

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

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**caring supporting improving together**

## 1. Message from the Chief Executive



It gives me great pleasure to present to you our Corporate Plan 2016/17. Within this document we have set clear and challenging targets for this year.

We will continuously focus on improving the safety, effectiveness and compassion with which our services are delivered. We will invest and build further capacity and capability in Quality Improvement as a fundamental business process - it will become how we do things. I want to see a real and unrelenting focus on bringing down waiting times for elective care to meet the needs of our patients; I want us to further enhance community services and to strengthen access for clients; we will implement our Organisational Development OD Framework; grasp the opportunities innovative community planning affords us; really ramp up focus on the E-health agenda; and push on with the real and lasting improvements we have seen in unscheduled care.

I wish also to set out a clear roadmap for the future of our four hospital sites with each having a clearly defined functional role. None of these objectives are at odds with the proposed changes to our wider system, they chime with the Bengoa principles. They are consistent with the introduction of a wide and far-reaching OD Framework. Everything we are doing or plan to do reflects on our ability to meet these core strategic objectives for 2016/17.

This document commits us to embark with renewed vigour to make these priorities a reality. As Chief Executive I will support, enable, and encourage progress in each of these areas in the year ahead.

Dr Michael McBride, Chief Executive

## 2. 'Big 6' Key Themes

We have prioritised 6 cross-directorate themes, where a Lead Director will work across directorates to build consensus on a plan for delivery of the agreed outcome. The 'Big 6' themes are outlined in Figure 1.0.



Figure 1.0 'Big 6' Themes

Big 6 Key Themes for 2016/17	Outcome	Lead Director
<b>1. We will build the will and the capacity to ensure that continuous quality improvement and the relentless reduction of patient harm becomes our greatest focus (Safety &amp; Excellence)</b>	Integrated Trust QI delivery with measurable benefits for patients/clients	C Jack Medical Director
<b>2. Improving care to support more people to live well at home(Continuous Improvement)</b>	Ensure improvement in the delivery of more integrated services for people in the community	C McNicholl Director of Adult Social & Primary Care
<b>3. Improving Elective Care with an emphasis on Cancer Care improvement- Develop and deliver Improvement Plan for Elective Care including Cancer performance (Continuous Improvement)</b>	Ensure Improvement in the delivery of Cancer targets and other agreed elective targets	J Welsh Director Surgery & Specialist Services
<b>4. Improving Unscheduled Care- Identify, resource and deliver Unscheduled Care Plan for 16/17 including Escalation Arrangements (Continuous Improvement)</b>	Ensure Improvement in delivery of Unscheduled Care	B Owens Director Unscheduled & Acute Care
<b>5. Implement the Organisational Development Framework to realise our ambition of being recognised as a world leader in the provision of health and social care (People)</b>	Develop and implement project plans: Collective Leadership, Quality Improvement Research & Innovation	D McAlister Director HR & Organisational Development
<b>6. Develop an integrated plan for the people of Belfast with a range of partners and agencies (Partnerships)</b>	A Community Health & Social Care Plan, agreed for implementation with Partners (linked to the Community Plan)	S Devlin Director of Performance, Planning & Informatics

### 3. The Corporate Management Plan 2016/17

Objective	Outcome	Who
<b>Safety &amp; Excellence</b>		
1. We will build the will and the capacity to ensure that continuous quality improvement and the relentless reduction of patient harm becomes our greatest focus	Integrated Trust QI delivery with measurable benefits for patients/clients	Medical Director
2. Deliver Corporate Parenting and Safeguarding responsibilities throughout the Trust	Improved recognition and reporting of children and young people at risk of harm. Strengthen the recognition of the need to safeguard adults who require protection	Director of Social Work Director of Nursing & User Experience
3. Implement Professional Revalidation	Ensure that all staff have achieved practice requirements to reapply for revalidation with the relevant professional body	
4. Deliver all Controls Assurance standards, 95% full compliance for BRAAT and foster open, transparent and learning culture. Improve compliance with mandatory training	Provides evidence of BHSCT safe and effective service delivery	All Directorates
5. Develop New Directions 2 proposals for Adult Acute Care	Strategic Proposals developed	Director of Finance
6. Implement a revised approach to complaints management	An improved experience for our service users following a complaint as a consequence of a more focused service- user complaints management process	All Directorates
<b>Continuous Improvement</b>		
1. Improving care to support more people to live well at home	Ensure improvement in the delivery of more integrated services for people in the community	Director of Adult Social & Primary Care
2. Improving Elective Care with an emphasis on Cancer Care improvement- Develop and deliver Improvement Plan for Elective Care including Cancer performance	Ensure improvement in the delivery of Cancer targets and other agreed elective targets	Director Surgery & Specialist Services
3. Improving Unscheduled Care- Identify, resource and deliver Unscheduled Care Plan for 16/17 including Escalation Arrangements	Ensure improvement in the delivery of Unscheduled Care	Director Unscheduled & Acute Care
4. Enhance levels of employee engagement with the Trust	Ensure improvement in the experience of patients, clients, families and our staff	Director of HR & OD
5. Further embed Patient and Public Involvement (PPI) across the Trust	Measureable improvement in engagement and involvement	Medical Director
6. Improving care through information infrastructure and technology	Agreed delivery of new Informatics Strategy	Director of PPI
<b>People</b>		
1. Implement the Organisational Development Framework to realise our ambition of being recognised as a world leader in the provision of health and social care	Develop and implement project plans: Collective Leadership, Quality Improvement, Research and Innovation	Director of HR & OD
2. Implement the new Trust 'People Strategy' and embed caring, supporting, improving together	Plans and actions in place to support Trust objectives	Director of HR & OD
3. Implement the updated 'Leadership and Management Framework', driving forward collective leadership	Embedding a culture of safety, quality and high performance	Director of HR & OD
4. Implement the Health and Wellbeing Strategy and improve the health and wellbeing of our staff	Supporting the Trust purpose and improved attendance levels	Director of HR & OD
5. Continue implementing the Trust Learning and Development Strategy ' Training Our People Today for Tomorrow'	Supporting the delivery of the Trust Values and objectives	Director of HR & OD
6. Further embed HRPTS and Shared Service (Payroll and Recruitment) system and processes	Increase capacity and capability in the use of new systems and improved efficiency and effectiveness of services	Director of HR & OD

### 3. The Corporate Management Plan 2016/17

<b>Partnerships</b>		
1. Develop an integrated plan for the people of Belfast with a range of partners and agencies	A Community Health and Social Care Plan, agreed for implementation with Partners	Director of PPI
2. Develop, communicate and implement a Partnership Framework with Partners <i>in context of Making Life Better</i>	Demonstrate active and learning Partnership team and Framework	Cross-Directorate
3. In partnership with Belfast City Council and others, develop the Belfast Community Plan	A Community Plan, locally owned and supported, with clear partner responsibilities	Cross-Directorate
4. Focus on political engagement as part of a three year Communication Plan	Improved engagement with NI Assembly	Head of Communications
5. Further develop partnership working with marginalised/ minority groups i.e. Travellers, BME etc	Improvement in engagement and involvement and access to services	Cross-Directorate
6. Consult on the Trust's Equality Scheme and develop Action plans on disability, Section 75 inequalities and Good Relations	Reduction in Trust Health & Social Care inequalities	Cross-Directorate
<b>Resources</b>		
1. Plan for transition of appropriate HSCB/LCG functions to the Belfast Trust	Develop joint commissioning and service delivery for the Belfast population (and regionally where appropriate)	Director of PPI
2. Achieve financial balance and deliver actions in accordance with agreed Plans	Deliver Break-even position, deliver planned activity, KPI's/Job Plans for all and communicate effectively	All
3. Manage the delivery and funding of agreed elective and non-elective and activity	Ensure activity agreed for new arrangements in 17/18	All
4. Accountability and Organisational Performance regularly monitored and reviewed	On-going improvement in service quality, safety and performance	Director of PPI
5. Deliver the Trust's Capital Projects & Capital Planning for 16/17	Building works underway for the new Maternity and Acute Inpatient Mental Health hospitals. Enabling site works and design works underway for the New Children's hospital	Director of Finance
6. To contribute to 'Making Life Better' through the development and implementation of Belfast Trust sustainability strategy	Deliver improvements through the Trust's seven working groups	Directors of Finance & Nursing/User Experience

#### 4.1 Unscheduled and Acute Care Management Plan, Key Objectives 2016/17

Objective	Outcome	Responsible
<b>Safety &amp; Excellence</b>		
1. Agree at least one specific Qualitative improvement initiative in each specialty area	<ul style="list-style-type: none"> <li>Ensure the highest quality care in line with best practice</li> </ul>	Co-Directors
2. Improve clinical practices and processes to reduce Healthcare Acquired infections	<ul style="list-style-type: none"> <li>Reduction in the incidences of HCAs across the Directorate</li> </ul>	Co-Directors
3. Identify key learning themes from 2015/16	<ul style="list-style-type: none"> <li>Learning from these themes is shared and actions taken</li> </ul>	Co-Directors
4. Implement Quality Improvement Plan	<ul style="list-style-type: none"> <li>Introduce, monitor and evaluate actions from QIP. Review of membership and involvement in Morbidity and Mortality meetings</li> </ul>	SMT
5. Review performance against recently published London Quality standards for Unscheduled Care	<ul style="list-style-type: none"> <li>Improve performance against benchmarked standards</li> </ul>	Co-Directors
<b>Continuous Improvement</b>		
1. Develop further the model of Emergency Ambulatory Care	<ul style="list-style-type: none"> <li>Development of pathways to support the Unscheduled Care standards</li> </ul>	Co-Directors
2. Improve the pathway for category 4/5 patients (minors) by reducing waiting times in Emergency Departments	<ul style="list-style-type: none"> <li>Improvement in waiting time standards</li> </ul>	Co-Directors
3. Improve Theatre and Critical care efficiency to increase patient throughput within available resource	<ul style="list-style-type: none"> <li>Enable best practice service delivery within available resource</li> </ul>	Co- Director ACCTSS
4. Improve access and deliver core activity volumes in elective areas	<ul style="list-style-type: none"> <li>Reduction of waiting times and achievement of agreed core activity levels</li> </ul>	SMT
5. Support improvements on the Mater site through IMPACT work-stream	<ul style="list-style-type: none"> <li>Improvements evidenced on patient pathways on Mater site</li> </ul>	Co-Directors
<b>People</b>		
1. Work with key stakeholders to find solutions to improve recruitment and retention across all levels of nursing and medical workforce	<ul style="list-style-type: none"> <li>Improvement in recruitment and retention of staff</li> </ul>	SMT
2. Improve staff engagement across the Directorate	<ul style="list-style-type: none"> <li>Improvement in the engagement of staff across the Directorate</li> </ul>	SMT
3. Implement actions arising from the results of the staff survey and Investors in People	<ul style="list-style-type: none"> <li>Action plans in place to implement results and regular monitoring of performance against these plans</li> </ul>	SMT
4. Continue to improve on levels of staff appraisal and mandatory training	<ul style="list-style-type: none"> <li>Improved levels of appraisal and compliance with requirements of mandatory training</li> </ul>	SMT
5. Promote staff health and wellbeing thus reducing absenteeism	<ul style="list-style-type: none"> <li>Improvement in absenteeism levels</li> </ul>	SMT

<b>Partnerships</b>		
1. Continue to be active partners with established partners	<ul style="list-style-type: none"> <li>• Consolidate and enhance working relationships with already established partners</li> </ul>	SMT
2. Deliver on 3 Patient and Public Involvement projects	<ul style="list-style-type: none"> <li>• Identification and delivery of projects</li> </ul>	SMT
3. Work with other Trusts to develop the Regional Trauma network	<ul style="list-style-type: none"> <li>• Mechanisms in place and network developed</li> </ul>	Co-Directors
4. Continue to work with the Trade Unions and Professional Associations to promote good relations	<ul style="list-style-type: none"> <li>• Mechanisms to engage with Trade Unions and Professional Associations in place</li> </ul>	SMT
<b>Resources</b>		
1. Ensure the effective use of revenue resources	<ul style="list-style-type: none"> <li>• Provide assurance that Budgets are robustly managed and savings plans are realistic and achievable</li> </ul>	SMT
2. Improve use of E Rostering to drive improved resource management	<ul style="list-style-type: none"> <li>• Implementation in all areas of the Directorate</li> </ul>	SMT
3. Engage and support staff to use available technology to improve the efficiency and effectiveness of services	<ul style="list-style-type: none"> <li>• Improvements in the delivery of services through the use of technology</li> </ul>	SMT
4. Secure appropriate resource to commission Critical Care and Theatres in Phase 2B	<ul style="list-style-type: none"> <li>• Agreement of resource and implementation plan in place</li> </ul>	Co- Director ACCTSS

#### 4.2 Specialist Hospitals and Women's Health Management Plan, Key Objectives 2016/17

Objective	Outcome	Who
<b>Safety and Excellence</b>		
1. Develop Directorate database & ensure more efficient control of timelines for reporting, investigating and actioning SAI	<ul style="list-style-type: none"> <li>Improvements in SAI responses, within required timeframes</li> </ul>	SMT/GQM
2. Implement Quality Improvement Plan & Deliver on the rolling programme of training	<ul style="list-style-type: none"> <li>Introduce/ monitor&amp; evaluate actions from QIP. Ensure sufficient numbers of staff attend training at the appropriate level</li> </ul>	SMT/GQM
3. High standards of clinical excellence through on-going service review & audits	<ul style="list-style-type: none"> <li>Infection rates monitored all ward areas&amp; further reduction in infection rates for C section &amp; implementation Spinal Surgery Register. Address remedial actions from RQIA inspections. Streamlined processes e.g. Electronic medicines cabinet</li> </ul>	SMT
4. Professional registration and revalidation	<ul style="list-style-type: none"> <li>All staff employed within the directorate maintain relevant professional registration, with particular emphasis 16/17 on new revalidation requirements for nurses</li> </ul>	SMT/ ADONs
5. Deliver on Assurance agenda	<ul style="list-style-type: none"> <li>Appropriate directorate representation on all relevant groups within the Assurance structure and delivery on key objectives e.g. BRATT 2</li> </ul>	SMT; GQM
<b>Continuous Improvement</b>		
1. Review pathways in Elective, unscheduled and cancer care	<ul style="list-style-type: none"> <li>Improved clinical pathways and waiting times, within existing resource. Increased ability to deliver on ministerial targets&amp; expected SBA</li> </ul>	SMT/PPM
2. Administration review	<ul style="list-style-type: none"> <li>Improved, streamlined admin processes, that support service area &amp; directorate activities</li> </ul>	SMT/PPM
3. Paediatric Services	<ul style="list-style-type: none"> <li>Develop initiative for age appropriate care environments across the Trust. Within BHSCCT develop more seamless transition to adult services for children with complex needs.</li> </ul>	Co- Director; SM&AMD Child Health
4. Continued Implementation of Maternity Strategy, normalising childbirth	<ul style="list-style-type: none"> <li>Continued reduction in caesarean section rates. Additional support for particular patient demographics e.g. teenage pregnancies &amp;high BMI.</li> </ul>	Co-Director, SM & CD Maternity services
5. Develop priorities in the effective management of risk/ governance	<ul style="list-style-type: none"> <li>Progress key priorities e.g. Medical cover MPH; Implementation RQIA GUM&amp; SH recommendations; `Get it Right First Time` in T&amp;O and other specialities; Mental Capacity Bill Considerations.</li> </ul>	SMT
<b>People</b>		
1. Develop Collective leadership, Succession planning programmes & use of Trust ODF	<ul style="list-style-type: none"> <li>Ensure one team effectiveness day per Co- Director in 16/17 and increased uptake of development opportunities, coaching &amp; leadership training. Develop staff knowledge of ODF &amp;its application especially re: Patient experience; Research&amp; innovation; Safety&amp; Quality</li> </ul>	SMT

<p>2. Medical Staff Governance&amp; Administration</p> <p>3. Recognise and value the contributions of our teams and individual staff</p> <p>4. Service Improvement &amp; developments</p>	<ul style="list-style-type: none"> <li>• Database for medical staff mandatory training. Consultant job plans agreed in line with Directorate priorities. Junior doctors working to WTD compliant rotas</li> <li>• Existing induction programmes evaluated via staff feedback. Staff surveys e.g. dental. Management of sickness/ absence and staff use of Trust initiatives re health &amp;well-being. Implement directorate mandatory training database</li> <li>• Review management capacity across directorate &amp; utilise any identified opportunities. Hold 2 service improvement workshops to share innovations/ achievements and act as driver for change</li> </ul>	<p>SMT</p> <p>SMT</p> <p>SMT</p>
<b>Partnerships</b>		
<p>1. Development of Directorate action plan in relation to PPI framework</p> <p>2. In conjunction with Corporate Communications, develop use of media/ IT to promote directorate</p> <p>3. Review of Capacity and Demand</p> <p>4. Further development of Trust &amp;regional networks across number of directorate specialities.</p>	<ul style="list-style-type: none"> <li>• PPI framework embedded across directorate as part of any service development.</li> <li>• Enhanced use of social media. Development of directorate &amp; service area films/ websites and information links for staff&amp; service users.</li> <li>• Collaborate with other Trusts and Commissioner with initiatives which help meet service pressures e.g. Repatriation models; Spinal Pathway/ use of ICATS.</li> <li>• Review existing networks e.g. Paeds; Dental&amp; ENT. Build on opportunities to develop further across the region. Implement a single waiting list for Paediatrics.</li> </ul>	<p>SMT</p> <p>SMT</p> <p>Co-Director &amp;SMTs - T&amp;O / PPM</p> <p>SMT</p>
<b>Resources</b>		
<p>1. Ensure the effective use of Capital &amp; revenue resources</p> <p>2. Maximise the impact of Capital funding</p> <p>3. Negotiate with procurement to achieve improved value for money, across SHWH</p> <p>4. Optimise use of Service level agreements across the directorate.</p>	<ul style="list-style-type: none"> <li>• Provide assurance that budgets are robustly managed and savings plans are realistic &amp; achievable. Continue to progress infrastructure changes e.g. RBHSC; New maternity hospital.</li> <li>• Prioritise capital funding to mitigate risk &amp; link resources to service improvement plans.</li> <li>• Review high cost areas with PALS and achieve cost savings &amp; better value for money where possible e.g. Spinal implants</li> <li>• Review of SLA within Directorate e.g. Undergraduate training Paediatrics/ QUB</li> </ul>	<p>SMT</p> <p>SMT</p> <p>SMT</p> <p>SMT</p>



### 4.3 Surgery and Specialist Services Management Plan, Key Objectives 2016/17

Objective	Outcome	Who
<b>Safety and Excellence</b>		
1. Re-design pathways in Oncology and Haematology	<ul style="list-style-type: none"> <li>Ensure the highest quality care in line with best practice</li> </ul>	Co-Director - Cancer & Specialist Medicine (CSM)
2. Implement the Regional Information System for Oncology and Haematology (RISOH)	<ul style="list-style-type: none"> <li>Deliver on the objectives of the RISOH project</li> </ul>	Co-Director (CSM)
3. Extend E-Rostering project and Safe Care	<ul style="list-style-type: none"> <li>Capitalise on the success of Phase 1 E-Rostering in the roll out of the system to appropriate services</li> </ul>	SMT
4. Implement Quality Improvement Plan	<ul style="list-style-type: none"> <li>Introduce, monitor and evaluate actions from QIP</li> </ul>	SMT
5. Deliver on Assurance agenda	<ul style="list-style-type: none"> <li>Continue to pursue the Assurance agenda, being widely represented on all groups within the Assurance structure</li> </ul>	SMT
<b>Continuous Improvement</b>		
1. Review pathways in Elective and Cancer Care	<ul style="list-style-type: none"> <li>Enable best practice service delivery within available resource</li> </ul>	SMT
2. Carry out review of Capacity and Demand in all areas	<ul style="list-style-type: none"> <li>Evaluate shortfall/surplus in capacity and quantify impact</li> </ul>	SMT
3. Progress New Directions 2 (ND2)	<ul style="list-style-type: none"> <li>Work in conjunction with wider Trust teams to ensure a co-ordinated approach to implementation of ND2</li> </ul>	SMT
4. Innovate using Technology	<ul style="list-style-type: none"> <li>Avail of all opportunities to pilot new methods of working, upgraded equipment and newer versions of commonly used software and equipment</li> </ul>	SMT
5. Evaluate requirement for additional resource	<ul style="list-style-type: none"> <li>We will progress proposals for service enhancement where evidence indicates or</li> </ul>	SMT
<b>People</b>		
1. Recognise and value the contributions of our teams and individual staff	<ul style="list-style-type: none"> <li>Celebration Events, publication of good news and evidence of a culture of recognition across the Directorate</li> </ul>	SMT
2. Role Extension - Nursing and AHP	<ul style="list-style-type: none"> <li>Review and recommend change in the working practices of Nurses and AHP's to enhance job satisfaction and improve service quality</li> </ul>	SMT
3. Tissue Pathology - Service Re-design	<ul style="list-style-type: none"> <li>Create the opportunity for the Tissue Pathology staff to work centrally and improve team cohesion</li> </ul>	SMT
4. Statutory & Mandatory training	<ul style="list-style-type: none"> <li>Be innovative in the delivery of Statutory &amp; Mandatory Training, ensuring an increase in accessibility to training and increased compliance</li> </ul>	SMT

<b>Partnerships</b>		
1. Increase partnership working in the delivery of care	<ul style="list-style-type: none"> <li>Consolidate and enhance working relationships with already established partners</li> </ul>	SMT
2. Carry out Reviews of Regional Services	<ul style="list-style-type: none"> <li>Work with a range of stakeholders in the review of Regional Services e.g. Ophthalmology ,Vascular Surgery, Renal Services and Laboratories</li> </ul>	Co-Director - Specialist Surgery
3. Cancer Centre, Altnagelvin	<ul style="list-style-type: none"> <li>Collaborate with WHSCT and Commissioner in the development of the Cancer Centre at Altnagelvin</li> </ul>	Co-director (CSM)
4. Co-operation - N.I. and RoI	<ul style="list-style-type: none"> <li>Work in partnership with RoI in the delivery of Renal Transplant and Tissue Pathology Services</li> </ul>	Co-Directors - L&P and CSM
<b>Resources</b>		
1. Ensure the effective use of revenue resources	<ul style="list-style-type: none"> <li>Provide assurance that Budgets are robustly managed and savings plans are realistic and achievable</li> </ul>	SMT
2. Maximise the impact of Capital funding	<ul style="list-style-type: none"> <li>Prioritise capital funding to mitigate risk and link resources to service improvement plans</li> </ul>	SMT
3. Demand Management – Laboratories	<ul style="list-style-type: none"> <li>Develop monitoring and reporting systems and creating a different budgetary model</li> </ul>	Co-Director - Laboratories & Pharmacy (L&P)
4. Medicines Optimisation	<ul style="list-style-type: none"> <li>Continue to seek to maximise the best value in the procurement of pharmaceutical products</li> </ul>	Co-Director - L&P

#### 4.4 Children's & Community Services Management Plan 16/17

Objective	Outcome	Lead
<b>Safety &amp; Excellence</b>		
1. To ensure the safe transfer of Glenmona to the Trust.	<ul style="list-style-type: none"> <li>All staff are transferred to BHSCT by 1.7.16;</li> <li>Service maintained throughout the transfer.</li> </ul>	Co-Director, Child Health and Child Care
2. To implement the recommendations of the RQIA Reviews of Child Protection and RESWS.	<ul style="list-style-type: none"> <li>Development and implementation of action plans;</li> <li>Improved service delivery.</li> </ul>	Co-Director, Child Health and Child Care; Co-Director, Family and Child Care
3. To improve the quality of safeguarding practice across all Directorates in line with the Trust's Safeguarding Committee and SBNI (Safeguarding Board NI) Belfast Panel Business Plan.	<ul style="list-style-type: none"> <li>Improved quality of multi-disciplinary working for children on the Child Protection Register;</li> <li>Dissemination of learning from Case Management Reviews (CMRs) across Directorates and implementation of actions from CMRs, Reviews and Serious Adverse Incidents (SAIs);</li> <li>Roll out of Child Protection training to all relevant disciplines.</li> </ul>	Co-Director, Family and Child Care
<b>Continuous Improvement</b>		
1. To review, develop and change services in line with the Commissioning Direction and the needs of the Trust's population.	<ul style="list-style-type: none"> <li>Implementation of a new model for Fostering, Family Centres and Children with Disabilities;</li> <li>Implementation of the recommendations of the Care Pathways Project to improve the experiences of Looked After Children.</li> <li>Implementation of a new model of administration to support service delivery.</li> </ul>	Co-Director, Child Health and Child Care; Co-Director, Family and Child Care; Service Mgr, Gov, Perf and Admin
2. To review the use of independent sector Foster placements.	Increase in the number of in-house Foster carers.	Co-Director, Family and Child Care
3. To promote the IHI Quality Improvement approach.	A small number of quality initiatives initiated using improvement methodologies.	Service Mgr, Gov, Perf and Admin
4. To introduce an Outcomes Based Accountability (OBA) approach across the Directorate.	OBA approach introduced in 3 areas.	All
<b>People</b>		
1. To engage more proactively with staff	<ul style="list-style-type: none"> <li>Staff feel engaged in the planning and delivery of services.</li> <li>Greater visibility of the Senior Management Team across services and teams.</li> </ul>	All
2. To promote a culture of learning across the Directorate.	<ul style="list-style-type: none"> <li>Delivery of Leadership and Management programmes for frontline managers.</li> <li>Enhanced opportunities for multi-disciplinary reflective learning.</li> </ul>	All
3. To continue to promote Personal and Public Involvement (PPI).	<ul style="list-style-type: none"> <li>Development of a Directorate-wide approach to PPI.</li> <li>Involvement of service users in the planning and delivery of services.</li> </ul>	All

4. To develop a Workforce Plan for the Directorate.	Confirmation of future staffing requirements in line with service needs.	All
5. To roll out the Professional in Practice (PiP) Post-qualifying Accreditation Framework for Social Workers.	<ul style="list-style-type: none"> <li>Continued focus on learning and development.</li> <li>Registration of Social Work staff in line with the framework.</li> </ul>	Co-Director Social Work and Social Care Governance
6. To continue to support and facilitate the registration and revalidation of staff in partnership with the NI Social Care Council (NISCC) and the Nursing and Midwifery Council (NMC).	Registration of the Social Care workforce and revalidation of a proportion of nursing staff within the required timescales.	Co-Director Social Work and Social Care Governance; Co-Director, Child Health and Child Care;
<b>Partnerships</b>		
1. To ensure the implementation of the Early Intervention Transformation Programme, Workstreams 1, 2 and 3	<ul style="list-style-type: none"> <li>Implementation of Action Plans.</li> <li>Incorporation of Outcomes Based Accountability approach.</li> </ul>	Co-Director, Child Health and Child Care; Co-Director, Family and Child Care
2. To work with other Directorates to promote the Trust's Corporate Parenting role.	<ul style="list-style-type: none"> <li>Provision of a range of workplace employment opportunities for care leavers.</li> <li>Increase in the number of care leavers experiencing taster sessions, work placements and employment within the Trust.</li> </ul>	Co-Director, Family and Child Care
3. To work with external partner agencies involved with the SBNI Board and the Belfast Safeguarding Panel.	<ul style="list-style-type: none"> <li>Improved multi-agency working with regard to Safeguarding.</li> </ul>	Co-Director, Family and Child Care
4. To promote the work of the Belfast Outcomes Group.	<ul style="list-style-type: none"> <li>Development of 4 Locality Planning Groups</li> <li>Retention of funding for Family Support Hubs;</li> <li>Partnership Strategy.</li> </ul>	Co-Director, Family and Child Care
<b>Resources</b>		
1. To make best use of technology to improve service delivery.	<ul style="list-style-type: none"> <li>Directorate ICT Strategy identifying key priorities and new ways of working.</li> </ul>	All
2. To achieve financial balance.	<ul style="list-style-type: none"> <li>Implementation of Reform and Efficiency Plans;</li> <li>Achieve breakeven position.</li> </ul>	All
3. To implement the PARIS system across the Children's Community Services Directorate.	<ul style="list-style-type: none"> <li>One fully operational Community Information System across the Directorate.</li> <li>Enhanced information management/analytics capacity and infrastructure to meet the Directorate's requirements.</li> </ul>	Co-Director Social Work and Social Care Governance
4. To ensure optimal usage of accommodation within community facilities.	Provision of community based accommodation to meet service needs across the Trust.	Service Mgr, Gov, Perf and Admin

#### 4.5 Adult Social and Primary Care Services Management Plan 2016/17

Objective	Outcome	Who
<b>Safety and Excellence</b>		
1. We will fully implement the model of Self Directed support for people in receipt of services over the next two years.	<ul style="list-style-type: none"> <li>We will ensure everyone in receipt of social care will have a self-directed support care plan by March 2019.</li> </ul>	All
2. We will use national benchmarking to assist evaluate services	<ul style="list-style-type: none"> <li>We will map services against NHS Benchmarking Network Data and agree priorities and action plan</li> </ul>	All
3. We will maintain and improve Safeguarding services and practice	<ul style="list-style-type: none"> <li>We will ensure we have robust and responsive safeguarding systems</li> </ul>	All
4. We will maintain and Improve the quality of our community services.	<ul style="list-style-type: none"> <li>We will Implement the recommendations from RQIA Review of Community Services and our quality improvement plans to ensure people with needs have quality lives.</li> </ul>	All
5. We will Improve service quality	<ul style="list-style-type: none"> <li>We will Identify and develop a range of quality initiatives using improvement methodology</li> </ul>	All
6. We will prepare for the mental health Capacity Bill.	<ul style="list-style-type: none"> <li>We will develop and implement an action plan, as part of an overall Trust plan, in preparation for the implementation of mental health Capacity Bill</li> </ul>	All
<b>Continuous Improvement</b>		
1. We will ensure a high level of staff engagement and investment in our people.	<ul style="list-style-type: none"> <li>We will implement action from the IIP and staff survey action plans</li> </ul>	All
2. We will optimise the use of technology to improve service delivery.	<ul style="list-style-type: none"> <li>We will Identify priority areas for the introduction of technology across all services and develop business case for mobile working</li> </ul>	All
3. We will raise awareness of organisational development and actively participate in Organisational development programmes	<ul style="list-style-type: none"> <li>We will participate in collective leadership initiatives, establish a clear collective leadership model for the Directorate</li> </ul>	All
4. We will Improve inpatient treatment services.	<ul style="list-style-type: none"> <li>We will agree plan to modernise Inpatient services and care and develop action plan and timescales</li> </ul>	All
5. We will Improve Day service provision.	<ul style="list-style-type: none"> <li>We will increase Day Opportunity provision across Belfast and improve user experience.</li> </ul>	All
6. We will Improve patient experience and reduce waiting times.	<ul style="list-style-type: none"> <li>We will redesign &amp; implement single points of access / assessment centre. Improved user satisfaction &amp; performance.</li> </ul>	All
7. We will review Living options for people with needs.	<ul style="list-style-type: none"> <li>We will review how we support people to continue to live independently in the community and maximise and optimise the range of support options</li> </ul>	All

<b>People</b>		
1. We will ensure the Directorate has the right people with the right skills in the right place at the right time.	<ul style="list-style-type: none"> <li>We will implement the 16/17 priority actions from our workforce plan, and Implement priority recommendations from our workforce reviews.</li> </ul>	All
2. We will ensure staff are supported to maintain their well-being and deliver a high quality service	<ul style="list-style-type: none"> <li>We will develop an Action plan to improve staff Health &amp; Wellbeing and reduce absenteeism &amp; backfill</li> </ul>	All
3. We will ensure all levels of management have access to leadership/management training.	<ul style="list-style-type: none"> <li>We will deliver bespoke leadership and management programme for middle and first line managers</li> </ul>	All
4. We will ensure high level of staff engagement & contribution to Directorate plans.	<ul style="list-style-type: none"> <li>We will achieve 90 % PCPs/PDPs</li> </ul>	All
5. We will develop an estates strategy to improve the working environment, for our staff and service users.	<ul style="list-style-type: none"> <li>We will improve service user and staff satisfaction with, and experience of improvements in the working environment.</li> </ul>	All
<b>Partnerships</b>		
1. We will improve partnership working with Belfast City Council	<ul style="list-style-type: none"> <li>We will develop formal links and action plan in association with the BCC community planning team</li> </ul>	All
2. We will Improve partnership working with the Community and Voluntary sector.	<ul style="list-style-type: none"> <li>We will review C&amp;V sector contracts to improve outcomes and align with Directorate strategies.</li> </ul>	All
3. We will maintain and improve partnership working with the NIHE and Housing Associations to develop supported Housing to support HSC strategies.	<ul style="list-style-type: none"> <li>We will maximise and optimise opportunities to bring forward business cases for the further development of supported Housing.</li> </ul>	All
<b>Resources</b>		
1. We will achieve our financial targets and service improvement plans.	<ul style="list-style-type: none"> <li>We will achieve a break even financial position at year end and achieve our financial targets.</li> </ul>	All
2. We will Improve performance in attendance	<ul style="list-style-type: none"> <li>We will achieve target of minimum 1% reduction in absenteeism March 2016 baseline</li> </ul>	All

#### 4.6 Nursing and User Experience Management Plan 2016/17

Objective	Outcome	Who
<b>Safety and Excellence</b>		
<ol style="list-style-type: none"> <li>1. We will continue to support service Directorates to reduce harm, waste and variation in line with the Trust Quality Improvement Plan.</li> <li>2. We will continue to support and actively contribute to the provision and maintenance of a safe healthcare environment for the delivery of services to our patients, clients and employees.</li> <li>3. We will maintain overall substantive compliance with each of the appropriate Controls Assurance Standards to include substantive compliance with each of the standards individual criterion.</li> </ol>	<ul style="list-style-type: none"> <li>• Deliver improved compliance on agreed standards.</li> <li>• Deliver measurable improvements in quality and safety.</li> <li>• Deliver improved patient/client experience.</li> <li>• Compliance with BRAAT Phase 2 across the Directorate by 31 December 2016.</li> </ul>	<p>Co-Directors Senior Managers</p>
<b>Continuous Improvement</b>		
<ol style="list-style-type: none"> <li>1. We will deliver Ministerial targets for 2016/17 for the Nursing &amp; User Experience Directorate.</li> <li>2. We will continue to support service Directorates to deliver against the Continuous Improvement Programme.</li> <li>3. We will continue to support service Directorates to deliver against the Strategic Service Reform agenda and New Directions 2.</li> <li>4. We will continue to support service Directorates to implement, where appropriate, the recommendations of the Donaldson Review.</li> </ol>	<ul style="list-style-type: none"> <li>• The implementation of improvement plans supported, where appropriate, by the Nursing &amp; User Experience Directorate.</li> <li>• Successful Implementation of other reform and modernisation projects and initiatives.</li> <li>• Progress on the implementation of the recommendations of Donaldson Review.</li> </ul>	<p>Co-Directors Senior Managers</p>
<b>People</b>		
<ol style="list-style-type: none"> <li>1. We will support the implementation of the Organisational Development Framework.</li> <li>2. We will support the implementation of the Trust's People Strategy.</li> <li>3. We will support the implementation of the Leadership and Management Framework.</li> <li>4. We will implement the Health and Wellbeing Strategy.</li> <li>5. We will continue to support the implementation of the Trust Learning and Development Strategy.</li> <li>6. We will continue to embed the Trust's Corporate Values.</li> <li>7. We will prioritise compliance with the Trusts Statutory Mandatory</li> </ol>	<ul style="list-style-type: none"> <li>• Increased awareness and application of Trust Values across the Directorate.</li> <li>• Full compliance with Trust's Statutory Mandatory Training Policy.</li> <li>• Further progress on Directorate's organisational arrangements.</li> <li>• Reduction in absenteeism levels due to sickness.</li> <li>• Healthier high performing workforce.</li> </ul>	<p>Co-Directors Senior Managers</p>

<p>Training requirements across the Directorate.</p> <p>8. We will continue on a phased basis to progress with implementation of new organisational arrangements across the Directorate.</p> <p>9. We will reduce absenteeism in line with targets for 2016/17.</p>		
<b>Partnerships</b>		
<p>1. We will engage with service users, carers and our own workforce in the planning, design, development and delivery of our services.</p> <p>2. We will continue to provide supported employment opportunities and implement our responsibilities as a Corporate Parent.</p> <p>3. We will work with external authorities in support of ensuring high standards of safety and quality in the delivery of our services.</p>	<ul style="list-style-type: none"> <li>• Inclusion of patients, clients and carers in the design, planning and delivery of services.</li> <li>• Provide a range of employment support initiatives, work placements and paid employment opportunities for young people leave care.</li> </ul>	<p>Co-Directors Senior Managers</p>
<b>Resources</b>		
<p>1. We will deliver financial balance whilst delivering the objectives set out in our 2016/17.</p> <p>2. We will deliver our Directorate Reform and Efficiency Plan for 2016/17.</p> <p>3. We will ensure service developments/enhancements are adequately resourced.</p>	<ul style="list-style-type: none"> <li>• Financial stability by achieving a break even position.</li> <li>• Demonstration of value for money.</li> <li>• Ensure any service developments are adequately funded.</li> </ul>	<p>Co-Directors Senior Managers</p>



#### 4.7 Medical Directorate Management Plan 2016/17

Objective	Outcome	Who
<b>Safety and Excellence</b>		
1. We will ensure that continuous quality improvement and the relentless reduction of patient harm becomes our greatest focus.	Integrated Trust QI delivery with measurable benefits for patients/clients	Medical Director / Codirector Governance
2. We will implement Professional Revalidation	Ensure that all medical staff have achieved practice requirements to reapply for revalidation with the relevant professional body	Medical Director / Education Manager
3. We will deliver all Controls Assurance standards, 95% full compliance for BRAAT and foster open, transparent and learning culture. Improve compliance with mandatory training.	Lead and support achievement of substantive compliance for Controls Assurance, ensuring appropriate action plans are in place to deliver improvement for any individual criterion below this level. Lead and support the Organisation in 95 % completion of BRAAT 2 by end December 2016 and substantive compliance achieved in 75% of areas.	Codirector, Governance
4. We will continue to review Mortality and Morbidity, particularly in the context of changes in how we deliver unscheduled care. We will triangulate Governance information.	Effective and timely feedback to Learning from Experience Group.	Codirector. Governance.
5. We will review the Trust Assurance Framework	Revised Trust Assurance Framework	Codirector, Governance
6. We will develop a system for automatically seeking patient and user experience wherever they access our services.	Enhanced patient and user feedback	Medical Director with colleagues
7. We will support the delivery of the Trust Quality Improvement Plan and will work towards an open and data-driven culture, to support Quality 2020 objectives – Safety, Quality, and Effectiveness	Delivery of key aspects of the Plan where the Medical Director is the lead Director.	Medical Director
8. We will continue to contribute to national audits	Contribution to national audits	Codirector Governance
9. We will continue to foster a culture of openness, transparency and learning.	Range of outcomes including Safetember and Being Open e-learning	Codirector, Governance
10. We will support the roll-out of the regional MMRS system	MMRS system rolled out across the Trust	Codirector, Governance
11. We will work with key partners to promote an active research culture and to ensure that patients and clients have the opportunity to participate in research studies	A wide range of research studies will take place throughout the Trust.	Research Director
<b>Continuous Improvement</b>		
1. We will further embed Patient and Public Improvement (PPI) across the Trust.	Measureable improvement in engagement and involvement	Co-Director, Public Health
2. We will ensure that the job planning process is used as a vehicle to support improvements in elective care, cancer care and unscheduled care.	Outcomes in accordance with a detailed action plan being developed in the early part of the year with Finance and HR colleagues	General Manager
3. We will arrange a Research and Innovation Workshop to agree a plan for 2016/17; to include scope for research investment in the Trust.	Research and Innovation Plan	Deputy Medical Director – Corporate.
4. We will work with QUB and other relevant partners to finalise a BRC proposal for submission.	BRC proposal	Deputy Medical Director - Corporate

<b>People</b>		
1. We will build on our work on Medical engagement with a Medical Engagement Strategy launched early in 2016/17	Medical Engagement Strategy	Medical Director / Deputy Medical Director, Workforce / General Manager
2. We will further develop and improve the processes for medical induction, mandatory training, appraisal and revalidation, focussing on safety and quality assurance.	Improved induction, delivery of mandatory training, appraisal and revalidation.	Education Manager
3. We will ensure that there are consistent, regular and effective arrangements for feedback from learning opportunities for all staff.	Implementation of shared learning	Codirector, Governance
4. We will implement the Health and Wellbeing Strategy through Be Well, Here4U, and other programmes.	Improved Health and wellbeing for staff	Codirector, Public Health
<b>Partnerships</b>		
1. We will co-chair the Trust partnership forum and ensure that the priorities align to Making Life Better and other strategic priorities	Delivery of key aspects of Making Life Better	Codirector, Public Health
2. We will establish a structured process for supporting Trust participation on partnerships, the securing of feedback from partnerships, and listening to those voices.	Assurance framework and clear guidance to be provided to Directorates	As above
3. We will contribute to the Belfast Community Planning process.	A community plan which embraces Making Life Better and New Directions 2	As above
4. We will work with Travellers, Roma and BME groups to address health inequalities.	Improved health and wellbeing and access to services	As above
5. We will deliver on priority health issues including Alcohol, Tobacco, Obesity and Physical activity.	Increase training capacity and improved health and well being	As above
6. We will further develop our partnership working with QUB and NIMDTA, in the development of the undergraduate and postgraduate education programmes	Enhanced working relationships, enhanced educational opportunities	Medical Director, Director of Medical Education
<b>Resources</b>		
1. We will deliver financial balance whilst delivering the objectives set out in our 2016/17.	Financial stability by achieving a break even position.	Senior Management Team
2. We will deliver our Directorate Reform and Efficiency Plan for 2016/17.	Demonstration of value for money.	
3. We will lead a programme of review across the Trust, in conjunction with Finance and Directorate colleagues to review medical spend, in order to ensure that it is efficient and effective	Demonstration of value for money; improved services for patients.	Medical Director General Manager

## 4.8 Human Resources and Organisational Development Management Plan 2016/17

Objective	Outcome	Who
<b>Safety and Excellence</b>		
1. To implement the Safer Recruitment and Employment Action Plan	<ul style="list-style-type: none"> <li>Improved compliance against key audits, guidance and legislation.</li> <li>Standards in place and high levels of compliance achieved</li> </ul>	Co-Director Jacqui Kennedy
2. To agree and implement a <b>medical recruitment</b> and <b>retention strategy</b>	<ul style="list-style-type: none"> <li>Agreed strategy</li> <li>Improved retention and medical engagement levels</li> <li>Positions filled</li> <li>New roles and innovative ways to recruit</li> </ul>	Co-Director Jacqui Kennedy
3. To prioritise and review <b>statutory</b> and <b>mandatory training</b> provision and identify new way of provision	<ul style="list-style-type: none"> <li>Action plan developed</li> <li>Increased compliance with policy as tested through accountability and audit</li> <li>Increased number of programmes available in digital format</li> </ul>	Co-Director Joan Peden
4. Support the implementation of <b>Quality 2020</b> through the development and provision of training aligned to the quality attributes framework	<ul style="list-style-type: none"> <li>Targets for participation in Level 1 and 2 programmes met</li> <li>ELearning programme available to all staff</li> <li>10% of workforce undertaken Level 1 Q2020 training</li> </ul>	Co-Director Joan Peden
<b>Continuous Improvement</b>		
1. To lead implementation of the Trust's <b>Organisational Development Framework</b>	<ul style="list-style-type: none"> <li>Framework launched and increased awareness and understanding within Trust</li> <li>Organisational Development infrastructure in place</li> <li>Strategy and plans for safety and quality, research and innovation and collective leadership</li> </ul>	Co-Director Joan Peden
2. To support the update of the ' <b>Belfast Way</b> ' and development and implementation of ' <b>New Directions</b> ' and <b>strategic reform and modernisation</b> programmes across the Trust	<ul style="list-style-type: none"> <li>Updated 'Belfast Way'</li> <li>Development of 'New Directions'</li> <li>Workforce issues identified and managed</li> <li>Transfer of Glenmona completed, including transfers and Tupe</li> <li>Lead on the workforce issues associated with transfers and Tupe arrangements</li> </ul>	Co-Director Joan Peden
3. Further embed <b>HRPTS and Shared Service (Payroll and Recruitment)</b> system and processes and realise benefits of HRPTS implementation	<ul style="list-style-type: none"> <li>Increase capacity and capability in the use of systems and improved efficiency and effectiveness of service</li> <li>HRPTS fully utilised and deployed</li> </ul>	Co-Director Jacqui Kennedy
4. To implement the new ' <b>HR Business Partner Model</b> ' to Service Directorates	<ul style="list-style-type: none"> <li>Transition wef June 2016</li> <li>Training underway</li> <li>Improved organisational development and people management</li> <li>Management outcomes within Service Directorates</li> </ul>	Co-Directors Jacqui Kennedy / Joan Peden

People		
1. To launch and commence implementation of the new Trust <b>People Management Strategy</b> and embed caring, supporting, improving together	<ul style="list-style-type: none"> <li>Greater awareness of caring, supporting, improving together</li> <li>Realisation of Trust People objectives</li> </ul>	Co-Director Jacqui Kennedy
2. To implement the <b>Health and Wellbeing Strategy</b> and improve the health and wellbeing of our staff	<ul style="list-style-type: none"> <li>All actions achieved through partnership approach and Directorate commitment.</li> <li>Focus Group and Action Plan in place.</li> <li>DHSS&amp;PS and target Directorate Absence targets achieved/reduced</li> <li>Revised Policy in place</li> </ul>	Co-Director Jacqui Kennedy
3. To communicate the <b>Staff Survey 2015 findings</b> throughout the Trust and put in place sustainable processes to ensure continuous improvement and actions are taken within each Directorate	<ul style="list-style-type: none"> <li>Implementation of actions</li> <li>Improved results of Staff Survey in 2017/18</li> <li>Improved levels of engagement</li> </ul>	Co-Director Jacqui Kennedy
4. To develop a <b>continuous Improvement Plan for liP</b> and identify and commence actions for transition to Generation VI model	<ul style="list-style-type: none"> <li>Recognition event</li> <li>Feedback to Directorates</li> <li>Plan developed and communicated to key stakeholders</li> <li>CIP in place</li> </ul>	Co-Director Joan Peden
5. To further embed <b>Trust Values and implement a Valued based Employment Framework</b>	<ul style="list-style-type: none"> <li>VBE framework in place and increased awareness and demonstrable application by staff of behaviours and Trust Values</li> <li>Phase 2 implemented and evaluation complete</li> <li>Full participation across all bands in values workshops</li> </ul>	Co-Directors Jacqui Kennedy / Joan Peden
6. To increase <b>Employee Engagement levels</b> within the Trust	<ul style="list-style-type: none"> <li>Programme of work implemented with increased EE scores realised</li> </ul>	Co-Director Joan Peden
7. To improve <b>engagement with medical staff</b> across the Trust in conjunction with the Medical Directors office	<ul style="list-style-type: none"> <li>Engagement sessions held in all areas</li> <li>Quarterly reports issues</li> <li>Action plans agreed with Medical Director/AMD</li> <li>Support and advise the medical director in taking forward the actions identified in the overall Trust Medical Engagement Strategy</li> </ul>	Co-Director Jacqui Kennedy
8. To enhance <b>Leadership and Management</b> through the implementation of the Trust's Leadership Framework	<ul style="list-style-type: none"> <li>Leadership and Management Framework launched</li> <li>Cultural assessment successfully complete</li> <li>Evidence of improvement demonstrated through evaluation of programmes</li> </ul>	Co-Director Joan Peden
9. To review and improve the <b>Coaching Framework</b>	<ul style="list-style-type: none"> <li>Increased participation in coaching service and coaching skills for managers</li> <li>Successful accreditation of candidates</li> <li>Successful evaluation reports</li> </ul>	Co-Director Joan Peden
10. To review and identify the key <b>Succession Planning</b> requirements within the Trust	<ul style="list-style-type: none"> <li>Exit Interview process is reviewed and action taken</li> <li>Individuals undertaking the Succession Planning programme initiatives</li> <li>Multi-disciplinary group established</li> </ul>	Co-Director Joan Peden
11. Continue to support implementation of the Trust's <b>Learning and Development Strategy</b>	<ul style="list-style-type: none"> <li>Action plan in place</li> <li>Year 3 plan complete</li> </ul>	Co-Director Joan Peden

<b>Partnerships</b>		
1. To work in partnership with the Northern Ireland Human Rights Commission to develop a <b>pilot human rights based approach</b>	<ul style="list-style-type: none"> <li>Improvement in patient experience. Increased staff satisfaction. Reduction in complaints / Increase in compliments</li> </ul>	Co-Director Joan Peden
2. To consult on a new <b>Section 75 action based equality plan</b> to tackle inequalities	<ul style="list-style-type: none"> <li>Tangible outcomes and improved patient experience for people from across the Section 75 groups in terms of health and social care</li> </ul>	Co-Director Joan Peden
3. To develop and implement <b>Supporting Belfast 2</b> , a learning and development strategy for Support Workers (Bands 1 – 4)	<ul style="list-style-type: none"> <li>Supporting Belfast 2 Strategy launched</li> </ul>	Co-Director Joan Peden
4. To implement a <b>new Industrial Relations</b> Framework.	<ul style="list-style-type: none"> <li>New framework agreed</li> </ul>	Co-Director Jacqui Kennedy
5. To ensure <b>Recruitment Shared Services</b> deliver a high quality Recruitment Service which reflects the needs of the Trust	<ul style="list-style-type: none"> <li>Stabilisation of Recruitment Service</li> </ul>	Co-Director Jacqui Kennedy
6. To work with regional colleagues and Recruitment Shared Service to enable a <b>region wide approach to recruitment where necessary</b>	<ul style="list-style-type: none"> <li>Extension of the use of Regional Recruitment Services where appropriate</li> <li>Recruitment campaigns successfully securing staff</li> </ul>	Co-Director Jacqui Kennedy
<b>Resources</b>		
1. To meet the <b>financial targets</b> set out by the Trust for Directorate	<ul style="list-style-type: none"> <li>Meeting financial targets</li> </ul>	Co-Directors Jacqui Kennedy / Joan Peden
2. To develop <b>capital bids</b> for next phase of the electronics staff records	<ul style="list-style-type: none"> <li>Bids submitted</li> </ul>	Co-Director Jacqui Kennedy
3. To effectively manage <b>external contracts</b> including service level agreements with the Business Service Organisation	<ul style="list-style-type: none"> <li>Contracts managed and fully utilised</li> </ul>	Co-Directors Jacqui Kennedy / Joan Peden
4. To develop <b>business cases</b> / funding applications to secure funding to support <b>organisational development</b> infrastructure / structure	<ul style="list-style-type: none"> <li>OD infrastructure in plan</li> </ul>	Co-Director Joan Peden

#### 4.9 Performance Planning and Informatics Management Plan 2016/17

Objective	Outcome	Who
<b>Safety and Excellence</b>		
1. Deploy PJs+ across the Mater, BCH & RBHSC & ensure embedded across sites	<ul style="list-style-type: none"> <li>• Live, accurate patient data</li> </ul>	NW/PD
2. Paris - Fully deliver Family and Child Care & ensure comprehensive recording in place	<ul style="list-style-type: none"> <li>• Accurate Community Data</li> </ul>	PD
3. Implement Information Governance Accountability Framework re-organisation and ensure continued safe delivery of Corporate Records function	<ul style="list-style-type: none"> <li>• Meet IG Standards and improve service delivery</li> </ul>	NW/JT
4. Develop New Direction proposals for Adult & Community Care	<ul style="list-style-type: none"> <li>• Strategic Proposals developed</li> </ul>	BMQ
5. Further develop Business Intelligence capability across the Trust in collaboration with the Regional Centre of excellence	<ul style="list-style-type: none"> <li>• Local timely access to accurate data support decision making</li> </ul>	NW
<b>Continuous Improvement</b>		
1. Supporting improvement initiatives across elective, unscheduled & community services	<ul style="list-style-type: none"> <li>• Delivery of key trust themes</li> </ul>	All
2. Supporting productivity improvements via Services with Community Mobility	<ul style="list-style-type: none"> <li>• Implement pilot Total Mobile app for PARIS in the community</li> </ul>	PD/BMQ
3. Investigate potential for more effective ways of communicating with patients & reducing cost	<ul style="list-style-type: none"> <li>• Pilot, review &amp; develop proposal</li> </ul>	PD/JT
4. Explore the opportunities for using digital innovation to support pathway improvement, including Health Records	<ul style="list-style-type: none"> <li>• Pilot, review &amp; develop proposal</li> </ul>	PD/JT
5. Comprehensive Plan for improvement in ICT and Information Services delivery	<ul style="list-style-type: none"> <li>• Deliver Informatics Strategy</li> </ul>	NW/PD
<b>People</b>		
1. Shared Services- ICT Staff to be engaged on process and timescale	<ul style="list-style-type: none"> <li>• Staff feeling supported through process –ICT staff to have Individual Development Plans</li> </ul>	PD/SD
2. Health Records - Further development for Administration staff across Directorate	<ul style="list-style-type: none"> <li>• Positive staff feedback on development program</li> </ul>	JT
3. Comply with all mandatory training across Directorate and support the development of Trust-wide delivery mechanisms for mandatory training	<ul style="list-style-type: none"> <li>• Achieve 75% from 66%</li> </ul>	
4. Development of PPI Team	<ul style="list-style-type: none"> <li>• Improved collaboration across Team particularly in ICT and Information teams</li> </ul>	All

<b>Partnerships</b>		
1. Develop with Trust team, an integrated plan for the people of Belfast with a range of partners & agencies	<ul style="list-style-type: none"> <li>• A draft plan &amp; implementation schedule</li> </ul>	BMQ/SD
2. Contribute to the Plan & Implement the agreed HSCB/LCG functions devolved to the Belfast Trust	<ul style="list-style-type: none"> <li>• Seamless transition of appropriate HSCB/LCG functions to the Belfast Trust within agreed timescales</li> </ul>	All
3. Continue to work with other Trusts in the delivering of service modernisation	<ul style="list-style-type: none"> <li>• Implementation of Ophthalmology Outpatient Service modernisation across the SEHSST/NHSST/SHSST</li> </ul>	JT
4. Continue to work with LCG/ Primary Care on the development of Integrated Care Partnerships & future service delivery	<ul style="list-style-type: none"> <li>• Implementation of agreed further ICP's service developments</li> </ul>	SD
<b>Resources</b>		
1. Coding Productivity & Quality Plan	<ul style="list-style-type: none"> <li>• Ensure delivery of coding excellence to support decision making</li> </ul>	NW
2. Health Records: Digital scoping exercise complete and take forward development of Trust strategy	<ul style="list-style-type: none"> <li>• Ensuring progress with modernisation of clinical documentation to support clinicians and patients</li> </ul>	JT/PD
3. Contracts- Successfully deliver Domiciliary Care Procurement	<ul style="list-style-type: none"> <li>• Focus on improved quality through robust sustainable longer term contracts with independent sector providers</li> </ul>	JT
4. Achieve financial balance as per agreed plan	<ul style="list-style-type: none"> <li>• PPI Financial Stability</li> </ul>	All

#### 4.10 Finance, Estates and Capital Development Management Plan 2016/17

Objective	Outcome	Responsible
<b>Safety &amp; Excellence</b>		
<ul style="list-style-type: none"> <li>▪ Contribute to the transition of the Glenmona project in respect of oversight of Finance, Estates &amp; ICT functions</li> <li>▪ Contribute to the preparation and presentation of statutory annual accounts compliant with extant guidance and in line with the required timescale.</li> <li>▪ Provide the fixed asset information required to meet the Annual Accounts faster closing deadline.</li> <li>▪ Ensure MORE Programme Accountability Board governance &amp; reporting process, provides effective information to monitor implementation of the Trusts modernisation &amp; reform agenda.</li> <li>▪ Ensure Internal Audit recommendations are implemented on a timely &amp; appropriate basis.</li> <li>▪ Deliver the below delegated limit Estates Capital Projects for the Trust within the time and budget agreed</li> <li>▪ Ensure the Capital Projects are designed and built in compliance with extant guidance and regulations.</li> </ul>	<p>Contribute to the process to maintain service continuity.</p> <p>Fulfil Statutory requirements.</p> <p>Fulfil Statutory requirements.</p> <p>Improved resource efficiency.</p> <p>Maintain a robust internal control process.</p> <p>Improved resource efficiency.</p> <p>Fulfil Statutory requirements.</p>	<p><u>Director of Finance, Estates &amp; Capital Development &amp;</u> Co-Director: (Accounting &amp; Financial Services)</p> <p>Co-Director: (Accounting &amp; Financial Services)</p> <p>Co-Director: (Commissioning &amp; Capital Development)</p> <p>Co-Director: (Resource Utilisation)</p> <p>ALL Co-Directors</p> <p>Co-Director: (Estates Management)</p> <p>Co-Director: (Capital Development)</p>
<b>Continuous Improvement</b>		
<ul style="list-style-type: none"> <li>▪ Ensure that Retained Financial functions resulting from the Shared Services project are fully embedded</li> <li>▪ Explore new technologies to improve performance in transaction processing, financial reporting and business intelligence.</li> <li>▪ Patient Line Costing roll out will continue and further use made of Trust information systems to support more accurate costs.</li> <li>▪ Explore and evaluate options to develop an electronic Patients Travel claim management system. Explore new banking technologies to provide an enhanced more efficient service.</li> <li>▪ Introduce the new eTenderingNI electronic procurement system for Works and Service and Maintenance Contracts.</li> <li>▪ Identify and progress the rationalisation of the Trust estate and support projects that enhance service delivery and business continuity.</li> </ul>	<p>Improve service delivery.</p> <p>Improved efficiency.</p> <p>Demonstrate improvements in efficiency.</p> <p>Improved efficiency.</p> <p>Improved efficiency.</p> <p>Improved efficiency.</p>	<p><u>Director of Finance, Estates &amp; Capital Development &amp;</u> Co-Director: (Accounting &amp; Financial Services)</p> <p>ALL Co-Directors</p> <p>Co-Director: (Commissioning &amp; Capital Development)</p> <p>Co-Director: (Accounting &amp; Financial Services)</p> <p>Co-Director: (Estates Management)</p> <p>Co-Director: (Capital Development)</p>



<b>People</b>		
<ul style="list-style-type: none"> <li>▪ Identify L+D priorities and develop an implementation plan including promotion of the new HFMA learning modules.</li> <li>▪ Continue to promote effective communication through team briefings, team effectiveness sessions and completion of SDR's for all staff.</li> <li>▪ Undertake a review of the ' Building on Success' vision, incorporating the views of an external reviewer, staff engagement session and external stakeholders.</li> <li>▪ Work with Employability Steering Group to provide opportunities for placements for Young People in Care within the Directorate.</li> </ul>	<p>Continue to develop a professional team.</p> <p>Increased staff engagement.</p> <p>Continue to develop a professional team.</p> <p>Contribute to effective care outcomes.</p>	<p><u>Director of Finance, Estates &amp; Capital Development &amp;</u></p> <p>ALL Co-Directors</p> <p>ALL Co-Directors</p> <p>ALL Co-Directors</p> <p>ALL Co-Directors</p>
<b>Partnerships</b>		
<ul style="list-style-type: none"> <li>▪ Participate in Regional working groups to share learning and experience.</li> <li>▪ Develop effective business relationships following the outcome &amp; implementation of the revised HSC Commissioning arrangements.</li> <li>▪ Continue to work with Directorate colleagues to develop their business acumen and understanding.</li> <li>▪ Work with PaLs and CPD Health Projects to ensure that we are delivering the best value in the delivery of Minor Works and Maintenance Services.</li> <li>▪ Involve staff, patients and service users in design development of new buildings.</li> </ul>	<p>Shared learning.</p> <p>Make an effective contribution to HSC objectives.</p> <p>Improved decision making.</p> <p>Effective use of resources.</p> <p>Improved clinical environments.</p>	<p><u>Director of Finance, Estates &amp; Capital Development &amp;</u></p> <p>ALL Co-Directors</p> <p>ALL Co-Directors</p> <p>ALL Co-Directors</p> <p>Co-Director: (Estates Management)</p> <p>Co-Director: (Capital Development)</p>

Resources		
<ul style="list-style-type: none"> <li>▪ Refine &amp; Develop Savings Plans &amp; Workforce Management reports using Trust information systems eg E Rostering &amp; HRPTS.</li> <li>▪ Ensure monthly Financial Reporting both within the Trust and external to Commissioning Bodies / DHSSPS are an accurate reflection of current performance.</li> <li>▪ Review and revise the Capital Schemes monitoring procedure ensuring appropriate expenditure is capitalised and spend profiles are reflective of scheme development.</li> <li>▪ Develop a more robust approach to Business Case evaluation.</li> <li>▪ Provide support to clinical / organisational transition programmes including New Directions 2.</li> <li>▪ Continue to develop a resource utilisation culture throughout the organisation</li> <li>▪ Use information on the physical condition of our Estate to ensure resources are targeted at the most appropriate need.</li> <li>▪ Develop Business Cases in line with the Trust Capital Priorities.</li> </ul>	<p>Effective use of resources.</p> <p>Maintain robust financial reporting.</p> <p>Maintain robust financial reporting.</p> <p>Effective use of resources.</p> <p>Effective use of resources.</p> <p>Effective use of resources.</p> <p>Effective use of resources.</p> <p>Effective use of resources.</p>	<p><u>Director of Finance, Estates &amp; Capital Development &amp;</u></p> <p>Co-Director: (Resource Utilisation)</p> <p>Co-Director: (Financial Management)</p> <p>Co-Director: (Commissioning &amp; Capital Development)</p> <p>Co-Director: (Commissioning &amp; Capital Development)</p> <p>Co-Director: (Resource Utilisation)</p> <p>Co-Director: (Resource Utilisation)</p> <p>Co-Director: (Estates Management)</p> <p>Co-Director: (Capital Development)</p>

#### 4.11 Corporate Communications Management Plan 2016/17

Objective	Outcome	Who
<b>Safety and Excellence</b>		
To enhance the reputation of the Trust by ensuring that its safety and excellence work is supported through effective communication	<ul style="list-style-type: none"> <li>• Media and public liaison responses online</li> <li>• Enhanced public affairs function</li> <li>• Enhanced awards and external benchmarking</li> <li>• Conducted and published Library Service Review</li> </ul>	MPLM/DCM MPLM All CRIS
<b>Continuous Improvement</b>		
Effectively communicate improvements on the delivery of health and social care  Actively seek and realise opportunities for continuous improvement and innovative communication with our service	<ul style="list-style-type: none"> <li>• Increased use of collaborative social engagement</li> <li>• Increased use of multiway communication</li> <li>• Increased digital filming capacity</li> <li>• Embed evaluation into communication</li> <li>• New media capabilities procured</li> </ul>	All DCM/SCM DCM/SCM HOC CRIS
<b>People</b>		
To proactively promote the Trust as an employer of choice in which people feel recognised and rewarded	<ul style="list-style-type: none"> <li>• Internal communications strategy established</li> <li>• Attendance management compliant</li> <li>• Comply with all mandatory training</li> </ul>	SCM/HOC All All
<b>Partnerships</b>		
To support the organisation in partnership working	<ul style="list-style-type: none"> <li>• Renewed communications support for consultation process</li> <li>• Internal partnership framework established</li> <li>• Commercial sector partnerships established</li> <li>• Specialist library partnerships established</li> </ul>	SCM SCM/EM CRIS CRIS
<b>Resources</b>		
Ensure allocated resources are well managed	<ul style="list-style-type: none"> <li>• Effectively managed budget</li> <li>• Formalised targets for income generation</li> <li>• Funding streams developed for resource development</li> </ul>	HOC CRIS CRIS