



2024/25 ANNUAL STRATEGIC PLAN YEAR END REPORT


STRATEGIC PRIORITIES	Year End Report
 <p>Ensure Safe Services while delivering financial recovery</p>	<ul style="list-style-type: none"> • The Trust has successfully achieved break-even in 2024-25 with the benefit of deficit funding received from SPPG and the achievement of delivering its savings target of £22m. The Trust submitted the first iteration of its Financial Recovery Plan to SPPG/DoH on 1st October which sets out indicative targets for financial recovery over the next 5 years and a bilateral meeting took place on 30th October 2024. Subsequently the Trust was asked to prepare a draft Financial Plan for 2025/26 which was submitted to the DoH/SPPG on 7th Feb 2025 reflecting indicative budget provided by SPPG and on which we await formal feedback and confirmation of opening budget. The final agreed Financial Recovery plan including savings plan will be underpinned by detailed operational plans. • The Reform & Improvement, Savings & Efficiency (RISE) Programme Board was established in July 24 to deliver transformational change with a focus on service reform and improvement while delivering savings and controlling costs. There were 41 savings projects across the Trust and the final outturn for savings in 24/25 was an achievement of £22.089m, being £89k over-achieved against our target of £22m. • One of the key projects under the RISE Programme is the Timely Care pilot project. The Trust is working with the Regional Coordination Centre (RCC) partners to deliver the Timely Care pilot project objectives which aims to transform the delivery of unscheduled care and ensure provision of safe, effective and timely care at each stage of the patient journey.
 <p>Strengthen Financial and Governance system</p>	<p>Financial Governance</p> <ul style="list-style-type: none"> • Progress in implementation of the Review of Financial Governance recommendations – All 50 recommendations noted in the review have been completed or partially completed with implementation in 2025-26. In February 2025 Internal Audit carried out a review of the implementation of these recommendations and reported satisfactory assurance. The

Financial Plan was complete for 2024/25 and the Trust has achieved break-even in 2024-25. The first submission of Financial Recovery plan to SPPG/DoH, inception of RISE savings programme and governance structure, new format of SLT/Trust Board report, appointment of Critical Friend, updated Senior Leadership Team/ Trust Board cover sheet to include financial impact of any decisions, Directorate Accountability meetings, enhanced budget setting process for 2024/25 and internal review of Finance structures have all been implemented and are on-going.

- Financial management skills have been developed across the Trust as follows;
 - ✓ 1108 managers have been trained on Financial Management as part of the Insights for Managers Programme Module 1
 - ✓ Collaborative Planning (CP) Refresher Training Programme has been delivered during Sept 24 - March 25 and specific one to one CP budget manager training provided where requested
 - ✓ Finance Training for Board Members and Directors delivered on 27th June 2024
 - ✓ Programme of Financial Management Training was delivered over November and December 2024 with 120 budget managers trained
 - ✓ In total c91% of budget holders/managers have received finance training to date in relation to managing and working within financial budgets
 - ✓ The 2024-25 Directorate savings plan totalling £22m was achieved in 2024-25.
- Healthcare Financial Management Association (HFMA) financial training modules have been available for completion by budget holders from December 2024 with SLT members completing for March 2025 and for wider roll-out to Assistant Directors and Heads of Service in the new financial year.

Clinical and Social Care Governance

- The Trust has focused on improved management of incidents and their investigation during 2023-24. There has been significant improvement in the timelines of closure of Serious


	<p>Adverse Incident investigations with removal of the previous backlog of outstanding SAI investigations.</p> <ul style="list-style-type: none"> • Similarly, the Trust has also focused on improved management of Service User Feedback (complaints). There is a continually improving picture of improved timeliness of closure of complaint responses. • The Trust has strengthened its systems to provide assurance of implementation of recommendations of learning arising from SAI reports, complaints, Learning Letters, NICE Guidelines, and guidelines from CMO, PHA and the Department. • The Trust has developed its clinical audit processes and programme within the Trust, taking part of local, regional and national audit programmes across the breadth of our clinical specialties
 <p>Digital Readiness</p>	<ul style="list-style-type: none"> • As at 31st March 2025, the Trust was in a strong position of readiness for Encompass 'go live'. A structured and extensive programme of preparation and training was undertaken with a successful 'go live' alongside Western Trust on 8th May 2025. This means that that all of Northern Ireland Health Care Providers have access to a single electronic health and care record for every citizen. This is a major milestone for the HSCNI and the result of strong collaboration right across the system. • The Equip Programme is a HSCNI wide programme to replace the existing HR and Finance systems (HRPTS and FPL) with a new modern and user-friendly system to support the delivery of Finance, Human Resources, Payroll, PaLS and Systems Administration activities. The Trust Equip Readiness Group has been established and reports to the Trust Strategy and Transformation Committee, providing regular updates with exception reports as required. The purpose of this readiness group is to oversee all equip activity and to ensure that key readiness and change activity is taken forward in the Trust in accordance with regional and local programme timescales. HROD, Finance, Payroll and PALS staff have been heavily involved in pre-design work for equip and work has progressed to the 'design' phase as the Systems Integration partner joined in September 2024 with staff 'subject matter experts' supporting design and build workshops. The design phase is planned across 3 tranches. The

	<p>programme is currently in tranche 3 and the design and build phase, which was due to complete by 31st May 2025, however it is clear that this will not be achieved by this date. The programme is currently behind schedule and alternative plans are now being drawn up.</p>
 <p>Sustainability of Our Estate</p>	<ul style="list-style-type: none"> • A Sustainability Waste and Carbon Committee has been established and continues to meet regularly. • The Trust has invested and completed around £5m in Estates projects to reduce carbon emissions. • Energy saving scheme has been rolled out with solar panels implemented across the Estates and heating systems upgraded. • A booking system for hot desking has been piloted with the aim to identify efficiencies in use of space. It is now planned to roll this out further to sleeping accommodation and outpatient areas in the Trust. • In partnership with the Woodland Trust, trees have been planted on the St Lukes Hospital site. • Biodiversity strategies have been implemented across eight Trust sites. It is now envisaged that this will be further progressed to implement these strategies across an additional 10 Trust sites. Bluestone Mental Health Inpatients received Royal College of Psychiatry recognition for sustainability practices. • In relation to biodiversity, the Trust continues to work through the application which has been lodged for chartered status. It is estimated that will take approximately 3 years to become registered. • A final draft of the Sustainability plan 2030 is now nearing completion and it is intended that it will be issued in the first quarter of 2025/26.




Embedding Our Co-production Approach

- Our new Trust Vision and Strategy 2030 was developed using a co-production approach and represents the key messages we have heard through our engagement with staff, patients, service users, carers and wider partners.
- Integral to the development of the Trust Vision & Strategy 2030, the Trust established a Senior Leaders network and a Community of Leaders Forum.
- All Directorates have shared and continue to promote within their teams the Trusts set of Guiding Principles.
- As part of the Working Together Strategy, Care Experience Hubs continue to operate within 4 out of the 5 operational Directorates. Staff, service users and carers continue to work together to review the different types of service user feedback submitted to the Trust and identify projects to improve the experience and outcomes of those using our services. Several projects have come to conclusion with improvements identified for service users for example, the Adult Community Services Directorate have implemented the 'Just in Case Box' for anticipatory medicines in palliative care. This project has improved the experience of palliative patients, as they now can be commenced on appropriate medications in a timelier way and have their symptoms controlled better. 15 other projects remain active across the Directorates.
- There are currently 135 user involvement projects embedding the co-production approach across the organisation.
- A total of 554 staff and service users have participated in Patient and Public Involvement (PPI) training between April 2024 and March 2025.
- Further to an internal review and data cleansing exercise, there are currently 35 service user and carer reps registered for User Involvement across the Trust.
- The User Involvement Champion role was launched during Co-Production Week in July 2024. As of January 2025, 20 staff have received induction training into this role.

	<ul style="list-style-type: none"> • PPI training for senior leaders across the Trust was co-produced and a pilot co-delivered with service user involvement in December 2024. To date 22 Leaders at B8 and above have completed the training. • The Autism Service have implemented a Shared Decision-Making Pilot using patient decision aids. This pilot is being delivered with our over 18's and our young adults are reporting through our focus groups that they are supported in the Shared Decision-Making process as decisions are being made together. The care and support being delivered to the young adults is based on need using a range of communication aids to include visuals were required.
<p>DELIVERY OF YEAR 3 OF OUR PEOPLE FRAMEWORK</p>  <p>The image shows three icons in a row: a pink heart labeled 'Wellbeing', a blue network of nodes labeled 'Belonging', and a green plant labeled 'Growing'.</p>	<ul style="list-style-type: none"> • 68 Staff Well Being Champions have been recruited across the Trust. • As at 31.12.2024, 54% of Trust Staff had recorded appraisal conversations. The end of year report will be delayed due to the Organisational Development team having been fully redeployed to the encompass training programme. • In year, the Trust has rolled out all four modules of the Managers Insights Programme with 100% attendance at Module 1, 90% attendance at Module 2, 89% attendance at Module 3 and currently 85% attendance at Module 4. The purpose of the programme was to set out our expectations of managers, provide 'insights' on key areas of focus and help prepare managers for the significant organisational transformation and business change. • 90% of the recommendations from the Baseline Assessment Tool [NICE NG212] Mental wellbeing at work have been implemented. • Our Occupational Health and Well Being Psychology Service have facilitated three Wellness in the Workplace Groups this year. We have also facilitated one living and working well with physical conditions group. • A Critical Incident Peer Support: Guidelines and Pathway has been developed. This is a preventative trauma informed approach to support employees who have been exposed to

	<p>distress / trauma. These guidelines and new pathway are proposed as the Trust's response to a sensitive and critical period of support for our staff teams and individuals.</p> <ul style="list-style-type: none"> • A Disability Advocate has been appointed to represent and support the needs of staff with disabilities and long-term health conditions and the Trust launched the first employee network for staff and students with disabilities and long-term health conditions. • We continue to embed Schwartz Rounds as part of our overall approach to supporting staff and organisational wellbeing with three new facilitators trained.
 <p>Unscheduled Care Transformation and Reform</p>	<ul style="list-style-type: none"> • The Timely Care pilot project is aimed at transforming the delivery of unscheduled care services, focusing on the three main themes of Admissions Avoidance, Inpatient Flow and Discharge. Progress is as follows; <ul style="list-style-type: none"> ✓ The project Steering Group continues to meet every two weeks and reports to the RISE Programme Board. ✓ 19 projects were initially established with the aim of delivering improvements in Admissions Avoidance, Inpatient Flow and Timely Discharge. Improvements in Lab Processes and Radiography turnaround times have been noted. At this point, a number of projects require further evaluation to demonstrate impact. The further development of Same Day Emergency Care (SDEC) services, including the Frailty Integrated Team in the Emergency Department, continues alongside work to improve flow in wards through focus on SAFER Principles and the further development of the Single Discharge Team. In addition, work is continuing to maximise capacity and efficiency in the provision of Community Domiciliary Care and the Trust's four Statutory Residential facilities. The project has been continued to June 2025 and work is ongoing to monitor and oversee operational delivery of the Timely Care initiatives and to track their collective impact on unscheduled care flows into and out of the Acute Hospitals. Funding to progress in 2025-26 is being considered with SPPG. • Daisy Hill Hospital Stabilisation

	<ul style="list-style-type: none"> ✓ The stabilisation plan aligned to DHH is largely fully implemented with the exception of achieving the required bed reductions on site. The range of hospital and community enablers are well embedded and evaluation has shown positive impact. The Trust continues to work with SPPG and PHA colleagues to support full implementation and agreement on a revised bed position for the hospital. • Bluestone Mental Health Hospital achieved Royal College of Psychiatry Accreditation status for the three working age inpatient wards.
 <p>Improved Access to Services</p>	<ul style="list-style-type: none"> • The Out-Patient Modernisation project is established with the aim to ensure integrated transformation and shared learning within Out-patient modernisation work. There are eight workstreams within the project with a number of these in parallel with the Regional Out-Patient Modernisation Project and its sub-groups for Enhanced Clinical Triage and Patient Initiated Follow-Up. • To date five of the eight workstreams have completed which focused on: ENT referral pathways, Envoy text messaging system, Integrated Elective Access Protocol (IEAP), Out-patient room utilisation and ENT QR code waiting list validation. • Non recurrent waiting list initiative funding of £15M was allocated to the Trust. As at 31st March 2025, 30,038 people have been removed from a waiting list. • Service Delivery Plan Performance monitoring continues. There were 11 Service Delivery Plan areas in 2024/2025 containing 60 individual service metrics/outcomes. The cumulative information from April 2024 to March 2025 shows that 55% of measures are either on track or partially on track. • CAH and DHH Theatre teams made significant improvements to the numbers of theatre lists available to services and achieved offering their full suite of 104 commissioned elective lists per week across both sites during the week commencing 31 March 2025. Work is ongoing to maintain this position and to maximise use of available sessions.

	<ul style="list-style-type: none"> • The Trust has representation on and contributes to the Regional Cancer Strategy Programme Board which the Trust has representation on and contributes to the Regional Cancer Strategy Programme Board, which is overseeing the implementation of prioritised actions within the Northern Ireland Cancer Strategy. • The Regional Rapid Diagnosis Centre on the South Tyrone site is moving to a two clinic Vague Symptom model post Encompass go live. At this stage the CT is operational, providing services for patients across the region and the MRI scanner is expected to be operational in July/August 2025. • The Adult Psychological Therapies Service, bringing together CBT, Steps to Wellness, Psychology Services and Condition Management Programme, was established. With a focus on increasing access, the service alignment has impacted positively on waiting times. • Children with Disability services have continued to upscale overnight short breaks provision to children and their families assessed as requiring this service. During 24/25 approximately 2.400 overnight short breaks away from home was delivered. In addition, there has been a significant increase in the level and variety of Day opportunities provided • Family Support and Safeguarding social work services in response to significant social work staff recruitment challenges has developed a skills mix service which provided timely access to families requiring a family support services.
 <p>Focus on developing services provided In the Community</p>	<ul style="list-style-type: none"> • The stabilisation plan aligned to DHH is largely fully implemented with the exception of achieving the required bed reductions on site. The range of hospital and community enablers are well embedded and evaluation has shown positive impact. • The Timely Care pilot project has been established and continues with development and implementation of services provided in the Community including; <ul style="list-style-type: none"> ✓ Ongoing work with NIAS and Nursing Home providers to develop alternatives to hospital for frail and elderly patients

- ✓ Enhancement of Acute Care at Home Trust wide
- ✓ Improvements in Enhanced Statutory Residential efficiency and capacity
- ✓ Review of opportunities to release and maximise Domiciliary Care capacity through the implementation of Care Line Live and the Early Review Team

The project has been continued to June 2025 and work is ongoing to monitor and oversee operational delivery of the Timely Care initiatives and to track their collective impact on unscheduled care flows into and out of the Acute Hospitals.

- The Trust continues to provide a range of statutory day opportunities for those with physical and learning disabilities. The Directorate is proud to report that a wide range of opportunities are on offer and includes activities and groups for the promotion of physical and mental health and well-being; skills development; horticulture and gardening; arts & crafts; music; social farming and equine therapy; physical activity and dance and drama. It is the aim of the Directorate to continue to expand and grow day opportunities. Service users are fully involved in the development of new initiatives and their feedback is used to inform the day opportunities programme of services.
- During April 2024 to March 2025 the newly established Community Alcohol Detox Team facilitated 55 service users in completing alcohol detox in the community thereby reducing the need for hospital related admissions.
- The Community Mental Health Services project continues to produce outcomes necessary to achieve full integration of the Primary Mental Health Care and Support and Recovery Teams. This project, aiming for full implementation by 30 April 2025, will improve service provision and promote consistency and equity of access for people in need of psychological therapy & mental health services.