



Rehabilitation and
Retraining Trust

BUSINESS PLAN

2017-18

Business Plan 2017-18

Looking forward to 2017-18, the Police Rehabilitation and Retraining Trust (PRRT) will continue to provide a range of services to meet the needs of its client base in the most effective and efficient manner.

During 2016/17 we established a number of focus groups in order to enable us to get objective feedback from clients on our services and why they use PRRT. The results were overwhelmingly positive in respect of service delivery and client satisfaction. On the question of why use PRRT, a significant number of our client base stated that the secure, safe and confidential environment in which we operate was a key reason for the consistently high demand for our services.

Through ongoing consultation with key stakeholders, PRRT will continue to adapt and change in order to provide the professional, client-centred service it currently provides. Client feedback and communication is key to how we deliver, structure and manage our services and we strive to be responsive to client needs.

In order to continually improve our service delivery, we are further developing our reporting to focus on outcomes and how our services impact on our clients. We will ensure that this information is communicated to our key stakeholders and client base.

As demand for our services remains consistently high, the Board, Senior Management Team and staff across the Trust will continue our approach of continuous improvement in order to maintain the high levels of positive outcomes and client satisfaction we have consistently delivered.

In addition to our core client base, we have been working successfully with the Police Federation of Northern Ireland (PFNI) to support their Well Being Project, which will continue to grow in 2017/18.

Following a visit from the Justice Minister and subsequent discussions , we have initiated a project with the Northern Ireland Prison Service (NIPS) to offer PRRT services support to prison officers, this will be further developed during the coming year and offers us an exciting opportunity to work with a new client base.

Work is ongoing in respect of the recommendations from the Smaller Policing Bodies review. We will implement agreed recommendations during the coming year.

The ongoing efficiency drive across the public sector will continue to provide challenges for the Trust in terms of maintaining our commitment to the delivery of high quality front-line services and to ensure these services meet the needs of our clients. We have developed the appropriate and relevant skills and experience to ensure that our professional teams have the resources and the corporate support structures to continue to consistently meet our key objectives.

During this year, we will endeavour to improve the manner and scope in which PRRT communicates with clients and stakeholders. Based on client feedback and ease of communication and accessibility, we are moving carefully into the world of social media. However, we are acutely aware that the nature of our business and client base means that security and confidentiality are key factors in any such development and therefore the change will be an incremental one involving ongoing client feedback.

Eddie Gaw

CHIEF EXECUTIVE

Corporate Objectives

The Trust's Corporate Objectives are:

1. To assist clients in managing the transition from police to civilian life through the provision of psychological and physical therapies, personal development, careers advice, training and education.
2. To develop multi-discipline approaches which are cross cutting to ensure the services provided meet the diverse needs of our client group.
3. To further develop and provide these same services to non-police bodies within, or funded by, the Department of Justice for Northern Ireland.
4. To ensure effective and ongoing consultation with key stakeholders in order to continuously improve service provision
5. Implementation of the Smaller Policing Bodies review agreed recommendations
6. Development and implementation of a Personal Effectiveness Programme with input from 3 service departments

Psychological Therapies

Outcomes

All clients will receive treatment and will be supported to ensure they progress towards goals that are specific, measurable and meaningful in order to maintain their quality of life gains.

Key Objectives 2017-18

1. Provide high quality evidenced based psychological treatment to clients, timely and relevant to their needs, in line with the standards of clinical governance.
2. Ensure all referrals are dealt with appropriately to minimise risk and distress
3. Ensure effective management of service waiting list and caseloads
4. Maintain and develop links with DOJ stakeholders
5. Maintain the department's profile within PSNI as an internal provider of clinical services and training
6. Develop and deliver psychology service to meet NIPS customer need
7. Contribute to the PFNI Well Being Project by the development and provision of specialist training

Psychological Therapies

Associated Performance Measures 2017-18

1. Minimum of 80% of clients' case outcomes will be Problem Resolved / Problem Resolving
2. Waiting times from telephone contact to initial assessment to be within a maximum of 14 days
3. Waiting times from initial assessment to treatment allocation at (see note regarding risk rating):
 - a. A maximum of 1 week for RED referrals
 - b. A maximum of 4 weeks for AMBER referrals
 - c. A maximum of 6 weeks for GREEN referrals
4. Provide a psychological therapies service for 200 new patients before 31/03/18
5. Provide a psychological therapies service for an average of 210 clinical treatment sessions per month; 2,520 per year
6. Provide a minimum of 25 training courses within the DOJ / PSNI
7. Report numbers of high / medium risk ratings allocated to patients at initial assessments
8. Achieve a minimum of 95% client satisfaction at discharge
 - % Very Satisfied
 - % Satisfied
 - % Neither satisfied nor dissatisfied
 - %Dissatisfied
 - % Very dissatisfied
9. Establish appropriate service for NIPS before September 2017
10. To review the impact of PFNI Well Being project by 31/03/18 on Departmental resourcing and capacity
11. Implement recommendations from internal clinical audit results by September 2017
12. Implement agreed actions from focus group

Note: Risk is defined as:

RED is High risk reported by patient at initial assessment.

AMBER is medium risk reported by patient at initial assessment

GREEN is low risk reported by patient at initial assessment

Risk includes risk to self, others or neglect

Psychological Therapies Outturn from 2016-17

TARGET	ACHIEVED Y/N	COMMENTS
Minimum of 70% of clients' case outcomes will be Problem Resolved / Problem Resolving	Yes	98% of all patients (50) who completed treatment achieved Problem Resolved/Problem Resolving. 82% Problem Resolving. 16% Problem Resolved. 2% No Change. 0% Problem Worsening
Waiting times from telephone contact to initial assessment to be within a maximum of 14 days	Yes	100% of referrals offered an initial assessment appointment within a maximum of 14 days (10 working days)
Waiting times from initial assessment to treatment allocation at (see note regarding risk rating): a. A maximum of 1 week for RED referrals b. A maximum of 4 weeks for AMBER referrals c. A maximum of 6 weeks for GREEN referrals	Yes Yes No	100% of RED (high risk) referrals allocated to treatment within 1 week maximum unless medically determined otherwise 100% of AMBER (medium risk reported) referrals allocated to treatment within 4 weeks maximum Target achieved 50% of year. Maximum time over target 21 days. Minimum time over target 3 days
Provide a psychological therapies service for 200 new patients before 31/03/17	Yes	211 new referrals received an increase on 180 referrals from last year
Provide a psychological therapies service for a minimum of 210 clinical treatment sessions per month	No	Target achieved 59% of year. 2629 treatment sessions provided during this period. Maximum no. of sessions under target - 65 (July leave). Minimum number of sessions under target - 1
Provide a minimum of 15 training courses within the DOJ / PSNI	Yes	50 courses provided for DOJ/PSNI. Significant increase in training provision due to PFNI Well-Being partnership
Report numbers of high / medium risk ratings allocated to patients at initial assessments	Yes	100% of patients entering the service allocated a RAG rating at initial assessment and reported in monthly departmental business plan
Achieve a minimum of 95% client satisfaction at discharge	Yes	100% (49/49) of patients discharged Very satisfied or Satisfied with the clinical service they received.
Ensure an internal audit of the service is completed before 31/3/17	Yes	Internal audit completed and action plan in place for 17/18

Physiotherapy

Outcomes

Clients will receive treatment to alleviate or manage their symptoms enabling them to achieve their optimum functional ability and quality of life.

Key Objectives 2017-18

1. Deliver a high quality province-wide musculoskeletal physiotherapy service in line with the standards of clinical governance.
2. Provide a range of additional evidence based services for clients with chronic, functionally limiting and/or painful conditions
3. Ensure effective management of service waiting list and caseloads
4. Engage with service users to inform the planning, development and delivery of services
5. Maintain and develop links with DOJ stakeholders
6. Develop and deliver physiotherapy service to meet NIPS customer need

Physiotherapy

Associated Performance Measures 2017-18

1. Minimum of 80% of clients' case outcomes will be Problem Resolved / Problem Resolving / Maintenance Achieved
2. Offer assessments to all clients within two weeks of referral
3. Provide an in-house and outsourced musculoskeletal service, delivering a service to a minimum of 750 new clients per annum
4. Deliver 330 clinical treatment sessions per month
5. Provide specialist programs to improve long term condition management providing a minimum of 500 group places per annum
6. Monitor performance of outsource providers against contract
7. Achieve a minimum of 95% client satisfaction at discharge
 - % Very Satisfied
 - % Satisfied
 - % Neither satisfied nor dissatisfied
 - % Dissatisfied
 - % Very dissatisfied
8. Complete and implement 2017-2018 governance action plan
9. Review, evaluate and Implement appropriate recommendations from PRRT physiotherapy user engagement report 2016
10. Establish appropriate service for NIPS before September 2017
11. Meet all Key Performance Indicators as agreed across Service Level Agreements

Physiotherapy Outturn 2016-17

TARGET	ACHIEVED Y/N	COMMENTS
Provide an in-house and outsourced musculoskeletal service, delivering a service to a minimum of 650 new clients per annum	Y	Total of 838 an overall increase of 5%. In house activity remained consistent with previous year , outsource/regional activity up 11%
Deliver 330 1:1 clinical sessions per month	Y	Average of 360/month reflecting the increase in uptake of the regional service. The budget was adjusted mid-year to reflect this
Provide specialist programs to improve long term condition management for a minimum of 500 group places per annum	Y	939 group places this year. We were able to hold all groups this year and added beginners tai chi and core stability.
Minimum of 70% of clients' case outcomes will be Problem Resolved / Problem Resolving / Maintenance Achieved	Y	88% of 699 clients discharged Problem Resolved / Problem Resolving.
Offer assessments to all clients within two weeks of referral	Y	
Complete and implement 2016/2017 governance action plan	Y	All planned audits were completed
Maintain satisfaction survey results across the service of 95% either very satisfied or satisfied	Y	98.71% of 245 respondents
Monitor performance of outsource providers against contract	Y	
Meet all Key Performance Indicators as agreed across Service Level Agreements	Y	
Develop service user engagement strategies by 30/9/16	Y	Completed
Implement engagement strategies by 31/3/17	Y	Completed

Personal Development and Training

Outcomes

Clients will be supported to have increased confidence in their skills, knowledge and expertise and will develop personal and professional goals to enable a meaningful contribution to society.

Key Objectives 2017-18

1. Deliver an effective coaching service to meet the standards of professional coaching bodies and external assessment bodies
2. Develop increased confidence in clients to ensure effective transition from policing to another role
3. Provide high quality training courses for clients
4. Ensure the effective management of waiting lists and caseloads
5. Maintain and develop links with DOJ stakeholders
6. Develop and deliver service to meet NIPS customer need

Personal Development and Training

Associated Performance Measures 2017 -2018

1. A Minimum of 90% of clients feel more confident about making the transition from policing to another role
2. Provide development coaching sessions to a minimum of 450 new clients by 31/03/18
3. Provide a minimum of 750 development coaching sessions by 31/03/18
4. Maintain the waiting time for new clients requiring development coaching sessions to a maximum of 14 days from contact
5. Achieve a minimum of 90% client satisfaction at discharge
 - % Very Satisfied
 - % Satisfied
 - % Neither satisfied nor dissatisfied
 - %Dissatisfied
 - % Very dissatisfied
6. Maintain 'Matrix' quality accreditation standard from April 2017 – March 2018
7. Maximise award of Training Support to 95% of budget
8. Achieve a minimum of 80% occupancy across all core client training delivered
9. Strategic review of training provision by 31/12/17
10. Deliver each internal training course at least twice per year
11. Design and develop a minimum of 2 new training courses by 31/3/2018
12. Maintain accreditation with awarding bodies e.g. ECDL and ILM

Personal Development and Training Outturn 2016/17

TARGET	ACHIEVED Y/N	COMMENTS
Minimum of 75% of clients actively pursuing goals	YES	89% of clients pursuing activities related to goals
A minimum of 75% of clients feel more confident about making a transition from policing to another role	YES	97.62% respondents are more confident. (71.43% strongly agree, 26.19% agree, 2.38% neither agree or disagree)
Provide development coaching sessions to a minimum of 400 new clients by 31/03/2017	YES	441 new clients accessed the service
Provide a minimum of 850 development coaching sessions by 31/03/2017	NO	732 coaching sessions delivered, the target of 850 not achieved due to the number of session cancellations throughout the year
Maintain a waiting time for new clients requiring development coaching sessions to a maximum of 14 days from contact	YES	
Maintain an overall client satisfaction rate of 75%	YES	95% overall client satisfaction rate achieved (88.37% very satisfied, 6.98% satisfied, 4.65% added comments)
Maintain 'matrix' accreditation from December 2016	YES	Re-accredited in January 2017
Maximise award of Training Support to 95% of budget	NO	89% of budget, re-allocation of funds to training support in March resulted in additional funding available in year
Deliver each internal training course at least twice per year	NO	All courses with exception of ILM Coaching and Mentoring delivered at least twice a year
Achieve a minimum 80% occupancy across all courses delivered in 2016/17	YES	Overall average occupancy level for 2016/17 is 86%
Monitor performance of external training providers in line with contracts	YES	External providers compliant with contract, client feedback positive
Design and develop 2 new training courses by 31/03/2017	NO	Pre- retirement course designed and delivered 3 times Level 4 Education and Training course did not run due to insufficient numbers Personal Effectiveness Course now scheduled for delivery in Autumn 2017
Maintain accreditation with awarding bodies e.g. ECDL (BCS) and ILM	YES	Accreditation maintained

Finance and Shared Services

Outcomes

To provide high quality professional Finance, Human Resources (HR) and Corporate Support services to support the effective delivery of the core service departments

Key Objectives 2017-18

Finance

1. Provision of high quality, accurate and timely financial and management information to key stakeholders
2. Support staff in planning, controlling and monitoring their budgets
3. Ensure all financial systems and procedures are maintained to the highest standard and in accordance with regulations
4. Ensure all contracts are procured and managed in accordance with Central Procurement Directorate (CPD) rules.

Human Resources

5. Provision of a high quality HR professional service
6. Ensure all HR systems and procedures are maintained to the highest standard and in accordance with regulations
7. To ensure the effective implementation of PRRT's duties under Section 75 and Schedule 9 of the Northern Ireland Act 1998

Corporate Services

8. Provision of a high quality and secure IT system
9. Ensure provision of effective security for staff and clients while on site
10. Maintain effective Health and Safety across the organization
11. Provide high quality administration support in line with clinical governance and matrix standards.

Finance and Shared Services

Associated Performance Measures 2017-18

Finance

1. To produce the management accounts within 5 working days of month end
2. To ensure the statutory accounts, annual report and audit working files are prepared and signed off by the external auditors and sent to DOJ in accordance with timetable agreed with NIAO and DOJ.
3. Ensure that annual departmental budgets are set by March 2018
4. Review relevant sections of the financial procedures manual by March 2018
5. Ensure internal and external audit management points are addressed within one month of final report
6. To complete all returns to DOJ within specified timescale
7. To ensure all payments, where possible, are processed within 10 days of receipt of invoice. In the worst case scenario all invoices should be paid within 30 days, unless there is a legitimate reason for withholding payment.

Human Resources

8. To review the HR strategy by 31 March 2018, implement the strategy, monitor the targets and report on a monthly basis.
9. To achieve:
 - a. 1.25% or less absence rate for short term absences
 - b. 2.75% or less absence rate for long term absences
 - c. 4% or less absence rate for overall absences
10. Approval of PRRT Equality Scheme and Disability Action Plan by the Equality Commission;
11. To meet the target dates set within, the respective action plans above.

Corporate Services

12. Review the risk management and accreditation document set by 31 March 2018
13. Review the information systems and procedures to ensure that the IT Security Health Check is completed successfully by 31 March 2018
14. Test the business continuity and ICT contingency measures by 31 July 2017
15. H&S meetings to be held quarterly (June\Sept\Dec\Mar)
16. No H&S reportable incidents during 2017/18.
17. No data breaches during 2017/18.
18. To review corporate documents included within the Board pack by 31/10/17

Cross Departmental

1. To review the impact and outcomes of the NIPS project by 31/03/18
2. To report on key targets from our social media strategy;

Finance and Shared Services Outturn 2016-17

TARGET	ACHIEVED Y/N	COMMENTS
FINANCE		
1. Production of management accounts (within 5 working days of month end)	Y	
2. To ensure statutory accounts, annual report and audit working files are completed by 8 th July 2016	Y	
3. Ensure that annual budget is set by 28 th Feb. 2017	Y	
4. Update any financial systems requiring review by March 2017	Y	
5. Address internal audit points within 1 month of notification. Address external audit points within 1 month of notification.	Y Y	
6. Complete returns to DoJ within specified timescales.	Y	
7. To ensure all payments where possible are processed within 30 days of receipt.	N	Annual total 92% paid within 30 days; Average days taken to pay invoices are 13.
HUMAN RESOURCES		
8. Review HR strategy by June 2016 and implement strategy in accordance with targets set.	Y	
9. To achieve: 1.25% or less short term absence rate 2.75% or less long term absence rate 4% or less overall absence rate	Y Y Y	
CORPORATE SERVICES		
10. Review risk management and accreditation documentation set by 31 January 2017	Y	
11. Review information systems and procedures to ensure that IT Security Health Check is successfully completed by November 2016	Y	Due to the installation of new equipment accreditation was extended by DoJ to ensure all IT equipment was included in review. Accreditation has now taken place and a remediation plan is in place to be complete by 13/04/17, this however depends on 3 rd party actions.
12. Test the business continuity and ICT contingency measures by 31 July 2016	Y	
13. Health & Safety meeting to be held quarterly June \ September \ December \ March	Y	

PRRT Summary of Indicative Budget for 2017 /18

(to be included)

INCOME

Core Grant	1,612,000
Core Capital	5,000
Core AME	5,000
PD&T	13,640
Healthcare	7,260
Wellbeing Training	22,000
Service Charges	84,012
Projects	70,555
Room Hire	840
	<hr/>
	1,820,307
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EXPENDITURE

Physiotherapy	287,017
Psychology	301,432
PD&T	198,148
Services Admin	97,171
Shared Services	1,123,273
Projects	90,249
Other Costs	29,248
	<hr/>
	2,126,538
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Surplus/(Deficit)	<hr/>
	(306,230)
	<hr/>

Adjustments:	
Add Back Depreciation	311,230
Add Back AME	0
Deduct Capital	-5,000

Adjusted: Surplus/(Deficit)	<hr/>
	(0)
	<hr/>