

**Modernisation and Recovery Plan
2011/12**

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1. Introduction

At the outset of last year, April 2010, the Northern Health and Social Care Trust set out a two year Modernisation and Recovery Plan to enable the achievement of financial break-even by the end of that two year period. This updated Modernisation and Recovery Plan takes us into the second year of that programme, reflecting on what has been achieved in year 1, setting out what is planned for in year 2 and applies learning to the management arrangements and processes that we had put in place at the outset of this process, strengthening those arrangements to ensure we continue to improve on our ability to achieve the full delivery of the plan.

The need for a Modernisation and Recovery Plan was well established last year and remains absolute. The Trust must balance the requirements of delivering safe services and the achievement of performance standards within the finance allocated to it.



The Modernisation and Recovery Plan initiated last year acknowledged that the Trust needed to secure efficiencies of £55 million over the two year life-time of the plan.

That substantial figure had come about due to a number of factors including the requirement to achieve £43 million savings over a 3 year period (from 2008/09) due to the regional Comprehensive Spending Review. The Comprehensive Spending Review (CSR) was implemented by the Department of Health Social Services and Public Safety (DHSSPS) in light of health and social care reduced budget allocations. It required health and social care organisations to collectively achieve a budget reduction of £343m over a three-year period (April 2008 to March 2011). For the Northern Trust this equated to a budget reduction of £43m over that period: £14m reduction in year one, £27m by year two and finally a total of £43m by the end of year 3. By April 2010 the Trust had achieved a £10m efficiency saving towards this CSR requirement, with a further £33m required to meet the Trust's part of the overall CSR Programme. The Modernisation and Recovery Plan (M&R) set out from April 2010 therefore, sought to achieve that efficiency saving of £33m to meet the CSR requirement and in addition, underlying budget deficits and growing cost pressures meant that a further £22m savings needed to be achieved, bringing the total required savings of £55m.

The M&R Plan acknowledged that it would achieve financial break-even by the end of a two year period, which meant that the Trust would seek non-recurring support from

the DHSSPS to enable a break-even position at the end of year 1, and this was achieved through the agreement of a control sum.

Year 1 of the M&R Plan has delivered some £14m recurrent efficiencies against a planned target of £18m, a shortfall of approximately £4 million. While this recurrent shortfall was compensated for with non-recurrent actions enabling a break-even position to be achieved at the end of year 1, it is carried forward into year 2 of the plan in order to ensure actions are put in place to secure it on a recurrent basis.

This adds to the efficiency target already established for year 2 and, taking account of other cost pressures, there is a requirement to achieve savings of £39m in-year in order to achieve financial break-even.

This updated second year of the M&R plan sets out a plan of actions to deliver £34m efficiencies in this year, which falls short by £4.729m of the sum required. However, the £34m efficiencies that will be achieved are current year effect. When the full year effect of the Modernisation Projects is taken into account, from April 2012 a further approximate £5m savings is achieved (ie the current year effect of the Modernisation Projects are £10.796m, with a full year effect of £15.2 m). It may mean therefore that some financial bridging will be necessary in-year, enabling the full year effect of the delivery of the Plan to be realised into the new year (April 2012).

The actions that will be taken to achieve the efficiency savings are set out within this Plan, as are the processes for reporting progress and assurance arrangements.

2. Financial Context

2.1 Financial Strategy

The Financial Strategy of the Northern Health & Social Care Trust (NHSCT) is to achieve and maintain financial balance through sound financial management in order to create the space to allow the organisation to be innovative and forward looking in terms of continuously improving the quality of care and in driving forward Reform and Modernisation.

Objectives

The corporate financial objectives of the Northern Health & Social Care Trust are to achieve the following statutory financial targets:

- A balanced position between income and expenditure in-year and recurrently.
- Remain within the annual Capital Resource Limit (CRL) set by the DHSSPS (capital expenditure by the Trust is limited to the level in respect of which cover has been agreed by the Department of Health).
- Achieve Value for Money (VfM) in the delivery of services.

2.2 Background and Context

2009/10

The Trust's 2009/10 projected deficit (before taking into account expected cost reductions/additional income from recovery plan measures) was £37.9m.

Recovery plan measures were expected to reduce this deficit by some £15m to £22.9m. In a letter dated 20 August 2009, to the Department, the Trust was, at that time, forecasting a year end deficit of £21.4m (excluding any potential Elective Care Reform (ECR) shortfall). The Interim Chief Executive and Director of Finance (both appointed on 1 September 2009) provided, at the request of the Department, an updated 'best case' financial forecast of £27.8m, net of outstanding recovery plan measures but inclusive of new cost pressures, the principal one of which being the estimated 2009/10 costs of implementing successful Agenda for Change (AfC) review outcomes. The main reasons for the forecast deficit were:

- Underlying recurrent cost pressures across Directorates.
- The probable underachievement against Comprehensive Spending Review (CSR) savings targets in 2009/10 of at least £18m.
- New and emerging services, pay reform and other price pressures.

In response to the scale of threatened deficit, the Trust was asked to prepare a contingency plan. Following the submission of the plan the Department, after consulting with the HSCB, they took the view that a proportion of the proposed measures were not deliverable without unacceptable impact on health and social care services. After further discussion, it was agreed that the Trust would receive a further £19m of temporary financial support in 2009/10 (set in the context of a control total of a maximum permissible overspend of £19m) to assist with achievement of the break-

even target. The importance of the Trust meeting this secondary target was heavily stressed. The Trust remained within the control total set for it and the allocation of the temporary financial support meant that the Trust achieved a break-even financial position for 2009/10.

2010/11

During November 2009, the Trust prepared a fresh assessment of the scale of the potential recurring financial gap facing the Trust in 2010/11 and beyond. The gap was estimated at £55m and a breakdown is shown below;

Table 1

	£'m
Forecast gap in 2008-2011 CSR efficiency plans as at 1/4/10	33.0
Estimated underlying recurring cost pressures	16.0
2009/10 new recurring pressures	6.0
	55.0

In response to this forecast gap, the Trust began, in November, the process of formulating a Modernisation and Recovery Plan aimed at reshaping and modernising service delivery to ensure a continuous improvement in quality and to restore recurrent financial balance by 1 April 2012. Step one in the process saw the setting of clear and unambiguous financial savings targets for each directorate inclusive of the CSR savings target and underlying deficits/new pressures. The targets were offset by recurring savings already achieved.

Table 2

Modernisation and Recovery Plan Year 1 - Achieved

	Data		
Project Category	Projects Delivered	Sum of Achieved YEAR 1 CURRENT YEAR EFFECT (£000's)	Sum of Achieved Year 1 FULL YEAR EFFECT (£000's)
No. 1 - Income Generation	2	50	55
No. 2 - Reduce Management & Admin Costs	24	1824	2494
No. 3 - General Efficiency	69	3575	4334
No. 4 - Service Modernisation	21	5587	6936
No. 5 - Technical Advances	3	412	412
No. 7 - Raising Appropriate Contributions	1	0	0
Total	120	£11,448	£14,231

Transition Plan for 2011/12

Projected Income and Expenditure Position in 2011/12

Taking account of the projected income and budgets for expenditure there is an underlying deficit for the Trust in the region of £36.6 million.

The section on “Achieving a Breakeven Position” deals with the proposals to reduce the deficit.

There are a number of assumptions which underpin this position:

- There will not be a control total for the Trust in 2011/12. We have been advised of this by the HSCB and have set plans accordingly;
- The M&R year one full year effect is almost £2.4 million and it is expected that this will fully materialise;
- The M&R year two savings (current year effect) of circa £11 million will be delivered in full;
- Expenditure will be contained within the budget levels set out, or within any internal limits set by the SMT to address the deficits;
- Expenditure on service developments will be fully funded;
- Pressures identified in 2011/12 will either be funded by the HSCB or absorbed by budget holders as far as possible.

There will be further, as yet unknown, pressures in 2011/12 and the Trust will potentially need contingency arrangements for these as they arise.

Achieving a Breakeven Position

The deficit faced by the Trust going into 2011/12 is the continuation of the amount identified in the June 2010 Due Diligence Exercise. The total original deficit was identified as £54.5 million. The response to this was the M&R Plan (Figure 1 above) which was set to recover the breakeven position by 31st March 2012, although it was recorded that a residual deficit of £4.9 million may remain.

Progress against the plans was challenging, and an additional paybill target of £6.7 million imposed further challenges for Directorates. As a result there have been slippages in the delivery of the plan, although these have been managed by identification of non-recurring contingencies in 2010/11, resulting in the breakeven position reported in the accounts.

The Trust has had discussions with the HSCB and has responded to various requests to provide the proposals to breakeven. It has been made clear to the Trust that a key plank of the HSC plan to breakeven, as a system, is that Trusts must breakeven in 2011/12. There is no possibility of a control total. The Trust has been asked to bring forward plans to breakeven, on a recurring basis, by 31 March 2012. .

Following a further detailed analysis of its underlying financial position at 31st March 2011, the NHSCT has developed a proposed approach to reducing its deficit in 2011/12 to achieve a recurrent breakeven position.

The table below shows the current deficit position forecast for 2011/12 and the intended actions.

Current Deficit Analysis		
	£000's	Notes
Underlying deficit at 31 st March 2011	(36, 622)	1
<i>Increased By:</i>		
Demography 10/11 FYE	(2,000)	2
Pay Progression 10/11 FYE	<u>(2,458)</u>	3
Projected Deficit	(41,080)	
<i>Reduced by:</i>		
Savings Plans:		
Mod & Recovery plans	13,190	4
Repeatable Actions	7,733	5
Nonpay savings	3,942	6
Additional Savings	2,110	7
Reduction in Dom Care costs	1,000	8
Service Dev. slippage	1,130	9
MUH Ward Closure	825	10
Total savings plans	29,930	
Revised deficit	(11,250)	
Income :		
AfC Review Funds	2,570	11
Service Redesign	2,850	12
Demography 11/12	1,000	13
Total Income	6,420	
Residual Deficit	(4,730)	

Notes:

1. This is the projected deficit based on budgets and expenditure rolled forward for 2011/12.
2. The Trust has calculated that there is a full year effect in 2011 of approximately £2 million. (This is currently being re-examined and is expected to reduce – will be confirmed in the next week.)

3. This is the full year effect of incremental progression for 10/11.
4. The Trust has existing Modernisation and Recovery (M&R) plans which will deliver £10.796million in 2011/12 on a CYE basis, and the 2010/11 full year effect of £2.394 million.
5. There are repeatable actions identified of £7.733 million.
6. The Trust has set a target of circa £4 million for nonpay costs reduction.
7. There are additional savings identified by directors of over £2 million as set out in the attached appendix 1. These are primarily paybill controls and vacancy management.
8. The Trust intends to reduce the cost of providing domiciliary care services and increase its independent sector provision as part of its re-ablement strategy.
9. The Trust would intend to agree with HSCB to hold service developments in a number of areas in 2011. Appendix 2 lists these.
10. The closure of two wards at Mid-Ulster has generated savings of £825K in 2011/12 and these will be utilised against the deficit. The FYE is £1.1 million in 2012/13.
11. This is a budget adjustment for income received against AfC Reviews.
12. This is income provided by the HSCB against service redesign in 2010/11 and is regarded as recurrent.
13. The Trust anticipates that £1 million of the 2011/12 demography will be set against existing additional activity from 2010/11. This was provided on a nonrecurring basis last year.

There are a number of internal actions being taken to support the achievement of this position:

- (i) The Trust recognises that there will be continuing budgetary deficits in Acute, Children's and PCOPS in 2011/12. A decision has already been taken to implement internal "Control Totals" for directorates. These will limit the expenditure of all directorates and provide underspends in support directorates to offset a substantial proportion of the operational directorate deficits.
- (ii) Additional financial accountability measures have been introduced on a monthly basis to ensure the delivery of the M&R plan and the underlying financial position.

3. Developing the Plan

The detail behind the service reform and modernisation plans that are underpinning this Plan to secure efficiency savings, are set out in the original Modernisation and Recovery Plan 2010/11 to 2011/12 and so in this update, as we enter year 2 of that Plan, the following gives only a brief overview of those drivers for change and reform. It is important to refer to the fuller descriptions in the initial plan to ensure a broader understanding of the strategies and best practice evidence that is underpinning the service modernisation programme. Whilst the focus of this Plan is the delivery of efficiencies, this must be based on achieving a balance between safety, performance standards and targets, and finance.

Each of the initiatives and actions that the Trust has set out within this plan that will contribute to the modernisation of service delivery are gauged against these parameters: ensuring the initiative adopts evidenced based best practice to achieve optimum outcomes; seeks to secure the safety and sustainability of the service; and makes best use of resources.

It is important to acknowledge that while efficiencies must be secured on a recurrent basis, which can only come from effectively changing the way we do things, the Plan also includes non-recurrent actions and controls in-year. Modernisation and reform takes time and non-recurrent actions to achieve in-year efficiencies are also required to secure financial balance within the year and afford the longer-term reform programme to have the time to plan and implement change in a managed, informed and planned way.

Given the nature of in-year non-recurrent actions to control spending, such as vacancy controls and reduced spending on goods and services for example, it is in these latter actions that there is potential risk to maintaining waiting times and other performance targets. This is referred to in more detail in Section 8 (Risk, Performance Management and Assurance) and actions that are being taken to identify, manage and mitigate risks across the programme.

Background to Modernisation Programme

In late 2008, the Trust updated and set out its plan for modernising services, 'The Future of Health and Social Care Services in the Northern Trust'. This plan continues to set the direction of travel for service reform and modernisation. It is focussed on:

- Where it is appropriate, supporting people of all ages and all abilities at home, for as long as possible, and optimise their personal health and well being.
- When a hospital stay is necessary that it should be for a short period, enabling people to recover and rehabilitate outside an acute hospital setting where appropriate and get back home as soon as is possible.
- A continued focus on providing safe and sustainable modern acute hospital services while developing effective and responsive community-based services, working in partnership with GP's and community, voluntary and other independent organisations to do so.
- Providing services locally where it is safe and effective to do so, and centralising only where necessary to achieve those same aims.

The following give brief insight into the development plans for specific services. Refer to the Modernisation and Recovery Plan 2010/11 to 2011/12 for detailed descriptions.

The Future of Services for Children

The Trust will work in partnership with other statutory agencies, and with the voluntary and community sector, to meet the objectives set out in the 10-year strategy for children and young people in Northern Ireland “Our Children and Young People: Our Pledge”, and the associated action plans.

The Trust direction is towards preventative and early intervention services. This is recognised within the “*Families Matter: Supporting Families in Northern Ireland*” strategy, which identifies the model of support from mainstream health and social care support through to specialist services.

We recognise the pressing need to enhance and improve ways of supporting parents and families to care for their children. We will work with families and young people to ensure their views are represented in this process, with the objective of developing confidence in new ways of delivering our services.

The Health Improvement and Community Development Service, which is part of the Children's Directorate, will lead initiatives within communities and support care professionals to improve the health status of the population and reduce health inequalities.

The Future of Services for People with Mental Health Illness or Disability

In developing the modernisation and recovery proposals for the Mental Health and Disability Directorate, the Trust has sought as far as possible to build upon efficiency opportunities afforded through its ongoing programme of modernisation and reform in line with the Bamford Review reports and the requirements of government Priorities for Action. These include:

- Promoting and supporting the development of comprehensive mental health and disability services responsive to the needs of local communities.
- Progressively reducing the dependency on inpatient care through the development of improved community services.
- The resettlement of long stay patients from Muckamore Abbey Hospital and the redeployment of retraction funding to community services.
- The development of specialist local services and decreased reliance on external placements.
- Improving the range of respite and day opportunity options.
- Supporting people to remain in and return to their own homes.

The Future of Services for Older People

The Trust is taking forward changes across community health and social care services for older people in support of maintaining people safely at home. This reflects the views of services users who have indicated time and again that they would wish to remain at home if they can be supported to safely do so. These changes are:

- A shift towards home care services with an enablement focus.

- Developing and providing a more flexible menu of services to support people at home to include; direct payments; tele-care; respite services and training to support carers.
- Further developing intermediate care services and community beds to support people to be as independent as possible.
- Introducing integrated health and social service teams to support the increased shift to home or community-based care; and
- Developing more cost-effective services, to include modernisation of the Trust equipment service, revising areas of Trust subsidies and ensuring that we use Trust resources, such as Residential homes and Day centres, to their best effect.

The Future of Acute Hospital Services

The need to provide safe, sustainable acute hospital services has been progressed over the last two years through a programme of reform. Acute Hospital services are now provided from Antrim Area Hospital and Causeway Hospital, with Whiteabbey and Mid Ulster Hospitals reprofiled as local hospitals continuing to provide a wide range of non acute services including weekday minor injuries services, elective day surgery, out-patient services and in-patient rehabilitation.

The need for reform in acute hospital services provision is not unique to the Northern Trust. It is driven by the need to ensure that there are suitably qualified staff in place who, with the appropriate diagnostic and other specialist support readily available (including intensive care and high dependency services), can ensure the opportunity for patients to achieve their optimum outcome from a period of acute illness or trauma. It is well documented that there is an increasing scarcity of junior doctors working in the emergency medicine specialism. This, coupled with limits placed on working hours through the European Working Time Directive and requirements for doctor training/maintaining specialist skills and knowledge, means acute services need to be focussed and provided from fewer facilities.

Whilst much has been progressed in terms of the reform needed, there is a continued need to progress further, both locally here in the Northern Trust, and regionally.

Increasingly there is a need for Trusts to work collaboratively to provide these specialist services, to ensure we can collectively attract and retain suitably qualified professionals and so that we can create the environment, in terms of diagnosis, treatment and support services as well as sufficient volumes of activity, that means specialist skills can be maintained and developed, and the best possible outcomes achieved for patients.

4. Detail of Plan for Modernisation and Recovery

The planned efficiency savings of £34m in this financial year will be achieved through a programme of service modernisation, a series of general efficiency and financial control measures and a number of corporate decisions around attributing already achieved savings and new revenue. The following sets out the contribution that each makes to the overall plan.

Table 3

Action	Description	Contribution to M&R Efficiency Plan In-Year (£,000)		
Service Modernisation and Reform Projects	Individual projects that aim to reform service delivery to ensure the adoption of best practice and achieve optimum outcomes for patients and clients, making best use of resources	£10,796		
General Efficiencies and Financial Control Measures	Actions taken by service managers to reduce non essential spend on goods and services, equipment and training, alongside robust vacancy controls and limiting back fill of vacant positions while maintaining safe service delivery	Made up of:		£10,810
		Efficiency actions that were taken in Year 1 of the Plan and can now be repeated/sustained into year 2	£3,758	
		Efficiency from non-pay related actions eg. limits goods and services spend	£3,942	
		Reductions in spending including vacancy controls and close scrutiny to back fills, use of agency and overtime	£2,110	
		Domiciliary Care reform	£1,000	
Sub Total				£21,606
Corporate Actions to Attribute New Revenue and/or Savings already secured	These actions will be taken at a Corporate level, with appropriate consideration, and will not result in individual projects	Service Development Slippage	£1,130	£12, 351
		Funding allocated relating to Agenda for Change Reviews	£2,571	
		Service Redesign Funds	£2,850	
		Acute reform at Mid-Ulster Hospital	£0,825	
		Contingency Funds	£3,975	
		Funding for population growth (demography)	£1,000	
Sub Total				£12,351
OVERALL TOTAL				£33,957

The 'Service Modernisation and Reform Projects' along with the 'General Efficiencies and Financial Control Measures' will require actions to be taken by the various Directorates within the Trust (see Management Structures in Section 7).

These total £21.606 million in-year effect in terms of savings to be achieved and it is these individual actions and projects that will be subject to detailed scrutiny, project management arrangements, risk management and progress reporting.

The Corporate Actions (contributing £12.351m in-year) will also require to be monitored in terms of the Trusts ability to sustain the commitment to directing these towards efficiency savings. In the main it is anticipated that this should be the case, since all have been subject to some detailed analysis and discussion with the Commissioning Board and put forward on the basis of this. Nonetheless, these will be kept under review with an eye to any changing circumstances that might put any at risk.

The following now sets out the detail of the Modernisation and Reform Projects (contributing £10.796m in-year). The term 'project' is used to describe the separate areas of work within a service, department or directorate. Some of these will require to have detailed project management arrangements in place including for example a dedicated Project Manager, or a Project Lead, with detailed project plans, engagement and communication plans and performance reporting. Others may be managed within the existing managerial arrangements. All will be subject to close scrutiny and monitoring.

4.1 Overview of Modernisation and Recovery Plan Projects

The Trust Service and Support Directorates have developed a range of modernisation and reform projects within their areas of work. Each of these has been reviewed and risk assessed, and each has been assigned to one of a number of 'categories' to allow for a better understanding at a corporate level of the areas being focussed on within the overall Plan.

	CATEGORY	DESCRIPTION
1	Income Generation	Projects that generate new or additional recurring income.
2	Reduced Management or Administration Costs	Projects that reduce management or administrative costs in order to generate savings.
3	General Efficiency	Projects focused on delivering services using more effective use of existing resources to release savings.
4	Service Modernisation	Projects aimed at transforming services in line with current best practice and a drive to optimise patient / client outcomes and independence.
5	Technical Advances	Use of technology to reduce use of resources.

Categorising projects in this way allows a Trust-wide overview of the Modernisation and Recovery Plan to be presented.

There are 79 identified projects within the Year 2 Modernisation and Reform plan. Presenting these by the Project Category indicates an emphasis on modernising services as well as a continued focus on reducing management and administrative costs.

Table 4: Overview of Modernisation and Reform Projects by Category

Project Category	Contribution to Efficiency Savings in-year (£000's)
No. 1 - Income Generation	486
No. 2 - Reduce Management & Admin costs	1702
No. 3 - General Efficiency	2262
No. 4 - Service Modernisation	5680
No. 5 - Technical Advances	666
Grand Total	£10,796

Looking at the same information, the table below shows the contribution of each project category to the overall Modernisation and Reform projects programme.

Table 5: Overview of Modernisation and Reform Projects

Project Category	Total
No. 1 - Income Generation	4.5%
No. 2 - Reduce Management & Admin Costs	15.8%
No. 3 - General Efficiency	21%
No. 4 - Service Modernisation	52.6%
No. 5 - Technical Advances	6.2%
Grand Total	100.00%

The dominant theme in taking forward this work is service modernisation. This will secure best outcomes, improve safety and also achieve efficiencies. Section 3 has given some insight into the strategic direction of travel for the delivery of services into the future, and these projects take their strategic intent from there.

In addition, further effort is being put into reducing management, administrative and support services costs, 15.8% of the plan is specifically targeted at reducing management and administrative costs, this is in addition to the already considerable reduction in this area under the amalgamation of the former Trusts in the northern area (under the Review of Public Administration) and Year 1 of the M&R Plan which achieved £2.5 m recurring reduction in administration and management costs (see table 2). 21% of the plan is linked to general efficiency initiatives without detriment to the quality of services delivered.

Income generation is primarily linked to the introduction of traffic management initiatives at Antrim Area and Causeway Hospitals. These services are run by the Trust and income is directed towards contributing to overall financial balance and in delivering front line services.

Examples of general efficiencies include moving out of leased accommodation, filling locum medical posts with permanent appointments and reducing travel costs.

Where we are able to use technology better to reduce costs, we are committed to doing so. The use of technology in diagnostic laboratory services is one such example, including the use of voice recognition software in histopathology services.

Table 6: Modernisation and Reform Projects by Directorate

Directorate	Project Category	Project Count	"Breakeven" Target CYE (£000's)
Acute	No. 2 - Reduce Management & Admin Costs	3	302
	No. 3 - General Efficiency	11	409
	No. 4 - Service Modernisation	9	2524
	No. 5 - Technical Advances	4	50
Acute Total		27	3285
Children's	No. 2 - Reduce Management & Admin Costs	3	402
	No. 3 - General Efficiency	4	451
	No. 4 - Service Modernisation	2	653
Children's Total		9	1506
Med & Gov	No. 3 - General Efficiency	2	967
	No. 4 - Service Modernisation	1	200
Med & Gov Total		3	1167
MH&D	No. 2 - Reduce Management & Admin Costs	8	704
	No. 3 - General Efficiency	3	160
	No. 4 - Service Modernisation	4	902
MH&D Total		15	1766
PCCOPS	No. 2 - Reduce Management & Admin Costs	3	378
	No. 3 - General Efficiency	3	443
	No. 4 - Service Modernisation	2	1386
	No. 5 - Technical Advances	1	150
	No. 7 - Raising Appropriate Contributions	1	180
PCCOPS Total		10	2537
PPMSS	No. 1 - Income Generation	2	306
	No. 2 - Reduce Management & Admin Costs	1	37
	No. 3 - General Efficiency	11	179
	No. 5 - Technical Advances	1	13
PPMSS Total		15	535
Grand Total		79	£10,796

4.2 Details of individual modernisation and reform projects

The tables to date have illustrated the Modernisation and Reform projects at a high level, by grouping them into categories or Directorates. The following listing now gives the more detailed descriptions of the individual projects.

Directorate	Description of Project or Initiative	Count Number of Projects	Total Savings (£000's) FYE
All Directorates	General Efficiency : Directorates review opportunities on an on-going basis to reduced spending. These initiatives are based on improvements in day to day operational efficiencies and taking opportunities to reduce reliance on locum staff for example, reduced spend on travel, reduced office cleaning, negotiating prices on supplies	29	1,595
All Directorates	Reduce Management and Administration Costs : Further reductions will be achieved across directorates through reviewing and amalgamating management structures, reviewing a consistent approach to admin support to professional services	17	1,702
All Directorates	Improved Use of Technology : Use of automation in laboratory services, voice recognition software, access to computer technology for community based staff are examples of where better use of technology are aiding cost reduction.	10	516
Mental Health & Disability Services	Home Treatment/Reducing Hospitalisation: The implementation of the "Home Treatment Service" within Mental Health Services has enabled some patients to avoid a hospital admission and receive appropriate treatment and support at home. For people with dementia, the inpatient dementia patient care pathway has enabled the prompt discharge of delayed discharged patients from dementia assessment beds and to consequently reduce bed numbers in line with 'Adding Life to Years', the Trust strategy for mental health services for older people (2007).		
MODERNISING SERVICES	Day Opportunities/Reducing Reliance on Building Based Day Care: Continue to take forward day opportunities for adults with a learning disability which gives individuals options and independence, and relies less on the day centre model/or building. This ongoing programme closely involves individuals and families in making appropriate choices to meet individual needs and we will continue that close involvement in developing these services.	5	950
Children's Services	Looked After Children: Continue to review the type of service and infrastructure required to accommodate looked after children within both residential and foster care, in line with best practice and to seek efficiencies in service provision.		
MODERNISING SERVICES		1	650
Acute Hospital Services	Acute Services Reform: Continue the ongoing reform of acute hospital services , the key priority is to address safety issues and provide high quality care. Complete the service changes at Mid Ulster Hospital and at Braid Valley Hospital (Ballymena).		
MODERNISING SERVICES	Invest in expansion at Antrim Area Hospital, making interim arrangements for additional bed capacity while preparing for the new ward expansion and the new Accident & Emergency Department.	9	2261
Medical & Governance	Drugs: Improve the procurement cost of drugs, at a regional level (which the Trust in turn will benefit from), switch use of products in line with regional policies and make better use of medicine including improved use of patients own drugs.		
GENERAL EFFICIENCY		3	1167

Primary Care, Community Care & Older Peoples Services	Reablement: : Implement a newly refocused Trust homecare service which is all about providing "enablement" to new clients. This is about intensive support to help people get back to their optimum level of independence after a period of illness, a fall or an operation , This will have the impact of reducing the number of permanent care placements in nursing and residential homes by avoiding decisions about long term care needs at the point of crisis. More investment in tele-care and domiciliary care will help people to remain at home for longer and when their needs change, more time needs to be taken to look at what can be put in place to meet those increased needs, with residential or nursing home care being one of those options.	1	1319
	Use of Technology to Support Resource Management: Introduce the use of an electronic monitoring system across homecare services, which will reduce administration time and effort and make for a more efficient provision of the service.	1	150
	Respite Care: When a financial assessment is undertaken for respite or a temporary placement in a residential or nursing home, the assessment will count from day 1 of the placement rather than at eight weeks as it does at the moment. This approach is already in place in other areas and is in keeping with regional policy. We will also closely manage use of respite to ensure it is best utilised.	1	180
Planning, Performance Management & Support Services	Car Parking: The introduction of traffic management at Antrim and Causeway Hospitals has seen the introduction of car park charging. This car park management service is run by the Trust and funding raised through the charges will contribute towards this efficiency plan.	2	306
		79	£10,796

4.3 General Efficiencies and Financial Control Measures

In addition to modernisation and reform projects that will bring recurrent savings through more effective use of resources, Directorates will also carry forward a programme of general efficiencies and strict financial controls.

While efforts are made to ensure that these control measures do not impact on front line services, vacancy controls in particular (by their random nature) have the potential to have impact. Vacancies arise for a number of reasons: sickness, maternity leave, retirement and leavers. Many of these are planned situations or at least have some form of preplanning, for example retirements, leavers and maternity leave. However even in these circumstances there is no control over the areas or services that will be affected. Given too that the Trust service delivery workforce is female dominated, maternity leave can have a significant impact. It is therefore vital to have robust risk management and mitigation processes in place (these are described in detail in Section 8) as such vacancies have the potential to impact on the delivery of front-line services.

Plan	Description	Detailed Actions	Contribution to Plan (£,000)	Total (£,000)
General Efficiencies and Financial Control Measures	Actions taken by service managers to reduce non essential spend on goods and services, equipment and training, alongside robust vacancy controls and limiting back fill of vacant positions while maintaining safe service delivery	Efficiency actions that were taken in Year 1 of the Plan and can now be repeated/sustained into year 2	£3,758	£10,810
		Efficiency from non-pay related actions eg. limits goods and services spend	£3,942	
		Reductions in spending including vacancy controls and close scrutiny to back fills, use of agency and overtime	£2,110	
		Domiciliary Care reform	£1,000	

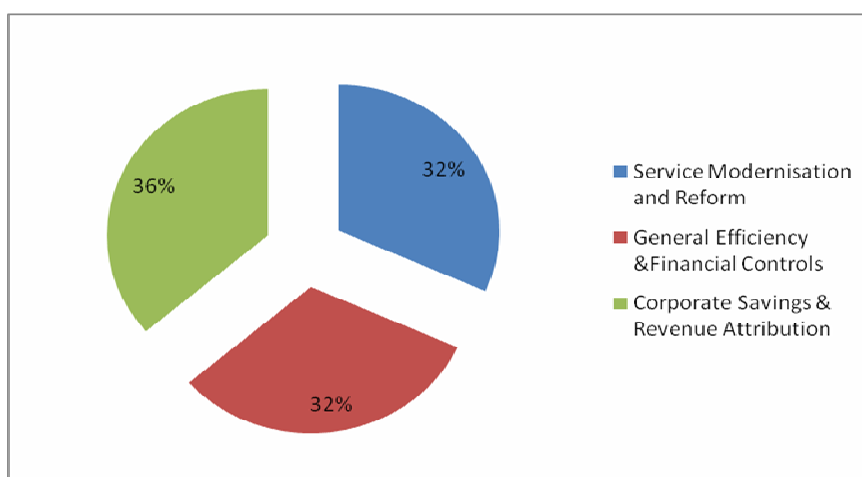
4.4 Corporate Actions on Attribution of already achieved Savings/Revenue

The Trust are allocated additional revenue to address a number of issues including the recognition of growing demands placed on services due to population growth (demography) and salary uplifts due to Agenda for Change reviews. Where these demands have been met by creating capacity through efficiency and taken account of in budget management, the revenue is directed towards savings required. Funding that is directed towards service developments and redesign is available for a period while the new or developing service is deferred. The period of any such delay will be kept under review with the Commissioning Board giving consideration to any new or emerging issues or risks. These initiatives combined contribute £12.351m in-year to savings required. However some of these may be non-recurring actions and as such, future financial plans will have to take account of that and seek to secure recurring alternatives.

Plan	Description	Detailed Actions	Contribution to Plan (£,000)	Total (£,000)
Corporate Actions to Attribute New Revenue and/or Savings Secured	These actions will be taken at a Corporate level, with appropriate consideration, and will not result in individual projects	Service Development Slippage	£1,130	£12, 351
		Funding allocated relating to Agenda for Change Reviews	£2,571	
		Service Redesign Funds	£2,850	
		Acute reform at Mid-Ulster Hospital	£0,825	
		Contingency Funds	£3,975	
		Funding for population growth (demography)	£1,000	

SUMMARY:PLAN FOR MODERNISATION AND RECOVERY 2011/12

CONTRIBUTION OF MODERNISATION, FINANCIAL CONTROLS AND SAVINGS/REVENUE ATTRIBUTION



4.5 End of Year Projected Out-turn

This Modernisation and Recovery plan takes forward the work already delivered last year, which saw the delivery of £14m efficiency savings achieved by the Trust (outside of any additional revenue received in light of new demand for example). The end of year out-turn at 2010/11 of £56,000 and the additional efficiencies savings required of this year has led to the development of this plan of actions to deliver £34m efficiencies in this year (plus the FYE of 10/11 MRP of £2,394k). This falls short of the required value by some £4.729m. However, the £34m efficiencies that will be achieved through this plan as set out, are current year effect. When the full year effect of the Modernisation Projects are taken into account, from April 2012 a further approximate £5m savings is achieved (ie the current year effect of the Modernisation Projects are £10.796m with a full year effect of £15.2 m).

Whilst the Trust have given consideration to finding further potential avenues for efficiencies it is considered this is already an ambitious programme. The risks, and processes for managing them, have been described as has the fruit of the efforts applied last year. It is considered that there are no further potential efficiency sources that could be drawn on this year to contribute further in-year cash savings without compromise to

service delivery or result in service retraction. Further future reform of service delivery may present opportunities for further efficiencies beyond this year.

It is considered therefore that some measure of non-recurrent financial bridging will be necessary in-year, enabling the full year effect of the delivery of the Plan to be realised into the new year (April 2012). This discussion will be brought forward with the Commissioner.

Addressing the Residual Gap in 2011/12

Proposed Way Forward

The Trust has identified that it will require to deliver the savings plans of almost £30 million to arrive at a residual deficit of around £5 million. This presents an exceptional challenge and is believed to be at the limit of achievability without serious impact on services.

The current significant deficits in Acute, Children's and PCCOPS are driven in part by issues related to historical funding issues, and in part to the costs of the current operational model. The Acute issues are well rehearsed and the Trust is pursuing the Tribal recommendations. In PCCOPS the Trust has been developing a plan for implementing its Older Persons Strategy. Central to this is the process of reablement and the development of less institutional services for the population.

The Trust has identified a number of areas for redesign within the services provided to the Elderly population, which will provide the appropriate levels of services to a greater cohort of clients and will contribute to the problems caused by demography.

In Children's Services, there are currently a set of issues presented to the HSCB which outlines some of the underlying financial issues that have contributed to the deficit in this directorates, including the growth in referrals to the services. The Trust has engaged the services of an external consultancy to carry out a scoping review of Children's Services and this will be the basis of a way forward for 2011/12 and beyond. The Trust will engage with the HSCB to discuss the impact and the potential regionality of any issues that emerge.

The timescale for bring about the changes required extends beyond 2011/12 into 2012/13 and is influenced by the need for consultation both internally and externally. This means that the costs currently incurred in delivering the current model will continue in 2011/12. The Trust would also wish to discuss access to additional capacity resources to assist in the development and delivery of the changes required.

The Trust does have an M&R Plan for 2011/12 which is designed to deliver £10.8 million of savings in this year. The full year effect (FYE) is however £15.2 million. This provides a £4.4 million cost benefit in 2012/13 and breaks down as shown in the table below.

Full Year Effect of M&R Plan

	10/11 CYE £K	11/12 FYE £K	Difference £K
Acute	3285	4809	1524
Childrens	1506	1794	288

PCCOPS	2537	4669	2132
MHLD	1766	2210	444
Med & Gov	1167	1167	0
SPPM	535	543	8
	10796	15192	4396

Table 1.

The Trust has engaged with HSCB as to options to address the transitional deficit of £4.7m for 2011/12. The HSCB will indicate in September 2011 if they have the capacity to fund a managed service transition in Older People's and Children's services.

In the event that the regional financial position prevents this, the Trust will apply further workforce controls to manage its position.

5. Workforce

5.1 Workforce Planning / Organisational Change

In managing organisational change it is essential to maintain a stable workforce with the right sets of skills and a commitment to high quality patient and client care.

In managing organisational change managers, staff and trade union colleagues will continue to apply the principles contained within the Trust document '*Management of Change - Human Resource Management Framework*':

- Change will be taken forward through partnership approaches with Trade Unions and the views of the unions will be taken into account in managing the change process.
- All reasonable steps should be taken to avoid redundancies in order to ensure that valuable skills and experience are not lost to the service.
- All HR processes applied will be fair and transparent and will seek to match individual abilities with available posts. This process should also be mindful of the need to move quickly and to continue to deliver a high quality service.
- All processes must be seen to be fair and transparent and meet the requirements of Equality Legislation, Section 75, Statutory Duty and Best Practice.
- The employment of employees in affected areas will be protected where possible through the implementation of vacancy controls and to identify job opportunities to facilitate redeployment and cross-transfer of staff within the Trust.
- Where relocation or redeployment is required, all efforts will be made to ensure employees remain as close as is reasonably possible to their current work base, taking account of work/life balance issues and reasonable adjustments. Excess travel expenses will be paid where appropriate.
- Appropriate training and re-training opportunities must be provided to assist employees who move to new roles and assume new responsibilities.
- The Trust should ensure that those Managers and HR Advisers who are responsible for managing and advising affected staff have the skills and capability to effectively support staff through these difficult times.
- All employees will be kept informed and supported during any change processes. Communication will be across the service, within affected groups and at individual level.

6. Estate and ICT Requirements

6.1 Capital Requirements

A small number of the Modernisation and Reform projects have identified the need for some capital funding to support the implementation of the projects. This has been allocated to all such projects by the Trust from its capital allocation and no project will be delayed due to capital funding availability.

This is in addition to the significant capital required to enhance acute services at Antrim Area Hospital to cope with the acute reform of services, which has been subject to appropriate Business Case processes and approvals.

6.2 Information and Communications Technology (ICT)

A number of the Modernisation and Reform projects have identified specific areas that can deliver tangible efficiencies with ICT investment. The additional capital and revenue requirements where known have been confirmed and allocated. The Home Care monitoring system project is currently the subject of a Business Case process and capital and revenue requirements would not yet be accurately available. As soon as these are confirmed the funding will be sought through discussion with the Commissioner, DHSSPS and / or other appropriate approval routes depending on the nature (ie capital and / or revenue balance) and quantum.

7. Risk, Performance & Assurance Arrangements

In drawing up these plans the Trust has sought to identify opportunities for modernisation and general efficiencies that avoid potential for impact on front-line service delivery. There is no intent by the actions within the plan to reduce service quality, adversely affect performance targets or indeed compromise on safety and every effort has been taken to avoid any such outcome. In particular the Programme of Projects that will see service modernisation, rely on the application of evidenced based best practice and seek to secure improved standards, performance and outcomes. However the Plan is a collective range of activity including in-year financial controls that require close scrutiny and management of vacancies for example and these present increased risk to front-line services given by their nature they occur in a random way across services. Acknowledging this risk the Trust have put in place robust risk identification, management and mitigation processes in place and these are now described.

7.1 Risk Assessed

This programme of Modernisation and Recovery faces two potentially critical risks:

- the risk of failing to deliver the level of savings set out to achieve financial break even, which is a statutory requirement
- the risk that actions taken to achieve savings may adversely impact on the quality, safety or performance of the services delivered

The three elements of the Plan: Modernisation, Financial Controls and Corporate Decisions on Savings/Revenue Attribution, each carry these risks in varying degrees. The following identifies the main reasons for this.

Plan Element	Risk of Failing to Deliver Savings Set Out	Risk of adversely affecting quality or performance standards
Modernisation and Reform Projects	Risk of delay in implementation due to need for proper planning and engagement, potential limitations on redeployment opportunities, negotiation with partner organisations taking time. However key projects have clear Project Plans, risk registers, communication plans etc reducing uncertainty and maximising opportunity for control. These are also bringing about permanent change in service delivery and so savings are recurring. Delays in delivering savings will mean that non-recurring alternatives will have to be sought and likely to focus on further financial controls. These bring greater risk (see below).	Projects are based on evidence based practice, follow the strategic direction for service reform, aim to improve front line service delivery and optimum outcomes for patients so improving quality and performance standards. There is no /low risk of any impact on safety, quality or performance of front-line services delivered.
General Efficiencies and Financial Controls	Directorates have clear targets for savings and have support from Divisional Accountants to identify and assist with costing the impact of identified actions, but as this is now the second year of general efficiencies much has already been achieved and there are diminishing opportunities to find non-pay related efficiencies and recurring savings. This may mean more emphasis is placed on non-recurring opportunities and vacancy control in particular which is ad hoc, difficult to predict and therefore limits	Opportunities for savings brought about through vacancies arising is difficult because vacancies arise in random, uncontrolled ways. Absence due to sickness for example are unpredictable and can occur across any dept or service. There is more opportunity for planning for vacancies that arise through retirement, maternity or leaver. It is not possible to delay the replacing of the post indefinitely if that post is at the front line of service delivery. (See 'Managing and Mitigating Risks' and 'Service Impact

	opportunity for control, bringing with it the risk of non delivery. In addition if measures taken to achieve efficiency are absorbed by increased demands the savings will not be achieved. Such additional pressures must be met by new funding from the Commissioner.		Log')	
Corporate Decisions on Savings/Revenue Attribution	These are small in number, managed by the Senior management Team so there are few people involved in taking decisions and so control opportunities are high, decisions can be effected quickly etc. These resources are not currently contributing to service delivery and so there is greater potential to secure them as savings.		These resources are not currently contributing to service delivery and therefore a much less risk that decision around them may affect service quality or standards. The risk lies in taking the decision to delay the development of a service with the allocation of service development funding, however the decision to move ahead with a development can be kept under review by the senior team, responding quickly to any change in circumstance. Clearly in such cases alternative savings sources would have to be identified.	

This risk assessment clearly identifies that the actions around financial controls relating to reduced spend on goods and services, and strict controls on back filling or replacement staffing for vacant posts, present the greatest risk, particularly in relation to potential to impact on front line service delivery.

Clearly this potential for adverse impact on service delivery requires detailed risk assessment in preparing to consider each action and take mitigating actions. In order to put robust arrangements in place to manage these risks a series of processes and balances have been put in place. These are shortly described.

It is important to note that it is not possible to protect or exclude any particular service from this process. If the level of savings required is to be achieved, there must be no boundaries in the drive to modernise and deliver efficiencies. Each situation , each proposed action, must be considered and balanced against the need to remain within financial controls, and the need to deliver safe services, while striving to maintain performance targets including waiting times. A robust system of assessing the risk, mitigating and managing the risk then must be applied on merit to each and every case.

7.2 Managing Risks and Considering Potential Impact on Service Delivery

The following describes the processes that have been put in place to identify and manage the risks that arise. These are repetitive tasks and continue on an on-going cycle:

- Each Directorate has established a risk assessment process taking account of each project or significant action within the Directorate's plans and a resulting Risk Register maintained
- The Risk Register sets out the nature of the risk and mitigating actions, and is kept under regular review determining the impact of mitigating actions taken and continuing to consider if further actions needed
- Risks identified at individual project level or at Directorate level can be escalated to the Corporate Modernisation and Recovery Risk Register (see Appendix 1 for detail) which is considered by the Programme Board (Chaired by Chief Executive) monthly

- The management of vacancy controls falls to each Directorate, who have put in place Scrutiny Committee arrangements in order that each planned vacancy or vacancy that arises due to unplanned absence, is scrutinised and assessed in terms of need to put in place full or partial replacement for such posts, if a replacement can be withheld and if so for what period. Where it is deemed necessary to proceed to fill the post on a temporary basis (fully or partially) that decision is escalated to the Director and can be effected through the normal HR procedures
- Monthly accountability meetings with the Chief Executive provide the Director with a focussed opportunity to discuss risks and emerging issues and agree on an appropriate response, aiming to protect the viability of the Plan, whilst taking account of pressures or potential risks. Through this process is the ability to relax financial constraints where deemed necessary (eg if safety of service delivery was at risk), however alternative efficiency savings have to be identified to compensate for any relaxation on spend that would vary from the agreed financial constraint
- In order capture any service impacts a further assurance measure has been put in place, referred to as the Service Impact Log. This log is maintained by the Directorates and through Performance Monitoring reporting (which particularly focus on Ministerial Standards and Targets)
- The type of evidence sought for example would include an alert to an extending waiting time for a service or a trend emerging in relation to a delay in achieving discharge from hospital for example. Where such situations occur, then this is raised at the Directorate meeting, and at the Programme Board. Any necessary action is agreed between the Chief Executive and the relevant Director, and the Modernisation and Recovery Plan is updated accordingly for future monitoring and reporting.

It is important to note that in some services in particular, the issue of ability to secure new/temporary/additional staff may also be curtailed by staff availability. In some areas there has been great difficulty securing adequate numbers of qualified staff to fill vacant posts, for example in speech and language therapy. It is not always the case that the constraint is a financial one, and that has to be taken into account when considering impact on performance and determining whether a service impact is due to Modernisation and Recovery actions or other factors.

A growing demand for a service that outstrips the capacity of that service will also have impact on performance targets. The Trust cannot secure efficiencies and then direct these towards meeting increasing demands. Where such increase in demand is being experienced, there is a need to attribute additional funding to enable the additional staffing to be put in place. This further emphasises that it is important to acknowledge that a failing to meet or sustain a performance target, such as waiting times for example, may be heavily influenced by demand, where that is in excess of the funded capacity. This factor needs to be taken account of when considering performance reports.

7.3 Performance: Programme Delivery and Accountability

Clear and robust governance arrangements are essential to ensure the ongoing delivery of this challenging and wide ranging Modernisation and Recovery programme. This is

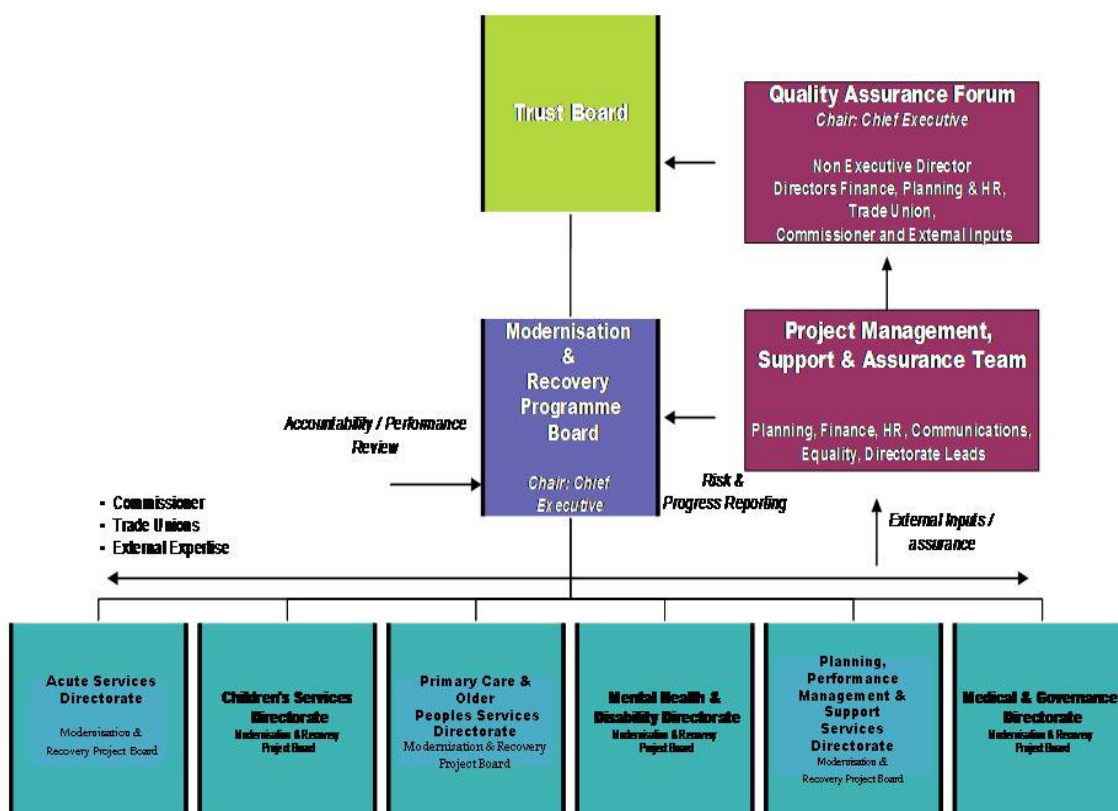
necessary to ensure the strongest possible focus on the objectives, to enable effective performance management, clear accountability and achieve delivery.

Looking to the delivery of the programme over last year, the Trust have sought to further strengthen the existing management and accountability arrangements by:

- improving adherence to effect project management arrangements particularly for complex, cross-cutting or high value projects
- strengthening accountability meetings with attention to increased detail in the information on progress and issues identified
- securing additional external expertise to aid some Directorates to identify and focus on additional areas of reform, using appropriate benchmarks and best practice

To give emphasis, focus, consistency and support to the programme a number of modernisation and recovery programme groups that were established last year remain and ensure consistent processes are agreed for the management of each project and reporting arrangements.

The following diagram shows the linkages between the various Programme Groups, with accountability for the Programme firmly lead by the Chief Executive, reporting and providing assurance to the Trust Board (see Appendix 1 for Group roles and responsibilities)



7.4 Assurance: Monitoring and Reporting

A monthly Programme report is produced providing overall evidence of programme progress and by exception identifying issues including: ineffective aspects of project

management; delayed or failure to make adequate progress; additional, emerging or continued high level risks. The Risk Register and Service Impact Log are also tabled.

The various reports are produced by the Project Management, Support & Assurance Team (known locally as the Core Group) and tabled at the Programme Board monthly meeting and at the bi-monthly Quality Assurance Forum. Information is shared with Directorates through the Directors attendance at the Programme Board and with the Directorate Business Managers, HR, Finance and Planning Business Partners being members of the Core Group. The findings and actions recommended as a result integrate with the monthly Accountability meetings held by the Chief Executive with each Director, supported by the Director of Finance and the Director of Planning, Performance and Support services. The monthly report also forms the basis for progress reporting to the Trust Board and to the regional Commissioning Board through the Financial Stability monthly report.

8. Partnerships & Engagement

This plan sets out the continuation of the journey through a programme of modernisation and financial recovery across the Trust service areas.

From the outset there has been both an acceptance and positive willingness of the need to effectively engage and work collaboratively with a wide range of stakeholders including Trust staff, Trade Unions, service users, carers, commissioners, primary care, public representatives and independent providers.

That has proved to be a positive experience over the last year and we continue to be committed to working through effective partnerships and engagement opportunities with external stakeholders and to work collaboratively inside the organisation in a spirit of trust, mutual respect and value for all contributions. We will continue to work with Trade Union Side to support the well-being of our staff and create an environment of support and good relations. The Trust will also continue to meet our statutory obligations under Section 75 of the NI Act 1998.

In relation particularly to the delivery of this Plan, we acknowledge and commit to effective engagement and involvement with a wide range of stakeholders if this plan is to be successfully achieved.

- Working with Commissioners and DHSSPS in taking forward this challenging plan, we do so in partnership and with their support. It is a challenging agenda and not one the Trust can achieve alone. It must have the support and direct involvement of the Commissioner and DHSSPS to aid and secure its achievement.
- We will collaborate too with other Trusts, GPs and the wider HPSS family of organisations. This is a collective challenge and the issues are not unique to the Northern Trust. It is important that the dialogue and planning for service modernisation and financial stability is a whole-system approach across the whole of the HPSS.
- Effective engagement with staff and robust internal communications arrangements are vital to ensuring everyone is involved and contributes their part to this agenda. That can be achieved where there is a culture of openness and positive engagement, and acknowledgement of the challenge, the opportunities and achievements.
- We are committed to ensuring ongoing engagement, building positive relationships and effective partnerships with Trade Union Side.
- Engaging with services users, carers, families and others who have close involvement and reliance on services will be vital to achieving this plan. We must ensure that we acknowledge concerns and anxieties when we talk about service changes and that through proper engagement and dialogue we can address those issues and engage people in being a part of designing the future profile of services.
- We will continue to work with community and public representatives, to listen and engage, and to jointly understand the context and climate we work within, so that the programme for service modernisation and financial balance might be enabled and improved through effective dialogue.

- We will continue to work with independent providers, including community/voluntary organisations and the private sector, upon which many of our services heavily rely, particularly in the delivery of a wide range of social care services. We acknowledge that this programme of modernisation and recovery directly impacts and affects our independent partners and we will continue to seek their co-operation and involvement in taking the work forward.
- We will work with other statutory bodies, working in other sectors such as education and housing, as much of what is required to enable modernisation and secure efficiencies comes from integrated planning, securing economies and joining up parallel efforts and time frames for actions.
- We will continue to seek to have effective communications arrangements that will inform and engage our wider communities who all have a stake in the future provision of health and social care services.

Committed to Equality

Section 75 of the Northern Ireland Act 1998 requires us to have due regard to the need to promote equality of opportunity and to have regard to the desirability of promoting good relations between people of different religious beliefs, political opinion or racial group. The Human Rights Act, which came into effect on 2 October 2000, makes it unlawful to act in a way which is incompatible with the European Convention on Human Rights.

In keeping with these legislative requirements the Trust has assessed the equality implications of the proposed changes. All the proposals in this document are further implementation of proposals previously detailed in the Trust's 2010/11 Modernisation and Recovery Plan. A Screening Outcome Report of the proposals can be found on the Trust's website <http://www.northerntrust.hscni.net>

If at any stage changes are made to proposals that could affect the impact on service users or staff, the Trust will rescreen or carry out an Equality Impact Assessment (EQIA) as required. In keeping with the commitment in the Trust's new/revised Equality Scheme, screening outcome reports will be published quarterly on our website.

9. Project Resources to Support Delivery of the Plan 2011/12

The Trust would require some additional non-recurring funds to support the delivery of the plan. The resources requested are as follows:

1. External support (eg Consultancy input) to bring best practice in reform and modernisation into the plans and a challenge function to ensure we are delivering on the plans.
2. Project Management support to manage individual project implementation – a combination of staff plus external project implementation support (eg using external support to implement Ambulatory Care Service in Antrim and Causeway Hospitals)
3. Programme office support to coordinate and manage the plan.

The Trust would request £250k non-recurring to support delivery of the plan.

Appendix 1: Modernisation and Recovery Programme Assurance - Group Roles

Trust Board

The Trust Board is the governing body of the organisation. Its role extends to ensuring effective financial stewardship and that high standards of corporate governance and personal behaviour are maintained, as well as undertaking appointments, appraisal and remuneration of Senior Trust Executives. The Trust Board also oversees the role and function of its Audit, Remuneration, Governance and User-Feedback Committees. The Trust Board holds a meeting each month, in public.

The Board assurance framework assists the Board in identifying, managing and minimising the principal risks to achieving the Trusts corporate objectives including the modernisation and recovery programme. The Trust Chairman and Non-Executive Directors join the Executive Directors of the Trust to make up the Board membership. A Non-Executive Director of the Trust Board sits on the Modernisation and Recovery Quality Assurance Forum.

The Modernisation & Recovery Programme Board

The Programme Board, chaired by the Chief Executive as accountable officer, will oversee the delivery of the modernisation and recovery programme across all of its work-streams and projects within them.

The Programme Board will focus on performance of the programme against agreed objectives, consider and respond to risks reported. The group will ensure that appropriate links and learning are shared across directorates and that there is integration with other appropriate Trust-wide initiatives to improve the overall effectiveness of the programme.

Quality Assurance Forum

The primary role of the Quality Assurance Forum is to act as an advisory group to the Trust Board, providing robust challenge and quality assurance of savings plans and processes that will primarily be developed in operational directorates and adopted as part of the Trust overall Modernisation and Recovery Plan. It is also the forum that will engage inputs from the Commissioner, Trade Unions and external expertise in contributing to the assessment of the programme of modernisation and recovery and its achievability.

Project Management, Support and Assurance Team

The primary role of the PMS&A Team is to develop corporate processes, methodology, templates and timeframes to aid the development, construction, quality assurance and equality screening. The primary role of the group beyond the development and approval of the plan is supporting directorates and the SMT collectively, to deliver the programme and report progress, ongoing risks and issues to the Programme Board.

Directorate Reform and Modernisation Project Boards

Key role is to take ownership for the development and implementation of a robust directorate modernisation and recovery plan that is in keeping with strategic direction of service delivery and works within the parameters set out corporately.

Appendix 2 – Risk Definition and Register

1. Risk Definition

A principle element of the assurance process is the identification, mitigation and monitoring of risks. In developing this plan, the Trust has undertaken a risk assessment in relation to the projects that have been developed by each of the Directorates and assigned one of three risk ratings.

RISK RATING	DESCRIPTION
GREEN	Service reform already underway; approved; general Efficiency; realistic timescale; no significant service impact.
AMBER	Challenging in terms of timescale; limited opportunities for redeployment; contractual issues that may limit ability to deliver; costing of saving not robust due to lack of proposal detail.
RED	Requires policy change outside sole remit of Trust; depending on new revenue from Commissioner; would see a service reduction if new revenue not forthcoming, service reduction; likely to be subject to consultation, bringing risk of partial or no implementation.

2. Project Risk Rating

The Trust have undertaken a risk assessment of each modernisation project that is subject to project management arrangements and assigned an appropriate risk rating to each. Consideration has then been given to the mitigation of these risks and a mitigation action plan set out.

3. Programme Risk Register and Mitigation

Identifying the risks associated with the plan is the first step in aiming to manage and reduce these. The red and amber risks associated with modernisation and reform projects have been found to have a number of common associated risks. As a result it has been possible to develop a risk register and mitigation action plan that the directorates and the Trust corporately must take forward to ensure these risks are managed and reduced as far as possible. Regular monitoring is used to check the effectiveness of the mitigation actions.

Key Risk	Risk Described	Mitigation Actions
A	New Funding Required	Where new funding is required to initiate or complete a project, establish formal discussion and negotiation process in relation to the Investment Plan with Commissioner with a limited timeframe to reach conclusions. Where these do not prove fruitful alternative projects must be identified to the same level of savings (see D below for more detail on this process).
B	Staffing Impact	Establish and implement a formal Communications and Engagement strategy with particular emphasises on staff engagement and Trade Union involvement. Develop a Human Resources (HR) impact plan for each scheme, adhering to the management of change – HRM Framework principles and identify specific issues and an action plan for each

		scheme.
C	Communications and Engagement	Establish and implement a formal Communications and Engagement strategy with particular emphasis on Service User, Carer and Community Stakeholder involvement. Consider formal public consultation period pending outcomes of Equality screening processes for each scheme and allow time for this in planning for any savings to be achieved.
D	Gap/ Detail of Projects not yet identified	'Mind The Gap' was a process used by the Trust previously to identify ideas for efficiency savings. A similar approach must be robustly adopted to identify and firm up details behind any areas where there is a gap or a gap emerges due to failure to deliver a planned action. A limited time frame must be set for these projects being identified, costed and considered/approved for inclusion in the programme. That is agreed through the Director Accountability meetings with the Chief executive.
E	Complex Projects	Establish robust project management arrangements including a project team with appropriate membership including members from across affected Directorates; be clear about accountability for delivery; have an identified project lead; a clear timescales and milestones; put robust and regular monitoring arrangements in place.