



Northern Health
and Social Care Trust

Corporate Plan 2017/18 – 2020/21



DOH Approved (January 18 Doc: V19)

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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 & 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 planning for sufficient numbers of a multi-disciplinary, skilled workforce that can support a new service model, creating not just a great place to work but a great sector to work in, one that values diversity and values all its staff, carers and contributors.

This means we must work with our staff, local communities and partners to design services that reflect international best practice and indeed create new ways of working that others look to as exemplar integrated care. We must ensure we continue to look to user experience as our means of evaluating progress, as well as effective outcomes and value for money.

The Minister's recently launched vision 'Delivering Together' has set out and recommitted to the need for transformational change in the way services are delivered with a clear focus on taking this change programme forward within a co-designed and co-produced approach. This focus is mirrored by our own local commitment to collaboration, meaningful engagement and partnership.

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 will also focus on ensuring there is effective support to staff, underpinning good governance, assurance and risk management and while we move forward on the journey of change, maintain service continuity and safety.

This plan builds on work we have taken forward that has ensured we have placed 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. 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) provides 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 have meaningful engagement 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



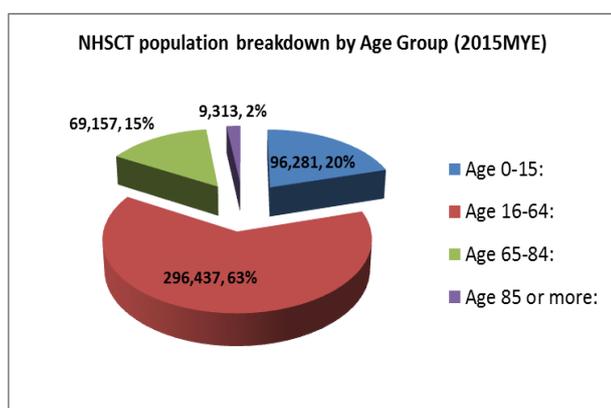
Dr Anthony Stevens
Chief Executive

Section 1- About the Trust

The NHSCT – A Demographic Profile

The Demography data below was sourced from the NISRA NINIS website (<http://www.ninis2.nisra.gov.uk>). The latest mid year/mid year population figures from NISRA available at January 2017 are for the 2015 mid year estimate (MYE) position published in June 2016; as such profile below is based on the Trust population at that time.

- **Total NHSCT Population: 471,188**
 - There was a 6.7% increase in NHSCT population between 2005 and 2015: 29,385
 - NHSCT make up 25.4% of the N.I. Population



* Some NHSCT Pop. Health Indicators

	NHSCT	N.I. Rate/No
Life Expectancy - Males	78.3	77.1
Life Expectancy - Females	82.7	82.1
No. of Deaths (2015)	4,005	15,548
No. of Births (2015)	5,763	24,215
"Looked after" Children	679	2,875
No. on Child Protection Register	505	1,969
Children in Need referred to Social Services	7,935	29,946
Patients on the Dementia Register (2015)	3,131	13,617
Dementia Register per 1000 patients (2015)	6.8	7.0
Attendance Allowance Recipients (2015)	14,270	52,170
Carers Allowance Claimants (2015)	15,810	69,960
DLA Recipients (2015)	44,200	204,270

- **NHSCT Population Projections**
 - By 2025 488,109
 - By 2035 494,933

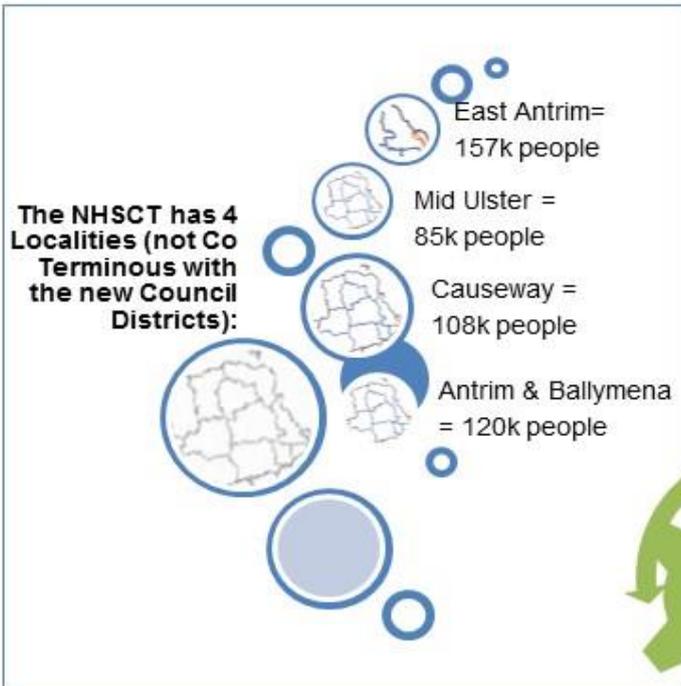
Age Profile	2015MYE	2025 Est Pop.	2035 Est Pop.	% Change 2015-2025	% Change 2015-2035
Age 0-15:	96,281	95,828	88,372	-0.5%	-8.2%
Age 16-64:	296,437	292,513	280,379	-1.3%	-5.4%
Age 65-84:	69,157	85,044	103,104	23.0%	49.1%
Age 85 or more:	9,313	14,724	23,078	58.1%	147.8%
	471,188	488,109	494,933	3.6%	5.0%

"Whilst the NHSCT population is predicted to increase by 3.6% over the next 10 years and 5% over the next 20 years, as can be seen in the figures over the next 20 years the number of children and working age adults in the local population are predicted to DECREASE, whilst those aged 65 and over are predicted to RISE significantly".

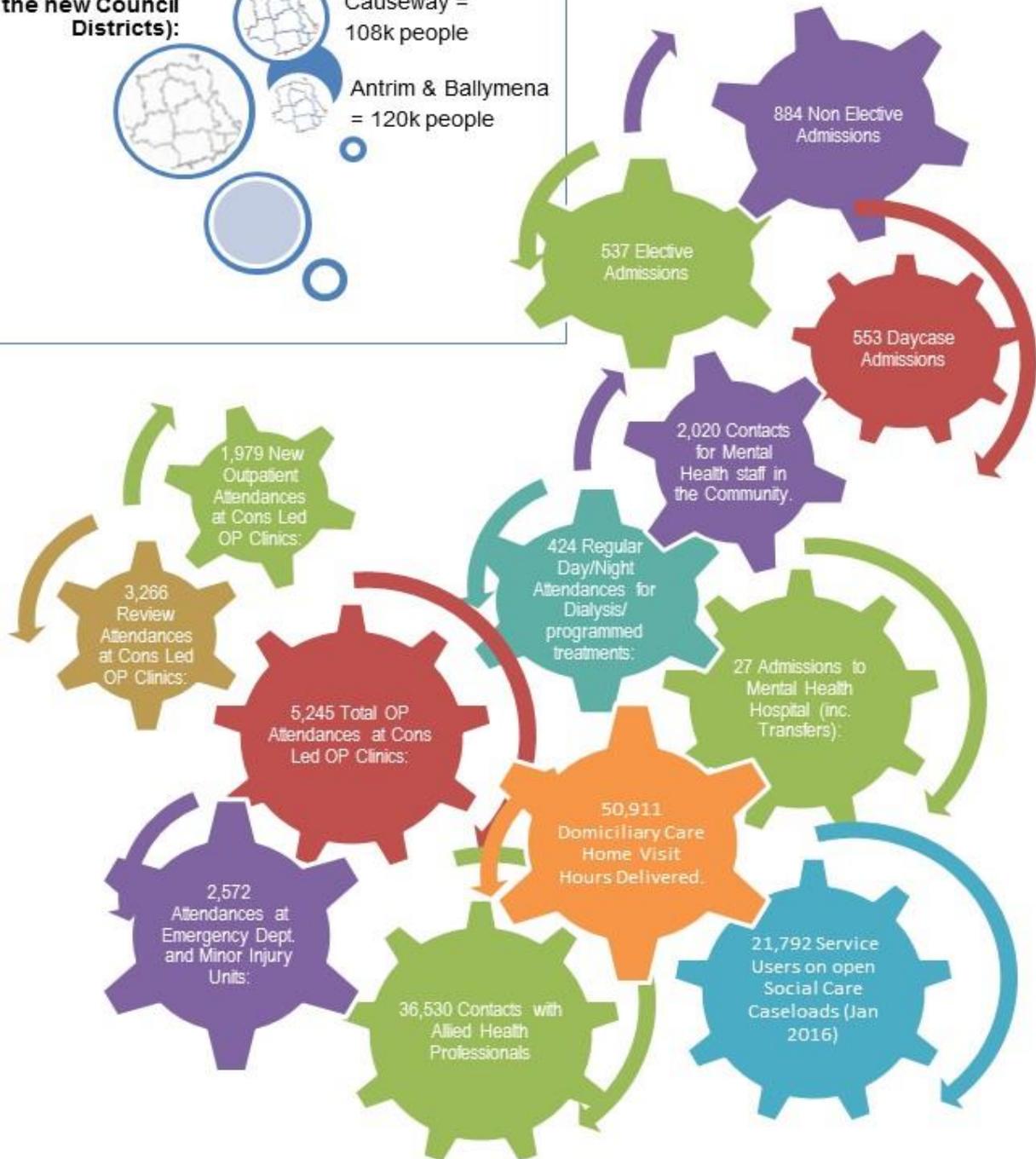
A little bit about ...The Northern Health & Social Care Trust

- The NHSCT provides a range of health and social care services to a population of approximately 470,000 people across a geographical area of 1,733 square miles (2,773 square km) making it the largest geographical trust in Northern Ireland.
- The Trust has an income of about £743 million (based on 2016/17) and employs approximately 12,000 staff across a full range of medical, health and social care disciplines.
- We deliver services from over 150 facilities including two major general hospital sites, a mental health hospital, local community hospitals, health centres, social services, and a significant network of community services as well as provision of care in the home.
- The Trust is split into four localities for delivery of Community care.

Services



In an Average Week During 2015/16FY in the NHSCT there were...



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.

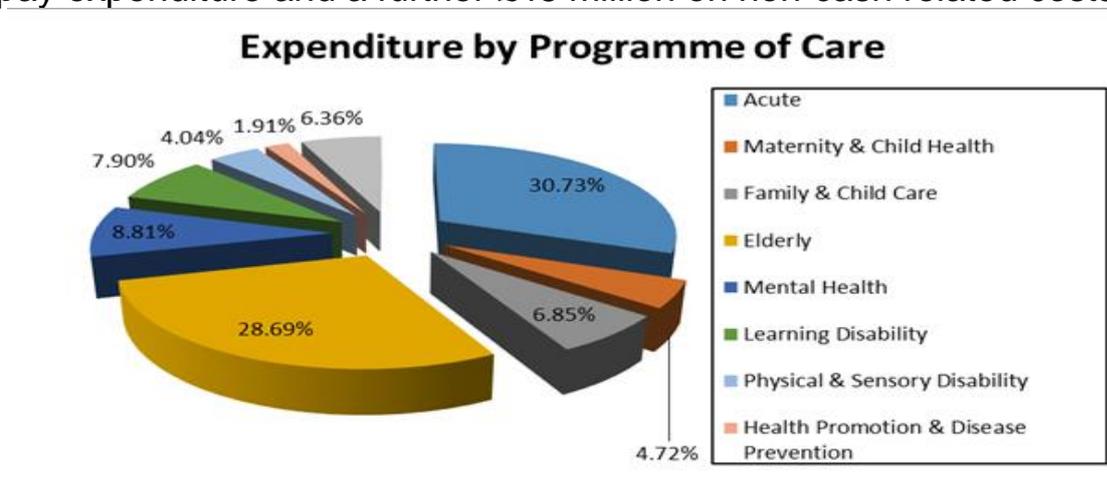
Staff Group	Total
Administrative and clerical	1,924
Estates Services	133
Support Services	1,117
Nursing and Midwifery	3,710
Social Services	2,675
Professional and Technical	1,553
Medical and Dental	599
Total	11,711

Finance

The Trust's managed income for 2016/17 was £743 million.

The majority of this income is provided from the Department of Health, through the Health and Social Care Board and the Public Health Authority. The Trust also receives income for medical education from Northern Ireland Medical and Dental Training Agency [NIMDTA].

The Trust spent £421 million on staff related expenditure, £274 million on non-pay expenditure and a further £48 million on non-cash related costs.



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 twelve 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. This had a positive impact but is not sustainable without further additional funding.

Cancer Services

The Trust has largely sustained a maximum 14 day waiting time for all red flag breast cancer referrals to be seen. 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. 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 9 week maximum wait for access to the service.

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 centred services to enable individuals to achieve their optimum independence, continues to be the focus.

Facilities

The Trust has 302 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 planning, reforming and delivering services 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 with a draft **Programme for Government** (PfG). Health and Social Care is clearly a key component of the PfG and the development of the **Commissioning Plan Direction** through the Department of Health (DoH) takes forward the specific areas for health and social care service provider Trusts, to address in their annual Trust Delivery Plans.

‘**Delivering Together**’ Health and Wellbeing 2026 is the Minister’s Vision launched towards the end of 2016 and taking account of the out workings of the Expert Panel’s recommendations, led by Professor Bengoa. The Health Minister has set out a strategic direction for the delivery of health and social care over a ten year horizon.

Quality 2020

‘*Quality 2020*’ is a ten year Strategy for Health and Social Care in Northern Ireland launched by the DoH. 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 wellbeing 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.

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 302 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 £5 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 much more, as well as giving cognisance to increased costs and the impact of demographic growth.

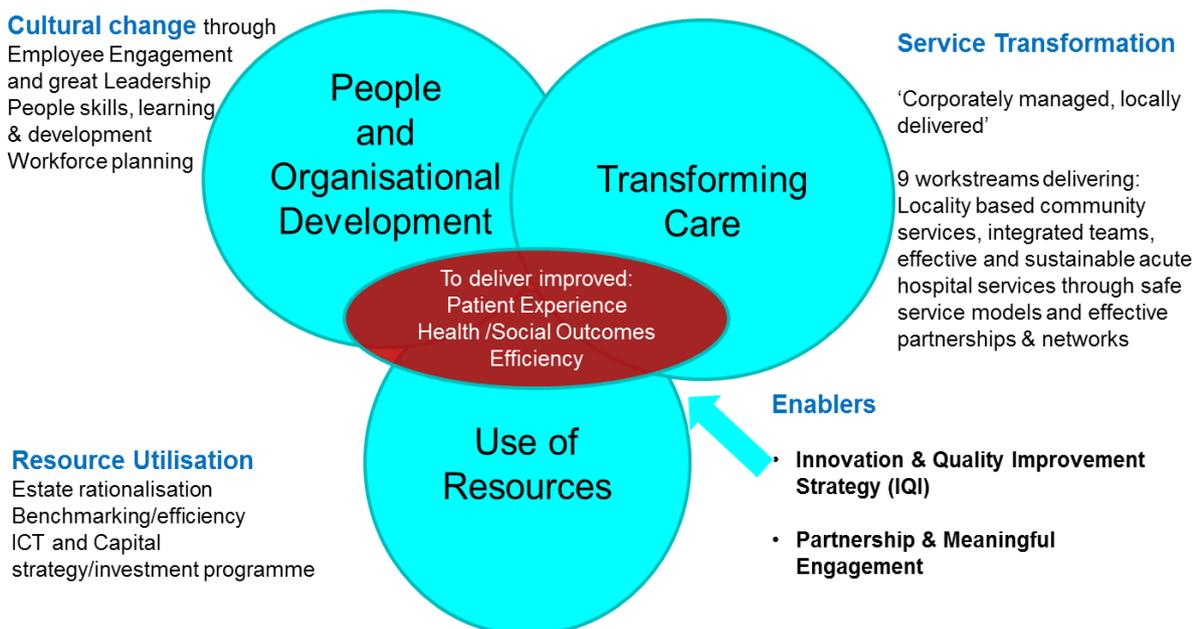
Section 4: Reform and Modernisation Programme

The Trust has developed a Reform and Modernisation Programme, RAMP, which provides the framework to take forward strategic and sustainable change across the organisation. RAMP takes account locally of key regional strategies, and also incorporates the lessons learned from the Trust’s former period of turnaround, building learning from that period into our modernisation programme. In order to address the challenges we face, RAMP has set out three key work streams:

People Taking forward Organisational Development, developing a culture of effective employee engagement, great leadership, learning and development of multi-disciplinary teams and an approach that creates and supports dialogue within the Trust and with our communities.

Service Transformation A Programme of Service Transformation that includes 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 Reviewing our extensive estate and rationalising how we use our buildings to release resources for direct patient care. It also includes making the case for new capital money to provide modern, efficient buildings that are fit for purpose and investment in ICT to support service delivery.

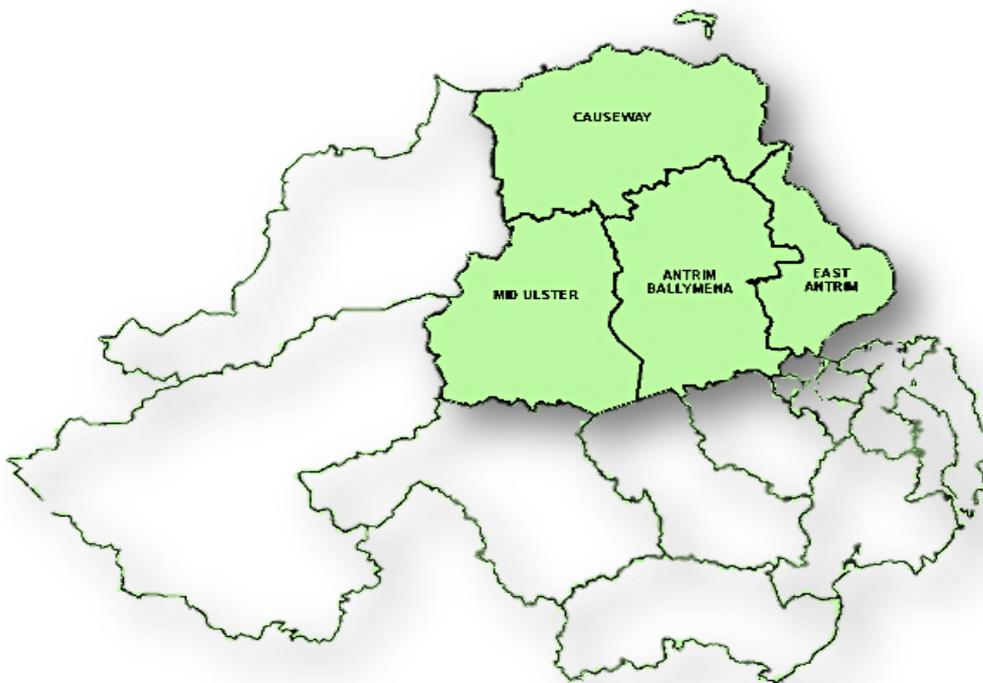


Section 5: Service Transformation

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 deliver this we have set out a focus on key areas. The service transformation work stream under RAMP will be the means of taking 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 can 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.

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 now work together in joined-up teams, building on arrangements 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 integrated 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.

As the teams develop they 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 (ICP) 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 Carers 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 i.e. Musgrave Park Hospital. The Regional Acquired Brain Injury Unit at Musgrave Park Hospital liaises closely with the Trust's Brain Injury Service which the community Physical Disability Teams link in with to ensure a seamless service.

The Sensory Support Service provides advice, support and equipment to assist those with a visual and/or hearing loss. This community team also liaises 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 service in Antrim and Causeway Hospitals using Change Fund investment. The 2016/17 period saw the embedding of the RAMP ethos of working;

transforming the care and patient experience for 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 Elderly Mentally Infirm (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 moved from planning to implementation which includes 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 finalised 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 developed 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 both in terms of overall health and wellbeing.

Delivering Acute Hospital Services

In the northern area we provide services from two acute hospital sites, Antrim Hospital and Causeway Hospital. 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 acute hospitals are developed and supported to work collaboratively to provide a strong sustainable model for both 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 and children 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.

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 and an MRI 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 initially 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.

These initial Service Transformation work streams are set out below. We will continue to develop and evolve these work streams over the 5 year horizon of RAMP. We expect some of the existing work streams will complete the key transformational work and become streamlined and embedded in our services delivery portfolio. As these do others will take their place including the development of co-delivery models with primary care and public health and health promotion programmes that will strengthen the programme of transformation. The nine initial work streams are:

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

Reviewing 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 demands.

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.

Section 6: Workforce & Organisational Development

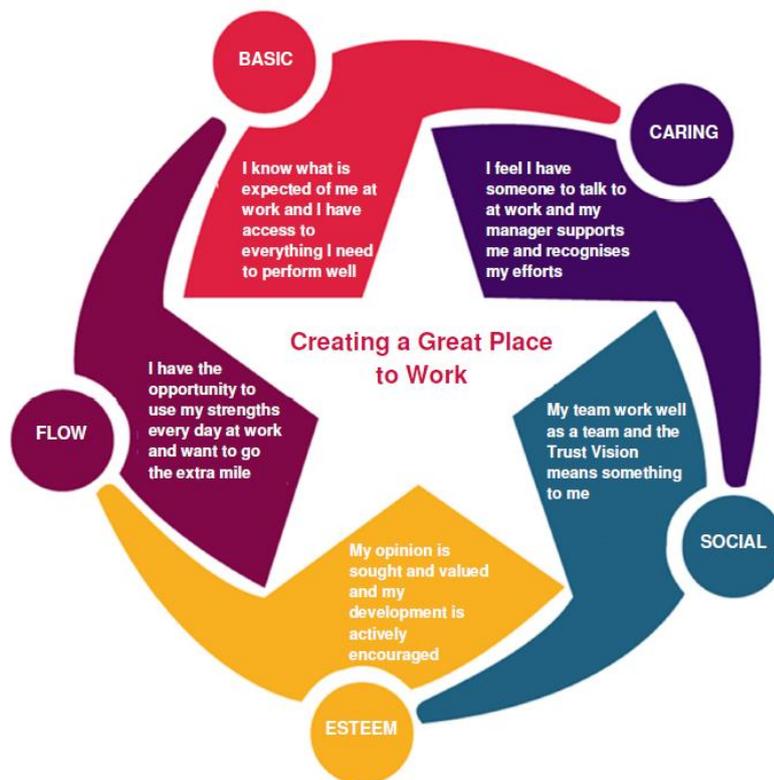
We employ nearly 12,000 members of staff with a vision to:

'Deliver excellent integrated services in partnership with our community'

To realise our vision we need a planned systematic and systemic approach to building and developing our staff to deliver our vision with our community. We need to ensure that our vision and values are integrated with everything we do and that they feel tangible to our staff and to those who lead and manage them. Culture is at the centre of our Reform and Modernisation Programme and we have embarked upon a journey to make the Trust a 'Great Place to Work' - an organisation where people can achieve their full potential whilst delivering on the Trust's objectives.

We know that staff are our greatest strength, and in line with the vision set out in the Health and Wellbeing 2026: Delivering Together document, we are committed to investing in our staff to ensure that they have the skills and tools in place to undertake their roles effectively and ultimately provide safer and more efficient patient and service user care.

We want to grow our organisation through the provision of a comprehensive platform of best practice learning and development and a coaching culture accessible to every member of staff.



Making Progress

One year into our five-year Reform and Modernisation Programme, we have already made significant progress on our people agenda.

During 2016/17:

- We continued to embed the Trust's Vision and CORE values through the creation and roll out of a 'Values in Action' workshop. The workshop exists as a tool through which our staff can better understand the behaviours associated with the Trust's values.
- In November 2016, we held a Leadership Conference focusing on the delivery of compassionate leadership for truly compassionate care which was attended by over 170 members of staff.
- Through a Chairman's Award ceremony, which attracted 96 entries, we showcased and celebrated the exemplary work taking place across the organisation.
- We launched a Management and Leadership Development Pathway for leaders and managers at all levels but with a particular focus on middle managers in an effort to build sustainable organisational performance and improve upon the capability of our managers and leaders.
- We completed year two of our Top Leaders Development Programme which focused on key aspects of leadership and the development of coaching as a style of management.
- We have implemented a coaching framework throughout the organisation. To enable the embedding of a 'coach approach' we have trained a number of staff in ILM Level 5 and are providing masterclasses in coaching.
- We have developed a team effectiveness diagnostic tool and a portfolio of interventions that we are using with targeted Trust teams.
- Through the provision of both face-to-face training and e-learning we supported 11.5% of our workforce to undertake level 1 Quality 2020 training.

- We have created i-matter, a virtual health and wellbeing hub accessible to both our staff and their families.

What will be in place by 2021:

Employer Brand

- We will have developed an organisational image, working with schools and universities to position the Trust as a site of excellence in which prospective careers can flourish.

Recruitment Strategy

- A recruitment strategy will be in place that supports talent spotting, succession planning, career development and building skills for the future.
- We will have developed innovative employment practices and more flexible and responsive recruitment processes.
- We will manage retirement and positive exit strategies well, where there is clarity about exit interviews/feedback and how this is used effectively.

Comprehensive Induction of new staff

- Recruitment and induction are integrated and continue to link to our employer brand and values.
- We will have manager buy in to the induction and orientation strategy.
- Recruitment and induction teams will provide an excellent advisory service aimed at improving the applicant and new start experience.
- Bringing on board new staff effectively and efficiently using any newly identified and procured technologies to achieve this.

Culture, Leadership and Management

- We will have an organisation conscience built on great leaders who care for their staff and lead by example.
- Leaders and managers, both clinical and non-clinical will be clear, confident and capable in their roles supported by first-rate transactional HR services.
- Development will support strong emotional intelligence, resilience and a 'coach approach'.
- We will continue to promote working within and across multi-disciplinary and integrated teams and encourage innovation by providing support through the provision of bespoke Team support and development programmes.

Engagement and Communication including formal and informal consultation (staff and trade unions)

- We want to support our organisation through the provision of consistent and courageous advice so that our staff can be confident in the decisions they make.
- Employee Relations will have a reduced case load.
- There is good, positive and consistent feedback about interaction with Human Resources & Organisational Development.
- There is a culture of a stronger employee voice and openness.
- We will work with corporate communications and managers to develop and implement an employee communications strategy.

Health and Wellbeing

- We want to improve the health of our organisation by making it a great place to work where employees have an excellent experience leading to an improved patient and service user experience.
- We will use different employment models where flexible working is based on a wider policy that extends beyond legal minimums.
- We will continue to promote and develop the personal wellbeing of staff so that we can sustain an environment that supports a contented and motivated workforce.
- We will continue with our health and well-being programme that looks after the mental and physical needs of our staff.
- We will deliver a full options based Occupational Health service and have an Employee Assistance Programme in place for all staff.
- We will have effective management of absence and will support staff to return to work reducing absence levels to enable a more positive work environment.

Culture Change

- We can evidence a truly co-productive and inclusive culture.
- We will value our staff for their contribution, whatever their background or characteristics.
- We will ensure that the Staff Survey outcomes are responded to and communicated to staff.
- Staff Survey results will say 'we are well managed and led' and we will have an improved engagement score.
- We will be seen as an employer of choice.

Talent & Performance Management

- The Human Resources & Organisational Development service will support the development and capability of all of our staff through innovative learning and organisational development interventions.
- Talent and performance management will be supported by the clear articulation of competency (and clarity of expectations) through personal review and development plans.

- We will have reviewed and redesigned personal review and development (appraisal) processes to cultivate a performance review process fit for purpose.
- We will ensure that managers understand their responsibility to engage in succession planning.

Workforce Planning and information

- We will have talent and succession planning in place.
- We will understand the national and regional resourcing implications particularly in relation to 'hard to fill' vacancies e.g. medical and nursing.

Flexible employment options and models

- There will be flexible approaches to work across the organisation.
- We will achieve more clarity, equity and return on investment where staff have been supported to undertake post entry qualifications.

Recognition Strategy

- We will have a Recognition strategy that is clear and transparent and implemented across all roles.

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 identified a number of primary drivers in 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.

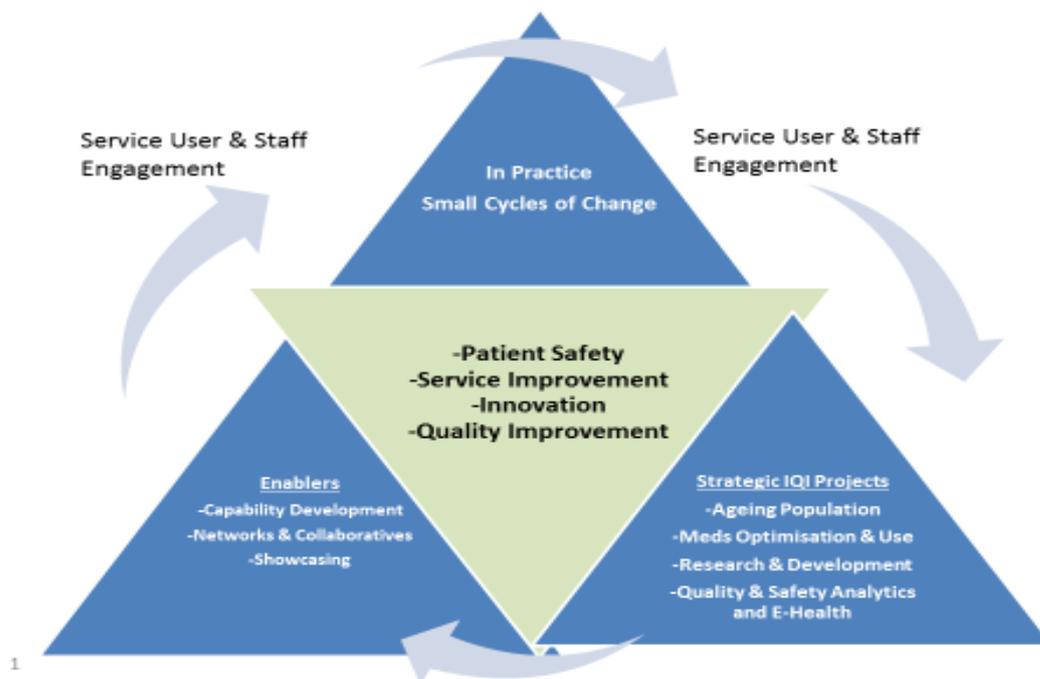
These include:-

- 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

In March 2017 the Trust launched its Innovation and Quality Improvement (IQI) Strategy. The Strategy formalises the Trust approach to innovation and quality improvement (IQI) which at its heart has patient safety, supported by service improvement.

The Trust IQI framework places the service user at the centre of our work. At the heart of IQI are small cycles of change, taking place across the Trust driven by people who work here wanting to improve their service for their service users. Using an IQI approach, we will support the Trust Reform and Modernisation Programme (RAMP). We will measure benefits through: improving service user experience, improving health and social care outcomes and making more efficient use of all our resources.



Our approach to enabling all of the organisation to feel confident and supported to take forward improvement is a 'stepped' model, building capacity and skill at 3 levels.

Level 1

General awareness of IQI, curiosity to know more and get involved

Level 2

Basic skills to lead small IQI projects, and get involved in larger-scale projects

Level 3

Expert IQI advisors providing leadership and input to larger-scale IQI projects

IQI is a key enabler for the delivery of our Corporate Objectives. It is one of 5 work streams embedded within RAMP.

5 Corporate Objectives



RAMP Work Streams

Networks and Collaboration to support IQI

One of the enabling features of our approach to IQI is continuing to build and maintain networks and collaboratives - bringing together partners/teams to seek improvement in a focussed topic area. To do this we will collaborate with other health and social care organisations, academia, industry and other public sector organisations.

We are also committed to celebrating and showcasing innovation, quality improvements and learning development by our staff. We will do this across the Trust, the region and beyond. This is important as it is an opportunity to share learning and also encourages others to take up IQI initiatives.

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.

In recent years the Trust, in common with others, has delivered significant recurrent savings in order to ensure that financial breakeven has been achieved. It should be noted, however, that these savings have not fully addressed the funding position of the Trust and that breakeven has only been possible through a range of in year contingency measures and service development slippage.

Delivery of services, within available finances, will continue to be a key responsibility for the Northern HSC 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;
- 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;
- Reform and Modernisation of Trust services in line with regional policies including '*Health and Wellbeing 2026: Delivering Together*', '*Quality 2020*' and '*Making Life Better 2012–2023*'.

Section 9: Buildings and Technology

The Trust has 302 individual buildings, in its ownership or leased, across the Trust area with an annual rates bill of over £4million. Our estate overview and plan is set out in our Property Asset Management Plan, updated annually.

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.
- 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 2017/18 – 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 Area Hospital commencing with a new ward block followed by theatres, Women and Children Unit and an Ambulatory, Diagnostic and Treatment Center and supporting infrastructure.

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. The Trust is working with the HSCB and the DoH to identify the next hubs to be developed.

Work Programme in 2017/18 and Beyond

The following scheme was commenced in previous years and are to continue during 2017/18.

Provision of a second MRI Scanner at Antrim Area Hospital

The total spend for the project, per OBC approval, will be £3.123m and the scheme is due to complete in Summer 2018, providing a second MRI on the Antrim Area Hospital site to provide additional capacity and service continuity.

The following Outline Business Cases are currently with the HSCB and/ or DoH for approval:

1. **New Mental Health Inpatient Accommodation** on the Antrim Area Hospital site at a cost of £55m. The Trust has received Commissioner support for this 134 bedded new build inpatient unit and the business case is with DoH for

approval. 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 Acute Mental Health, Rehabilitation, Addictions and Dementia Services.

2. 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 new build extension to Causeway Hospital to create a new renal unit of up to 12 stations. The OBC has been submitted to the DoH and HSCB for approval.

3. New Ward Block at Antrim Area Hospital. The Trust has developed an OBC for a new 3 storey ward block on the Antrim Area Hospital site (located in the staff car park at the rear of the site, connected to each of the 3 levels of the hospital). The 72 beds will all be medical beds allowing for some reconfiguration of existing wards and improving bed space standards as well as providing additional bed capacity. The OBC is within the HSCB and DoH for approval.

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

A. 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 and Endoscopy capacity, increasing bed capacity in advance of a permanent ward development and a new Ambulatory, Diagnostic and Treatment Centre. Supporting infrastructure will also be required on site (car parking, storage, office accommodation).

B. 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.

C. Adult Centres: The Trust is currently reviewing the condition of its 11 Adult Centres in terms of the condition of the buildings but also how fit for purpose each Adult Centre is for providing modern day based services. The outcome of this review is likely to require significant capital investment in its adult centres. This work will be shared with the DoH and HSCB in early 17/18.

In addition the Trust is expected to receive upwards of £4m for general capital to address a range of pressures including replacement vehicles and clinical equipment, ICT and refurbishment projects.

INFORMATION AND COMMUNICATIONS TECHNOLOGY (ICT)

In early March 2016, the Minister of Health 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 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.

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

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, Community beds, support of Hospital at Night and discharge process communications
- Supporting electronic management of referrals and the development of an Access Centre
- Extending Brokerage for self-directed support and adult short breaks
- Transferring clinical correspondence to GPs electronically
- Improving the quality of information recorded specifically on death notification

We expect to be able to increase the accessibility of ICT services to all staff including those who work in community settings. This increased accessibility will be delivered through regional investment. This is a sizeable project with a number of challenges to be overcome including a benefits dependent investment strategy.

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.

The ICT service will, to the greatest extent possible, support and enable innovative technology developments being taken forward by our Innovation Hub.

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 make sure 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.

We will continue to promote the use of video conferencing facilities and Microsoft Lync facilities to support communications both for service users and staff.

We expect that our Mental Health system will not be supported beyond 2017 and will require to be replaced or upgraded in the next 12-18 months. A number of other systems also need to be replaced or upgraded including the Patient Administration System used across our hospitals and the Community Loans system.

Objective 6 – Ensuring good governance

Make eHealth 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 ISO 20000 (IT Service Management).

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 Informatics Strategy and implementation plan for the Trust. This will enable us to see more clearly how the eHealth regional strategy aligns with the Trust's Reform and Modernisation Programme (RAMP) and will identify the developments and resources required to enable the various change programmes to be realised.

Section 10: Partnership and Engagement

In October 2016, the Health Minister launched her 10-year vision to transform the current health and social care system. Her report clearly sets out the need for change and makes a commitment to work in partnership with service users and carers and with a broad range of stakeholders to realise that change through adopting a co-production approach. Building on the good practice that already exists across the organisation we will adopt creative and innovative ways to maximise involvement and develop a co-production approach that is guided by regional work in this regard, to ensure that transformation collectively across the region is taken forward in a consistent and collaborative way.

We plan to engage with everyone who has an interest and a stake in the delivery of health and social care in our area. Effective co-production processes and partnership working will underpin and enable the delivery of this Corporate Plan. Co-production 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, local communities, community voluntary sector, trade unions and others to co-design and deliver excellent services.



Our vision is “To deliver excellent integrated services in partnership with our community”. 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. The new vision and values were developed as a result of robust engagement with Trust staff.

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

We have established good external support structures to ensure effective collaborative working. Our User Forums are established groups of individuals and representative organisations who have a keen interest in the standard and quality of our services. They work in partnership with Trust staff to ensure their views are part of the planning, delivery and monitoring of services.

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, this enabling a co-production approach to developing our locality stakeholder forums. We will begin to establish these forums later this year creating a robust and regular mechanism for a collaboration with communities 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 role as statutory partner within community planning structures is integral to effective collaborative working to deliver the common outcomes agreed and outlined in each Community Plan. We will increasingly work in partnership to achieve collaborative gain for patients, clients and communities, jointly delivering prevention and early intervention initiatives which address key issues including social isolation, self-management and community development. We identified the key priorities which have informed Community Plans and have established cross-divisional structures which support the development of locality based services and engagement in delivery of each Community Plan alongside partner statutory agencies.

Communications

The Trust are 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, good relations and human rights in all aspects of our work. In keeping with the commitments in our Equality Scheme 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: 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. 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 or you can write to us at:-

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Route Complex
8e Coleraine Road
Ballymoney
Co Antrim
BT53 6BP
Tel: 028 2766 1377
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This document is available, on request, in accessible formats, including Braille, CD, audio cassette and minority languages.

If you need any help in accessing any of the information, please contact the Equality Unit.

Get digital!

Tweet, message, post and comment; there are loads of ways you can connect with us online. Just visit our website and the link on our home page will provide you with access to a number of ways you can get involved.

Trust Board Structure Chart (March 2017)

Key

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

