



Northern Health  
and Social Care Trust

# Corporate Plan 2016 - 2017



**FINAL**

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## Foreword

The Northern Health and Social Care Trust is responsible for the delivery of safe and effective health and social care services to the population of the Northern Trust area in Northern Ireland. This requires the commitment of a highly skilled and professional workforce, a safe and sustainable service model, with sufficient and effective use of resources.

Health and Social Care services are delivered against the backdrop of a growing and ageing population, with increasing demand for services as we manage more long-term conditions such as diabetes and respiratory disease. We must modernise our services and find innovative solutions to the challenges we face, while also attracting and retaining the staff we require and training the next generation of health and social care workers.

This means we must work with our staff, local communities and partners to design services that reflect international best practice. We must provide high quality care, ensure good experience, and deliver good value for money. The Northern Trust must also be “a great place to work”.

The regional review of health and social care services, ‘Transforming Your Care’ (TYC), has set out the strategic direction for change in the way services are delivered and the current review by the Expert Panel, established by the Minister for Health, will reflect on this and provide a further perspective during 2016. The focus continues to be on providing care as close to home as possible, or in local community settings, supported by access to effective acute hospital services. We must also work effectively with partners in general practice, the community and voluntary sector and with the independent sector.

This Corporate Plan sets out our vision and our approach to addressing these challenges. We have established a formal programme to ensure we take forward development and change in a sustainable way with proper community engagement. We have also focussed on ensuring there is effective support to staff, underpinning good governance, assurance and risk management and maintaining service continuity and stability.

This plan continues to build on work that came out of the period of Turnaround, and in particular an acknowledgement that there needed to

be more direct clinical engagement and leadership in service planning and delivery.

Plans for development and improvement will need to be supported by investment. Antrim Hospital needs 'right sized' to cope with the demand placed on it as one of the busiest Emergency Departments in N Ireland, and the consequent impact for wards, diagnostics and community services. Causeway Hospital is a vital part of our two acute site network to serve the population of the northern area. Causeway too needs developed to ensure it continues to provide services that are safe, sustainable and offers added value in terms of what it can contribute to local and regional challenges, including growing elective waiting lists.

Some of the most far reaching changes are required in community based services to ensure we can continue to meet the needs of our population in the years ahead. Transformation is well established in Mental Health services, with increased community based support and care, and fewer hospital admissions. Similarly, increased independence for those with a physical disability, or a learning disability requires a shift towards better, more varied support for independent lives. Our transformation journey has begun. Our Programme for Reform and Modernisation across services (RAMP) will provide the framework for taking this forward.

We are confident in the skills and compassion of the Trust's staff. We acknowledge the challenge of working with our staff, communities and partners to ensure we constantly improve services in ways that make sense to staff, and to patients, clients and carers. We are keen to engage with all who have an interest in ensuring we have the best possible health and social care services in the northern area. We hope that through our conversations we can work together to build on the great services we have already and address the challenges we face by making informed choices about shaping our services for the future.

Bob McCann  
Chairman

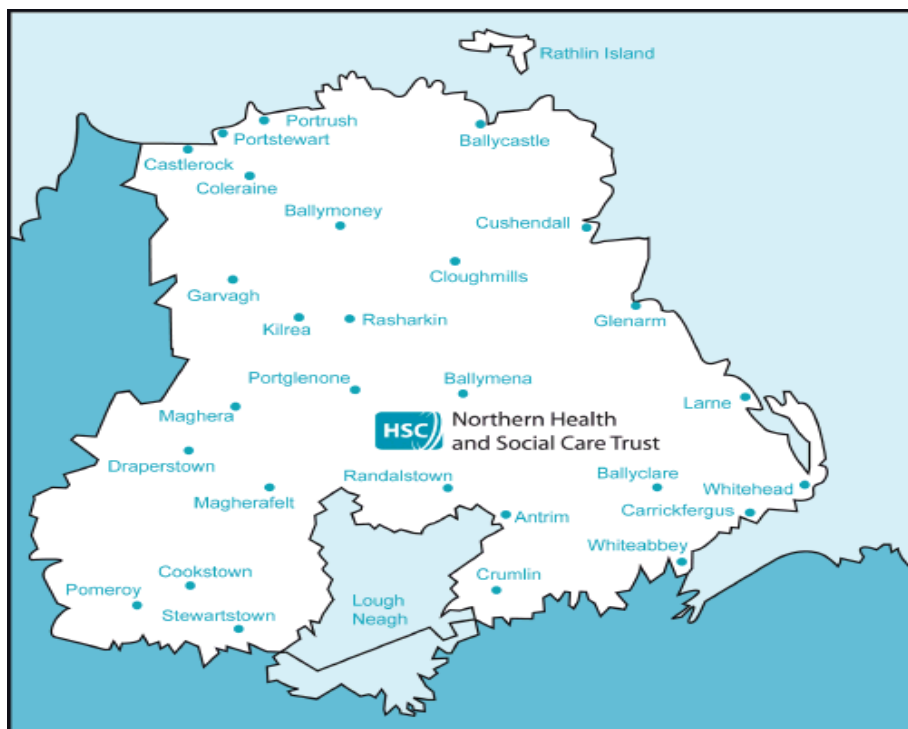


Dr Anthony Stevens  
Chief Executive

## Section 1- About the Trust

### The Trust Overview

The Northern Health and Social Care Trust (the Trust) was established on 1 April 2007. We provide a wide range of acute hospital, community care, social services and services in people’s own homes across the whole of the Trust area, which has a population of approximately 465,000. The map below shows the geographical area covered.



In providing health and social care services, our staff work closely with others including local GPs and other agencies and providers, delivering services in people’s own homes and in other community settings. The Trust purchases some services from other independent providers, primarily nursing and residential homes, also from independent domiciliary care providers and a range of non-residential services such as day care and counselling, working with the community and voluntary sector.

## Services

The Trust provides a range of community services to help people to plan, manage and adapt to changes in their health, as well as respond to times of crisis. We provide services for older people, children, people living with a mental health condition and people living with a disability. Last year we delivered 2,656,472 domiciliary care hours to 4157 people and our District Nursing service made 330,304 contacts with patients. Our physical and sensory disability teams had an active caseload of 1950 service users at the end of March and our family and child care teams a caseload of 10,222 service users.

We provide a wide range of acute services from Antrim and Causeway Hospitals, and some hospital Consultant lead out-patient clinics and day surgery services are provided across a number of the five community hospitals. Many specialist or regional acute services are provided by other Trusts in Northern Ireland and indeed some are provided outside of Northern Ireland. For example cardiothoracic surgery, major trauma care, neurosurgery and oesophago-gastric and liver surgery are provided in Belfast for all of Northern Ireland. People living in the Northern Trust area who require orthopaedic surgery or intervention cardiology services receive those services in Belfast or Altnagelvin Hospital. Plastic surgery is provided in the Ulster Hospital for the region and Belfast does all the kidney transplants in Northern Ireland. Those requiring a liver transplant go across to the mainland UK. Children's cardiac surgery is provided in Dublin for the whole of Ireland.

Divisional Directorates provide the management arrangements for the delivery of Trust services:

- Women, Children and Families Services
- Surgical and Clinical Services
- Medicine and Emergency Medicine Services
- Community Care Services
- Mental Health, Learning Disability and Community Well Being

## Staff

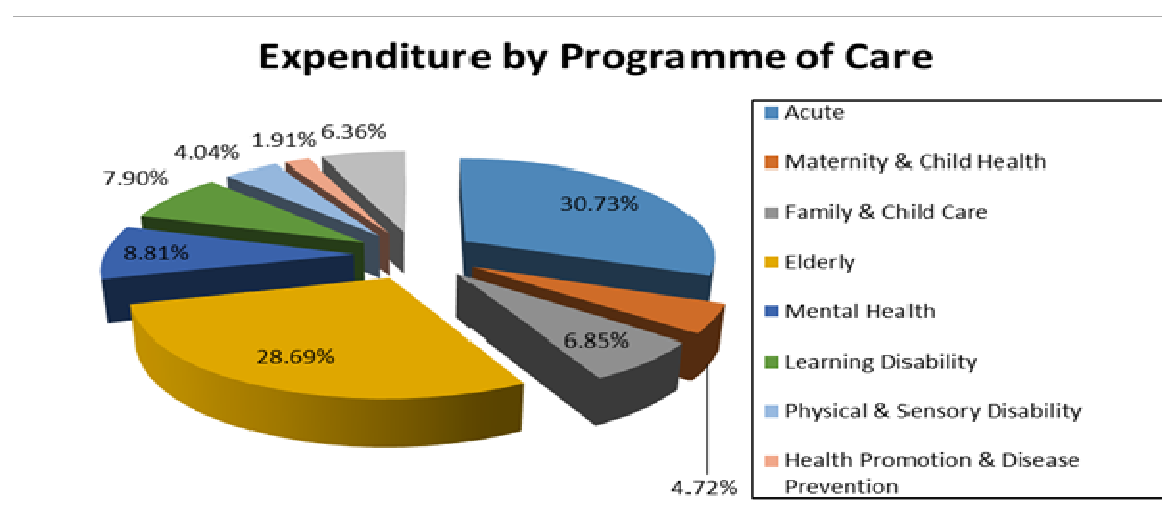
We employ 11,711 staff across a range of disciplines including Nurses, Social Workers, Doctors, Medical Secretaries, Porters, Drivers, Electricians, Engineers, Homecare Staff and many more. The table below shows a high level profile of staff by professional group.

Staff Group	Total
Administrative and clerical	1924
Estates Services	133
Support Services	1117
Nursing and Midwifery	3710
Social Services	2675
Professional and Technical	1553
Medical and Dental	599
<b>Total</b>	<b>11711</b>

## Finance

The Trust’s annual funding is about £655m million, the vast majority of which is provided by the Health and Social Care Board, originating from the Department of Health Social Services and Public Safety (DHSSPS) through the budget set by the Northern Ireland Assembly. The Trust spends approximately £403m on Staff and Related Costs and a further £252m on Non-Pay expenses including £135m on the purchase of care.

The following table shows how this funding is applied across Programmes of Care:



## Performance

### Emergency Departments (ED) and Hospital Services

Over the last year we have seen relentless pressure on unscheduled care with a 7% growth in demand at our Acute Hospital Emergency Departments. Four hour and 12 hour performance in ED has been improving over the last few years, though this most recent period has seen that deteriorate. The challenge is in the needs of those presenting to ED. While we are reducing the number of people who need to be admitted as an in-patient to hospital, given the growing age profile and complex needs of those who are admitted, the stay in hospital is marginally longer with a big impact on bed availability. While our focus will continue on preventing admission to hospital, there is a need to couple this with the right number of acute hospital beds and staffing.

### Elective Care Services

There has been a very significant growth in the numbers of people waiting for an acute hospital out-patient appointments and planned routine surgery has also lengthy waiting times. This is down to a growth in the number of referrals and the suspension of the use of independent healthcare providers to meet that demand, though some additional funding was made available for the three months to the end of March just past. This had a positive impact but will not be sustained without further additional funding.

### Cancer Services

The Trust has largely sustained a maximum 14 day waiting time for all red flag best cancer referrals to be seen, with a dip in this in winter associated with successful media coverage of breast screening awareness and a big increase in referrals. The onward journey for patients accessing cancer services is also measured at 62 days and this standard has seen real challenges given the issue of demand for out-patient services and on diagnostic services.

### Community Care

Our community services play a very significant role in assisting people to live well at home, helping people leave hospital promptly when they are ready and also in preventing people from having to go into hospital at all. This reform has been growing over recent years and its success is down to effective integrated care and clinical leadership. More development is



needed however, particularly in domiciliary care where there are real challenges in attracting people into homecare services.

### Children and Families

The Child and Adolescent Services have achieved and sustained the nine week maximum wait for access to the service, which is of significant benefit to young people and their families.

### Mental Health and Disability

Services have sustained a positive position in adult services waiting times and in crisis response services. Resettling people into community settings that meet their particular needs and providing person centered services to enable individual to achieve their optimum independence, continues to be the focus.

## Facilities

The Trust has 330 properties in its ownership or leased. The annual rates value is over £4 million. Our energy costs are £6.3 million and last year the energy costs for Antrim Hospital exceeded £1 million. Many of the properties in the Trust Estate are old and need regular maintenance and repair. In addition we have some new modern facilities including the new Ballymena Health and Social Care Centre, with an investment of £25 million. It opened in early 2016, as did a new dental suite at Antrim Area Hospital. Our annual capital plan this year will see us spend about £10 million on our buildings and equipment.



## Section 2: Our Vision, Values and Strategic Direction

### Our Vision

To deliver excellent integrated services in partnership with our community

### Our Values

In delivery, planning and reforming we adopt our '**Core**' values:

- 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 Principal Objectives

We have established principal corporate objectives to give a structured, consistent and concentrated focus to our efforts:

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 meets performance targets.

Objective 3: To use all of our resources wisely

Objective 4: To have a professional management culture with effective leadership, 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

## Strategic Direction

Regionally Health and Social Care Services are given strategic direction through the Executive, the Minister and Department of Health, Social Services and Public Safety, with **Programme for Government** setting out high level direction and funding for services, and **Commissioning Principles Direction** the specific areas for health and social care services to address in their Delivery Plans.

The direction on the modernisation of services regionally was set out in '**Transforming Your Care**' (TYC), published in 2011. It describes a reform of services to make best use of all the resources available to us, and address the challenges to provide services that are safe, resilient and sustainable into the future. The key principles set out in TYC are:

- Placing the individual at the centre of the service
- Using outcomes and quality evidence to shape services.
- Providing the right care in the right place at the right time.
- A focus on prevention and tackling inequalities.
- Integrated care, with organisation and individuals working together.
- Promoting independence and safeguarding the most vulnerable.
- Ensuring sustainability of service provision.
- Realising value for money and maximising the use of technology.
- Incentivising innovation at a local level.

### Quality 2020

'*Quality 2020*' is a ten year Strategy for Health and Social Care in Northern Ireland launched by the DHSSPS. The quality areas are safety, effectiveness and person centred services. These objectives are embedded in our local innovation and quality improvement initiatives.

### Making Life Better

'*Making Life Better 2012–2023*' is the ten year public health strategic framework, providing direction for policies and actions to improve the health and wellbeing of people in NI. It has a focus on the broad range of social, economic and environmental factors which influence health and wellbeing and brings together actions for implementation at regional and local level. It aims to create the conditions for individuals and communities to take control of their own lives and achieve their full health and wellbeing potential, and to reduce inequalities in health. This is at the heart of our local health and well being improvement programmes.

## **Section 3: The Challenges**

The health and social care system is facing tremendous challenge. While high quality services continue to be delivered every day, services are clearly under pressure. These pressures are here and now and are caused by a number of factors.

### **A Growing Older Population**

Advances in screening, medicines and treatments as well as lifestyle and an improved economic environment, mean that people are living longer. For many it means they are living with one or more illnesses and long-term complex conditions such as diabetes and heart disease. Nearly two-thirds of people admitted to our hospitals are over 65 years old and when admitted to hospital, older people stay longer and are more likely to be readmitted.

### **Quality and Standards**

Advances in our understanding of diseases, in medicine and technology mean minimum acceptable standards evolve. New standards are adopted by Commissioners and service models are required to adapt and change to ensure consistently achieved quality outcomes. Service models that cannot achieve these increasing standards are not sustainable.

### **Demand**

The demand for services actually exceeds the growth in population increases. This is due to the increased focus on screening, early diagnosis and intervention and the potential to successfully treat more conditions. The availability of new technologies tends also to increase costs and options for treatment. Demand growth is estimated at 6% each year.

### **Workforce**

We have a skilled and dedicated workforce. We strive to create a culture based on our values, with good staff engagement. We recognise the importance of creating a community of leaders who are empowered in leading change and improvement. We also face challenges, particularly in fulfilling our recruitment needs for key roles due to supply shortages in some professions; particularly in certain medical specialities, nursing and home care workers. Increasing subspecialisation, particularly in medicine and the training requirements of doctors also present challenges in planning and delivering services in our hospitals.

## **An Extensive and Ageing Estate**

We have 330 buildings to maintain and many are ageing and not suited to modern service delivery. We must maintain buildings to ensure safe working conditions and a suitable environment for delivering our varied services. We spend more than £4million each year on rates.

## **Finance**

There is a continuing debate about how and where funding is allocated by our regional Government and nationally, with competing demands. Northern Ireland currently spends around £4 billion annually on health and social care. It is acknowledged that the service model needs to change if we are to make best use of the finances available. Further investment is also needed to take account of new technologies and the capability of the service to do so much more, as well as increased costs and demographic growth.

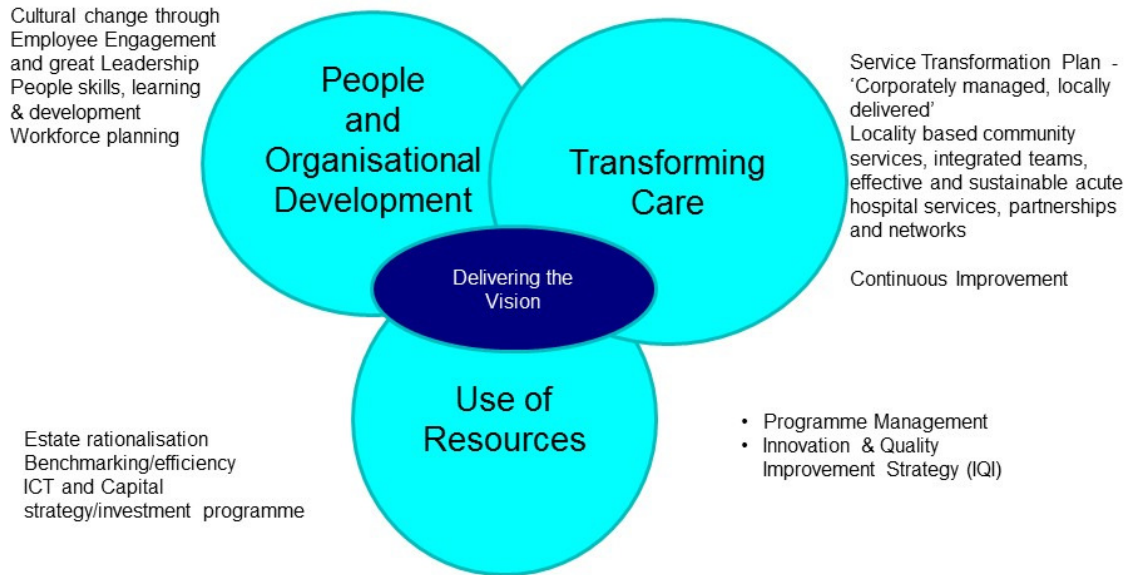
## Section 4: Reform and Modernisation Programme

The Trust has developed a Reform and Modernisation Programme, RAMP, which will provide the framework to take forward strategic change across the organisation. RAMP takes account locally of key regional strategies, including Transforming Your Care, Quality 2020 and Making Lives Better. RAMP is forward looking, however it incorporates the lessons learned from the Trust's recent period of turnaround and building on the progress made and the recommendations for continuing progress.

In order to address the challenges we face, RAMP has set out three key areas or work streams, each led by a Director within the Trust Executive Team, supported by a programme management approach. The three key strands of work are:

- People** This work stream takes forward Organisational Development, developing a culture of effective employee engagement, great leadership, learning and development for multi-disciplinary teams and a communication strategy that encourages and creates dialogue within the Trust and with our communities.
- Services** The service transformation work stream has identified nine key reform programmes that cover all key services areas in the Trust from community care to acute care, each with a focus on delivering services that are of high quality, sustainable and take account of key challenges, with measurable targets for improvement
- Use of Resources** This work stream looks to the use of our existing extensive estate and those buildings we rent or lease, aiming to rationalise how we use the estate and by doing so, put more resources into direct patient care and make the case for new capital money to provide modern, efficient buildings that can fit for purpose. This work stream also looks to the use of ICT and technologies to support service delivery.

## RAMP : 3 Implementation Streams Supported by Innovation



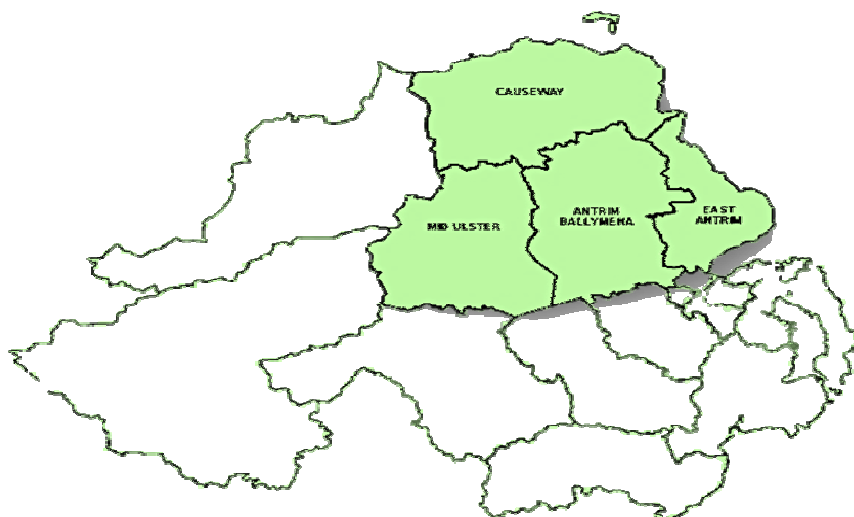


## Section 5: Service Transformation

If we are to address the challenges faced by health and social care, we will need to change the way we deliver services.

The Trust Vision is to provide excellent, integrated services in partnership with our community. In order to delivery this we have set out a focus on key areas. The service transformation work stream under RAMP will be the means to talking forward this work, underpinned and enabled through dialogue and engagement. Our ambition is to provide:

- A locality-based, integrated community services model that delivers services within the home as the first choice, and with access to local in-patient rehabilitation beds and modern community services facilities, that collectively prevent admission to acute services, support prompt discharge and improve the patient's experience.
- An acute hospital service model restructuring our two acute sites, Antrim Hospital and Causeway Hospital, with each 'right sized' and invested in to cope with presenting demands, working collaboratively to provide a safe, sustainable and effective service model to meet the needs of our area and with networks outside the Trust area to secure and extend our local services.





## **A Locality Focus**

In relooking at how we deliver Community Services, we have reflected on the new local Council areas and have refocused our internal structures so that we deliver services in four Trust localities – Causeway and the Glens, Mid Ulster, Antrim/Ballymena and East Antrim. Our ambition is to have a suitably accessible community services ‘hub’ in each locality, like the new Health and Care Centre recently opened in Ballymena. These modern facilities would provide access to locality services such as walk-in clinics, planned out-patient appointments, pharmacy, mental health services, patient support and social groups, diagnostics such as blood tests, equipment and advice. Things not possible to deliver in the persons own home.

However to make a compelling case for this investment to be made in the northern area, we need to rationalise the buildings we have already to make better use of all our resources and direct more of our funding into direct care.

## **Person centred, integrated community care services**

Effective, integrated, locality based, community services that are delivered in partnership with the service user, carers and with local communities are vital to the success of the whole system working. Local services must prevent and respond, supporting people to live independently, with home as a first choice. The service must be built around the needs of the individual, with the whole team working together. We want to see care delivered in ways that ensure people receiving services feel everyone involved in their care is part of the same team and know what each other is doing. This is what we mean by integrated teams.

Most people are cared for by their GP and practice nurse. It is important when several services are involved in supporting someone that they work in a joined up way to ensure the focus remains on the individual’s needs. Staff from the Trust will work together in joined-up teams, in partnership with local GPs and with access to a range of local resources including equipment, assistive technology, domiciliary care and access to more advanced diagnostics or a short stay in a community hospital for treatment or rehabilitation.

Community teams will serve the local populations they know well and will ensure that care needs are anticipated and met in a way that

improves the patient experience and reduces the need for hospitalisation.

The teams will manage their resources locally and will be developed around groups of GP Practices. This will ensure that all health and care professionals have an understanding of all the health and social care needs of people in their care, not just in the specific specialism that they are trained in. Local teams will ensure better links with mental health professionals so that frail older people with both physical and mental health problems receive better joined-up care.

Integrated Care Partnerships are already established and provide a locality based forum where the planning and development of services across sectors comes together. This involves the Trust working with local GPs, local Pharmacies, Community/ Voluntary sector and others to develop services in ways that make use of our collective contributions.

## **Community Well-being**

Empowering individuals to keep healthy and stay well is an important objective for society as a whole. The community plans being put in place by Councils across Northern Ireland are a means of ensuring a shared focus on this objective across statutory partners and voluntary and community sector organisations. The Trust will work with Councils and other statutory partners in the completion of these plans and the development of community initiatives to improve community health and well-being and to build resilient communities.

Through health and well being programmes, networks and communication, we will also seek to promote the need to make positive life style choices, support self care and independence, as well as promoting appropriate access to services.

## **Services supporting People with Disability**

For people with a Physical or Sensory Disability, the Trust will continue to work in partnership with individuals to promote independence and enable them to have more control over the type of services that they want to receive.

People accessing Physical or Sensory Disability services have equity of access to all Trust services, facilities and information. Services are

person centred and offer maximum choice of service and equipment. A community development approach is used to maintain people in their own environment and to promote partnership working across organisations and groups.

Service Users are encouraged to take up the opportunity of self directed support and the individual budgets will allow them to have more choice about what services they receive.

For those who wish to access constructive day time activity there are opportunities through support services in the community for people including day care, further education, training and employment.

The needs of Carer's are also considered and in addition to the regular short breaks available there are alternative short breaks designed with the service user for the service user. The success of this project has seen it grow from strength to strength.

The Regional specialist hospital services can be accessed for a range of specialist rehabilitation services ie Musgrave Park Hospital. The Regional Acquired Brain Injury Unit at Musgrave Park Hospital liaises closely with the Trusts Brain Injury Service which the community Physical Disability Teams link in with to ensure a seamless service.

The Sensory Support Service provide advice, support and equipment to assist with a visual and/or hearing loss and similarly to the other community teams liaise closely with community and voluntary organisations to provide a holistic service.

## **Mental Health Services**

The Trust will build upon and consolidate the service transformation in mental health services of recent years. Central to this is the embedding of Recovery as an ethos and culture of service delivery across all settings. This will include the deployment of peer workers within services and the strengthening of the role of the Trust's Recovery College.

The focus on early interventions will be maintained working with voluntary and community sector partners and primary care through our locality based well-being hubs. These hubs will link in with networks of local services as part of the Trust's locality focus for community service delivery.

Following the accreditation of our Psychological Therapies Service in 2015 we will continue to assure the quality of service delivery through accreditation of services focussing on mental health acute inpatient services and community mental health teams.

During 2015/16 the Trust established RAID, a mental health liaison services in Antrim and Causeway Hospitals using Change Fund investment. The 2016/17 period will see the embedding of the RAMP ethos of working transforming the care and patient experience of people presenting in acute settings with coexisting mental health needs.

The Trust will continue with its reform of mental health services for older people with the full embedding of new ways of working in community teams, the roll out of the CLEAR Model of Dementia Home Support within all EMI Care homes and to people with complex dementia living at home and the further establishment of Dementia Friendly communities across the Trust area

## **Learning Disability Services**

In September 2015 the Trust initiated a service reform project for our community learning disability services. This project includes a fundamental review of the role and function of community learning disability team services. During 2016/17 this project will move from planning to implementation which will include continuing engagement with service users and carers. The reformed service will be informed by a clear and shared vision for community learning disability services, delivered by highly functioning, inter-disciplinary teams utilizing evidence based best practice.

Short break services provide essential respite for carers and the Trust will finalise in 2016/17 a review of these services for people with learning disabilities. The focus of the review's recommendations will be to improve targeting and access to resource intensive services to those who are most in need whilst developing alternative choices for those with more general needs .

The needs of clients attending adult centres has changed dramatically over the past decade with the focus now being primarily upon those people with complex health care needs and those with challenging behaviours. The Trust working with Health Projects will review the accommodation requirements to meet these changing needs.

## **Services for Women, Children and Families**

During 2015 the Trust reviewed its internal structure creating the Women, Children and Families Division, as part of the overall transformation programme within the Trust. The vision for the division is to deliver excellent integrated service with our children, families and staff.

For many children and their families, contact with our staff may involve services such as Maternity, Health Visiting or School Nursing services. Others will require more targeted support, possibly through neonatology, acute care, safeguarding, looked after children or disability services. The revised structure provides the template to effect a more streamlined pathway and our challenge will be to ensure that our service redesign will deliver joined up approaches to care and as a consequence produce better outcome for our users and their families.

We will review and modernise our care pathways to achieve the outcome of the Regional Maternity Strategy for NI and the regional paediatric review. Internal and External networks will be development through clinical leadership to ensure that Women and Children are cared for in the most appropriate environment, avoiding the need for unnecessary admission to acute hospital care. We will continue to work with the Support Families Strategy, a five year plan designed to shift the focus towards supporting families through early intervention and prevention strategies.

As corporate parents we will continue to provide support to all of our looked after young people and help them attain better outcomes in terms of overall health and wellbeing.

## **Delivering Acute Hospital Services**

Acute Hospital services are currently a focus of the regional review of services. In the northern area we provide services from two acute hospital sites, Antrim Area and Causeway Hospitals. Given the location of our acute hospitals and the nature of the large geography that we service, we believe that it is essential that both our acute hospitals are developed and supported to work collaboratively to provide a strong sustainable model for acute services locally, and networked with other

acute services, particularly in Belfast and the West. This will allow us to maximise the range and sustainability of our local services.

Our acute hospitals need to be ‘right sized’ and properly resourced to deal with demands now and in the future. Antrim Hospital is one of the busiest in Northern Ireland. In terms of attendances at the Emergency Department, ambulance arrivals and emergency admissions, it is arguably the third busiest hospital in the region.

We anticipate that the demand for services at Antrim Hospital will continue to grow. We also know that Antrim Hospital is not big enough to meet current demand and needs considerable investment, with additional theatres needed, a women’s and children’s unit, endoscopy facilities and out-patient areas extended and more physical space within the acute bedded wards to support infection prevention and improve patient experience. A business case for a new Mental Health facility is currently underway.

Causeway Hospital needs a service model that will allow it to continue as a viable, vital, safe and sustainable acute service. We want to continue to provide Emergency Departments at both Antrim and Causeway Hospitals because of the size of the area, the population numbers and the current demands.

Causeway Hospital is a relatively new, modern acute hospital building and the existing physical space will be reviewed to make best use of the potential available space to embed and expand services, such as an expansion of elective services and renal dialysis. Some capital investment is required to enable this, along with providing vital equipment including a second CT scanner so that more efficient diagnostic work can be achieved. We will make a case for investment in both our acute hospitals.

## **Staffing and Networks**

In order to sustain our acute hospital services, hospital staff will increasingly be recruited to the two site acute model, working across sites as required, and contributing to clinical networks in some acute specialties, to strengthen local services that are vulnerable due to small teams or limited numbers of staff with particular expertise.

Given the challenges in securing sufficient staff numbers and skills, we will need to be creative and relentless in marketing our acute service

model to attract doctors and nurses to our patch. The commitment to both our acute hospitals and 'right sizing' the hospitals, will fuel those efforts.

We must not under represent the need for formal clinical networks. We have worked in partnership with neighbouring Trusts for many years but formal networks for the delivery of a service bring a different way of working that secures access for people in both the host and participating Trust areas. Services commissioned through formal networks will ensure that when pressures do present, the whole system is considered and local access is not lost due to pressures back at the host Trust. Staff, expertise, facilities and equipment are a shared resource in the delivery of the service. Outcomes consistently delivered across the shared areas, and a more efficient use of resources are all within the brief of the formal clinical network.

There are challenges too in securing staff for community services. In particular attracting people into the provision of domiciliary care or homecare services is very evident. We will work with both our in-house service and with the independent sector to develop the arrangements that will make homecare services an attractive career option. Homecare is the linchpin for effective personalised care at home.



## **Framework to take forward Service Transformation**

The need to focus on person-centred care, enabled through integrated working, is at the heart of the service reform work stream in RAMP. We need to change the way we deliver services if they are to remain safe and sustainable.

To take forward this work we have set up nine individual work streams, each of them contributing to the overall service transformation. Each stream is large and involves sub-groups and related work. Each must embed stakeholder engagement in developing their plans and work closely with the regional and local Commissioners. Over time, work streams may be added to or reduced as work progresses. The Service Transformation work streams are set out below.

### **1. Locality Based, Community Integrated Care Services**

Establishing 14 locality integrated community service teams across the 4 main localities areas within the Trust, adopting care pathways to enable services to work in a more integrated way with the patient at the centre and providing access to modern shared facilities.

### **2. Domiciliary Care Services**

Expanding the capacity of domiciliary care services through a model that focusses on high quality, sustainable services that can meet the needs of vulnerable adults and older people living at home and is responsive to changing needs.

### **3. RAID: Rapid Assessment Intervention Diagnosis (Mental Health)**

Developing rapid response services, in the acute hospital and in community settings, to assess the mental health needs of the individual and provide interventions and treatments that improve the patient experience and the clinical outcome.

### **4. Mental Health Services for Older People**

Developing mental health services that focus on providing long term support and crisis response at home, and where admission to acute services is required that we provide modern therapeutic facilities that integrate with community care.

### **5. Care with Accommodation (Care Homes)**

Securing sufficient availability of high quality Nursing Care Home places across the Trust area to meet the future needs of our communities,



giving choice while ensuring the service is sustainable by working in collaboration with the Independent Sector and the Commissioner.

## **6. Maternity and Paediatric Services Modernisation**

Develop Maternity services that adopt the recommendations of the regional maternity strategy for acute hospital services and community care. Develop paediatric services that works alongside regional services and delivers local services that are safe and sustainable.

## **7. Out-patients/Surgery Modernisation**

Modernise the pathway for out-patient services, optimising the capacity of the service through pathways and multidisciplinary teams that improve patient experience, improve outcomes and reduce waiting times.

## **8. Theatre Modernisation**

Review how and where we provide emergency and elective surgical services to make best use of our skilled resources and effective use of theatres and seek to expand surgical capacity in light of demand.

## **9. Unscheduled Care**

Develop the service model to ensure we put sufficient resources into services that avoid the need for patients to be admitted to an acute hospital and when a period is required in hospital, that we have sufficient capacity for the acute services to respond, and the community and primary care services to support appropriate discharge home.

Through these arrangements we will take forward the steps required to address the challenges faced.

## **Section 6: Workforce & Organisational Development**

We employ nearly 12,000 staff and in order for us to achieve our vision of delivering excellent integrated services in partnership with our community we need to plan, build and develop a workforce who are flexible and responsive to patient and service needs and who are well engaged within the organisation.

The Francis Report, and subsequently Donaldson recommendations remind us of our responsibility to ensure that an engaged and open culture is conducive to the highest standards of patient safety, outcomes and experience.

Our effort under our Reform and Modernisation Programme is about making the Trust a great place to work and creating a culture where people want to and are proud to work for this organisation. This demands high quality leadership, excellent people management and development processes which focus on the needs of patients and clients and ultimately enrich the working lives of our staff.

### **Making Progress**

We have made significant progress in 2015/16 with developing and embedding the indicative behaviours associated with our values which we believe are enduring and reflect how we want to do things. We will continue to promote our employer brand establishing the Trust as a great place to work, where our 11,711 employees are advocates for the organisation.

Following the Divisional restructuring in 2014/15, we made significant progress in developing a Top Leaders Programme and we will continue to support the operational divisions to meet the ambition of a clinically and professionally led and managerially supported structure.

Our priorities in relation to the development of our workforce are to:

- further improve the culture of the organisation through excellent employee engagement and great leadership at all levels
- have clinical and professional staff in senior leadership roles leading service reform to achieve high levels of safety, quality care and performance.
- to develop 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.

- to develop and deliver a strategy for communication and external engagement that involves the staff of the Trust.

## **Priorities for this year**

### **To recruit and retain a sustainable workforce**

To do this we will implement a Recruitment and Retention Strategy with the aim of reducing 'hard to fill' medical vacancies, meeting safer staffing nursing establishments, reducing / better utilising temporary staffing, implementing a values-based selection process and reducing turnover in targeted areas.

### **To develop a highly skilled workforce**

We will continue to develop and implement an improved Education and Development programme, which enables staff to develop their skills and capabilities for today and for the future. We will provide best practice and innovative learning and organisational development interventions that are motivating and inspiring, and attractive to future staff. We will also support the development of career pathways for staff within the Trust

By the end of 2018/19 we will have a number of accredited internal coaches who will be able to further embed coaching practices within the Trust. We will then implement a coaching hub in order to learn from the current investment (tools, techniques, case studies) in order to establish a coaching legacy for the Trust.

Clinical Leads will have the opportunity to lead on improvement projects with the support and training that they need to translate innovation and research into practice.

We will support line managers that we recognise have the most significant influence on employees' working lives. This will be done through the provision of tailored innovative leadership programmes, reviewing and improving our corporate, departmental manager induction and appraisal programmes.

We will develop a support worker training strategy to facilitate staff development and improved patient care, particularly in social care and nursing.

## **Employee Health and Wellbeing**

We will focus on a reinvigorated approach to the health, safety and wellbeing of our staff. We will support the public health agenda within the Trust, providing delivery of the flu vaccine to support staff wellbeing.

Occupational Health Service will continue to provide treatments in the workplace, for example for physiotherapy for musculoskeletal conditions. We will build on this by offering psychological formulation and intervention at a team or individual basis if required.

## **Reward and Recognition**

To support our engagement and staff experience programmes we will develop a Reward and Recognition strategy to help motivate and provide a range of benefits for staff through their employment journey.

## **Communication and Listening**

We will work closely with teams in all Directorates and Divisions to develop action plans based on feedback from staff who took part in the 2015 regional staff survey. During 2016/17 we will be exploring more effective ways to engage with our staff to seek their views on how to effectively and efficiently deliver our services, through better use of team brief and continue to work to improve internal communications.

## **Working together / Effective Team Working**

We will promote working within and across multi-disciplinary and integrated teams and encourage innovation by providing support for the development needs of senior teams. We will support those teams identified within Directorates and Divisions through the provision of bespoke 'Team effectiveness' programmes.

## **Section 7: Innovation and Quality Improvement**

There are different ways to define quality in health and social care both within the United Kingdom and further afield. Most definitions include terms such as safety, timeliness, effectiveness, efficiency, equity and person centeredness.

The three areas of quality that the Trust will focus on mirror those in the 'Quality 2020 – A 10 Year Strategy for Health and Social Care in Northern Ireland' launched by the DHSSPS. The quality areas are:

- Safety – avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.
- Effectiveness – the degree to which each patient and client receives the right care (according to scientific knowledge and evidence-based assessment), at the right time, in the right place, with the best outcome.
- Person centred – all patients, clients and carers are entitled to be treated with dignity and respect and should be fully involved in decisions affecting treatment, care and support. The care environment, the organisation of care and access to care are equally important aspects of the patient and client experience. The involvement of patients, clients and carers is a central core element of our strategy.

Quality care will always be a journey, rather than a destination. This is recognised in the duty of quality placed on Trusts to "monitor and improve the quality of services provided to individuals and the environment in which it provides them." We recognise that there will always be opportunities for improvement.

Quality is everyone's business. All members of staff, irrespective of grade or discipline and including temporary staff and those with honorary contracts have this responsibility.

All quality improvement activity must add value for patients and clients. It means aspiring to ensure that every patient and client contact with us is memorable for all the right reasons and not just meeting but exceeding people's expectations and preferences. We will involve our patients, clients and carers in the identification and definition of quality and measures for services including outcomes.

The dimension that often transforms acceptable or good care into excellent is the quality of the one to one interaction between the staff member and the patient, client or carer. Expressing interest in a patient, client or carer as an individual and conveying compassion is an attribute to be fostered and valued in all staff.

It is also important that the patient/client care is delivered in a comfortable, caring, clean and safe environment. The care provided must be organised in such a way so that systems or processes enable patients/clients to access the care they need when and where needed. A smooth and seamless patient/client journey from referral through to discharge should be a top priority.

The **Trust Quality and Safety Plan** provides the focus for driving further and sustained improvements in quality and safety for all the users of our services. In a change to previous years, this plan includes patient experience as a key element, recognising the importance of patient experience in driving change and assuring quality.

The plan builds on previous and on-going work and incorporates regional Public Health Agency targets. The plan aims to reduce, as far as practically possible, avoidable or unintentional harm to patients/clients, to learn from patients/clients' experience and to continually improve the healthcare we provide to patients and clients.

To deliver the overall aims, the Trust has identified a number of primary drivers for 2016/17. For each primary driver an outcome measure has been clearly identified together with a lead director, support team and project lead. Each primary driver is supported where practical by an outcome measure. Where this is not possible a process measure will be used as a surrogate. This plan recognises the key role of directorates in driving/monitoring change and the need for clinical champions at local level. Key crosscutting groups support directorates in delivering this plan. These include:-

- Quality & Safety Group (QSG)
- Medicines Management Group (MMG)
- Infection Prevention and Control Team (IPCT)
- Improving Patient & Client Experience Steering Group (IPCESG)

## **Innovation and Quality Improvement - IQI**

To support our Modernisation and Reform Programme (RAMP) and as a means to enable our quality and safety initiatives, the Trust are launching our Innovation and Quality Improvement initiative – IQI. The Trust is already recognised for innovative practice in health and social care and many staff and teams have been individually and collectively recognised for their commitment and achievements in relation to direct patient care and quality improvements.

The IQI initiative will aim to harness and cascade the energy, commitment and responsibility for quality improvement across the organisation, and enable staff to take the practical steps to improve quality in their area of work, to the benefit of our patients. IQI will encourage multi-disciplinary working across all areas of care. IQI will support the regional Quality 2020 strategy and will be the overarching means by which we will foster innovative practice and service modernisation. It will encourage the development of networks of staff and empower all our people by giving them a means to express, develop and trial ideas. We will collaborate with other Trusts in sharing learning and applying tried and tested initiatives that improve quality and patient experience.

The work going on in our acute wards in Antrim Area and Causeway Hospitals is a very good example of focussed, practical quality improvement in practice. With the support of a slim line information ‘kit bag’, ward managers can see at a glance some of the key issues affecting patient care in their ward, and take action to address problems.

At a regional and international level, the Trust act as the host for a regional Medicine Optimisation Innovation Centre (MOIC) which has begun to develop regional, national and international collaborations in the most effective use of medication.

The measures of performance of the Trust will include safety, quality and patient experience measures and the IQI initiative will be a key means of supporting continuous improvement in these areas.



## Section 8: Finance

Almost 50% of the total Northern Ireland budget is spent on Health and Social Care. It is acknowledged that the service model needs to change if we are to make best use of the finances available. Further investment is also needed to take account of new technologies and the capability of the service to do so much more, as well as increased costs and demographic growth.

During 2015/16 the Trust delivered £10.5m of Recurrent Savings against a target of £17.5m. The balance of £7m was achieved through a range in year contingency measures and service development slippage.

In 2016/17 Health and Social Care will receive £4.508 billion. This funding includes additional resources (£35m) to assist Trusts in addressing pressures in maintaining services. It should be noted, however, that this allocation will present challenges when set against inflation and increasing demand for services.

Delivery of services, within available finances, will continue to be a key responsibility for the Northern Trust. The Trust will seek to meet these challenges through a range of measures including:

- Identifying existing opportunities for improved use of buildings and space – exiting leases; vacant property (small number); space under-utilisation/improvement
- Energy innovations planned - solar energy to support Antrim Hospital and wind turbine at Causeway Hospital.
- Development of Locality Based Programme for Estate Rationalisation, including:
  - Agreed programme of Lease Exits and Prioritised List for Building Disposal and/or Demolition
  - Development of Agreed Estate Utilisation Plan for Key Sites/Facilities
- Establishment of Multi-Disciplinary Groups to take forward Benchmarking/Efficiency Groups in Specific Areas, e.g. Acute Services, Community Care, Pharmacy and Procurement.



## Section 9: Buildings and Technology

The Trust has 330 individual buildings in its ownership or leased across the Trust area with an annual rates bill of over £4million.

In line with planning modernised services and empowering staff, we need to review how we use our buildings. The Trust's general estate, particularly community facilities, continues to suffer from historical underinvestment both in capital and backlog maintenance funding. We will continue to work to secure additional capital funds to invest in existing buildings to facilitate service reform, and reduce expenditure on leased accommodation. If we can rationalise the use of our buildings we will be able to support teams to work better together, reduce the amount of money we spend on maintaining buildings not fit for purpose, redirect funding into frontline services, and make a compelling case for new investment in the Northern Trust area in modern community 'hubs', investment in our two acute hospitals and in technology.

This means we need to:

- Identify existing opportunities for improved use of buildings and space.
- Identify any buildings that we can disinvest in if they are not appropriate to future service needs and redirect the funding into staff and services.
- Identify opportunities for increasing efficiency of our buildings through the development and implementation of energy and waste innovations.
- Invest in ICT which will help to support flexible mobile working and information sharing. Integrated Teams and formal Networks in particular require to be supported by information and communication technology.
- Develop and secure approvals for a prioritised plan for major capital investment

## Capital Development

The Trust has prepared and submitted a Review of Capital Priorities 2016/17 – 2020/21 to the Department for Health. These priorities have been identified as essential to supporting the strategic direction for service delivery.

### Acute Hospitals

From a capital development perspective our focus is on the investment required to support the restructuring of our two acute sites at Antrim and Causeway, ensuring each is 'right sized' through securing the right investment to cope with presenting demands and working collaboratively to provide a safe, sustainable and effective service model to meet the needs of our population. We need substantial capital investment at Antrim Hospital commencing with a new ward block and theatres.

### Community Services

Integrated community care is vital to achieving an effective service model, and it must be supported by fit for purpose primary and community care facilities to support the delivery of services in the local community, close to people's own homes. It will mean a rationalization of existing older building stock and investment in new health and care centres, like Ballymena Health and Care Centre. We are completing a review of all our community based buildings and looking for the opportunities for co-location and rationalization so we can further our case for new investment.

### Work Programme in 2016/17

The following schemes were commenced in previous years and are to be completed in 2016/17.

**Completion of Ballymena Health & Care Centre** - Enabling and Main (RRI) Scheme at a value of £1,753,100. This investment will finish the final phase of car parking on the Braid Valley Hospital site, provide final way-finding signage and support the purchase of final equipment. The total value of the scheme was £24,273,000.

**Phase 2 of the roll out of Trust Wide Centralised Dental Decontamination** at a value of £843,980. In 2015/16 centralised decontamination of all Trust reusable podiatry instruments at Antrim HSDU was rolled out. During the same year reusable instruments were purchased to allow the first phase of centralised Dental decontamination for the Community Dental service moving into the new Ballymena Health

and Care Centre. In 16/17 Phase 2 will be rolled out centralising the decontamination of all dental instruments used Trust wide. Currently this is done at 40 different locations and is not in line with DHSSPS standards or what is done in other Trusts. The total investment across Podiatry and Dental will be £1,652,980 when completed.

**Thompson House (Wards 5 and 6) Mid-Ulster Hospital, Magherafelt** are being refurbished to provide suitable clinical and office space for primary and community care integrated teams allowing the team members to be based together (rather than currently where team members operate virtually) improving communication within the Team. The scheme has been designed and will be going out to tender this spring to be completed by March 2017 at a cost of £450,000.

**Provision of a second MRI Scanner at Antrim Area Hospital** £400,000 (currently being reviewed in line with profiled spend from CPD-HP) and will reduce to cover statutory approvals and design team fees to tender stage only in the first year of the scheme. The total spend for the project, per OBC approval, will be £2,906,961.

The following Outline Business Cases are currently with the HSCB and DHSSPS for approval:

**New Mental Health Inpatient accommodation** on the Antrim Area Hospital site at a cost of £55m. The Trust is working with the Commissioner to gain support for this 134 bedded new build inpatient unit. Confirmation of funding will ensure the delivery of a new modern fit for purpose, therapeutic facility services on the rear of the Antrim Area Hospital site providing for Acute Mental Health services, Rehabilitation, Addictions and Dementia.

**Day Surgery services on the Antrim Area Hospital site.** An outline business case was submitted at the end of December 2015. The Trust is working with the DHSSPS and HSCB to secure approval and funding. The anticipated investment will be in the region of £7m.

Work is underway to develop further Business Cases that will require DHSSPS and Commissioner approval. These projects are key strategic capital developments that will enable services through modern fit for purpose buildings. These projects include:

**Renal Unit at Causeway Hospital.** The Trust has been working with the HSCB over a number of years to gain approval for revenue funding to

establish a Renal Dialysis service at Causeway Hospital. The plan is for a satellite unit at Causeway Hospital of up to 12 stations. The PFI contract with Baxter Healthcare at Antrim Hospital finished in April 2015 when the Trust brought the service in house and ring-fenced savings to fund part of the satellite renal service at Causeway.

**Further developing Antrim Area Hospital.** The Trust is beginning to plan for the next phase of redevelopment including a Women & Children Unit, further Day Surgery capacity, Endoscopy and temporary ward capacity in advance of a permanent ward development. This will include addressing support services on site (Car parking, storage, office accommodation) as well as outpatients and bed space standards.

**Health and Care Centres:** Following on from the significant investment in Ballymena Health & Care Centre the Trust is working with the HSCB to develop OBCs for other Health and Care Centres and community based facilities to support the reform of services and enable care delivery in or near the patients/clients home and community. Historical investment in these facilities has been low and many facilities are not fit for purpose. An initial project to map all the current and future services, staff and accommodation by locality is underway. This will form part of the strategic context for the required OBCs. The procurement methodology for these types of facilities had not been agreed and will be influenced by the outcome of the Newry & Lisburn HCC pathfinder projects.

## **INFORMATION AND COMMUNICATIONS TECHNOLOGY**

In early March 2016, the Minister of Health, Social Services and Public Safety formally launched an eHealth and Care Strategy for Northern Ireland. That document sets out six broad objectives that provide a framework for ICT developments over the period of this plan.

The document is clear that, going forward, HSC organisations must work together to deliver e-Health services on a ‘once for Northern Ireland’ basis. In other words, where new technologies or systems are being procured this should happen with a regional implementation in mind, and taking cognisance of the technologies and systems already in place in organisations. It may also mean that some systems in use in the Northern Trust will, over time, be replaced as technologies and systems converge across the region.

The Trust is fully supportive of this standardisation but accepts that the journey may be a challenging one. We are nonetheless committed to the end-goal as being the best for our service users, our staff and our organisation as a whole.

The transfer of some or all ICT services to a Shared Services model (timescales unknown) will provide a further driver for standardisation. The eHealth and Care Strategy Implementation Plan and the plans for ICT Shared Services are likely to have a significant impact and there is expected to be considerable fluidity in the plans for individual projects as the situation evolves. During this time of change, the Trust ICT service is committed to maintaining quality of service to its ICT users, as well as taking forward the implementation plan for new or enhanced services. The key elements of the implementation plan are outlined within the six broad objectives of the strategy:

### **Objective 1 – Supporting People**

*Provide e-Health services, supporting electronic access for everyone.*

This will include electronic information services, electronic records access, online support and care services, appointment booking and remote care. Telecare will continue to be invested in to support people in achieving their optimum independence.

The Trust will adopt tools that support and promote self-care. This could include the use of mobile apps, provided that they are appropriately

validated. Consideration will need to be given to the development of an agreed corporate approach in the 16/17 year.

## **Objective 2 – Sharing Information**

*Give care professionals appropriate access to information to improve the speed and quality of their care decisions.*

While the potential for a fully integrated electronic health and care record (EHCR) is being explored centrally, we will continue to implement systems that support the day-to-day work of our clinical and professional staff. This will include:

- Extending the NI Electronic Care Record (NIECR) both in terms of the range of users and of the information available
- Ordering for Laboratory tests
- Extension of the bed management / patient pathway system to Causeway Hospital beds and potentially in support of Hospital at Night
- Supporting electronic management of referrals and the development of an Access Centre
- Creating a single Emergency Department system that will support standardised clinical practice across sites
- Transferring clinical correspondence to GPs electronically

Specifically, we will consider how best to meet the needs of our staff working across all aspects of the Community sector as we move toward locality based care.

## **Objective 3 – Using information and analytics**

*Develop ways of transforming data and information into knowledge that supports care, from being able to suggest personalised preventative care through to supporting population-level health and care planning.*

The Trust has made considerable progress with the delivery of information to managers, mainly for performance monitoring, via a range of Qlikview apps. Based on the level of success to date this is a priority area for further development. Our aim is to make information available on a near real-time basis in an accessible way, drawing together

information from a number of sources. We see the continuing development of analytics as vital to improvement in the future.

#### **Objective 4 – Fostering Innovation**

HSC will work with businesses, colleges and universities, community and voluntary organisations, other government departments and international partners to develop uses of eHealth to help improve health and well-being, prosperity and job creation. The Trust will engage in this process and in particular seek to support our local IQI initiatives.

#### **Objective 5 – Modernising our eHealth infrastructure**

*Maintain a modern, reliable eHealth infrastructure, including investment in supporting, modernising and replacing key systems and HSC networks and hardware as needed.*

The underpinning ICT technical infrastructure needs to be continually upgraded to ensure that staff are provided with consistent, secure and reliable access. As the infrastructure grows, the continual updating requires additional resources to maintain. We expect the rolling programme to continue for the life-time of this plan.

A number of systems also need to be replaced or upgraded. In the coming year this will include the Patient Administration System used across our hospitals and the Community Loans system. We expect that our Mental Health system will not be supported beyond 2017 and this needs to be addressed as part of our strategic planning for our Community systems.

#### **Objective 6 – Ensuring good governance**

Thinking about eHealth is central to planning any changes to health and care services. This is to ensure we are making the most of the technical opportunities and the potential for information flows to support improvements.

We continuously strive to improve the governance arrangements around systems and processes for information handling, particularly those that relate to the management of sensitive personal information. To this end we will implement our Information Governance Improvement Plan.



Our ICT Department has achieved ISO 27001 (Information Security management) accreditation and is working towards the achievement of ISO 20000 (IT Service Management) in the coming year.

Providing both ICT staff and end-users with the knowledge and skill that they require is an essential to the successful use of technologies and our programme of training is on-going. There is also considerable potential for the development of e-learning for the delivery of a wide range of training.

### **Taking Forward ICT**

Over the coming months we will develop a local ICT Strategy for the Trust. That will enable us to see how regional strategy can and will impact locally . It will also set out a specific plan to align with the Reform And Modernisation Programme (RAMP) and will identify the developments and resources required to enable the various change programmes to be realized.

## Section 10: Engagement and Partnership

Effective engagement processes and partnership working will underpin and enable the delivery of this Corporate Plan. Partnership is a strong element of our vision and it is also a strong element of the culture we want to create. We want to work in partnership with staff, patients, service users, families and local communities to design and deliver excellent services. Our new 'CORE' values of Compassion, Openness, Respect and Excellence will now underpin all that we do.

### Service Users

The views and experience of services users, patients, carers and families, matter to us. We want to listen to the experience of those who are in receipt of services, learn and improve from what we have heard. We believe that by working with service users, patients, carers, and families, we are able to develop and improve services for all our communities.

We engage with service users in a number of different ways, tailoring our methods to meet the needs of those we are involving and supporting people to be able to participate effectively. We also ensure that at our Trust Board meetings we take the time to hear of the experience of a service user or from a member of staff's perspective, and we will continue to do so. Over the years the Trust has carried out many consultations on several significant proposals for changes to services and it has learned a lot during this period about what has worked and what we could do better.

### Stakeholder Engagement and Locality Forums

There is a need for us to engage effectively on our reform and modernisation programme. It is important that we have the opportunity to explain clearly, listen to what local communities have to say and come to a shared understanding and ownership of the way forward. We want this engagement process to be open, honest and realistic.

A deliberative democracy model, combined with a human rights framework, will be used, tested and evaluated to establish an effective method of ongoing engagement through locality engagement forums. We will begin to establish these forums later this year. This will develop a robust and regular mechanism to engage with communities by locality in a meaningful and consistent manner. We are committed to having equality and fairness as guiding principles for all of our engagement and partnership work.

## Community and Voluntary Organisations

One of our greatest strengths is our partnerships with the community and voluntary sector. It's clear how important the sector is to our communities and working in partnership we aim to improve the lives of people in our area. Building on our partnerships will be increasingly important in taking forward our reform and modernisation programme. Working together we can move away from established ways of working towards more flexible and innovative ways to meet the different needs of our communities. The outworkings of Dalriada Pathfinder Project will influence and shape how we forge ways to mainstream our partnership working with bring benefit to local communities.

## Community Planning

Our partnership role within community planning structures is integral to effective engagement and we have established structures which will support the development of locality based services and engagement in community planning. We recognise that communities are also engaged with other statutory agencies, often regarding the same issues, and will seek to develop opportunities for joint engagement. Working together will make better use of resources and ensure meaningful conversations take place and feedback and involvement is considered at all levels.

## Communications

The Trust is committed to being open about what we are doing, what is being achieved, the challenges and the successes. We will continue to publish for monthly Corporate Performance Reports on our web site and make our Trust Board meetings accessible to the public and stakeholders. We will also continue to make available information on policy and plans, and encourage involvement in engagement forums. We will continue our engagement with public representatives, trade unions and other stakeholders enabled with a Communications Plan.

## Equality

We are committed to promoting equality of opportunity and good relations in all aspects of our work. All future plans for service transformation will be subject to Equality Screening and Impact Assessment as required and those assessments will be shared with stakeholders and the general public for views and feedback, to develop measures which will seek to address any inequalities identified.

## Section 11: Summary Action Plan

A focus on delivering improvement in Year 1, by March 2017.

Principle Objectives	To be achieved by March 2017
<p><b>Safe and Effective Care:</b></p> <p><b>RAMP - Service Transformation Programme</b></p>	<ol style="list-style-type: none"> <li>1. Establish integrated community services teams in the 4 localities across the Trust, improving access to local services and adopting integrated care pathways that support people to live independently</li> <li>2. Develop domiciliary care services to reduce delays in providing new or increased care packages to individuals</li> <li>3. Develop and evaluate RAID (rapid assessment and intervention and Mental Health Services) seeking to embed RAID as part of the acute and community service model with benefits for patients</li> <li>4. Increase awareness of behaviours and symptoms of dementia, provide training and support to carers and further develop dementia services</li> <li>5. Work with partners to plan for future Care Home needs in our area and engage with stakeholders on how future needs can be met</li> <li>6. Provide increased choice for women as part of individual birth plans, increasing access to midwifery lead care</li> <li>7. Develop community and ambulatory paediatric care to improve access times and choices</li> <li>8. Reform hospital out-patients pathways to improve use of existing capacity through direct access to diagnostics and advice, and reduce inappropriate demand</li> <li>9. Improve our acute hospital theatre access by providing core elective theatre sessions later in the day and at weekends</li> <li>10. Improve on our 4 and 12 hour performance in our Emergency Departments by increasing bed capacity and staffing at Antrim Hospital in advance of winter 2016 and continuing our unscheduled care reforms to increase hospital avoidance, admissions avoidance, improved patient flow within the acute hospitals and effective discharge planning</li> <li>11. Make progress towards a new ward block at Antrim in light of the demand, with an interim modular ward before winter 2017</li> <li>12. Strengthen services at Causeway Hospital to ensure a sustainable service profile, supported through networks and investment</li> </ol>
<p><b>Continuous Improvement</b></p>	<ol style="list-style-type: none"> <li>13. Implement our Innovation and Quality Improvement (IQI) initiative, enabling and expanding on recognised innovation and quality improvements</li> <li>14. Develop the Medicine Optimisation and Innovation Centre (MOIC) as the recognised regional centre for exploring and delivering exemplar medicine management in partnership</li> <li>15. Measure and publish progress on the impact of RAMP on service user experience, outcomes and efficiency</li> </ol>
<p><b>Effective Use of</b></p>	<ol style="list-style-type: none"> <li>16. Manage our financial resources to deliver safe, effective care in</li> </ol>

<p><b>Resources:</b></p> <p>Finance, Buildings and ICT</p>	<p>line with an agreed financial position with our Commissioner</p> <p>17. Develop and secure approvals for a major capital investment plan for acute and community services, securing initially approval for additional wards at Antrim Hospital and staffing to begin to address the recognised bed capacity gap</p> <p>18. Make preparations for a renal dialysis unit at Causeway Hospital.</p> <p>19. Complete a mapping of all our Community Facilities and set out a proposed estate rationalisation and investment plan by locality</p> <p>20. Develop an ICT Strategy that enables staff to work in integrated teams with the patient at the centre, strengthens acute service provision and supports our broad range of RAMP Service Transformation and IQI initiatives.</p> <p>21. Deliver agreed Savings Plans and develop Efficiency and Benchmarking groups to complement the RAMP Programme</p>
<p><b>Workforce Development</b></p>	<p>22. Develop and implement a recruitment and retention strategy that will enable us to fill and sustain positions, particularly in the challenging areas of Nursing and Medical staff</p> <p>23. Develop the conditions and support that create a great place to work environment, to enable the whole staff of the Trust, individually and collectively, to deliver of their best</p>
<p><b>Partnership and Communication</b></p>	<p>24. Establish 4 Locality Stakeholder Forums to create a place to engage with local stakeholders on local services</p> <p>25. Develop our role in, and contribution to, the new Community Planning arrangements lead by Councils ensuring health and well bring is a key shared objective</p>

## Section 12: Publication & Further Information

### Check our website

This document, RAMP and other key Corporate Trust plans and policy documents are published on our website [www.northerntrust.hscni.net](http://www.northerntrust.hscni.net). The Trust Board meet monthly in public to discuss and take forward the business of the Trust. These meetings are open to the public. Dates and venues are published on the website and through regional and local media/press outlets.

If you have any questions or comments on Trust services or plans you can email us at [equality.unit@northerntrust.hscni.net](mailto:equality.unit@northerntrust.hscni.net) or you can write to us at,

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This document is available, on request, in accessible formats, including Braille, CD, audio cassette and minority languages.








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**Trust Board Structure Chart (April 2016)**

**Key**

-  Adoption Panel
-  Trust Board
-  Charitable Trust Funds Advisory Committee
-  Remuneration and Terms of Service Committee
-  Audit Committee
-  Assurance Committee
-  Engagement, Experience & Equality Group

