support team successfully completed a service improvement project to reduce waiting lists and improve service provision.

A care management team provides comprehensive packages of care to those with more complex needs. There are strong links with hospital social work staff to ensure timely discharge and continuity of care.

Physical and sensory disability services have been to the forefront of promoting supported housing for people with disabilities. In partnership with Oaklee Housing Association and Leonard Chesire, the Trust opened a purpose built 10 bed unit for people with disabilities in West Belfast in April. We also support

other local initiatives that aim to help people maintain their independence in their own homes.

The Trust has five Day Centres across the city providing rehabilitation services, respite, social activities and link service users into community services.

Working from a strong ethos of social inclusion and community development, we link with other community and statutory partners to ensure that people with disabilities can live as independently in the community as possible and be socially included within their local communities.

Physical and Sensory Disability Services have also spearheaded the promotion of direct payments, where service users receive payments to purchase the care they are assessed as needing, allowing them greater flexibility and independence.

The Trust's Social Services, Family and Child Care Service Group has been working to improve services for children and young people with complex needs. One welcome service development has been the children's home care service which aims to improve the quality of life for children with complex needs through the provision of respite services.

We have a multidisciplinary team who provide a service for people with traumatic brain injury in the community and an intensive day support service for people with brain injury.

We also have leading responsibility for the regional Wheelchair Service and regional Prosthetic Service.

Our People



Review of Public Administration

Following the Review of Public Administration, the Trust, in its first year continued to develop and implement new management arrangements to support the delivery of health and social care to the public it provides services to. We have consulted with representative trade unions on the development and implementation of these new structures, participating in both local and regional consultative forums.

A Placement and Support Unit was created to assist with the recruitment of personnel for the new Trust management structure. The unit also assists senior staff in the consideration of other options including premature retirement. During the year the unit supported the recruitment of over 150 staff to senior posts within the organisation and supported 80 staff in making decisions to take premature retirement.

The Trust also created procedures to underpin compliance with the Public Service Commission principles as they relate to the workforce and the Review of Public Administration (RPA). An example of these would include the development of detailed processes that the Trust will take in considering any accommodation moves associated with the new management arrangements.

Agenda for Change

We have continued to implement the national Agenda for Change pay system, in partnership with the staff representatives trade unions. This applies to all Trust staff excluding only Doctors, Dentists and Trust Senior Executives. By 31 March 2008, all eligible Trust staff had been matched against a national job profile. By the same date 85% of Trust employees had been moved onto the new pay scales and had received their new pay. Plans were put in place to ensure that the remaining 15% would be moved across by 30 June 2008 - the Minister's target for completion of this element of the pay reform programme.

The tools introduced under the pay reform programme, including job evaluation and the knowledge and skills framework, continue to be used to improve the effectiveness and efficiency of the service delivered to patients and clients. Using these tools we have been able to introduce a limited number of new roles while extending the duties of some traditional existing roles all of which has assisted in improving service delivery.

Industrial Relations

The Trust played an integral role in the development and agreement of a regional framework for how industrial relations machinery would operate within the 5 new Health and Social Care Trusts. This agreed framework has been implemented in full and a Trust Joint Negotiation and Consultative Forum has been established. The forum is attended by all the Senior Executives, including the Chief Executive and by representatives from all of the recognised trade unions.

The forum has met four times in the period of this annual report, and has approved the development of an infrastructure to support the achievement of productive harmonious industrial relations. The infrastructure is made up of four geographical site committees to deal with issues relevant to specific Trust locations and four workforce sub-committees covering Health and Safety, Learning and Development, Workforce and Modernisation, and Governance and Policy.



The big question

In February 2008 the Trust launched its first staff survey – offering all 22,000 staff the opportunity to express their opinion on a range of issues related to their job.

Based on the national NHS staff survey the aim was to use the staff's views to inform an Improving Working Lives programme and to assess the effectiveness of existing workforce policies. An action plan is being drawn up to address issues raised.

During the year we also began work to obtain the Investor in People standard. The aim is:

- a good working environment
- recognition and development
- good quality training, learning and development
- better communication
- skill and career development opportunities.

Ensuring equality

Under the Trust's Equality Scheme we developed and delivered a programme of action including two major employability initiatives for long term unemployed people. We worked with Belfast City Council and other Public sector organisations on a conflict transformation project and on the setting up of a regional interpreting service to improve access to services for everyone in our community.

A disability steering group was set up to make sure the Trust meets not only meets its requirements under Disability legislation but also promotes positive attitudes towards disabled people and encourages the participation of disabled people in public life. A policy on employment of people with disabilities was developed and a shop mobility pilot scheme on the Royal Victoria hospital site car park was put in place to help with access for disabled people.

Our Trust has been working in partnership with staff representatives and liaising with the Equality Commission for Northern Ireland to make sure our work place policies and practices comply with best practice to

promote equality of opportunity. We have a new equal opportunities policy and also a harmonious working environment policy.

Learning and updating

A range of staff took up opportunities for new learning and updating of skills. For example, in partnership with Belfast Metropolitan College, the Social services learning and development team offered new courses to domiciliary care workers.

Two courses were set up. Firstly for an NVQ Level 2 taught course, a twenty-two week course was provided on-site for 12 home care workers. The sessions were designed around the staff and the service so that training sessions did not disrupt the care delivered to patients and clients. All 12 home care workers took up the offer - an achievement which staff and service should be proud of as it is very unusual to deliver 100% achievement.

For the second course, funding was made available from the Department of Education and Learning to advance Essential Skills, a twenty-two week course that addresses literacy and numeracy skills. The course is targeted at those who have no academic qualifications. Again all twelve candidates who began the training completed the course, another 100% achievement.

In April 2007 a clinical skills day was held for nursing staff in the Royal Belfast Hospital for Sick Children. This provided an opportunity for nurses of all grades to refresh their knowledge and skills by means of a number of practical skills stations coordinated by our specialist nurses. The programme included aspects of pain management; care of central lines; accurate height and weight measuring; diabetes injection techniques and procedures relating to care of stomas and gastrostomies. A second programme was held in March 2008 following the positive feedback initially received and it is planned to make this a regular event. Children's community nurses have also attended having expressed great interest in this initiative because it supports continuity of care between the hospital and community.



Chairman's Awards

The first annual Chairman's Awards attracted more than fifty entries, from service areas right across the Trust. The Awards were introduced to encourage, recognise and reward innovation, best practice and quality services.

Winners and two runners up were awarded in each of the Awards three categories. Prizes were reinvested in the relevant services.

'The Driver Carers Initiative', winner of the 'Patient and Client Safety and Quality Improvement' category – is an initiative by Day Care drivers based at the Everton Centre in north Belfast.

Traditionally, day centre drivers have been responsible for picking up and dropping off clients at their homes – bringing them to and from the day centre and other activities during the day as required.

Now the drivers are fulfilling a caring as well as a driving role – helping with mealtime activities, assisting with the day centre's activity programme, working one to one with clients with special needs and, for some, also helping with personal care duties.

Runners up in this category were an entry from the Arthroplasty Outcomes Unit at Musgrave Park Hospital and 'MRSA - a patient pathway' submitted by the Infection Control Team at the Royal Group of Hospitals.

In the 'Doing More for Less' category the entry from the Community Nurse Inreach Team emerged as overall winner.

Initiatives on Daycase Paediatric Tonsillectomy and Managing Staff Absenteeism came second and third respectively.

The Community Nurse Inreach team involves community based district nurses working with hospital colleagues to ensure support at home for patients. The nurses work to prevent unnecessary admission to hospital, facilitate early enhanced hospital discharge. The Team also 'case-finds' patients suitable for discharge in A&E, Outpatients and hospital wards.

The third category, 'Improving Health and Well-being' was won by the 'Supported Housing for people with Dementia' entry.

For many people, a diagnosis of dementia can also mean a sentence of social exclusion. Outdated attitudes and ill-founded public perceptions can equate dementia with incapacity, threat and rapid decline. Not so the tenants in Mullan Mews and Sydenham Court.

These supported housing schemes have radically changed the living options available to people with dementia and their families. Between them, they are home to 57 tenants with dementia who would previously have had to look to care homes as their only alternative living option.

Second and third places went to - the Mater Hospital's 'Self Harm Service' and the Royal Victoria's 'Rapid Access Vascular Examination (RAVE) Clinic'.

Communication Services

The Trust established a communication services team to coordinate communication with a range of stakeholders including service users, the media (through a 24 hour enquiry service), MLAs, and other public representatives, community and voluntary groups.

A key part of the job is providing communication services for the Trust's 22,000 staff including a daily E-bulletin, a monthly staff newsletter, event management and design services.

The communications team members worked alongside colleagues in all the Service Groups and corporate departments throughout the year to ensure that every opportunity was taken to increase understanding about the work of the Trust and answer questions or information requests as quickly as possible in line with our commitment to openness.

Medical and Dental Education

Belfast Trust makes major contributions to both undergraduate and postgraduate medical and dental education. We work closely with Queens University to ensure high quality educational and training opportunities for medical and dental students.

The Trust employs over 700 hundred doctors in training and during the year had a number of successful inspections by the Postgraduate Medical Education Training Board. Of particular note was a commendation for our induction processes. We have made particular use of e-learning, examples being the use of an e-learning package on healthcare associated infections. This was piloted with 90 final year medical students last year, during their work shadowing period. Another example of e-learning is a successful DVD developed for training foundation programme doctors in their 2nd year, before participation in the ongoing Hospital at Night project. This DVD helps to ensure that these recently qualified doctors have the necessary skills to be part of a multidisciplinary team caring for patients at night.

The Trust is taking full advantage of the possibilities for integration. We are bringing all newly qualified Doctors together for a single induction programme which will enable us to use the highest quality teaching materials and ensure that these doctors receive consistent information. This will help to ensure that they can work safely in clinical areas across the Trust.

During the year we ran a successful paediatric study day for General Practitioners. We also ran an advanced paediatric life support training programme in house for the first time along with two successful child protection courses for paediatric and accident and emergency trainees.

The education centre at the Royal Hospital continues to develop its tele-medicine and e-health studio which allows, among other things, for multi link meetings to discuss patient management. It has the obvious advantage of allowing clinicians working some distance from each other to link up and share knowledge and expertise, improving patient care, reducing waiting times and travel time.



Resources

Books balanced

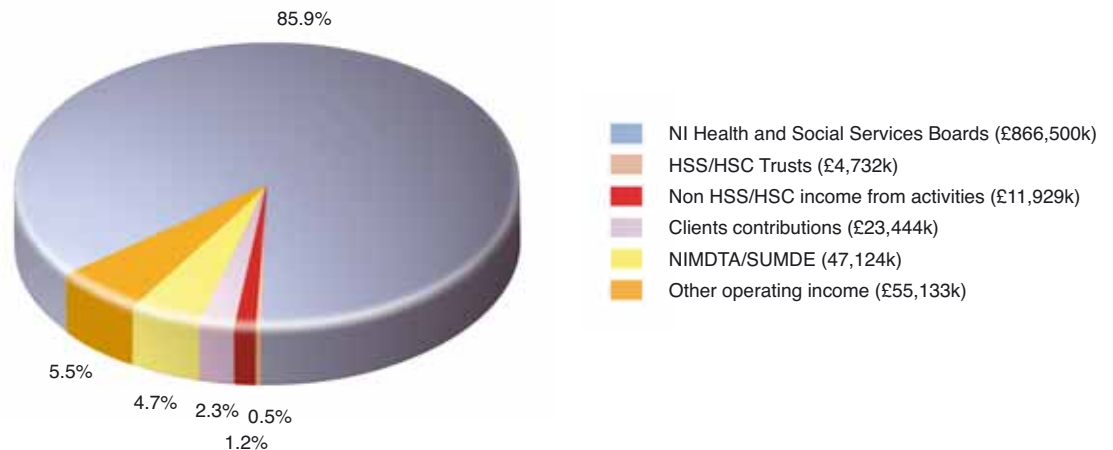
In what has been the most significant period of change and challenge in the health service in recent years, Belfast Trust, in its first year of operation, managed to balance its books. This could be likened to landing a jumbo jet on a postage stamp. Impossible many may say but because of the priority placed on robust financial management by our Board, our Directors, and our Senior Managers and in fact all those who are responsible for spending we have managed to do the impossible.

We started the year with a gap of £48m between our income and expenditure and through a combination of extra monies and a comprehensive programme of measures which reduced our costs, we balanced the books at March 31.

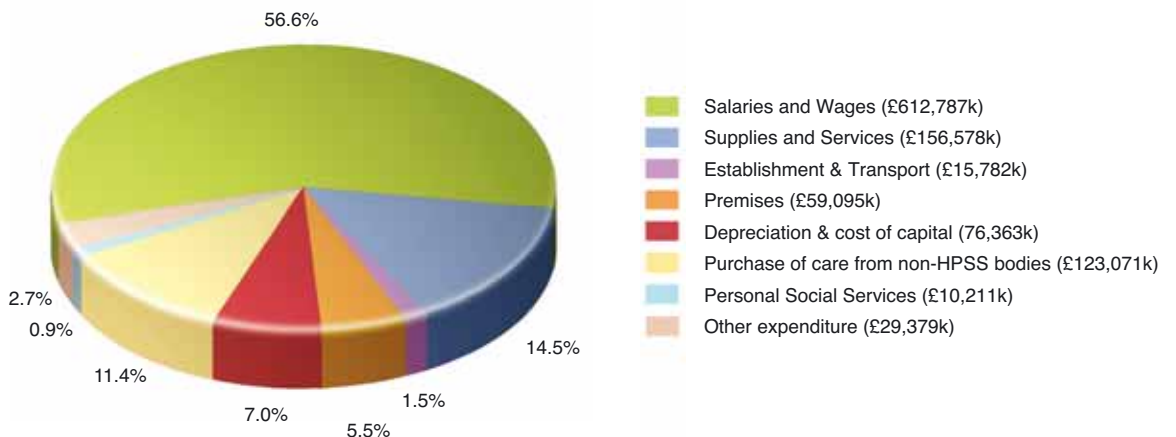
How do we spend your money?

In this first annual report of the Belfast Trust it is useful to give some context to this achievement and a feel for how we spend £1 billion of public money or roughly £3m per day.

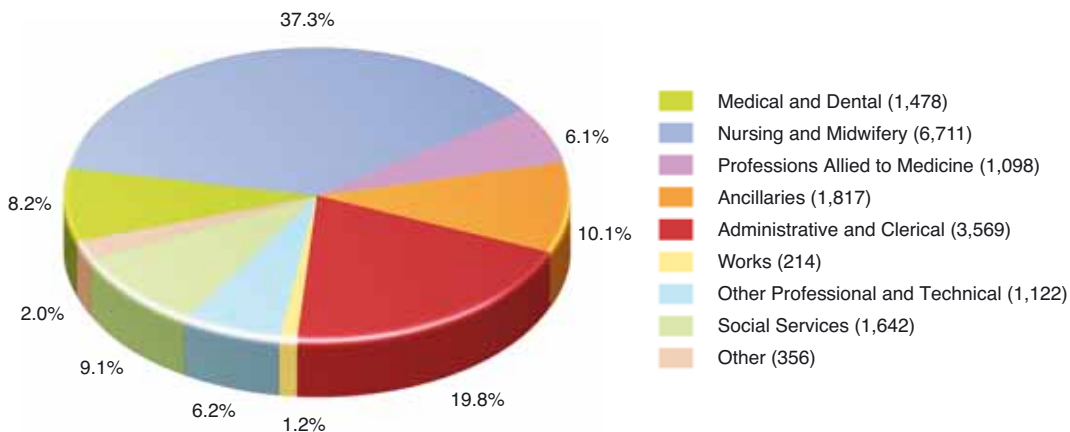
Analysis of Income by Source 2007/2008



Analysis of Expenditure by Type 2007/2008



Average WTE by Staff Group 2007/2008



The majority of our money covers the pay bill for our 22,000 staff. The Chief Executive has already described the diversity of roles carried out to support the delivery of care and services to our patients and clients. A major challenge for us, and one which even in its first year of operation was a key consideration for managers on the ground as they start to bring teams together, was how do we deliver care more effectively and efficiently and how can we work smarter taking a holistic approach to the patients journey through our systems.

These are big challenges for us since they are at the core of how we get the real benefits from the merger and it is clear that we have made a good start. Many of the achievements described in the document have come about as a consequence of the opportunity created by the Belfast Trust but this is only a start.

A significant amount of money, just under half a million per day is spent on clinical supplies and services. This ranges from a simple paracetamol tablet, to complex heart valves, to the costs of specialist genetic tests carried out in only one or two places nationally.

As demand for our services grow and emerging technology and research pushes the boundaries of what can be achieved, this is one of our most challenging areas to manage within the limited resources available.

Across Belfast we deliver care and services in a large number of buildings and facilities – and heat, light, power and maintenance costs are significant. The inflation busting increases that we all see in our own homes are mirrored across our range of facilities but on a larger scale. This is something that we will be very conscious of as we move forward and is something that the public sector must take account of in its resource allocation and prioritisation.

The preceding sections give a feel for what we spend your money on. Public scrutiny of spending decisions made within the public service is increasing and we are committed to building on and improving the internal control systems in place to ensure we have robust mechanisms to make certain that funding we receive is spent appropriately.

Using all our buildings for the benefit of patients and clients

The Trust has responsibility for 127 premises across Belfast.

During the year a number of new buildings opened including:

- The Carlisle Wellbeing and Treatment Centre – one of seven locally accessible one stop venues for health and social care provision
- The Imaging centre at the Royal, Imaging Centre (Nuclear Medicine; Cardiology Imaging and Radiology) This building will provide a state of the art imaging centre for all patients treated in the Royal hospitals
- The Grove Centre – a development undertaken in partnership with Belfast City Council and Belfast Education and Library Board. This facility will provide a well being and treatment centre, GP services, leisure centre and library all under one roof
- Somerton Road Children's Home.

We also received approval to move forward with a new assessment and treatment unit for children with learning disabilities on the Iveagh site at Broadway and an Adolescent Mental Health Inpatient Unit.

In addition, enabling works began on the Royal Site in preparation for building a brand new critical care building and a new temporary Emergency department was opened to ensure that services could be maintained during the building of the Critical Care unit.

When the Trusts that make up Belfast Health and Social Care Trust merged in April 2007 they had proposals for building works totalling £1.6 billion.

Our Trust has been reviewing all these proposals and looking at how we can use every one of our buildings to best effect for patients and clients. The opinions of service users opinions will be sought throughout this process.

Impact on the environment

We recognise that the effect of our activities on the environment is significant. As an integral part of our commitment to ensure the health and wellbeing of the community locally, we will do our utmost to contain the environmental impact of our activities on both a local and global scale consistent with maintaining our responsibilities in providing high quality patient care.

An Environmental and Sustainability Sub Group has been established to take this forward.

Belfast Health and Social Care Trust Summary Financial Statements

The following pages represent a summary of the Trust's Accounts for the year ended 31 March 2008; the Accounts have received an unqualified audit opinion.

This summary financial statement does not contain sufficient information for a full understanding of the activities and performance of the Trust.

For further information refer to the full accounts and Annual Report and Auditors Report for the year ended 31 March 2008.

Copies of the full accounts are available from TSO Ireland, 16 Arthur Street, Belfast, BT1 4GD.

The full accounts for the year ended 31 March 2008 have been prepared in accordance with Article 90(2)(a) of the Health and Personal Social Services (Northern Ireland) Order 1972, as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003, in a form directed by the Department of Health, Social Services and Public Safety.

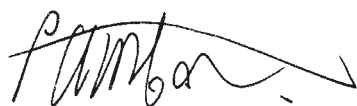
Income and Expenditure Account for the year ended 31 March 2008

	2008 £000	2007 £000
Income from activities	906,605	929,123
Other operating income	99,397	102,668
Operating expenses	(1,083,266)	(1,005,156)
Surplus (deficit) before interest	(77,264)	26,635
Interest receivable	2,860	2,837
Interest payable	0	(5,850)
Surplus (deficit) for the financial year	(74,404)	23,622
Public Dividend Capital Dividends payable	0	(23,775)
Operational surplus (deficit) before provisions	(74,404)	(153)
Provisions for Future Obligations	(876)	274
Retained surplus (deficit) for the financial year	(75,280)	121
Adjustment for capital charges and other non cash costs	74,123	0
Break even position	(281)	(153)

Belfast Health and Social Care Trust
Balance sheet as at 31 March 2008

	2008 £000s	2007 £000s
Fixed assets	972,956	933,431
Current assets	133,669	122,194
Creditors: Amounts falling due within one year	(152,294)	(145,217)
Net current assets	954,331	910,408
Creditors: Amounts falling due after more than one year	0	0
Provisions for liabilities and charges	(53,618)	(41,387)
Total assets employed	900,713	869,021
Financed by:		
Total capital and reserves	900,713	869,021

Approved by the Board and signed on its behalf on 29 May 2008 by:



Mr P McCartan
Chairman



Mr W McKee
Chief Executive

Belfast Health and Social Care Trust
Notes to the accounts

Trust Management Costs

	2008 £000s	2007 £000s *Restated
Trust Management Costs	37,533	38,141
Total Income	1,006,002	960,963
% of Total Income	3.73%	3.97%

The above information is based on the Audit Commission's definition 'M2' Trust management costs, as detailed in HSS (THR) 2/99. The 2007 income has been restated, for comparison, to exclude the capital charges payable in that year and discontinued in 2008.

Public Sector Payment Policy – Measure of Compliance

The Department requires that Trusts pay their non HPSS trade creditors in accordance with the CBI Prompt Payment Code and Government Accounting Rules. The Trust's payment policy is consistent with the CBI prompt payment codes and Government Accounting rules and its measure of compliance is:

	2008 Number	2007 Number
Total bills paid 2007/2008	358,369	393,525
Total bills paid within 30 day target	322,149	348,126
% of bills paid within 30 day target	90%	88%

Belfast Health and Social Care Trust
Senior employees' remuneration

The pensions of the most senior members of the Trust were as follows:

		2007-08									
Name	Salary, including Performance Pay £'000	Benefits in Kind (rounded to nearest £100)	Real increase in pension and related lump sum at age 60 £'000	Total accrued pension at age 60 and related lump sum £'000	CETV at 31/03/07 £'000	CETV at 31/03/08 £'000	Real increase in CETV £'000	Employer contribution to partnership account (nearest £100)			
Non-Executive Members											
P McCartan	30-35	0	N/A	N/A	N/A	N/A	N/A	N/A			
E Evason	5-10	0	N/A	N/A	N/A	N/A	N/A	N/A			
L Drew	5-10	0	N/A	N/A	N/A	N/A	N/A	N/A			
C Jenkins	5-10	0	N/A	N/A	N/A	N/A	N/A	N/A			
V McGarrell	5-10	0	N/A	N/A	N/A	N/A	N/A	N/A			
T Hartley	5-10	0	N/A	N/A	N/A	N/A	N/A	N/A			
J O'Kane	5-10	0	N/A	N/A	N/A	N/A	N/A	N/A			
MJ Allen	5-10	0	N/A	N/A	N/A	N/A	N/A	N/A			
Senior Executives											
W McKee	125-130	0-2.5	10-12.5	205-210	815-820	910-915	50-55	N/A			
H McCaughey	90-95	0-2.5	0-2.5	100-105	310-315	330-335	0-5	N/A			
A Stevens	140-145	0	0-2.5	150-155	565-570	610-615	5-10	N/A			
W Galbraith	85-90	0	2.5-5.0	45-50	125-130	145-150	10-15	N/A			
M Mallon	80-85	0-2.5	0	140-145	520-525	550-555	0	N/A			
P Donnelly	85-90	0	5.0-7.5	135-140	530-535	580-585	20-25	N/A			
D Stockman	65-70	0	2.5-5.0	35-40	90-95	115-120	15-20	N/A			
V Jackson	65-70	0	5.0-7.5	75-80	195-200	230-235	20-25	N/A			
B Mullen	65-70	0	10-12.5	140-145	500-505	580-585	40-45	N/A			
J Welsh	50-55	0-2.5	2.5-5.0	30-35	75-80	95-100	10-15	N/A			
P O'Callaghan	55-60	0	2.5-5.0	45-50	160-165	190-195	15-20	N/A			
A Brown	65-70	0	0-2.5	110-115	460-465	485-490	0-2.5	N/A			
B McNally	55-60	0	0-2.5	65-70	220-225	245-250	5-10	N/A			
EP Gordon (left Trust on 05/01/08)	70-75	0	2.5-5.0	155-160	565-570	620-625	10-15	N/A			

The above figures do not include an estimate of the remuneration due to certain executives in respect of the annual pay uplift for the cost of living and performance for the financial year 2007/08. An estimate of the total expected liability has been accrued in the annual accounts consistent with DHSSPS guidance.

As Non Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non Executive members. A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when a member leaves a scheme or chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies.

The CETV figures, and from 2004-05 the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the HSS pension scheme. They also include any additional pension benefits accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real increase in CETV - This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employees (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Remuneration Policy

1. The membership of the remuneration committee for the Belfast Health and Social Care Trust consists of the Chairman and the seven non-executives.
2. The policy on remuneration of the Trust Senior Executives for current and future financial years is the application of terms and conditions of employment as provided and determined by the DHSS&PS.
3. Performance of Senior Executives is assessed using a performance management system which comprises of individual appraisal and review. Their performance is then considered by the remuneration committee and judgements are made as to their banding in line with the departmental contract against the achievement of regional organisational and personal objectives.
4. The relevant importance of the appropriate proportions of remuneration is set by the DHSS&PS under the performance management arrangements for senior executives.
5. In relation to the policy on duration of contracts, all contracts of senior executives in the Trust are permanent. During the year 2007/08 all contracts were permanent and each contained a notice period of three months. During the year one senior executive was appointed on a secondment to cover a vacancy.

Service Contracts

6. All senior executives in the year 2007/08 were on the new DHSS&PS Senior Executive Contract. The contractual provisions applied are those detailed and contained within Circular HSS (SM) 3/2001.



Mr W McKee
Chief Executive

Belfast Health and Social Care Trust Compensation payable to former senior managers (Audited)

In 2007-08 ten former directors from the predecessor Trusts were given voluntary early retirement on the grounds of redundancy. The total costs to the Trust, which are set out in the table below, include Pension payments, lump sum and, where applicable, redundancy payments paid to the individual in accordance with contractual entitlement. Following a legitimate objection by two former directors under the Data Protection Act, details of payments to those former directors cannot be included in this report.

Name	Predecessor Trust	Date Ceased Employment	Compensation Costs £000
B Connolly	North & West	30 June 2007	165-170
R McGee	South & East	30 June 2007	115-120
D O'Brien	Royal Hospitals	31 July 2007	160-165
E Hayes	Belfast City	31 August 2007	200-205
R McKee	North & West	4 September 2007	100-105
S O'Brien	South & East	30 September 2007	250-255
B Sore	Green Park	30 September 2007	255-260
V Walker	South & East	31 March 2008	105-110

Belfast Health and Social Care Trust
Statement of the Comptroller and Auditor General to the Northern Ireland
Assembly

I have examined the summary financial statement which comprises the Summary Income and Expenditure Account and Summary Balance Sheet, Trust Management Costs, Public Sector Payment Policy – Measure of Compliance, and Senior Employees' Remuneration set out on pages 31 to 35.

Respective responsibilities of the Belfast Health and Social Care Trust, Chief Executive and Auditor

The Belfast Health and Social Care Trust and Chief Executive/Accounting Officer are responsible for preparing the summary financial statement.

My responsibility is to report to you my opinion on the consistency of the summary financial statement within the Annual Report with the full financial statements, and its compliance with the relevant requirements of the Health and Personal Social Services (Northern Ireland) Order 1972, as amended, and Department of Health, Social Services and Public Safety directions made thereunder.

I also read the other information contained in the Annual Report, and consider the implications for my certificate if I become aware of any apparent misstatements or material inconsistencies with the summary financial statement.

Basis of Opinion

I conducted my work in accordance with Bulletin 1999/6 'The auditors' statement on the summary financial statement' issued by the Auditing Practices Board. My report on the Belfast Health and Social Care Trust's full annual financial statements describes the basis of my audit opinions on those financial statements and the part of the Remuneration Report to be audited.

Opinion

In my opinion, the summary financial statement is consistent with the full annual financial statements of the Belfast Health and Social Care Trust for the year ended 31 March 2008 and complies with the applicable requirements of the Health and Personal Social Services (Northern Ireland) Order 1972, as amended, and Department of Health, Social Services and Public Safety directions made thereunder.



JM Dowdall CB
Comptroller and Auditor General
Northern Ireland Audit Office
106 University Street
BELFAST BT7 1EU

20 June 2008

