

## Population Health

Programme / Project	Objectives	Milestones	Outcomes / Benefits	Success Measures	Weblinks
<b>Making Life Better (MLB)</b> – overarching whole system strategic framework for public health in NI	Through strengthened co-ordination and partnership working in a whole system approach, the framework seeks to create the conditions for individuals and communities to take control of their own lives and move towards a vision for Northern Ireland where <b><i>all people are enabled and supported in achieving their full health and wellbeing potential.</i></b> The aims of the framework are to <b><i>achieve better health and wellbeing for everyone and reduce inequalities in health.</i></b>	MLB Action plan developed focusing on a small number of cross departmental actions.	The aims of the framework are to achieve better health and wellbeing for everyone and reduce inequalities in health.	Monitoring of MLB indicators: <a href="https://www.health-ni.gov.uk/publications/making-life-better-key-indicators-progress-update-2023">https://www.health-ni.gov.uk/publications/making-life-better-key-indicators-progress-update-2023</a>	<a href="https://www.health-ni.gov.uk/topics/health-policy-public-health-policy-and-advice/making-life-better">https://www.health-ni.gov.uk/topics/health-policy-public-health-policy-and-advice/making-life-better</a>
<b>Improving population health and well-being (Prevention strategies): Obesity Prevention; Tobacco Control; Substance Use/Abuse; Suicide Prevention; Skin Cancer Prevention; Breastfeeding</b>					
<b>Substance Use</b>	The vision of <b><i>Preventing Harm, Empowering Recovery - A Strategic Framework to Tackle the Harm from Substance Use (2021-31)</i></b> is: People in Northern Ireland are supported in the prevention & reduction of harm and stigma related to the use of alcohol & other drugs, have access to high quality treatment & support services, and will be empowered to maintain recovery.	Preventing Harm, Empowering Recovery has a focus on targeting the 3 priority groups identified as being at most risk of harm and death due to substance use – those experiencing homelessness; people who inject drugs; and those in contact with the Justice System.	5 population-level outcomes have been set to improve services for & tackle the harms around substance use.	DoH will publish regular update reports on the implementation of Preventing Harm Empowering Recovery - evaluating progress against SUS outcomes, indicators & actions.	<a href="https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-substanceuse-strategy-2021-31.pdf">https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-substanceuse-strategy-2021-31.pdf</a>
<b>Tobacco Control</b>	The overall aim of the Strategy is to create a tobacco-free society. The key objectives are: fewer people starting to smoke; more smokers quitting; and protecting people from tobacco smoke	Three priority groups have been identified: children and young people; disadvantaged people who smoke; and pregnant women and	The Strategy did not identify specific targets in terms of health outcomes. Since tobacco related harms occur mainly because of exposure over a	The action plan is reviewed at every implementation group meeting for progress against key milestones. Any issues are reported back to senior	<a href="https://www.health-ni.gov.uk/tobacco-control-strategy-and-reports">https://www.health-ni.gov.uk/tobacco-control-strategy-and-reports</a>

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		their partners who smoke	sustained period, it is difficult to make direct correlations to the time-period of the most recent strategy. Development of the new strategy includes enhancing reporting of outcomes by which we can measure success.	management as they arise on an ad-hoc basis. Reporting to the Department of Health is by way of annual progress reports.	
<b>Skin Cancer Prevention</b>	The overall long-term aim of the strategy is to reduce the incidence of skin cancer and deaths from it among people in Northern Ireland.	Two key target groups have been identified as requiring particular action: <ul style="list-style-type: none"> <li>• children and young adults; and</li> <li>• people who spend a significant amount of time outdoors including, those who regularly participate in outdoor sports</li> </ul>	There are 6 strategic objectives to support delivery of the long-term aim of the Strategy.	A multi-sectoral implementation group for the Strategy, co-chaired by the PHA and Cancer Focus NI, monitors implementation and updates the Department through regular reporting mechanisms. There are also measures in the health survey and YPBAS information in relation to sun safe behaviours and UV awareness.	<a href="https://www.health-ni.gov.uk/publications/skin-cancer-prevention-strategy">https://www.health-ni.gov.uk/publications/skin-cancer-prevention-strategy</a>
<b>Suicide and Self Harm Prevention</b>	The two aims of Protect Life 2 strategy are: Reduce the suicide rate in Northern Ireland by 10% by 2024 and Ensure suicide prevention services and support are delivered appropriately in deprived areas where suicide and self-harm rates are highest.	The Protect Life 2 Suicide Prevention Strategy Action Plan is currently being revised and new priorities will be set when this is published at end June 2024. The Strategy currently identifies particularly high risk individuals as those who: <ul style="list-style-type: none"> <li>• have attempted suicide</li> <li>• self-harm (particularly on a repeat basis)</li> </ul>	A review of the Protect Life 2 action plan is expected to be completed by end March 2024. It is expected this will contain recommendations for enhanced monitoring and ongoing review of the Strategy. The revised action plan with refreshed outcomes is expected to be published in June 2024.	The Strategy is overseen by the Executive Working group on Mental Health and Wellbeing, resilience and Suicide prevention. The Protect life 2 Steering Group meets quarterly and is chaired by CMO and contains representation across the statutory and Community and Voluntary sectors. An annual report is currently published by	<a href="https://www.health-ni.gov.uk/protectlife2">https://www.health-ni.gov.uk/protectlife2</a>

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		<ul style="list-style-type: none"> <li>• have certain chronic and painful physical illnesses</li> <li>• are going through divorce/separation</li> <li>• have been bereaved by suicide</li> <li>• have mental illness</li> <li>• misuse drugs and/or alcohol</li> <li>• are incarcerated in the criminal justice system</li> </ul>		DoH setting out a narrative summary of performance against each objective within the action plan. The format of this monitoring will be updated once the revised Protect Life 2 Action Plan is published at the end of June 2024.	
<b>Breastfeeding</b>	The overall aim of the Breastfeeding Strategy 2013-2023 is to protect, promote, support, and normalise breastfeeding so that women are able to make informed decisions and are supported to breastfeed; infants are increasingly fed exclusively with breast milk for the first six months of life and, thereafter are fed complementary foods with continued breastfeeding.	Groups requiring specific support, include: <ul style="list-style-type: none"> <li>• those in areas of low breastfeeding rates;</li> <li>• young mothers;</li> <li>• vulnerable infants (including premature infants and those with disabilities, long term illness and gut problems);</li> <li>• mothers of multiple births;</li> <li>• families with inborn errors of metabolism; and</li> <li>• mothers from ethnic minority groups and migrants</li> </ul>	The Strategy sets 4 strategic outcomes to achieve the overall aim of the Strategy.	Progress on implementation will be monitored through routine accountability arrangements. Successful implementation of the Strategy will help to increase the initiation and duration of breastfeeding and improve public health.	<a href="https://www.health-ni.gov.uk/publications/breastfeeding-strategy">https://www.health-ni.gov.uk/publications/breastfeeding-strategy</a>
<b>Obesity Prevention</b>	The vision of Healthy Futures - A Strategic Framework to Prevent the Harm caused by Obesity, and Improve Diets and Levels of Physical Activity in Northern Ireland is to create the conditions in Northern Ireland which enable and support people to improve their diet and participate in more physical activity, and reduce the risk of related harm for those living with overweight and obesity.	Consultation on the vision, principles, and themes ran from 23/11/2023 to 1/3/2024. Respondents were asked to comment on potential actions and priorities - these will be developed further through 2024.	Outcomes and action plan to be agreed by end of 2024	DoH will publish regular update reports on the implementation of Healthy Futures - evaluating progress against outcomes, indicators & actions (to be agreed by end 2024).	

## Primary and Community Care

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<b>MDT roll out</b>	Advance the implementation of the MDT model into all areas of Northern Ireland, stabilising primary care services, providing more care closer to people's homes, and reducing referrals to secondary care services	Further implementation of the MDT model is planned in phases over the coming years, with an ambition that rollout will commence in all areas within two years of the recommencement of the Programme.	Providing patients with new, more efficient ways of accessing a wider range of services closer to their homes and communities, thereby reducing the need for provision of care in more expensive hospital settings.	Evaluation of the roll-out to date is underway. The Programme will be subject to full evaluation in due course.	
<b>GP Access project</b>	To improve the patient experience of accessing GP services, and improve the capacity of the system to manage demand effectively, through effective deployment of appropriate technology	<p>Development of guidance for practices in relation to effective management of demand, standardizing workflow and optimising use of technology.</p> <p>Development of a project to test how technology including VOIP telephony can improve management of demand for patients and practices.</p>	Improved capacity for General Practice to manage demand from patients more effectively; improved user experience through consistent application of appropriate technology; improved access to data on user demand and system capacity.	Project will be subject to evaluation in due course.	
<b>GP contract arrangement</b>	Deliver 24/25 GMS Contract as a transitional year with a review of funding and allocation model to be progressed through 24/25 and beyond.	Secure NIGPC agreement on 24/25 GMS contract by 31 March 2024, deliver options following review of funding and allocation model to inform 25/26 contract negotiations.	An agreed 24/25 contract will facilitate improved sustainability of GMS contract provision to citizens. A review of funding and allocation model in 24/25 will provide equitable funding and contribute to sustained delivery of GMS services to citizens.	New assurance and quality framework to be developed and implemented.	

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<b>New models for management of GP practices</b>	Develop additional contract holding models to enhance sustainability of GMS provision	Deliver new models of alternative GMS Contract holding and delivery models in 24/25.	Availability of additional models for the management of GP Practices will provide additional bandwidth in terms of securing continuing provision of GMS services particularly in at risk areas.	Continued provision of Primary Care (GMS) in at risk areas.	
<b>General Practice Pharmacist Strategy 2030</b>	"GPP NI 2030" sets out a vision where pharmacists fully contribute to population health by acting as the clinical leads for medicines within the general practice team. Implementing a recommendation in the Pharmacy Workforce Review 2020, "GPP NI 2030" sets the strategic direction for the development of general practice pharmacy services over the rest of the decade and outlines six key recommendations for implementation.	"GPP NI 2030" was formally launched by the Minister on 28 Feb 2024. Implementation is being progressed by new governance arrangements led by SPPG primary care, including a new GPP Oversight Board and associated service delivery and service development subgroups.	Implementation of "GPP NI 2030" will fully optimise the contribution of pharmacists in general practice to population health. Outcomes include introducing new clinically advanced pharmacist practitioner roles in general practice, providing opportunities for pharmacists to improve patient health outcomes by consulting directly with patients and delivering high-quality pharmaceutical care, and maximising the whole team's contribution through new pharmacy technician roles.	A plan to implement the recommendations in "GPP NI 2030" will be developed and overseen by new governance arrangements including a new GPP Oversight Board, led by SPPG primary care.	
<b>Transforming Medication Safety Programme</b>	The Transforming Medication Safety (TMSNI) strategy is the Northern Ireland response to the World Health Organization's (WHO) third Global Patient Safety Challenge 'Medication Without Harm' and provides the opportunity to re-energise our approach to ensuring the safe use of medicines in Northern Ireland. Our response sets out a commitment to improve	The strategy was formally launched by the Minister of Health in September 2020. The key commitments in the TMSNI strategy set out the strategic direction for improvements in medication safety	Implementation of the strategy will improve safe practices with medicines and support a medication safety culture within our population. Outcomes to date include the roll-out of the World Health	A department led Medication Safety Oversight Board was established in May 2023 to provide strategic oversight and ensure accountability for the efficient and effective delivery of the TMSNI	<a href="https://www.health-ni.gov.uk/news/launch-new-centre-promote-patient-safety-ni">https://www.health-ni.gov.uk/news/launch-new-centre-promote-patient-safety-ni</a>

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	<p>systems and practice with the safe use of medicines and support a medication safety culture within our population.</p>	<p>across Health and Social Care organisations. An extensive Programme has been established underpinned by an implementation plan, aligned to the TMSNI Strategy, which will take forward these key commitments. The TMSNI implementation plan contains a number of projects, aimed at enhancing the safer use of medicines within Northern Ireland. Each project falls under one of the four core domains within the TMSNI strategy, namely:</p> <ol style="list-style-type: none"> <li>1. Patients and Public;</li> <li>2. Health and Social Care Staff;</li> <li>3. Systems and Practices; and</li> <li>4. Medicines.</li> </ol>	<p>Organization 'Know Check Ask' medication safety campaign to increase public awareness of the importance of using medication safely and support people to be more involved in decisions about their medication. A Northern Ireland Yellow Card Centre was established in 2023 on behalf of the Medicines and Healthcare Products Regulatory Agency to encourage patients and healthcare professionals to report any suspected adverse incidents associated with medicines and medical devices to the scheme. Reducing the burden of avoidable harm from high-risk opioid medicines through the work of a HSCQI Opioid Improvement Programme is due to complete in Sept 2024, development and implementation of a patient engagement tool, '5 Moments of Medication Safety', to assist people to manage their medication safely and enable them to get the best intended outcomes. The</p>	<p>Programme. Evaluations of the TMSNI projects will be incorporated as part of the TMSNI programme structure. An evaluation of the 'Know Check Ask' campaign has been completed, with further evaluations in progress, such as the Medicines Optimisation Innovation Centre evaluation of the HSCQI Opioid Improvement Programme. Progress reports and evaluation outcomes are presented to the regional Medication Safety Oversight Board.</p>	

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			Pharmacy Schools Programme continues to work with schools and education partners to help equip our children and young people with the knowledge and skills they need to be medication safety wise throughout life.		
<b>Community Pharmacy Strategic Plan 2030</b>	This is a new framework to fully realise the potential of community pharmacy to support better health outcomes from medicines and prevent illness. It sets out the vision and strategic priorities for community pharmacy up to 2030. It outlines how that vision will be delivered through 6 strategic priorities and 4 major reform programmes, to transform community pharmacy's role within the HSC system.	The Strategy will be launched by the Minister in early April 2024. 6 strategic priorities and 4 work programmes to support delivery have been identified; associated milestones for 2023 to 2030 have been identified and this sits alongside the strategic plan to monitor implementation.	The strategy aims to empower community pharmacies to further support and manage patients so that they live longer, healthier lives at home and contribute to a healthier society. The strategy aims to develop more patient-centred community pharmacy services, incorporating independent prescribing and advance practice, to support the goals of the HSC service and meet population health needs.	A number of milestones have been identified for the 4 work programmes underpinning the strategic plan. These will be subject to funding being identified and approved through departmental Business Cases. Implementation will be phased up to 2030.	
<b>Advanced Care planning</b>	Advance Care Planning is an umbrella term covering personal, legal, clinical and financial planning. It enables a person to think about what is important to them and plan for their future. It is a voluntary process and helps a person to make known what their wishes, feelings, beliefs, and values are, and to make choices that reflect these.	The Advance Care Planning policy was launched by the Minister in October 2022. Establishing momentum with implementation has been challenging within the context of current financial and resourcing pressures across the Department, PHA and the wider	Advance Care Planning is an on-going process of conversations between a person, those important to them and those providing care, support, or treatment. These conversations focus on what matters to the person and what would be important for them to prioritise in the future should they become	Baseline information on public understanding of and involvement in Advance Care Planning is available through the Ulster University "Where are we now?" report (2021) undertaken as part of the annual 'Life and Times' survey. Subject to funding it may be possible to recommission this work in the future. It will also	<a href="https://www.health-ni.gov.uk/advance-care-planning-now-and-future">https://www.health-ni.gov.uk/advance-care-planning-now-and-future</a>

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		<p>Health and Social Care system.</p> <p>A Task and Finish group, co-chaired by the Department and PHA, was established in January 2024 to take forward planning for the implementation of the Advance Care Planning policy in Northern Ireland. Priority areas for implementation are likely to focus on the clinical aspects of Advance Care Planning</p> <p>Immediate next steps include the establishment of an Implementation Group led by PHA to progress implementation subject to the availability of appropriate resources.</p>	<p>unable to make decisions for themselves. Advance Care Planning can also help a person consider what is important to them in a situation where, whilst they have mental capacity, they may need to consider their care, support or treatment. If the person wants to make a record of these conversations and share them they should be supported to do so. There are wider benefits for the health care system by helping to prevent unwanted hospitalisations and increasing the utilisation of palliative and hospice services, treating patients with dignity and respect in line with their wishes.</p>	<p>be necessary to monitor the level of Advance Care Planning discussions taking place between health and social care staff including in primary and secondary care settings. How we measure success will be a key focus of the Implementation Group.</p>	

## Acute Hospital Care

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Hospital Reconfiguration Blueprint	The overall aim is to produce an Acute Hospital Reconfiguration Blueprint document following a programme of targeted engagement and public consultation which will provide an overarching strategic framework within which future hospital reconfigurations decisions can be taken.	(i) Draft Blueprint with draft Action plan co-produced following targeted engagement (May- Nov 24). (ii) Public Consultation (Autumn/Winter 24) (iii) Monitoring and Implementation of Action Plan	(i) Description of a NI Hospital network, where each hospital has been identified in a particular tier to build to become a NI hospital interdependent network. (ii) Identifies some core services to be available at each type of hospital and recognises that patient pathways will often flow between hospitals. (iii) How the system works collaboratively to support the network.	(i) A newly established Project Board will monitor the implementation of Actions. (ii) Sustained NI Hospital Network reducing the risk of unplanned change/closures.	
<b>Elective Care Framework (ECF)</b>	<p>The overall aim, as articulated in the ECF, is to ensure better outcomes for patients that need elective care. This will be achieved by leading a strategic, whole system, integrated approach to the delivery of elective care. In practice this will mean better services for patients with reduced waiting times and improved quality and outcomes. The ECF aims to ensure that the HSC system is equipped to deliver an equitable, sustainable high-quality regional service for every adult and child in NI, irrespective of where they live. The six monthly ECF progress reports essentially detail the progress made to date against each of the 55 actions.</p> <p>In addition, the Department is working with Trusts to increase productivity and efficiency through the use of a wide</p>	<p>Despite the challenging financial position, huge efforts have been made across the system with considerable progress having been made on implementing the actions in the original Framework. Work is ongoing to continue transformation of elective care.</p> <p>Delivery timeframe of ECF - March 2026.</p>	Subject to the necessary funding being made available, implementation of the revised ECF will ensure that people across NI receive the high quality, sustainable and equitable care and treatment they need, when they need it. Driving increased efficiency and productivity across HSC Elective Care Services will deliver a more efficient use of the system and ensure value for money. The total population in Northern Ireland is	The Elective Care Management Team (ECMT) monitors delivery of the Elective Care Framework, SPPG are responsible for performance management at Trust level.	<p><a href="https://www.health-ni.gov.uk/publications/elective-care-framework-restart-recovery-and-redesign">https://www.health-ni.gov.uk/publications/elective-care-framework-restart-recovery-and-redesign</a></p> <p>Updated Elective Care Framework - May 2024 - <a href="https://www.health-ni.gov.uk/sites/default/files/publications/health/Elective%20Care%20Framework%20-%20May%202024.pdf">https://www.health-ni.gov.uk/sites/default/files/publications/health/Elective%20Care%20Framework%20-%20May%202024.pdf</a></p>

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	<p>range of best practice service improvements. Given the changes that have occurred in the HSC operating environment, a revised ECF was subsequently published on 24 May 2024 – this sets the strategic direction for the development and transformation of effective and efficient delivery of elective care services in Northern Ireland over the next five years and details measures needed to address the unacceptable waiting lists here.</p>		<p>expected to benefit from the proposals.</p> <p>Delivery of the ECF will see improved quality and outcomes, increased patient throughput, improved life expectancy, ensure better service provision for patients, reduce waiting times, and maximise capacity across the system.</p>		
<p><b>General Surgery review</b></p>	<p>The aim of the Review of General Surgery was to develop a safe, sustainable model for general surgery across Northern Ireland. Following its completion, the Review was published by the Minister of Health in June 2022. The Review included the establishment of regional standards for emergency and elective general surgery and actions in the review are now largely complete, including the establishment of a regional General Surgery Network. The Network is chaired by a General Surgeon and membership includes relevant clinicians and managers from all Trusts and DOH officials with relevant policy responsibility.</p>	<p>The Final Report on the Review of General Surgery was published on 24 May 2024. As a consequence, mainstream implementation will be handed over to SPPG/ Trusts.</p>	<p>Safe and sustainable general surgery services across all Trusts in Northern Ireland. Access to treatment through Elective Overnight Stay Centres, and to intermediate support from Post Anaesthetic Care beds for those requiring more care than can be provided on a general ward but who do not require an ICU or HDU bed. Dedicated elective care beds to protect capacity and reduce ‘last minute’ cancellation of complex elective inpatient surgery for patients with complex surgery or complex characteristics. Reduction in general surgery waiting times. The introduction of the National Emergency</p>	<p>The development and monitoring of operational measures will be part of the implementation work of SPPG/ Trusts.</p>	<p>Review of General Surgery:  <a href="https://www.health-ni.gov.uk/topics/health-policy/review-general-surgery">https://www.health-ni.gov.uk/topics/health-policy/review-general-surgery</a></p> <p>Review of General Surgery - Final Report May 2024:  <a href="https://www.health-ni.gov.uk/publications/review-general-surgery-northern-ireland">https://www.health-ni.gov.uk/publications/review-general-surgery-northern-ireland</a></p>

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			Laparotomy Audit to all HSC Trusts will enable benchmarking across the region and with England and Wales, directly focused on improving outcomes and experiences of patients undergoing this procedure.		
<b>Urgent and Emergency Care review (including Intermediate Care)</b>	<p>Urgent and emergency care services have been under significant, and increasing, pressure for at least the past decade, with the additional pressures of responding to the COVID-19 pandemic exacerbating the issue. The aim of the Urgent and Emergency Care Review was to improve the service, and improve the service user experience, by ensuring greater accessibility to services and by making it easier to access the most appropriate service as quickly as possible. Access should be in a location most suited to the service user, without necessarily having to attend an Emergency Department, to help protect access to emergency care, whilst providing alternative services/pathways for urgent but not life threatening conditions.</p>	<p>The Review contained three strategic priorities:</p> <ul style="list-style-type: none"> <li>Creating an integrated urgent and emergency care service;</li> <li>Capacity, co-ordination and performance; and</li> <li>A regionalised approach to intermediate care.</li> </ul> <p>A workstream was developed for each of the strategic priorities, which oversee milestones and progress at a local level and report to a Departmental Implementation Board.</p>	<p>Rapid Access Clinics, Urgent Care Centres/Systems and local Phone First services have been introduced across all HSC Trusts, with the intention to launch a Regional Phone First Service, accessed through a single access point - telephone number HSC111 – as soon as possible. This regional service will streamline access to urgent and emergency care for patients, including access to GP Out of Hours (OOHs) services. These services are providing alternatives to ED for service users, lifting additional pressure from significantly under pressure Emergency Departments and getting service users access to the most appropriate services, first time.</p>	<p>While each workstream will measure success locally, work is ongoing on the development of an outcomes based accountability scorecard for the totality of the work on the implementation of the Urgent and Emergency Care Review. This will include key performance measures, such as: no. of patients utilising UEC services and Phone First; the no. of level 4 &amp; level 5 ED attendances; and the no. and percentage of patients utilising hospital at home and bed-based IC services.</p>	<p><a href="#">Consultation on Review of Urgent and Emergency Care Services in Northern Ireland   Department of Health (health-ni.gov.uk)</a></p>

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			<p>The Intermediate Care model has focused on delivery and standardisation of the Hospital at Home and Bed-based Intermediate Care services. The establishment of a more standardised approach to the development and implementation of intermediate care services will ensure better outcomes for patients and greater value for money service delivery. A workstream has been developed to operationalise the IC service improvement recommendations for these two services, ensuring the best outcomes for patients and diverting appropriate patients away from the under pressure acute care setting.</p> <p>Improved performance management across urgent and emergency care services will facilitate a restart and embed the recovery of emergency care services in Northern Ireland. This will include improvements in hospital flow and discharge and will,</p>		

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			ultimately, reduce delay related harm for patients waiting more than 12 hours in an ED.		
<b>Cancer Strategy</b>	<p>Implementation of the Cancer Strategy for NI 2022-2032 will ensure that everyone in Northern Ireland, wherever they live, will have equitable and timely access to the most effective, evidence-based referral, diagnosis, treatment, support and person-centred cancer care.</p> <p>The aims of the Strategy are threefold: to reduce the number of people diagnosed with preventable cancers; to improve survival; and to improve the experience of people diagnosed with cancer.</p>	<p>The Cancer Strategy contains 60 actions, grouped under 4 themes. Delivery of the strategy will require collaboration across multiple parts of the Department, as well as across the entire HSC.</p> <ol style="list-style-type: none"> <li>1. It is essential that the cancer strategy is fully implemented to deliver the required transformational changes within cancer services.</li> <li>2. Changes to the provision of Breast Cancer Services</li> <li>3. Development of Regional Standards for Adolescent and Young Adult (AYA) Cancer Services in Northern Ireland.</li> <li>4. Decisions around future of Head and Neck cancer services.</li> <li>5. North/South collaboration on for the delivery of all island cancer services and research.</li> </ol>	<p>A reduction in the number of people diagnosed with preventable cancers.</p> <p>Improved outcomes and survival for those diagnosed with cancer.</p> <p>Improved support services for cancer patients and their families.</p>	<p>Ongoing measurement against existing cancer services performance targets.</p> <p>Monitoring and reporting on progress against the delivery of Cancer Strategy actions.</p>	<p><a href="#">Designed Cancer Strategy sent to printers Mar 22 (health-ni.gov.uk)</a></p>
<b>Neurology services review</b>	<p>The identification of the optimum configuration for Neurology services for the next 10-15 years.</p>	<p>Final report to be completed Spring 2024. The report will set out a multi-year programme of recommendations to</p>	<p>Improved outcomes driven by workforce and service development which will facilitate</p>	<p>A Neurology Delivery Team will be established to develop an implementation action plan including detailed</p>	<p><a href="https://www.health-ni.gov.uk/rns">https://www.health-ni.gov.uk/rns</a></p>

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		drive improvement in services.	improved access to diagnosis and treatment.	milestones. This will be supported by the development of a Neurology dashboard to support performance management.	
<b>Stroke Action plan</b>	Reshaping Stroke Care Action Plan sets out priorities across the stroke pathway to improve outcomes for stroke patients while also improving the sustainability of services.	The Action Plan sets out timescales in respect of each priority action. However, the pace of implementation has been slower than anticipated due to resource and funding constraints.	Improved access to time critical treatments resulting in improved outcomes including lives saved and reduced disability.	The Stroke Sentinel National Audit Programme monitors the performance of all stroke units across the pathway and will provide the basis for measuring the success of implementation.	<a href="https://www.health-ni.gov.uk/stroke-action-plan">https://www.health-ni.gov.uk/stroke-action-plan</a>
<b>GIRFT reviews – orthopaedics, paediatric orthopaedics, urology, emergency care, gynaecology</b>	<p><u>Emergency Medicine</u> aims: 1. Produce a live release of a Summary Emergency Department Indicator Table dashboard for Northern Ireland (SEdit NI) 2. Carry out a GIRFT Review of 10 Type 1 EDs NI, 3. Provide a report of local and regional recommendations as stimulus to restart and embed the recovery of emergency care.</p> <p><u>Orthopaedics</u> To identify proposals for the immediate recovery of the service. The review was undertaken to increase activity in the short term with the overall aim of further developing and maintaining a sustainable and efficient service.</p> <p><u>Paediatric Orthopaedics</u> - To increase capacity and activity, and achieve improvement in service delivery in the short, medium and long term.</p> <p><u>Gynaecology</u> - to identify areas where improvements could be made in the extensive waiting lists for gynaecology services, and to ensure that patients are treated as quickly as possible to ensure best possible outcomes.</p>	GIRFT reviews – orthopaedics, urology, emergency care, gynaecology	<p>The outcomes and benefits from these reviews are similar to the review objectives.</p> <p>Restart and embed the recovery of emergency care services in Northern Ireland. Reduce delay related Harm for patients waiting greater than 12 hours in an ED. Shared Learning in Best Practice from NHSE</p> <p>Maximise capacity in the Health and Social Care (HSC) system to secure sustainable service delivery and more effective patient throughput in line with the Elective Care Framework and the Cancer Strategy.</p>	<p>Performance improvement in 4hour Target, Reduction in patient breeches waiting &gt; 12hours, Introduction of Same Day Emergency Care Services (SDEC) reducing ED exit times for admission</p> <p>Implementation of reports.</p> <p>Reductions in waiting times for surgery. Improved outcomes for patients due to more timely treatment.</p>	<p>Progress update January 2024 - <a href="https://www.health-ni.gov.uk/publications/girft-elective-orthopaedics-progress-report-december-2023">https://www.health-ni.gov.uk/publications/girft-elective-orthopaedics-progress-report-december-2023</a></p> <p>GIRFT Review of Gynaecology - <a href="https://www.health-ni.gov.uk/publications/gynaecology-girft-report-january-2024">https://www.health-ni.gov.uk/publications/gynaecology-girft-report-january-2024</a></p>

Programme / Project	Objectives	Milestones	Outcomes / Benefits	Success Measures	Weblinks
	<p><u>Urology services</u> -facilitate the improvement in the extensive waiting lists to ensure that patients are treated as quickly as possible to ensure best possible outcomes.</p>		<p>Patients are treated more quickly and resources used more efficiently.</p>		
<p><b>Imaging services</b></p>	<p>The Strategic Framework for Imaging Services in Health and Social Care, published 1 Jun 2018, sets out 19 recommendations to further enhance and modernise the HSC’s imaging services over the next 10 years to ensure that Northern Ireland continues to deliver high quality healthcare services and stays at the forefront of technological advances in imaging. The pace of implementation will be determined by the availability of finance to implement the commitments and actions set out in the plan.</p> <p>Medical imaging services underpin all clinical pathways including unscheduled, inpatient and stroke and cancer care, as well as urgent and non-urgent elective services, for the screening, diagnosis, staging, treatment / intervention stages of the patient journey.</p>	<p>The Framework’s 19 recommendations fall under 5 Strategic Priorities: Workforce; Networks of Care; Information and Communication Technology; Investment; and Governance. Implementation is ongoing, with key milestones reached in the following areas:</p> <p>Workforce - development of a NI Imaging Academy. Site-selection via an independent options appraisal process is complete and a business case is being prepared.</p> <p>ICT - All HSC Trusts are now live on NIPACS+ single system for radiology services; with remaining imaging specialities to be consolidated on NIPACS+ by end of Encompass deployment in May 2025.</p> <p>Governance - All Trusts have now attained QSI (Quality Standard for Imaging) accreditation,</p>	<p>Implementation of the principles and recommendations in the framework will transform how imaging services are planned and provided, to deliver high quality, safe, effective and efficient imaging services for the population of Northern Ireland, with a more resilient, skilled and multiprofessional imaging workforce, an imaging equipment inventory commensurate to the needs of our population and a service that utilises digital technology and AI to support innovation. Patient benefits are shorter waiting times, faster diagnoses and better outcomes.</p>	<p>The Regional Medical Imaging Board (RMIB) is responsible for overseeing implementation of the Framework. The RMIB meets quarterly and monitors progress and provides professional advice and support on issues such as workforce, equipment and strategic planning.</p>	

Programme / Project	Objectives	Milestones	Outcomes / Benefits	Success Measures	Weblinks
		making NI the first fully-accredited UK region.			
<b>HSC Pathology Services (Blueprint Programme)</b>	To establish a single regional management structure for HSC Pathology Services.	<p>Phase 1 “Define” – Business Case and associated design of HSC Special Agency to be submitted to DoH for Ministerial approval of the way forward by Autumn 2024.</p> <p>Phase 2 “Transition” - subject to Ministerial approval and funding, potential for commencement May 2025.</p> <p>Phase 3 “Embed” - will deal with running the service in the new structure and embedding the change – timeline TBC.</p>	<p>Benefits for citizens include:</p> <ul style="list-style-type: none"> <li>• A more efficient, robust and effective pathology service which is sustainably staffed and works in partnership with all HSC organisations to meet evolving clinical service requirements into the future;</li> <li>• A clear regional line of sight for commissioners, policy makers, service users and patients.</li> <li>• A stronger regional voice for pathology services to support clinical pathway design and delivery that draws on the latest diagnostic modalities, drives faster translation of research into clinical practice and supports the growth of precision medicine.</li> <li>• HSC Pathology Services being best placed and optimised to address challenges in relation to workforce, training, technology, quality and other regional issues.</li> </ul>	<p>The Blueprint Programme Board, which meets quarterly, provides oversight.</p> <p>Success will be measured by the Programme’s ability to meet its agreed milestones.</p>	<a href="https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-modernising-%20hsc-pathology-services-policy-statement.pdf">https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-modernising-%20hsc-pathology-services-policy-statement.pdf</a>
<b>Paediatric</b>	The Child Health Partnership (CHP) is a regional clinically-led network, which is the delivery vehicle for implementing the Department’s two paediatric strategies.	Priorities are to rebuild and deliver children’s hospital and community services and reduce waiting lists. A fuller and	Children will have access to appropriate care in a timely manner and waiting lists will be reduced.	Waiting lists will be monitored by the CHP Programme Board and Department. In addition, progress on other areas	

Programme / Project	Objectives	Milestones	Outcomes / Benefits	Success Measures	Weblinks
	<p>In light of challenges of rebuilding paediatric services after the pandemic, in the context of wider HSC system constraints including limited theatre capacity and severe workforce and budgetary pressures, a CHP Programme Board was established in 2023 to support the CHP in leading the rebuild and delivery of children's hospital and community services by promoting greater accountability for its work programme at senior levels across the HSC system and Department. The initial focus has been on redefining the role of the CHP and refining membership, governance and reporting structures within and around the new Programme Board. It is anticipated that the CHP Programme Board will meet quarterly.</p> <p>A new CHP Steering Group will coordinate and deliver an ongoing managed programme of work agreed by the Programme Board in line with strategic objectives and service challenges. A number of sub-groups will cover specific areas including hospital services, primary &amp; community services, palliative care, population health, and professional advice.</p> <p>The role of the voluntary and community sector within the revised CHP structure is under consideration.</p>	<p>detailed workplan will be developed by the CHP Programme Board.</p> <p>The CHP has continued to work across Trusts and other stakeholders to progress its broad programme of work. Constructive clinically-led workshops were held in January and May 2023 to identify solutions in paediatric elective surgery and community paediatrics respectively.</p> <p>A Departmental Child Health Policy Network has been established to draw together the myriad working on child health across the Department eg mental health, social services, childhood cancer, dentistry, primary care, to share information and help provide strategic direction to the CHP Programme Board for its future workplan.</p>	<p>Collaborative work with Trusts, established clinical networks and the Department will maximise the capacity for paediatric lists across the region to tackle long waits.</p>	<p>of work will be monitored by Departmental representatives on the Programme Board.</p> <p>ECMT will continue to monitor and investigate barriers and develop regional solutions to increase activity in paediatric care.</p>	
<b>Maternity and Neonatal</b>	<p>The Department has established a Maternity and Neonatal Services Safety Oversight Group to receive assurance on the safety of maternity and neonatal services for the population of Northern Ireland. This was in light of several</p>	<p>Several workstreams are looking at implementation of recommendations in reports and documents endorsed by the</p>	<p>The result of the suite of work ensure maternity and neonatal services are safe and appropriate.</p>	<p>Work is already ongoing to measure adherence to reports and guidance. In addition, a single overall action plan will</p>	

Programme / Project	Objectives	Milestones	Outcomes / Benefits	Success Measures	Weblinks
	<p>recent reports concerning the safety of services for pregnant women, new mothers and newborn babies, both locally and nationally. guidance, developing a gap analysis of implementation of all relevant reports and strategies endorsed by the Department and other relevant national reports and identifying learning opportunities.</p> <p>Incorporation of the 23 recommendations from the RQIA's Review of the Governance arrangements to support safety within maternity services in Northern Ireland which was published on 30 May. However implementation will be subject to securing any necessary funding.</p>	<p>Department and other reports that may contain points of learning - work is ongoing to identify whether Trusts are adhering to these. An overall single action plan will be developed to improve maternity and neonatal services.</p> <p>A broad programme of work is ongoing, including a comprehensive independent review of freestanding midwifery led units and work to inform a consistent approach to the provision of midwifery services, Enabling Safe, Quality Midwifery Services and Care in Northern Ireland, which is being led by Professor Mary Renfrew.</p>		<p>be developed and monitored by SPPG.</p> <p>Improved maternity services for mothers, babies and their families in Northern Ireland.</p>	
<p><b>NIAS Clinical Response Model</b></p>	<p>There were two objectives: Carry out the preparatory work to develop a new Clinical Response Model (CRM) for Northern Ireland which will change the way in which calls made to NIAS are categorised, ensuring that the sickest patients are identified and dealt with quickly.</p> <p>Transform the approach to the delivery of Paramedic Education and deliver a comprehensive workforce plan</p>	<p>The project objectives for the CRM have been fully met. The key product of the CRM was to introduce the CRM Code Set which was achieved to specification, on time and within budget.</p> <p>The Paramedic Education project has achieved all the objectives set out in the</p>	<p>The development of a new Clinical Response Model and the training for EMT's, ACA's and Paramedics are consistent with Transforming your Care and Delivering Together in terms of Investing in our People and ensuring that NIAS has the most effective clinical response model in place to ensure that people</p>	<p>The CRM Code Set has been introduced which lays the foundation on which the CRM programme is built.</p> <p>A comprehensive project report has been produced by the Association of Ambulance Chief Executives, outlining progress against the CRM and highlighting a</p>	

Programme / Project	Objectives	Milestones	Outcomes / Benefits	Success Measures	Weblinks
		<p>original business case and was delivered in time and within budget, including:            Successfully developed, gained approval for, recruited to and delivered a new Higher Level Education Paramedic Foundation Degree in Partnership with Ulster University. Commenced and delivered training courses for paramedics, Emergency Medical Technicians and Ambulance Care Attendants.</p>	<p>are treated in the right place at the right time.</p> <p>The Paramedic programme was evaluated against, and approved as meeting, the Standards of Education and Training of the Health and Care Professions Council regulatory body. Remaining programmes were delivered in-service by NIAS' own education team. The training has improved standards, knowledge and skill levels for existing and new staff and clearly provides value for money.</p>	<p>number of key actions which will support in improving operational delivery, the patient experience and response times in relation to the CRM model.</p> <p>Provision of in-service training was deemed as cost effective.</p> <p>The training programme has achieved all the objectives set out in the original business case and was delivered in time and within budget.</p>	

## Mental Health

Programme / Project	Objectives	Milestones	Outcomes / Benefits	Success Measures	Weblinks
<b>Mental Health Strategy and Delivery plans</b>	<p>To:</p> <ul style="list-style-type: none"> <li>Promote mental wellbeing, resilience and good mental health across society. This includes reducing the stigma around mental health, provide early intervention and prevention, and provide support across the lifespan to those caring for people with mental ill health.</li> <li>Provide the right support, at the right time. This seeks service improvements across a range of services, including; child and adolescent mental health services, old age, community mental health and inpatient services.</li> <li>- Put in place new ways of working that will support the changes needed across the systems</li> </ul>	<p>Delivery of Strategy is being taken forward by way of Annual Delivery Plans. Each year a Delivery Plan is co-produced through engagement with a range of stakeholders which sets expected deliverables and key activities for that year. The initial focus has been on delivery of a number of key enabling actions including the establishment of a Regional Mental Health service, an Outcomes Framework, a Regional Mental Health Workforce Review, and the development of an Early Intervention and Prevention Action Plan. Annual Delivery Plans also provide an update on progress made over the previous 12 months.</p>	<p>If fully implemented, the Strategy will deliver:</p> <ul style="list-style-type: none"> <li>-a society which promotes emotional wellbeing and positive mental health for everyone with a lifespan approach, which supports recovery, and seeks to reduce stigma and mental health inequalities;</li> <li>- a system that ensures consistency and equity of access to services, regardless of where a person lives, offers real choice, places the individual and their needs at the centre, respecting diversity, equality and human rights, and ensures people have access to the most appropriate, high-quality help and treatment at the right time, and in the right place;</li> <li>- mental health services that are compassionate and can recognise and address the effects of trauma, are built on</li> </ul>	<p>One of the key enabling actions is the development of an Outcomes Framework for the Strategy. This Outcomes Framework will help inform and improve treatment and care provided, improve service user outcomes through promoting evidence based practice and care, and ensure best use of resources through monitoring and evaluation of services and service developments. A proposal paper for the framework has been developed and arrangements are being put in place to appoint a regional lead</p>	<p><a href="https://www.health-ni.gov.uk/publications/mental-health-strategy-2021-2031">https://www.health-ni.gov.uk/publications/mental-health-strategy-2021-2031</a></p>

Programme / Project	Objectives	Milestones	Outcomes / Benefits	Success Measures	Weblinks
			real evidence of what works, and which focus on improving quality of life and enabling people to achieve their potential.		
<b>Learning Disability Strategic Action plan</b>	<p>To address the challenges in supporting children and adults with learning disabilities.</p> <p>To provide a strategic response to the significant challenges across the programme of care, including health inequalities; growing complexity of need; transition from children’s services, over-reliance on inpatient services and accompanying delayed discharges; accommodation gaps; a lack of meaningful day activity; insufficient short break provision and support for older carers.</p>	<p>Throughout 2023/24, the Department has led on an exercise to finalise a service model for adult Learning Disability through Department wide Task &amp; Finish. Trusts, providers and families have been involved in this work to co-design a service model.</p> <p>A revised draft of the LDSM was endorsed by Trust Directors in March 2024 and work is now underway to develop a costed implementation plan and engage widely with the sector and people supported. It is critical that the LDSM is supported by those that use, and those that deliver LD services before developing an implementation plan. Alongside the LDSM, work is progressing to finalise and implement the draft Framework for Children with Disabilities. The Framework has been shared with Trusts for input and work is</p>	<p>Production of a finalised learning disability service model underpinned by a fully costed implementation plan. This will enable better commissioning of the right level and blend of services to support people in the community at an earlier stage, reducing the need for acute inpatient care, high-cost bespoke arrangements and ECRs. The Framework for Children with Disabilities will improve the current offer of early help and community-based support, develop additional effective residential short breaks and short breaks fostering, and rethink the approach to residential provision and out of home placements and improve transition pathways into adulthood.</p>	<p>Both the Learning Disability Service Model and Framework for Children with Disabilities sets out the vision for the future of learning disability services in Northern Ireland. A Strategic Delivery Plan will set out the key outcome measures and actions outlined in the Service Model and Framework highlighting a number of key mechanisms that will need to be put in place to ensure it is implemented. It will detail how progress will be reported, define lead responsibility, identify resource implications and set timeframes. Delivery will be by a phased approach and will be closely monitored and reviewed to reflect strategic priorities and available resource.</p>	

Programme / Project	Objectives	Milestones	Outcomes / Benefits	Success Measures	Weblinks
		<p>underway to develop costed proposals and a delivery plan. Subject to Ministerial decision, the service model will be subject to a public consultation in 2024.</p>	<p>Additionally, the Framework will be expanded to better meet the medical and therapeutic needs of Children with Disabilities and to better synergise with the ongoing work to support children in educational settings by standardising provision across the region, ensuring that service users and families can access the same pathways and services aligned to assessed needs.</p> <p>It will also provide the Department with a platform to better engage and work with the Departments of Education, Communities, Economy and Infrastructure.</p>		
<p><b>Autism Strategy</b></p>	<p>To improve regional pathways of care and enable individuals and families will have access to early intervention and support. To work in partnership to enable autistic people to feel understood and supported throughout their education and experience educational environments which are inclusive to their needs. To seek opportunity to increase understanding of autism in the workplace to enable individuals to feel supported within employment and enhance career opportunity. Through increased understanding of autism, our housing</p>		<p>If fully implemented, the Strategy will deliver the aims set out in the commitments of the strategy.</p>	<p>Departments will monitor success through the outcomes-based measures which they have identified for actions within the strategy. Yearly progress reports will also be submitted to the Assembly as required by the legislation.</p>	

Programme / Project	Objectives	Milestones	Outcomes / Benefits	Success Measures	Weblinks
	providers will be more equipped to provide supportive engagement and adequately support the needs of autistic people. To work within our community to increase understanding and acceptance of autism and create more inclusive environments to support the needs of autistic people.				

## Adult and Childrens Social Care

Programme / Project	Objectives	Milestones	Outcomes / Benefits	Success Measures	Weblinks
<b>Reform of Adult Social Care</b>	A Social Care Collaborative Forum (SCCF) was established in 2023 to implement proposals arising out of the consultation on the Reform of Adult Social Care (RASC).	A 2024/25 Delivery Plan has been developed. It will identify 3 priority headline actions across each of the 8 Programme Workstreams. The activities that the Collaborative Forum will take forward in 2024/25 will seek to maintain a balance between those actions aimed at delivering immediate improvements in the delivery of social care, and those actions that are longer term in nature but which are an essential component of building the foundations for longer term reform. All priority actions are intended to complete by March 2025.	Subject to reform aims being met we would expect to see improvements for adults in receipt of social care services, that will enable them to live as independently as possible, safely, and in a way that as far as possible reflects their ambitions for their quality of life.	Progress against the Headline Actions will be reported to the meetings of the Collaborative Forum in line with the programme governance arrangements agreed by the Forum and reported in the end of year Annual Report.	
<b>Enhancing Clinical Care Framework for NI Care home residents</b>	The aim of the ECCF is to ensure that people who live in care homes are supported to lead the best life possible and that their right to access timely, integrated, equitable healthcare provision is observed.	A review of the Standards for Nursing and Residential Care Homes is currently ongoing. The purpose of this exercise is to review and update the Standards (and relevant supporting documentation) to ensure they reflect the most recent developments,	The central aim is to ensure those living in care homes have access to the clinical and wellbeing support they want and need, to live healthy, fulfilling lives and to meet the daily challenges many will face. The aim is for healthcare support within care homes to be increasingly	Progress will be reported into the Social Care Collaborative Forum through Workstream 3 which has a focus on Enhancing Care in Care Homes.	

		guidance, policy and procedures, including assisting with implementation of the ECCF.	proactive, equitable and planned. The ultimate ambition is to ensure people living in care homes can equitably access the same range of responsive and preventative healthcare available to those living outside care homes, as part of an overarching, holistic approach to their health and wellbeing.		
<b>Review of Children's Social Care Services Strategic Reform Programme</b>	The aim of the Children's Social Care Strategic Reform Programme is to address a range of known service challenges, particularly in relation to the increasing volume and complexity of child and family cases. Implementation of a number of recommendations arising from the Independent Review of Children's Social Care will also be driven by the Programme.	A 2024/25 Delivery Plan is in development. It will identify priority actions across the 9 Programme Workstreams. All priority actions are intended to complete by March 2025.	Subject to reform aims being met, we would expect to see an improvement in outcomes for children known to children's social care services and their families, for those responsible for their care and for the groups of staff working with them at all levels.	The Strategic Reform Programme Board will monitor progress and produce an end of year report. Work has also started on the development of a performance framework.	

## Digital

Programme / Project	Objectives	Milestones	Outcomes / Benefits	Success Measures	Weblinks
<p><b>Encompass Programme</b></p>	<p>Encompass is a clinical and operational transformation programme with Epic software at its heart. The flagship programme will see encompass replace or link with the vast majority of clinical systems currently in operation and will replace existing PAS and clinical record systems across HSCNI. It will also include a patient portal (My Care) which will enable patients and service users to take more control over their care than ever before.</p> <p>This programme will bring about change to how staff work at all levels across HSCNI, whether clinical, operational or in supporting roles. The programme is unique in that it incorporates secondary health care, community nursing, mental health and social care.</p> <p>When fully implemented encompass will make a significant contribution to rebuilding HSC services through greater access to virtual platforms for service users and health professionals; replacement of existing disparate systems and functionality; a single patient record; and enhanced data analytics and reporting to provide accurate, real-time reporting and dashboards</p>	<p>The programme went live in the South Eastern Trust on 9th November 2023 and are at an advanced preparation stage for Belfast Trust which went live on June 6th, 2024.</p> <p>Subsequent Go-Lives are set with Northern Trust for 7th November 2024 and Southern and Western Trusts implementing in spring 2025.</p> <p>The programme has entered a new phase of stabilisation and Business as Usual planning with South Eastern Trust including areas such as the Thrive training project and personalisation work to help support staff on the ground using the system. The Go-Live has not been without challenges and a number of elements have been addressed post-live with collaborative work across the Trust, Epic and encompass.</p>	<p>encompass includes a patient portal (My Care) enabling patients and service users to view letters and results, and to take more control over their care. My Care is available as a mobile phone app or through a web browser on a computer. Patients and Service users will be able to access their health and social care records, such as letters, supporting information, lab results and radiology results. They can view appointments and track tasks. The app also has functionality for secure communication with healthcare providers, such as physicians, Specialist Nurses, Allied Health Professionals and Social Workers. It can also act as a secure platform for virtual consultation.</p> <p>It is envisaged that encompass will help HSCNI to work more</p>	<p>Several mechanisms will be implemented to measure success. The encompass Benefits Board is leading on identifying, baselining, reviewing and measuring core benefits from the implementation of encompass across HSCNI.</p> <p>The system will provide “near real time” data which can be used to benchmark services across Northern Ireland and with other Epic System users in the UK and worldwide.</p> <p>Following the first implementation there has been anecdotal evidence of services seeing immediate benefits in the change including Allied Health professionals having better collaborative working, pharmacists’ reduction in paperwork and Community nurses having access to more information during their interactions with service users through Rovers.</p> <p>A proven process of Go-Live Readiness Assessments was in</p>	<p><a href="https://encompassni.hscni.net/digital-portfolio/encompass/">https://encompassni.hscni.net/digital-portfolio/encompass/</a></p>

			<p>effectively and efficiently through this regional standardisation based on best practice, and will create better experiences for those receiving, using and delivering services. The single digital integrated record will support the HSCNI vision to transform health and social care in order to improve patient safety and health outcomes.</p>	<p>place at Belfast Trust every 30 days up to Go-Live on 6th June to understand operational readiness and mitigate any challenges. Preparatory work is well progressed at the remaining Trusts to ensure core infrastructure, Training and Operational readiness for their respective Go-Lives.</p>	
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## Workforce

Programme / Project	Objectives	Milestones	Outcomes / Benefits	Success Measures	Weblinks
<b>HSC Workforce Strategy 2026 and Strategy Action plans</b>	<p>The Health and Social Care Workforce Strategy 2026: Delivering for our People was published in May 2018. The aim of the Strategy is that by 2026, we meet our workforce needs and the needs of our workforce.</p>	<p>The Strategy's current, and second, action plan was published in June 2022 and covers the period 2022/23 to 2024/25. This includes an ambitious range of strategic actions for progression and contains 34 actions to be delivered through 103 individual programmes of work. Progress is formally monitored by the Strategy's Programme Board on a bi-annual basis.</p>	<p>Delivery of the actions outlined in the Strategy will support the development of a workforce that has the optimum number of people in place to deliver treatment and care, and promote health and wellbeing to everyone in Northern Ireland, with the best possible combination of skills and expertise.</p>	<p>The most concrete measure of the Strategy's overall aim is the extent to which the workforce has stabilised and grown since it's publication in May 2018. Official government statistics on the number of staff employed directly by HSC Trusts report a 15.7% (+8,911) increase in whole time equivalent staff in post across the HSC in Northern Ireland between March 2018 (56,803) and December 2023 (65,714). This includes a 18.4% (+774 wte) increase in medical and dental staff, a 16.8% (+2,539 wte) increase in nursing and midwifery staff and a 21.6% (+1,754 wte) increase in professional and technical staff in post</p>	<p><a href="https://www.health-ni.gov.uk/publications/health-and-social-care-workforce-strategy-2026">https://www.health-ni.gov.uk/publications/health-and-social-care-workforce-strategy-2026</a></p>

Programme / Project	Objectives	Milestones	Outcomes / Benefits	Success Measures	Weblinks
<b>Nursing and Midwifery Task group</b>	The NMTG report, launched in March 2020, set out a roadmap for the development and enhancement of the Nursing and Midwifery professions over the next 10-15 years. The report contained 15 recommendations, grouped under three key strategic themes: Strategic Theme 1- Population Health; Strategic Theme 2- Workforce Stabilisation; and Strategic Theme 3- Leadership.	Following the appointment of the current CNO in March 2022 a decision was taken to reprioritize the delivery of the outstanding recommendations, ensuring alignment with the CNO Vision (launched in May 2023). A reprioritization exercise has recently been completed alongside an internal audit review of processes. New oversight structures are currently being progressed to support delivery.	The recommendations seek to create the conditions for nursing and midwifery services to deliver the right evidence-based care, with the right numbers, at the right time, in the right place, by the right person, with the right knowledge. Most importantly they seek to deliver the right outcome and experience for people, families, and their communities.	Implementation of recommendations in line with the reprioritized delivery plan will result in achievement of this objective.	<a href="https://www.health-ni.gov.uk/publications/nursing-and-midwifery-task-group-nmtg-report-and-recommendations">https://www.health-ni.gov.uk/publications/nursing-and-midwifery-task-group-nmtg-report-and-recommendations</a>
<b>Pharmacy Workforce Review (PWR) 2020</b>	With our aging population, our Health Service needs to care for increasing numbers of people with complex medical needs taking multiple medicines. The Review contains an analysis of the current pharmacy workforce in Northern Ireland and recommendations to inform the development of the pharmacy workforce over the next ten years.	A PWR steering group has been convened to oversee the progress of the implementation of the 17 key recommendations outlining the HSC pharmacy workforce needs over the strategies 10 year lifespan. An action plan has been developed that outlines indicative timescales for implementing the recommendations contained in the PWR and will ensure that the pharmacy workforce has the necessary capability and capacity to fully	Pharmacists with their unique set of skills and knowledge are the medicines experts that our Health Service to help ensure that our people get the best possible outcomes from their medicines. In response to the recommendations of Pharmacy Futures NI, the Attract, Recruit and Retain Programme was launched in 2020 to encourage pharmacists to roles in community, hospital and general practice within NI. In March 2022, DOH launched a	A number of significant projects are underway including; Pharmacy Futures NI, Introduction of new regulated profession- Pharmacy Technicians (Steering group overseeing the project), Reform of the IET of pharmacists, (Phase 1 introduction of experiential learning completed, phase 2 underway reform of the FTY. It is anticipated that full implementation will take place by 2026). Reort into the Consultant Pharmacist NI (2023) and currently Advanced pharmacist	<a href="https://www.health-ni.gov.uk/publications/pharmacy-workforce-review-2020">https://www.health-ni.gov.uk/publications/pharmacy-workforce-review-2020</a>  <a href="https://www.health-ni.gov.uk/sites/default/files/publications/health/pharmacy-workforce-review-2019-action-plan.pdf">https://www.health-ni.gov.uk/sites/default/files/publications/health/pharmacy-workforce-review-2019-action-plan.pdf</a>  <a href="https://www.pharmacyfuturesni.com">https://www.pharmacyfuturesni.com</a>  <a href="https://www.health-ni.gov.uk/consultations/introduction-statutory-regulation-pharmacy-technician-workforce-northern-ireland">https://www.health-ni.gov.uk/consultations/introduction-statutory-regulation-pharmacy-technician-workforce-northern-ireland</a>

Programme / Project	Objectives	Milestones	Outcomes / Benefits	Success Measures	Weblinks
		<p>support the transformation of our Health Service in the coming years.</p>	<p>consultation on the Introduction of Statutory Regulation of the Pharmacy Technician Workforce in NI. The proposal will establish a register and regulated profession and enable the Regulator, the PSNI, to strengthen its role in protecting patients and promoting high standards, so enhancing the public's confidence and trust in the profession. Progress is being made to align pharmacy services to the transformation agenda, but it was clear that pharmacy training pathways are overly long, limiting their universal uptake and constraining service development. On advice from the four UK Chief Pharmaceutical Officers, the Regulator developed the revised initial education and training standards to prepare all newly registered pharmacists for a prescribing clinical role, capable of working in a multi-sector environment.</p>	<p>practice under review (April 2024).</p>	

## Integrated Care System (ICS)

Programme / Project	Objectives	Milestones	Outcomes / Benefits	Success Measures	Weblinks
<b>Integrated Care System NI Programme</b>	<p>The need for a new commissioning approach has been set out in numerous reviews which highlighted the need to move to a model based on collaboration and integration and not competition. The development of ICS NI signals a move away from a process that was overly bureaucratic, complex, and too transactional for an area as small as Northern Ireland to one that is focused on outcomes and person-centred care. The overarching vision is of one system working in an integrated and coordinated way to plan and deliver health and care services to improve the health and wellbeing of our population and address demand by</p> <ul style="list-style-type: none"> <li>• placing a focus on preventative measures ie people keeping well in the first instance, providing timely and early intervention ie coordinated care when they are not, and supporting people to self-care when appropriate; and</li> <li>• ensuring we are maximising the resource we have available to deliver the best outcomes for our population, optimising our effectiveness and efficiency and reducing duplication.</li> </ul>	<p>Autumn 2024 - Roll-out of ICS Model in shadow form</p>	<p>ICS NI will allow planning and delivery of services based on population need and will support people to manage their own health and wellbeing, keeping fit and well in the first instance. It will improve efficiency and optimise capacity, enabling the best use of available resources to support a sustainable service.</p> <p>ICS NI will bring a number of benefits:</p> <ul style="list-style-type: none"> <li>• an outcomes-based approach to improve the health and wellbeing of our population;</li> <li>• empowering of local providers and communities to work in partnership across traditional organisational boundaries; and</li> <li>• remove existing barriers to planning and designing care and services that meet the needs of local populations.</li> </ul>	<p>A combination of Outcomes Based Accountability and evaluation from an independent supplier</p>	<p><a href="https://online.hscni.net/our-work/integrated-care-system-ni/">https://online.hscni.net/our-work/integrated-care-system-ni/</a></p>