Western Health and Social Care Trust

Trust Delivery Plan 2015/16

Contents

Section 1. Introduction

This Trust Delivery Plan is the Western Health and Social Care Trust's response to the Commissioning Plan issued by the Health and Social Care Board and Public Health Agency for 2015/16. The plan outlines the key actions and service developments that will be taken forward by the Trust in 2015/16 to support achievement of the Ministerial standards and actions contained the Commissioning Plan Direction 2015/16 and the regional and local commissioning priorities detailed in the Commissioning Plan. The plan is underpinned by the Trust's financial plan for 2015/16 and reflects the very challenging financial position that the Trust and wider Health and Social Care (HSC) is facing into in 2015/16.

This Trust Delivery Plan is documenting a projected year end deficit of £3.8m for 2015/16 which has been agreed with the Commissioner. The Trust reported a deficit of £6.644m in 2014/15 due to a range of financial pressures which arose in year.

The Trust Delivery Plan is consistent with the Trust's objectives within its Reform Plan which sets out the planned transformation of services in line with Transforming Your Care and the wider reform agenda within the Trust.

Section 2. Local Context

Financial context

The Trust is operating within the context of a prior year deficit position of £6.644m and is assuming an unbalanced financial plan in 2015/16 which assumes a deficit position of £3.8m at the outset of the year. The achievement of the financial plan is viewed to be challenging with significant in-year contingency savings plans to be achieved simultaneously with savings plans to deliver recurrent expenditure reductions. Due to the extent of the financial challenges facing the Trust during 2014/15 the DHSSPS requested the HSC Board to work with the Trust to understand the financial pressures it is facing, to review in conjunction with the Trust its financial processes and to also agree the financial position for 2015/16. This work covered phase 1 of the support project. A second phase has been agreed which will focus on the Trust moving towards recurrent breakeven and a work programme is in the process of being agreed between the HSC Board and the Trust.

Reform Programme

The Western Trust Reform Plan has been developed in response to the need for the Health and Social Care system to work together to reform and change how we deliver health and social care for the future, based on the evolving needs of the population of the Western Trust Area. The Trust's reform programme encompasses a wide ranging set of reforms required to make services affordable and to meet anticipated future demand.

Performance

In 2014/15 the Trust continued to be a strong performer within elective care in comparison to all other Trusts. It achieved an excellent performance in a number of key elective care areas such as Imaging Services, Outpatients, Endoscopy and diagnostics. The Trust also achieved 99% of its inpatient and day case acute core activity against its agreed Service and Budget Agreement with the Commissioner. However during 2014/15 the Trust faced a number of key challenges in the delivery of its elective care services which culminated in a deterioration of its performance in some areas. These challenges included the lack of additional waiting list initiative funding in

the second half of the year and contingency measures which impacted on waiting times in a number of service areas including rheumatology, general surgery, gastroenterology, orthopaedics, respiratory medicine, ENT and oral surgery. In 2015/16 the Trust will continue to work hard to maintain or improve its performance across all service areas and to deliver activity to funded levels. However, the current financial challenges across all Health and Social Care Trusts and the requirement to constrain expenditure within funded levels, will impact on the Trust's ability to provide access to its services in a timely way and it is anticipated that waiting times will increase during the year.

Within unscheduled care, the Trust improved performance compared to the previous year, however significant challenges were experienced over the winter period which impacted on performance levels. The Trust will continue to work to improve performance and is working with the commissioner on workforce and infrastructure investments to take forward the Unscheduled Care Programme.

Section 3 of the Plan provides the detailed Trust response to the Ministerial standards and the HSCB/PHA regional and local commissioning requirements.

Major developments

During 2015/16, the Trust will continue to progress its strategic redevelopment programme which will help to deliver leading edge clinical services in a modern healthcare setting. Section 4.2 of the Trust Delivery Plan details the capital priorities for the Trust in 2015/16 which include enabling works for the new North Wing of Altnagelvin hospital, the development of the Radiotherapy Unit at Altnagelvin, delivery of the Omagh Enhanced Local Hospital and a number of Primary Care and Community Infrastructure and Mental Health developments, eg Cranny Mental Health Accommodation at Omagh.

In keeping with the wider HSC aims to develop collaboration across Trusts, the WHSCT has been working to deliver an interim plan for urology in keeping with plans to establish Team Northwest in the longer term. The Trust also expects to establish an

expanded service in ophthalmology to take on patients from within the Southern LCG area.

Workforce Issues

The Trust is experiencing medical workforce shortages at consultant level across a range of disciplines, including radiology, emergency department, paediatrics, older people's services and mental health and across middle grade medical posts generally. This had led to use of locums to provide cover to ensure services can be delivered safely, however the high cost of locum cover has contributed significantly to the financial pressures on Trust budgets. In response to the pressures associated with these vacant consultant and training grade medical posts, the Trust has established a Task Force to pursue a number of initiatives to mitigate difficulties in terms of reliance of locum appointments and the consequential financial pressures. These actions include an international recruitment initiative through specialist medical recruitment agencies aimed at recruiting medical staff to these vacant posts.

During 2015/16 the Trust will also undertake a challenging programme of work to take forward implementation of Phase 1 of Normative Nurse Staffing covering all inpatient general and specialist hospital medical and surgical specialties.

Section 3. Detailed Delivery Plans

This section of the Trust Delivery Plan details the Trust's plans to deliver against the DHSSPS Commissioning Plan Direction standards (section 3.1) and the regional and local commissioning priorities set out in the HSCB/PHA Commissioning Plan 2015/16 (sections 3.2 and 3.3).

3.1 Trust Response to HSC Commissioning (Plan) Direction Standards and Targets

The Ministerial standards and targets have been set out under the following three overarching themes.

- **To improve and protect population health and wellbeing and reduce inequalities**

The Western Trust is committed to implementing regional and local strategies that will contribute to improving and protecting the health and wellbeing of our local population and reducing inequalities and we will support implementation of the DHSSPS strategic framework for public health, *Making Life Better*.

The Trust recognises the importance of partnership working in improving health and wellbeing and we have developed successful collaborative working arrangements across disciplines, departments and sectors to take forward and support programmes aimed at improving health and reducing inequalities. During 2015/16, we will continue to work with a range of providers and service users to ensure that the health improvement and equality agendas are embedded in the planning and delivery of our services. This will include continued leadership and involvement in the eight Western Neighbourhood Renewal Partnerships aimed at targeting the health inequalities experienced by disadvantaged communities with projects addressing obesity, mental and emotional health and collaborative working to improve health status. The Trust will also take forward a two-year project to support and implement actions based on the Western Travellers Action Plan and regional Travellers HSWI Thematic Action Plan.

The Western Trust will also continue to promote collaborative working across different sectors and agencies such as the Department of Social Development (DSD),

Department of Agriculture and Rural Development (DARD), INTERREG, Big Lottery, to take forward health improvement initiatives and seek opportunities for co-operation in planning and delivery of services based on local needs. Furthermore, the on-going work with existing key community networks is vital in terms of ensuring inclusion in consultations and decision making, building social capital and securing positive outcomes for patients and clients.

From 1 April 2015 the changes in Local Government became effective with the number of councils reducing to 11 and the transfer of powers from central to local government. Local councils now have a statutory function to initiate, maintain and facilitate community planning and the Trust will actively support the community planning agenda. The Trust will participate as a statutory partner in the Councils' Community Planning Partnership and Trust staff will be active in the Derry and Strabane Community Planning working groups. We will support the development, delivery and monitoring of local community plans and will work to strengthen our relationship with the Healthy Living Centres Alliance N.I. The Trust is also an active member of the Derry Healthy Cities Management Group supporting the Health For all agenda of the One Plan.

During 2015/16, there will also be continued focus on implementing key public health strategies and frameworks including Smoking Cessation, Tackling Obesity, Sexual Health and Teenage Pregnancy, Cancer Prevention, Suicide Prevention, Mental Health and Wellbeing and Alcohol and Drugs.

We are committed to supporting families to provide the supportive environments children need to make the best possible start in life and develop positive mental health and emotional wellbeing throughout their lives. We will continue to implement our Infant Mental Health Strategy which, through joint working across a range of disciplines, agencies and voluntary and community sectors, will focus on early years' intervention with the aim of producing better outcomes for children and helping to avoid problems in later life as evidence shows that early years' intervention is highly significant for lifelong physical and mental health outcomes of the future population and addressing and reducing complex health inequalities which affect demand for services. The Trust also works in partnership with the Children and Young People's Strategic Partnership and

Western Outcomes Group to promote better outcomes for children and young people. We will also build on the progressive work of the early intervention family support agenda by developing the children's services hubs infrastructure, ensuring all relevant services can be connected to and benefit families and children engaged with the hubs, and linking effectively with our Voluntary and Community Sector partners. Within this process, attention will be given to how best to meet the needs of those children and families who experience disadvantage and/or barriers to inclusion in services.

In acknowledgement of the fact that the Western Trust area experiences higher than average rates of mental health conditions, the Trust is committed to developing and taking forward a range of proposals to implement mental health early intervention initiatives for clients and patients of all ages. This approach includes cross-disciplinary working and is based on NICE Guidelines and implementation of best practice principles and models in line with the Bamford Review. The Trust is also committed to working in partnership with the Public Health Agency to deliver a range of initiatives which facilitate a multi-agency and partnership approach to mental health and wellbeing in the population, including initiatives relating to early intervention on drugs and alcohol issues.

The Trust also has the highest levels per head of population of key long-term conditions and we are actively working in partnership with GPs through the Integrated Care Partnerships to develop key pathways to support patients with six key conditions/areas of clinical need: Frail Elderly, Respiratory, End of Life Care, Diabetes, Stroke and Cardiology. These pathways will facilitate earlier intervention closer to home for patients who require clinical support. The Trust is also working closely with the Commissioner on proposals to develop the acute care at home model aimed at providing support to enable all older people to remain independent and living in their own home for as long as possible.

The Trust is committed to achieving the Ministerial targets and standards under this priority area and has not identified any material risks to their full or substantial achievement. A detailed response to each target is provided on pages 13 to 16.

- **To provide high quality, safe and effective care; to listen to and learn from patient and client experiences; and to ensure high levels of patient and client satisfaction.**

The Trust has in place an active Patient/Client Safety Programme which focuses on implementing a range of evidence-based improvement plans agreed as regional priorities. In addition, the Trust's Patient Safety Team has identified local priorities including perinatal care, the reduction of the risk of thrombosis for patients admitted to hospital (Venous Thrombus Embolism prevention), as well as safety and improvement work in relation to sepsis, stroke, WHO surgical checklist, falls and pressure ulcer prevention. In 2015/16 the Trust will continue to work with the Patient Safety Forum on new and on-going Collaborative Groups to progress normalising childbirth, safety initiatives in mental health and paediatrics and a regional approach to how we deliver care to patients suffering from acute delirium. The Trust is also committed to the DHSSPS Quality 2020 strategic framework to ensure that patients and their experiences remain at the centre of service design and delivery and is an active participant in its workstreams.

The Trust has established a Standards Triage Group to oversee progress towards full implementation of best practice guidance and alerts. During 2015/2016 focussed work will take place around the implementation of the regional backlog of NICE Clinical Guidelines. There are currently six Service Frameworks for Respiratory, Cancer, Mental Health, Learning Disability, Cardiovascular and Older People, which set clear quality requirements for care. Trust leads have been identified for each Service Framework who will link with professionals or commissioning leads within the HSCB/PHA in the range of initiatives and workstreams to take these forward.

The Trust actively encourages the reporting of incidents and risks and has fostered a learning culture among staff to ensure there is a focus on lessons for improvement from incidents and complaints. Regional learning from serious adverse incidents, including safety quality alerts issued from the HSCB and PHA, is disseminated to Trust staff and the Trust publishes a Quality and Safety Newsletter to highlight Trust-wide learning.

Learning from the views and experiences of our service users is valued by the Trust as an important tool in the design and delivery of our services and we will continue to promote this through our active Patient and Client Experience Steering Group. We regularly collect and report on information on patient experience including questionnaires, observations of practice and patient stories. Through this group we will continue to collect surveys and experiences of practice so that these can inform service delivery. We also participated in the PHA led 10,000 voices initiative and have implemented improvements arising from this such as the "Hello my name is…." campaign.

Through the implementation of the our Personal and Public Involvement Strategy and Action Plan and revised Equality Scheme and Action Plan, we will work closely with the community and voluntary sector to ensure that all of the 9 Section 75 categories and hard to reach public groups are appropriately involved in service design and delivery. In particular, in taking forward our reform programme, we will engage and consult with service users as appropriate to ensure that reform initiatives are effective. Further detail on plans for 2015/16 is provided in Section 6.

The Trust is committed to achieving the Ministerial targets and standards under this priority area, however a material risk to the full or substantial achievement of the following targets has been identified:

- Unscheduled Care
- Elective Outpatients
- Elective Inpatients / Day Cases

In addition a number of the targets have been assessed as amber indicating that they are near achievement or will be achieved in year.

A detailed response to all the targets under this priority area is provided on pages 17 to 52.

- **Ministerial Theme: To ensure that services are resilient and provide value for money in terms of outcomes achieved and costs incurred.**

The Trust is facing a number of workforce challenges in relation to medical staffing at consultant level in radiology, emergency department and paediatrics and middle grade medical staff generally. This had led to use of locums to provide cover to ensure services can be delivered safely, however the high cost of locum cover has contributed significantly to the financial pressures on Trust budgets. The Trust has commenced an international recruitment initiative aimed at recruiting medical staff to these vacant posts.

The WHSCT has the highest performance across a range of activities with performance against targets for fractures, outpatients, inpatients and day cases, unscheduled care, healthcare acquired infections, endoscopy and diagnostics exceeding the Northern Ireland average.

The Trust will continue to work to deliver high performance within funded levels and to improve its efficiency to ensure value for money. The Trust has developed a Quality Improvement Cost Reduction (QICR) Plan setting out plans to maximise productivity and deliver efficiencies which will be taken forward during 2015/16.

The Trust is committed to achieving the Ministerial targets and standards under this priority area, however a material risk to the full or substantial achievement of the following targets has been identified:

- Excess Beddays
- Delivering Transformation

The remaining two targets under this theme have been assessed with an amber rating.

A detailed response to all the targets under this priority area is provided on pages 53 to 57.

Rag Status Index

G	I can confirm that the target is achievable and affordable – GREEN **STATUS**
A	I can confirm that the target is near achievement or will be achieved in year – AMBER STATUS
R	I can confirm that the target is unlikely to be achieved / affordable - RED STATUS
W	Target requires further clarification from HSCB/DHSSPS
B	Target is not applicable to the Western Trust – BLUE STATUS

Ministerial Standards - Detailed Delivery Plans

Ministerial Theme: To improve and protect population health and wellbeing, and reduce health inequalities

Target 1	**Bowel Cancer Screening** By March 2016, complete the rollout of the Bowel Cancer Screening Programme to the 60-74 age group, by inviting 50% of all eligible men and women, with an uptake of at least 55% of those invited.

Achievability	**Associated Resource Allocation**
I can confirm that the target is achievable and affordable – GREEN STATUS **G**	
Actions / Proposed Service Developments • Increase the number of specialist screening practitioner clinics to meet the demand. • Increase the number of screening colonoscopy lists to meet the increased demand. • Continue to work towards renewal of Joint Advisory Group (JAG) accreditation (Altnagelvin) in June 2015. • Continue to work towards JAG accreditation in Southern sector of Trust.	**Lead Director**: Director of Acute Services **Lead Assistant Director**: Assistant Director, Diagnostics and Cancer Services

Target 2	**Tackling Obesity** From April 2015, all eligible pregnant women aged 18 years or over, with a BMI of 40Kg/m2 or more at booking are offered the Weigh to a Health Pregnancy programme with an uptake of at least 65% of those invited.

Achievability	**Associated Resource Allocation**
I can confirm that the target is near achievement or will be achieved in year – AMBER STATUS **A**	

Actions / Proposed Service Developments	**Lead Director**: Director of Women & Children's Services **Lead Assistant Director**: Assistant Director, Women &Children's Services
• 100% of eligible women aged 18 years or over, with a BMI of 40Kg/m2 or more at booking are offered the Weigh to a Healthy Pregnancy programme and informed about the benefits of participating. • 58% of those invited since the project commenced have taken up the opportunity to attend the programme. • Uptake is dependent on the willingness of the women to participate and work is currently being undertaken to try to improve the current level. This will include changing the format of the invitation to participate in the programme and involvement of physiotherapy. The potential for medical staff involvement is also being explored.	

Target 3	**Substance Misuse** During 2015/16, the HSC should build on existing service developments to work towards the provision of seven day integrated and coordinated substance misuse liaison services appropriate acute hospital settings undertaking regionally agreed Structured Brief Advice or Intervention programmes.

Achievability	**Associated Resource Allocation**
I can confirm that the target is achievable and affordable – GREEN STATUS **G**	£67,327 for 14/15 £16,111 – 13/14) for Alcohol Liaison
Actions / Proposed Service Developments	**Lead Director**: Director of Adult Mental Health & Disability Services **Lead Assistant Director**: Assistant Director, Adult Mental Health Services
The Trust proposes to recruit 2 additional Alcohol Liaison Nurses to provide support and brief intervention to 2 Acute Hospitals which will enable increased face to face contacts and provide improved liaison to Primary Care, Acute Hospitals, Addictions and Mental Health services as appropriate to reduce re-admission and development of dependency.	

Target 4	**Family Nurse Partnership** By March 2016 complete the rollout of the Family Nurse Partnership Programme across Northern Ireland and ensure that all eligible mothers are offered a place on the programme.

Achievability	**Associated Resource Allocation**
Target is not applicable to the Western Trust – BLUE STATUS **B**	
Actions / Proposed Service Developments	**Lead Director**: Director of Women & Children's Services **Lead Assistant Director**: Assistant Director, Women &Children's Services
The Western Health and Social Care Trust was the test site for the Family Nurse Partnership programme which has been in place since 2011. However, it is noted that further investment is required to enable the programme to be extended to cover the central and southern parts of the Western Trust area.	

Ministerial Theme: To provide high quality, safe and effective care; to listen to and learn from patient and client experiences; and to ensure high levels of patient and client satisfaction.

<table>
<tr><td>Target 5</td><td colspan="2">Unplanned Admissions
By March 2016, reduce the number of unplanned admissions to hospital by 5% for adults with specified long term conditions, including those within the ICP priority areas.

Performance 2014/15: Full year information not yet available
Target reduction to November 2014 – 1369
Actual to November 2014 – 689</td></tr>
<tr><td colspan="2">Achievability</td><td>Associated Resource Allocation</td></tr>
<tr><td colspan="2">I can confirm that the target is near achievement or will be achieved in year – AMBER STATUS

The target is achievable but will require funding to support 7 day working.
A</td><td>£1.857m investment proposal submitted to HSCB for demographics funding.</td></tr>
<tr><td colspan="2">Actions / Proposed Service Developments</td><td rowspan="2">Lead Director:
Director of Primary Care & Older People’s Services

Lead Assistant Director:
Assistant Director, Professional Nursing</td></tr>
<tr><td colspan="2">• The Directorate of Primary Care and Older People’s Services is progressing its reform agenda with the provision of Acute Care in the Community. This involves the development and extension of the current day time community nursing service beyond 5.00 pm by incrementally moving towards a 24-hour community nursing service and extension of palliative care services within the Trust. The directorate has been investing in the redesign and resourcing of the range of services and treatments provided within the primary care setting by the following community services during 2014/15 and this will continue into 2015/16:
○ District nursing
○ Treatment room nursing</td></tr>
</table>

○ Rapid Response nursing ○ Specialist nursing services ○ Specialist palliative care ○ Community AHP services • The Trust's Case Management/Early Supported Discharge and Diabetes Service are already well established and patients have a named practice nurse in their GP practice. A 10% reduction on unplanned admissions is already being achieved for patients on the case management caseload. • The generic "Manage the Challenge" self-management programme is in place and the Trust is achieving its internal target of implementing 25 self-management programmes per year. In addition, disease specific self-management programmes are in place for diabetes, cardiac rehabilitation and pulmonary rehabilitation. • The Trust is currently implementing the redesign of the respiratory care pathway across acute and community services. The current early supported discharge and case management services are being merged to establish a community respiratory nursing team in Fermanagh, Tyrone and Londonderry. This service redesign involves a change in service from 5 day to 7 day working. The community respiratory nursing team will focus on the management of patients with acute exacerbations of their respiratory condition in the community. The team will continue to support the early discharge of patients with respiratory conditions from acute respiratory and medical wards and the Emergency Department. The ICP already addresses the patient's journey from community care through acute care and back to primary care and the community. Funding will be required to expand this service to 7-day working. • Work is also ongoing to redesign data collection processes to ensure a uniform approach across all community nursing specialties. • The Directorate will continue to work closely with the Acute Directorate and the Commissioner to agree resourcing.	

Target 6	**Unplanned Admissions** During 2015/16, ensure that unplanned admissions to hospital for acute conditions which should normally be managed in the primary or community setting, do not exceed 2013/14 levels. **Performance** New target	
Achievability		**Associated Resource Allocation**
I can confirm that the target is near achievement or will be achieved in year – AMBER STATUS **A** Significant investment is required to progress Acute Care in the Community and the incremental move towards 24-hour community nursing service and extension of palliative care services.		£1.857m investment proposal submitted to HSCB for demographics funding.
Actions / Proposed Service Developments		
• The Trust will work with the HSCB, Community and care providers as appropriate to address this target. • The Directorate of Primary Care and Older People's Services is progressing its reform agenda with the provision of Acute Care in the Community. This involves the development and extension of the current day time community nursing service beyond 5.00 pm by incrementally moving towards a 24-hour community nursing service and extension of palliative care services within the Trust. The Directorate has been investing in the redesign and resourcing of the range of services and treatments provided within the primary care setting by the following community services during 2014/15 and this will continue into 2015/16:		**Lead Director**: Director of Primary Care & Older People's Services **Lead Assistant Director**: Assistant Director, Primary & Community Care

- District nursing - Treatment room nursing - Rapid Response nursing - Specialist nursing services - Specialist palliative care - Community AHP services • Work is also ongoing to redesign data collection processes to ensure a uniform approach across all community nursing specialties. • The Directorate will also continue to work closely with the Acute Directorate and the Commissioner to agree resourcing.	

Target 7	**Carers' Assessments** By March 2016, secure a 10% increase in the number of carers' assessments offered. **Performance 2014/15:** Trust Target = 418; Achieved = 357

Achievability	**Associated Resource Allocation**
I can confirm that the target is near achievement or will be achieved in year – AMBER STATUS **A** To increase by 10% will require additional social work capacity to support this development and also encourage the roll-out of e-NISAT and adult safeguarding activity. The baseline review of community teams as per RQIA found that the WHSCT had the lowest number of community team staff in Northern Ireland. Changing demographics and family dynamics have reflected an increase in cases where a service user has no identified carer, which in turn impacts on the ability of Trust staff to offer carer assessments/support. Within Disabled Children's Services it is anticipated that this target will be achieved.	
Actions / Proposed Service Developments	**Lead Director**: Director of Primary Care & Older People's Services **Lead Assistant Director**: Assistant Director, Primary & Community Care
• The number of carers' assessment offered will be monitored by the Trust Carers' Steering Group which meets quarterly and has representation from all Programmes of Care. • Trust staff have worked closely with carers and service users to develop innovative alternatives to traditional respite/short breaks.	

Target 8	**Direct Payments** By March 2016, secure a 10% increase in the number of direct payments across all programmes of care. **Performance 2014/15:** Trust Target = 398; Achieved = 442

Achievability	**Associated Resource Allocation**
I can confirm that the target is achievable and affordable – **GREEN STATUS** **G** The Trust will endeavour to meet this target but notes that achievement is dependent on the suitability of clients for self-managing their direct payments. The achievement of this target during 2014/15 created a significant financial pressure to the Trust and will continue to do so into 2015/16.	
Actions / Proposed Service Developments • The number of direct payments in place will be monitored by the Trust Carers' Steering Group which meets quarterly and has representation from all programmes of care. • The Trust will continue during 2015/16 to follow guidance with regard to Self-Directed Support (SDS) Direct Payments. SDS regional targets are ambitious and the process of establishing personal budgets and advising individuals of what that value is still require some finalising detail.	**Lead Director**: Director of Primary Care & Older People's Services **Lead Assistant Director**: Assistant Director, Adult Safeguarding

Target 9	**Allied Health Professionals (AHP)** From April 2015, no patient waits longer than 13 weeks from referral to commencement of AHP treatment **Performance 2014/15:** 1748 patients were waiting >13 weeks at 31 March 2015

Achievability	**Associated Resource Allocation**
I can confirm that the target is unlikely to be achieved / affordable across all the AHP Areas. A breakdown of the Trust's assessment of achievability is provided below: • Occupational Therapy and Dietetics – RED STATUS **R** • Speech and Language Therapy – AMBER STATUS **A** Waiting list performance will be impacted for the first 3 quarters of 2015/16 due to the impact of cost containment measures taken in 2014/15 with regards to holding vacancies leading to a backlog of patients waiting. A 13 week waiting time position will not be achieved without targeted in-year additional funding. • Physiotherapy, Podiatry and Orthoptics - GREEN STATUS **G**	
Actions / Proposed Service Developments	**Lead Director**: Director of Primary Care & Older People's Services **Lead Assistant Director**: Assistant Director, Intermediate Care
The Trust will not return to and maintain a maximum 13 week waiting time across all six AHP areas. The Trust's physiotherapy service is now funded to a level of capacity which will maintain a 13-week waiting time. However, the target is not achievable in the following areas: • Occupational Therapy - baseline capacity cannot deliver and maintain a 13-week position. • Dietetics - demand has risen as a result of Departmental guidance. The Trust does not have sufficient capacity to meet the growth in demand and will not achieve or maintain	

a 13-week position in this area. In addition, all six AHP areas do not have the level of funding required to provide like for like capacity replacement associated with maternity and long term sick leave and in light of this a 13 week position will be dependent on the levels of staff absence related to sickness and maternity leave.	

Target 10	**Hip Fractures** From April 2015, 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures. **Performance 2014/15:** 89% treated within 48 hours	
Achievability		**Associated Resource Allocation**
I can confirm that the target is near achievement or will be achieved in year – AMBER STATUS **A**		
Actions / Proposed Service Developments • Agree development of trauma and orthopaedic service with the Commissioner and submit proposal and phased implementation plan for service development. • Increase theatre or ward capacity if funding proposal supported by Commissioner. • The Trust notes that in order to meet this target, it may be necessary to cancel elective inpatient and day case sessions to allow access to trauma if there are peaks in demand, eg in 2014/15, in excess of 60 elective inpatients and day case sessions were cancelled to allow trauma access. • The trauma access patient pathway group will continue to meet to review issues in relation to patient flow and ensure effective multi-disciplinary team communication and utilisation of resources.		**Lead Director**: Director of Acute Services **Lead Assistant Director**: Assistant Director, Surgery & Critical Care

Target 11	**Cancer Services** From April 2015, all urgent breast cancer referrals should be seen within 14 days; at least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat; and at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days. **Performance 2014/15:** 14-days (Breast) – 99%; 31 days – 100%; 62 days – 92%

Achievability	**Associated Resource Allocation**
I can confirm that the target is near achievement or will be achieved in year – AMBER STATUS **14 Day Breast Cancer - Amber Status** **A** While a high level of compliance with the 14-day target for breast cancer was achieved in 2014/15, there is a risk that this level of performance will not be able to be maintained throughout 2015/16 due to the following: **31 Day /62 Day - Amber Status** **A** The Trust maintained a strong performance against both standards during 2014/15. However, full compliance depends on the ability of the Cancer Centre to meet the demand from the WHCST Cancer Unit in terms of access to PET scanning and other specialist regional surgery services. In addition, the prioritisation of patients classified as “red flags” can impact on elective capacity, particularly in theatres, which can leads to issues regarding access to treatment. The Trust will continue to work with primary care colleagues to ensure appropriate classification of referrals.	Investment received for Band 4 patient tracker to address Northern Trust urology patients

Actions / Proposed Service Developments	Lead Director: Director of Acute Services Lead Assistant Director: Assistant Director, Diagnostics & Cancer Services
14 Day Breast Cancer • The Trust will continue with efforts to recruit the existing and pending vacant posts within general surgery and radiology. **31 Day / 62 Day Target** • The Western Trust continues to engage in the Regional Cancer Performance and Service Improvement Forum in order to improve patient pathways and access to services. • Trust-wide achievability is challenging with the greatest difficulty being at the front end of the patients' access pathway, particularly for first diagnostic tests. These tests must be carried out within 21 days from receipt of suspect cancer referral. The Trust will focus on this during 2015/16. • Continue to monitor the impact of Northern Trust cancer patients on performance. • Continue to learn from analysis of breach reports through multi-disciplinary meetings and service.	

Target 12	**Unscheduled Care** From April 2015, 95% of patients attending any Type 1, 2 or 3 Emergency Department are either treated and discharged home, or admitted, within 4 hours of their arrival in the Department; and no patient attending any Emergency Department should wait longer than 12 hours. **Performance 2014/15:** 4 hours: 83% Number of patients who waited longer than 12 hours – 25

Achievability	**Associated Resource Allocation**
I can confirm that the target is near achievement or will be achieved in year - AMBER STATUS **A** Funding was secured for two additional consultants for the Emergency Department (ED) at Altnagelvin to enable the provision of supervision for junior staff and senior decision making. However, recruitment of the additional staff remains a challenging issue for the Trust with an impact on availability of 24/7 senior decision making as a consequence. In addition, the high level of unscheduled admissions to the acute hospital results in pressures within the ED, especially during late evening when there can be significant delays in those awaiting discharge. The challenge to meeting this target will be mitigated in-year if demographics investment is received for the acute programme of care as well as funding for the 5 key priorities and the additional infrastructure gap which has been highlighted to the HSCB. The ability to meet the target is also dependent on work being undertaken in-year to constrain delayed discharges within an agreed threshold for each hospital.	TYC funding for 1 year only. Permanent funding required long term. Continue to seek funding for additional 2 x Consultant and 4 wte middle grade staff to enhance the patient flow. The new minor stream requires investment in 3 wte Band 7 Emergency Nurse practitioners

Actions / Proposed Service Developments	Lead Director: Director of Acute Services **Lead Assistant Director**: Assistant Director, Surgery & Critical Care Assistant Director, Emergency Care & Medicine
• The Trust will continue work with the HSCB to support initiatives aimed at meeting patients' needs in community settings. Work will also continue on initiatives within the hospital setting to improve the flow of patients through the hospital and back into the community. Specific actions will include: • The Trust will continue to work with the DHSSPS-led Unscheduled Care Task Group, to identify and take forward the identified five key commissioning priorities to improve patient flow actions to ensure that the 4-hour performance standard is met and that no patient waits longer than 12 hours. • Recruitment of additional ED consultants which will extend hours of senior decision making at Altnagelvin Emergency Department. This recommendation of the Western Trust review of its Emergency Care pathway remains on the LCG agenda and is one of the top five priorities for the Trust. • Commencement of the cardiac chest pain nurse which will alleviate pressure by assessing patients in ED for admission or discharge or transferring them to ambulatory care space for follow up assessment. • Availability of a 24 hour PCR service will help reduce delays in ED awaiting infection status for those patients being admitted with prior history or at risk of infection. • The Trust has undertaken a review and redesign of the Altnagelvin ED to provide a more effective flow and improved visibility of patients presenting to ED which is expected to improve the 4 and 12 hour performance against Ministerial standards. • Work will continue with the multi-disciplinary team and across directorates to facilitate a safe and effective journey for the patient. • Plans were produced in 2014/15 for the development of integrated care pathways with community, statutory and voluntary sector and this work will continue to be progressed during 2015/16.	

• During 2015/16 it is planned to achieve the following phased improvement in performance against the 4 hour target in the Altnagelvin ED: ○ By June 2015 – 81% ○ By September 2015 - 83% ○ By December 2015 – 85% ○ By March 2016 - 90%	

Target 13	**Unscheduled Care** By March 2016, 72.5% of Category A (life threatening) calls responded to within eight minutes, 67.5% in each LCG area.

Achievability	**Associated Resource Allocation**
Target is not applicable to the Western Trust – BLUE STATUS **B**	
Actions / Proposed Service Developments	

Target 14	**Emergency Readmissions** By March 2016, secure a 5% reduction in the number of emergency readmissions within 30 days. **Performance 2014/15 to date:** Target reduction to November 2014 – 2844 Actual to November 2014 – 3,633

Achievability	**Associated Resource Allocation**
I can confirm that the target is near achievement or will be achieved in year - Amber Status **A**	TYC funding for 1 year only. Permanent funding required long term.

Actions / Proposed Service Developments	**Lead Director**: Director of Acute Services **Lead Assistant Director**: Assistant Director, Emergency Care & Medicine
• Assessment of cardiac chest pain patients by the cardiac chest pain nurse will ensure that patients are assessed and treated as per protocol and referred for appropriate investigations that could prevent admission. • The reduction in emergency readmission rates continues to be developed as part of unscheduled care and long term conditions pathway. • Readmissions are monitored regionally and locally. The Western Trust continues to strive to avoid readmission within 30 days.	

Target 15	**Elective Care – Outpatients** From April 2015 at least 60% of patients wait no longer than 9 weeks for their first outpatient appointment and no patient waits longer than 18 weeks **Performance 2014/15:** At end March 2015, 54% of patients were waiting less than 9 weeks for a first outpatient appointment.

Achievability	**Associated Resource Allocation**
I can confirm that the target is unlikely to be achieved / affordable – RED STATUS **R** In view of the current financial challenges across all Health and Social Care Trusts, the Trust is required to take action to constrain expenditure within funded levels. These measures are impacting on the Trust's ability to provide access to its services in a timely way and as a result the waiting times standard for outpatients is not achievable. Given the limited funding available for additional elective activity in 2015/16 and the demand capacity gaps in a number of specialties, the Trust anticipates that waiting times will increase during the year.	

Actions / Proposed Service Developments	**Lead Director:**
• Continue to work with HSCB in relation to increasing numbers of red flag referrals which impact on the Trust's ability to see urgent and routine referrals within the waiting time standard. • Ensure implementation of good waiting list management practice, including the chronological management of patients of the same clinical priority. • Ensure appropriate triage and categorisation of all patient referrals.	Director of Acute Services **Lead Assistant Directors:** Assistant Director, Surgery & Critical Care Assistant Director, Emergency Care & Medicine

• Ensure that clinics are booked in accordance with agreed clinic templates to ensure capacity is fully utilised. • Develop improvement plans where appropriate. • Ensure implementation of agreed investments to increase capacity and reduce waiting times. • Continue to take forward outpatient reform initiatives. To date individual Trust clinicians have reformed outpatients care within Haematology, Respiratory, Cardiovascular Disease and Diabetes resulting in fewer hospital based outpatients within these specialties. Further work will be undertaken within the Trust to plan a coordinated approach to outpatient reform in the Western Area. • Work with the Commissioner to identify and secure recurring and non-recurring investment for areas where there are significant capacity gaps.	Assistant Director, Women & Children's Services

<table>
<tr><td>Target 16</td><td colspan="2">Elective Care – Diagnostics
From April 2015 no patient waits longer than 9 weeks for a diagnostic test and all urgent diagnostic tests are reported on within 2 days of the test being undertaken

Performance 2014/15:
Diagnostic Test: At March 2015, 269 patients were waiting longer than nine weeks (0 imaging/269 physiological measurement)
Diagnostic Reporting: At March 2015, 92% of urgent tests were reported within 2 days</td></tr>
<tr><td colspan="2">Achievability</td><td>Associated Resource Allocation</td></tr>
<tr><td colspan="2">I can confirm that the target is near achievement or will be achieved in year – overall Amber Status A

Radiology - Green Status
Additional investment in radiology services has been confirmed and this target will be achievable subject to no increase in demand and the ability to recruit the additional staff.
Although agreement can be reached to increase the SBA for CT, NOUS and plain film, the Trust has reached capacity for MRI scanning with the Altnagelivn scanner working an 18 session week and the SWAH scanner working a 12 session week. Increasing demand on MRI therefore may need to be addressed through the Independent Sector. While the WHSCT is confident it will deliver on the SBA for the other modalities, as this is a demand-led service there are concerns that unknown demand will outstrip capacity and impact on waiting times. Concerns also remain around capacity for myocardial perfusion scanning where there is inadequate capacity to meet demand from cardiology. This will be monitored very closely with cardiology colleagues and discussions will continue with the Commissioner.</td><td>As part of investment in urology, recurrent funding has been confirmed for 2015/16 for the following:
1.6WTE band 6 radiographers,
0.3WTE Radiologists

Non recurrent funding of £266,000 to be invested to work towards 24/7 services for pathology. The Network has indicated that this funding will be made recurrent.</td></tr>
</table>

Endoscopy – Red Status The achievability of this target is impacted by the long term sick leave of a nurse endoscopist which leaves a gap in capacity of at least 40 slots per week. There are further concerns with regard to availability of nurse endoscopy in the coming year in the northern sector and the ability to secure cover. It will not be possible to meet the demand without additional funding in year. **Audiology – Amber Status** Additional funding is required to close the agreed gap in capacity. **Diagnostic Reporting Turnaround Times (DRTT) – Amber Status** The Trust can achieve a Monday-Friday DRTT service. Work continues to extend plain film reporting capacity which includes development of radiographers to undertake reporting although this has not been funded. Reporting over the weekend remains a challenge as the Trust is only funded to provide an on-call radiology service at the weekends which will impact on the Trust's ability to achieve the target. Significant work is on-going in relation to DRTT and the Trust has achieved a steady improvement to +90% approximately with few exceptions. The service will continue to drive toward meeting the DRTT on all sites but achievement of the target is impacted by the difficulties being experienced in relation to radiology recruitment. This will continue to be a challenge until new working patterns, which are dependent on an appropriate number of radiologists being in post, can be established. The Trust will continue to outsource reporting of lower level work as appropriate to help address reporting of urgent DRTTs. **Cardiology and Respiratory Investigations – Amber Status** Demand has continued to increase without a commensurate increase in funding. The target is achievable for cardiology and respiratory investigations with the exception of:	

• Dobutamine Stress Echo (DSE) - Demand for DSE is predicted to increase during 2015/16 due to the availability of a Cardiologist to perform the investigation. There has been a steady increase in referrals from various sources over the last 5 years. Figures would indicate that an additional clinic would be required in order to meet the 9 week target. An appropriate bid will be developed when demand and capacity are further analysed. • Cardio Pulmonary Exercise Test (CPEX) - Demand for this service continues to grow and within the current resources this demand is unable to be met without funding. The test is dependent on the availability of equipment (a business case has been developed for the capital and is going through Trust processes) and a consultant. There is increasing demand for the service from the Anaesthetics department as this test provides accurate information on the patient's suitability for surgery. • Echocardiography - The Trust is involved in a regional demand/ capacity exercise for cardiac diagnostics which is nearing completion. Within the Trust, demand exceeds capacity in the Northern sector and work continues to redirect patients where appropriate across the Trust's geography. The outcome of the demand/ capacity exercise will inform the Trust of any requirements in order to ensure achievement of the 9 week target.	
Actions / Proposed Service Developments	**Lead Director**: Director of Acute Services
Radiology • Continue efforts to recruit Consultant Radiologists • Develop and implement Radiographer-led reporting • Work to secure investment for 2nd MRI scanner in Altnagelvin • Agree SBA for services	**Lead AD**: Assistant Director, Diagnostics and Cancer Services Assistant Director Emergency Care and Medicine

Endoscopy • Continue development / training of additional nurse endoscopist and consider training further nurse endoscopists. • Work with commissioner to address method of calculation of SBA • Work with commissioner around processes e.g. straight to test **Audiology** • Agreed gap of 2.6 WTE x 2100 tests within Trust. • HSCB and Trust have agreed forthcoming years SBA and gap • Await confirmation of funding. **Pathology** • Progress recruitment of vacant Consultant histopathology posts • Modification of andrology facilities to address increasing demand • Investment to extend working day • Consider development of SBA for pathology and address increasing demand **Cardiology and Respiratory** Demand and capacity exercise ongoing for all diagnostics investigations for cardiology. Respiratory exercise to commence in 2015/16 with HSCB. • Complete and implement demand / capacity exercise • Follow up on bid for non-recurrent funding • Procure necessary equipment.	

Target 17	**Elective Care – Inpatients/Daycases** From April 2015 at least 65% of Inpatient and Daycases are treated within 13 weeks and no patients waits longer than 26 weeks. **Performance 2014/15:** At end of March 2015, 55% of patients were waiting less than 13 weeks for inpatient or day case treatment and 2120 patients were waiting longer than 26 weeks.

Achievability	**Associated Resource Allocation**
I can confirm that the target is unlikely to be achieved / affordable – RED STATUS **R** In view of the current financial challenges across all Health and Social Care Trusts, the Trust is required to take action to constrain expenditure within funded levels. These measures are impacting on the Trust's ability to provide access to its services in a timely way and as a result the waiting times standard for inpatients and day cases is not achievable. Given the limited funding available for additional elective activity in 2015/16 and the demand capacity gaps in a number of specialties, the Trust anticipates that waiting times for treatment will increase during the year. Specific issues within General Surgery are: • Consultant vacancy within breast surgery service. • Paediatric service in northern sector is dependent on support from the Belfast Trust. • Provision of arterial vascular service requires regional agreement • Increase in unscheduled medical and surgical admissions – 16.2% and 8.8% respectively (2010/11 baseline), which impacts on access to elective beds.	General Surgery IPT agreed by Commissioner - £860K

Actions / Proposed Service Developments	
• Sessions in the second cardiac catheterisation lab will ensure elective patients are not cancelled to facilitate a primary PCI case and relieve pressure on the service. • Ensure implementation of agreed investments to increase capacity and reduce waiting times. • Implementation of agreed improvement plans to deliver core volumes and address longest waits where appropriate. • Continue to implement bed remodelling, including elective procedure unit, surgical assessment unit, paediatric assessment unit • Transforming Your Care Theatre Productivity Initiative and its workstreams, to underpin optimal utilisation of existing resources and to explore options with potential to maximise capacity e.g. extension of pre-assessment model across Trust (delivery requires additional consultant anaesthetist input). • The 23-hour elective procedure unit aimed at increasing elective volumes, streamlining the patient pathway and maximising theatre utilisation. General surgery funding will further enable an increase in elective performance.	**Lead Director**: Director of Acute Services **Lead Assistant Director**: Assistant Director, Surgery & Critical Care Assistant Director, Emergency Care & Medicine Assistant Director, Women & Children's Services

Target 18	**Organ Transplants** By March 2016, ensure delivery of a minimum of 80 kidney transplants in total, to include live, DCD and DBD donors.	
Achievability		**Associated Resource Allocation**
Target is not applicable to the Western Trust – BLUE STATUS **B**		
Actions / Proposed Service Developments		

Target 19	**Stroke Patients** From April 2015, ensure that at least 13% of patients with confirmed ischaemic stroke receive thrombolysis. **Performance 2014/15:** 14.2% of patients with confirmed ischaemic stroke received thrombolysis.	
		Associated Resource Allocation
I can confirm that the target is achievable and affordable – **GREEN STATUS** **G**		
Actions / Proposed Service Developments		
The Directorate has been unable to recruit a permanent Stroke Consultant, despite a number of recruitment processes. The ability to achieve this target is dependent on a number of factors that occur on the patient's presentation to hospital: • A high percentage of patients admitted with ischaemic stroke cannot provide accurate time of onset. Without the early recognition of symptoms, these patients cannot be considered for thrombolysis. Again, if they do not recognise their symptoms within the 4.5 hours window, they too fall out of the opportunity to receive thrombolysis. • The Trust is funded for 8 consultant posts in acute medical care / stroke services, covering the two hospital sites at Altnagelvin and South West Acute Hospital (SWAH) but difficulties have been experienced in the recruitment of all vacant consultant posts (currently 4 posts are vacant). The Trust has undertaken the recruitment process on several occasions to fill four vacant consultant care of the elderly posts. The most recent recruitment process is underway at present. The Trust is currently utilising locum doctors which is causing significant additional financial pressure. • The Trust has a 1:4 lysis rota in place in Altnagelvin and 1:3 in SWAH and is working towards the development of a Trust-wide lysis rota. However, competing pressures	**Lead Director**: Director of Primary Care & Older People's Services **Lead Assistant Director**: Assistant Director Secondary Care	

within the general medical rota, particularly in the SWAH, are delaying the process. These rotas are funded at the normal rate of 3%, however they attract a higher on call supplement of 8% due to the frequency of on-call and the work required during the on-call session which is not funded. The ability to sustain these rotas has been identified as a risk. The frequency of the consultants' requirement to be part of the on-call rota is onerous and provision of cover for annual leave/absence is problematic.	

Target 20	**Healthcare Acquired Infections** By March 2016, secure a reduction of 20% in MRSA and *Clostridium difficile* infections compared to 2014/15. Baseline 2014/15: MRSA – 12; Cdiff – 71 Target 2015/16: MRSA – 9; Cdiff - 48

Achievability	**Associated Resource Allocation**
I can confirm that the target is near achievement or will be achieved in year - AMBER **A** Achievement of the C.difficile reduction target is likely to prove challenging.	
Actions / Proposed Service Developments	
The Trust has instigated a targeted bespoke ward support system provided by the Infection Prevention and Control nursing team. The clinical areas receiving support are identified using infection surveillance data, planned MRSA reduction work and planned augmented care assurance audits.	**Lead Director**: Medical Director **Lead Assistant Director**: Lead Nurse, Infection Prevention & Control

<table>
<tr><td>Target 21</td><td colspan="2">Patient Discharge
From April 2015:
- Ensure that 99% of all Learning Disability and Mental Health discharges take place within 7 days of the patient being assessed as medically fit for discharge, with no discharge taking more than 28 days;
- 90% of complex discharges from an acute hospital take place within 48 hours with no complex discharge taking more than 7 days
- All non-complex discharges from an acute hospital take place within 6 hours.

Performance 2014/15 to date
Mental Health – 97% of patients were discharged within 7 days and 32 took longer than 28 days
Learning Disability – 84% of patients were discharged within 7 days and 1 took longer than 28 days
Complex Discharges - 87% of patients were discharged within 48 hours and 290 took longer than 7 days
Non-Complex Discharges - 96% of patients were discharged within 6 hours</td></tr>
<tr><td colspan="2">Achievability</td><td>Associated Resource Allocation</td></tr>
<tr><td colspan="2">I can confirm that the target is near achievement or will be achieved in year –
AMBER STATUS A

a) 99% of all Learning Disability and Mental Health discharges take place within 7 days of the patient being assessed as medically fit for discharge, with no discharge taking more than 28 days
The Adult Learning Disability programme will endeavour to meet this target however there is likely to be a number of delayed discharges throughout the year as presenting need is complex and community placements do break down. Within adult mental health services a number of factors will impact on whether this is achievable and sustainable over time:
• There has been the introduction of a multi-disciplinary crisis team including a hospital based consultant to co-ordinate inpatient and home treatment.
• New ways of working and the Integrated Care Pathway in mental health have improved patient experience and it is anticipated that this will lead to improved</td><td>Funding to be released for delayed discharges in a timely manner.</td></tr>
</table>

	outcomes facilitating earlier discharge. • Further development of alternatives to hospital is required, eg step down facilities, crisis beds and supported accommodation for complex cases. However, in the absence of immediately available community residential services, the 7-day discharge target for all patients will not be achieved. • There is a need to develop local specialised residential provision for complex cases including younger people with dementia, people with Korsakoff's syndrome and other forms of cognitive impairment. In the context of the current financial situation, it is unlikely that a funding source for this will be identified in the short to medium term which may have a significant impact on the ability to achieve the target in relation to complex discharges where access to appropriate accommodation is identified as an issue.	
b)	**90% of Complex Discharges from an acute setting within 48-Hours with no discharge taking more than 7 days – Amber Status** Given the changing demographics of our older population and the financial constraints being placed on the Trust in 2015/16, this target is only achievable if funding is secured via demographics allocation. It is also important to note that the affordability of any plan relating to discharge from the acute areas must be linked to the financial budgets of other service areas and is reliant on their ability to fund and secure care places and services. Complex discharges can be achieved within 7 days, however depending on the individual needs of the patient and family, it may take longer than 7 days to achieve a safe discharge.	
c)	**All non-complex discharges from an acute hospital take place within 6 Hours (100%) – Amber Status** The Trust will continue to work to improve performance. There are a number of workstreams included in relation to this in the Emergency Department Service Improvement Programme. No major funding issues.	

Actions / Proposed Service Developments	Lead Director:
• Our ageing population is increasing and the Trust is facing the challenges of clients presenting with increasingly complex needs. The Trust will continue to reform and modernise services through the Reablement project to provide a flexible, responsive service to assist with escalation of delayed discharges and prevent hospital admission including the intermediate care and rehabilitation services. The roll-out of the Reablement model is being progressed, with the following key objectives: - Development of a culture of community care based on rehabilitation, recovery and Reablement, with long-term maintenance of the person only if that person has reached limits of their capacity for independence. - Implementation of a model which interfaces effectively with long-term condition management, hospital discharge and intermediate care. - Enable Health and Social Care Trusts to address increased demographic pressure and improve performance, within likely financial constraints. - Embed the operation of a Reablement model which has met the tests of validity and reliability and can deliver better outcomes. - Available resources will continue to be allocated towards those assessed to be at greatest risk. • The Trust will monitor the position in respect of capacity for high cost, complex community care packages including supported housing, nursing/residential care and EMI places. • The Trust will continue with daily monitoring of delayed and complex discharges and early identification of financial requirements to meet the individual needs of the patient and family to ensure a safe, effective and timely discharge and avoid unnecessary delays in acute setting. • There will be continued co-ordination between primary and secondary care to ensure	Director of Primary Care & Older People's Services Director of Adult Mental Health &Disability Services Director of Acute Services Director of Women &Children's Services **Lead Assistant Director:** Assistant Director of Primary and Community Care Assistant Director Adult Learning Disability Assistant Director Adult Mental Health Assistant Director Emergency Care and Medicine Assistant Director Surgery and Critical Care Assistant Director Women and Children's Services

the patient arrives home with all services in place to meet individual funded requirements. This will include continued working with the multi-disciplinary teams to ensure specialised care services are secured where required. • Investment in transport vehicles will be sought to support simple and complex discharges in timely fashion. • Associated resource utilisation requires closer working relationship with independent sector eg private nursing homes. The Trust will continue to work with independent providers and other statutory agencies to support the provision of care. The planned opening of an EMI facility in Derry should facilitate the timely discharge of older people requiring an EMI placement. • Identify current and emerging unmet need and provide reports to Trust Board and Commissioner. In conjunction with this the Trust will pursue additional resources to support timely response to achieve the target. • Establish significant rehabilitation capacity in existing wards to encourage transition and community integration. • During 2015/16 the planned bed remodelling within the Altnagelvin site will be taken forward. • Early identification of key worker to take ownership of care plan to promote early discharge • Establish reconfigured service delivery including hospital based consultant model within the mental health crisis service and multi-disciplinary management of inpatient stay and discharge within the southern sector of the Trust. • Develop fidelity model Crisis Response Home Treatment within the southern sector of the Trust. • Monitor discharge activity against target and identify, where appropriate, obstacles to meeting target. This needs to be supported by accurate recording of information on the Trust's Patient Administration System.	

<table>
<tr><td>Target 22</td><td colspan="2">Mental Health Services
From April 2015 no patient waits longer than:
- 9 weeks to access child and adolescent MH services;
- 9 weeks to access adult MH services;
- 9 weeks to access dementia services
- 13 weeks to access psychological therapies (any age).

Performance at end of March 2015:
Number waiting >9 Weeks for CAMHS = 0
Number waiting > 9 weeks adult Mental Health = 37
Number waiting >9 weeks for dementia = 2
Number waiting >13 weeks psychological therapies = 95</td></tr>
<tr><td colspan="2">Achievability</td><td>Associated Resource Allocation</td></tr>
<tr><td colspan="2">I can confirm that the target is near achievement or will be achieved in year A

The Trust is working closely with the HSCB to achieve these targets both in adult and children’s services. A recovery plan has been agreed for individuals accessing Adult Mental Health Services who fall outside this timeframe. A recovery plan is being progressed to achieve a zero breach position on all mental health targets. Achievement of the reduction in waiting times will only be possible with a full staffing resource and the recruitment process has been commenced for all psychology post. The Trust is experiencing a growing demand for Adult Mental Health Services which reflects regional need as mental health is the single largest emerging healthcare need in NI. Adult Psychological Therapies has been subject to a 10% increase of referrals year on year over the last 5 years leading to an increase of 48%.

Psychological therapies for children with learning disabilities are delivered as an integrated service and it is important that this service is resourced appropriately across all programmes of care to allow demand to be met for children requiring psychological interventions.</td><td></td></tr>
</table>

The Trust is currently achieving the target for CAMHS. However, the ability to maintain this performance is uncertain as the service has experienced a 10% increase in accepted referrals from March 2014 in addition to a 37% increase in emergency referrals. The 9 week target for dementia and older people's mental health services is achievable although the Trust has had to commission additional unfunded resources to address increasing demand. This also impacts on the clinical waiting time for out-patient reviews. The Trust will be closely monitoring referrals to the memory service throughout 2015/16 as there appears to be continuing increasing demand over the past year. The 13-week target for psychological therapies will also be achieved for older people.	
Actions / Proposed Service Developments	
• The Trust will continue with its on-going reform of older people's mental health services as part of its service improvement plan to shift resources from hospital to community setting. • As part of this, a demand/capacity analysis is currently being completed. A regional working group has been set up to review dementia out-patients services, which the Trust is currently participating in. • Within adult mental health services a key action plan has been established. It is anticipated that the development of psychological therapies / talking therapies hub and spoke consortium within GP practices will prevent inappropriate referrals (30%) progressing to secondary Tier 3 services. The hub and spoke model will ensure that individuals with common mental health problems will be signposted appropriately to community and voluntary services that provide Tier 1, 2 and 3 interventions. This will ensure that only the most complex presentations will be referred on to secondary services where the skill base is most appropriate. The Trust working with the HSCB/LCG regarding the appropriate model for the Western Health and Social Care Trust.	**Lead Director**: Director of Adult Mental Health and Disability Director of Women & Children's Services Director of Primary Care & Older People's Services **Lead AD**: Assistant Director Adult Mental Health Assistant Director, Community & Public Health Assistant Director Secondary Care

Target 23	**Children in Care** From April 2015, ensure that the number of children in care for 12 months or longer with no placement change is at least 85%. **Performance to date** Information for 2014/15 not yet available. 2013/14 – 79% 2012/13 – 79% 2011/12 – 85%

Achievability	**Associated Resource Allocation**
I can confirm that the target is near achievement or will be achieved in year – AMBER STATUS **A**	
Actions / Proposed Service Developments	
• Ensure effective matching • From April 2015 a corporate parenting panel chaired by the Assistant Director will focus on foster placements at risk of break down. This will ensure a timely and appropriate level of support in line with the 'Team Around the Child' model that reduces the amount of fostering breakdowns.	**Lead Director**: Director of Women & Children's Services **Lead Assistant Director**: Assistant Director Corporate Parenting

Target 24	**Children in Care** By March 2016, ensure a three year time frame for 90% of children who are adopted from care. **Performance to date** Information for 2014/15 available end of 2014/15. 2013/14 – 57%

Achievability	**Associated Resource Allocation**
I can confirm that the target is near achievement or will be achieved in year – AMBER STATUS **A**	
Actions / Proposed Service Developments	
• Close monitoring of children with a care plan of adoption to ensure that delay where it is not purposeful does not feature. The permanency panel will review the adoption matrix on a monthly basis. • To ensure that those children with a best interest decision for adoption are progressed to court in a timely manner following the endorsement of the agency decision. This will also be monitored by the permanency panel to avoid drift.	**Lead Director**: Director of Women & Children's Services **Lead Assistant Director**: Assistant Director, Corporate Parenting

Target 25	**Patient Safety** From April 2015, ensure that the death rate of unplanned weekend admissions does not exceed the death rate of unplanned weekday admissions by more than 0.1 percentage points. **Performance to date** New target	
Achievability		**Associated Resource Allocation**
Target requires further clarification from HSCB/DHSSPS. **W** In order to make an assessment on the achievability of this target, clarification is required in relation to the specific patient groups and the nature of the presentation that will be measured.		
Actions / Proposed Service Developments		
The Trust notes the Commissioner's intention to focus on 7-day working in 2015/16 and will continue to work with the HSCB to develop plans to improve 7 day working to enhance the flow of patients through hospital systems, leading to better outcomes and experiences for patients. The Trust will also continue to work with PHA/HSCB in relation to relevant RQIA reports through the Safety & Quality Alerts Team meetings and monitoring of implementation.		**Lead Director**: Medical Director

Target 26	**Normative Staffing** By March 2016, implement the normative nursing range for all specialist and acute medicine and surgical inpatient units.
Achievability	**Associated Resource Allocation**
I can confirm that the target is achievable and affordable – **GREEN STATUS** **G**	
Actions / Proposed Service Developments	
The Trust has developed an implementation plan outlining the actions to be taken to support the implementation of Phase 1, covering the following: • Timeline and process to convert the current expenditure on Bank, Agency and Temporary staff to permanent posts to meet the agreed nurse to bed staffing ranges. • Present the process to manage the roll out of the electronic roster system to ensure the effective management of ward rosters within Phase 1. • The process for ensuring the appropriate staffing skill mix as set out in the Delivering Care Framework for acute care settings. • The incremental progression to the 100% supervisory role of the Ward Sister/Charge Nurse across medical and surgical care settings. • Process to bring sickness/absence rates to within 5% of nurse staffing. • To include estimates of maternity levels and plans to ensure adequate cover for maternity absence. • Arrangements to manage peaks and troughs in sickness/absence rates by utilising available staff resources across wards.	**Lead Director**: Director Primary Care & Older People's Services / Director of Nursing **Lead Assistant Director**: Assistant Director of Nursing

Ministerial Theme: **To ensure that services are resilient and provide value for money in terms of outcomes achieved and costs incurred**

Target 27	**Excess Bed Days** By March 2016, reduce the number of excess bed days for the acute programme of care by 10% **Performance 2014/15 to date:** Target Reduction April to September 2014 – 9,007 Actual April to September 2014 – 7,790

Achievability	**Associated Resource Allocation**
I can confirm that the target is near achievement or will be achieved in year – AMBER STATUS **A** The acute programme of care continues to fully utilise all bed stock within resources, however due to the high level of demand, excess beds continue to be in use despite bed remodelling. There has been an increase in unscheduled admissions since 2010/11 of 16%f for general medicine and with a subsequent impact on bed stock / escalation beds usage to respond to this demand. The Commissioner has identified additional investment through demographics funding which will help the Trust to achieve the target reduction in excess bed days. However, the full impact of this investment may not be realised in 2015/16 as only current year investment is available.	
Actions / Proposed Service Developments	
• Trust Bed Modelling has been established that is working across all Directorates to agree realignment of bed stock to meet service needs and this will continue during	**Lead Directors**: Director of Acute Services Director of Primary Care & Older

2015/16. • Establishment of the OPAL model in South West Acute Hospital in May 2015 (commissioned with a target reduction of 10 beds). This will contribute to the overall bed reduction target. • Enablers need to be developed to support bed reductions. These include condition-specific pathways; alternatives to admissions to acute hospitals; roll-out of Reablement Trust-wide; adequate community funding to meet subsequent demand, ie, domiciliary and nursing home care. • Where possible patients to be cared for in appropriate base ward to avoid unnecessary delay in hospital and support continued multi-disciplinary team working to ensure all investigations are processed in a timely manner. • Daily consultant and senior decision making to ensure that patients receive the correct delivery of care in the correct place, time and as appropriate to condition. • Adequate support to services such as pharmacy, AHP and social work to enable a holistic approach to early supported discharge. • Aim to achieve 7-day working for members within the multi-disciplinary teams to reduce delays in investigations and assessments and secure care packages to facilitate. • Integrated working with community teams. • Pharmacy will contribute to meeting this target through proactively streamlining patient flow with respect to the supply of medicines especially at discharge. • Agreement with specialties to maximise use of Day of Surgery Unit. • General surgery/urology has identified beds which will be utilised as a 'surgical elective unit' for 23 hours. • Ensure that day case activity is maximised in line with the basket of 25 procedures. • Take forward actions to reduce pre-operative length of stay.	People's Services Director of Women & Children's Services **Lead Assistant Directors**: Assistant Director of Surgery & Critical Care Assistant Director of Emergency Care & Medicine Assistant Director of Secondary Care Assistant Director of Women and Children's Services

Target 28	**Cancelled Appointments** By March 2016, reduce by 20% the number of hospital cancelled consultant-led OP appointments in the acute programme of care which resulted in the patient waiting longer for their appointment. **Performance 2014/15** Target = 23,925 (maximum); Actual = 25,353

Achievability	**Associated Resource Allocation**
I can confirm that the target is near achievement or will be achieved in year – AMBER STATUS **A**	
Actions / Proposed Service Developments Whilst this is achievable in theory, it is dependent on sufficient notice of planned leave. • Efforts will continue to ensure adherence to the Trust process whereby all consultant staff must provide at least six weeks' notice when booking leave to enable cover to be arranged or reduction in clinics as appropriate. • Work will be undertaken to ensure the correct coding of cancelled clinics. • Planning of additional fracture clinics by utilising surgeon of the week continues to reduce cancellation of orthopaedic clinics and there is continued work in the Trust to formulate an agreed job planning tool. • Percentage of cancelled clinics will continue to be monitored and requests to cancel clinics will continue to be reviewed and discussed with consultants.	**Lead Director**: Director of Acute Services Director of Women & Children's Services **Lead Assistant Directors**: Assistant Director of Surgery & Critical Care Assistant Director of Emergency Care & Medicine Assistant Director Women & Children's Services

Target 29	**Delivering Transformation** By March 2016, complete the safe transfer of £83m from hospital/institutional based care into primary, community and social care services, dependent on the availability of appropriate transitional funding to implement the new service model.

Achievability	**Associated Resource Allocation**
Target is not applicable to the Western Trust – BLUE STATUS **B** It is recognised that progression of work is extremely challenging across the HSC due to: • Limited availability of transitional funding to ensure double running of services for a limited time period after which resource transfer could safely be achieved. • The requirement for consultation processes, eg residential homes • Difficulties in implementation of some initiatives, eg Reablement. • The need for realistic timescales for any shift that involves change to staff working practices. The Trust will contribute to this target by developing and implementing a number of commissioned community based schemes, such as Acute Care at Home, Acute Care in the Community as well as completing the roll out of Reablement.	The transfer of savings from the acute sector to the community sector will be subject to investment by the Commissioner and also co-operation between the primary and secondary sectors.
Actions / Proposed Service Developments	**Lead Director**: Director of Performance & Service Improvement Director of Finance **Lead AD**: TYC Programme Manager Assistant Director Financial Management
• The Trust TYC team will continue to work with the HSCB TYC team to progress the Reform Programme, which includes the shift of services and ultimately resources from the acute sector to the community. • The Trust TYC team will prepare when requested a bid for transitional funding to support this shift. • The Trust TYC team will continue to work with the Integrated Care Partnerships within the Western area to resource and implement the Reform programme • The Trust will continue to implement projects which have been funded and launched.	

Target 30	**Pharmaceutical Clinical Effectiveness Programme** By March 2016, attain efficiencies totalling at least £20m through the Regional Board's Pharmacy Efficiency Programme separate from PPRS receipts. **Performance to date** New target	
Achievability		**Associated Resource Allocation**
I can confirm that the target is near achievement or will be achieved in year – AMBER STATUS **A**		0.2wte band 7 pharmacist would be required to support this work. Have requested slippage funding in the past from the LCG for this but not successful.
Actions / Proposed Service Developments		
• The Trust will support the HSCB in attaining this efficiency in the primary care drugs budget. • It will do this through proactive collaboration with the Head of Pharmacy & Medicines Management at the HSCB to target areas where primary care prescribing may be influenced by secondary care (meeting 20.4.15) • Carry out a series of internal prescribing audits to identify areas of work • Presentation of key themes and seek endorsement at Trust Drug & Therapeutics Sub-group • Carry out a focused piece of work on outpatient recommendations • Focus on clinical areas which link with the top 10 high cost drugs in primary care as identified in COMPASS reports • Work closely with the LCG and the Western Local Prescribing Group.		**Lead Director**: Director of Acute Services **Lead Assistant Director**: Head of Pharmacy

3.2 Trust Response to Regional Commissioning Priorities

Family and Childcare Services

Needs and Assessment	The Marshall Inquiry identified that Child Sexual Exploitation (CSE) is a growing threat in Northern Ireland
Services to be Commissioned	HSCB will commission specialist teams within Trusts to co-ordinate responses to CSE and Alcohol and Drug Support Workers to work with LAC across Trusts
Local Commissioner Requirement	Regional action plan to be monitored by DHSSPS led HSC Response Team with mechanisms in place for Trusts to provide regular updates to HSCB

Actions / Proposed Service Developments	
I can confirm that the target is achievable and affordable – GREEN STATUS **G** Trust has appointed a CSE Coordinator to coordinate the Trust responses to CSE. To date the Coordinator has been involved in CSE in a number of tasks including training for foster carers, Social Work teams and other professionals. Further training is being arranged for the Community and Voluntary sector. As CSE lead for the Trust, the coordinator has oversight responsibility for the CSE register ensuring that relevant information is collated and stored regarding risk assessments undertaken and that they are appropriately reviewed/updated and adequate plans in place. The postholder also acts in a consultative/advisory capacity to field work and residential staff when CSE has been identified or considered as a specific issue of concern and attend	**Lead Director**: Director of Women and Children's Services **Lead Assistant Director**: Assistant Director of Corporate Parenting Assistant Director of Safeguarding Children

meetings as necessary. The CSE lead also attends joint monthly CSE operational meetings with the PSNI and works closely with the PSNI. There are also regular regional peer review meetings to discuss regional/practice issues, identify and share emerging research and learning and ensure this is cascaded throughout the fieldwork teams to raise awareness and enhance practice. The senior practitioner will also be the lead for Human Trafficking and Separated Children. Funding will be required within School Nursing in order to implement and progress any of the CSE recommendations pertaining to school age children. In relation to Alcohol and Drug Support Workers to work with LAC across Trusts, I can confirm that the target is near achievement or will be achieved in year - AMBER STATUS **A** The Trust has appointed a support worker with expertise in drugs and alcohol abuse who will work on an individual basis with specific young people as well as offer advice to residential care staff, field work staff and foster carers, and create linkages with the appropriate addiction teams.	

Needs and Assessment	There is an increasing number of LAC coming into the system.
Services to be Commissioned	HSCB will commission: • a range of appropriate LAC/16+ placements to meet the projected demand detailed in the Residential and Fostercare Reviews • additional early intervention programmes to include and extension of the Family Nurse Partnership to South Eastern and Northern Trusts.
Local Commissioner Requirement	Trusts will provide placements in line with agreed investments. The availability of placements will be monitored through DHSSPS Strategic Framework reporting arrangements and meetings with Commissioning Leads.

Actions / Proposed Service Developments	
I can confirm that the target is near achievement or will be achieved in year – AMBER STATUS **A** • Through the Joint Commissioning process the Trust works with a range of partners including the HSCB. • The Trust is opening a facility in Enniskillen in July of this year to help accommodate 16+ young people. • The Trust is one of the pilot sites for the supported lodgings project and is currently involved in identifying a suitable site for the development of appropriate accommodation within the greater Omagh area.	**Lead Director**: Director of Women and Children's Services **Lead AD**: Assistant Director of Corporate Parenting

Needs and Assessment	There is an increase in demand for CAMHs service and a recognised need to improve the interface between acute and community CAMHs teams as well as working arrangements with secure care and the regional Youth Justice Centre.
Services to be Commissioned	HSCB to progress the recommendations of the Regional Acute CAMHS Review.
Local Commissioner Requirement	Local Implementation Teams will progress the Acute CAMHs Review Action Plan and report into the regional HSCB steering group.

Actions / Proposed Service Developments	
I can confirm that the target is near achievement or will be achieved in year - AMBER STATUS **A** • Local Implementation Team Steering Group leading on local action plan aligned to the Regional Outcome indicators. • Focus on the development of interfaces and developing a range of integrated pathways across CAMHS and Children's Services including Community, Voluntary and other statutory agencies (Education/Youth Justice). • Joint working arrangements are established through the CAMHS Head of Service and Assistant Director Community and Public Health between Trust HSCB and PHA to ensure key actions derived from the Acute CAMHS review are implemented locally and that there is a regionally standardised approach to key service developments and improvements.	**Lead Director**: Director of Women and Children's Services **Lead AD**: Assistant Director, Community and Public Health

Needs and Assessment	There are an increasing number of children with complex health care needs and challenging behaviour.
Services to be Commissioned	HSCB will commission required care packages to enable these children to be looked after at home where appropriate
Local Commissioner Requirement	LCGs will monitor number of care packages made available in each locality.

Actions / Proposed Service Developments	
I can confirm that the target is unlikely to be achieved / affordable - RED STATUS until funding is made available. **R** The Trust will require additional investment to support the increasing number of children presenting with complex healthcare needs and challenging behaviour to enable these children/young people to be looked after at home where appropriate. This service development will only be achievable/affordable if the HSCB fund the additional care packages over and above existing resource allocation which is fully utilised. Achievability of this target will be re-assessed once funding is confirmed.	**Lead Director**: Director of Women and Children's Services **Lead Assistant Director**: Assistant Director, Community and Public Health Assistant Director, Women and Children's Services

Needs and Assessment	Inequity of access to AHP provision for children with statements of educational needs (SEN)
Services to be Commissioned	HSCB/PHA to progress review of AHP provision within mainstream and special schools for children with statements of SEN
Local Commissioner Requirement	

Actions / Proposed Service Developments	**Lead Director**: Director of Primary Care and Older People's Services **Lead Assistant Director**: Assistant Director Intermediate Care
Target is not applicable to the Western Trust – BLUE STATUS **B** This review of AHP input to special educational needs will be led by the HSCB/PHA and the Trust will engage in the review. The Trust will await the final report with recommendations and its impact on the delivery of services across the Western Trust area before determining its ability to progress.	

Specialist Services

Needs and Assessment	Transforming Your Care established the commitment of the HSC in supporting the delivery of more specialist care in the local setting where it is safe and effective to do so. In 2015/16 services will be configured to support improvements in local access across the region to highly specialist drugs and diagnostics.
Services to be Commissioned	SSCT will commission: • Increased local access to Tysabri for MS patients • Increased local access in the community setting to general support services such as phlebotomy to reduce the need for hospital attendances to support the ongoing clinical management of patients undergoing specialist treatment. • The roll out of diagnostic capacity for imaging associated with ophthalmology macular services.
Local Commissioner Requirement	The SSCT will work with the relevant Trust and/or primary care colleagues to identify the requirement associated with the provision of these developments in each Trust site.

Actions / Proposed Service Developments	**Lead Director**: Director of Acute Services **Lead Assistant Director**: Assistant Director Emergency Care and Medicine Assistant Director, Cancer and Diagnostic Services
The Trust will work with SSCT as required to identify the resource and investment requirements to take forward any proposed access increases.	

Needs and Assessment	A number of specialist services are delivered by one or two person teams in Northern Ireland. This can create difficulties in consistently delivering access times and securing resilience in the provision of the service locally.
Services to be Commissioned	SSCT will commission • A programme of in-reach and networked services through formal alliances with tertiary and quarternary providers outside Northern Ireland. • Models to further support the work of small specialist teams to cascade learning and expertise through local acute and community services. • The implementation of the NI Rare Disease Plan.
Local Commissioner Requirement	SSCT will continue to progress the establishment of both local and national clinical networks to enhance resilience and sustainability across a range of specialties. Work will initially focus on those services provided in Belfast Trust but will be set within a framework which identifies opportunities for linkages and integration with local services.

Actions / Proposed Service Developments	
Target is not applicable to the Western Trust – BLUE STATUS **B** This target is the responsibility of the HSCB but the Trust will work with SSCT as required.	

Needs and Assessment	The availability of specialist drug therapies for a range of conditions has improved the care available for a significant number of patients. Each year there is an increase in the number of patients accessing existing therapies and an increase in the number of new NICE approved therapies available.
Services to be Commissioned	SSCT will work with Trusts to increase the number of patients on existing treatments and introduce NICE approved therapies approved in 2015/16 in NI.
Local Commissioner Requirement	SSCT will progress through existing forums, including the Regional Biologics Forum, Regional MS Group and Cancer Commissioning Team the arrangements for ensuring timely provision of existing and newly approved drug therapies throughout 2015/16 within available resources.

Actions / Proposed Service Developments	**Lead Director**: Director of Acute Services **Lead Assistant Director**: Assistant Director Emergency Care and Medicine Assistant Director, Cancer and Diagnostic Services
The Trust will work with SSCT as required to identify the resource requirements to enable the number of patients on existing treatments to be increased and the introduction of new NICE approved therapies in line with required investment.	

Needs and Assessment	A Ministerial decision has been made on the future model for Paediatric Congenital Cardiac Services which will in the future see surgical services for children from NI in the main provided in Dublin.
Services to be Commissioned	HSCB will put in place arrangements with relevant specialist surgical centres to ensure the provision of safe and robust services for children from NI during the implementation of the Ministerial decision on the future model of care.
Local Commissioner Requirement	HSCB will secure Service Level Agreement with the relevant surgical centres in GB and ROI for the provision of Paediatric Congenital Cardiac Services in 2015/16. The Board will also be represented on the all island network board which will be responsible for taking forward the timely implementation of the proposed model of care.

Actions / Proposed Service Developments	
This target will be led by the HSCB.	

Needs and Assessment	There is a need to ensure delivery of additional infrastructure and activity in a number of specialist areas including cardiology and cardiac surgery.
Services to be Commissioned	SSCT will agree gaps in current capacity which are impacting on the ability of Trusts to deliver on waiting time targets and negotiate with Trusts on the level of resource required to meet the demand for services.
Local Commissioner Requirement	SSCT will work with relevant Trusts to secure additional capacity in areas with agreed gaps with a view to improving the waiting time position for patients in these specialist areas.

Actions / Proposed Service Developments	**Lead Director**: Director of Acute Services **Lead Assistant Director**: Assistant Director Emergency Care and Medicine Assistant Director, Cancer and Diagnostic Services
The Trust will work with SSCT as required to identify the capacity gaps and associated resource requirements to enable waiting times in these areas to be improved.	

Ministerial Priority: Improving & Protecting Population Health & Reducing Inequalities			
Regional Priority	**Section in CP**	**Trust Response**	**Lead Director / Assistant Director**
Giving Every Child the Best Start			
Expansion of the Family Nurse Partnership Programme to the Northern and South Eastern Trusts, thereby providing N Ireland wide coverage, and developments in health visiting, early intervention services and family support hubs.	6.1.1	Not applicable to the WHSCT as this was the test site and has been in place since 2011.	Director of Women & Children's Services Assistant Director Women & Children's Services
Expansion of evidence based parenting support programmes which will support the development of the infant mental health action plan; the implementation of the Early Years Transformation Programme	6.1.1	The Trust continues to support the expansion of a range of evidence based parenting support programmes including Roots of Empathy, Family Nurse Partnership, Solihull and Model of Attachment Practice. An Early Years /Early Intervention Coordinator has been appointed to coordinate the implementation of parenting programmes throughout the Western Trust area. This post will support the delivery and implementation of Solihull training to further embed the Solihull approach in the voluntary sector of the WHSCT, e.g. pre-school playgroups, child-minders and within the Health & Social Care training courses in Further Education Colleges. It will also support the implementation of the regional infant mental health strategy within the WHSCT area	Director of Women & Children's Services Assistant Director Community & Public Health Head of Health Improvement

		and enable an increase in the number of schools participating in the Roots of Empathy project in 2015/16. The Trust has established an Emotional Health and Wellbeing Group of which the Early Years post is a component part and will ensure this work is embedded across Trust programmes of care. The post will also provide coordination and support within the Western Health and Social Care Trust locality for the rapidly developing early interventions agenda across all sectors and organisations. The post holder will facilitate and ensure relevant connections between the Parent Programmes and interrelated children and family support services, infant mental health local Strategic Investment Fund (SIF) programmes and DSC Signature programmes addressing the needs of local children, young people and families whilst working to ensure appropriate links and integration with relevant programme areas across directorates within the Trust and other related programme areas, eg drug and alcohol, hidden harm, emotional health and resilience and physical activity. During 2015/16 it is planned to develop a database for disseminating relevant information to pre-school playgroups, early years' day care facilities, crèches and child-minders. A Trust-wide newsletter will also be developed to provide information on parenting	

		programmes, mother / child attachment information and tips on parenting. Within the Western Trust area a number of wards have been identified from within the Strabane/ Londonderry areas with a population baseline of 26,000 to participate as pilot sites as part of the Early Years Transformation Programme. As part of this programme, work is also ongoing within Health Visiting to participate in antenatal group contact and to commence, once funding is secured, nursery contact provision using research based ages and stages proforma. The Trust will also continue to support early Years and early intervention initiatives, such as Early Intervention Strategic Partnership.	
Implementation of the breast feeding strategy across all Trust areas with specific attention to the training of staff, peer support and accreditation of facilities to meet the World Health Organisation UNICEF Baby Friendly standards.	6.1.1	SWAH and Altnagelvin both hold UNICEF Baby Friendly accreditation. All staff within maternity services have been trained in line with the Breastfeeding Strategy. Peer support coordinators are in post. Within the Southern Sector community (Public Health – Health Visiting), the UNICEF re-accreditation process is about to commence. Other actions for 2015/16 include: • Continued support for the implementation of the Breastfeeding Strategy for Northern Ireland 2013 –	Director of Women & Children's Services Assistant Director Women & Children's Services

		2023. The Trust will coordinate a public campaign highlighting breastfeeding awareness and world Breastfeeding Awareness Week supporting the development of Mother Friendly workplaces and promotion of support available to breastfeeding mothers. • Development of a back to work breastfeeding policy supporting breastfeeding mothers returning to work following birth. • Continued implementation of the UNICEF Baby Friendly Initiative Standards within community and hospital setting. The Trust is currently piloting the PHA Breastfeeding Peer Support Link Worker. Project which coordinates the 48 hour post discharge contact programme. • Breastfeeding Co-ordinators will provide ongoing training to maternity and health visiting staff and volunteer peer support mums. • The Trust will work with local businesses to increase the number local businesses participating in the PHA Welcome Here Initiative.	

Tackling Poverty			
Regional Priority	**Section in CP**	**Trust Response**	**Lead Director / Assistant Director**
Delivery of the MARA programme funded by the Department of Agriculture and Rural Development; this programme reduces rural isolation and poverty and achieves a 9-fold return on investment.	6.1.2	The Trust will ensure it continues to respond to needs identified via the MARA programme and also signposts service users to access multi-agency needs assessment delivered through the programme in response to needs identified which sit outside DHSSPS provision.	Director of Primary Care & Older People's Services Assistant Director Intermediate Care Head of Health Improvement
Support through community networks for a range of local programmes	6.1.2	The Trust will participate as a statutory partner in the Councils' Community Planning Partnership. Trust staff will be active in the Derry and Strabane Community Planning working groups to assist in the delivery of health action plans and support the development, delivery and monitoring of local community plans. The Trust will also work to develop the relationship with the Healthy Living Centres Alliance N.I. The Trust is an active member of the Derry Healthy Cities Management Group supporting the Health For all agenda of the One Plan. The Trust will continue to administer the Neighbourhood Renewal health projects (Omagh, Fermanagh and	Director of Performance & Service Improvement Head of Health Improvement

		Neighbourhood Health Improvement Programme) and also participates in the eight Western Neighbourhood Renewal Partnerships and associated health sub groups to develop programmes addressing obesity, mental and emotional health and collaborative working to improve health status. The Trust will also administer the Travellers' Action Group and implementation of the Western Travellers' Action Plan.	
Keep Warm initiatives with vulnerable populations	6.1.2	The Trust will work in partnership with all key stakeholders to support and identify a range of keep warm initiatives within the resources available.	Director of Primary Care & Older People's Services Assistant Director Primary & Community Head of Health Improvement
Sustainable Communities			
Regional Priority	**Section in CP**	**Trust Response**	**Lead Director / Assistant Director**
Implementation of the Action Plan of the Regional Travellers Health Forum	6.1.3	The Trust has appointed two travellers health and wellbeing workers funded by PHA in partnership with HSCB to support and implement actions based on the Western Travellers' Action Plan and area actions related to the regional Travellers HSWI Thematic Action Plan.	Director of Performance & Service Improvement

		Over a two year period the project will: • Develop grass roots capacity building work with traveller families across three sites (Derry, Omagh and Strabane). • Coordinate with a range of service providers and promote uptake of services, e.g Toy box, Surestart, Derry Well Woman, community pharmacy projects, health, education and housing. • Develop and deliver traveller health improvement and basic education programmes in partnership with key partners. • Support delivery of accredited training, including employment skills programmes, with a view to travellers being employed or provided with placement opportunities. • Maintain cross border links with Donegal travellers project and share learning. • Promote and support travellers to articulate health and wellbeing needs and to actively promote participation in planning and decision making groups.	Head of Health Improvement
Expansion of the NI New Entrants service; and support to a range of community development and health programmes.	6.1.3	The Trust will work with the Commissioner as required to identify the resource requirements to enable this to be taken forward.	Director of Performance & Service Improvement

			Head of Health Improvement
Supporting Healthier Choices			
Regional Priority	**Section in CP**	**Trust Response**	**Lead Director / Assistant Director**
Implementation of the obesity prevention strategy and roll out of the 'Weigh to a Healthy Pregnancy'; (In accordance with Ministerial Target 2, appendix 2)	6.1.4	All eligible women aged 18 years or over, with a BMI of 40Kg/m2 or more at booking are offered the Weigh to a Healthy Pregnancy programme with a current 58% uptake rate. Further work is ongoing within this service to increase uptake, including a change in format for the invitation to participate and involvement of physiotherapy. The Trust will continue to deliver on the implementation of the Fitter Futures for All Framework with a cross-sectoral steering group continuing to lead on the implementation of the Western Area Action plan. The Trust's Community Food and Nutrition Team will continue to provide training and support for community based food and nutrition initiatives, develop new programmes aimed at making healthier food choices simpler and offer workshops and updates on a variety of nutrition topics. The Trust's Health Improvement Department will	Director of Performance & Service Improvement Director of Women & Children's Services Assistant of Women & Children's Services Head of Health Improvement

		implement the physical activity action plan focusing on Walking For Health Programme, cycling and the provision of physical activity training for community, voluntary and statutory sector staff.	
Implementation of the tobacco control strategy including smoking cessation services.	6.1.4	The WHSCT is Smoke Free and will now support the other HSC Trusts within Northern Ireland to develop their smoke free policies. Continued efforts will be made to ensure that smoke free status is maintained across all Trust premises. This will be taken forward by the WHSCT Smoke Free steering group. Support for staff, patients and visitors will continue to be provided through the 5 nurse-led smoking cessation clinics. Referrals are received from the acute and primary care settings, antenatal care, family partnership team, health visitors, chronic disease teams, schools and also through self-referral. The Trust's Smoking Cessation staff will continue to deliver Brief Intervention training targeting all staff.	Director of Performance & Service Improvement Head of Health Improvement
Promoting mental and emotional wellbeing and implementation of the suicide prevention strategy including procurement of new services and development of the Self	6.1.4	Trust staff have established a Suicide Think Tank to co-ordinate and progress the provisions of the Mental Health and Well-Being Strategy and Suicide Prevention. The Think Tank is the conduit for all development in	Director of Adult Mental Health & Disability Services

Harm Registry.		regards to training, evidence based practice and the co-ordination and implementation of learning from serious adverse incidents. The Trust will continue to contribute to the Western Area Emotional Wellbeing and Suicide Prevention Implementation group led by the PHA and will proactively contribute to the implementation of the work plan and agreed actions of the implementation group. The Trust will support the implementation of the new revised Protect Life, mental and emotional wellbeing strategy which is expected to be launched in September 2015. The Trust will continue to deliver a range of training programmes targeting statutory, voluntary and community sector. Training will be supportive of the regional mental health care pathways and IMROC Training including Mental Health First Aid, ASIST, and Safe Talk. The Trust has developed training on substance misuse and mental health for mental health practitioners. In association with ZEST the Trust has developed training on 'Self Harm: Supporting the Family' The Trust has developed a Resilience Tool Kit to support Trust staff in the workplace. As part of Investing In Your Health, a multidisciplinary task group will be	Assistant Director Adult Mental Health Head of Health Improvement

		formed to develop a framework to implement the toolkit to support the emotional health and wellbeing of staff with in the Trust. The WHSCT supports the development of the Self Harm Registry by attendance and input to the regional self-harm registry meetings held quarterly and led by PHA. The information and data collection via the Registry is utilised through a network of self-harm meetings where the intelligence gleaned from the Registry is used to direct service provision. The WHSCT, PHA and HSCB work together to further the work of the Registry which enables relevant learning to inform practice.	
Implementation of the sexual health strategy including improving access to public information and sexual health services –to include the development of a service specification which will enable closer integration of sexual and reproduction health services.	6.1.4	The Trust sexual health services are working on the RQIA recommendations and are represented at the regional groups. Accommodation is currently being explored to integrate genito-urinary medicine (GUM) and contraceptive and sexual health (CASH) services in the Northern Sector of the Trust. Recruitment of a consultant within GUM is also being progressed. During 2015/16, the Trust will: • Continue to support the development of the South West College Pilot Sexual Health Clinic in Fermanagh. • Support the implementation of sexual health	Director of Women & Children's Services Assistant Director Community & Public Health Head of Health Improvement

		strategy with specific focus on policies and procedures addressing the needs of learning disability and the LGBT community. • Continue to support statutory, voluntary and community sectors in the delivery of evidenced based sexual health, through education, training, and campaigns. • Work to support the alignment of Primary care and GUM services responding to STIs • Work in association with the commissioners to identify and respond to the sexual health needs of commercial sex workers.	
Implementation of the New Strategic Direction for alcohol and drugs and the procurement of new services including the a priority to work toward a seven day integrated and coordinated substance misuse liaison service in acute hospital settings using agreed Structured Brief Advice or Intervention programmes.	6.1.4	The recruitment process has begun for the employment of two Alcohol Liaison Nurses across Trust. These staff members will work across acute hospitals providing a structured brief intervention programme and advice to staff and will enable a co-ordinated approach. The Trust's CAMHS Managers are working closely with the PHA and HSCB in the development of a DAMHS Model which will be in keeping with the recommendations of the Regional Acute CAMHS Review and closely aligned to the New Strategic Direction for Alcohol and Drugs.	Director of Adult Mental Health & Disability Services Assistant Director Adult Mental Health

Screening and Health Protection			
Regional Priority	**Section in CP**	**Trust Response**	**Lead Director / Assistant Director**
The bowel cancer screening programme has been fully rolled out to include the population aged 60-74. Work will be ongoing to attain the 55% uptake and ensure that standards and relevant accreditation are attained and maintained. (In accordance with Ministerial Target 7, appendix 2).	6.1.5	The Trust will implement the following actions to achieve this target: • Increase the number of Specialist Screening Practitioner clinics to meet the demand • Increase the number of screening colonoscopy lists to meet the increased demand • Continue to work towards renewal of JAG accreditation (Altnagelvin) - June 2015 • Continue to work towards JAG accreditation in Southern sector of Trust	Director of Acute Services Assistant Director Cancer & Diagnostic Services
Develop a business case for an IT system to support the newborn hearing screening programme (NHSP) in N Ireland. A new IT system is required to eliminate many manual processes which are known to pose a significant risk within the operational delivery and failsafe mechanisms of the programme.	6.1.5	The Trust will co-operate with any regional project to develop and implement a new IT system for NHSP in Northern Ireland.	Director of Women & Children's Services Assistant of Women & Children's Services Assistant Director Surgery & Critical Care

Increase the number of Joint Advisory Groups on GI Endoscopy accredited units within Northern Ireland by one in 2015/16 in order to ease the pressure on endoscopy services whilst also offering more choice for patients.	6.1.5	This target is not applicable to the WHSCT.	
Healthcare Associated Infections (HCAIs) ➢ Trusts, supported by PHA will develop and deliver improvement plans to reduce infection rates. This will be monitored via PHA surveillance programmes for HCAIs. (In accordance with Ministerial Target 20, appendix 2)		The Trust has not yet received the targets for 2015/16 but will develop plans as required to reduce infection rates.	Medical Director
Flu immunisation ➢ Trusts and Primary care to implement the flu immunisation programme for all pre-school children aged two and over, and all primary school children, increasing uptake to the required level (75%) ➢ Trusts and Primary Care to increase uptake of flu immunisation among healthcare workers.		The Trust will implement the primary school Flu immunisation programme in the autumn 2015. The required uptake rate of 75% was achieved in 2014/15 and the Trust will endeavour to maintain this in 2015/16. A number of improvements to the immunisation programme for healthcare workers are being implemented to improve the uptake on flu vaccinations	Director of Women & Children's Services Assistant Director Community & Public Health Director of Human Resources

		in 2015/16 as follows: • A suitable venue in the main building of each Acute Hospital (fitted with a sink) is being secured. This will be in a place which is easily accessible to all staff. • The use of additional non-patient facing nurses to target community areas in the first week of the campaign. • A mop up week will take place in November to provide those who may have missed an earlier opportunity to receive the vaccine to access it then.	
Meningitis B immunisation programme ➢ PHA will oversee the introduction of the programme, with the vaccine being offered from September 2015 onwards to infants at 2, 4 & 12 months of age. Primary care and Trusts should implement the programme ensuring that uptake is similar to that achieved for other vaccines given at these ages.		Work is ongoing in relation to Meningitis B immunisation delivery and associated funding streams. Currently within the Trust the health visiting teams deliver in excess of 95% of immunisations and funding is paid to primary care. Regional discussions are currently ongoing regarding the introduction of the new immunisation.	Director of Women & Children's Services Assistant Director Community & Public Health
Hazardous Area Response Team ➢ HART in NI is a well-established specialist response team in NIAS that provides essential paramedic level care	6.1.5	This target is not applicable to the WHSCT.	

to casualties within the hazardous area of a CBRN:HAZMAT incident. PHA works closely with HART in training for and responding to CBRN:HAZMAT incidents and as such will continue to work with HSCB colleagues to ensure that the present capability of this vital service is maintained			
Ministerial Priority: Providing Care Close to Home			
Regional Priority	**Section in CP**	**Trust Response**	**Lead Director / Assistant Director**
Implement the DHSSPS District Nursing framework when approved	6.2.2	The Trust is currently considering the draft framework and a series of workshops are on-going to agree the implementation of the final framework.	Director of Primary Care & Older People's Services Assistant Director Primary & Community Head of Health Improvement
Continued expansion of the district nursing service which includes a 24/7 service	6.2.2	The Trust has been working in partnership with the Commissioner to develop an investment proposal for the roll out of a 24/7 district nursing service. This includes reviewing current district nursing activity and	Director of Primary Care & Older People's Services

		consideration of the role of specialist nursing services.	Assistant Director Primary & Community Care Head of Health Improvement
To commence the implementation of the community indicators for community nursing including District Nursing	6.2.2	The Trust has identified a range of community indicators and is working towards their implementation. Learning Disability Community Nurses also deliver care closer to home and in line with Strengthening the Commitment. The Trust, in partnership with HSCB and PHA will ensure that Community Learning Disability Nurses are strategically resourced and aligned to deliver community facing services in partnership with Primary Care.	Director of Primary Care & Older People's Services Director of Adult Mental Health & Disability Assistant Director Primary & Community Care Assistant Director Adult Learning Disability Head of Health Improvement
To ensure the electronic caseload analysis tool is functioning consistently in all HSC Trusts	6.2.2	The E-Cats information system is currently in place within the Trust and work is underway to consider a caseload weighting tool to complement the E-Cats system.	Director of Primary Care & Older People's Services Director of Adult

			Mental Health & Disability Assistant Director Primary & Community Care
Increased roll out/implementation of radiography led plain film reporting	6.2.2	The Trust is working towards the roll out of radiography led plain film reporting, however full roll out will require investment from the Commissioner.	Director of Acute Services Assistant Director Cancer & Diagnostic Services
Capacity building in ultrasound/sonography services for direct access from primary care, early detection and obstetrics	6.2.2	Non Obstetric Ultrasound currently forms part of the Trust's Service and Budget Agreement (SBA) with good access available for GPs in the WHSCT area. There is limited access for GPs for obstetrics and gynaecology ultrasound services although training has commenced to enable an expansion in the routine scanning provision for GPs on all sites. This will require recognition and support to allow introduction of the Ovarian Cancer pathway. Further discussion and establishment of appropriate SBA is required to further extend services.	Director of Acute Services Assistant Director Cancer & Diagnostic Services
Implementation of a Direct Access Physiotherapy pilot within South Eastern Trust, to commence May 2015 for a period of 9 months	6.2.2	This target is not applicable to the WHSCT.	
Implementation of the AHP Strategy - Improving Health & Wellbeing through	6.2.2	The Trust is now at the end of Year 2 of the implementation of the 5-year AHP strategy. The Trust is	Director of Primary Care & Older

positive partnerships 2012/2017.		in the process of setting up an AHP implementation board to cover all 12 professions across PCOPS; Adult Mental Health and Women and Children Directorates. The Director of PCOPS is the chair of the implementation board that will assume managerial responsibility for the Head of AHP services and the 12 professions. This will ensure robust governance arrangements are in place to implement the strategy.	People's Services Assistant Director Intermediate Care
Continued delivery of the joint HSCB/PHA Regional Medicines Management Dietitian initiative to ensure the appropriate use of Oral Nutritional Supplements (ONS)	6.2.2	The Trust will continue to support the delivery of the Medicines Management initiative through secondment of appropriate staff. The Trust continues to work through the regional MMD steering group to establish and implement the efficiency and effectiveness of the model in operation.	Director of Primary Care & Older People's Services Assistant Director Intermediate Care
Prioritising client need to allow domiciliary care to be targeted at those with higher level needs thus ensuring that flexibility and capacity are maintained within the service as a whole	6.2.3	The Trust will move to complete the full roll out and implementation of the reablement model during 2015/16. This will ensure all those accessing domiciliary care have a functional assessment that focuses on maximising their potential to remain independent with targeted support where required. Client need is assessed in line with the Regional Access Criteria for the provision of domiciliary care. Within Children's Disability, thresholds for intervention have been agreed	Director of Primary Care & Older People's Services Director of Women & Children's Services Assistant Director

		and allocation of domiciliary care is co-ordinated via the Family Support Panel.	Primary & Community Care Assistant Director Community & Public Health
Ensuring care packages are kept under review and revised to meet changing client needs	6.2.3	The Trust will ensure that robust monitoring and review of all long term care packages is undertaken in line with its Standards for the Review and Monitoring of Social Work Cases. Within Children's Disability a process has been implemented to ensure care packages are kept under review to meet the changing needs of children/young people and their families.	Director of Primary Care & Older People's Services Director of Women & Children's Services Assistant Director Primary & Community Care Assistant Director Community & Public Health
Implementation of the recommendations associated with the HSCB led Regional Review of Domiciliary Care.	6.2.3	The Trust will continue to engage with the HSCB in this area of work as it progresses to the issue of a final report with recommendations. The Trust has commenced reporting on the agreed data definitions issued for domiciliary care service provision and will proactively continue to engage in the work being taken forward on remote monitoring and workforce knowledge and skills development.	Director of Primary Care & Older People's Services Assistant Director Primary & Community Care

Improved interfaces with other services such as re-ablement to ensure that people receive focused and intensive packages of support when required	6.2.3	The Trust will complete the implementation of its reablement model of therapy led assessment during 2015/16. The Trust will also establish a single point of service entry for all within POC4 which will screen, defer and refer to the appropriate assessment pathway as determined by presenting need.	Director of Primary Care & Older People's Services Assistant Director Intermediate Care
Developing formal and informal arrangements with the community and voluntary sector to enable people to access a range of alternative community services such as befriending services or luncheon clubs	6.2.3	The Trust will review and re-issue for tender its flexicare service during 2015/16 with contracts to commence 2016/17. The revised model will procure a range of early intervention preventative and health improvement supports within a consortium approach model. The model will also encompass active ageing programmes and carer support. An older people's panel was established to provide a vehicle for liaising with the community and voluntary sector for the planning and development of a range of older people's services and we will continue throughout 2015/16 to expand and consolidate this arrangement.	Director of Primary Care & Older People's Services Assistant Director Primary & Community Care
Engagement with the independent sector to ensure providers are able to respond to the changing profile of user need (i.e. frail elderly, more highly complex needs).	6.2.3	The Trust will be proactive in engaging with independent sector providers across a range of service delivery areas.	Director of Primary Care & Older People's Services Assistant Director Primary & Community Care

Ministerial Priority: High Quality, Safe and Effective Care			
Regional Priority	**Section in CP**	**Trust Response**	**Lead Director / Assistant Director**
The continued roll out of a range of measures to identify earlier and better meet patients' needs in community settings and to avoid the need for patients to attend hospital. These measures include: ➢ The establishment of Acute Care at Home models and other rapid response arrangements. ➢ The establishment of a range of alternative care pathways, linked to the NI Ambulance Service, to provide alternatives for both patients and staff to hospital attendance. ➢ The establishment on a pilot basis of an alcohol recovery centre in Belfast. ➢ The reform of palliative care services, facilitating people to die in their place of choice – typically their own home - rather than a hospital bed. During 2015/16 this will	6.3.1	The Trust has already shared its proposed Acute Care at Home model with the Commissioner for consideration. The Trust is currently reviewing the role and associated activity in its treatment rooms; district nursing; rapid response; continence and respiratory services. The Trust has developed care pathways with the NIAS for the Marie Curie Rapid Response Service and District Nursing/Rapid Response Services. The pathways outline the role and function of the respective stakeholders and contact details for maintaining patients in their homes. A working group is already in place for advanced care planning and a draft guidance document has been developed. Regional information is pending to include in the guidance document. Awareness sessions are on-going for GPs and nursing staff. Guidance for the role of key workers has been developed and work is on-going with district nursing services for implementation.	Director of Primary Care & Older People's Services Assistant Director Primary & Community Care

include: ○ The implementation of advance care planning arrangements across Northern Ireland to allow the needs and wishes of palliative care patients to be identified and planned for. ○ The implementation of a key worker function – typically the District Nurse to oversee care planning arrangements.		The Trust will continue to progress with the implementation of the LMDM strategy and will act on any requirements and recommendations which emanate from the RQIA Review of the Trust progress against the strategies key objectives. The Trust will continue to participate in the regional TYPEOLC 'Delivering Choice' programme and awaits the issue of the final business case to further progress key priority areas.	
Establishment of radiology services seven days a week to support same day/next morning investigation and reporting (to include CT, MRI and non-obstetric ultrasound scans).	6.3.1	• CT for acute inpatients is established at Altnagelvin. • Elective access for MRI is in place 7 days per week at Altnagelvin. In order to establish routine inpatient MRI scanning radiology support will be required and for same day/next day scanning a second MRI scanner is required. A business case has been developed and in the meantime the Trust is considering further steps which may be necessary to address this vulnerability in Trust services. • This will require additional support for ultrasound as identified in the unscheduled care reform plan. If additional resource is secured, there will be a lead in time of 12-18 months. • Plain film reporting (Radiographer lead) 7 days per	Director of Acute Services Assistant Director Cancer & Diagnostic Services

		week. Awaiting confirmation of funding as in 6.2.2 above	
Establishment of dedicated minor injury stream in EDs (9am to 9pm, 7 days a week).	6.3.1	This will be taken forward as part of the unscheduled care improvement programme and investment has agreed for this area of work.	Director of Acute Services Assistant Director Surgery & Critical Care Assistant Director Emergency Care & Medicine
Embedding of physiotherapy, occupational therapy, pharmacy and social work support within EDs and short-stay wards (9am to 5pm, 7 days a week).	6.3.1	The Trust will work with the Commissioner to target new investment to ensure targeted AHP assessment which results in admission avoidance and identification of the most appropriate pathway for patients to ensure optimum length of stay for any requiring admission to acute care.	Director of Primary Care & Older People's Services Assistant Director Surgery & Critical Care Assistant Director Emergency Care & Medicine Assistant Director Intermediate Care
The roll out of same day/next day ambulatory care models, providing an appropriate alternative for many patients to admission to hospital (as well as	6.3.1	The Trust will use new investment to expand the operational hours of its Clinical Intervention Centres to provide pathways for ambulatory care treatments as alternative to hospital admission.	Director of Acute Services Director of Primary Care & Older

providing a key vehicle to transform outpatient services more generally).		In order to progress same day/next day scanning a second MRI scanner will be required at Altnagelvin Hospital. A business case has been developed and the Trust is working with the Commissioner to secure support.	People's Services Assistant Director Emergency Care & Medicine Assistant Director Intermediate Care
The roll out of alternative care pathways for frail elderly patients, avoiding as far as possible the need for them to wait in Emergency Departments.	6.3.1	The Rapid Access Clinic for GPs has already commenced in Altnagelvin, which avoids the frail elderly having to wait in the Emergency Department (ED). The OPAL service also in-reaches to the ED to manage the care pathway for frail elderly patients. It is anticipated that these services will be replicated in the South West Acute Hospital during 2015/16.	Director of Primary Care & Older People's Services Assistant Director Intermediate Care Assistant Director Secondary Care
Appropriate and early planning for winter 2015/16 informed by the findings and recommendations of the recent external stock-take commissioned by the HSCB in relation to planning arrangements for the winter of 2014/15.	6.3.1	The Trust will review the findings and recommendations of the recent external stock-take and incorporate these into winter planning for 2015/16	Director of Acute Services Director of Primary Care & Older People's Services Assistant Director Surgery & Critical Care Assistant Director Primary & Community Care

The completion, by September 2015, of a public consultation on the delivery of vascular services on a regional, networked basis	6.3.2	HSCB is responsible for taking forward this target. The Trust will participate in the consultation exercise.	
The development, by December 2015, of a networked urology services on a safe, sustainable basis	6.3.2	HSCB is responsible for taking forward this target. The Trust will continue to progress the delivery of cross-Trust services through Team Northwest in line with the interim plan and will work to finalise the long term plan for Team Northwest in line with the investment funding required.	Director of Acute Services Assistant Director Surgery & Critical Care
The development of a long term plan for the delivery of networked neurology services on a safe, sustainable basis.	6.3.2	HSCB is responsible for taking forward this target. The Trust will participate in discussions on the design and planning of networked neurology services.	Director of Acute Services Assistant Director Emergency Care & Medicine
Complete the implementation of Phase 1 of Delivering Care – Normative staffing	6.3.3	The Trust will take forward its implementation in support of Phase 1 of Delivering Care Normative Staffing during 2015/16 and an implementation plan has been developed.	Director of Acute Services Director of Primary Care & Older People's Services Assistant Director of Nursing

Ensure commitment to the continuation of the Transforming Cancer Follow Up (TCFU) approach	6.3.4	The Trust is committed to uphold the principles of TCFU. This will be supported by the appointment of a Service Improvement Lead which is being funded by Macmillan for a 4 year period. The multidisciplinary teams will have TCFU as part of their service development plans.	Director of Acute Services Assistant Director Cancer & Diagnostic Services
Support the introduction of Acute Oncology Teams	6.3.4	Efforts continue to recruit Consultant Oncologist in parallel with recruitment to support Radiotherapy development. Recruitment of Acute Oncology Service / Triage Helpline Nurse is in process and plans are developed.	Director of Acute Services Assistant Director Cancer & Diagnostic Services
Respond to the findings of the first rollout of the National Cancer Patient Experience Survey in NI	6.3.4	This will be launched on 1 July 2015 and an action plan rolled out. The Trust will attend the launch and is fully committed to respond to the findings as required.	Director of Acute Services Assistant Director Cancer & Diagnostic Services

Ministerial Priority: Promoting Independence			
Regional Priority	**Section in CP**	**Trust Response**	**Lead Director / Assistant Director**
Reablement Finalise the standardisation of the access criteria for the service across Trusts and further reductions in the number of access points so that there is	6.4.1	The Trust will ensure the adoption and implementation of the regional access criteria and will report on the outcomes for service users meeting the criteria. The Trust will also introduce a single point of referral for	Director of Acute Services Director of Primary Care & Older People's Services

greater consistency and fairness.		social care enquiry, contact, screening and assessment during 2015/16.	Assistant Director Intermediate Care
Reablement Continuing development of partnership arrangements with non-statutory services. The range of services will be increased and additional IT solutions explored to improve accessibility to existing directories.	6.4.1	The Trust has now launched its 'olderpeopleconnected' website which contains a comprehensive up-to-date list of early intervention and preventative service supports available to older people which is searchable by geographic location. The website is populated with information which is multi-sectoral and which is aimed at supporting older people in their own community settings.	Director of Acute Services Director of Primary Care & Older People's Services Assistant Director Intermediate Care
Investment in additional Reablement Occupational Therapists and the establishment of a Clinical Forum for these specialists to standardise best practice including the development of standards for governance and practice, and production of regional practice tools to assist in assessment and independence planning.	6.4.1	The Trust will deploy additional Occupational Therapy capacity in the southern sector to deliver on phase 3 of the Trust Reablement implementation plan during 2015/16. The Trust will participate in the Clinical Forum to share best practice and ensure consistency in the operational and professional approach to assessment and therapeutic intervention.	Director of Acute Services Director of Primary Care & Older People's Services Assistant Director Intermediate Care
Enhancing the role of Reablement Support Workers (RSW) through the development of a regional framework to support learning and development in conjunction with NISCC. The framework should become the benchmark for all aligning all RSW training and mentoring needs.	6.4.1	The Trust will contribute to the work of this group in establishing a regional framework for learning and support which fits within the commissioned baseline of the service delivery model in place within the Western Trust.	Director of Acute Services Director of Primary Care & Older People's Services Assistant Director Intermediate Care

Reablement Review and develop the existing Key Performance Indicator (KPI) - number of service users discharged with no statutory service needed – as it is now largely being met. Other indicators of effectiveness (such as longer term impact of the service) should be developed	6.4.1	The Trust will work through the regional implementation steering group to establish and implement a range of effective performance indicators to evidence longitudinal benefits for the service user population accessing the reablement service and to benchmark the efficiency and effectiveness of the model in operation	Director of Acute Services Director of Primary Care & Older People's Services Assistant Director Intermediate Care
Increase the number of carer assessments (in line with Ministerial Target 7)	6.4.3	The number of carers' assessment offered will be monitored by the Trust Carers' Steering Group which meets quarterly and has representation from all Programmes of Care. Trust staff have worked closely with carers and service users to develop innovative alternatives to traditional respite/short breaks. To increase by 10% will require some additional social work capacity to support this development and also encourage the roll-out of eNISAT and adult safeguarding activity. The baseline review of Learning Disability community teams as per RQIA found that the WHSCT had the lowest number of community team staff in Northern Ireland. Changing demographics and family dynamics have reflected an increase in cases where a service user has no identified carer, which in turn impacts on the	Director of Acute Services Director of Primary Care & Older People's Services Assistant Director Primary & Community Care

		ability of Trust staff to offer carer assessments/support. Within Children's Disability Services it is anticipated that this target will be achieved ***(we await confirmation of baseline).*** To increase by 10% will require additional social work capacity given the increase in referrals to the service.	
Create more community-based short break options	6.4.3	There is an increasing demand for community-based short break options, and families and professionals now aspire to a personalised provision that meets their specific and unique needs. To achieve this, the Trust is committed to ensuring that services are designed accordingly and that there is a range of provision that is accessible and appropriate. The Trust will continue to explore the provision of a range of appropriate community based and alternative short break options within resources provided that will promote independence and support carers. However the demand for traditional short breaks in residential settings remains. The Adult Mental Health Recovery Service are also exploring options with the community and voluntary sector to develop innovative solutions that meet the individual needs of our service users. This is in line with promoting personalisation and choice Short breaks continue to be offered through Direct	Director of Adult Mental Health & Disability Director of Primary Care & Older People's Services Director of Women & Children's Services Assistant Director Adult Learning Disability Assistant Director Adult Mental Health Assistant Director Physical & Sensory Disability Assistant Director Community and Public Health Assistant Director Primary and Community Care

		Payments and the Trust would anticipate an increase in alternative provision with the implementation and roll out of Self Directed Support. The Trust short break working group will monitor the short break activity. The Trust will continue to participate in the Regional Short Break Steering Group led by HSCB to ensure short break definition and provision of services is in keeping with the other Trusts across Northern Ireland. The Trust also participates in the Regional Short Breaks Project and participated in the Transforming Your Care report on Short Breaks via the adult learning disability programme. This report has 8 recommendations which will be progressed via the Regional Short Break Steering Group. The change in demographics is particularly pertinent with carers and those they care for living longer in community settings. Short break provision will require further investment in order to meet the needs of carers and in line with the Carer and Direct Payments Act. The Western Trust aims to provide a range of services for disabled children and young people with a learning disability, physical disability and/or with physical health needs, sensory needs or Autism. These services aim to help disabled children and young people live lives that are as full as possible. In addition new needs are	Assistant Director Intermediate Care

		emerging, for example, those disabled children with complex physical healthcare needs who, due to medical and technology advances, are living longer and who have a right to a quality of life that can only be maintained through intensive support to the children and their families. The Trust currently provides and encourages the use of a range of short break services which includes: • Residential based short break • Family based short break • Summer scheme provision • Community activities • Evening and weekend group activities • After school activities • Domiciliary care • Direct payments	
Implementation of Learning Disabilities Day Opportunities Model	6.4.4	The HSCB issued the regional Learning Disabilities Day Opportunities Model in September 2014. The Western Trust has established a Local Implementation Group to take this work forward. The Trust has a project plan developed up to December 2015. There is a wide variety of stakeholders involved in the local group. Implementation of the model will require input across all government departments. The demands placed on the adult programme of care in terms of	Director of Adult Mental Health & Disability Assistant Director Adult Learning Disability

		facilitating young people leaving school continue to present as pressures within the Western Trust.	

Ministerial Priority: Safeguarding the Most Vulnerable			
Regional Priority	**Section In CP**		
Support the implementation of the Dementia Strategy	6.5.1	The Trust has a service improvement project in place for older people's mental health including dementia and work will continue into 2015/16 to implement the Dementia Strategy. Significant reform has already taken place and a number of initiatives have been developed, including the launch of working towards a dementia friendly acute hospital, amongst a number of projects. A project steering group is established and a service improvement lead is in place. The Trust is fully engaged in the regional Dementia Implementation Steering Group. The Northern Ireland Dementia Audit Report was launched on 26th June 2015. The Trust is committed to working with the Dementia Strategy Implementation Group in the implementation of the findings of the	Director of Primary Care & Older People's Services Assistant Director Secondary Care

		dementia audit in acute hospitals. The Trust has already launched working towards dementia friendly acute hospital on the Altnagelvin site and an implementation plan has been developed which is being delivered in partnership with a number of stakeholders, including the Alzheimer's Society. Service leads for implementation of the audit findings have been identified.	

3.3 Trust Response to Local Commissioning Priorities by Programme of Care

Rag Status Index

G	I can confirm that the target is achievable and affordable – GREEN STATUS
A	I can confirm that the target is near achievement or will be achieved in year – AMBER STATUS
R	I can confirm that the target is unlikely to be achieved / affordable - RED STATUS
W	Target requires further clarification from HSCB/DHSSPS
B	Target is not applicable to the Western Trust – BLUE STATUS

POC1 Non Specialist Acute Services

Local Needs and Assessment	Demand for OP assessment in the West currently outstrips capacity by around 6,000 patients per year, with referral rates continuing to rise annually.
Services to be Commissioned	The LCG, working with ICPs, will seek the introduction of GP request for advice across acute specialties including extension of virtual clinics and direct GP access to hospital diagnostics.
Local Commissioner Requirement	Demand management initiatives will be sought from Integrated Care Partnerships where these can be shown to reduce the need to refer to Trust consultant-led services

Actions / Proposed Service Developments	
This target will be led through the Integrated Care Partnerships (ICPs). As a member of the ICP, the Trust will participate in a programme of outpatients reform in relation to the ICP clinical priority areas for the West. In addition, the Trust will lead an internal programme of outpatients reform across another seven specialty areas and will maintain close links with the Local Commissioning Group in relation to their progress. The Trust will play an active role in regional outpatients reform and will be the regional lead in agreed specialty areas.	

Local Needs and Assessment	Unscheduled care patient flow at Altnagelvin Hospital remains challenging. In 14/15 there were 25 12 hours breaches of emergency department standards across WHSCT, 4 hour performance fell below 95% and delayed discharges were a feature of pressures through the winter months.
Services to be Commissioned	The HSCB approved 5 key commissioning priorities to improve patient flow. The LCG supported by the Unscheduled Care Team will prepare a costed proposal for Altnagelvin for implementation.
Local Commissioner Requirement	The Trust will take forward the 5 key commissioning priorities, including delivering additional multi-disciplinary access and activity 7/7, extended senior clinical decision making and a seven day dedicated minor injury stream in ED.

Actions / Proposed Service Developments	
I can confirm that the target is achievable and affordable – GREEN STATUS **G** The Trust will take forward the 5 key commissioning priorities as soon as the commissioner authorises and provides the required investment.	**Lead Director**: Director of Acute Services **Lead Assistant Director**: Assistant Director Emergency Care and Medicine Assistant Director Surgery and Critical Care

Local Needs and Assessment/	Older Person's Assessment and Liaison Services in Altnagelvin demonstrated that through comprehensive geriatric assessment that a 4-day reduction in length of stay was achievable.
Services to be Commissioned	The LCG will ensure that the introduction of the commissioned Older People's Assessment and Liaison Services at South West Acute Hospital with the provision of a multi-disciplinary assessment for all patients admitted to hospital, leading to reduced length of stay of 4 days for over 75 year olds.
Local Commissioner Requirement	The Trust should implement Older Person's Assessment and Liaison Services in the South West Acute Hospital

Actions / Proposed Service Developments	**Lead Director**:
I can confirm that the target is near achievement or will be achieved in year – AMBER STATUS **A** The Trust will endeavour to introduce the Older Person's Assessment and Liaison Service to the South West Acute Hospital. However, there are considerable difficulties in the recruitment of medical staff to enable this to be taken forward, with locum consultant costs presenting a significant additional financial cost pressure. To ensure that lengths of stay are reduced, the Trust will need to ensure appropriate patient flow into intermediary and nursing home settings, care at home settings and the establishment of the Reablement service in the southern sector and other community supports including nursing home provision. Implementation of the full Older Person's Assessment and Liaison Service team in the South West Acute Hospital is unlikely to be achieved without additional non-recurring funding from the Commissioner to cover additional costs of recruiting a locum consultant as opposed to a Trust Specialty Doctor, as the service cannot function without senior medical leadership.	Director of Primary Care and Older People's Services **Lead Assistant Director**: Assistant Director of Secondary Care

This target is amber only from the perspective of the ability to recruit the middle grade specialty doctor in line with the IPT requirement and will prove challenging to achieve. The Trust discussed this with the Commissioner but the position is not yet resolved.	

Local Needs and Assessment/	Demand for neurology services exceeds commissioned capacity by 750 outpatients per year and demand for orthopaedics exceeds commissioned capacity y 1,100 outpatients and resulting conversions. LCG will commission additional capacity in neurology and orthopaedics services to meet demand.
Services to be Commissioned	LCG will commission additional capacity in neurology and orthopaedics services to meet demand.
Local Commissioner Requirement	The Trust should bring forward proposals to close the elective gaps for neurology and orthopaedics

Actions / Proposed Service Developments	**Lead Director**: Director of Acute Services **Lead Assistant Director**: Assistant Director Emergency Care and Medicine Assistant Director Surgery and Critical Care
I can confirm that the target is near achievement or will be achieved in year – AMBER STATUS **A** The Western Trust has been supported by the local commissioner and has secured funding for investment in Neurology which will close the gap of 750 patients in the coming year. Recruitment is now completed and the consultant is in post. Remaining supporting posts will be recruited in year. In relation to Neurology, this target is assessed as amber from the perspective of the ability to recruit the middle grade specialty doctor in line with the IPT requirement and the issues regarding delivery of activity by the visiting service. The HSCB is aware of the issues and a regional review of the neurology service is planned. With regard to orthopaedics, the Trust is currently engaged in ongoing discussions with the HSCB to agree the orthopaedics service model and proposals to close the elective gap will be brought forward as required. Therefore at this stage this is also rated as amber.	

Local Needs and Assessment/	Increased annual demand on elective surgery, unscheduled admissions and GP surgical assessments.
Services to be Commissioned	The LCG will review the Elective Day of Surgery Unit and Surgical Assessment Area pilot with a view to mainstreaming if successful in reducing length of stay and admissions.
Local Commissioner Requirement	The Trust should complete an evaluation of the Elective Day of Surgery Unit and Surgical Assessment Area

Actions / Proposed Service Developments	
I can confirm that the target is achievable and affordable – GREEN STATUS **G** The Trust will complete an evaluation of the Elective Day of Surgery Unit and Surgical Assessment Area and will work with the commissioner to mainstream these investments as part of the elective and unscheduled models.	**Lead Director**: Director of Acute Services **Lead Assistant Director**: Assistant Director Surgery and Critical Care

Local Needs and Assessment/	Acute Care at Home (POC1 and 4) can provide active treatment by health care professionals in the patient's home avoiding unnecessary inpatient care.
Services to be Commissioned	The LCG will commission a proportionate 24-hour community nursing service, building on district nursing, rapid response nursing and treatment room services which prevents unnecessary hospital admissions and supports the introduction of Acute Care at Home.
Local Commissioner Requirement	The Trust should implement a phased Acute Care at Home model, building on commissioned expansion within community nursing with demographics investment in 2015/16 focused to enhance the delivery of the 24/7 Community Nursing Model aligned to GPs, pathway development for >65 years frail elderly Disease Specialist Nursing and an Acute Care at Home Team.

Actions / Proposed Service Developments	
I can confirm that the target is achievable and affordable – GREEN STATUS **G** The Trust will implement a phased acute care at home model dependent on the Commissioner providing the required investment The Trust has submitted a proposal for an Acute Care at Home model to the Commissioner for consideration. The Trust is currently reviewing the role and associated activity in its treatment rooms; district nursing; rapid response; continence and respiratory services. The Trust has developed care pathways with the NIAS for the Marie Curie Rapid Response Service and District Nursing/Rapid Response Services. The pathways outline the role and function of the respective stakeholders and contact details for maintaining patients in their homes.	**Lead Director**: Director of Primary and Older People's Services **Lead Assistant Director**: Assistant Director, Intermediate Care

A working group is already in place for advanced care planning and a draft guidance document has been developed. Regional information is pending to include in the guidance document. Awareness sessions are on-going for GPs and nursing staff. Guidance for the role of key workers has been developed and work is on-going with district nursing services for implementation. The Trust will continue to progress with the implementation of the LMDM strategy and will act on any requirements and recommendations which emanate from the RQIA Review of the Trust progress against the strategies key objectives. The Trust will continue to participate in the regional TYPEOLC 'Delivering Choice' programme and awaits the issue of the final business case to further progress key priority areas.	

Local Needs and Assessment/	The Western Area has the largest increase in prevalence rates for stroke between 2007 (13.8/1000 population) and 2014 (17.3/1000 population) at 25%. RQIA recommends clear definition of a stroke unit, accessible thrombolysis service and TIA assessment and treatment at weekends for high risk cases.
Services to be Commissioned	The LCG will consider the redesign of stroke services in line with regional model of care including creation of a specialist acute unit and appropriate rehabilitation in hospital and at home.
Local Commissioner Requirement	The LCG will work with the Trust to review existing medical, nursing and AHP capacity with a view to agreeing a new stroke service model later in 2015.

Actions / Proposed Service Developments	**Lead Director**:
This will be led by the LCG. The Trust will work with the LCG as required to review existing medical, nursing and AHP capacity with a view to agreeing a new stroke service model. It should be noted that the Directorate of Primary Care and Older People's Services has been unable to recruit a permanent Stroke Consultant, despite a number of recruitment processes. The inability to recruit permanent consultants and the subsequent requirement to engage locum consultants will continue to cause significant financial pressure to the Trust.	Director of Primary Care and Older People's Services **Lead Assistant Director**: Assistant Director Secondary Care

Local Needs and Assessment	In Western hospitals, there were 24,689 hospital cancelled outpatient appointments in 2014/15.
Services to be Commissioned	The LCG will seek assurances that hospital cancelled appointments are minimised and appropriate and in line with Departmental requirements, ie reduced by 20% by March 2016.
Local Commissioner Requirement	By June 2015, the Trust will provide a plan to reduce cancelled consultant-led hospital appointments by March 2016.

Actions / Proposed Service Developments	
I can confirm that the target is achievable and affordable – GREEN STATUS **G** The Trust will provide a plan as required.	**Lead Director**: Director of Acute Services **Lead Assistant Director**: Assistant Director Surgery & Critical Care

POC2 Maternity and Child Health Services

Local Needs and Assessment	WHSCT SBA outturn in 2013/14 outstripped the legacy SBA volume across a number of POCs with an increase in demand for health visiting (1,446 contacts within maternity and child health).
Services to be Commissioned	In the context of ongoing regional review, LCG will review capacity and demand for health visiting services (across POCs) with a view to closing any gap and in line with normative nursing levels.
Local Commissioner Requirement	The LCG in collaboration with PHA will realign the WHSCT Health Visiting SBA 15/16 to reflect current service modernisation and reform that has been undertaken in line with normative nursing.

Actions / Proposed Service Developments	**Lead Director**: Director of Women and Children's Services **Lead Assistant Director**: Assistant Director Public Health and Children's Mental Health and Disability Services
This will be led by the LCG. The Trust will participate in discussions to review and realign the service and budget agreement for health visiting in line with service reform and in line with funded levels of activity.	

Local Needs and Assessment	There are typically 3,600 medical admissions to paediatric wards in Altnagelvin with requirement for escalation beds every year over the winter period.
Services to be Commissioned	The LCG will review the pilot of the Paediatric Assessment Unit (PAU). If successfully evaluated, the LCG will consider commissioning recurrently leading to reduction of admissions by 20%.
Local Commissioner Requirement	The Trust will carry out an evaluation of the PAU by July 2015 and LCG will consider the findings in due course.

Actions / Proposed Service Developments	
I can confirm that the target is achievable and affordable – GREEN STATUS **G** The Trust will carry out the evaluation by July 2015.	**Lead Director**: Director of Women and Children's Services **Lead Assistant Director**: Assistant Director Women and Children's Services

Local Needs and Assessment	Caesarean section rates at the South West Acute Hospital have increased and were 1.7% above NI average in 2013/14.
Services to be Commissioned	The LCG will work with Western Trust to promote normalisation of births in line with Maternity Strategy 2012.
Local Commissioner Requirement	The Trust will take steps to reduce caesarean section rates to NI average within 12 months.

Actions / Proposed Service Developments	**Lead Director**: Director of Women and Children's Services **Lead Assistant Director**: Assistant Director Women and Children's Services
I can confirm that the target is achievable and affordable – GREEN STATUS **G** A project is being taken forward in the South West Acute Hospital on the reduction of caesarean sections and promoting normality. A project team has been established and work will continue through the year under 4 workstreams - primigravidas; vaginal birth after caesarean section; elective sections; induction of labour.	

Local Needs and Assessment	The pilot weight management programme for pregnant women, "Weigh to a Healthy Pregnancy" is underway offering a lifestyle intervention to all pregnant women with a BMI of 40 or above at booking.
Services to be Commissioned	The LCG, working with PHA, will seek to mainstream "Weigh to a Healthy Pregnancy" drawing on the learning of the pilot programme.
Local Commissioner Requirement	The Trust will bring forward proposals to continue "Weigh to a Healthy Pregnancy" programme.

Actions / Proposed Service Developments	
I can confirm that the target is achievable and affordable – GREEN STATUS **G** The Trust will await the outcomes of the evaluation of the pilot and will then work with LCG towards mainstreaming if appropriate.	**Lead Director**: Director of Women and Children's Services **Lead Assistant Director**: Assistant Director Women and Children's Services

POC4 Older People's Services

Local Needs and Assessment	The number of over 65 years continues to grow in the LCG area; increasing demand on domiciliary care and among people with mental health difficulties and those with disabilities.
Services to be Commissioned	The LCG will seek to increase domiciliary care hours by 80,813 although this may be reduced by initiatives such as the roll out of Reablement.
Local Commissioner Requirement	The Trust will deliver the required domiciliary care hours and other initiatives as specified by the commissioner.

Actions / Proposed Service Developments	
I can confirm that the target is achievable and affordable – GREEN STATUS **G** Older People Services will deliver the domiciliary care hours for those aged over 65 and target investment for domiciliary care against the growing levels of complexity including older people with mental health issues and disabilities and rising level of intensity required in care packages. The Trust will implement Reablement and assessment model to access domiciliary care, but is required to achieve efficiencies associated with this model against its overall financial plan.	**Lead Director**: Director of Primary Care and Older People's Services **Lead Assistant Director**: Assistant Director Primary and Community Care

Local Needs and Assessment	The demand for domiciliary care has increased by 23% (2010-2014 estimated contact hours). Reablement services provide considerable benefit to patients with reduction in care requirements following period of intervention.
Services to be Commissioned	The LCG will commission the further roll-out of Reablement across the Western area with a view to realising 45% reduction in referral rates to long term caseloads during 2015/16.
Local Commissioner Requirement	The Trust should complete the roll out of Reablement to the Southern sector to include an OT led Reablement Team and Contact and Information Centre covering the whole Western area, leading to 45% of discharges requiring no ongoing care.

Actions / Proposed Service Developments	
I can confirm that the target is affordable but realising a 45% reduction in referral rates to long-term caseloads will be challenging, given the increasing complexity of service users presenting to the service – AMBER STATUS **A** Key milestone target dates • Homecare Workforce Baseline analysis complete - 12 June 15 • Homecare Staff Briefing Sessions complete - 30 June 15 • Reablement Recruitment Complete - 31 Aug 15 • Staff 1 to 1 consultations complete - September 15 • Phased Reablement Implementation commence - October 15 • Between 71% and 73% implementation complete by 31st December 2015. • Homecare Reform to commence November 15 – March 16 • Reablement & Homecare reform complete across Southern Sector - March 16	**Lead Director**: Director of Primary Care and Older People's Services **Lead Assistant Director**: Assistant Director Intermediate Care

Local Needs and Assessment	Older people with mental health challenges particularly dementia continue to increase.
Services to be Commissioned	The LCG will review older people's mental health services including dementia care to ensure recent investments have proven successful and need is appropriately met.
Local Commissioner Requirement	In collaboration with the Trust, LCG will produce a needs assessment of older people's mental health by October 2015, taking into account ICP plans to develop an integrated dementia care pathway.

Actions / Proposed Service Developments	
I can confirm the target is achievable and the Directorate will work in partnership with the LCG to produce a needs assessment of older people's mental health by October 2015 **G** The Trust will work in partnership with LCG and regional working groups to review the needs of older people with functional mental health difficulties and dementia.	**Lead Director**: Director of Primary Care and Older People's Services **Lead Assistant Director**: Assistant Director Secondary Care

Local Needs and Assessment	From April to September 2014, 1,168 people over 65 years attended Altnagelvin ED due to a fall. 82% of these falls were at the home.
Services to be Commissioned	The LCG will support ICP initiative to co-ordinate falls prevention through integrated care pathways supported by GPs, Western Trust, NIAS and voluntary sector agencies.
Local Commissioner Requirement	ICPs will lead in building on GP pathway to Stepping On programmes and developing a Western wide falls prevention service.

Actions / Proposed Service Developments	
This will be led by the ICPs. The Trust will co-operate with the ICPs in taking this forward. The Trust is advancing the appointment of a falls prevention project lead. The Trust will continue to work in partnership with the PHA (Health Improvement West) on the delivery of the Stepping On programme through the community and voluntary sector, with multi-disciplinary needs assessment and review provided by Trust staff during 2015/16. The outcomes and evaluations of the service will be presented to LCG for consideration with regards to mainstreaming this element of an integrated falls programme.	**Lead Director**: Director of Primary Care and Older People's Services **Lead Assistant Director**: Assistant Director Intermediate Care

POC 5 Mental Health Services

Local Needs and Assessment	Mental health in NI is poor compared to GB. 25% of those surveyed in the West for NI Health Survey in 13/14 reported being anxious or depressed, higher than the NI average.
Services to be Commissioned	The LCG will commission the introduction of Primary Care Talking Therapies with support from ICPs to put in place clear GP referral pathway and appropriate access protocols.
Local Commissioner Requirement	The Trust will provide 400 talking therapy sessions through community and voluntary sector to providers in 2015/16. The LCG will work with the Trust to ensure roll out across the entire Western area during 2016.

Actions / Proposed Service Developments	
I can confirm that the target is achievable and affordable – GREEN STATUS **G** The Trust is currently in the process of recruiting a co-ordinator and preparation work is progressing. Steering Group meetings have commenced and community and voluntary sector partners are being identified at present. The Trust expects to have this in full operation by September 2015.	**Lead Director**: Director of Adult Mental Health and Disability Services **Lead Assistant Director**: Assistant Director Adult Mental Health

Local Needs and Assessment	Patients on the Mental Health Register have risen by almost 10% in the 5 years to 2012.
Services to be Commissioned	The LCG will seek a consistent model of Primary Care Liaison and Crisis Response Home Treatment services across the Western area.
Local Commissioner Requirement	The Trust will ensure consistent access to these services, particularly in the Southern Sector leading to further reduction of acute mental health beds.

Actions / Proposed Service Developments	
I can confirm that the target is near achievement or will be achieved in year – AMBER STATUS **A** A Working Group has developed a model of service delivery for Crisis Response Home Treatment (CRHT) services in the Southern Sector of the Trust. A paper is being developed to propose phased implementation of a CRHT staff group with initial focus covering the out-of-hours period in order to put in place effective and robust gatekeeping arrangements for acute mental health beds at the Tyrone & Fermanagh Hospital. Recruitment of the staff will take place later in 2015.	**Lead Director**: Director of Adult Mental Health and Disability Services **Lead Assistant Director**: Assistant Director Adult Mental Health

Local Needs and Assessment	HSCB has reviewed inpatient addiction services which recommends a regional model for detoxification and stabilisation care and rehabilitation.
Services to be Commissioned	The LCG will support regional plans to have in place a 7 day inpatient addiction treatment service including 8 beds in the Western Area.
Local Commissioner Requirement	The Trust will ensure appropriate staffing levels are in place in line with investment.

Actions / Proposed Service Developments	
I can confirm that the target is near achievement or will be achieved in year – AMBER STATUS The Trust is awaiting additional funding for medical sessions for the inpatient Tier 4 unit. Nursing skill mix is almost complete within the funding envelope. Plans are in place for the training of the inpatient staff. Meetings have been initiated with the community and voluntary sector providers for the re-direction of rehabilitation clients. Subject to funding issues being resolved with regards to the entire multi-disciplinary team, the inpatient unit should be fully operational by the end of September 2015.	**A** **Lead Director**: Director of Adult Mental Health and Disability Services **Lead Assistant Director**: Assistant Director Adult Mental Health

Local Needs and Assessment	The number of patients waiting longer than 13 weeks for a first appointment with psychological therapies service has increased through 2014.
Services to be Commissioned	The LCG will review demand and capacity in psychological therapies required to deliver 13 weeks waiting times for first appointment.
Local Commissioner Requirement	The Trust will ensure that additional capacity is made available, in line with the commissioner requirements.

Actions / Proposed Service Developments	
Adult Services - I can confirm that the target is near achievement or will be achieved in year – AMBER STATUS **A** The Head of Service is working with the Information Department and Team Managers and the target is monitored on a weekly basis. Additional Adult Psychological Therapy staff are to be interviewed in June 2015 which will enable waiting lists to be brought back into line. With regard to Cognitive Behavioural Therapy, additional capacity has already been applied on a temporary basis to cover maternity leave. Recruitment of an additional psychology post will take place in the next few months. **Children's Services -** I can confirm that the target is achievable and affordable – GREEN STATUS **G** The stepped care model which was introduced to Clinical Health Psychology Services in 2014 was implemented to try to ensure that all funded services received an efficient, effective service. As a result of this change in service delivery, the number of breaches have been negligible. It is deemed that further action is not required at the present time. **Older People** I can confirm that the target is achievable and affordable – GREEN STATUS **G**	**Lead Director**: Director of Adult Mental Health and Disability Services Director of Women and Children's Services Director of Primary Care and Older People's Services **Lead Assistant Director**: Assistant Director Adult Mental Health Assistant Director Community and Public Health Assistant Director Secondary Care

POC 6 Learning Disability Services

Local Needs and Assessment	The LCG area has the highest prevalence in NI of people with learning disabilities (6.16 per 1000 population) and the number of people with a severe learning disability has increased by 30% since 2000.
Services to be Commissioned	The LCG will seek to keep pace with growing demand for day opportunities to adults with learning disabilities, including providing support to up to 50 school leavers and meeting the needs of older adults.
Local Commissioner Requirement	The LCG will continue to work with Western Trust to extend day opportunities and meet the needs of school leavers in 2015 as a priority in line with emerging self-directed support model.

Actions / Proposed Service Developments	
I can confirm that the target is unlikely to be achieved / affordable - RED STATUS **R** The Trust continues to keep the LCG informed of the number of young people leaving school on an annual basis. The Trust will re-assess achievability of this target when formal confirmation of any funding has been received and assessment made on the impact it will have. Resources are required for day care/day opportunities provision. In addition the support provided from education ceases when a young person transitions to adult services and the holistic care and support needs for the young person with learning disability and their carer also need to be resourced to ensure that their assessed needs are met. The Trust will work with transition officers, families, young adults, day centre managers, RQIA and day opportunity services to endeavour to create capacity to manage school leavers in 2015/16. Many of the young people will seek to transition in advance of June 2015 in order to familiarise themselves with their new placement post school.	**Lead Director**: Director of Adult Mental Health and Disability Services **Lead Assistant Director**: Assistant Director Adult Learning Disability

Local Needs and Assessment	For adult carers of LD clients, availability of alternatives to traditional forms of respite (day and residential care) is very limited.
Services to be Commissioned	The LCG will extend innovation fund for Adult carer recipients of short break hours in line with SDA approaches. Further short break options will be tested to extend the range of choice and flexibility for carers.
Local Commissioner Requirement	The Trust will provide additional innovative short breaks hours based on the outcomes of an LCG workshop in April 2015.

Actions / Proposed Service Developments	
I can confirm that the target is achievable and affordable – GREEN STATUS **G** The Trust is a member of the Regional Short Breaks Group chaired by HSCB. The adult learning disability programme participated in a Short Breaks Pilot and the findings of the pilot are contained in the HSCB TYC Short Breaks document. Adult learning disability is keen to work with the LCG to increase the availability of alternatives to traditional forms of short breaks which meets the needs of carers. Self-Directed Support will offer carers greater flexibility and choice in terms of how they wish to receive their short break. The adult Learning Disability programme has also undertaken a review of short breaks provision within the Trust and this will be consulted on in 2015/16.	**Lead Director**: Director of Adult Mental Health and Disability Services **Lead Assistant Director**: Assistant Director Adult Learning Disability

Local Needs and Assessment	Transition from children's to adult services is a challenging time for young adults with a learning disability and their families. Collaborative work between Education and Health sectors seeks to manage smooth transition and ensure individual needs are addressed through a coherent transition plan.
Services to be Commissioned	Given anticipated transition of up to 50 school leavers in 15/16, continued pressures on adult services and the emphasis on day opportunities, the LCG will seek assurance that the current transition process is effective in supporting individuals.
Local Commissioner Requirement	The LCG and Trust will review the transition process and identified needs leading to any gaps in service.

Actions / Proposed Service Developments	
I can confirm that the target is achievable and affordable – GREEN STATUS **G** The adult learning disability programme is keen to work collegiately across N I to ensure that there is a consistent model for transition of young people to adult services. There is a transition protocol in place for looked after children who transition to adult services. It is recognised that there is a need to further develop a protocol for young people who are not subjected to looked after arrangements. HSCB have identified a protocol which is currently under consideration by the programme and this will be progressed further in 2015/16 to ensure a more effective transition process.	**Lead Director**: Director of Adult Mental Health and Disability Services **Lead Assistant Director**: Assistant Director Adult Learning Disability

POC 7 Physical Disability and Sensory Impairment Services

Local Needs and Assessment	In September 2014, 70 adults were awaiting a multi-disciplinary assessment for autistic spectrum disorder, most in excess of 13 weeks. 85 adults with a learning also required ASD assessment and support.
Services to be Commissioned	The LCG is investing in development of assessment and support service for adults with autism spectrum disorder leading to no one waiting longer than 13 weeks for an assessment by March 2016.
Local Commissioner Requirement	The multi-disciplinary adult ASD service will provide integrated care plans for all young people transition to adult services, 30 adults supported by dedicated psychologist, 40 adults support by dedicated speech and language therapist and 40 adults supported by a dedicated occupational therapist.

Actions / Proposed Service Developments	
I can confirm that the target is near achievement or will be achieved in year – AMBER STATUS Although the Trust has received additional investment achievement of this target will be challenging as recruitment of experienced staff and upskilling of staff to provide specialist diagnostic and intervention training to newly appointed staff will require time. In addition, there has been no definitive analysis of need and should demand increase, this will impact on the ability to meet the waiting time standard. As the Trust develops these services, evidence suggests that referrals for services have significantly increased.	**A** **Lead Director**: Director of Adult Mental Health and Disability Services **Lead Assistant Director**: Assistant Director Adult Physical and Sensory Disability

Local Needs and Assessment	Western Trust figures show there are 279 deaf service users in the Western area, 127 of whom have no speech. Some have significant mental health and developmental difficulties and at risk behaviours in later life.
Services to be Commissioned	The LCG will commission community based flexible service model of enablement, communication and skills development, providing 7 places in 15/16.
Local Commissioner Requirement	The Trust will provide the commissioned service through Action for Hearing Loss.

Actions / Proposed Service Developments	
Target requires further clarification from HSCB/DHSSPS **W** The Trust requires further clarification in relation to this commissioning requirement in order to make an assessment on its achievability. At this stage there is no confirmation of resource availability to take this development forward. Further discussion will be required with the Commissioner in relation to the needs of deaf users.	**Lead Director**: Director of Adult Mental Health and Disability Services **Lead Assistant Director**: Assistant Director Adult Physical and Sensory Disability

Local Needs and Assessment	There is an increasing number of people with physical disabilities which are more complex including service users requiring high cost care packages and young people transitioning to adult services.
Services to be Commissioned	The LCG, working regional colleagues, will consider a review of physical disability services taking account of Trust reported pressures, the move the self-directed support and population needs.
Local Commissioner Requirement	The LCG will seek the input of Western Trust and relevant voluntary organisations in reviewing current services and evident gaps against regional standards.

Actions / Proposed Service Developments	**Lead Director**: Director of Adult Mental Health and Disability Services **Lead Assistant Director**: Assistant Director Adult Physical and Sensory Disability
The Trust notes that the review of physical disability services has commenced with the Commissioner and will contribute actively to this work.	

POC 8 Health Promotion

Local Needs and Assessment	Hospital attendances and admissions continue to disproportionately relate to substance misuse and in particular alcohol.
Services to be Commissioned	The LCG will continue to support development of structured brief intervention programmes, in line with the drive to provide consistent services in hospitals across 7 days.
Local Commissioner Requirement	The LCG, PHA and Trust will review the progress in the brief intervention and alcohol liaison service relating to both acute hospitals with a view to having in place a development plan by October 2015.

Actions / Proposed Service Developments	**Lead Director**:
I can confirm that the target is achievable and affordable – GREEN STATUS **G** Alcohol Liaison Nurses will be appointed which will progress staffing towards a 7 day a week service for brief interventions in acute hospitals in line with regional direction.	Director of Adult Mental Health and Disability Services **Lead Assistant Director**: Assistant Director Adult Mental Health

Local Needs and Assessment	11% of Travellers live in Derry City Council area. The 2009 All Ireland Travellers Health Study has highlighted the huge disparities in life expectancy and other health outcomes for Travellers.
Services to be Commissioned	The LCG will continue to support development of structured brief intervention programmes, in line with the drive to provide consistent services in hospitals across 7 days.
Local Commissioner Requirement	The LCG is co-funding support workers who will scope needs and services leading to an action plan including health improvement programmes and improved access to HSC services.

Actions / Proposed Service Developments	**Lead Director**: Director of Performance and Service Improvement **Lead Assistant Director**: Head of Health Improvement
I can confirm that the target is achievable and affordable – GREEN STATUS **G** The Trust has appointed Travellers Health and Wellbeing Workers funded by PHA in partnership with HSCB to support and implement actions based on the Western Travellers Action Plan and area actions related to the regional Travellers HSWI Thematic Action Plan. A two-year work programme has been agreed with the Commissioner.	

Local Needs and Assessment	The number of older people who rely on HSC services is increasing. Initiatives to build or restore self-confidence and self-reliance among older people, providing practical support to help them achieve their aspirations and reduce dependency are required.
Services to be Commissioned	The LCG, in collaboration with ICPs will pilot the Social Prescribing scheme which seeks to offer alternatives to medicine prescription and overcome social isolation and loss.
Local Commissioner Requirement	ICPs have appointed a voluntary organisation to pilot the Social Prescribing Scheme with a number of GP Practices. Review will be undertaken in Autumn 2015 to inform decisions on mainstreaming in 2016/17.

Actions / Proposed Service Developments	
This target is not applicable to the WHSCT. **B**	

POC 9 Primary Health and Adult Community Services

Local Needs and Assessment	Chronic pain is estimated to affect approximately 20% of people in Northern Ireland. 35% of people in the West surveyed as part of the NI Health Survey 2012/13 reported having pain or discomfort. Demand for pain management service outstrips commissioned capacity.
Services to be Commissioned	The LCG will commission a Pain Management Programme in the Northern sector of the Trust to reduce demand on assessment and treatments.
Local Commissioner Requirement	The Trust should bring forward proposals to expand the Pain Management Programme Trust-wide

Actions / Proposed Service Developments	
I can confirm that the target is achievable and affordable – GREEN STATUS **G** The Trust will work with the Commissioner to develop proposals and identify the resource requirements to expand the Pain Management Programme Trust-wide.	**Lead Director**: Director of Acute Services **Lead Assistant Director**: Assistant Director Surgery and Critical Care

Local Needs and Assessment	Clinical Interventions Centres (CICs) reducing avoidable hospital admissions, facilitates early hospital discharge, reduces ALOS.
Services to be Commissioned	The LCG will commission Clinical Interventions Centres at Enniskillen Health Centre and Strabane Health Centre.
Local Commissioner Requirement	The Trust will provide an ambulatory service for patients in the community in Enniskillen and Strabane CICs in an ambulatory setting when it is safe and effective to do so.

Actions / Proposed Service Developments	
I can confirm this target is achievable with appropriate investment – GREEN STATUS **G** The Trust will work with the Commissioner to develop the pathways for referral, the workforce model and logistical requirements needed to implement CICs in the two locations identified. The introduction of this service in both locations will require additional investment from the Commissioner.	**Lead Director**: Director of Primary Care and Older People's Services **Lead Assistant Director**: Assistant Director Intermediate Care

Local Needs and Assessment	There is a need to put in place Primary Care Infrastructure (PCI) capital projects within primary care to support wider system change and the implementation of the recommendations of Transforming Your Care (TYC)
Services to be Commissioned	The LCG will commission the opening of Omagh Local Enhanced Hospital, expansion of Enniskillen Health Centre and Lisnaskea Primary Care Centre as hubs in line with the Board's Primary Care Infrastructure programme and continue to progress hubs in Cityside, Limavady and Strabane
Local Commissioner Requirement	LCG in collaboration with WHSCT and Primary Care GPs deliver development of relevant Tranches of PCI programme for Western locality

Actions / Proposed Service Developments	
I can confirm that the target is achievable and affordable with appropriate investment – GREEN STATUS **G** The Trust will work closely with the LCG to put in place Primary Care Infrastructure (PCI) projects within primary care requiring both capital and revenue investment, to support change within the primary care setting to deliver on the recommendations of Transforming Your Care.	**Lead Director**: Director of Primary Care and Older People's Services **Lead Assistant Director**: Assistant Director Intermediate Care

Local Needs and Assessment	Altnagelvin's Emergency Department is not fit for purpose to meet the needs of its annual 60,000 patients. Outpatient demand also continues to rise placing considerable pressure on existing clinic space. There is also anticipated pressure on ICU/HDU.
Services to be Commissioned	LCG judges that the completion of Phase 5.1 in 2017 leading to reduction of theatre capacity by 25% means it is imperative that 5.2 progresses as soon as possible. Improved accommodation for the Emergency Department and clinical adjacencies will also considerable improve patient flow and clinical decision-making.
Local Commissioner Requirement	The Trust will bring forward an Outline Business Case for the proposed Altnagelvin Hospital Phase 5.2.

Actions / Proposed Service Developments	**Lead Director**:
I can confirm that the target is near achievement or will be achieved in year – AMBER STATUS. However, further discussion may be required between the Trust and the HSCB to ensure that this assessment remains accurate. **A** The Capital Development Directorate will work in support of Service Directors in the development of a comprehensive Phase 5.2 Business Case to address current shortfalls in infrastructure necessary for future service developments and reconfiguration. It is proposed to progress the development of the Phase 5.2 Business Case over the forthcoming 12 months in close consultation with Trust Service Directors and HSCB colleagues. In addition, the Trust will continue to highlight the need to ensure future capital funding is identified and ring-fenced to take the Phase 5.2 development forward immediately upon completion of the Phase 5.1 North Wing Ward Accommodation.	Director of Strategic Capital Development Director of Acute Services **Project Lead** Strategic Capital Project Manager

Local Needs and Assessment	The Transforming Your Palliative and End of Life Care Programme is supporting the redesign and delivery of coordinated services to enable people across Northern Ireland with palliative and end of life care needs to have choice in their preferred
Services to be Commissioned	LCG, working closely with Western ICPs, will commission 8 initiatives agreed within programme.
Local Commissioner Requirement	The Programme is being delivered by the Health and Social Care Board/Public Health Agency in partnership with Marie Curie working with statutory, voluntary and independent sector providers.

Actions / Proposed Service Developments	
I can confirm that the target will be achievable/affordable with appropriate investment. **G** RQIA is currently engaged with the Trust to measure the effectiveness of the implementation of the 'Living Matters Dying Matters' Strategy. An ICP Palliative Care Group has been established and four IPT proposals have been submitted to the Commissioner for consideration: • Compassionate Communities • 1-Year Extension of the GP MacMillan Facilitator post • Staffing for Foyle Day Hospice (doctor and part-time nurse) • Doctor on-call for out of hours (Foyle Hospice) to provide WHSCT cover.	**Lead Director**: Director of Primary Care and Older People's Services **Lead Assistant Director**: Assistant Director Intermediate Care

Section 4. Resource Utilisation

4.1 Financial Strategy / Measures to Break Even

This section provides details of the financial plan for the Western Trust for 2015/16. It sets out the strategic context and financial parameters within which the Trust will operate for 2015/16. The income and expenditure position is summarised and key areas of risk are highlighted.

Financial Context

The DHSSPS wrote to the HSCB on 10 December 2014, outlining the planning process for 2015/16, and the Trust subsequently received a letter from the HSCB on 17 December 2014. The Trust has been advised on 21 May 2015 by the HSCB of the following indicative allocations:

1. Baseline RRL HSCB & PHA amounting to £462.6m;
2. Baseline Indicative Allocations c/f 2014/15 £20.1m;
3. Recurring allocation of £26.4m to address existing Trust pressures; (Note 1)
4. Recurring savings target for 2015/16 amounting to £11.4m;
5. Non Pay Inflation allocation for 2015/16 amounting to £3m;
6. Pay Inflation allocation 2015/16 amounting to £1.5m;
7. Demographics allocation for 2015/16 amounting to £3.3m.

These income assumptions have been used within the development of the Financial Plan for 2015/16.

Financial Assumptions 2015/16

The financial assumptions used to inform the Trust's Financial Plan 2015/16 are outlined below:-

Cost Pressures

The Trust in January 2015 carried out an assessment of the cost pressures for each Directorate. This assessment has been reviewed to assess the full year effect for 2015/16 based on the expenditure trends as at 30 November 2014, month 8 financial performance reporting and amounts to £38.5m. A range of these cost pressures will be funded on a recurrent basis from a share of the £26.4m referred to at Note 1 above.

The Trust has been advised of the anticipated cost of shared services for 2015/16 and the additional cost is in the region of £200k. Discussions will continue with BSO/HSCB on this issue. This pressure has been factored into this assessment.

It has been assumed that any service transfers from other Trusts such as Urology and Ophthalmology will be fully funded by the Commissioner or the relevant Trust.

The Trust is at an advanced stage with discussions with Saotla University Health Care Group in relation to providing a 24/7 Primary PCI service to Republic of Ireland patients from Altnagelvin Hospital. The contract value of the first phase is in the region of £300k and it has been assumed that the income will cover all costs associated with the delivery of this service.

In relation to the employer superannuation rate increases of 3% to 16.3% from 1 April 2015 it has been assumed that this additional cost of £7m will be centrally funded.

TYC/QiCR Savings

The Trust had a TYC/QiCR recurring saving target for the period 2011-2015 of £30.5m of which the Trust has undelivered savings amounting to £19m. The Trust has reviewed the level of savings anticipated from the introduction of Reablement and has determined these as being too high and has allocated £2m from the £26.4m recurring allocation (reference Note 1 above). This leaves a remaining balance of undelivered savings amounting to £17m. The Trust also has undelivered savings from CSR 2008-2011 amounting to £4.3m, which will allocated from the £26.4m recurring allocation (reference Note 1 above).

New & Emerging Pressures

The cost pressures included in the Financial Plan are those known to the Trust at this time and do not take account of any new pressures which may emerge in 2015/16 as a result of risk, governance or any other reason throughout the year.

Service Developments

The HSCB has advised the Trust that it will receive funding for service developments carried forward from 2014/15. They have also advised that the Trust will receive the recurring element of the Radiotherapy Funding for 2015/16 and some non-recurring support towards TYC Programme Office and ICP Service Reform.

Other Pay Pressures

The Trust is assuming that any pay awards approved in 2015/16 will be fully funded by the HSCB.

Carbon Reduction Commitment

The Carbon Reduction Commitment is a mandatory emissions trading scheme to improve energy efficiency in large public and private sector organisations. The Trust is required to purchase and surrender emissions allowances that correspond with their carbon dioxide emissions. HSCB has funded this pressure amounting to £240k on a non-recurrent basis in 2014/15, and therefore it has been assumed in the Financial Plan that the HSCB will fund this pressure in 2015/16 also.

Non Recurring Income Assumptions HSCB

This financial assessment includes a total of £3.5m non-recurring income. These income assumptions were confirmed with the Assistant Director of Finance, HSCB at a meeting held on 9 January 2015.

Inflation

The Trust has been advised that funding will be provided to address non pay inflationary pressures amounting to £3m. In addition, an indicative allocation will be made for pay settlements amounting to £1.5m. Discussions on the pay settlement for staff are at an early stage at DHSSPS level and it is anticipated that this indicative allocation will be amended to reflect the actual settlement in due course.

Indicative Revenue Resource Allocation

The Trust received an indicative Revenue Resource Allocation letter on 21 May 2015 which lists the areas of investment in 2015/16 as noted at **Table 1** overleaf:

Table 1

Indicative Allocations	FYE £'000
Baseline RRL	457,687
Baseline Indicative Allocations C/F 2014/15	8,990
Learning Disability/ Mental Health Resettlements	1,129
Carried Forward Service Commitments	3,724
Elective Care	6,284
Service Developments 2015/16	
Demography 2015/16	3,318
Non-Pay	3,027
Pay	1,483
Trust Recurrent Pressures	26,420
Trust Savings Plan Target	(11,400)
Trust Savings Target – PPRS*	(3,000)
Subtotal – HSCB Indicative Allocations	**497,662**
Baseline RRL - PHA	4,936
Non-Pay	33
Pay	15
Subtotal – PHA Indicative Allocations	**4,984**
Indicative TOTAL	**502,646**

*** Pharmaceutical Price Regulation Scheme (PPRS) – Neutral impact**

Financial Objectives

The Trust has a statutory obligation to financially breakeven in 2015/16 with the resources provided to the Trust primarily through the HSCB and other income sources. In line with Circulars HSS(F) 26/2001 and 34/2001 'Contingency Planning to achieve Financial Balance', the Trust must ensure that deficits are not allowed to develop and that where they do arise, contingency arrangements should be put in place to address the deficit.

The Trust has had ongoing discussions with the HSCB on the ability of the Trust to breakeven in 2015/16 given the financial challenges which emerged in 2014/15 resulting in the Trust accounting for a deficit of £6.644m.

In addition, the Trust will ensure that the necessary financial management arrangements are in place to meet the other key financial objectives, these being:

- Delivery of Cash Savings Targets;
- Progress the Trust's capital plans while remaining within the Capital Resource Limit set by the DHSSPS;
- Achieve value for money in its use of resources employed by the Trust.

The Trust Board has agreed that one of the key objectives for the Trust is to continue to work towards achieving recurring balance.

Financial Assessment 2015/16

Recurring Balance/Recovery Plan

One of the key objectives for the Trust Board and agreed with HSCB is to develop a Recovery Plan against the underlying deficit. The deficit has arisen as a result of under-delivery of savings from TYC/CSR and QICR projects and growing cost pressures. This deficit has been managed year on year primarily by means of non-recurring contingency measures.

During January 2015 a series of Directorate Financial Recovery Workshops have taken place. The purpose of these workshops was to review their current financial pressures, and undelivered/under-delivered TYC/QiCR plans with the aim of the Directorate re-aligning budgets to move closer to a recurrently balanced position. The application of the £26.4m recurring allocation (reference Note 1 above) is a key component to realigning the budgets.

The Trust needs to reduce the level of non-recurring contingent measures in 2015/16 and put more focus on the development of recurring savings.

Savings Plan

The Trust has developed a Savings Plan which was shared with the HSCB and DHSSPS and this Financial Plan assumes that the Trust will deliver on a recurrent basis £11.4m.

Contingency Plan

The Trust has a contingency target for 2015/16 amounting to £17m. Full delivery of these contingency measures is anticipated in the Financial Plan.

Technical Accounting/Capital

The Financial Plan has assumed the financial benefit in relation to the technical accounting amounting to £2.75m. The Trust has in previous years included the benefit of £1m from the capital/revenue investment plan. This benefit has been included for 2015/16, however, there is a level of risk with this assumption, as the DHSSPS is indicating that the Trust will not receive the same level of capital that was made available in previous years.

Other Income

The Trust receives income from a range of other sources such as other Trusts, residential and nursing home client contributions, NIMDTA, SUMDE and the Republic of Ireland.

Financial Plan 2015/16

The HSCB has been working with the Trust to provide support in relation to the current financial challenges. As part of this work the Financial Plan has been agreed with the HSCB and is documented below:

	£m
Cost Pressures	38.5
TYC/CSR Undelivered Savings	23.2
Underlying Deficit c/f from 2014/15	**61.7**
Recurring Savings Target – 2015/16	11.4
Contribution from HSCB towards existing Trust Pressures	(26.4)
FYE – Demographics Funding 2014/15	(0.7)
Adjusted Deficit – 1 April 2015	**46.0**
Savings Plan developed/supported by HSCB	(11.4)
Non-Recurring Allocations confirmed by HSCB	(3.5)
Technical Accounting/CRIP	(3.8)
Income Slippage	(6.0)
Contingency Measures	(17.0)
Corporate Underspending Budgets	(0.5)
Anticipated Deficit 2015/16	**(3.8)**

The HSCB will continue to support and monitor the Trust in relation to the delivery of the Financial Plan for 2015/16 and also work with the Trust in relation to achieving recurrent balance. As part of this joint working, it has been agreed that the region will explore initiatives to maximise the full use of the South West Acute Hospital.

Financial Planning Proformas

The DHSSPS has prescribed the financial planning/monitoring proformas to be completed by the Trust to support its Financial Strategy. See Appendix ??

Capital Income Analysis

The Trust has received a Capital Resource Limit (CRL) letter from the DHSSPS confirming both specific and general capital allocations for 2015/16. The Trust has been allocated £60.1m of which £22m relates to the Radiotheraphy scheme, £26m to Omagh Hospital, £6.2m to the Tower Block Altnagelvin and the remainder to general schemes.

It is anticipated that the Trust will contain capital expenditure within the CRL allocation of £60.1m.

In addition the Trust is having ongoing discussions with the DHSSPS regarding the capital contribution towards a number of key projects including:

- Altnagelvin Theatres and Accident and Emergency (Phase 5.2);
- Mental Health Accommodation at Omagh
- Primary Care and Community Infrastructure Developments

Financial Risks

The Trust has identified a number of financial risks which are to be highlighted within the context of this Financial Strategy and these have been summarised in Table 2 overleaf:

Table 2

	Risks	Comments
1.	**Savings Target 2015/16**	One of the key components to enable the Trust to meet its Financial Plan is the ability to deliver against the 2015/16 contingency target of £17m as well as realise £11.4m against the 2015/16 savings target. Directorates will be required to develop robust plans in order to deliver these savings in full.
2.	**New and emerging Financial Pressures 2015/16**	The Financial Plan has not assumed any new and emerging financial pressures arising in 2015/16 other than those identified by HSCB and which will attract investment funding in 2015/16. Therefore if the Trust experiences cost pressures in excess of the funding available, these will need to be discussed with the HSCB as part of the monthly monitoring and mid-year review process. The Trust has no reserve in relation to meeting any new cost pressures in 2015/16.
3.	**Elective Care**	The Trust is normally allocated non-recurring funding from HSCB to reduce or at least maintain waiting times for access to acute assessment and treatment. This plan has assumed that any waiting list activity will be fully funded.
4.	**Recruitment & Retention Issues**	The Trust has experienced a shortfall in the number of junior doctors being allocated to the Trust which has resulted in locum doctors being recruited to sustain services. The Trust has also experienced recruitment and retention issues in relation to Specialty Doctors which requires the Trust to use expensive medical agencies. An estimate has been provided in the Trust's overall Financial Plan for the costs anticipated however the risk is that if the shortfall is greater than anticipated, additional costs will be incurred which may further impact the Financial Plan. An assumption has also been made on the anticipated savings associated with the international recruitment initiative for medical staff.
5.	**Absence Rate**	The Trust's absence rate has increased and it is not possible due to the introduction of the new HRPTS to accurately record the actual absence rate. This issue is currently being urgently addressed by the Director of HR. However, any further increase in absence in 24/7 services will incur additional costs. The Trust has a QiCR intiative aimed at absence which should decrease absence levels in some areas.
6.	**Revenue Consequences of Capital Schemes**	Discussions will continue during 2015/16 with the HSCB/ DHSSPS in relation to the revenue funding implications of the Omagh Local Hospital and Altnagelvin Radiotherapy Centre.

4.2 Capital Investment Plan

In addressing the Estate Strategy for the Western Health and Social Care Trust, the Trust will initiate capital developments which derive from the current DHSSPS Regional Strategy and service developments initiated by the Trust's main commissioners.

In the management of its estates infrastructure over the next five years, the Trust will maintain a strategy which will ensure its estate remains safe, in compliance with existing and developing statutory standards, is relevant in terms of service delivery and is of a satisfactory maintenance standard. In this respect, the Trust will endeavour to secure, where available, additional backlog maintenance money specifically ring-fenced for fabric upgrade and for health and safety improvement.

Subject to business case approvals and securing the necessary capital and revenue funding streams, the Trust will continue to implement over the next five years a series of estate developments in terms of the major strategic projects within the Trust geographical area, which include Altnagelvin Tower Redevelopment, Altnagelvin Radiotherapy Unit and the Local Enhanced Hospital at Omagh, together with a number of PCCI and Mental Health developments. In addition, the Trust will also undertake a number of minor capital developments, remedial work improvements and statutory standard measures to its existing infrastructure.

The Trust will engage with DHSSPS in order to ensure the effective management of capital budgets within agreed timescales, post-approval monitoring and post-project evaluations in line with current departmental direction.

The Trust will also work in close collaboration with respect to the implementation of the Department's Asset Management Strategy and in particular identified surplus land disposals to agree timescales as identified within the Trust Property Asset Management Plan.

4.2.1 Priorities

The Trust will ensure infrastructural investment remains relevant to service requirements and in line with departmental policies such as “Transforming Your Care”, the Bamford Review and “Caring for People Beyond Tomorrow”.

In particular, the Trust’s Estate Strategy will take into account the capital implications of a number of proposed service changes within the Trust which include development priorities in relation to:

Transforming Your Care (TYC)

- Local Enhanced Hospital, Omagh
- PCCI Developments

Emerging Needs

- Sub-Regional Radiotherapy Unit by late 2016
- A&E Service Expansion to include GP Out of Hours Services
- Renal Service Expansion
- Interim Theatre Capacity Altnagelvin
- Critical Care Service Expansion

Mental Health, Disability & Children’s Services

- Cranny Facility within the T&F Site
- Acute Mental Health Facility, Southern Sector

Acute Services

- Enhanced Theatre Capacity, Trust-wide

Medical

- Upgrading of Residential Accommodation

In working to achieve these objectives the Trust will also target available investment to improve the Trust's core estate in terms of statutory standards, firecode compliance, physical condition together with energy and environmental standards. This is in order to progressively meet the Estate shortfall identified in central KE84 returns.

Through a periodic review and update of Trust Estate Control Plans, the Trust will, in accordance with DHSSPS Policy, ensure that its buildings and land are developed to ensure both optimum and cost effective use in terms of the existing and developing services provided by the Trust. In this respect the Trust is currently reviewing and updating the Trust proposed Asset Management Plan and in this respect, the Trust will also work closely with DHSSPS/CPH Health Projects with respect to reviewing its estates utilisation and developing plans for the disposal of redundant estate.

With respect to the Trust obligations in achieving DHSSPS Firecode Compliance targets, the Trust will continue to invest in upgrading its Estate to Firecode or equivalent standards. In this regard the Trust will also endeavour to undertake the investment in areas, which reduce the degree of nugatory expenditure.

The Trust will continue to undertake consultations with the Northern Ireland Fire and Rescue Service in order to ensure that the Trust's investment programme minimises the Fire Safety Risks including those within the Altnagelvin Tower Block whilst directing the investment in a realistic way which takes into account the five year Capital Investment Programme.

All schemes will be subject to the requirements of the DHSSPS Business Case approvals process as outlined within the Capital Investment Manual. The Trust will work closely with DHSSPS and CPD Health Projects to secure early approval and development of Strategic Outline Cases for future phases of the Altnagelvin Strategic Redevelopment and take forward the necessary Business Cases in line with agreed profiling in consultation with HSCB, DHSSPS and the available CSR funding.

Where necessary Business Cases for developments previously approved but not commenced on site after a prolonged period of time will be reviewed and in

consultation with DHSSPS, updated with respect to service need and capital cost adjustments.

Finally, the Trust will continue to undertake the necessary Gateway and Internal Peer Reviews, together with Post Project Evaluations for all Capital Projects as per DHSSPS requirements.

4.3 Workforce

The response to the 2015/16 financial and reform context, the HR input to support the associated organisational change is significant. HR will continue to dedicate a senior resource to the Reform (TYC), Savings Plans and QICR work as well as dedicated support through HR Directorate Support Teams. The challenge in supporting this work in 2015/16 is increasing as the availability of redeployment opportunities is limited if there is a lack of funding for exit schemes in a no compulsory redundancy context.

Attendance Management

The Departmental requirement for sickness absence is to improve sick absence rates by 2.5% on 2014/15 levels.

Further improvements currently in progress under the Trusts QICR plan, include changes in Occupational Health in the form of a review of the triage process, a plan to improve DNA rates and shorten waiting times in 2015/16. It is intended that these processes will increase access to Occupational Health Services and enhance the response that managers can give to their attendance management obligations.

Occupational Health faces some challenges to filling all of its posts but ongoing continuity plans are in place to respond to this challenge.

A significant work stream for 2015/16 is a full demand/capacity analysis for the Occupational Health Service in order to plan more accurately for the service and for any future developments that are required.

It is also expected that the recent refresher training for line managers carried out by HR Directorate Support Teams will ensure an improved management response and improvements in attendance rates in 2015/16.

Business Services Transformation Programme (BSTP)

HRPTS

In 2014/15, the Trust deployed the new Human Resources, Payroll, Travel & Subsistence system (HRPTS) to a further 5,977 staff. The focus in 2015/16 will be on the continued roll out of Employee and Manager Self Service to the remaining 4,162 members of staff and to realising the benefits from the introduction of the system such as the planned phasing out the paper Payslip.

E-recruitment

The Trust is expected to transfer its Recruitment Services to the Shared Services Centre (Business Services Organisation – Armagh) in Autumn 2015. Planning for the Service Level Agreement and the costings is continuous and will be finalised in 2015/16 by the parties.

In advance of this, the Trust is scheduled to implement E-rec, the on-line electronic recruitment administration system. This will bring many improvements to managers as they process vacancies and will assist tracking of progress. This is separate from Shared Services and implementation is planned to commence in late May 2015

Organisational Development

The Trust's Management and Organisation Development team provide a consultancy and facilitation service to Trust teams involved in Transforming Your Care and in other organisational change initiatives. This will continue in 2015/16, with particular focus of this activity on the team responsible for the development and management of the new Radiotherapy Unit.

Coaching and Mentoring

In 2015/16 the Trust will continue to develop the award-winning coaching service to support Trust staff who are involved in or effected by organisational change. It will

also continue to promote the mentoring service with particular emphasis on new Consultant medical staff or those Consultants who wish to move into leadership roles

Appraisal and Development Review

The Departmental requirement for appraisal is to improve uptake in annual appraisals of performance during 2015/16 by 5% on the previous year towards meeting existing targets of 95% of medical staff and 80% of other staff.

The Trust has worked to ensure that accurate information in relation to the percentage of staff who are receiving appraisal, development review and professional/clinical supervision is available. It will continue to work towards the target for appraisal set by the DHSSPS by continuing with targeted training and support for those with responsibility for appraisal and supervision of staff and twice-yearly monitoring. In particular those staff subject to Nursing and Midwifery Revalidation will be supported through the Appraisal and Development Review process. As HRPTS is deployed further, appraisal and development review will be recorded and monitored using the system enabling the Trust to better identify organisational training needs and target training resources.

Job Planning for Consultants

The Medical HR team supported the implementation of *ALLOCATE,* an electronic job planning system, in pilot format at the end of 2014/15 in 4 specialities. There will be a formal evaluation of this in May/June 2015. This is with a view to extending the process to all specialities in September 2015.

This will provide rigour and consistency in the job planning process which will, as a priority, provide central data on the match of job plans with service budget agreements. It will more accurately demonstrate transparency in how doctors are remunerated for the work they are required to do including work beyond the basic direct clinical care activities. A significant amount of data will then be available at

Clinical Director and Service Director in order to quality assure job plans and ensure they are obliged to service provision and budgets and will be managed by a director-level quality assurance process.

4.4 Plans for Shift Left of Resource

The Western Trust Reform Plan has been developed in response to the need for the Health and Social Care system to work together to reform and change how we deliver health and social care for the future, based on the evolving needs of the population of the Western Trust Area.

The purpose of the plan is:

- To describe the priorities for reform and future commissioned services in the West;
- To detail the full set of existing priorities for reform in the Western Trust and map these against the regional TYC Model of 'Effective Integrated Care';
- To identify potential areas for further exploration which can contribute to developing optimal service models in the future.

Approach:

In delivering the plan the Western Trust will seek to embed the key principles of Transforming Your Care into our overall service systems and culture. These important reform principles are:

- Placing the individual at the centre of care;
- Using outcomes and evidence;
- Right care, right place, right time;
- Population-based planning;
- Prevention and tackling inequalities;

- Integrated care;
- Promoting independence and personalisation of care;
- Safeguarding the most vulnerable;
- Sustainability;
- Value for money;
- Maximising technology;
- Incentivising innovation.

In the Western Trust our overall approach will also be underpinned by the principles of working upstream (early intervention and prevention), personalisation and wider citizenship and Excellence in Community Care.

The Trust also recognises the importance, in delivering more community-based and citizen-centred care, of working with our wider civic partners and other agencies for whom the redesign of our services can present opportunities for joint working. In particular we recognise the importance of Community Planning, as a new Statutory Function of Councils, for the delivery of reformed systems of care in the West.

Integrated Care

The overall model on which we have based our reform proposals is a model of Effective Integrated Care. This model is based on the simple principle of classifying all types of care as either planned (sometimes referred to as elective) care, and unplanned (sometimes referred to as unscheduled) care. A high prevalence of long-term conditions (e.g. respiratory, cardiac problems and diabetes) in the West places a high demand for unscheduled care in our hospitals. Alcohol misuse also places a significant demand on unplanned care resources. An integrated care model allows us to explore other appropriate ways of meeting patients' needs in a way that is less disruptive to patients while continuing to deliver high quality care led by excellent clinicians, and which allows for the most effective application of resources within the system. Through developing integrated care pathways for groups of patients with specific needs, it will be possible to manage demand on the system and continue to

meet patients' needs. Doing this creates the best possible capacity to meet people's needs at the right time and in the right way.

An example of integrated care for patients would include where your care for a particular condition (eg Diabetes) is managed by your GP and a community Diabetes Team: both will work jointly with your Consultant on your care without you having to unnecessarily attend or wait for hospital appointments, allowing for more frequent reviews and more timely prevention of complications.

Regional Priorities

In addition to and as part of our Reform Plan, the Western Trust will implement the four regional priorities of:

- Reablement and Domiciliary Care;
- Outpatients Reform;
- Acute Hospital Reform
- Redesign of Care Pathways.

Integrated Care Pathways in the West

Across Northern Ireland, Trusts have prioritised developing integrated care pathways for the Integrated Care Partnership (ICP) priority groups of: Frail Elderly patients, Respiratory, End of Life (Palliative) Care, Diabetes and Stroke. In addition within the Western Trust we are developing a new integrated care pathway for Cardiology.

Service Directorate Priorities

The Trust's reform priorities, by Service Directorate, are as follows:

Primary Care and Older People:

- Older People's Assessment and Liaison (OPAL)
- Reablement and Domiciliary Care
- Reform of Day Care
- Acute Care in the Community
- Review of Allied Health Professionals (AHP)
- Residential Homes subject to consultation and Trust Board approval

Acute:

- Elective Procedure Unit and Surgical Assessment Area
- Ambulatory Care Models
- Bed Remodelling
- Unscheduled Care
- Pharmacy and Diagnostics
- Theatre Productivity
- Home Dialysis
- Sepsis Screening
- Northwest Urology

Women's and Children's Services:

- Redesign of Family and Childcare Services to Looked After Children
- Innovation and Redesign in Paediatric Care
- Emotional Health and Wellbeing (Incorporating Single Point of Entry & Under 5's Service)
- Integrated Service Improvement for Children with Complex Needs

Adult Mental Health & Disability Services:

- Reablement
- Domiciliary Care Reform
- Day Care Re-design Projects

- Supported Living
- Reform and Modernisation of Acute Mental Health Services
- Psychosexual Services Review
- Reconfiguration of Lakeview Hospital

In taking the plan forward, Trust will ensure that every individual proposal will be equality screened and consulted on as appropriate and in keeping with all statutory obligations in this regard.

The Trust will also implement a communication strategy associated with the plan and its activities, which will include engagement with elected representatives throughout the process.

Section 5. Governance

In order to reflect national guidance, Trust Board decided to adopt an integrated approach to governance and risk management, thus providing a co-ordinated source of information and assurance to Board members on all aspects of governance including financial, organisational and clinical and social care. Committee structures have been developed to reflect this approach. Governance Committee membership includes all Trust Board members and it is chaired by the Trust's Chairman. The Terms of the Reference were reviewed and approved by Governance Committee in March 2015.

Managing Risk

The Trust Risk Management Strategy was reviewed in March 2014 and was approved as a Trust Policy by Trust Board. The Policy clarifies the leadership and accountability arrangements for ensuring that appropriate systems are in place throughout the organisation to manage and control risks to the achievement of Trust objectives. It clarifies individual staff responsibilities on reporting and managing risks. Paragraph 9 of the revised document has a statement on Risk Appetite and guidance for managers when considering action plans for new and emerging risk. Appendix 4 of the Policy is the Risk Register flowchart, which provides guidance on how and when risks should be escalated to senior managers for their attention.

The Corporate Risk Register is reviewed on a monthly basis by the Corporate Management Team which considers progress on existing risks and identifies new risks for inclusion on the Register. The Corporate Risk Register is then reviewed quarterly by the Governance Committee for agreement and approval, is shared at the next Trust Board meeting for information and posted on the Trust intranet for access by employees.

Directorate Risk Registers are a standing item on all Directorate Governance meetings. Current risks are reviewed and new risks for inclusion on the Directorate

Risk Register are considered at these meetings. Directors are required to report on a quarterly basis to Governance Committee on significant risks within their area of responsibility.

The Trust actively encourages the reporting of incidents and risks and staff have embraced the learning culture by participating in incident reviews which focus on the lessons for improvement for the organisation as a whole. To support this process a learning template has been developed that requires Directorates to report the learning from serious incidents, claims and complaints.

A corporate incident reporting dashboard highlighting trends is considered by the Governance Committee quarterly. An internal audit of the incident reporting process undertaken in February 2012 received satisfactory assurance. Regional learning from Serious Adverse Incidents, including Safety Quality Alerts issued from the HSCB and PHA, is disseminated and monitored by the Quality and Safety Team. The Trust continues to publish a Quality and Safety Newsletter to highlight Trust wide learning. Recognising that there is a limit to the immediacy of written communication and to the volume of content, from August 2014 the Trust began to publish a 'Lesson of the Week'. This sits on the Trust Intranet server and opens as a default on all desktop computers within the Trust.

To support Directorates in managing risk, Quality and Safety staff provide on-going training on all aspects of risk management. There is a continued focus on training on root cause analysis (RCA) methodology for senior clinicians and managers undertaking serious adverse incident (SAI) investigations.

In response to Sir Liam Donaldson's, 'The Right time, the Right Place' report; which examines the governance arrangements for ensuring the quality of health and social care provision in Northern Ireland', the Trust has surveyed all staff to seek views to enable the development of a collective response to the report. HSC Trusts provided a collective response to DHSSPS on the Donaldson Report.

Assurance

In January 2010, in accordance with the DHSSPS guidance 'An Assurance Framework: a Practical Guide for Boards of DHSSPS Arm's Length Bodies', Trust Board members agreed the process for developing the Western Trust Assurance Framework document. The document was submitted to Governance Committee at its meeting on 22 February 2010 and was subsequently approved.

In 2010/11 the Trust focused on further developing the Assurance Framework document to provide the Governance Committee with evidence based assurances on the way in which it manages risk in the Organisation at a strategic level. Directorates are required to identify and document gaps in controls and assurances for all risks on the Corporate Risk Register.

In May 2014 a workshop was held to decide how best to share information with the Governance Committee to provide assurance to members. It was agreed that the Committee would focus on the themes within the regional Quality 20/20 Strategy.

In January 2015 Internal Audit carried out a review of Risk Management and the Assurance Framework in the Trust and provided satisfactory assurance on the risk management systems in place. The report on assurances is awaited. It was noted that overall there is an adequate and effective system of governance, risk management and control. No Priority 1 weaknesses were identified.

Quality Improvement Plans / Strategy

Improving the quality of clinical and social care is a key component of clinical and social care governance. The Trust will to continue to ensure good progress on Quality Improvement Plans, which focus on key priority areas that will lead to improved quality services and better outcomes for patients and clients.

The main aim of the Trust Patient/Client Safety Programme has been to implement a range of evidence-based improvement plans agreed as regional priorities. The Medical Directorate Patient Safety Team continues to focus on perinatal care, the reduction of the risk of thrombosis for patients admitted to hospital (Venous Thrombus Embolism prevention), as well as safety and improvement work in relation to sepsis, stroke, WHO surgical checklist, falls and pressure ulcer prevention. The Trust will continue to work with the Safety Forum on new and on-going Collaborative Groups to progress normalising childbirth, safety initiatives in mental health and paediatrics and a regional approach to how we deliver care to patients in hospital suffering from acute delirium.

The Quality Improvement Plan for 2015/16 will include the core commissioning quality improvement plan priorities and other areas of quality improvement identified by the Trust.

The Trust launched its first Quality and Safety Strategy in March 2011. Annual Corporate and Directorate Action plans for the 5 year strategy are monitored through the Governance Committee and this provides the drive and focus necessary to maintain strategic momentum.

Three staff successfully completed a course in the Sheffield Microsystem Coaching Academy in January 2015. The aim of Microsystem Coaching is to help give frontline teams the knowledge and skills to continuously improve how they deliver care. This allows the team to gain a deeper understanding of their system and empower them to make changes with the help of an improvement coach, improvement tools/techniques and a structured process. This approach is currently being tested with three teams within the Trust and plans are in place to spread the initiative further in 2015/16.

The Trust is committed to the DHSSPS Quality 2020 strategic framework to ensure that patients and their experiences remain at the heart of service design and delivery. The Medical Director sits on the Implementation Team and co-chairs one

of the 7 project teams. The third Trust Annual Quality Report will be produced for 2014/15 based on the regionally agreed minimum dataset.

Robust Standards

Trusts are required to have appropriate clinical and social care governance arrangements in place to ensure satisfactory progress is made towards full implementation of best practice guidance and alerts. A Standards Triage Group, Chaired by the Associate Medical Director, has been established to review all quality and safety related guidance and ensure that appropriate leads are nominated to take forward associated action. The Governance Team has developed a data base for recording the dissemination of these standards and providing an alert to the nominated lead if a response deadline has passed. The Quality and Standards Sub Committee monitors progress against the specific standards which require a Trust response and action and provides exception reports to the Trust's Governance Committee. During 2015/2016 focussed work will continue around the implementation of NICE Clinical Guidelines.

Leads have also been identified for Service Frameworks, who link with professionals or commissioning leads within the HSCB/PHA.

Medical Revalidation

During 2014/2015 the Trust continued to support doctors through the appraisal and revalidation processes providing training, guidance, documentation and local support. During the year:

- The Trust Responsible Officer made 112 revalidation recommendations and all recommendations were upheld by the GMC.
- 58 doctors attended in-house appraisal training with further sessions already planned for 2015/2016.

In October 2014 the Medical Directorate undertook a '2013 Appraisal Audit', which demonstrated areas of good practice and some lessons that will be addressed through the Medical Leaders, updated guidance and appraisal training planned for 2015/2016.

The on-line appraisal system to meet the Department of Health, the GMC and Trust Doctors' requirements, continues to be developed. The Western Trust is the only Trust in Northern Ireland with an on-line system.

Section 6. Promoting Wellbeing, PPI and Patient/Client Experience

6.1 Promoting Wellbeing

In general, the health of the public has been improving over time. Social, economic, environmental and service improvements have meant that people are living longer than before. However the poorer health status of disadvantaged communities illustrates the health inequalities associated with poverty and social exclusion. There is a widening gap in health status between the least deprived and most deprived communities

The Trust continues to be committed to the promotion of health and wellbeing through working collaboratively across sectors and communities to inform and deliver programmes of care. It will support the implementation of the six key themes of Making Life Better Public Health framework

- Creating conditions
- Empowering communities
- Giving every child the best start
- Equipped throughout life
- Empowering health choices
- Developing collaborations

The Trust will direct its wellbeing agenda to tackling the causes of ill health and health inequalities across all service areas.

WHSCT is committed to targeting the Health inequalities experienced by disadvantaged communities experiencing poverty and social exclusion. It will seek to actively engage with people and disadvantaged communities through its work in support of the New Councils' community planning agenda; its continued support for the Neighbourhood Renewal communities; and the development of networks and actions targeting the travelling communities.

The Trust will continue its work in prevention of ill health to support the healthy population remain healthy and well.

The Trust will develop a coordinating role to enhance and maximise the impact of early interventions and early years supporting the Making Life Better's theme of giving every child the best start.

In support of the reform agenda the Trust will continue to engage all sectors, including communities, developing and strengthening important partnerships across the West which are providing essential infrastructure to assist in reducing health inequalities and improve health and social wellbeing. The WHSCT will continue to leverage additional resources for example, Department of Social Development (DSD), Department of Agriculture and Rural Development (DARD), INTERREG V, Big Lottery and others. These will facilitate a shift in new ways of working, seeking opportunities for co-operation in planning and delivery of services based on local needs. Furthermore, the ongoing work with existing key community networks is vital in terms of ensuring inclusion in consultations and decision making, building social capital and securing positive outcomes for patients and clients.

Further information is available in the WHSCT's Directorate Delivery Plans which have been written in consultation with our key partners in line with current health and wellbeing strategies. As in previous years a number of specific strategies and frameworks will be addressed including, Smoking, Obesity, Sexual Health and Teenage Pregnancy, Cancer Prevention, Suicide Prevention, Mental Health and Wellbeing and Alcohol and Drugs. These aim to maximise and make the best use of available resources in making a real difference to people's health and wellbeing. Performance management will be provided through Health Improvement monitoring returns evidencing impact and delivery against outcomes.

6.2 Personal and Public Involvement

The Western Trust is committed to Personal and Public Involvement (PPI) as outlined in the PPI Strategy and Action Plan (WHSCT, April 2012). PPI is about involving and empowering people and communities to give them more opportunities to influence the planning, commissioning, delivery and evaluation of services in ways that are relevant and meaningful to them. Within the Trust, PPI is a two way process and operates on a number of levels ranging from one to one discussions about care and treatment with service users, carers and their advocates through to involvement in policy development, service design, redesign and elevation.

Commitment to Embedding of PPI

The Trust continues to be represented on Regional PPI Forums and has established sub-groups within its own PPI Forum for Training and Support and Involvement during 2015.

The Western Trust also remains committed to implementation of the PPI Action Plan for 2012- 2015. This work will be supported by the Western Trust PPI Forum. A new PPI Action Plan for 2015 – 2018 will be developed during 2015.

Commitment to Consultation

Consultation is an intrinsic element within the Trust's approach to Personal and Public Involvement and the Trust's Equality Scheme. The Equality Scheme (revised December 2014) sets out the Trust's arrangements for consulting in accordance with the principles contained in the Equality Commission Northern Ireland (ECNI) Guidance "Section 75 of the NI Act 1998". In taking forward consultation the Trust shall continue to further embed community development approaches to support local involvement and innovation in the future delivery of services including working in partnership with other key stakeholders to encourage and support the development of social enterprise models. The Western Trust's Equality Scheme was revised during 2014 and Consultation Scheme was revised in early 2015 in line with renewal requirements.

During 2015/16 the Trust will also:

- Involve and engage patients, service users, carers and representative groups in establishing priorities and plans and supporting the evaluation of health and social care delivery to provide learning and continuous improvement.
- Support the TYC agenda and ensure Users and Public are supported and involved in having a voice as part of *"shift left*" agenda.
- Support improvements in recording and reporting of involvement activities which will focus on benefits and changes made as a result of user involvement rather than numbers.
- Produce a Trust PPI Annual Report and aim to host a third Celebration of PPI event for staff, users and public.
- Complete an analysis of the differing levels of Involvement and an activity map for each Directorate.
- Encourage sharing of good practice, increasing links with other HSC and implementing both Regional and National PPI models of good practice.

Volunteering

The Trust is seeking to further develop its much valued volunteer service by building on the strong foundations already in existence. Currently there are 400 active volunteers across Acute and Community settings with individual volunteers providing, on average, 2-3 hours per week. This significant resource adds value to Trust services and should be recognised and enhanced in a structured, planned and fully costed way.

The Regional Plan for Volunteering in Health and Social Care organisations by the PHA and HSCB has been consulted on and final publication is awaited. This will provide a framework for the future development of volunteering and at the same time a renewed focus for the Trust in meeting challenges presented by other policies, eg. Transforming Your Care, Public Health Strategy and Personal and Public Involvement.

The Trust wish to ensure that volunteering is fully supported this year so that the maximum benefit is attained from the input of so many from our local communities.

6.3 Patient/Client Experience

During 2014-2015 the Trust continued to work with the Public Health Agency (PHA) on the implementation of the 10,000 voices campaign and conducted three surveys with patients, clients and staff and have commenced a further one with staff.
These included the patients and clients experiences of:

1. Emergency and Unscheduled Care – 71 stories to date (commenced February 2015. 244 were collected in the previous year)
2. Nursing and Midwifery Care - 484 surveys
3. Care in your Own Home – 379 surveys
4. Staff Experience – 15 (commenced February 2015)

During 2015-16 the Trust is committed to building on the improvements made and ensuring the key messages heard from patients and staff are acted upon and services made more user friendly.

The refurbishment of the Emergency Department on the Altnagelvin Hospital site has just been completed. The experience of the patients and carers as reported in the surveys was used to inform the redesign of the department with active involvement by several service users. This involvement has included recommendations regarding the installation of WiFi, the availability of hot and cold drinks and the implementation of the Hello My Name Is Campaign.

The Trust is currently developing posters to advise the patients and their families what they told us and what we have done in response