



THE JOURNEY SO FAR

April 2017

A Strategic
Framework to Deliver
Transformational
Change

Contents

Foreword from the Chief Executive	3
Vision, values and corporate objectives	5
Enabling transformation	7
Transforming care – the highlights.....	8
Five-year horizon for transformation.....	11
Transforming care: progress to date.....	12
People and organisational development: progress to date	19
Use of our resources: progress to date	21
Service user engagement.....	23
Addressing challenges and looking ahead.....	24
Getting involved	24

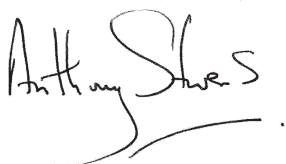
Foreword from the Trust Chief Executive

The Northern Health and Social Care Trust **serves a population of 470,000 people** who live in urban and rural communities across a diverse geographical area of Northern Ireland. Some of these communities are remote. The Trust provides a full range of social and health care services, aiming to meet the needs of these different communities and of individuals.

Our priority is to **deliver excellent, integrated services in partnership with our community**. In the delivery, planning and reforming of our services we adopt our '**CORE**' values, so that we:

- treat the people who use our services, and work colleagues, with **compassion**;
- display **openness** and honesty with our patients, clients and colleagues, acting with integrity, providing professional, high quality services and support;
- **respect** the dignity, diversity and individuality of all our patients, clients and colleagues, promoting equality and addressing inequality;
- strive for **excellence**, as a community of leaders, through consistent delivery of services and applied learning.

We employ nearly 12,000 staff, across a range of disciplines and professions and strive to deliver timely, high quality services to the people we serve. The Trust's **annual funding of around £620 million** is provided almost entirely by the Department of Health (DH), through a budget set by the Northern Ireland Assembly. We manage around 330 properties, which are either owned or leased.



Dr Anthony Stevens, Chief Executive
April 2017

We often **work in partnership with other agencies, community and voluntary organisations and independent providers**. We want the people who need and use our services to **be at the centre of all we do**, offering them a say in how their care is delivered and providing this care as close to their own homes as practical.

We do however face challenges in meeting the needs of an ageing population with **more complex health and social care requirements**. We must do this at a time of financial constraint, whilst also responding to the opportunities that advances in medicine and technology can offer. Advances in medicine sometimes require centralisation of specialist services, while new technologies offer solutions that allow other services to be delivered in people's own homes or in community facilities. We must also deal with the changes to our workforce caused by increasing sub-specialisation and shortages of trained staff in key professions and roles.

In 2015, against this backdrop of significant challenges, we took forward a clear vision, and a strategic framework to deliver that vision. That vision is set out in our Reform and Modernisation Programme, **RAMP, a five-year strategic framework to deliver sustainable transformation**.

This report revisits RAMP on the journey so far to **set out progress to date. There is much still to do and several challenges still lie ahead**. RAMP will continue to give focus to our efforts and ensure we track progress, including what our service users and staff tell us about what has improved and what we need to keep focussed on.

1 Vision, Values and Corporate Objectives

RAMP – our Reform and Modernisation Programme - is a **framework to deliver sustainable transformation and improvement over a five-year horizon**. It has been developed to enable the whole of the organisation to deliver on our vision and corporate objectives.

Our Vision

Our vision is “to deliver excellent integrated services in partnership with our community”. In delivering this vision we have adopted the Institute for Healthcare Improvement (IHI), ‘Triple Aim’ Framework which describes an approach to **optimising health system performance**.

The ultimate goal is to enable simultaneous improvement in population health, experience of care, and per capita cost of health care. The three dimensions of “Triple Aim” are:

1. Improving patient experience of care (quality and satisfaction) – **referred to under RAMP as ‘Patient Experience’**.
2. Improving the health of populations – **referred to under RAMP as ‘Health and Social Care Outcomes’**.
3. Reducing the per capita cost of healthcare – **referred to under RAMP as ‘Efficiency’**.

Our Values

In delivery, planning and reforming we adopt our **‘CORE’** values, in both our behaviours as individuals and in our processes, policies and plans.

- We will treat the people who use our services and our colleagues with **compassion**;
- We will display **openness** and honesty with our patients, clients and colleagues, acting with integrity, providing professional, high quality services and support;
- We will **respect** the dignity, diversity and individuality of all our patients, clients and colleagues promoting equality and addressing inequality;
- We will strive for **excellence**, as a community of leaders, through consistent delivery of services and applied learning.

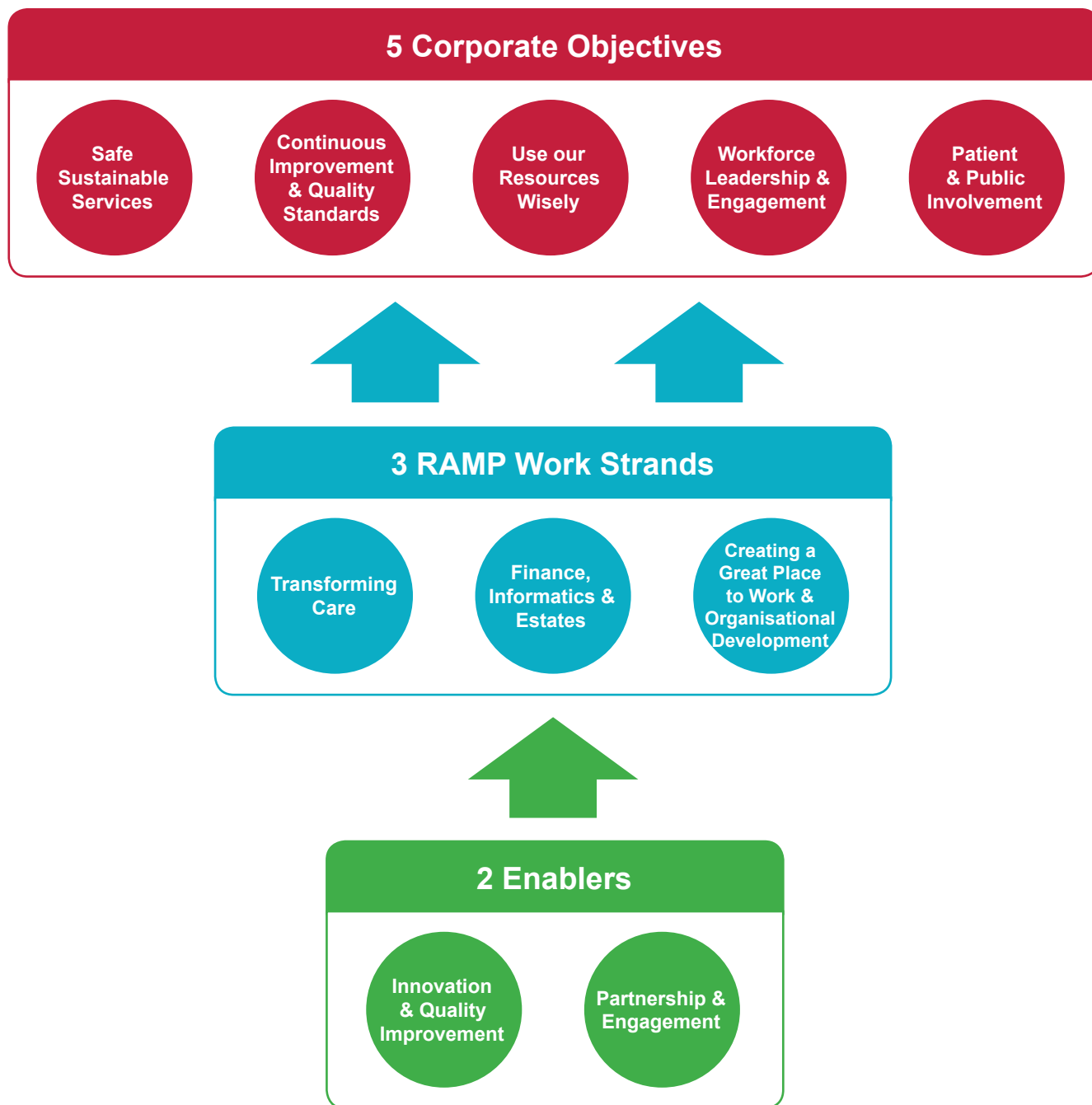
Our Corporate Objectives

Alongside RAMP we have our Corporate Plan, which described our 5 Corporate Objectives:

- OBJECTIVE 1:** To provide safe and effective care.
- OBJECTIVE 2:** To create a culture of continuous improvement that supports the delivery of health and social care that exceeds recognised quality standards and targets.
- OBJECTIVE 3:** To use all of our resources wisely.
- OBJECTIVE 4:** To have a professional management culture with effective leadership and development of staff and teams that deliver.
- OBJECTIVE 5:** To involve and engage service users, carers, communities and other stakeholders to improve, shape and develop services.

These objectives give a structure and consistent approach to delivering our vision.

RAMP enables the delivery of our Corporate Objectives.



2 Enabling Transformation

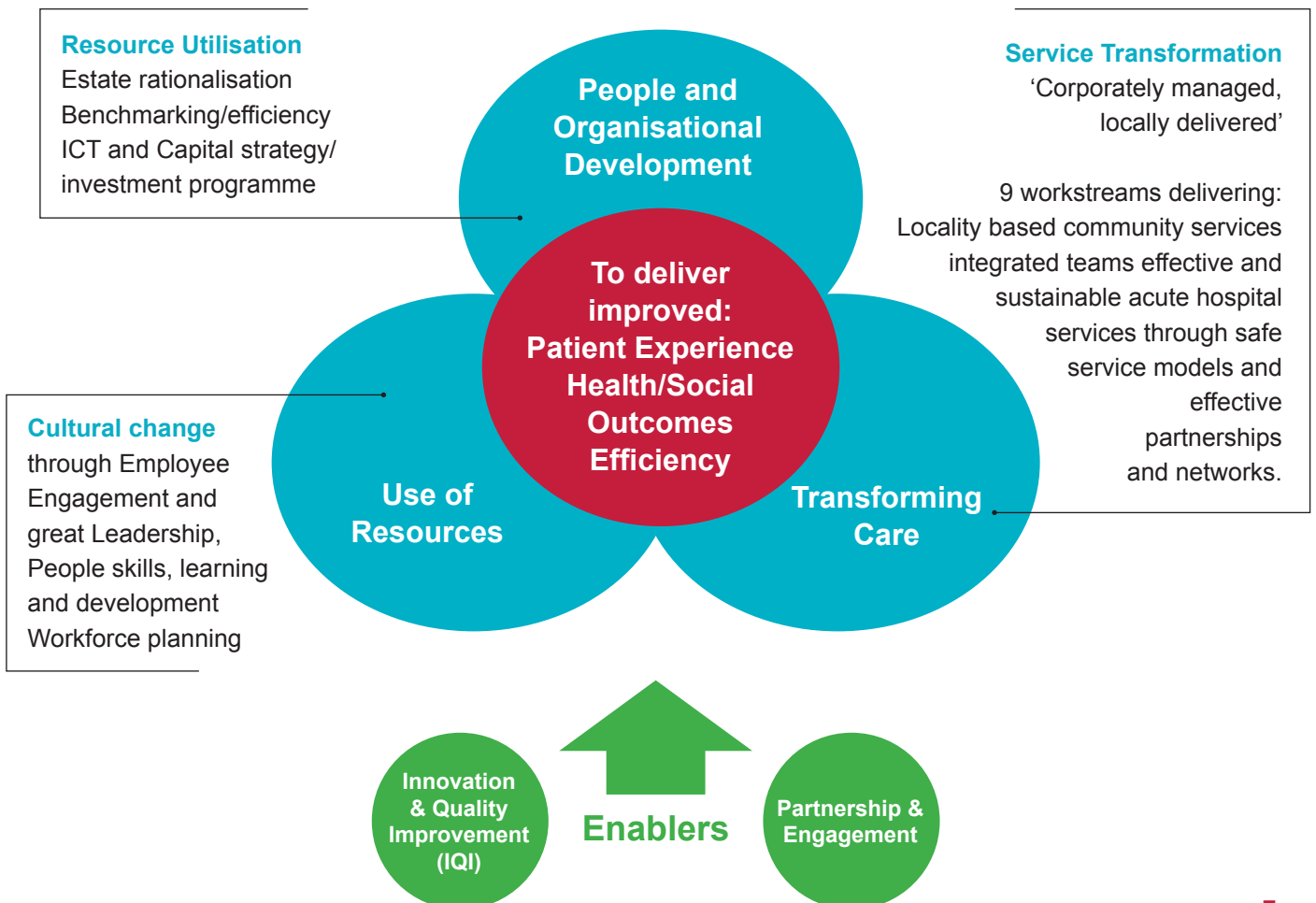
The Reform and Modernisation Programme (**RAMP**) is our framework for taking forward sustainable transformation and improvement. It takes account of key regional strategies including 'Transforming Your Care', 'Quality 2020', 'Making Life Better' and 'Delivering Together', Ministerial Vision. RAMP is designed to be forward looking, at the same time as incorporating learning from the past. It is designed to enable all our staff to be involved and supported to deliver of their best, to keep a focus on improving the experience of our service users and to use all resources and assets we have wisely.

RAMP focusses on strategic change and improvement and is set out in three key areas:

PEOPLE Including organisational development through a culture of high employee engagement, great leadership, learning and development for multi-disciplinary teams and a communication strategy that encourages and creates dialogue.

SERVICES Service Transformation is taken forward through work streams that cover all key service areas in the Trust from community care to acute care, health care and social care.

RESOURCES The effective use of our buildings, taking forward plans for securing and using new capital money, and making sure we use ICT and technologies to best effect.



3 Transforming Care

Through reform and modernisation, in collaboration with all stakeholders, we plan to develop a sustainable service model that:

- **has a strong emphasis on integrated, locality based community services delivered in partnership** – a model that supports people to live independently, avoids hospitalisation and institutional care and supports prompt discharge where acute intervention is needed;

and

- **with acute services delivered from 2 acute hospitals working collaboratively and networked** with other acute services, particularly in Belfast and the West, to maximise the range and sustainability of local services, with acute hospitals right sized and appropriately resourced to deal with demands.

Key Strands Supporting Transformation

People	‘It’s a Great Place to Work’	Our organisational development strategy.
Sustainable Services	‘Right Sizing Antrim’ ‘Sustainable Services for Causeway Hospital’ ‘Integrated Care Strategy’	Plans for reshaping the service models across our two acute sites, and a focus on integrated community and primary care to deliver across four localities.
Resources	ICT Strategy Estate rationalisation plan Capital Priorities Development Plan	Our strategies for investment in technology, mobilisation and electronic health records, alongside the rationalisation of our ageing estate, with prioritised modern new buildings to support the new service model.

Impact highlights – experience of service users and staff

What service users say..

Elective surgery inpatients told us about their **positive experience** despite noting the busy ward environment.

Domiciliary care service user said **“I am very pleased with my care package. Without it I wouldn’t be able to live independently in my own home.”** Another said **“Too rushed... They have too many people to see.”**

Service users of the Rapid Assessment Interface and Discharge (**RAID**) – a mental health service provided 24 hours a day, 7 days a week in both our acute hospitals – have told us they have had a very **positive experience**.

98% of the service users of the Self-Select Pathway in the acute hospital emergency department (ED) felt that the service was **“good or very good.”**

Service Users assisted in developing the new Ballymena Health and Care Centre and its design has been recognised in a number of national awards.

What staff say....

We asked some of our staff to describe what innovation means to them and they told us: **“Improvement”, “Change”, “Different” and “Ideas”.**

Staff also told us to innovate they need to feel **“Empowered”, “Supported”** and be given **“Space”.**

52% of staff told us “they have the ability to make improvements happen in their area”.

These views have helped us shape the Trust’s Innovation & Quality Improvement Strategy.

58% of staff surveyed said they would recommend the Trust as ‘a great place to work’.

To date **758 staff have undertaken Quality 2020 Level 1 Training**, to equip them with a foundation in service/quality improvement.

Impact highlights – outcomes & efficiency



8% increase in provision of Domiciliary Care services in 2016 compared to 2015.



90% RAID Assessments of patients provided within 2 hours of referral through a single point



400% increase in the use of Video Conferencing, with a cost saving of £100,000



14 fully integrated Community Teams established in the 4 Trust localities



3% reduction in the length of stay for those admitted to community based rehabilitation facilities



25% increase in the number of service users accessing homecare reablement per month



33% increase in the number of hospital outpatients with a procedure (in designated specialties) avoiding a hospital stay



Increase (82%) in electronic outpatient referrals received and electronic triage. Triage time reduced from 7 to 2 days in some specialities



Increase of 18.6% in those using our Direct Assessment Unit attendance as an alternative to ED



3% more patients with a zero length of stay in Antrim Hospital and 6.8% in Causeway Hospital with ED performance in Antrim constant against an average increase of attendances by 6%



100% Challenge undertaken for 4hr waits in ED Jan 17 – achieved 94%

4 Five-Year Horizon for Transformation

In the 5-year horizon for RAMP we have set out work streams to take forward sustainable service transformation and improvement including:

- Developing **Locality Based integrated health and social care teams** working effectively with local GPs and communities.
- **Reviewing how we deliver domiciliary care**, particularly as it is a key service to help older people, and those with disability, retain their independence at home.
- **Mental health in-patient and community services** including crisis response services, services for people living with dementia and rapid access services in acute hospitals (RAID).
- **Supporting independent Nursing Care Homes locally** so as to provide high quality care and choice for those people who need it.
- **Acute Hospital emergency services, including Emergency Departments**, access to acute in-patient care in an emergency and supported and timely discharge.
- **Elective hospital services** including how we extend the pathways to services, address lengthy hospital waiting lists and how we can support and work with GP's to make best use of the services and specialist staff skills.

Collectively these Service Transformation work streams are focussed on developing:

A service model that has a strong emphasis on integrated, locality based community services delivered in partnership – a model that supports people to live independently, with home as a first choice and outside of the home within accessible locality based facilities - a model that avoids hospitalisation and institutional care and supports prompt discharge where acute intervention is needed.

Acute services, delivered from 2 acute hospitals working collaboratively and networked with other acute services, particularly in Belfast and the West, to maximise the range and sustainability of local services, with acute hospitals right sized and appropriately resourced to deal with demands.

5 Transforming Care: Progress to date...

Integrated Community Teams, Services and Domiciliary Care:

WE SAID

Identified locality based teams will be in place with simplified access to services.

Number of avoidable admissions from home and care home settings will be reduced.
Fewer bed based sites for rehabilitation making best use of in-reach teams.

People will have greater opportunity to have their care and treatment completed at home or a facility close to home.

Evidence of partnership with community & voluntary organisations.

Dalriada Pathfinder project shared to help shape future services.

Forecast the demand for domiciliary care services over the next 5 years and develop/test a new service model.

Create sufficient capacity for domiciliary care services, and reduce the waiting time.

WE DID

- 14 Integrated community teams for adults with a physical disability & older people, centred around GP practices are operational.
- Electronic referrals from GPs now facilitated in some services with others to follow.

- Recovery Service launched Oct 2016, provides rehabilitation services tailored to individual user needs.
- We are working in partnership with nursing homes to enhance nursing skills, helping prevent unnecessary hospital attendances or admission.
- 2 Community Rehabilitation Units (21 and 6 beds respectively) put in place in Antrim area, to ensure better use of in-reach rehabilitation teams and better outcomes for users.

- Rapid Response Domiciliary Care now in place in East Antrim and Antrim/Ballymena localities and Rapid Response District Nursing in place across the Trust area.

- Community Navigators acting as links between statutory agencies and community & voluntary sector.
- Pathfinder 2016 introduced embedding a voluntary sector co-ordinator into the multi-disciplinary team.
- The 'IMPACT' model to be piloted across 3 town/urban practices and 3 village/rural practices.

- Demographic projections have been gathered and used to project demand.
- Models have been scoped and plan to test shortly.
- The number of people waiting for a care package in 2016 has been reduced.

Mental Health Services:

WE SAID

Establish a collaborative working relationship between RAID and Antrim Area Hospital Direct Assessment Unit (DAU).

Reduction in the numbers of people with a mental health diagnosis representing within 30 days to ED.

WE DID

- Collaborative working has allowed the introduction of the Delirium Care Pathway in DAU with protocols.
- DAU screen all patients for delirium, refer to RAID as appropriate, who then assess within 2hrs of referral.
- We now identify service users re-attending within 30 days and introduce individualised interventions.
- Mainstreaming ongoing and training & support to ED.

All people with a diagnosis of dementia cared for by mental health services for older people.

- Pathway implemented for East Antrim Locality & progressed Phase 2 Mid Ulster. Plans in place to have all persons with Dementia moved to Mental Health Services for Older People by September 2017.

Implement CLEAR Dementia Care.

CLEAR is a method of behavioural assessment and intervention developed with Dementia Home Support Team.

- Training on ‘Understanding behavioural and psychological symptoms of dementia’ has been delivered to care home staff and family carers (623 people trained to date).

Improve assessment, treatment and discharge pathway within the Dementia Intensive Care Unit reducing length of stay.

- Pathway developed in partnership with ward and community team.
- Reconfiguration of team to ensure appropriate skill mix to meet holistic needs of patients.
- Alignment of staff enhancing flow through ward has reduced readmission rates.

Complete consolidation of the memory service across the Trust.

- Memory Service Pathway is now implemented across Trust. All referrals are sent via Mental Health Services for Older People, where comprehensive assessment is completed. Medical staff share diagnosis and discuss treatment.

Further rollout of Dementia Friendly Communities (DFC) across the Trust.

- DFC Coordinator funded in 16/17 by PHA, works in partnership with Alzheimers Society.
- DFC launched in Coleraine, Ballycastle & Ballymoney. Plans in place for Larne and Carrickfergus.

Nursing Care Homes:

WE SAID

Establish a working group to set out information on the challenges facing nursing home care home provision and how we can address them.

Host event(s) with Independent Providers to discuss the challenges of meeting needs.

Commence stakeholder engagement process on issues identified in future needs assessment.

Strengthen the process involved in people taking up permanent placements in homes to provide appropriate support and reduce the elapsed time in the placement process.

WE DID

- Working group was set up at start of the year and the group has completed a needs assessment and long term view of the Nursing Care Home requirements in this area over the next few years - that review paper has been shared with Service User Panels, Care Homes, Commissioners and staff.

- The findings of the Review Report on Nursing Care Homes has been shared at the Care Homes Reference Panel, all Nursing Home owners and managers across the Trust area are invited to that forum.
- A workshop with senior representatives from the Care Home sector, Regional Board, Department of Health, RQIA, and Service Users was held.
- Trust has set out steps for making progress, recognising the northern area does not have sufficient care homes places to meet the needs and offer a range of choice to individuals and families.

- The experiences of people who have taken up a place in a care home in recent months are being captured through the 10,000 voices approach - each experience will be expressed in a personal story and will enable a lot of rich learning to be gained so that we can improve that experience.

- We have protected places in care homes as far as possible over this last year so that we try not to use places for short term rehabilitation but rather ensure those places are available for people who are choosing a care home for a permanent place to live.
- We provide rehabilitation in our own local community hospitals, residential homes and a very small number of care homes who have separate facilities for short stay rehabilitation patients.

Services for Women, Children & Families:

WE SAID

Develop a business case for a modern Womens and Childrens Centre, begin seeking approval and meanwhile act on opportunities to make improvements.

Develop workforce plans and training for staff to support new ways of working.

Have delivered year 1 of the extended Family Group Conference Service.

Review of residential care services & develop improvement plans.

Agree investment plan for intensive support and rapid response service for adolescents.

Open the new Mid Ulster Support Accommodation for 16+.

100 mothers under 19yrs will register with the Family Nurse Partnership Programme.

7 nursery schools in Larne and Ballycastle with 3 year contract.

3 new Midwives in post and project lead for antenatal pilot with Solihull Group.

Research proposal for Star Babies finalised and researcher appointed.

Full implementation of partial booking, e-triage and integrated paediatric triage referral process.

WE DID

- Work has begun on developing a Business Case for a new Womens and Childrens Centre.
- Paediatric short stay assessment unit opened at Antrim Hospital in November 2016.

- Joint acute and community Consultant Paediatrician posts advertised.
- Training delivered to support rollout of UNOCINI guidance 'Understanding the Needs of Children in Northern Ireland'.
- Regional Child Death Notification pilot implemented.
- Maternity service leading regional project for telephone reviews.

- The new Family Group conference service is established and meeting it's planned activities and targets.
- Service improvement plans have been developed for all the childrens residential units.
- Reinvestment plan agreed for intensive support serice and staff have been appointed.

- The new supported accommodation for young people opened in Magherafelt in 2016.
- Family Nurse Partnership on track to meet the target of supporting 100 mothers under the age of 19 years.

- Contracts are in place with 7 Nursery Schools and progress against objectives are being monitored.
- 3 new midwife posts have been recruited and work commenced to test the Solihull model.
- Researcher appointed for the Star Babies project - enhancing infant mental health and parent-infant relationships - report available March 2017.

- Partial booking is now in place for paediatric out-patient clinics and further rollout is planned by end March 2017.

Surgical and Elective Hospital Services:

WE SAID

Launch a project to optimise theatre productivity.

Extend theatre hours to evenings and across seven days as required.

Develop efficient processes for the scheduling of surgical procedures.

Review consultant job plans and nursing and support rotas to align with changes in service reconfiguration.

Introduce direct to test referrals for some suitable diagnostics.

Expand appropriately procedures carried out in Outpatient settings.

Streamline processes for Outpatient Review appointments.

Grow surgical and anaesthetic teams to meet increasing and unmet demand.

Manage elective and emergency surgery separately.

WE DID

- Productive Operating Theatre programme to launch February 2017.

- Extended sessions being piloted across a number of specialties in inpatient and daycase settings in Jan/Feb 2017.

- The Productive Operating Theatre programme will include a review of scheduling processes.
- Schedulers in post for a number of specialties.

- Staff feedback has been incorporated throughout the project to extend theatre hours.
- Any proposed changes will be managed under the Trust's management of change process.

- Introduced in ENT, cardiology, care of the elderly, surgery, gastroenterology and gynaecology.

- Introduced in gynaecology and ENT.
- Funding required to roll out to other specialties.

- New models in place in cardiology, nephrology, rheumatology and neurology.
- Pathway being developed to meet demand for patients with gall bladder disease.

- Pain specialist nurse in post.
- Nurse practitioner in post to support unscheduled pathway.

- Work is ongoing on the elective care pathway, taking into account unscheduled bed demands.

Unscheduled Care:

WE SAID

Develop additional bed capacity at Antrim Hospital.
Establish Co-Ordination Hub.

WE DID

- Strategic Outline Case developed and Commissioner support received in principle for a new ward block at Antrim Hospital.
- Site Co-Ordination hub operational since December 2016.

Develop assessment, short stay and ambulatory care models.

- Elderly Assessment Unit, and Elderly Short Stay ward became functional in Oct 2016.
- Ambulatory Care Models have commenced, and will require further focus to embed and maximise potential.
- Ambulatory Medical Model currently being implemented in Causeway ED.

Establish the early identification of complex discharges - reducing the number of complex discharges exceeding 48 hours.

- Early Discharge Tool now forms part of the daily Multi-Disciplinary Ward Rounds, and assists with the expedition of patients from the moment they arrive on the ward.
- Virtual ward developed to track progress of complex discharges.

Increase Hospital In-Reach.

- Community Discharge Co-ordinators are an integral part of the daily bed/escalation meetings, accepting referrals from the MDT following daily briefings. Work required to embed the model to identify patients who could be cared for outside hospital setting.

Develop an Early Intervention Team.

- Team established on Antrim site, consisting of Physio, OT, Social worker and Community Discharge Coordinators, working closely with ED and DAU to reduce admission rates and length of stay. Referrals to the service continue to increase on a monthly basis.

Delirium Beds.

- 6 Delirium beds have now been implemented in Drummaul Nursing Home, Randalstown. Beds used by Antrim and Causeway sites to reduce length of stay for patients presenting with this condition and improve quality of outcomes.

Unscheduled Care:

WE SAID

Implement Self Select Pathways and Minor Injury Streams.

Twice daily decision making and Outcome Management Plans.

WE DID

- Both Self Select Pathways and Minor Injury Streams are embedded on Antrim and Causeway sites and have increased the 4 hours performance in ED.

- Twice daily decision making and Outcome Management Plans are now used in Antrim and help to inform the patient journey.

6 People and Organisational Development: Progress to date...

We are enabling and supporting people across the Trust by developing a culture and the supports necessary to ensure we create 'A Great Place to Work'. We are doing this by:

- **Bringing about organisational culture change** through excellent employee engagement and great leadership at all levels.
- **Placing clinical and professional staff in senior leadership roles** to lead service delivery, improvement and reform and achieve high levels of quality and performance.
- **Developing the capability of our workforce** to ensure staff are supported to optimise their potential, to work within and across effective multi-disciplinary, integrated teams and to encourage innovation and improvement.

WE SAID

Leadership and engagement.

WE DID

- Facilitated 32 'Values in Action' workshops for staff to better understand our CORE values of Compassion, Openness, Respect and Excellence and the behaviours associated with them.
- In November 2016, we held a Leadership Conference focusing on the delivery of compassionate leadership for truly compassionate care which was attended by over 170 members of staff.
- Through a Chairman's Awards ceremony, which attracted 96 entries, we showcased and celebrated the exemplary work taking place across the organisation.
- In March 2017, we launched a new Management and Leadership Development Pathway to better equip staff at all levels with the skills they need to be effective managers.
- In March 2017, we commenced a new Corporate Induction programme which has been designed to better meet the needs of staff joining the organisation.
- We completed year two of our Top Leaders Development Programme which focused on key aspects of leadership and the development of coaching as a style of management.
- In June 2016 we held our inaugural event which introduced our newly conceived Innovation and Quality Improvement (IQI) initiative, showcasing excellent innovative work by many teams across professions and disciplines ranging from initiatives led by junior and senior medical staff, social work, nursing and many other professions.

WE SAID

Develop the skills of our workforce.

WE DID

- We supported eight members of staff to undertake an ILM Level 5 Coaching and Mentoring programme to help promote a coaching culture for leaders at all levels.
- We supported 30 members of staff to commence work on the Level 2 Diploma in Health and Social Care and a further five members of staff at Level 5.
- We created a process to ensure that all of our nursing and social care staff could record their professional registrations.
- We allocated the Team Support Role to 23 members of staff to help ease the pressure on our front line clinical staff.
- Through the provision of both face-to-face training and e-learning we supported 11.5% of our workforce to undertake level 1 Quality 2020 training.
- To promote our core value of openness we provided whistleblowing training to 238 Trust managers.

Effective support for staff.

- We appointed Clinical Directors across each of our divisions to lead on the provision of safe and quality driven care.
- We successfully updated the jobs plans of our consultant workforce.
- We undertook a review of our Occupational Health Service and appointed an additional physiotherapist and a clinical psychologist.
- We supported the organisation through a number of changes including the Community Care Division's move to a locality based model of care.

Effective engagement

- We recruited a third Human Resources Business Partner to ensure that we could provide the right level of support and guidance to each of our Directorates and Divisions.
- We developed a team effectiveness diagnostic tool and a portfolio of interventions that we are using with 23 Trust teams.
- In partnership with our Trade Unions we have developed a Corporate Action Plan in response to the findings of the 2015 Regional Staff Survey.
- We created i-matter, a virtual health and wellbeing hub accessible for both our staff and their families.

7 Use of our Resources: Progress to date...

We are focussed on:

- **Securing capital investment where appropriate** to support modern services in the community and to facilitate co-located integrated teams.
- **Making decisions about the use of some of our buildings** and identify existing opportunities for improved use of buildings and space so that we can invest in staff, technology and direct care.
- **Using required buildings differently through shared work spaces rather than individual desks or offices**, with the new locality-based community hubs providing 'step-up' access to more advanced technology or expertise.
- **Identifying opportunities to increase the efficiency of our buildings** through the development and implementation of energy and waste innovations.
- **Developing an innovative approach to eHealth and ICT** to drive innovation and creativity, support flexible, mobile and integrated working, and information sharing in order to deliver optimum outcomes and improved patient experience.

WE SAID

Capital - make investments to support modern services.

WE DID

- Completion of Ballymena Health and Care Centre.
- Plans to enhance the Braid Vally Complex.
- Achieving best use of facilities within the community.
- Business Case completed for new ward block at Antrim Area Hospital and other major capital developments.
- On course to spend £4.4m general capital to address corporate and operational priorities.

WE SAID

Estates - Make decisions about the use of some of our buildings and identify existing opportunities for improved use of buildings and space.

Estates - Use required buildings differently through shared work spaces rather than individual desks or offices.

Estates - Identify opportunities to increase the efficiency of our buildings through the development and implementation of energy and waste innovations.

ICT/ Technology - Develop an innovative approach to eHealth and ICT to drive innovation, support flexible, mobile and integrated working, and information sharing.

**Revenue resources -To secure recurring funding for initiatives.
To provide financial planning and benchmarking to support key areas of known pressures.**

WE DID

- Plans to enhance the Braid Valley Care Complex services.
- Business cases for demolition of buildings not fit for purpose.
- Invested in video and audio technology conferencing facilities.
- Exercise underway to review and determine best reuse of vacant space on Whiteabbey Hospital and Mid Ulster Hospital sites.

- Review of services most effective locations/space.
- Increased shared workspaces.
- Review of use of BHCC and identified opportunities to improve building use through relocation.

- Increased energy efficiency through LED lighting across sites and installed solar panels at Antrim Area Hospital.
- Made oil to gas conversions to improve use of energy.
- Installed automatic metering to improve efficiency through monitoring.
- Invested in confidential waste shredders to decrease waste costs.

- Rolled out electronic 'Openward' in Antrim Area Hospital mental health and community services, with plans to implement Causeway Hospital in the next phase.
- Increased the Qlikview app to help access and share information on patient progress and actions.
- Improved the information provided across the workstreams within RAMP.

- Secured funding for RAID, and sought funding for other initiatives.
- Financial planning support provided across workstreams, with focus on pressure areas.
- Placement costs carried out to assist remodelling and future plans.
- Commenced benchmarking scoping and planning to recruit a finance post to assist in benchmarking.

8 Service User Experience

Patient experiences and outcomes are being sought on the **Dalriada Pathfinder** project and the 'IMPACT' initiatives. These programmes aim to identify and connect some of the most vulnerable older people living at home to self-care, and benefit from alternative 'prescriptions' available in their local community. Each older person is supported to connect to a range of services, to help them achieve their personal goals, ultimately improving their health outcomes and experience.

The **domiciliary care service model** group includes a service user representative, who contributes to all of the work. The new model is based on a partnership approach to the delivery of care with the service user. Social care outcomes will be measured throughout the pilot, and at the end to evaluate impact.

An overall service user involvement initiative has been formulated within **RAID**. Early implementation of RAID has focused exclusively on gathering baseline service user satisfaction data across the service in order to identify areas of strength and areas in need of improvement in terms of service user experience.

Service users and representatives are members of the project team for **Mental Health Services for Older People**.

As part of the **Child and Adolescent Mental Health Service**, young people and their families undertook a service user satisfaction audit, along with patient stories and active participation in a workshop to share the reform process and impact.

Views of patients attending Hospital **Outpatient clinics** are being sought in conjunction through on-line questionnaires and face-to-face interviews with patients as they attend for appointment.

Patient views are being sought as part of testing new **extended theatre sessions** in gynaecology. A survey of **elective surgical** patient views has shown highly positive patient experiences, despite noting the busy ward environment.

Views of patients are being sought as they take part in testing a **new service where breast surgery patients are discharged earlier from hospital to the comfort of their own home**, where their ongoing care is provided by Community Nursing.



9 Addressing challenges and looking ahead

RAMP is a **framework to deliver sustainable transformation and improvement with a five-year horizon**. This report sets out the steps which have been taken on that journey so far. Significant challenges still remain, and these are not likely to diminish. Whilst real progress has been made to date, it has not been without difficulty or challenge and this will continue to be the case. In particular:

- The challenge of **responding to public expectations, and engaging with our service users** in meaningful ways that help inform their understanding and thinking about service change.
- **Building effective and shared partnership arrangements** to fulfil our vision of excellent integrated services in partnership with our community.
- Continuing to **address the balance of capacity versus demand**, in parallel with pursuit of **additional bed capacity on the Antrim site, and right sizing Causeway**.
- Balancing the **achievement of ambitious targets for service delivery alongside quality improvement, innovation and transformation**.
- **Addressing workforce challenges**, particularly for those 'hard to fill' roles whilst maintaining high quality, safe and sustainable services.

How will we continue to move forward in 2017?

The RAMP work streams are enablers to deliver our corporate objectives, set out in our Corporate Plan 2017 to 2021. To date we have focussed on progressing **Service Transformation, Use of Resources and People work streams**. As we progress our transformation journey we will take forward two new streams of work: Innovation and Quality Improvement (IQI) and Partnerships.

IQI

Enabling all of the staff of the Trust to have the confidence and skills to take **forward small cycles of change that will deliver improvements for our service users**.

Showcase and support local Innovation that can shape the ways services are delivered locally and beyond.

Partnerships

Involving people who use our services, working together with us from the start of planning service change and focussed on delivering improvement. Working with other Trusts and sectors to **ensure a strong local service model**.

Working with Primary Care General Practice to achieve excellent integrated services.

Getting Involved

If you would like more information on how you can get involved in any aspect of the service reform and modernisation programme – RAMP - please visit our website or contact the Trust Equality Unit.

If you have any comments on this document or wish to see it in another language or format, please contact us at:

Email: equality.unit@northerntrust.hscni.net or you can write to us at:

Equality Unit

Route Complex, 8e Coleraine Road,
Ballymoney, County Antrim, BT53 6BP

Tel: **028 2766 1377**

Fax: **028 2766 1209**

Textphone: **028 2766 1377**

Our Values

C

COMPASSION

We will treat the people who use our services and our colleagues with compassion.

O

OPENNESS

We will display openness and honesty with our patients, clients and colleagues, acting with integrity, providing professional, high quality services and support.

R

RESPECT

We will respect the dignity, diversity and individuality of all our patients, clients and colleagues, promoting equality and addressing inequality.

E

EXCELLENCE

We will strive for excellence, as a community of leaders through consistent delivery of services and applied learning.

