What will Belfast Health and Social Care Trust look like in five years time?

This booklet sets out a strategic direction for Belfast Health and Social Care Trust. It is a vision for its future excellence, offering guidance to all involved in serving the citizens of Belfast, Castlereagh and across Northern Ireland. It is a framework to support innovation and creativity for all our staff.

Belfast Health and Social Care Trust was formed in April 2007 from the merger of six Trusts. We acknowledge the fine legacy that we are building on to deliver integrated and seamless, citizen-centred health and social care.

The Belfast Way explains the purpose for which the Trust exists and its business. We say what we will do over the next three to five years to fulfil this purpose. We set out the values and behaviours we expect of each other, the rules that will govern our actions and say how we will measure progress and performance. This document informs and underpins our annual plans and service performance. It also guides the delivery of the objectives and targets set by ourselves and others. Every year we will report on what has been accomplished.

Our purpose

Our purpose is to improve health and wellbeing and reduce health inequalities.

Health and wellbeing is a result of a complex and wide-ranging network of factors. People who experience material disadvantage, poor housing, lower educational attainment, insecure or no employment, or homelessness are more likely to experience poorer health and earlier death compared with the rest of the population.

Government policy is to grow an innovative and productive economy and build a fair society that promotes social inclusion, sustainable community and personal health and wellbeing. This will be done in ways that protect and enhance the environment and use resources efficiently and sustainably. Other key government priorities are to deliver modern high quality and efficient public services that meet the needs of the economy and the wider Northern Ireland society.

We will work within government policy, along with statutory and voluntary agencies, to secure the purpose of Belfast Health and Social Care Trust.

Health gain is improving but health inequalities are widening. Added to this major challenge are the ill health effects of obesity, infectious disease and climate change.

Our business

In partnership with others, and by engaging with staff, we will deliver safe, improving, modern, cost-effective health and social care.

A good corporate citizen

We will practice good corporate citizenship to embrace sustainable development. That means we will use our organisational resources in ways that benefit rather than damage the social, economic and environmental conditions we live in.

Safety first

We will ensure the safety of everyone who comes in contact with our health and social care services.

Modernising

We will reorganise and modernise both the delivery of high quality

health and social care and the equipment and buildings we use.

Services close to home

Most people with disabilities live in the community and we are committed to ensuring these citizens receive the support they need to live independent and contributing lives.

We are over-reliant on institutional settings, especially for the care of people with mental health and learning disability needs and we should bring care closer to where citizens live. Overall we will localise where possible and centralise services only where necessary.

Listening to people

We will work in partnership with all statutory bodies, community and voluntary organisations and the citizens of Belfast to improve everyone's health and wellbeing, listening to their views and experiences. We will unite the efforts of a committed and skilled workforce to secure excellence in the services we deliver into the future.

Our values

Our values guide our behaviour, our attitudes, the decisions we make and what we expect of one another. We have asked a range of people what matters most as we carry out our work. Through talking and listening to people - service users, carers, staff and others, four key values have emerged:

Respect and dignity

Accountability

Openness and trust

Learning and developing

Respect and dignity

- **We will** treat everyone with respect and dignity.
- **We will** respect the rights and choices of service users.
- **We will** put service users and carers needs at the core of service planning and delivery, and support person-centred approaches to care.
- **We will** be fair in our decisions and our actions, reflecting this in our policies and our practice.
- **We will** work in partnership across professions, services, organisations and communities to maximise the potential for health improvement, and achieve the best use of resources through joined up approaches.
- **We will** recognise the contributions of staff, users, carers, the community and others.

Accountability

- **We will** demonstrate personal and professional accountability in the provision of high quality care by competent staff in a safe environment.
- **We will** set and achieve clear standards in service delivery and care outcomes.

- **We will** contribute to and respect the formal accountability processes of the organisation.
- **We will** make the most of the financial and other resources we have through effective and efficient service planning, delivery and evaluation.

Openness and trust

- **We will** have clear processes for two-way communication with users, staff and the public.
- **We will** be open and transparent in our decision-making and communication and in doing so build a reputation for being trustworthy.
- **We will** provide timely, accessible and appropriate information to service users to support choice.
- **We will** keep people informed.

Learning and developing

- **We will** build the capacity of the organisation and our people through appropriate research, development and support.
- **We will** empower our people by developing and sustaining a learning culture.

Positive outcomes

On the firm base of our organisational values, five strategic objectives have been developed. These five pillars supporting our purpose contain the positive outcomes we wish to see from our work:

- Safety and Quality
- Modernisation
- Partnerships
- Our People
- Resources

We will set annual targets for each strategic objective, incorporating these in a management plan. The results will be outlined in performance reports to the Trust's Board of Directors.

Safety and Quality

A focus on safety, which everyone rightly expects, and continuous improvement in the quality of our services is a priority for everyone in Belfast Trust, from the Board of Directors to the teams providing care and services.

We will foster an open and learning culture where staff feel supported and where concerns about safety and care can be openly discussed. Training and personal development for all staff will be a cornerstone of our strategy to deliver safe, high quality care.

We will listen to patients and service users and work in partnership with stakeholders to ensure that lessons are learnt from their experiences.

We will provide care and treatment that is evidence based and audited, and will assess our performance using a range of measures that reflect outcomes.

We will benchmark ourselves against equivalent health and social care organisations

nationally and will adopt international best practice where properly evidenced and affordable.

We will continue and extend the programme of change introduced by our successful collaboration in the Safer Patients Initiative.

We will set as a priority the need to continually improve the ways we communicate with service users ensuring, where possible, that it is in a way they choose in order to maximise listening and partnership development – and that information about service users is recorded in a timely, accurate and secure way.

We will work in partnership with health care and other organisations to ensure continuity of care for patients and service users and to ensure their safety at all times.

We will deliver a risk management strategy that reflects international standards for health and social care.

We will use an external quality scheme to assure the quality and safety and accessibility of all our processes and systems and will focus on the development of reliable performance measures that take outcomes into account.

We will continue to assure the quality of our services, both to our Board of Directors and to external stakeholders. Risk and performance management will be integrated in our organisational governance arrangements.

Modernisation

Our Trust is continually reviewing services in order to deliver the best possible care in the right place at the right time. We are grateful for the input from service users that has already resulted in changes.

We believe it is timely to modernise the way we deliver our health

and social care. We want to reform and renew our services so we deliver care in a faster, more flexible, less bureaucratic and more effective way to our citizens.

We will improve access to health and social care services.

We will simplify and improve arrangements for accessing our services.

We will provide our services locally where the standard of service can be assured, and centralise our services where it will raise the quality of what we provide.

We will deliver, as far as possible, our services as a single service across Belfast even when it is delivered in different locations.

We will network our services with other health and social care providers to provide higher quality seamless services.

We will make our services more responsive to our citizens.

We will develop strategic service and capital plans, with the support
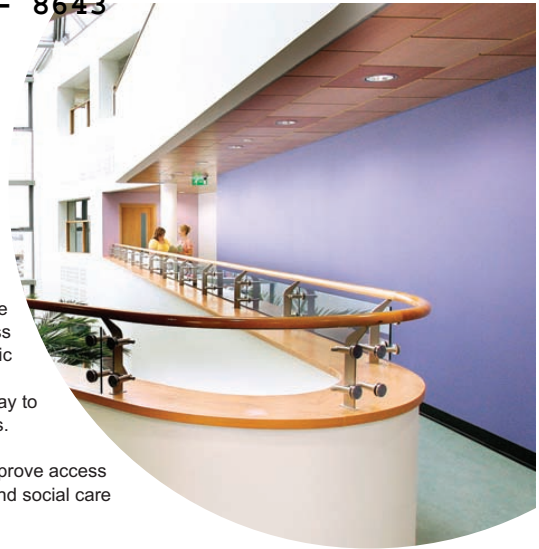
of our users, that will best deliver health and social care into the future.

Partnerships

Meaningful partnership working is an essential part of our work. In Belfast there are wide and unacceptable differences in health because of many factors that affect health including employment, housing, education and the environment in which people live. These differences affect particular groups in society disproportionately, for example, people with the lowest socio economic circumstances and black and minority ethic groups. In particular, Travellers experience the worst life expectancy of any group. We have a duty to work towards improving the health and wellbeing of these groups. However, inequalities have harmful effects on the whole of society and to make a difference requires a systemic and holistic approach. It is only by working in partnership with other agencies and the community and voluntary sectors that we will successfully address inequalities. We recognise the right of all individuals to the highest attainable standard of health. We require service users and staff to be free from stigma and all types of discrimination.

We will engage with service users, patients, their carers and relatives, communities, voluntary groups, trade unions, politicians and other organisations providing services to the public, to improve health and wellbeing and tackle inequalities and social exclusion.

We will contribute to civic leadership for the common good, working with a diverse range of stakeholders, to define public problems, identify solutions and support their implementation.

We will demonstrate our commitment, at all levels within the organisation, to work in partnerships based on mutual trust and equal ownership, to achieve shared goals.

We will build individual and organisational capacity to engage in partnerships and create a culture supportive to collaboration.

We will listen to the wide range of service user and community viewpoints and embrace the right of users and communities to contribute to solutions to their problems.

We will collaborate with trade unions, community organisations and the Belfast Area Partnerships to assist long-term unemployed people into jobs and to enhance career progression for those employed by the Trust.

Our people

Our vision is to be seen as an excellent employer within the health and social services family and beyond. Our people will feel valued, recognised and rewarded for their endeavours. They will be supported in their development - and their worth as individuals will be respected in the application of their skills in delivering on our vision and purpose.

We will secure and retain a high quality workforce who both understand their right to be treated as valued

individuals and their responsibility to contribute fully and positively to the organisation's aims

We will be an Investors in People organisation by ensuring the development of effective strategies to improve the performance of the Trust through its people. Our investment in learning and development, appraisal, induction and staff involvement and recognition will be key features of our people strategy.

We will improve the productivity and utilisation of our people over the next three years and beyond. This challenge will be characterised by openness, transparency, involvement, recognition and engagement with our people in modernising the services we provide for the benefit of our patients and clients while securing employability for our people.

We will work actively in partnership with staff organisations to both promote staff interests and the interests of our patients and clients and ensure a stable and productive industrial relations climate. We value the commitment of staff organisations to both the service and staff.

We will promote an ethos of equality and fair treatment of our people and use our organisation and its people as a force for good in Northern Ireland, contributing to equality and good relations through inter-agency work and community involvement.

We will listen to our people through initiatives such as the annual staff survey which will inform the development of action plans to help improve their working lives.

We will develop strategies to develop high performing teams and invest in leadership initiatives to develop leaders at all levels in the organisation to help secure transformational change. Key features will be the empowerment of individuals, encouragement to innovate and recognition of effort.

Resources

Our financial strategy will ensure that the income we receive from Government provides services, which add value, maximise health and social wellbeing outcomes, are affordable and set within the organisation's overall risk and assurance framework. The organisation's duty of care to the public is paramount in all expenditure decisions.

We must ensure that our spending and investment decisions are sustainable to secure improved health outcomes and social wellbeing both now and in the future and at its simplest maximise outcomes, resources and efficiency

We will engage with the Department of Health, Social Services and Public Safety and Commissioners of services to ensure we are appropriately funded for the services we provide.

We will ensure our spending /investment decisions deliver sustainable improvements in health outcomes.

We will proactively manage our money rather than have it manage us.

We will strive to have the right person doing the right thing in the right place and at the right time.

We will implement our capital redevelopment strategy which will ensure the appropriate infrastructure for a leading edge 21st century health and social care provider.

We will develop robust financial governance and performance management systems which will ensure probity in all we do and support the organisation in delivering its strategic objectives on an integrated service group basis.

We will maximise our use of technology, releasing our professional staff to focus on adding value to the patient, client experience and improving outcomes.

We will continue our relentless pursuit of unnecessary costs, maximise value for money and efficiency and keep our performance in the top quartile of UK health and social care organisations.

We recognise that the effect of our activities on the environment is significant. We will do our utmost to contain the environmental impact of our activities on both a local and global scale consistent with maintaining our responsibilities in providing high quality patient care. The Trust is committed to meeting all targets, all current legislative and regulatory requirements and learning from emerging best practice. We will also address all future environmental legislation in a proactive manner.

How decisions are made

The Board of Directors of Belfast Health and Social Care Trust is responsible for ensuring that the care and treatment provided by its staff is of the highest quality.

Executive and Non Executive Directors of the Board provide leadership of the organisation. Guided by the Minister and the Department of Health's priorities, they set the strategic direction in promoting the health and well-being of the citizens and communities of Belfast and people from other parts of Northern Ireland who use Trust's services.

They set the values and standards and ensure that the necessary financial and human resources are in place for the organisation to meet its objectives.

The Board defines strategic and corporate objectives and risks and monitors the achievement of these in the public interest. It has established a framework of prudent and effective controls to manage these risks, underpinned by core controls assurance standards.

Decisions taken by the Board are within a framework of good governance to ensure a successful organisation, which is always striving to achieve excellence in all aspects of care and treatment.

Through the involvement of users, carers and patients and through partnership with communities and the independent sector the Board ensures that its obligations are met to all the people of Belfast.

The Chief Executive is accountable to the Belfast Health and Social Care Trust Board, which consists of professional Executive Directors and lay Non-Executive Directors. The Chief Executive is the accountable officer to the Department for the performance of the organisation.

Clinical and Social Care leadership and operational management has been strengthened in the Trust to achieve the seamless integration of care and treatment across hospital and community services through five Service Groups. These are; Mental Health and Learning Disability Services, Clinical Services, Specialist Services, Older People, Medicine and Surgery Services, Social Services, Family and Childcare.

The Executive Team is the major source of advice and policy guidance to the Board of Directors. It includes Directors of Nursing, Social Work, Finance, Human Resources and Medicine who are held to account by the Chief Executive.

Our Trust is determined to make a positive difference to the lives of the people we serve.

Issued by the office of the Chief Executive, Belfast Health and Social Care Trust, Roe Centre, Knockbracken Healthcare Park, Saintfield Road, Belfast BT8 8BH Telephone 028 9096000.

In the interest of accessibility this document can be made available in a range of alternative formats.

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HSC Belfast Health and Social Care Trust

The Belfast Way

A vision of sustainable excellence
in health and social care for citizens
2008-2013

Belfast Health and
Social Care Trust

Employment Equality and Diversity Plan
2011 - 2014
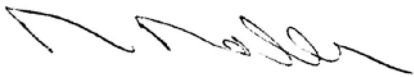
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Employment Equality and Diversity Plan

Foreword

The Belfast Health and Social Care Trust fully recognises its responsibilities as a major employer in the provision of healthcare and in particular its role and responsibilities to the staff who provide health and social care**.**

In order to progress this the Trust has developed its second Employment Equality and Diversity Plan in partnership with Trade Union representatives and in accordance with the guidelines on the development of an Equality Plan by the Equality Commission for Northern Ireland. The Trust's first Employment Equality and Diversity Plan covered the period 2008 – 2010 and this Plan will build on its success ensuring the effective implementation of a range of actions to further promote equality of opportunity across age, sexual orientation, religious belief, race, disability, political opinion, gender, marital status and persons with or without dependents.

Belfast Trust's overall purpose is to improve health and well being and to reduce health and social inequalities. This plan is part of the Trust's overall framework of actions to actively promote equality of opportunity in its interactions with service users, staff and other organizations and individuals.

The Trust looks forward to working in partnership and collaboration with individuals, staff representatives and the many organizations involved to ensure the successful and ongoing implementation of this Plan to provide and promote equality of opportunity.

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Mrs Marie Mallon
Director of Human Resources

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Introduction

This is the Belfast Health and Social Care Trust's second Employment Equality and Diversity Plan (the Plan). The first Plan covered the period 2008 – 2010 and was developed and implemented in partnership with Trade unions and in accordance with the Equality Commission for Northern Ireland Guidelines. The Plan was evaluated in September 2010 and all the objectives were successfully achieved.

The purpose of an Employment Equality and Diversity Plan is to provide a practical and manageable framework for coordinating all aspects of employment equality work undertaken in the Organisation. It is a voluntary initiative which allows for an integrated approach to the promotion of equality in employment across the nine section 75 equality categories – age, sexual orientation, religious belief, race, disability, political opinion, sex, marital status and persons with or without dependants. This second Employment Equality and Diversity Plan takes account of and pulls together all the objectives set out in the:

- Trust's Disability Action Plan
- The Action plan from the Trust's first Article 55 Review
- Staff Survey Action Plan
- Trust's Inequalities Action Plan Section 3 Employment Equality Objectives
- The Health and Well Being Strategy Action Plan as it relates to Employment Equality.

It enables a coordinated internal framework to be set out for the forward planning over the next 3 years of legislative, policy and best practice initiatives for the Employment Equality Team. In particular its objectives take account of the gaps that have been identified through the Inequalities Audit conducted in December 2010.

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Aim of the Employment Equality and Diversity Plan

The Plan has been developed in accordance with the requirements of each of the equality and anti discrimination laws in Northern Ireland and with the good practice recommendations of the Equality Codes of Practice and the Equality Commission's Unified Guide.

The aim of the Employment Equality and Diversity Plan is to assist the Trust across the full range of section 75 equality categories to:

- Promote equality of opportunity in employment for all persons
- Promote best practice with regard to all of its employment policies and practices
- Ensure that its employment policies and practices meet legislative requirements
- Create an environment where diversity is promoted and managed and all staff value people's differences

Implementation and Review of the Employment Equality and Diversity Plan

The Plan will be communicated throughout the Organisation and will be covered in the Trust's mandatory Equality Training programme. The Plan will be implemented between May 2011and April 2014, in line with the framework for the implementation of the Trust's Equality Scheme, Inequalities Action Plan and Disability Action Plan.

The Governance, Employment Equality and improving Working Lives Team established within the Trust will have operational responsibility for ensuring the implementation and monitoring of the Plan under the direction of the Co Director in Human Resources. Progress reports will be provided via the Accountability Review Process and the Plan will be reviewed on a 6 monthly basis in partnership with the Workforce Governance Policy sub Committee.

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Objectives

This Employment Equality and Diversity Plan sets out the ten key objectives to which the Belfast HSC Trust is committed to achieve over the next three year period. The specific detail of each objective is set out in the Action Plan. It is recognised that as legislative and best practice developments occur during the timeframe of this Plan the objectives will be reviewed and developed accordingly.

Key Objectives

The key objectives for 2011 – 2014 are:

4.1 To undertake a review of all existing Employment Equality Policies in order to ensure that these policies meet current legislative and best practice requirements;

4.2 To audit and review monitoring systems and practices to ensure that they continue to meet the statutory requirements under FETO for the annual monitoring return and Article 55 Review to the ECNI;

4.3 To develop and implement an Action Plan following the Article 55 Review to ensure that the necessary actions and recommendations identified are taken forward;

4.4 To ensure the employment equality aspects of the Trust's Equality Scheme and Section 75 Screening and Equality Impact Assessment requirements are met;

4.5 To implement the Employment objectives of the Trust's Inequalities Action Plan developed from the Inequalities Audit undertaken in 2010;

4.6 To specifically address issues associated with the recruitment and employment of people with disabilities and achieve the employment objectives set out in the Disability Action Plan;

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4.7 To promote and develop Improving Working Lives initiatives and implement the Health and Well Being at Work Strategy and Action Plan;

4.8 To implement the corporate action plan of the Regional Staff Survey for the Belfast Trust and undertake the 2011 Staff Survey. To undertake surveys as appropriate to ensure that the Trust expands its monitoring data and is able to assess the views and aspirations of all staff in relation to Employment Equality initiatives;

4.9 To ensure a programme of mandatory equality training for staff and managers is provided to raise awareness and ensure effective implementation of policies and best practices as well as outlining responsibilities and appropriate attitudes and behaviours. In addition provide a menu of additional training programmes;

4.10 To further develop relationships with relevant statutory and voluntary agencies to promote and develop employment equality initiatives and work in partnership with the Belfast Trust Health and Social Inequalities Team, Equality Commission for NI, Business in the Community, Employers for Disability, Opportunity Now and other key stakeholders to take forward a range of initiatives.

In order to achieve the above objectives the Trust has developed the following Action Plan. The actions may be subject to review over the period of the Plan.

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Action Plan

Objective 1: To undertake a review of all existing Employment Equality Policies in order to ensure that these policies meet current legislative and best practice requirements

Action		Date	Progress Update
i	To undertake a review of existing Policies and update if necessary. This will include the Equal Opportunities Policy, Harmonious Working Policy Joint Declaration of Protection and all the Work life Balance Policies.	April – June 2014	
ii	To liaise with the Equality Commission NI to ensure these Policies comply with Legislative and Best Practice Guidelines.	April – June 2014	
iii	To review and update the Flexible Retirement Policy taking account of the legislative requirements associated with the removal of the default retirement age and any regional agreements within HSC.	2011	
iv	To implement the Regional Framework on the Employment of People with Disabilities, Reasonable Adjustments Protocol and Disability Etiquette Guide tailored to the Belfast Trust.	2011	

Performance Indicator: All policies will be agreed with Trade Unions via the Trust's Workforce Governance Policy Sub Committee and the Trust Policy Committee. Reviews will be undertaken in line with agreed timeframes.

Objective 2: To audit and review monitoring systems and practices to ensure that they continue to meet the statutory requirements under

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FETO for the annual monitoring return and Article 55 Review to the ECNI and Trust information needs;

Action		Date	Progress Update
i	To ensure participation in regional systems working groups as part of BSTP to ensure that the new Human Resources IT system accurately records and reports on equality information.	Ongoing	
ii	To ensure procedures and checklists are developed to ensure consistency of practice in the provision of equality data and compliance with statutory monitoring requirements.	2011	
iii	To ensure detailed operating procedures are developed in relation to the annual monitoring return, Article 55 Review and the provision of equality screening data.	2011	
iv	To ensure links with Recruitment, Learning and Development and Workforce teams are well established and effective monitoring and audit arrangements are in place to ensure validated data.	Ongoing	

Performance Indicator: Accurate and up to date information is collected and retained on HRMS/EOMS, Recruit and Monitor and TAS systems and appropriate procedures are in place. Ensure appropriate arrangements are in place in relation to the BSTP

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Objective 3: To develop and implement an Action Plan following the Article 55 Review to ensure that the necessary actions and recommendations identified are taken forward;

Action	Date	Progress Update
i	To develop an Action Plan to take forward the recommendations of the Article 55 Review	June 2011
ii	To engage with the Equality Commission NI in relation to implementation of affirmative action and outreach measures as identified in the Trust's Article 55 Review.	Ongoing
iii	To work regionally via the Equal Opportunities Network Group to take forward common issues.	Ongoing
iii	To ensure the effective implementation of these measures and ongoing monitoring and review over the period 2011 - 2013	Ongoing

Performance Indicator: Action Plan is effectively implemented.

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Objective 4: To ensure that the employment equality aspects of the Trust's Equality Scheme and Section 75 Screening and Equality Impact Assessment requirements are met;

Action	Date	Progress Update
i	To ensure the effectiveness of employment equality support to managers relating to providing advice, staffing data and analysis in relation to Section 75 Screening and EQIA requirements.	Ongoing
ii	To ensure effective collaborative working with the Health and Social Inequalities Team in relation to the implementation of the Equality Scheme and screening responsibilities	Ongoing
iii	To ensure appropriate procedures in relation to the screening process are in place and that effective quality assurance mechanisms are implemented	2011
iv	To develop a system for monitoring any adverse impact of the implementation of proposals as required under Section 75	2011

Performance Indicator: Effective and consistent arrangements are in place and section 75 requirements are met.

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Objective 5: To implement the Employment objectives of the Inequalities Action Plan developed from the Inequalities Audit undertaken in 2010

Action	Date	Progress Update
i	To progress the regional and local objectives set out in the Inequalities Action Plan within the specified timeframe.	Ongoing

Performance Indicator: **Action measures achieved within timeframe**

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Objective 6:   To specifically address issues associated with the recruitment and employment of people with disabilities and achieve the employment objectives set out in the Disability Action Plan;

	Action	Date	Progress Update
i	To participate in the Trust's Disability Steering Group and any associated sub-groups taking forward agreed actions as identified in the employment objectives set out in the Disability Action Group's action plan.	As specified in Disability Action Plan	
ii	As a follow up to the Trust's Disability Survey establish a Focus Group/Forum with input from Employers for Disability for employees with a range of disabilities. The purpose of this group will be to influence Trust policy and practice with regard to the employment of people with disabilities and to address the issues raised by these staff.	2011	
iii	To implement the Regional Framework on the Employment of People with Disabilities which will replace the current Belfast Trust Policy.	2011	
iv	To develop and launch on line Discovering Diversity training on disability in association with Regional Disability Action Plan.	2011	
v	In partnerships with voluntary sector disability organisations and Employers for Disability provide an opportunity to facilitate	Ongoing	

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	Action	Date	Progress Update
	a minimum of 15 work placements per year throughout the Trust.		
vii	Ensure Trust representation on ECNI collaborative working group on Improving Access to Employment for people with disabilities to develop guidance for public sector on work placements arrangements and ring fencing of posts and ensure this is implemented into the Trust.	2011	
viii	Commitment to progressing Positive Action for Disabled people by establishing ring fenced job opportunities in year 1 in the area of Mental Health Disability and to roll this out to other disability groups in future years.	2011	
ix	Ensure existing employees who are or who become disabled are supported and facilitated through the Trust's reasonable adjustment arrangements and where appropriate, Conditions Management Scheme.	Ongoing	
x	Monitoring of effectiveness of Absence management protocol incorporating rehabilitation and reasonable adjustments arrangements.	Ongoing	
xi	The progress of these action points outlined above should be highlighted throughout the Trust using the appropriate internal communication mechanisms and externally	Ongoing	

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Action	Date	Progress Update
through Disability Groups as appropriate.		

Performance Indicator: Effective implementation of specific action points and achievement of targets where specified.

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Objective 7:   To promote and develop Improving Working Lives
initiatives and implement the Health and Well Being at
Work Strategy and Action Plan

	Action	Date	Progress Update
i	Ongoing promotion, evaluation and review of effectiveness of the suite of 8 Work Life Balance Flexible Working Policies.	Ongoing	
ii	To review and implement the Special Leave provisions to include additional paternity leave entitlements.	2011	
iii	To develop a Family Pack in collaboration with Employee Relations to set out the various entitlements	2011	
iv	To continue to promote child care and dependant care initiatives to include :- Child Care Voucher Schemes and Summer Schemes. In particular to ensure that planning and operating procedures are developed in relation to the establishment and running of the 3 Belfast Trust Summer Schemes.	Ongoing	
v	Collaborative working to achieve the objectives set out in the Health and Well Being at Work Strategy and Action Plan, including the Stress Group Action Plan.	December 2011	
vi	Ongoing provision of Domestic Abuse Support Scheme and formal evaluation of the Scheme.	Ongoing 2011	

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	Action	Date	Progress Update
vii	Ongoing promotion and provision of the TaxSmart Translink Salary Sacrifice Scheme and ensure effective liaison with the Transport Department in relation to the Cycle to Work Scheme.	Ongoing	
viii	Ongoing provision of staff support schemes - Maternity Information Sessions, MediCare Discount Scheme and Bank of Ireland Affinity Scheme.	Ongoing	
ix	Consideration of Workplace Health programmes – explore the Physical Activity Loyalty Award Scheme and investigate the possibility of BITC Big Tick/Employer of Choice Award and Employers for Childcare award.	December 2011	
x	To ensure HR representation on the Transport led Belfast Trust Travel Plan which aims to reduce car dependency for commuter and business travel.	2011/12	
xi	To investigate the IIP Health and Wellbeing award	2011/12	

Performance Indicator: To ensure that Improving Working Lives initiatives are promoted and accessed throughout the Trust and effectively evaluated.

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Objective 8: To implement the corporate action plan of the Regional Staff Survey for the Belfast Trust and undertake the 2011 Staff Survey. Undertake surveys as appropriate to ensure that the Trust expands its monitoring data and is able to assess the views and aspirations of all staff in relation to Employment Equality initiatives

Action		Date	Progress Update
i	To take forward the actions in the Staff Survey Corporate Action Plan and review achievements	June 2011	
ii	To project manage the DHSSPS Regional Staff Survey for the Belfast Trust in 2011/12 ensuring communication, implementation, analysis and action planning is taken forward.	2011/12	
iii	To ensure surveys associated with Section 75 workforce equality information are taken forward as appropriate. To liaise with the Equal Opportunities Regional Network Group, Equality Commission NI , Employers For Disability (NI), Directorate of Information Services and internal IT providers to ensure successful completion of surveys as appropriate	Ongoing	
iv	To ensure Section 75 Groups research findings and quantitative and qualitative data are available to the Employment Equality team and are utilized as appropriate In particular take forward the Rainbow Project Through our Eyes research findings on a regional basis.	Ongoing 2011/12	

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Performance Indicator: Surveys are implemented and action taken based on findings. Relevant research is effectively and appropriately utilised.

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Objective 9: To ensure a programme of mandatory equality training for staff and managers is provided to raise awareness and ensure effective implementation of policies and best practices as well as outlining responsibilities and appropriate attitudes and behaviours. In addition provide a menu of additional training programmes

	Action	Date	Progress Update
i	To ensure Managers' and staff's responsibilities in relation to equality, both employment equality and Section 75, are clearly set out in mandatory training and that Managers take ownership for ensuring that their staff have undergone the appropriate training.	Ongoing	
ii	Increased awareness and continued roll out of mandatory equality training for staff and managers on a "one stop shop" basis across Section 75 and Employment Equality	Ongoing	
iii	Provision of tailored training on request and Service Group specific training	Ongoing	
iii	Audit and evaluation of all current training provided to assess effectiveness in terms of accessibility and uptake.	September 2011	
iv	Promotion and evaluation of on line equality and diversity training, and the new Disability module of Discovering diversity training, in order to ensure provision of accessible and time efficient training.	Ongoing	

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Action		Date	Progress Update
v	Undertake a review of Cylix on line training and take forward recommendations as appropriate	September 2011	

Performance Indicator: Increased provision of mandatory training; evaluation of uptake of training and satisfaction with content; assessment of uptake of on line training.

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Objective 10: To further develop relationships with relevant statutory and voluntary agencies to promote and develop employment equality initiatives. Work in partnership with the Belfast Trust Health and Social Inequalities Team, Equality Commission for NI, Business in the Community, Employers for Disability, Opportunity Now and other key stakeholders to take forward a range of initiatives;

	Action	Date	Progress Update
i	To foster strong working relationships with relevant statutory and voluntary agencies through planned meetings and progress reviews with the ECNI, BITC Opportunity Now, Employers For Disability NI, Employers for Childcare and to work with these Agencies in specific initiatives, communicating the Trust's achievements through their newsletters and other communication networks.	Ongoing	
ii	To participate fully in the HSC Equal Opportunities Network to progress initiatives on a regional basis.	Ongoing	
iii	To develop and support workplace initiatives to promote respect and cultural diversity – in particular to sign up to the BITC Migrant Workers Charter and establish a multi disciplinary working group to develop and take forward an action plan.	Ongoing April 2011	
iv	To engage in Employability initiatives to remove barriers to employment and improve access for marginalised groups, including the long term unemployed, which will assist	Ongoing	

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	Action	Date	Progress Update
	in reducing health and social inequalities issues. Access support and advice set out in the ECNI Employability Toolkit		
v	Completion and analysis of Opportunity Now benchmarking Report and analysis of Trust Statistics. Development and Implementation of Opportunity Now action plan.	Ongoing	
vi	To ensure the effective communication of achievements and initiatives made under the Employment Equality & Diversity Plan both internally and externally to the Trust and work with the relevant Agencies in relation to hosting events and achieving awards.	Ongoing	

Performance Indicator: Evidence of partnership working and progress in relation to the action measures.

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HSC Belfast Health and Social Care Trust

EMPLOYMENT EQUALITY AND DIVERSITY PLAN

2014-2017

Treating everyone with respect and dignity

Being open and transparent in all our dealings

Being leading edge

Maximising learning and development

Being accountable

EMBEDDING AND LIVING TRUST VALUES

CONTENTS

EMPLOYMENT EQUALITY AND DIVERSITY PLAN 2014-17

INTRODUCTION

The Belfast Health and Social Care Trust is committed to the promotion of equality of opportunity and good relations in employment for all persons regardless of their

- age;

- dependant status;

- disability;

- gender (including gender reassignment);

- marital/civil partnership status;

- political opinion;

- race;

- religious belief;

- sexual orientation;

In line with this commitment the Trust has developed its third Employment Equality and Diversity Plan (the Plan) for the period April 2014 to March 2017.

The purpose of the Plan is to provide a practical and manageable framework to coordinate all aspects of employment equality work undertaken within the Trust. The Plan has been developed in accordance with the requirements of the equality and anti-discrimination legislation in Northern Ireland and with the good practice recommendations of the Equality Codes of Practice and ECNI Unified Guide

The Plan is driven by an integrated approach to the promotion of equality in employment in line with the corporate objectives of;

- Safety and Quality
- Continuous Improvement
- Partnerships
- Our People
- Resources

At its core are the Trust values of respect and dignity, openness and transparency, being leading edge, maximising learning and development and being accountable.

EMPLOYMENT EQUALITY AND DIVERSITY PLAN 2014-17

The Plan encompasses the following organisational strategies and action plans;

- S75 Action Plan
- Disability Action Plan
- Affirmative Action Plan (Fair Employment and Treatment Order 1998)
- Staff Survey Action Plan
- Health and Well Being Strategy Action Plan as it relates to Employment Equality
- Good Relations Strategy

As a large Health Trust employing in excess of 22 000 staff, we recognise that ensuring equality in employment and eliminating workplace discrimination and harassment are essential for developing a diverse workforce, attracting high calibre employees and maximising productivity. We are committed to being an 'equal opportunities employer' who genuinely aspires to

- prevent unlawful discrimination and harassment,

- promote a good and harmonious working environment, and who

- takes lawful outreach and/or positive action where appropriate.

The Plan provides a structured and practical action plan to implement this commitment and to build on our work to date. It is a living document, designed to be flexible to accommodate further developments in law and good practice, work priorities and available resources.

The Employment Equality Team, Human Resources Directorate will have operational responsibility for ensuring the implementation and monitoring of the Plan under the direction of the Co Director in Human Resources. The Team will work across the Human Resources Directorate, and in partnership with the Health and Social Inequalities Team, to integrate the plan and to ensure that the Trust's commitment to equality of opportunity is realised.

The Plan will be regularly monitored and reviewed with progress reports provided via the Accountability Review Process and in partnership with the Workforce Governance Policy sub Committee.

A strategy to communicate the plan, its actions and progress will be developed.

EMPLOYMENT EQUALITY AND DIVERSITY PLAN 2014-17

WORKFORCE PROFILE

The Trust benefits from the creativity and skills of a diverse workforce. The 2014 Fair Employment Annual Monitoring Return reported our workforce as at 1 January 2014 as 78% Female, 22% Male. 50% of the workforce are from a Roman Catholic community background, 45% from the Protestant community and 5% 'Other' or 'Non-Determined'.

Additional equality monitoring data is collected across a further 9 grounds. Staff are encouraged, although not obliged, to provide this information. The equality monitoring statistics across these grounds show the following results as at 1 January 2014;

- 79% describe their ethnic group as 'White', 4% as 'BME'. The remaining 17% of staff have not reported this information.

- 2% of staff describe themselves as having a disability under the Disability Discrimination Act 1995. 32% of staff did not report this information.

- 29% are aged <35, 55% between 35 and 54, 15% between 55 and 64 and 2% 65+.

- 56% of staff are married or in a civil partnership, 38% 'Single', 4% 'Other'.

- 21% of staff describe themselves as having personal responsibility for the care of family members or other persons. 59% of staff did not report this information.

- 37% of employees described their sexual orientation as towards someone of a different sex, 1% as towards the same sex or both sexes. 54% of staff did not report this information with a further 8% recording that they did not wish to answer.

- 14% describe their nationality as British, 6% as Irish, 2% as other European and 0.24% as Non EU. 78% of staff did not report their nationality.

- 23% describe their religious belief as 'Christian', 1% as 'Other' and 7% as 'No religious belief'. 69% of staff did not report their religious belief.

- 6% of staff described their political opinion as 'Broadly Nationalist', 7% 'Broadly Unionist' and 7% as 'Other'. 54% of staff did not report this information with a further 26% recording that they did not wish to answer.

This Plan commits us to addressing equality and diversity issues for all staff. Mechanisms to encourage staff to report and update their equality monitoring data are incorporated into the associated action plan.

EMPLOYMENT EQUALITY AND DIVERSITY PLAN 2014-17

OBJECTIVES

1. TO PROMOTE AND CHAMPION EQUALITY, GOOD RELATIONS AND DIVERSITY WITHIN THE ORGANISATION

2. TO DEVELOP AND MAINTAIN CORPORATE POLICIES AND PROCEDURES WHICH SUPPORT AND UNDERPIN EQUAL OPPORTUNITIES AND DIVERSITY IN THE WORKPLACE

3. TO FOSTER AN ACCESSIBLE AND INCLUSIVE WORKING ENVIRONMENT FOR ALL STAFF AND CONTINUE TO TAKE STEPS TO ENSURE OUR WORKFORCE IS REPRESENTATIVE OF THE COMMUNITY WE SERVE

4. TO SET IN PLACE APPROPRIATE SYSTEMS TO EVALUATE AND MEASURE THE SUCCESS OF CORPORATE HR POLICIES AND THE IMPLEMENTATION OF THE EMPLOYMENT EQUALITY AND DIVERSITY PLAN

To assist in the monitoring of the effectiveness of the Plan additional detail on each of these objectives including key strategies to be adopted and intended outcomes are provided in the tables below. Detailed Action plans correlated to corporate objectives can be found in Appendix 1 of this document.

 It is recognised that as legislative and best practice developments occur during the timeframe of this Plan the objectives will be reviewed and developed accordingly.

EMPLOYMENT EQUALITY AND DIVERSITY PLAN 2014-17

OBJECTIVE	ENABLERS	RESULTS
1: TO PROMOTE AND CHAMPION EQUALITY, GOOD RELATIONS AND DIVERSITY IN EMPLOYMENT	*Leadership at all levels is committed to the promotion of equality and diversity across the organisation. This is clearly demonstrated within the Trusts corporate plan and mainstreamed throughout the organisation.* *A mandatory programme of equality training is provided for all staff and managers with refresher training every 5 years.* *A menu of additional equality training is provided including bespoke training for directorates to improve and enhance the management of equality issues.* *The development of effective and inclusive communications practices.* *Partnership working with internal and external stakeholders.*	✓ Staff understand their roles and responsibilities in the promotion of equal opportunities and maintaining a good and harmonious working environment ✓ Managers are encouraged to inspire, support and enhance a culture of equal opportunities ✓ Internal and external stakeholders and potential applicants believe the organisation is committed to equal opportunities and diversity. ✓ Data collected and continuous improvement reflected in staff surveys. ✓ Increase in levels of attendance at mandatory equality training ✓ Delivery of bespoke equality training to directorates ✓ Reduction in equality related complaints ✓ Employers for Disability accreditation as an Employer of Excellence maintained

EMPLOYMENT EQUALITY AND DIVERSITY PLAN 2014-17

OBJECTIVE	ENABLERS	RESULTS
2: TO DEVELOP AND MAINTAIN POLICIES AND PROCEDURES WHICH SUPPORT AND UNDERPIN EQUAL OPPORTUNITIES AND DIVERSITY IN THE WORKPLACE	*An equality audit of employment policies and procedures is conducted.* *Recommendations for improvements are incorporated into the action plan with appropriate training and communication across the organisation.* *Liaison with advisory agencies including the Equality Commission for NI to ensure legislative compliance and promotion of good practice.* *Policies and procedures agreed with Trade Unions via the Trust's Workforce Governance Policy Sub Committee and the Trust Policy Committee.*	✓ **Be able to demonstrate that employment policies and procedures support the commitment to offer equality of opportunity and promote a working environment and culture that seek to respect, value and harness difference** ✓ **Development of gender identity/transgender policy** ✓ **Development of Reasonable Adjustment training for managers** ✓ **Increase awareness of good relations strategy and associated initiatives** ✓ **Utilisation of Bullying and Harassment Support Service** ✓ **Utilisation of Domestic Abuse Support Service** ✓ **Increased awareness and uptake of IWL initiatives**

EMPLOYMENT EQUALITY AND DIVERSITY PLAN 2014-17

OBJECTIVE	ENABLERS	RESULTS
3: TO CONTINUE TO TAKE STEPS TOWARDS MAKING OUR WORKFORCE MORE REPRESENTATIVE OF THE COMMUNITY WE SERVE	*The adoption of practices to promote equality of opportunity and encourage fair participation.* *The audit and review of equality monitoring systems and procedures to ensure that they continue to meet the statutory requirements including FETO and S75 reporting.* *The promotion of HRPTS employee self- service to update employee equality data and better inform policy development through S75 screening and EQIA processes.* *The monitoring of the workforce and flows across equality categories and benchmark against appropriate comparators.* *Identifying and modifying or removing practices that act as barriers whilst developing appropriate affirmative and positive action strategies.*	✓ **Accurate and up-to-date employment equality statistical information is available to complete statutory returns and S75 processes** ✓ **Increased levels of reporting of equality monitoring data by staff** ✓ **Be able to demonstrate progress towards goal of workforce being more reflective of the NI labour market** ✓ **Increased applications and appointments for advertised posts from under- represented groups** ✓ **Develop further links with schools to promote fair employment affirmative action programme** ✓ **Affirmative action and outreach measures agreed with ECNI and implemented locally and regionally as appropriate**

EMPLOYMENT EQUALITY AND DIVERSITY PLAN 2014-17

OBJECTIVE	ENABLERS	RESULTS
4: TO SET IN PLACE APPROPRIATE SYSTEMS TO EVALUATE AND MEASURE THE SUCCESS OF POLICIES AND THE IMPLEMENTATION OF THE EMPLOYMENT EQUALITY AND DIVERSITY PLAN	*The extent to which the organisations' management of equality and diversity contributes to corporate objectives.* *Evaluation of policies, procedures and training designed to promote equal opportunities within the organisation.* *The Plan is monitored with quarterly reports of progress considered by the senior management team*	✓ Be able to demonstrate implementation of the Employment Equality and Diversity Plan ✓ Statutory reporting completed ✓ Staff surveys conducted to agreed timescale ✓ Evidence of partnership working with internal and external stakeholders ✓ Awareness of achievements and initiatives under the Plan ✓ Managers awareness of qualitative and quantitative employment equality data in S75 screening and EQIA processes

EMPLOYMENT EQUALITY AND DIVERSITY PLAN 2014-17

APPENDIX 1- ACTION PLANS BY OBJECTIVE

OBJECTIVE 1		
TO PROMOTE AND CHAMPION EQUALITY, GOOD RELATIONS AND DIVERSITY WITHIN THE ORGANISATION		
CORPORATE OBJECTIVES	ACTION	
A CULTURE OF SAFETY AND EXCELLENCE	1A	Develop and implement a Communication Plan to promote the Plan its objectives and associated Employment Equality Policies and Procedures.
	1B	Integrate the objectives of the Employment Equality and Diversity Plan with organisational strategies and action plans including; o S75 Action Plan o Disability Action Plan o Affirmative Action Plan (Fair Employment and Treatment Order 1998) o Staff Survey Action Plan o Health and Well Being Strategy Action Plan as it relates to Employment Equality o Good Relations Strategy o Human Resources Business Plan
CONTINUOUS IMPROVEMENT	1C	Implement and promote a programme of mandatory equality training across Trust locations for all staff
	1D	Review systems and procedures to monitor attendance at equality training.
	1E	Work with Directorates on demand to develop effective training programmes to meet the needs of Managers.

EMPLOYMENT EQUALITY AND DIVERSITY PLAN 2014-17

CONTINUOUS IMPROVEMENT	1F	Maintain and review comprehensive evaluations of equality training to ensure Trust needs are met and resources are sufficient to deliver.
	1G	Develop an e-learning mandatory training option for staff
	1H	Support Learning & Development vocational training programmes with equality training.
PARTNERSHIPS	1I	Promote, develop and support the employment equality networks including o Disabled Employee Network o HSC Regional LGBT Network
RESOURCES	1J	Audit the accessibility of training venues across the Trust and review arrangements for the communication and facilitation of reasonable adjustments.

EMPLOYMENT EQUALITY AND DIVERSITY PLAN 2014-17

OBJECTIVE 2:

TO DEVELOP AND MAINTAIN POLICIES AND PROCEDURES WHICH SUPPORT AND UNDERPIN EQUAL OPPORTUNITIES AND DIVERSITY IN THE WORKPLACE

CORPORATE OBJECTIVES		ACTION
A CULTURE OF SAFETY AND EXCELLENCE	2A	To develop a timetable to review existing Employment Equality Policies and Procedures to ensure legislative compliance and promotion of best practice.
	2B	Contribute to organisational policy development through S75 screening and EQIA processes from an employment equality perspective. Work with HSI colleagues to review and agree with ECNI a revised screening template and associated guidance to ensure the effective implementation of S75 duties.
CONTINUOUS IMPROVEMENT	2C	Develop the employment context of the Good Relations strategy incorporating; ○ Staff survey results ○ Review and further develop workplace initiatives to promote and respect cultural diversity including the review and development of the Migrant Workers Charter. ○ Link to FETO affirmative action programme ○ Actions to further promote a good and harmonious working environment.
CONTINUOUS IMPROVEMENT	2D	To continue to implement the employment dimension of the Disability Action Plan and associated Framework on the Employment of People with Disabilities.

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CONTINUOUS IMPROVEMENT	2D	Incorporate training on the Disability Discrimination Act and Reasonable Adjustments into attendance management training.
		To develop a programme of training for managers on managing disability in the workplace with a focus on the reasonable adjustment duty.
		To review and further develop reasonable adjustment guidelines for managers.
	2E	Review equality related employment law activity to identify common themes and areas for learning and development and engage with Service Directorates as appropriate.
OUR PEOPLE	2F	Work in partnership with a regional equality group to develop and implement good practice policies and procedures in relation to transgender and gender identity issues in the workplace.
	2G	Develop and implement a Staff Bullying and Harassment Support Service.
	2H	Continue to promote and support the Domestic Abuse Support Service for staff in partnership with HSI Team.
	2I	Promote and develop Improving Working Lives policies, procedures and initiatives. Implement the Health and Well Being at Work Strategy and Action Plan.

EMPLOYMENT EQUALITY AND DIVERSITY PLAN 2014-17

OBJECTIVE 3 TO CONTINUE TO TAKE STEPS TOWARDS MAKING OUR WORKFORCE MORE REPRESENTATIVE OF THE COMMUNITY WE SERVE		
CORPORATE OBJECTIVE	ACTION	
A CULTURE OF SAFETY AND EXCELLENCE	3A	Ensure equality monitoring systems continue to meet the statutory requirements including FETO and S75 reporting.
	3B	Complete and submit annual fair employment monitoring return.
	3C	Review Trust's second A55R (2010-13) and associated action plan against 2011 census data. Evaluate progress and update affirmative action plan in consultation with Equality Commission for NI.
	3D	Implement FETO Affirmative Action Plan and further develop a programme of action to outreach and engage with the under-represented community including; o Participation in sectoral affirmative action strategy in partnership with ECNI o Link with Learning & Development Team to further develop outreach to schools and community groups o The use of a welcoming statement in recruitment advertisements (where appropriate) o Development of an action plan to address issues identified with local community groups through surveys and focus groups to ascertain barriers to employment.

EMPLOYMENT EQUALITY AND DIVERSITY PLAN 2014-17

CONTINUOUS IMPROVEMENT	3E	Benchmark workforce profile against other organisations.
	3F	In partnership with voluntary sector disability organisations provide a minimum of 15 work placements per year across the Trust.
	3G	Continue to progress positive action initiatives for disabled people through the establishment of ring-fenced posts through the Workable Supported Employment Scheme.
	3H	Maintain Employers for Disability accreditation as an Employer of Excellence and progress employability initiatives.
OUR PEOPLE	3I	Further develop employment equality monitoring to encompass; ○ Race and nationality ○ Community background and religious belief
	3J	Participate in the Trust's Disability Steering Group and associated sub-groups taking forward agreed actions as identified in the Groups Action Plan.
	3K	Ensure existing employees who are or who become disabled are supported and facilitated through the Trust's reasonable adjustment (RA) arrangements and where appropriate, Conditions Management Scheme. Monitor the effectiveness of the absence management protocol incorporating rehabilitation and RA arrangements.

EMPLOYMENT EQUALITY AND DIVERSITY PLAN 2014-17

OBJECTIVE 4

TO SET INPLACE APPROPRIATE SYSTEMS TO EVALUATE AND MEASURE THE SUCCESS OF POLICIES AND THE IMPLEMENTATION OF THE EMPLOYMENT EQUALITY AND DIVERSITY

CORPORATE OBJECTIVE	ACTION	
CONTINUOUS IMPROVEMENT	4A	Monitor implementation of Employment Equality and Diversity Plan and report on progress.
	4E	Ensure the availability of qualitative and quantitative employment equality data to support policy development and S75 screening and EQIA processes.
	4F	Monitor the uptake of policies and initiatives to support the implementation of the Employment Equality and Diversity Plan.
PARTNERSHIPS	4B	Further develop relationships with relevant statutory and voluntary agencies to promote, develop and evaluate employment equality initiatives including; o Equality Commission for NI o Business in the Community o Employers for Disability NI o Employers for Childcare o Community, voluntary and TU organisations
PARTNERSHIPS	4C	To ensure the effective communication of achievements and initiatives made under the Employment Equality and Diversity Plan to both internal and external stakeholders.
RESOURCES	4D	Ensure systems and processes are in place to conduct staff surveys and assess the views and aspirations of all staff in relation to employment equality initiatives.

EMPLOYMENT EQUALITY AND DIVERSITY PLAN 2014-17

APPENDIX 2: WORKFORCE PROFILE

GENDER
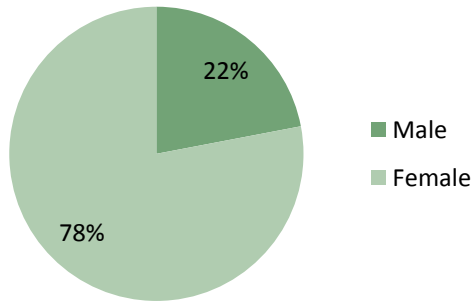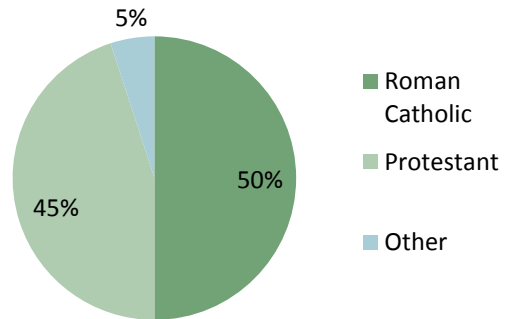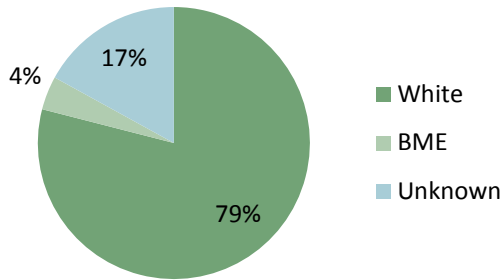
Male
Female

22%
78%

COMMUNITY BACKGROUND

5%

Roman Catholic
Protestant
Other

50%
45%

RACE

17%
4%
79%

White
BME
Unknown

POLITICAL OPINION

6%
7%
7%
26%
54%

Broadly Nationalist
Broadly unionist
Other
Unknown

NATIONALITY

6%
2%
<1%
14%
78%

British
Irish
Other EU
Non EU
Unknown

RELIGOUS BELIEF

23%
1%
6%
70%

Christian
Other
None
Unknown
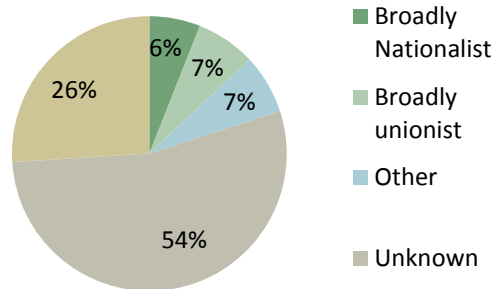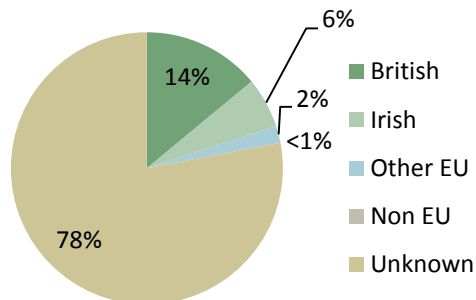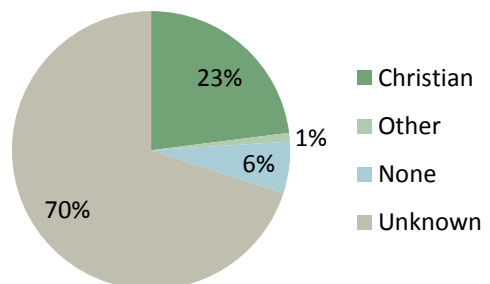
EMPLOYMENT EQUALITY AND DIVERSITY PLAN 2014-17

DISABILITY

2%

- Disabled
- Non-Disabled
- Unknown

32%

66%

MARITAL STATUS

6% 2%

- Married/CP
- Single
- Other
- Unknown

37%

55%

AGE

2% 4%

15%

24%

- 16-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+

29%

26%

SEXUAL ORIENTATION

1%

- Same Sex
- Opposite Sex
- Both sexes
- Do not wish to answer
- Unknown

37%

54%

8%

<1%
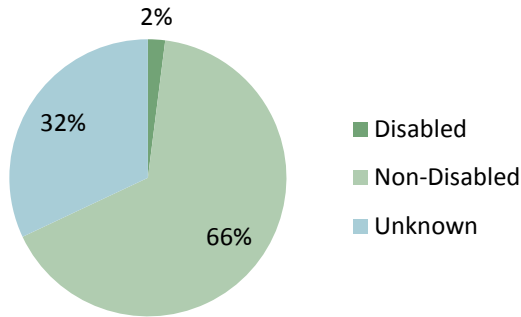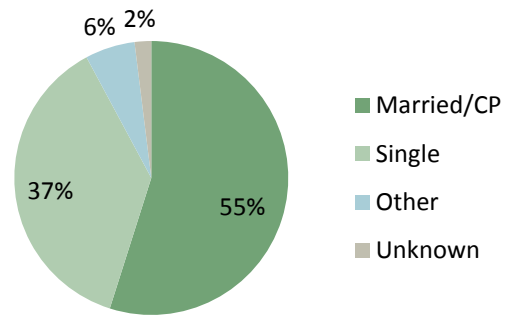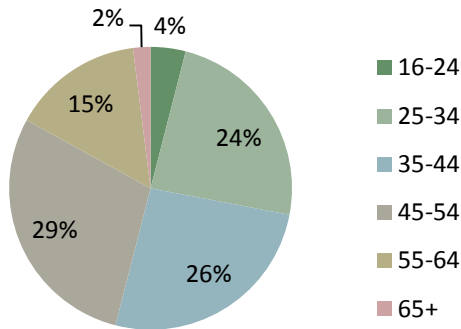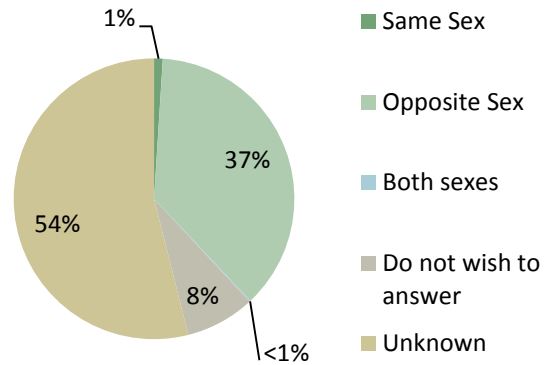
CARING RESPONSIBILITY

21%

- Yes
- No
- Unknown

59%

20%
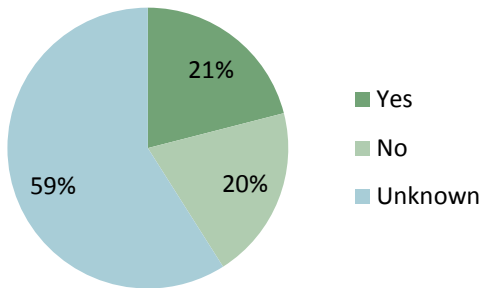
EMPLOYMENT EQUALITY AND DIVERSITY PLAN 2014-17

For further information on the implementation of the Employment Equality and Diversity Plan please contact;

Employment Equality Team

Human Resources Directorate

McKinney House (4th Floor)

Musgrave Park Hospital

Stockman's Lane

Belfast

BT9 7JB

EMPLOYMENT EQUALITY AND DIVERSITY PLAN 2014-17

Belfast Health and Social Care Trust

A Good Relations Strategy

for Belfast Health and Social Care Trust

2012-2015

healthy relations for a healthy future

If you require this document in alternative formats and/or minority languages please contact:

Equality Manager
Graham House
Knockbracken Healthcare Park
Saintfield Road
Belfast BT8 8BH

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Contents

Belfast Health and Social Care Trust would like to acknowledge the contribution and engagement of those individuals and organisations who helped to inform development of this Strategy.

Foreword

Belfast Health and Social Care Trust is the largest Trust in Northern Ireland. We serve an increasingly diverse population of 340,000 people in Belfast, provide regional services across Northern Ireland, and we employ 20,000 staff. The Trust's overall purpose is to 'improve health and well-being and reduce health inequalities'. As a public authority we have a legal responsibility under Section 75 of the Northern Ireland Act 1998 to promote equality of opportunity between nine groups in the areas of religion, race, political opinion, disability, marital status, sexual orientation, dependant status, age and gender and in addition to promote good relations between persons of different religious belief, racial group and political opinion. Belfast Trust wants to go beyond compliance and proactively create an organisation where service users and staff feel valued, respected and comfortable irrespective of race, religion or political opinion.

We are committed to embracing diversity, promoting good relations and challenging sectarianism and racism to ensure service users and staff enjoy equality of opportunity and access to health and social care in a welcoming and safe environment. From a strategic point of view, as we reform and reorganise services across Belfast to provide a comprehensive, inclusive and personalised service for all patients and clients, it is important that we have a Good Relations Strategy in place.

We know how important engagement and consultation with our people is to ensure that a Trust Strategy is meaningful and meets identified needs. The Trust therefore, carried out a consultation process with stakeholders to inform this Strategy and most importantly the actions contained within it.

We hope this Strategy reflects the feedback received and demonstrates the Trust's commitment to the promotion of good relations and equality of opportunity. It is a working document – a strategy in progress and it will continue to adapt to the changing needs of a society in transition.

Yours sincerely

Colm Donaghy
Chief Executive

Professor Eileen Evason CBE
Acting Chair

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Context

As a public authority, Belfast Trust has been promoting good relations as part of its duty as an employer and service provider since its inception in 2007 under Section 75 of the Northern Ireland Act (1998). However, as the largest health and social care provider in Northern Ireland employing one of the largest workforces, we want to go one step further and take the lead in formally developing a Good Relations Strategy that is endorsed by our staff, service users and the community we serve. Our services are provided in locations throughout North, South, East and West Belfast and beyond. It is unlikely that in Belfast and beyond you will not, at some stage, have accessed services provided by Belfast Trust. The organisation's overall purpose is to improve health and well being and reduce health inequalities It is acknowledged that there is a direct link between good relations and the reduction of health inequalities[1], therefore, as an organisation, it is important that we are openly committed to promoting Good Relations and challenging sectarianism and racism.

Our organisation's corporate values include respect and dignity, openness and Trust. Developing a Good Relations Strategy will support these values and contribute to ensuring that all our services and locations are accessible, safe and welcoming to everyone.

The Trust is required by its legal duties under Section 75 equality legislation, in carrying out its functions, to promote equality of opportunity and good relations. The legislation's second duty to promote good relations between persons of different racial group, religious belief and political opinion relates to the unique conflict in Northern Ireland. The Trust recognises the legacy of the past and that Northern Ireland is in a transitional period towards normalisation. We are committed to addressing any potential communal barriers that may still exist to ensure that all Trust facilities are safe and welcoming shared spaces for all the community. The correlation between equality of opportunity and the promotion of good relations was highlighted by the Equality Commission for Northern Ireland in its revised guidance in April 2011 when it stated [2] "it is vital that the Good Relations duty is taken seriously. It is important that it is mainstreamed and reported upon, the inter-dependence of equality and Good Relations is crucial".

This Good Relations Strategy was developed in partnership with key stakeholders, Belfast Trust staff, service users and the community. The key themes in the strategy evolved from pre consultation and engagement with stakeholders and are designed to address the main findings from the pre consultation. It is a demonstration of Belfast Trust's commitment to mainstream good relations and embrace diversity.

1 Better Together: A guide for people in the health service on how to help build more cohesive communities, published by the Institute of Community Cohesion, (2009)

2 Section 75 of the Northern Ireland Act, A guide for Public Authorities, 2010.

Methodology

Developing the strategy

Key to the development of this strategy, to ensure that it was relevant and appropriate for the needs of all stakeholders, was the pre consultation and engagement process carried out with service users, staff, Section 75 representative groups, community and voluntary organisations, Trade Unions and religious groups. An Internal audit of ongoing work in terms of good relations was also carried out in each service area.

Steering Group

A Good Relations Steering Group was established to assist in the development of this Strategy. The Group comprised representatives from different Trust directorates, professions, Trust Chaplaincy, representatives from community organisations, partnerships, ethnic groups, the Community Relations Council and Trade Unions. The steering group has overseen the development of the Good Relations Strategy, including an audit of current policies, initiatives and issues in Employment, Service Provision, Procurement, Communications and Complaints in respect to race, religion and political opinion. Membership of the Good Relations Steering group is set out in appendix 2.

Engagement

Feedback from service users and staff was sought via a questionnaire which was carried out in 10 Trust locations which included each of the Trust Acute Hospitals and Health and Wellbeing Centres. We also engaged with community and voluntary organisations.

Outcome from engagement

General feedback from service users showed that the majority of people felt comfortable accessing any of the Trust facilities. Service users stated that they were treated well irrespective of their race, religion or political opinion. Internally, audit findings indicated there was already a lot of work undertaken by the Trust to promote good relations. Feedback from service users however, indicated that as a Trust we ought to be more proactive in promoting and informing people about initiatives that promote equality of opportunity and support diversity and good relations.

There was a positive response from staff in relation to how they are treated in terms of race, religion and political opinion. This Strategy hopefully reflects the main priorities identified from our pre-consultation. We are now issuing the Strategy for full public consultation and any resultant feedback will inform the final Strategy. A summary of both engagement processes are in appendices 3 and 4 of this document. Full results from the questionnaire and community engagement workshop can be accessed on the good relations audit. (http://www.belfasttrust.hscni.net/pdf/Good Relations Survey.pdf).

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Key findings

Service Users

- 96% are comfortable using any of the Trust premises
- 98% said they are treated well irrespective of their race, nationality, religion or political opinion.

"Belfast Trust should not tolerate any terms of language which could be deemed as sectarian"

"Keep the public more informed when services are being moved"

Staff

- 92% did not feel their race affected how they were treated as an employee
- 90% would feel confident to raise an issue in regard to race, religion or political opinion

Community

"It is not always about neutralising a space it is about how the Trust taps into local initiatives that promote Good Relations".

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Belfast Trust objectives underpinning development of a Good Relations Strategy

Setting a strategic direction

Purpose

Improve health and wellbeing and reduce health inequalities

Values and behaviours

Respect and dignity	Openness and trust
Accountability	Learning and development

5 Corporate Objectives

Safety and Quality	Modernisation	Partnerships	People	Resources

Belfast Trust's values and corporate objectives provide the foundation that supports the ethos of promoting good relations and the benefits incorporated within that for an organisation and service delivery. Linking the Strategy to Belfast Trust's corporate objectives will ensure the Strategy is embedded within Trust functions and will contribute to continuity and mainstreaming.

Corporate objectives – Good Relations Strategy

Safety & quality

The Good Relations Strategy supports safety by ensuring all Trust facilities and locations are safe and welcoming for staff and users, providing an environment that enhances service delivery and that delivers highest standards of care.

Modernisation

The Strategy will contribute to the utilisation of existing policies and initiatives that foster good relations and will develop new ones that reflect and meet the needs of service delivery, staff and service users in a new era of political, social and economic stability. It will embrace modernisation to mainstream good relations within the Trust.

Partnerships

Promoting good relations will build on and develop partnerships with staff, users, Trade Unions, Section 75 organisations and communities to ensure full utilisation and access to all Trust facilities. It will contribute to improved communication with partners to develop good relations and improve health and wellbeing and reduce inequalities.

Staff

The Strategy will assist the development of a work force that is trained and skilled in embracing good relations and where sectarianism and racism are not tolerated. The Trust will continue to show leadership in promoting good relations for all staff through the implementation and evaluation of this Strategy, associated policies and through the provision of a programme of training and awareness raising. Progress will be reviewed to ensure the aims of the Strategy are upheld.

Resources

Belfast Trust resources will be utilised to ensure all our facilities have a welcoming environment for staff and service users. Resources will be used to facilitate staff training, develop partnerships, policies, programmes and initiatives that will contribute to the mainstreaming of good relations and the creation of an organisational culture that acknowledges and challenges racism and sectarianism.

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Benefits of a Good Relations Strategy for the Belfast Trust

- The promotion of good relations supports the fundamental right for everyone to the highest attainable standard of health and social care.

- The development of a Good Relations Strategy demonstrates leadership and formalises commitment by the Belfast Trust to promote and mainstream good relations to improve health and wellbeing, reduce inequalities and improve access to services.

- This Strategy will contribute to the Trusts ongoing commitment to ensuring a harmonious working environment for all staff.

- Promoting a welcoming and safe environment for staff and service users prevents duplication of services and improves productivity and efficiency.

"Good Relations is not just a statutory duty but a commitment to corporate governance, social responsibility and to best management practice. All organisations can benefit from pro-active good relations policies. Put simply good relations is good business and management practice."

Community Relations Council, (A Good Relations Framework)

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A Good Relations Strategy for Belfast Trust

Based on considered analysis of the findings of the quantitative and qualitative internal and external audits carried out with service users, community groups, Section 75 representative groups, other statutory organisations, Trust staff and key personnel spanning a number of service areas, a wide range of initiatives and projects have been identified. Some of the initiatives will be time limited and others will be ongoing or permanent. One initiative is the development of a Belfast Trust good relations statement which outlines our commitment to the promotion of good relations. The aim of the work programme is to respond in a meaningful manner to identified priorities. Priorities have been incorporated into a number of key themes:

Communicating our Commitment to Embracing Diversity and Good Relations

Working Together for Healthy Relations for a Healthy Future

Embracing diversity and innovation to Improve Access to Services

Promoting Diversity and Good Relations through Employment

Embedding Good Relations in Trust Corporate Functions

Belfast Trust's statement on promoting good relations:

"BHSCT wishes to publicly express its commitment to providing an environment where Health and Social Care is provided in a safe and welcoming environment. The Trust will ensure that all service users and staff experience equality of opportunity in accessing Trust facilities, services and employment irrespective of race, religion or political opinion. The Trust will be proactive in challenging sectarianism and racism and will promote good relations to ensure access to services for everyone."

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Communicating our commitment to embracing diversity and good relations

We need to provide a service that improves health and wellbeing and reduces health inequalities. We must ensure that our services are provided in facilities and environments that are safe, welcoming and accessible to everyone, where everyone feels comfortable and secure and where sectarianism and racism are not tolerated. We will:

- Develop and carry out a formal public consultation on a Good Relations Strategy for the Belfast Health and Social Care Trust. The completed Strategy will be formally launched and disseminated to all stakeholders

- Develop a statement which expresses the Trust's commitment to promoting equality of opportunity through embracing diversity and challenging sectarianism and racism. The statement will be prominently displayed in each of the Trust's facilities

- Celebrate Community Relations Week by organising events and initiatives in partnership with the Community Relations Council, Trust staff, Trade Unions, the community and other partners

- Continue to require that all Trust staff and managers attend mandatory training for Equality, Good Relations and Human Rights

- Produce and circulate a bi-annual news brochure highlighting information on Trust events and activities to promote equality of opportunity and good relations

- Work in partnership with all directorates and ethnic minority groups to design and produce a range of multi lingual information/pamphlets

- Engage with a range of external stakeholders to promote Good Relations initiatives in partnership

- Ensure awareness raising for staff and service users on procedures for dealing with racism and sectarianism.

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Embracing diversity and innovation to improve access to services

Eliminating barriers and improving access to services is key to reducing health inequalities. This can only be done when good relations are embedded in our services. It is vital, therefore, that there are specific and targeted projects and programmes developed that foster these principles and are implemented through our services. Below are a number of initiatives aimed at promoting equality of opportunity and good relations through our services:

Good Relations statement

The Belfast Trust will develop a good relations statement that outlines its commitment to the promotion of good relations and intolerance of sectarianism and racism. The statement will be visible in the entrances of each of the Trust's Acute Hospitals and Health and Wellbeing centres to greet all users to ensure they feel welcome and safe accessing our facilities.

New entrants service

Belfast Trust will offer and deliver a Northern Ireland New Entrant Service (NINES). This nurse led service will provide access to health care for new entrants to Northern Ireland including new immigrants, asylum seekers, refugees and clients who are unable to register for GP services.

Translated Welcome Pack

A Translated Welcome Pack provided in 18 languages will be produced and rolled out across the Trust's acute hospitals for use with inpatients who do not speak English proficiently as a first or second language. The pack includes information on Social Services, Religious and Spiritual Care, Meal Services and Visiting Times. The pack contains a section which assists patients to communicate by identifying their preferred language to request an interpreter. A Multi-Cultural and Beliefs Handbook for staff developed by Trust chaplains in partnership with other Trusts, chaplains and representatives from ethnic minority groups will also be included in the pack.

Northern Ireland Health and Social Care Interpreting Service

Language can be the greatest barrier to accessing health and social care. The demographic make up of Northern Ireland has changed significantly over the last 10 years. This has been reflected in dramatic growth in the numbers of requests for interpreting. When it was first established in 2004 the NIHSCIS dealt with 823 requests, by 2011/2012 the number had increased to 63,868. In the Good Relations Strategy pre-consultation process the important role of the NIHSCIS in ensuring access to services was clearly identified along with the need to promote and expand the service. The Trust will participate in a review of the NIHSCIS to assess what is the best strategic direction of the service to meet the growing needs of the service. Other areas targeted for future improvement are:

- The Trust will consider the training of specialised interpreters to interpret in specific areas of Health

professional development

- Innovation in training and communication for HSC staff and practitioners
- Collaborative working partnerships with community representatives on ethnic minority health needs assessment to help shape the service.

E Library on translated material

An electronic library will be set up in conjunction with the Trust communications department and in partnership with the health and social care family in Northern Ireland. The library will consist of a data base of translated information that will be available for all staff to access a range of translated information that has been developed on a regional basis in a wide number of languages. The translated information will be available to be used in service areas throughout the Trust to facilitate communication and the provision of information for users that do not speak English competently as a first or second language.

Health and Wellbeing Centres

The Trust recognises that the six Health and Wellbeing Centres located across the city provide excellent health and social care to the population. It is important that all the community feel comfortable accessing all of the centres and that there are no perceived barriers. Over the next two years, the Trust plans to initiate a consultation and engagement

programme with staff, users and the community to explore how the facilities can become even more inclusive and welcoming. The Belfast Trust, in partnership with its Health and Social Inequalities Team, Community Development Team, Health Improvement and Human Resource Teams and other partners such as the Community Relations Council as well as local community groups, intend to work together to ensure the centres are used as a vehicle to communicate and engage with local communities to ensure they are accessible regardless of community background or race.

The Trust chaplaincy service

The Trust recognises that spiritual healthcare is an integral aspect of health and social care which includes care for the physical, social, psychological and spiritual dimensions of the person. Respecting the different religions/beliefs and cultures of all patients and families is paramount. The Trust chaplaincy service provides quiet rooms in each of its hospitals and has expanded the numbers of honorary chaplains to include chaplains from several other faith groups. Trust chaplains have worked in partnership with other Trusts, chaplains and representatives from ethnic minority groups to develop a multi-cultural and beliefs hand book for all Health and Social Care staff. The aim of the book is to assist staff and to aid understanding of the diverse cultures which exist in Northern Ireland, particularly those from the minority populations. In partnership with Embrace NI, the chaplaincy department has produced calling cards in eight ethnic languages. 25,000 bookmarkers were produced for staff offering chaplaincy

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support to staff and a spiritual assessment tool, Faith and Belief, Importance, Community and assist in Care, (FICA) that may be used with patients/clients.

Ethnic minority mental health awareness

Communication barriers, cultural difference and the stigma sometimes attached to mental illness can create barriers in the timely and accurate diagnosis of mental health illness among the Asian and African communities. Belfast Trust has developed Ethnic Minority Mental Health Awareness training to train community leaders and workers to enable them to carry out activities to promote mental health within their own communities. On completion of the training, the participants will receive Open College Network Level 2 accreditation and will be supported to run information sessions within their own communities.

Belfast Trust Traveller health strategy

In 2010, a Trust Traveller health steering group was established to address the health inequalities experienced by the Traveller community. Working in partnership with Travellers and a Trust multidisciplinary team a Belfast Trust Traveller Health Strategy was developed aimed at improving access to health services for the Traveller community and reducing health inequalities. The strategy incorporated and action plan which included employing two Traveller health liaison workers to work in the family, childcare and social care directorates. The Traveller employees work to promote Trust services within

their community and to facilitate focus groups with women and young people to look at issues of resilience and capacity building.

Ethnic minority forum

The Trust has recently established an Ethnic Minority Forum made up of key staff from across a range of service areas, including Maternity Family and Childcare, Social Services and Health and Social Inequalities. The aim of the Forum is ensure that the Trust adopts a coordinated proactive approach to ensure that patients from ethnic minority backgrounds and foreign nationals have equality of access to health and social care services.

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Embedding Good Relations in the Belfast Trust

Exhibiting leadership and strategic commitment are integral to mainstreaming diversity and good relations in an organisation. Belfast Trust is committed to embedding good relations throughout every strand of its services by ensuring that these factors are considered strategically and corporately.

Corporate and local management plans

Diversity and Good Relations initiatives and policies will be included and mainstreamed through Belfast Trust's Corporate and Management plans.

Good Relations steering group

The Trust will ensure that the Good Relations Steering Group set up to develop and oversee a Trust Good Relations Strategy will continue to exist to ensure implementation and monitoring of the Strategy. A specific section on good relations will be set up on the Trust internet and hub which will provide information and an overview of the work of the Trust in terms of good relations, including the Trust Good Relations Strategy. It will also provide updates and progress on relevant initiatives. It will also invite the public to comment and provide feedback on the Trust Good Relations Strategy and how it may be improved and built on.

Procurement

The Belfast Trust will take steps to encourage and when possible assist Trust external contract providers to adopt and

mainstream policies and procedures which promote equality of opportunity and good relations within their organisations.

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Working together for healthy relations for a healthy future

We believe that working in partnership with staff, users, the community, Section 75 organisations, statutory organisations and other key stakeholders is pivotal to the success of promoting good relations and a healthy future. Partnership working is one of the Trust's corporate objectives and many partnerships already exist in terms of promoting good relations. This Strategy aims to strengthen and build on existing partnerships and forge new partnerships to ensure that good relations is promoted and mainstreamed.

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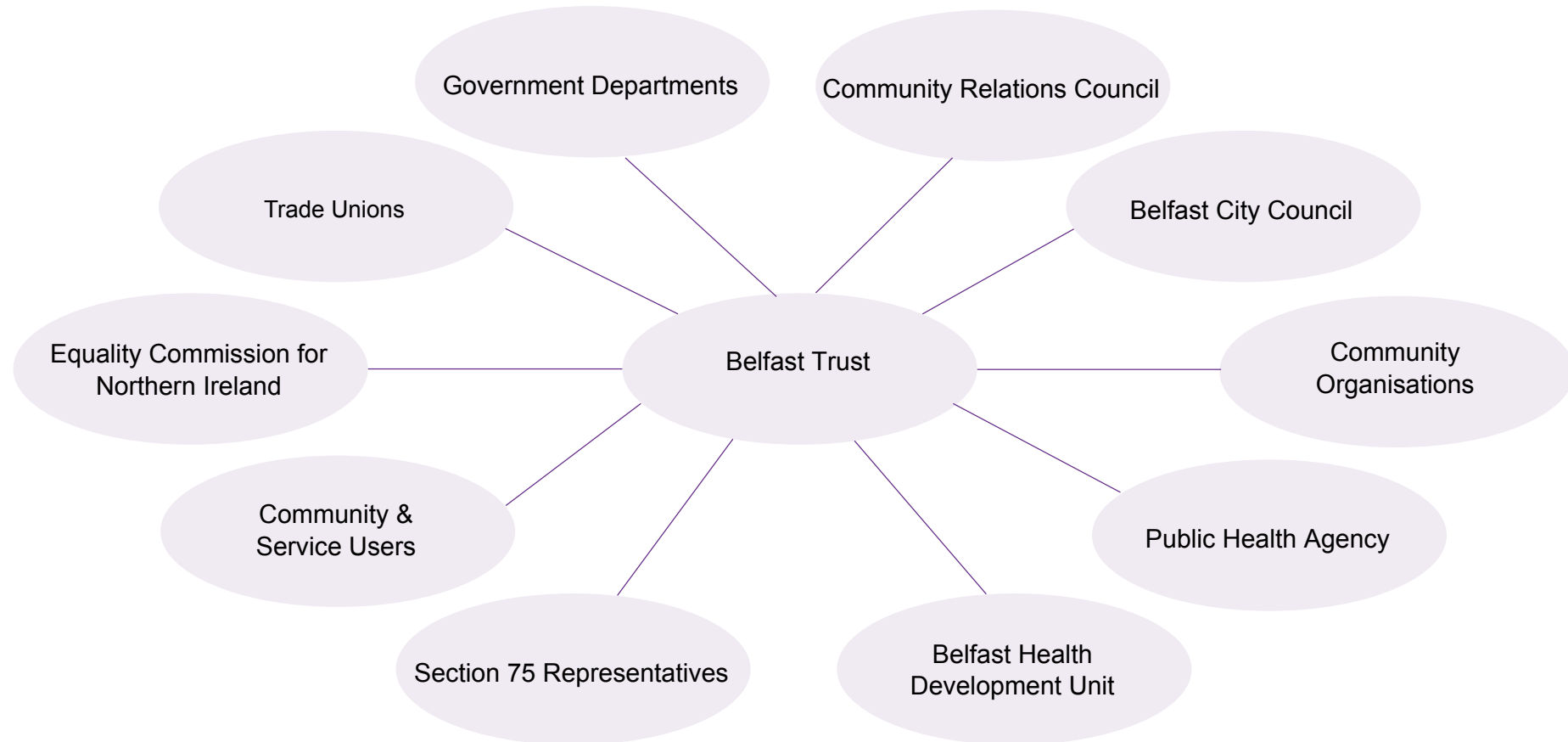
Partnership working to promote Good Relations and health and wellbeing

The Trust is committed to working with partners to develop a range of new projects and initiatives and developing or expanding existing projects:

Welcoming art in health and wellbeing

Health and Wellbeing Centres are strategically located at the heart of communities to ensure ease of access to services for all the community. It is important that centres provide a welcoming and safe environment for everyone and that people from all backgrounds have a sense of ownership of the facilities to ensure that they are fully utilised.

Belfast Trust will work in partnership with Arts-care, the Community Relations Council, Belfast City Council, Schools, Youth Sports clubs and older people's organisations to develop a diversity themed initiative which will allow all the groups to participate in initiatives that encourage exploration of the diverse cultures and religions of their local communities. The outcome of this exercise will be a piece of artwork or other visual expression that represents, for each group, a warm welcome for everyone that enters each of the Belfast Trust Health and Wellbeing Centres.

Youth Engagement Project (YEP)

Belfast Trust is a key partner in a new and innovative Peace 3 Initiative led by Belfast City Council 'Youth Engagement Project'. Under the 'Transforming Contested Space theme' the project will integrate the efforts of all relevant statutory agencies in Belfast to take a joined up approach with communities to engage with young people and their families to address antisocial behaviour and criminal activity at identified interfaces across the city.

The Trust Community Development Unit and Family and Childcare Services have been involved with the project from its conception and are represented both on the Project Steering Committee and the Operational Group. The Project will work with young people and their families who are identified by statutory and community partners and young people who are active at interfaces.

RECALL

This project is aimed at providing a service to Ethnic Minority communities in South and East Belfast which will identify and support isolated older and vulnerable people, to maintain independence of older people in their own home and to reduce the fear of crime by providing assistance which includes; a daily telephone call service (Good am) and a home safety check and equipment.

The Belfast Trust will continue to work on this project in partnership with the Oasis, East Belfast Independent Advice Centre, Police Service Northern Ireland, Engage with Age and Belfast City Council. It is anticipated that RECALL will be further rolled out to other minority ethnic communities.

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Roots of Empathy

Roots of Empathy (ROE) is an evidence-based programme provided in 26 different faith primary schools across Belfast. The aim of the programme is to promote good relations between children by encouraging them to adopt a culture of acceptance, understanding, value and empathy towards each other regardless of religious, cultural or racial background. The initiative has shown a dramatic effect in reducing levels of aggression among school children by raising social/emotional competence and increasing empathy.

At the heart of the programme is a baby and a parent from the local community, who visit the classroom every three weeks over the school year. A trained ROE Instructor coaches students to observe the baby's development and to label the baby's feelings. The children are then encouraged to reflect on and name their own feelings, promoting emotional literacy and encouraging healthy emotional regulation.

To date approximately 400 school children have been involved in the programme. The Belfast Trust now intends to extend the initiative to an additional 10 schools across Belfast. The programme is managed by the Health Improvement Department within the Belfast Trust. Further information can be accessed on the link below:
http://www.belfasttrust.hscni.net/pdf/Good Relations-RootsOfEmpathy Project.pdf

Active Belfast Team

This is a new innovative cross community initiative in which Belfast Trust is involved in partnership with the Belfast Health Development Unit, the Public Health Agency and Belfast City Council. Belfast Healthy Cities have also provided support to the project. The initial aim of the team is to assist in the establishment of a new citywide partnership for all communities which would collectively focus on improving participation in health enhancing physical activity for all.

It consists of 3 areas - active living, active leisure and sport. This Active Belfast approach forms part of the Belfast Strategic Partnership (BSP) in which participation in health enhancing activities is a cross cutting theme in reducing life inequalities. More information on the project can be accessed on the link below:
http://www.belfasttrust.hscni.net/pdf/Good_Relations-ActiveBelfastProject.pdf

Belfast City Council Good Relations Partnership

The Belfast Trust is a partner on Belfast City Councils Good Relations Partnership which oversees a number of projects and programmes funded under Peace 3 funding. The Trust will continue membership of this partnership which provides funding to a range of programmes aimed at building positive relations locally and tackling sectarian and racist attitudes.

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'I am Roma' Project

BHSCT are the lead partners in the European Union funded 'I am Roma' Programme which seeks to promote social inclusion and address issues of discrimination of the Roma community through partnership working to cultivate positive changes in outlook about Roma in Belfast. Belfast is the only UK based participant of the 'I am Roma' Programme and have established a Local Action Group (LAG) with partners from across the statutory, voluntary and community sectors. An action plan has been developed and is co-ordinated by a Roma Liaison Officer.

Training on cultural awareness and language will be provided to BHSCT staff and our partner organisations. Phonetic welcome cards for frontline staff who work with Roma have been printed and distributed and bilingual leaflets provided to ensure Roma are aware of their rights when accessing services.

A pilot health visiting clinic for Roma will be established and delivered.

Crumlin Ardoyne Men's Health Initiative

Our Community Development Team is working in partnership with groups in North Belfast on a cross community basis to identify health and wellbeing provision and gaps in provision for men in North Belfast. The aim of the initiative is to increase engagement in activities by those not currently participating and establish the reasons why they do not participate. The Partnership is made up of community organisations from Ardoyne, Crumlin Road, lower Oldpark and Cliftonville, as well as representatives of statutory organisations. Research will be carried out by way of face-to-face interviews in pubs, clubs, and at two health events to be organised by the group in public arenas, such as football and Gaelic Athletic Association (GAA) clubs.

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Promoting diversity and Good Relations through employment

As one of the largest employers in Northern Ireland with a workforce of 20,000 staff, who are also service users, the Belfast Trust continually aims to go beyond compliance with regard to the good relations duties for staff. We acknowledge that promoting staff good relations engenders a harmonious working environment, improves staff health and wellbeing and produces a workforce that embraces good relations improving access for service users and contributing to the reduction of inequalities.

A range of policies are already in place to ensure we have a workforce that reflects the community it serves and that staff are valued and respected. We will continue to monitor and review each policy. Policies include:

- Equal Opportunities Policy
- Working Well Together
- Harmonious Working Environment Policy
- Staff Charter
- Leadership Charter
- Harassment Policy
- Recruitment and Section Policy
- Disciplinary Procedure.

These policies are available on request by using the contact information provided on page 2 of this document.

Trust Employment Equality and Diversity Plan 2011-2014

The Trust has developed and implemented its second Employment Equality and Diversity Plan in partnership with Trade Union representatives and in accordance with the Equality Commission guidelines. This plan incorporates a three year action plan for 2011 – 2014 and will build on the success of the Trust's first Employment Equality and Diversity Plan 2008 - 2010. The Plan enables a coordinated framework to be set out over the next 3 years for the legislative, policy and best practice initiatives for the Employment Equality Team. In particular it takes account of the issues highlighted through the Trust's Inequalities Audit conducted in December 2010, Staff Survey Action Plan and Disability Action Plan. A number of actions to promote Good Relations include:

Harmonious Working Environment policy

The Trust will re-launch its Harmonious Working Environment policy to raise awareness among all staff. The statement has been developed in partnership with Trade Unions to jointly condemn intimidation or harassment by word or actions and recognises that every employee has the right to work free from harassment or intimidation and prohibits the display of flags, emblems, posters, graffiti and the circulation of any materials or articulation of any songs which may give offence or cause apprehension to other employees.

Mandatory Equality training

Good Relations will be included in the Mandatory Equality and Diversity Training programme for staff and managers to ensure that we have a workforce that is trained and skilled in promoting good relations. The training also covers staff awareness of Human Trafficking and how to ensure that victims have access to services. Policies promoting good relations and equality are incorporated into this training. All Trust staff must undertake the training every four years. The Trust will also continue to carry out a comprehensive evaluation of training and results will be used to build and improve future courses.

Cultural Diversity training

The Community Development Team will continue to provide cultural diversity training for Trust staff. The aim of this training is to raise the awareness of the health and social care needs of the Black and Minority Ethnic community and promote anti-discriminatory and good practices in services delivery. The training looks at the demographics of the BME community, migrant workers, race legislation, prejudice and discrimination.

Affirmative action

In addition to meeting its statutory obligations with regard to monitoring the composition of its workforce and applicants and ensuring compliance with equality legislation, the Trust will implement and monitor the effectiveness of its Affirmative

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Action Agreement with the Equality Commission for Northern Ireland (ECNI) emanating from its Article 55 Review under the Fair Employment and Treatment (NI) Order 1998. The Trust is committed to a number of affirmative action and outreach initiatives and will work in partnership with the ECNI on a cross sectorial basis in taking forward the ECNI's Health and Social Care Trusts: Fair Employment Report.

In relation to affirmative action measures for race equality and race relations in the workplace, in association with Business in the Community the Trust has signed up to the Employers' Charter for Employing Migrant Workers in Northern Ireland. A Multidisciplinary Working Group has been established to develop and implement an action plan and initiatives that will be take forward over the next year include:

- Reviewing the Trust's recruitment information to ensure that support and assistance is offered in relation to completing application and monitoring forms
- Providing a welcome pack to be made available to all new migrant workers
- Exploring the development of a buddy/mentor scheme for all new migrant worker appointees
- Ensuring Trust commitment to participate in multi-cultural events
- Developing a cultural awareness etiquette booklet.

Improving Working Lives – health and wellbeing

The Trust will continue to promote and develop Improving Working Lives initiatives through the Health and Wellbeing at Work Strategy and Action Plan which ensures an integrated and cohesive approach to promoting the health and well being of all staff at work. The Trust's Health and Well Being Group ensures a collaborative, partnership approach and commitment, at a corporate and strategic level, to the business case for promoting health and well being initiatives for staff. In partnership with external stakeholders, Business in the Community and the Health and Safety Executive NI, it focuses on driving forward the promotion of a healthy workforce and addressing employee wellness which contributes to increased motivation and engagement of all staff

The Trust participates in the regional HSC Staff Survey initiative the aim of which is to gather information that will help improve the working lives of HSC staff and so provide better care for patients and service users. Information collected from the survey will be used by the Trust to improve local working conditions and inform a continuous improvement programme to ensure the delivery of quality care to patients and service users. The Department of Health, Social Services and Public Safety (DHSSPS) will also use the results to inform future policy development and assess how well existing policies are working. The HSC Staff Survey takes place in September 2012 and the analysis will be available in April 2013 which

will enable the Trust to develop an action plan to address the findings.

Employability

The Trust is and has been committed to supporting Employability Programmes to support people who are most disadvantaged and distanced from the Labour Market to gain meaningful experience and ultimately secure sustainable employment. Some areas of Belfast experience the highest levels of unemployment, poverty and five out of the ten most disadvantaged wards of Belfast, as identified by Noble (2005) are within West Belfast and Greater Shankill. The Trust as part of a Partnership with Unison and the Employment Services Board was involved in the West Belfast and Greater Shankill Health Employment Partnership which developed and piloted a unique and successful Employability Model which incorporated two strands, pre-employment and Job Progression. This partnership and model received national recognition and secured positive outcomes in terms of number of long termed unemployed into permanent jobs, job progression opportunities for staff in the Trust and supporting regeneration in these areas with additional income and reduction in benefit payments. This partnership has been trying to secure the required funding to take forward this programme on a city wide basis. This is one of a number of programmes of work on employability the Trust is involved in. The Trust has established an Employability Governance Group to ensure employability programmes are taken forward in a coordinated way. The Trust is committed to

taking forward Employability programmes.

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Good Relations Strategy, actions, timeframe and outcomes table

Key action	Time line	Expected outcomes
Communicating our commitment to embracing Diversity and Good Relations: Consult on Good Relations Strategy Belfast Trust Good Relations statement Celebrate Community Relations Week Mandatory training for all staff Bi-annual news brochure Multi-lingual information/pamphlets	January 2013 August 2012 – Ongoing May 2013 – Ongoing 2012 – ongoing May 2013 – Ongoing 2012 – Ongoing	Strategy is meaningful and is publically endorsed BHSCT locations provide safe and welcoming environment BHSCT recognition, celebration and respect for diversity BHSCT staff trained and skilled in promoting good relations BHSCT staff, users and community updated on good relations work / initiatives Access to information for Ethnic Minority users

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Key action	Time line	Expected outcomes
Embracing Diversity and Innovation to Improve Access to Services:		
New Entrants Service	August 2012 - 13	Access to health care for those that do not have access to GPs.
Translated Welcome Pack	December 2012 – Ongoing	Access to information for patients that do not speak English as a first or second language.
NIHSCIS	2012 – Ongoing	User access to interpreters
E-Library on translated material	2012 – Ongoing	Access to translated information to assist communication with users.
Health & Wellbeing Centres	May 2013 – 2015	Centres are accessible and welcoming for all the community.
Multi Cultural & Beliefs Handbook	December 2012 – Ongoing	Staff understanding of diverse cultures
BME Mental Health Awareness	August 2012 – 2014	Access to Mental Health Services
Belfast Trust Traveller Health Strategy	September 2011 – 2014	Access to Health & Social Care

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Key action	Time line	Expected outcomes
Embedding Good Relations in Trust Corporate Functions: Corporate and Local Management Plan Good Relations Steering Group Procurement	2012 – Ongoing June 2011 – 2015 June 2013 – 2015	Mainstreaming Good Relations

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Key action	Time line	Expected outcomes
Working Together for Healthy Relations for a Healthy Future:		
Welcoming Art in Health & Wellbeing Centres	June 2013 – 2015	H&W Centres are visually welcoming
Youth Engagement Project	2011 – 2014	Reduction of interface antisocial activity
Men's Health Project	March 2012 – 2014	Male access to health screening in interface areas
RECALL	2012 – 2014	Independence for older BME people
Roots of Empathy	December 2011 – 2014	School children challenge exclusion and antisocial behaviour
Active Belfast	March 2012 – 2014	Cross community participation in physical activity
BCC Good Relations Partnership	July 2012 – Ongoing	Partnership working to build relations
I am Roma	April 2012 – 2014	Promotion of social inclusion
Crumlin & Ardoyne Men's Health Initiative	February 2012 – 2014	Increased engagement in health

Key action	Time line	Expected outcomes
Promoting Diversity and Good Relations through Employment:		
Harmonious Working Environment Policy	July 2012 – Ongoing	Staff awareness of policy
Training	March 2012 – Ongoing	Staff trained and skilled in promoting good relations
Employment Project to be changed	November 2012 – 2013	BHSCT employment of people in deprived areas of N&W Belfast
Equality & Diversity Plan	2012 – 2014	Equality of opportunity in employment
Migrant Workers Action Plan	May 2012 – 2014	Migrant workers welcomed and supported as employees
Affirmative Action Agreement	September 2012 – Ongoing	Implementation and monitoring of affirmative action and outreach initiatives
HSC Staff Survey	2012 /13	Participation in regional HSC Staff Survey initiative and development of corporate action plan to improve working lives

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Monitoring / Consultation on strategy

Monitoring

A monitoring and evaluation programme will be set up to assess progress and outcomes on each of the key actions. The programme will be overseen by the Good Relations Steering Group. Reporting mechanisms of the progress of the Strategy will include reports to the Belfast Trust Board and the Trust Annual Progress Report to the Equality Commission for Northern Ireland.

Consultation on strategy

This Belfast Trust Good Relations Strategy will go out for a full 12 week public consultation. Responses and feedback from the consultation will be considered and incorporated into the final strategy.

We would appreciate your input

This Good Relations Strategy includes themes and projects identified from our internal and public engagement and pre consultation processes to date. If you have any comments, ideas or suggestions, we would like to hear from you. Please contact Veronica McEneaney at:

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Appendix 1 – Index of existing BHSCT Good Relations initiatives

Catering Services for Black and Ethnic Minorities

Black and Ethnic Minority Community Development Worker

Asylum Seekers Drop in Service

Cultural Diversity Programme

Chaplaincy Service

Support for Voluntary / Community Groups

Belfast Trust Inequalities Forum

Belfast Trust Traveller Health Strategy

Belfast Trust Employment Programme

Equal Opportunities Policies for Staff

Black and Ethnic Minority Community Outreach Project

FICA spiritual assessment tool: (Faith and Belief, Importance, Community and assist in Care)

Northern Ireland Health and Social Care Interpreting Services (NIHSCIS)

Initiative to improve access to HSC for persons with no or limited recourse to public funds

Belfast Trust Article 55 of FETO Affirmative Action

Further information on each of these initiatives can be accessed at the link below:
http://www.belfasttrust.hscni.net/pdf/Good_Relations_Initiatives.pdf

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Appendix 2 – Belfast Trust Good Relations Steering Group membership

Name / Organisation

Joan Peden, Co-Director, Human Resources

Orla Barron, Senior Manager, Health & Social Inequalities

Louise Beckett, Senior Manager, Human Resources

Veronica McEneaney, Equality Manager

Dympna McGlade, Community Relations Council

Reverend Derek Johnston, Chaplain, BHSCT

Stephen Long, Community Development

Father Gerard Fox, Chaplain, BHSCT

Tommy Steenson, Trade Unions

Miriam Gibson, HR Manager

Jennifer Yu, Community Development

Brian Laughlin, Communications Manager

Patrick Yu, NICEM

Margaret Donaghy, MCRC

Nicky Vincent, Governance Manager, Acute Services

Lucy Finnegan, Service group representative

Denise Wright, South Belfast Round Table on Racism

Una Lappin, South Belfast Partnership Board

Jim Deery, REAL Project, North Belfast

Valerie Lamour, Cancer and Specialist Services representative

Caroline Brogan, Children's Services, Service representative

Colin Robinson, NI Alternatives

Appendix 3 – Summary report from: Engagement with Belfast HSC Trust Staff, Service Users and Community and Voluntary Organisations with Service Level Agreements

Questionnaire

A questionnaire with 11 questions was designed to obtain information in a number of areas in relation to race, religion and political opinion. It was carried out with staff and services users over a two week period at each of the Trust four hospitals as well as each of the Trust six Health and Wellbeing Centres. Another questionnaire was sent to a random sample of voluntary and community organisations that have contracts with the Belfast Trust to provide services for the Trust.

Responses from Service Users

The questionnaire with service users revealed that 96% of those questioned felt comfortable accessing any of the Trust locations and 98% said they felt they were treated well irrespective of their race, religion or political opinion. In relation to the promotion of good relations, 25% felt the Trust could do more in this area.

Community/voluntary Providers Responses

The questionnaire with community and voluntary organisations was designed to extract information on what mechanisms and procedures the organisations had in place in terms of good relations. It was also designed to obtain feedback from the organisations on their views and experiences with the Trust in terms of good relations.

Responses

The majority, (75%) said that Belfast Trust premises are welcoming to all irrespective of Nationality, Race, Ethnicity, Religion or Political Opinion. 12% thought BHSCT could do more to promote good relations. When asked if they felt the BHSCT could do more to support their organisation to promote good relations 62.5% said no and 37% said yes. The majority of respondents (62%) said their organisations had a good relations statement or Equal Opportunities policy and 75% said their staff receive Equality and Diversity training. The majority of organisations (87%) think that their services are welcoming to all irrespective of Nationality, Race, Ethnicity, Religion or Political Opinion. When asked if they thought their organisation could do more to promote good relations 37.5% said yes and 62.5% said no.

Responses from Trust Staff

An overwhelming majority (92%) felt that their race or nationality did not affect how they were treated as employees. In terms of religion, 88% said that their religion did not affect how they were treated as employees. The majority (86%) of staff did not feel their political opinion affected how they were treated as Trust employees. When asked if you would feel confident raising an issue the majority 90% said yes. Most staff (99%) said they would feel comfortable working with someone from a different background and the majority (94%) said they felt welcome and comfortable working in all Trust locations and facilities.

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Appendix 3 (continued)

Awareness of Harmonious Working Environment statement

Just under half of those staff interviewed (49%) were not aware of the Belfast Trust Harmonious Working Environment statement and 51% were. The reason staff gave for not being aware of the statement was not having access to a computer.

Internal Audit

An internal audit was carried out with each service area to determine what initiatives were already being implemented in terms of good relations. The internal audit revealed that a wide range of policies, initiatives and projects that promote and embrace good relations already existed within the Trust. While these initiatives and programmes will continue, the audit served as a tool at identifying gaps and areas that could be improved and developed. These areas have been incorporated into this Strategy.

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Appendix 4 – Summary report of BHSCT pre-consultation community workshop
29 March 2012, 9.30am Grosvenor Hall, Glengall Street

The workshop was attended by a wide range of representatives from the BHSCT, the voluntary and community sector, other statutory organisations, religious organisations, Section 75 representatives including a number from Minority Ethnic organisations. A total of five groups addressed three specific questions:

- What do you think the Trust currently does well in terms of good relations?
- What do you think should be the key priorities for the Trust, over the next three years in terms of good relations that could be included in a strategy?
- How do you think the key priorities could be:
  a) Achieved
  b) How could partnership working facilitate the aims?

Theme outcomes

In relation to question one, there was a very positive response. Participants felt that BHSCT listens to and engages well with service users and had responded well to demographic changes over the last number of years in terms of service provision. Positivity was also expressed in terms of the Trust Equality training programme and a number of existing good relations initiatives.

Main areas identified for question two centred around a need for the Trust to communicate more in terms of initiatives such as the Northern Ireland Health and Social Care Interpreting Service and other good news stories.

There were a number of areas identified in terms of ensuring access to services for BME users. Some felt the Trust needed to provide more communication with the public with regard to changes in service provision. Utilisation of Health and Wellbeing Centres and the need to build equality legislation into procurement were highlighted.

In relation to question three there was strong endorsement to the Trust working in partnership with local communities and community champions to get involved in local initiatives and address possible contentious areas in terms of flags, murals etc.

A strong message that came from participants was that the Trust should acknowledge single identity and turn it into positive opportunity and celebrate all cultures.

Below are some of the comments from Workshop participants:

"I live and work in North Belfast and I know the Trust does a lot of work with older people"

"It is not always about neutralising a space it is about how the Trust taps into local initiatives that promote Good Relations".

"The Trust needs to communicate more about the rationale for

Appendix 4 (continued)

centralisation and centres of excellence, public have perceived the process as a failure."

"There is a fear factor among staff that they might get it wrong, so there is a training issue, don't be afraid to get it wrong for the right reasons."

"The issue of territory still exists."

"There is still barriers to access, but when you get there the service is good."

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Appendix 5 – Belfast Trust pre-consultation workshop
Attendee list: 29 March 2012, 9.30am Grosvenor Hall, Glengall Street

Organisation – alphabetically:

BHSCT
Red Cross
NI Housing Executive
Health & Social Inequalities Manager, BHSCT
RCN
Association Talking Newspapers
Staffside
Bilingual BME Health Advocate
Chinese Welfare Association
Race Relations Coordinator, South Belfast Partnership
Women's Information Group
Chaplaincy, BHSCT
CRC
Healthy Ageing Coordinator, Belfast Healthy Ageing Strategic Partnership
Senior HR Manager, BHSCT
NICRC
Director HR, BHSCT
Cromac Regeneration Initiative
MCRC
Head of Equality, PSNI
Community Development Officer, BHSCT
Equality Manager, BHSCT
Community Development Officer, Belfast City Council
Acting Chief Executive, Community Relations Council
BHSCT

Co-director, Modernisation, Learning & Development & Equality, BHSCT
Equality Manager BHSCT

Appendix 6 – Bibliography

Barriers to Health: Migrant Health and Wellbeing in Belfast, Belfast Health Development Unit, 2010

Belfast City Council, Peace 111 Plan, 2011

Belfast City Council, A Strategy for Good Relations, 2003

Belfast Health and Social Care Trust, Equality Scheme and Action Based Plan, 2011 2014

Belfast Health and Social Care Trust, Not Just Health – A strategy for Belfast Health and Social Care Trust to address inequalities in health, 2010

Belfast Health and Social Care Trust, Strategy for improving Traveller Health & Wellbeing, 2011-2014

Community Relations Council, A Good Relations Framework – An approach to the development of Good Relations

Department of Health, Social Services and Public Safety, Equality, Good Relations and Human Rights Strategy and Action Plan, 2008

Equality Commission for Northern Ireland, Promoting Good Relations – A summary for Public Authorities, 2007

Equality Commission for Northern Ireland, Section 75 of the Northern Ireland Act, A guide for Public Authorities, 2010

Institute of Community Cohesion, Better Together – A guide for people in the health service on how to help build more cohesive communities, (2009)

OFMDFM, Programme for Cohesion Sharing and Integration, 2010

Promoting Good Relations in the Work Place – A Guide for Trade Unionists, City Bridges, 2004

PSNI, Equality, Diversity and Good Relation strategy 2011-2013

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Healthy Relations for a Healthy Future 2

A Good Relations Strategy 2017 – 2022: Promoting Good Relations amongst people of different religions, beliefs, racial groups and political opinions

"I think having good relations with others is vital to being able to work therapeutically and collaboratively with patients and also for the effective functioning teams, services and the system as a whole" (Staff)

"Good relations is said to exist where there is a high level of dignity, respect and mutual understanding and an absence of prejudice, hatred, hostility or harassment" (Equality Commission NI)

Introduction

This is a summary of the Belfast Health and Social Care Trust's second Good Relations Strategy 'Healthy Relations for a Healthy Future 2'. This strategy covers the period 2017 – 2022

and demonstrates our ongoing commitment to continue the work outlined in our previous strategy to promoting Good Relations amongst people of different religions, beliefs, racial groups and political opinions and to challenging sectarianism and racism.

"Belfast Trust is openly committed to promoting Good Relations amongst people of different religions, beliefs, racial groups and political opinions and challenging sectarianism and racism. One of the Trust's corporate values is to uphold and promote respect and diversity and as an employer to more than 20,000 people and serving a population of some 340,000, it is important that we build upon the programme of work undertaken in Healthy Relations for a Healthy Future 1 (the Trust's Good Relations Strategy 2012-2016). We are now developing Healthy Relations for a Healthy Future 2 Strategy to consolidate existing good practice and to progress new initiatives, so that accessible services are provided in shared spaces in an environment where everyone is valued, respected and treated with dignity and feel safe and comfortable accessing all Trust services irrespective of race, religion, belief or political opinion".

Martin Dillion, Belfast HSCT Chief Executive

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This strategy is designed to meet the needs of service users and staff that represent a multicultural, multi-faith society and one, which still faces challenges in terms of the legacy of division. It is an important enabler of the Trust goals to drive quality and safety and to reduce barriers to services.

The contents of this strategy has been co designed and informed by feedback from a 12 week public consultation, an independent evaluation of the Trust's first Good Relations Strategy in 2012 – 'Healthy Relations for a Healthy Future' and a staff/service user survey to ensure it is meaningful and relevant to all stakeholders.

The Trust has seen an increase in diversity within the Trust staff, for example, as of January 2016, 4% belonging to the BME (black/minority ethnic) background.

Between and to 1 April 2016 - 31 March 2017 there were

31,850

requests from the Trust for face to face interpreting in 30 different languages as well as 4,802 telephone interpreting sessions.

Top languages for interpreting: Polish, Lithuanian, Romanian, Portuguese, Arabic, Slovak, Tetum, Chinese – Mandarin, Hungarian and Bulgarian.

Census statistics in 2011 showed that in Belfast:

- 41% of the population identified as Roman Catholic
- 42% Protestant, Church of Ireland, Methodist or Other Christian
- 17% Buddhist, Hindu. Muslim, Jewish, Sikh, Other or None
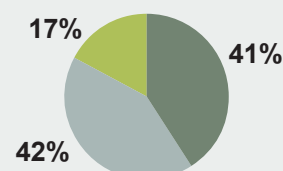
3

How our Corporate Objectives complement and enable a Good Relations Strategy

Trust values

The promotion of good relations specifically contributes to our overall purpose to improve health and wellbeing and to reduce health inequalities.

respect & dignity   openness & trust   leading edge   learning & development   accountability

A Culture of Safety and Excellence

We will foster an open and learning culture, and put in place robust systems to provide assurance to our users and the public regarding the safety and quality of services. The Good Relations Strategy supports safety by ensuring all Trust facilities and locations are safe and welcoming for staff and users, providing an environment that enhances service delivery and that delivers highest standards of care.

4

Continuous Improvement

The Strategy will contribute to the Trust being leading edge in innovation at all levels in the organisation in terms of promoting good relations. We will utilise existing policies and initiatives that foster good relations and will develop new ones that reflect and meet the needs of service delivery, staff and service users in a new era of political, social and economic stability. It will embrace modernisation to mainstream good relations within the Trust.

Partnerships

Promoting good relations will build on and develop partnerships with staff, users, Trade Unions, Section 75 organisations and communities to ensure full utilisation and access to all Trust facilities. It will contribute to improved communication with partners to develop good relations and improve health and wellbeing and reduce inequalities.

Our People

The Strategy will assist the development of a culturally competent work force that is trained and skilled in embracing good relations and where sectarianism and racism are not tolerated. The Trust will continue to show leadership in promoting good relations for all staff through the implementation and evaluation of this Strategy, associated Policies and through the provision of a programme of training and awareness raising. Progress will be reviewed to ensure the aims of the Strategy are upheld.

Resources

Belfast Trust will work to optimise the resources available to us to achieve shared goals to ensure all our facilities have a welcoming environment for staff and service users. Resources will be used to facilitate staff training, develop partnerships, policies, programmes and initiatives that will contribute to the mainstreaming of good relations and the creation of an organisational culture that acknowledges and challenges racism and sectarianism.

5

How we developed our new strategy

As with our previous strategy, we were determined that Healthy Relations for a Healthy Future 2 would be meaningful and reflects the needs of both staff and service users alike, we therefore, conducted an evaluation of the previous Good Relations Strategy. The evaluation provided the opportunity for the Trust to evaluate and assess the impact of the previous strategy by asking the public and staff to tell us what worked and what did not work and what they felt should be included in the new Good Relations Strategy.

The Trust also engaged in a pre-consultation event with community and voluntary organisations, Trust staff and Trade Unions. A variety of mediums were used to maximise participation including face-to-face interviews with set questions with staff and service users. Interviews were also conducted with a wide range of individuals and groups including service users, staff, Trade Unions, community/voluntary and statutory organisations and Section 75 representative groups.

There was an online staff survey conducted, however, feedback from the 4264 (19%) Trust staff that responded to the National HSCNI (2015) survey was also used where relevant.

Views were also sought on good relations from 81 representatives who attended a broader regional engagement on equality and disability in January 2017.

In terms of the strategy, the Trust has been mindful of other key drivers and strategic development in terms of the Executive Office's promotion of Good Relations in the Together Building a United Community (TBUC) and the Belfast City Council's first Community Strategy Plan (The Belfast Agenda) to which people overwhelmingly responded saying they wanted "Belfast to continue to be a culturally rich and diverse city that is compassionate safe and welcoming to all."

6

Staff
- Face-to-face interviews
- Survey Monkey online
- HSC National Survey

Strategic Group
- Face-to-face interviews
- Workshop

Service Users
- Face-to-face interviews

Section 75 Groups
- S75 Inequalities Action Plan and Disability Action Plan Workshop

7

Evaluation Process

The main areas that the Trust sought views on were:

What worked with the previous strategy?

What didn't work with previous strategy?

Which category in terms of race, religion and political opinion do you think has benefited?

What difference do you think good relations makes?

What national and regional issues should be considered?

What new initiatives should be considered?

8

Trust Audit Key Findings

Successes of 2012 - 2016 Action Plan

Partnerships working internally and externally with a range of individuals and organisations during the development and implementation of the Good Relations Strategy and Action Plan

98% service users and 95% staff felt comfortable accessing all Trust locations

Bi-annual Good Relations Bulletin

Range of multi-lingual information pamphlets and e-library

Trust initiatives to bring a range of diverse individuals and groups together embracing cultural diversity, mutual understanding and shared spaces within a safe and welcoming atmosphere

Trust initiatives that promoted good relations by reducing health inequalities of Black Minority Ethnic groups, migrant workers, asylum seekers and refugees

99% of service users said they were treated well irrespective of race, religion or political opinion

Staff Equality and Diversity Plan

57% of service users were aware of Trust Good Relations Strategy

Trust mandatory Equality Relations and Human Rights training

9

Service users and public – what you told us . . .

98% of service users felt welcome/comfortable using BHSCT premises

Priorities should focus on the fractious relationships between the two communities

Given the global political situation in terms of protectionism, the US and Brexit, it is vital that the Trust lead by example in promoting diversity and challenging racism

99% felt they were treated well by Trust staff irrespective of their nationality/race/ethnicity, political opinion and religion

Bring communities into Trust facilities and develop more partnership working regarding, different religions, political groups and BME groups

Good communication/ engagement with service users and staff

Ensure community based and grass roots engagement

Ensure access to HSC for all Black and Minority Ethnic families

Mandatory staff training to address prejudices and attitudes

Religion and Political opinion continue to be poor relations

More advertising Trust work on good relations using media and social media to engage with service users

Phrase 'Good Relations' needs to be changed

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Staff – what you told us . . .

96% of staff did not experience discrimination from service users (HSCNI)

84% of staff felt their nationality/race/ ethnicity was not affected by how they are treated as an employee

Hopefully for staff members who are made to feel uncomfortable in the work place would now feel they have someone they can turn to.

More training, especially for managers. Managers must lead by example

92% of staff said they had not experienced discrimination from colleagues (HSCNI Survey)

Zero tolerance for racist, religious or political intolerance

More harmonious working environment, increased productivity & happy staff

Good relations means there is a better understanding amongst staff of others views. The same applies to relationships between staff and patients.

97% of staff would feel comfortable working with someone from a different background

Need for support from other Directorates to expand and become more inclusive in developing the good relations strategy

95% of staff felt comfortable working in BHSCT premises

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Key actions we will take . . .

Ensure cohesion and consistency with National, Regional and Council Strategies eg. Together Building a United community, Programme for Government, Race Equality Strategy and Belfast City Council's Belfast Agenda and good relations Action Plan and the Peace IV Programme.

What we will do	When we will do it
• Build on involvement in strategic partnership groups, which promote good relations and reduce health inequalities	Ongoing
• Continued Trust involvement in BCC Partnership Board to deliver Belfast Agenda's Community Planning strategy	Ongoing
• Review our harmonious working environment advice in light of any new findings and recommendations from the work conducted by the Commission on Flags, Identity, Culture and Tradition	Findings and recommendations published in September 2017

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Develop initiatives for staff to foster respect, mutual understanding, cultural awareness and improved access to services.

What we will do	When we will do it
• Work in partnership with Trade Unions to ensure involvement of all staff in good relations	Ongoing
• Develop interactive training that addresses migrant awareness, cultural diversity, faith/belief issues, attitudes, prejudices and good relations. We will develop cultural competency training which will highlight the importance of accessible information and communication and responsive service provision	Develop in Year 1 and ongoing thereafter
• Proactively and publicly promote the inherent benefits of international recruitment and migrant workers	Ongoing - and particularly during Community Relations and Cultural Awareness Week in September each year over lifespan of strategy

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Key actions we will take . . .

Promoting Diversity and Good Relations for staff.

What we will do	When we will do it
• Ensure staff/mangers attend Mandatory Equality, Good Relation and Human Rights training	Ongoing
• Implement the Trust's Affirmative Action Agreement designed to encourage the fair participation of Protestants and Roman Catholics in the workplace: - Review the Affirmative Action Agreement following submission of the Trust's third Article 55 Review 2017 - Work in partnership with internal and external stakeholders to further extend outreach programmes	Ongoing
• Further promote staff equality monitoring across the organisation: - Improve levels of disclosure particularly in relation to nationality	Ongoing
• Continue to provide a Bullying and Harassment Support Service for staff	Ongoing
• Work with the good relations strategic group to promote services Trust wide	Ongoing

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Development of Initiatives for staff and service users which promote respect, dignity, mutual understanding, embrace diversity and ensure Trust facilities are shared spaces and accessible to everyone.

What we will do	When we will do it
• Hold events for staff and service users, which recognise diversity and encourage interactive activities: Cafe conversations, family fun days, lunchtime events/ multi-faith/ multi-cultural training/ food tasting/ themed meals in restaurants/ music/ dance/ cultural stands/ story telling	Ongoing throughout life of strategy (2017 – 2022)
• Explore projects to celebrate diversity in our identities including British/ Irish/ Protestant/ Catholic	Ongoing throughout life of strategy (2017 – 2022)
• Offer visits in Trust Health and Wellbeing Centres organised in partnership with local community groups, Northern Ireland Council for Refugee and Asylum Seekers, and other Black and Minority Ethnic Groups to facilitate cross community interaction to improve shared spaces and address potential chill factors	Ongoing throughout life of strategy (2017 – 2022)
• Develop and distribute Welcome Pack for Wellbeing and Treatment Centres	Year 1
• Implement ethnic monitoring for service users, provide training to ensure that our staff feel comfortable, and equipped to ask for the information and the reasons why	2018
• Exhibitions in Trust facilities to promote our Good Relations initiatives	Ongoing throughout life of strategy (2017 – 2022)

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Key actions we will take . . .

Consider initiatives that address needs of Syrians/ Roma/ Traveller communities.

What we will do	When we will do it
• The Trust will continue to work in partnership with other statutory and voluntary organisations to address Health and Social Care needs of Syrians, Roma, Travellers and other communities with complex specific needs, consideration will be given to: - Health & Social core needs - Interpreter provision - Vulnerable persons relocation scheme with Syrians - Cultural competency - Welcome to NI DVD – how to access health services	Ongoing
• The Trust will work in partnership with the newly established Romanian Roma Community Association of Northern Ireland (RRCANI) in terms of Cultural Diversity and Good Relations and Early Years	Ongoing

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Link Strategy and Action Plan to Trust Values.

What we will do	When we will do it
• Ensure good relations strategy and action plan is incorporated into Trust Management Plan and local Management Plans	Year 1 and each year during lifespan of strategy
• We will consider ways to share best practice/good relations statements with other organisations in the community or those from whom we procure services in terms of good relations	Ongoing

Review Trust Good Relations Strategic Group to enable wider representation and revitalisation.

What we will do	When we will do it
• Strategic partnership representatives	Year 1
• Support from other directorates to expand and become more inclusive in developing the strategy	Year 1
• Widen Strategic Group membership to include more BME representatives, Partnership Boards, more frontline staff and younger staff	Year 1
• Partnership working and linking in with Urban Village initiative	Year 1

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Key actions we will take . . .

Partnership/collaborative working with Belfast City Council to explore possible joint initiatives and Peace IV Programme.

What we will do	When we will do it
• Continue to work in partnership with Belfast City Council in Shared City Partnership and scope joint initiatives and further potential areas for collaboration	Monthly meetings Ongoing basis

More Involvement/Communication and participation with local participation with local communities and partnerships to consider local issues in terms of strategy.

What we will do	When we will do it
• Utilise a range of mediums to engage with individuals/local community/ voluntary organisations and partnerships such as each of the local Belfast partnerships to provide the opportunity to contribute to the development of the strategy to ensure it is meaningful and appropriate to the needs of the community we serve	Ongoing
• We will continue to engage with local communities on barriers in terms of external environment which may impact service delivery	Ongoing

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Improved Communication externally and internally re the Trust Good Relations strategy, activities and initiatives.

What we will do	When we will do it
• Develop a communications strategy to better promote Trust work in terms of the good relations strategy and good practice examples	Year 2 and subject to annual review
• Develop meaningful definition and terminology regarding the term 'Good Relations'	Year 1
• Brand corporate documents with good relations logo	Ongoing
• Ensure communication strategy is far reaching and inclusive of all staff	Ongoing
• We will work collaboratively to promote good relations and share best practice across the regional HSC family	Ongoing
• Utilise TV Screens in Hospitals and Well Being and Treatment Centres	Year 2 and onwards
• Convene Living Libraries - similar to a normal library, except the books are people and you can talk to them – it is a useful exercise to challenge stereotypes and prejudices through dialogue	Year 2
• Expand distribution of Good Relations Bulletin among Trust staff through emails, Trade Unions and Trust Hub	Ongoing
• Continue to actively promote the Access to Health and Social Care booklet translated into Arabic, Farsi, Lithuanian, Polish, Romanian, Somali and Portuguese	Ongoing

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Belfast Health and Social Care Trust

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A People Strategy
for Belfast Health and Social Care Trust

Improving safety and quality

Enabling research and innovation

Leading collectively

2016 - 2020

Caring supporting improving together

I am proud to work for the Belfast Trust and feel fortunate to be part of a team of over 20,000 people dedicating their working lives to caring and making life better for people in Belfast and beyond.

We've come a long way since the Belfast Trust was formed in 2007 and are connected more than ever before by a common purpose and our core values. That's why it's time to set our sights on being a truly high performing organisation, one that is a *world leader in the provision of health and social care.*

This is a bold ambition. It means challenging ourselves to think and do things differently. It's about creating a culture that helps our people to drive change, supported by our Organisational Development Framework and the Investors in People standard.

Developing the right culture is highlighted in key studies like Berwick (2013), emphasising the safety and quality of care as being '*above all other aims*' and the need to '*foster whole-heartedly the growth and development of all staff, including their ability and support to improve the processes in which they work.*'

This is why our people strategy is called **caring supporting improving together**.

To be the best, we must find ways to attract, engage and grow our diverse and talented workforce; keep a relentless focus on the wellbeing of our people; find new ways to harness innovative ideas, and help everyone to reach their potential. It's about ensuring our people are at the core of everything we do for the benefit of the communities we serve.

Delivery of this people strategy is a key part of our collective leadership approach. By living our values, we will be recognised as an organisation that delivers high quality, compassionate and leading edge organisation and recognised by the people of Northern Ireland as a leader for excellence in health and social care.

Damian McAlister

Director of Human Resources and Organisational Development

respect & dignity   openness & trust   leading edge   learning & development   accountability

The Belfast Way

respect & dignity   openness & trust   leading edge   learning & development   accountability

Being a transforming organisation is about us harnessing the power and potential of our people to deliver positive change inside and outside our Trust.

We've achieve a lot since 2007, moving from a young developing organisation to a more mature, better integrated Trust.

The Belfast Way sets out our core values and the five corporate objectives that underpin everything we do. This is supported by our Corporate and Directorate Plans which shape how our services are designed and delivered, in line with our corporate objectives and Trust ambition.

Our **Organisational Development Framework** supports this. It looks at how we develop the right culture to deliver our corporate objectives and Trust ambition.

Our culture is the values and behaviours we show everyday. It defines our identity as an employer and as a provider of excellence in health and social care. Our culture is about **caring supporting improving together**.

Our organisational development journey

Belfast Trust 2007	Belfast Trust 2013	Belfast Trust 2015 - 2025
Six legacy sites	One integrated Health & Social Care Trust	*'A world leader in the provision of health and social care'*

A developing organisation   A transforming organisation
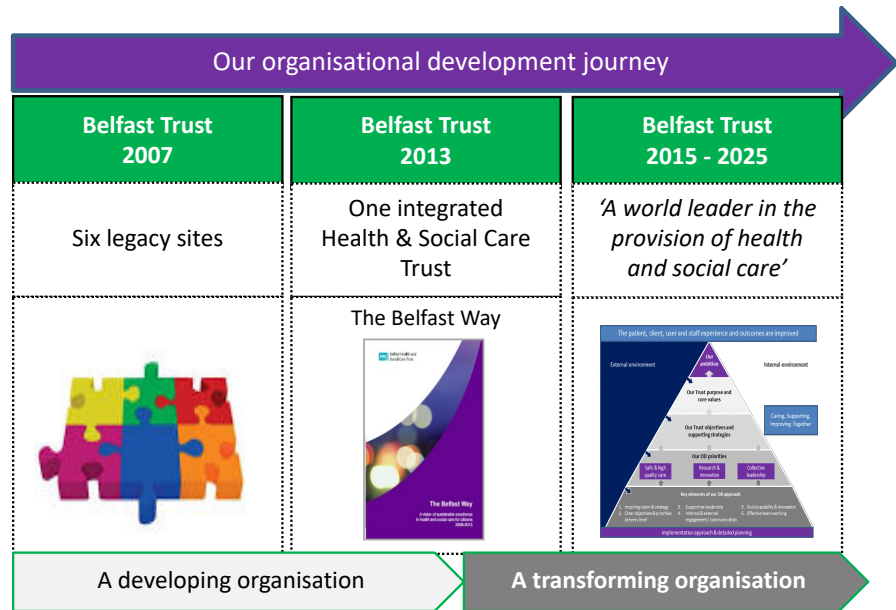
Our culture

By focusing on changing our Trust as a whole rather than changing parts of it, we will create the right culture for us, one that makes us into a world class organisation for sustained benefit of our patients and clients. Central to this is an engaged and inspired workforce.

Our **organisational development approach** is designed to help us do this, focusing on changes across **three core priorities**:

✓ **Safety and quality** – *delivering safe and high-quality care to all*

✓ **Research and innovation** – *driving continuous learning through research and innovation*

✓ **Collective leadership** – *growing a culture where everyone has the capability to deliver improvements for our Trust as a whole*

If it's our culture that will make us a world leader in the provision of health and social care, then it's vital that we create conditions that truly engage and inspire our people every day, at every level.

This people strategy - **caring supporting improving together** – outlines our commitment to making this happen.

Your voice, your strategy

This People Strategy describes how we will support our people in **caring, supporting, improving together** to make Belfast Trust a world leader in the provision of health and social care.

EIGHT THEMES will guide our people activities over the coming period.

These themes were identified based on:

✓ the views put forward by our staff using channels like 'Let's talk Trust' events, our staff survey, quality improvement work, and Investors in People discussions

✓ feedback from service users through user group forums, patient surveys and other discussions

✓ engagement with our partners, including community and voluntary forums, working groups and external reviews

✓ our own reviews of workforce trends, key studies and leading edge research

Each of these EIGHT THEMES is discussed in more detail in the next section

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Lead		Develop
Value	Improved outcomes for patients & clients	Talent
Engage		B-well
Perform		Improve

caring supporting improving together
Living our values

Lead

We will ..

empower our people at all levels to become a community of leaders; living our values and leading the transformation of our Trust

We'll do this by ..

- Equipping our people with the capability and confidence to drive safety and quality, stimulate research and innovation, and grow our 'community of leaders' at all levels

- Building, developing and maintaining relationships with leading edge thinkers and organisations to challenge what we do, and support our development into a truly exemplary, world class health and social care provider

- Refining our engagement approach to support learning and cooperation across our teams, service users and partners

- Refreshing and ramping up our approach to team based working, including how we work with partners outside our Trust

- Further embedding our Trust values, focusing on developing the behaviours and culture we need to achieve our ambition

Success will mean ..

- ➤ People know what to expect from their line managers and provide feedback about how they are managed

- ➤ People at all levels are involved in safety and quality and research initiatives that deliver better outcomes for our service users

- ➤ Increased individual and Trust performance through team based working

- ➤ Addressing underperformance through constructive and open dialogue

- ➤ Evidence of our growing reputation as a transforming organisation and employer of choice

Lead		Develop
Value	Improved outcomes for patients & clients	Talent
Engage		B-well
Perform		Improve

caring supporting improving together

Value

We will ..

Support our people to act in line with our Trust values at all times and recognise positive behaviours at every level

We'll do this by ..

- Continuing to build an understanding of our values and objectives at all levels across our Trust

- Using our collective leadership (triumvirate) approach to support a culture of openness and trust

- Equipping our managers to lead, manage, motivate and develop our people in line with our values

- Helping our people to live our values through their decisions, actions, and behaviours towards others

- Assessing the behaviours of our people against our Trust values; providing constructive feedback about their performance

Success will mean ..

- We deliver more positive outcomes for our service users and our people

- Our people can describe how our Trust values shape their everyday actions and behaviours, and how they play their part in delivering our Trust objectives

- Improvements in the quality of our decisions making, in line with our values

- Holding each other to account for demonstrating our values through our behaviours

- Clear evidence of our people having the courage and support to challenge inconsistent behaviours

Lead		Develop
Value	Improved outcomes for patients & clients	Talent
Engage		B-well
Perform		Improve

caring supporting improving together

Engage

We will ..

Actively engage our people; inspiring and supporting them to develop ideas, make decisions, share learning and take responsibility for developing an inclusive working culture

We'll do this by ..

- Using different ways to involve and empower our people to develop their skills and take the lead in making improvements

- Closer partnership working and alliances with others regionally, nationally and internationally to further develop our people and improve our care

- Applying the right leading edge models and tools as part of our people and organisational development activities

- Actively promoting and celebrating the diversity of our workforce and the diversity of the people we serve

- Ensuring our people management policies, practices and targets are progressive; align to good practice; are continuously improved following reviews across the nine equality groups, and reflect our Trust values

- Ensuring on-going education about what effective diversity and equality looks like and the benefits it brings for our service users and our people

Success will mean ..

- Consistently and proactively involving our service users in safety and quality improvement

- Improved problem solving and decision making closer to the point of need

- Positive feedback from our service users, people and partners

- Increased collaboration with our partner organisations

- People feeling that they work in an environment which promotes diversity, rights and equality of opportunity

- Applied learning from reviews of our workforce composition against current legislation and internal policies such as Working Well Together

- People are aware of how to raise concerns and issues and feel confident and supported to do so

caring supporting improving together

Lead | Develop
Value | Talent
Engage | B-well
Perform | Improve

Improved outcomes for patients & clients

caring supporting improving together

Living our values

Perform

We will ..

Make the talent of our people count; recognising and promoting positive behaviours, and harnessing excellent personal and team based performance that supports our Trust ambition

We'll do this by ..

- Working with our people to define what excellent performance in safety and quality, research and innovation and collective leadership looks like, and how we measure it

- Ensuring our people know what is expected in terms of good governance and compliance with standards and regulations

- Refining and promoting the Trust's broader approach to recognition and reward

- Promoting the opportunities and benefits of recognising and valuing people

- Encouraging our managers to find ways to regularly recognise and value individual and team contributions

- Providing people with the management skills needed to recognise and reward behaviours that align with our ambition, and to manage behaviour and performance that does not

- Using the sixth generation Investors in People standard to guide our people management activities

Success will mean ..

- Stretching individual and team objectives are in place

- Managers support high performance and address underperformance

- Increased accountability with people taking responsibility for monitoring their own performance

- People are aware of our approach to recognition and their role in acknowledging the positive behaviour and performance of others

- We get positive feedback about how our people are managed, rewarded and recognised

- Our people see our Trust as a great place to work and feel valued and rewarded through work opportunities, personal development, growth and health and wellbeing support

caring supporting improving together

Lead | Develop
Value | Talent
Engage | B-well
Perform | Improve

Improved outcomes for patients & clients

caring supporting improving together

Living our values

Develop

We will ..

Nurture talent, supporting people at all levels to develop the capabilities and confidence to lead, collaborate, innovate, and grow their potential throughout their working lives with our Trust

We'll do this by ..

- Ensuring people at all levels understand their team objectives and how they contribute to improving team performance
- Promoting the use of flexible learning methods for our people, other than through formal training (e.g. on the job supervision and coaching, mentoring, projects and external partnership working)
- Enhancing our people processes, including appraisal, the scheduling and delivery of mandatory training and how we identify people for key posts, career moves and development activities
- Developing ways to better support our people when care goes wrong
- Embed a culture of learning, including individual and team coaching
- Rolling out development initiatives with a focus on key themes, including safety and quality, clinical leadership, succession planning and change management skills
- Evaluating the impact learning and development on our people's performance and career development

Success will mean ..

- Increased return on L&D investment with our people using their enhanced skills and knowledge to improve service delivery in line with our ambition
- Everyone has a PDP, including greater use of formal and informal learning at all levels to support personal growth and career development
- Better workforce planning, with a focus on skills transfer and succession planning
- Increased participation across our coaching network
- Increased morale and job satisfaction
- Improved performance when compared with others using the Investors in People standard

caring supporting improving together

Lead | Develop
Value | Talent
Engage | B-well
Perform | Improve

caring supporting improving together

Improved outcomes for patients & clients

Living our values

Talent

We will ..

Develop a strong talent pool based on our ability to attract, select and retain high calibre people from diverse backgrounds; people who share our ambition and live the values and behaviours we expect

We'll do this by ..

- Benchmarking our talent management processes against leading practice to streamline what we do and improve our employer brand

- Identifying specific talent pools that are important for our success; with a targeted focus on attracting, retaining and developing the people in those pools

- Embedding values based employment into our people approaches and service plans, with a focus on senior executive and medical recruitment

- Delivering diverse selection approaches; using creative ways to reach talented people locally, nationally and internationally

- Offering flexible pre-boarding, on-boarding and skills transfer before and after people join our Trust

- Further integrating equality, diversity, good relations and human rights across all aspects of our employment practice

Success will mean ..

➤ Increased use of innovative approaches (e.g. special recruitment projects, assessment, exit analysis, alumni groups)

➤ Evidence of attracting and retaining hard to find and hard to keep skills and talents

➤ Positive feedback from our people about their recruitment and on-boarding experience

➤ Existing and former staff recommending our Trust as an employer of choice

➤ An improved employer brand, pushing our Trust towards being an outstanding employer locally, nationally and internationally

caring supporting improving together

Lead | Develop
Value | Talent
Engage | B-well
Perform | Improve

caring supporting improving together

Improved outcomes for patients & clients

Living our values

B-well

We will ..

Create a supportive culture and environment where health and wellbeing is a priority for our employees

We'll do this by ..

- Actively seeking feedback from our people about when we 'strike the balance' in health and wellbeing, and when we don't

- Looking at our range of health and wellbeing initiatives, their impact and how we can raise the bar even further

- Educating our people about how to identify and seek support when they have questions or concerns about their health and wellbeing

- Using innovative ways to promote our health and wellbeing initiatives, policies and support

- Refining our strategies for reducing absence and getting people back to work

- Encouraging managers to engage effectively with Occupational Health, HR and other services to help our people when they're in work and absent from work

Success will mean ..

- Improved feedback from our people and our staff side colleagues about the work environments across our Trust

- Our managers understand individual circumstances and life changes and know how to facilitate WLB requests

- Increased awareness of the health and wellbeing arrangements and initiatives available across our Trust

- Evidence of our managers promoting health and wellbeing initiatives, policies and support in their day to day work, helping people balance their needs with those of our Trust

- On-going improvements in performance against our key people measures

caring supporting improving together

Lead | Develop
Value | Talent
Engage | B-well
Perform | Improve

caring supporting improving together

Improved outcomes for patients & clients

Living our values

Improve

We will ..

Create opportunities to improve the capacity and impact of our people and teams through the use of innovative solutions and supporting technologies

We'll do this by ..

- Using information from inside and outside our Trust to improve how we manage and develop our people and services

- Engage our people to promote the effective use of resources, minimise waste and reduce our impact on the environment

- Ensuring people have access to the learning they need to make full use of the technologies that support work, decision making, information sharing and quality improvement

- Working with others to improve and drive full utilisation of core people technologies

- Explore innovative solutions that facilitate a mobile workforce areas where issues with online access are impacting people productivity, development and performance

Success will mean ..

➤ Our people work together to generate new ideas and are encouraged to try new approaches

➤ Fuller use of our existing technologies and systems to connect our people and service users

➤ Better use of data to support decision making and improved team and Trust performance

➤ Our people are encouraged to contribute their skills and experience to improvement work across our Trust

➤ People are championing change inside and outside their own areas of work and have a greater understanding of our relationships with partners and the wider community

Lead		Develop
Value	Improved outcomes for patients & clients	Talent
Engage		B-well
Perform		Improve

Making the ordinary extraordinary

Our **caring supporting improving together** strategy will be reviewed as our key themes and people activities evolve. A range of outcome measures will be used to track our progress

Examples of how we measure success include..

✓ Improvements against key safety and quality measures, as monitored by our various complaints and audit review systems

✓ Improved levels of collaboration, evidenced through improvements to the provision of safe and quality care

✓ Improvements against key staff measures (e.g. engagement, satisfaction, development, communication), as captured through staff surveys, appraisal and other channels

✓ Improved levels of team effectiveness, as measured using good practice assessment tools

✓ Evidence of our commitment to be 'an employer of choice' through improvements to our talent management processes

✓ Improved health and wellbeing outcomes for our staff, evidenced through key measures such as uptake of staff support schemes and reductions in reported levels of stress and sickness absence

✓ Improved benchmarking performance using the Investor in People standard for people management

✓ Evidence of proactively supporting activities to shape reform across the HSC and wider public sector, in line with our CSR and performance targets, and the wider Programme for Government

Your personal contribution

Lots of information is available to help us understand how we will develop into a transforming organisation; one that uses our diverse talents to develop a culture of excellence, innovation, collaboration and life long learning. Delivery of our **caring, supporting, improving together** people strategy supports this. By putting our people first, we are putting our patients and clients at the heart of what we do.

Find out more about how you can play your part in making Belfast Trust an extraordinary place to work, access The Hub which is your gateway to information and what's happening in our Trust.

You can find information on policies, education and development, information videos and much more. This can be accessed from your work based PC.

You can also get more information and join in the conversations on the very active Trust Twitter and Facebook pages. YouTube is another source of information about Belfast Trust showcasing some of our achievements.

the hub
Belfast Trust Intranet

For further information you can also access our public website at:

http://www.belfasttrust.hscni.net/

belfasttrust.hscni.net
facebook.com/BelfastTrust
twitter.com/BelfastTrust
youtube.com/BelfastTrust

caring supporting improving together

Belfast Health and Social Care Trust

corporate management plan **2008-2009**
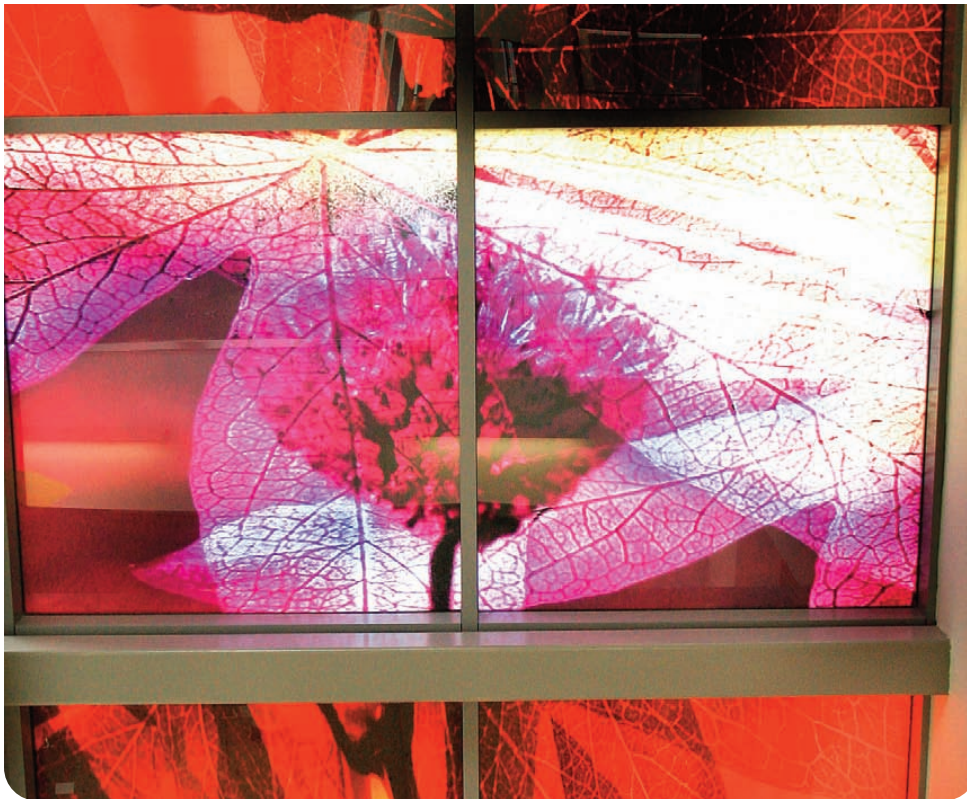
coloured glass feature, Castlereagh CTCC

contents

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foreword

This plan is the managerial spine of our new integrated organisation which aims to build on the fine legacy of the six Trusts that merged to become Belfast Health and Social Care Trust.

Our plan sets out the key priorities for the Trust in 2008/09 and 2009/10. It takes its direction from the Northern Ireland Assembly's Programme for Government and the Priorities for Action determined by the Minister for Health, Social Services and Public Safety – Michael McGimpsey.

It also sets out the ways in which we aim to modernise and deliver even better services for the citizens of Belfast, Castlereagh – and people from other parts of Northern Ireland who require our specialist clinical skills.

We will be working in a challenging financial climate but quality and efficiency can co-exist when people are resourceful and determined. I have every confidence in the calibre of the managers and staff at all levels in this Trust who are taking on the tasks outlined in the pages that follow.

Not only are we working in a specific timeframe, we are also looking to the future. Our strategic vision – The Belfast Way – sets out the way in which we will sustain and develop excellence.

Every year we will publish our accomplishments, review and refocus our efforts to achieve that vision.

Taking the opportunity provided by the merging of six former Trusts, we have also, through our New Directions document, begun a conversation with the citizens of Belfast and beyond about the best way of delivering

services to meet people's needs – avoiding unnecessary duplication and fragmentation of services and ensuring that high quality support, treatment and care is delivered in the right place by the right person and the right time. In order to do this we have to listen to service users and work in true partnership paying attention to the goals, concerns and interests of all key internal and external stakeholders.

It is a privilege for all of us in Belfast Trust to play a part in helping the people we service enjoy better health and wellbeing. If we listen and plan well, we can achieve great things.

William McKee

William McKee
Chief Executive

introduction

Belfast Health and Social Care Trust delivers integrated health and social care to 340,000 citizens in Belfast and part of the Borough of Castlereagh. It also provides specialist services to all of Northern Ireland.

With an annual budget of approximately £1bn (spending £3m a day) and a staff of 22,000, it is one of the largest Trusts in the United Kingdom.

In our hospitals for example, we treat approximately 210,000 inpatient and day patients a year, see 680,000 outpatients and more than 200,000 people at our A&E departments.

In the community we are corporate parent to 600 children in care – the majority in foster care. We are also responsible for between 500 and 550 children on the child protection register – and every year receive 800 referrals for children in need of support – mostly in their own home.

We provide services for older people through nine residential homes and also commission services from the independent and voluntary sector to support older people who wish to remain in their own homes.

A wide range of local and a number of regional services are provided for people with Mental Illness and Learning Disabilities, including acute inpatient care, Primary Mental Health Care, Recovery services and community treatment and Day support services.

Home and day support, residential and rehabilitation services are provided for people with physical and sensory disabilities with the aim of promoting social inclusion.

The Trust came into existence on 1 April 2007. It was formed under the Belfast Health and Social Services Trust Establishment Order Northern Ireland 2006 – and is responsible for the services formerly delivered by six Trusts which were merged on 31 March 2007. These Trusts were – the Royal Group of Hospitals and Dental Hospital Health and Social Services Trust, the Mater Hospital HSS Trust, North and West Belfast HSS Trust, South and East Belfast HSS Trust, Green Park HSS Trust and Belfast City Hospital HSS Trust.

board of directors

The Board of the Belfast Trust is responsible for the strategic direction and management of the Trust's activities. It is made up of a Chairman, seven non Executive Directors, five Executive Directors and seven other Directors.

Chairman	Mr Pat McCartan
Non Executive Directors	Ms Joy Allen
	Mr Les Drew
	Professor Eileen Evason
	Dr Val McGarrell
	Councillor Tom Hartley
	Mr Charles Jenkins
	Mr James O'Kane

Executive Directors

Chief Executive	Mr William McKee
Director of Social Services, Family and Child Care	Ms Bernie McNally
Medical Director	Dr Tony Stevens
Director of Finance	Mrs Wendy Galbraith
Director of Nursing, Older People Medicine and Surgery	Ms Valerie Jackson

Directors

Chief Operating Officer and Deputy Chief Executive	Mr Hugh McCaughey
Director of Mental Health and Learning Disability	Mr Brendan Mullen
Director of Clinical Services	Mrs Patricia Donnelly
Director of Specialist Services	Mrs Jennifer Welsh
Director of Head and Skeletal Services	Miss Patricia O'Callaghan
Director of Human Resources	Mrs Marie Mallon
Director of Planning and Redevelopment	Ms Denise Stockman

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board of directors

Chairman

Non Executive Directors

Mr Pat McCartan

Ms Joy Allen

Mr Les Drew

Professor Eileen Evason

Dr Val McGarrell

Councillor Tom Hartley

Mr Charles Jenkins

Mr James O'Kane

Executive Directors

Mr William McKee

Ms Bernie McNally

Dr Tony Stevens

Mrs Wendy Galbraith

Ms Valerie Jackson

Directors

Mr Hugh McCaughey

Mr Brendan Mullen

Mrs Patricia Donnelly

Mrs Jennifer Welsh

Miss Patricia O'Callaghan

Mrs Marie Mallon

Ms Denise Stockman

our purpose.. business.. values

Our purpose

The purpose of Belfast Health and Social Care Trust is to improve health and wellbeing and reduce health inequalities.

Our business

Our business is to deliver safe, improving, modernised, cost effective health and social care by engaging with staff and in partnership with others.

Our values

Respect and dignity:
Treating all with respect and dignity. This means that we value a person centred approach, where the needs of users and carers are at the core of service planning and delivery. Respect embodies equality and equity; maintaining fairness in policy and practice.

Accountability:
Having a personal and professional accountability for the provision of high quality care by competent staff in a safe environment. Being accountable for achieving clear standards in service delivery, care outcomes and experience and for securing the best use of resources, ensuring services are planned, delivered and evaluated to make the most of financial and other available resources.

Openness and trust:

Having a clear process through two-way communication with users, staff and the public, transparency, openness and trust in decision-making and communication and timely and appropriate information to

our key objectives

service users to support choice.

Learning and development:
Building capacity and empowering people through appropriate development and support.

Our key objectives

Quality and safety

Continuous improvement in the quality of our services and a focus on safety is a priority for all our people, from the Board of Directors to the teams providing care and services.

Modernisation

We believe it is timely to modernise the way we deliver our health and social care. We want to reform and renew our services so we deliver care in a faster, more flexible, less bureaucratic and more effective way to citizens.

Partnerships

Working in partnership with individuals and communities leads to more appropriate care and treatment, improved outcomes, better experience by our service users, improved health and wellbeing for communities and greater social inclusion. It helps tackle deep-rooted social problems and health inequalities.

our people.. resources

Our people

Our vision is to be seen as an excellent employer within the health and social services family and beyond. Our people will feel valued, recognised and rewarded for their endeavours. They will be supported in their development – and their worth as individuals will be respected in the application of their skills in delivering on our vision and purpose.

Resources

Our financial strategy will ensure that the income we receive from Government provides services which all value, are affordable and set within the organisation's overall risk and assurance framework. The organisation's duty of care to the public is paramount in all expenditure decisions.

We must ensure that our expenditure and investment decisions are sustainable to secure improved health outcomes both now and in the future and, at its simplest, maximise outcomes, resources and efficiency.

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the BHSCT corporate objectives

SETTING A STRATEGIC DIRECTION

PURPOSE

> Improve health and wellbeing and reduce health inequalities

BUSINESS

> In partnership with others, and by engaging with staff, deliver safe, improving, modernising, cost effective health and social care

5 CORPORATE OBJECTIVES

SAFETY	MODERNISATION	PARTNERSHIPS	PEOPLE	RESOURCES
Provide safe high quality effective care	Reform and renew our health and social services	Improve health and wellbeing through partnership with users, communities and partners	Show leadership and excellence through organisational and workforce development	Make best use of resources by improving performance and productivity
● Standards ● Outcomes ● HCAI ● Continuous improvement ● Assurance	● Access ● "Localise where possible, centralise where necessary" ● Service reviews ● Aligned capital plans	● Citizen centred ● Joint working ● Civic leadership	● Investors in people ● Staff engagement ● Leadership ● Learning + development ● Team effectiveness	● Workforce diagnostics ● Process improvement ● Resource utilisation ● VFM ● Performance management ● MORE

VALUES AND BEHAVIOURS

> Respect and dignity   Openness and trust
> Accountabilities   Learning and development

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our corporate management plan – quality and safety

Corporate theme	Subject	Objectives	Timescale	Responsibility
Quality and Safety	Assuring Good Governance	- Implement Trust Risk Management strategy and ensure systematic implementation of policy, systems and guidelines - Implement action plans against all Controls Assurance standards & the Trust Risk Register - Implement action plans against all internal & external reviews, e.g RQIA - Develop Revised Reporting Framework to facilitate Statutory Functions Reporting - Develop Trust-wide Performance Framework and processes to inform Statutory Functions Assurance Reporting Implement NPSA and other DoH supported Clinical directives, eg pertaining to transfusion practice	March 09	Lead Directors – (Medical Director & Director of Social Services) & All Directors
	Prevention & Control of Infection	- Implement Quality Improvement Plans for CDI, MRSA/MSSA and SSI and integrate existing HAIR Plans - Implement Infection Prevention and Control Plan - Implement recommendations from Regional Dress Code Policy	Sept 08	Lead Director (Medical Director) & All Directors

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our corporate management plan – quality and safety

Corporate theme	Subject	Objectives	Timescale	Responsibility
Quality and Safety (continued)	Develop & implement a Quality Service across the Belfast Trust	Establish awareness of the Healthcare Quality System (HQS) Implementation of Quality Actions from Internal & External agencies, e.g RQIA/RQIS/ Internal Audit - Develop ICT Systems to support instant reporting on Complaints & Litigation. - Build on Safer Patient Initiative with a Trust-wide Patient Safety Program & develop process & outcome measures & develop specialty-specific Quality Indicators - Implement 'Patient & Client Safety – Interlinking Initiatives' - Implement a program of professional Clinical Audit	March 09 Oct 09	Lead Directors (Director of Nursing, Medical Director & Director of Social Services) & All Directors
	Effective Management of Complaints & Incidents	- Implement Trust wide Complaints policy & procedures in line with new Regional Guidance - Manage Adverse Incidents to identify and address areas of risk	March 09	Lead Director (Medical Director) & All Directors
	Deliver a high quality Environmental Cleanliness service	Increase the level of standard achieved in the Controls Assurance Standard and Environmental Cleanliness Audits	March 09	Director of Patient Services

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our corporate management plan – quality and safety

Corporate theme	Subject	Objectives	Timescale	Responsibility
Quality and Safety (continued)	Emergency Planning & Outbreak Control	- Finalise Major Incident Plan & Pandemic Flu plans - Establish command and control team & undertake exercise for both	Plans by Sept 08 Exercise by March 09	Medical Director
	Management of aggression & violence by patients/clients to staff	Implement Trust-wide policy & procedures	March 09	Medical Director & All Directors
	Implementation of Improving Patient Safety, Building Public Confidence	Development & Implementation of associated policy & procedures	March 09	Medical Director & All Directors
	Harmonisation of policies/standards/guidelines	Complete the harmonisation of Belfast Trust policies	March 09	Head of Office & All Directors
	Deliver on the Controls Assurance Standards across the Trust, for example Fire & Environment	Undertake assessment and improvement of all Controls Assurance Standards.	March 09	All Directors
	Medical Devices	Develop & implement a Trust-wide policy on management of Medical Devices	March 09	Lead Director (Medical Director) & All Directors
	Deliver holistic care to patients and clients of the Belfast Trust	Develop & support the role of Chaplains, Volunteers & Carers	March 09	Director of Nursing
	Research and Development Strategy	Develop a Trust strategy for Research and Development across the Professions	March 09	Lead Director (Medical Director) & All Directors

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our corporate management plan – quality and safety

Corporate theme	Subject	Objectives	Timescale	Responsibility
Quality and Safety (continued)	Accountability	Continue to develop the Authorisation Framework throughout all areas of expenditure and accountability to ensure that all decisions are properly authorised	March 09	Director of Finance
	Audit & Compliance	Provide training and support for all managers to enable them to respond proactively to internal audit recommendations and to develop managers' ability to maximise the value of audit	March 09	Director of Finance
	Fraud Awareness	Develop and deliver fraud awareness training to all groups of staff within the Trust to increase the ability of all managers and staff to identify and respond to fraud risk	March 09	Director of Finance

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our corporate management plan – modernisation

Corporate theme	Subject	Objectives	Timescale	Responsibility
Modernisation	Completion of RPA reforms	Complete RPA within Trust Contribute to development of Common Services across Region Contribute to consultation on Commissioning Identify potential impacts on Trust	2008/09	Chief Operating Officer Director of HR Director of Finance & All Directors
	Strategic Service Review	Implement Strategic Service Reviews for Health & Social Care Services across the Belfast Trust Undertake staff consultation, link to Capital Plan and develop external consultation process Align Strategic Service direction with the Modernisation & Reform agenda associated with MORE	Sept 08 for costed Capital Plan, March 09 for complete business cases	Chief Operating Officer Director of Planning & Redevelopment & All Directors
	Deliver key ministerial service improvement & modernisation targets as outlined in PfA	Develop & implement Corporate & Service Group plans to deliver key PfA targets, for example: - Access targets across all Services - Services to deliver care & support in the community - Improving Children's services, Mental Health, Learning and Physical Disability services	Ongoing	Chief Operating Officer & All Directors
	Develop and maintain an effective performance improvement programme to deliver the Trust's key objectives	Develop, review and update a robust resource utilisation/performance improvement programme which meets the organisation's breakeven and CSR financial targets and objectives	2008/09	Director of Finance and Chief Operating Officer

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our corporate management plan – modernisation and partnerships

Corporate theme	Subject	Objectives	Timescale	Responsibility
Modernisation (continued)	Prepare for changes in the Financial Regime	- Proactively participate in the establishment of revised commissioning arrangements, e.g the introduction of LCGs (Local Commissioning Groups) - Fully participate in the planned piloting of an NI Activity Based Funding model	2008/09	Director of Finance and Chief Operating Officer
Partnerships	Implement the DHSSPS Personal and Public Involvement Guidelines	- Implement the Community Development and User Engagement Framework - Develop & implement Service Group action plans	March 09	Lead Director (Medical Director) & All Directors
	Determine the quality of the User/Client/Patient experience in the Belfast Trust	- Scope the current scale of User Involvement and Engagement - Complete Picker for Service Groups - Implement Patient & Client Surveys & patient panels	March 09	Director of Nursing & All Directors
	Develop seamless services through co-ordination of Service Group teams	Use existing & developing networks to maximise opportunities for service teams to co-ordinate service delivery & reform & modernisation	Ongoing	Director of Operations & All Directors
	Develop an Integrated Health Improvement Plan	- Develop and implement Service Group Health Improvement Plans in line with PfA and IFH commitments	March 09	Lead Director (Medical Director) & All Directors

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our corporate management plan – partnerships

Corporate theme	Subject	Objectives	Timescale	Responsibility
Partnerships (continued)	Information Governance	- Integrate Trust Information Governance policies from legacy sites - Develop Data Protection Capacity - Respond to Self Assessment and associated Survey date & implement Action Plan - Address security arrangements - Implement Development Plan	2008/09	Chief Operating Officer & Medical Director
	Education	Implement framework for agreement between Universities and Trust Implement new internal structure for delivery and supervision of medical/nursing training Develop access systems for electronic learning programmes	March 09	Medical Director Director of Nursing
	Employment, Equality and Diversity Plan	To commence implementation of the Employment Equality Plan in partnership with Staff Side	March 09	Director of HR
	Research Partnerships	Develop and maintain partnership arrangements with key internal and external stakeholders	March 09	All Directors

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our corporate management plan – people

Corporate theme	Subject	Objectives	Timescale	Responsibility
People	Modernising the Trust Workforce	- Identify and address key competencies required within the organisation to deliver the Trust's performance improvement programme - Identify, facilitate and organise training and development opportunities for the key players in the organisation delivering the resource utilisation/performance improvement strategy and programme	March 09	All Directors
	- including the Medical workforce	- Implement regional guidance on Job Planning & work towards full rota compliance for Junior Doctors	Ongoing	Medical Director
	- including the Nursing & Midwifery workforce	- Reconfigure nursing skill mix to reflect DHSSPS productivity targets - Strengthen and enhance the role of the mentor by implementation of NMC standards for learning & assessment	March 09	Director of Nursing
	- including the Social Care workforce	Consolidate and promote professional leadership role of Social Work/Social Care Needs Group with a focus on Social Work/Social Care contribution to multi-disciplinary and integrated service delivery processes	Ongoing	Director of Social Services
		Establish local Social Work Forum within each Service Area to promote innovative practice, evidence base, research and audit processes at practitioner levels	March 09	Director of Social Services

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our corporate management plan – people

Corporate theme	Subject	Objectives	Timescale	Responsibility
People (continued)	Investors in People	To support the achievement of IIP accreditation by June 2009 including Staff Appraisal, KSF & Personal Contribution Framework	June 09	Director of HR & All Directors
	Staff Survey	To analyse staff survey and formalise action plan to address issues identified at Corporate and Service Group levels for action	June 08	Director of HR
	Shared Services	To work with DHSS&PS and other Trust Service and Corporate Groups in the development of an appropriate Shared Service model for the region	March 09	Director of HR Director of Finance & All Directors
	Trust Board Development Programme	Implement the Organisational Capability Development Plan following the McKinsey diagnostic work	March 09	H McCaughey M Mallon & All Directors
	Team Effectiveness Development	To complete the Team Effectiveness initiative developed for BHSCT	Oct 08	Director of HR & All Directors
	Clinical Leadership	To review and develop plan to support Clinical Leaders across the professions	March 09	Medical Director Director of HR Director of Social Services Director of Nursing
	Improving workforce health	Establish a steering group and develop a workforce health improvement strategy	March 09	Medical Director

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our corporate management plan – people and resources

Corporate theme	Subject	Objectives	Timescale	Responsibility
People (continued)	Leadership and Management Strategy	To engage the Organisation in the development and production of a BHSCT Leadership and Management Strategy	Oct 08	Director of HR & All Directors
	Workforce Learning and Development Strategy	To launch the Trust Workforce Learning & Development Strategy	June 08	Director of HR & All Directors
	Improving Working Lives Programme	To use findings of staff survey and relevant research and best practice in the development of a Belfast Trust Improving Working Lives Programme	2008/09	Director of HR
	Staff Charter	To develop a Staff Charter in consultation with Service Groups and Staff Side	Dec 08	Director of HR & All Directors
Resources	MORE: implement & deliver on service reform	Identify Operational Impact of Proposals Undertake relevant Consultation Develop appropriate HR initiatives for MORE	March 09	Director of Finance & HR & All Directors
	Deliver SBA volumes	Deliver on agreed SBA volumes for Commissioners	June 08	Chief Operating Officer & All Directors
	Financial Stability	Develop financial plan for inclusion in 2008/09 TDP to include CSR targets, assumptions and financial risks	May 08	Director of Finance

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our corporate management plan – resources

Corporate theme	Subject	Objectives	Timescale	Responsibility
Resources (continued)	Procurement	Work with RSS to develop an effective procurement management process that maximises the contribution of RSS to the Trust management and strategic agenda Develop 3-year procurement strategy	March 09	Director of Finance
	Information Technology	Develop an IT Strategy to support the integrated Trust services	March 09	Chief Operating Officer
	Continuity of Service Provision	Ensure preparation and presentation of Statutory Accounts & Annual Report for 2007/08 in line with guidance and timetable	June 08	Director of Finance
	Charitable Funds	Develop a new policy and approach to Charitable Trust Fund expenditure in line with good practice and Charity Commission guidance	March 09	Director of Finance
	Manage the acquisition and disposal of Trust properties – reorganise Trust leased property arrangements	Establish baseline position	Ongoing	Director of Planning & Redevelopment
	Create and manage a built environment that is conducive to the provision of high quality safe and effective patient care	Develop an estates management strategy in conjunction with the corporate service delivery models	March 09	Director of Planning & Redevelopment

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our corporate management plan – resources

Corporate theme	Subject	Objectives	Timescale	Responsibility
Resources (continued)	Develop a sustainable organisation that reduces the environmental impact of our business	Proactively promote good environmental practice by promoting awareness and encourage changes to everyday working practice to reduce demand on resources	Ongoing	All Trust Staff

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appendix 1 – structure of the Belfast Trust

The new Belfast Trust is structured around Service Delivery Groups supported by a central core of Corporate Functions (HR, Finance, Planning, IT, Information and Performance Management, Redevelopment and Estates, Risk and Governance, Corporate Nursing and Medicine) providing services across 120+ sites throughout the Belfast area.

The Service Delivery Groups are:

Older People, Medicine and Surgery Service Group

OPMS is one of the largest service groups in the Belfast Trust, with over 3,800 staff from a range of disciplines and services working from both hospital and community sites. The older people services includes all relevant acute and community based services as well as intermediate care and mental health of the older person. Medicine and Surgery includes: General Medicine, General Surgery, Gastroenterology, Respiratory, Endocrinology and Diabetes, Hepatology, Infectious Diseases and Genito Urinary Medicine. The service group is also responsible for the adult emergency departments and out-of-hours services.

Head and Skeletal Service Group **

Head and Skeletal Services focus on a number of high volume acute surgical areas and also long term rehabilitative care – Trauma and Orthopaedics, including Osteoporosis and Ophthalmology, ENT, Dental Services, Neurosurgery, Neurology and Neuro-rehabilitation which includes Spinal Cord Injury, Brain injury and Amputee Rehabilitation, Wheelchair Services and Physical and Sensory Services. The Service Group also has responsibility for a number of diagnostic services such as neurophysiology, audiology and optometry.

Whilst T&O are provided across 2 main hospital sites (Musgrave Park Hospital and Royal Hospitals with Fracture Clinics at Belfast City and Mater Hospitals), the Regional Orthopaedic Service continues to run outpatient clinics in a variety of centres throughout Northern Ireland. The remaining diverse Services are undertaken at a range of Belfast Trust facilities, e.g. Ophthalmology is provided across the Royal and Mater sites, Neurosciences across the Royal, Musgrave Park, Forster Green, Mater and Belfast City sites whilst Physical Disability and Sensory Support Services incorporates those services previously provided across the community Trusts.

** During 08/09, the Trust is reviewing its Management Structure and the services under the Head and Skeletal Service Group will be amalgamated with other Service Groups.

Specialist Services Group
Specialist Services Group encompasses a diverse range of mainly regional medical and surgical specialties.

The service group is aligned into two 'divisions', namely
1) Cardiovascular and
2) Cancer Treatment and Specialist Services

Cardiovascular includes Cardiology, Cardiac Surgery, Thoracic Surgery, Vascular Surgery, Urology and Nephrology (including Renal Transplant).

Cancer Treatment and Specialist Services includes Oncology, Haematology, Rheumatology, Dermatology, Medical Genetics, Breast

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structure of the Belfast Trust (continued)

Surgery, Plastic Surgery, Burns Service and Palliative Care.

In addition, the group also carries the lead role in relation to the co-ordination of the Trust's Cancer Services Provision and also manages the Outpatient Services on the Belfast City Hospital site.

Social Services, Family and Child Care Service Group

The Social Services/Family and Child Care service group within the Belfast Trust has responsibility to provide a range of both health and social services not only to its local childhood population but it has also been commissioned to provide many regional and sub regional services such as specialist acute services, Child and Adolescent Mental Health Services and Adoption Services. The service group also has responsibility for provision of women's services which includes maternity, gynaecology and family planning services.

Child Health Services encompass a wide range of acute and community services. Acute services are delivered in the Royal Belfast Hospital for Sick Children including a dedicated Children's A & E Department and numerous paediatric specialities such as general medicine, surgery, plastics, ENT, neurology and orthopaedics. Community-based child health services are delivered from facilities across the Belfast Trust including Wellbeing and Treatment centres, schools and children's own homes. Within Child Health, there are teams for Community Children's Nursing Services, Health Visiting and the School Health Service. There is also a wide range of Consultant and nurse-led paediatric clinics for child development, communication and behavioural problems.

The service group has also a particular responsibility to provide services to vulnerable children. This group includes children with disabilities, children at risk of harm, children in need, looked after children and children from minority communities. Within Children's Social Services, the service group also provides a range of family centres, residential children's homes, leaving and aftercare services and community placement schemes.

Also in this service group is the **Child and Adolescent Mental Health Service** (CAMHS). This includes a range of multidisciplinary assessment and treatment services. CAMHS services are delivered in both an acute and community setting and are provided in partnership with the voluntary and community sector.

The provision of a full range of women and family services is a key aspect of the service group. With gynaecology both local and regional services are provided including a number of specialist areas such as gynaecology oncology, uro gynaecology, the Regional Fertility Centre as well as Family Planning Services for the EHSSB.

The maternity service is the largest in Northern Ireland providing care for over 6600 both low and high risk women in 2007 and is supported by the Regional Neonatal unit.

Mental Health and Learning Disability Service Group

Mental Health and Learning Disability Services in the Trust incorporate a wide range of service provision across Belfast for the individual, their family and carers.

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structure of the Belfast Trust (continued)

The ethos underpinning all Mental Health Services in Belfast is one of Recovery. Services are delivered through three service groups: Primary Mental Health Care services, Recovery services and Acute services.

Services include acute inpatient services, Crisis Response & Home Treatment, Addictions Services, and Psychological therapies, with an emphasis on Mental Health staff working with clients and their carers in their own homes and local communities.

In addition, a range of Regional and Eastern area based services are provided including Psychotherapy, Community Forensics, Eating Disorder Service and the Regional Medium Secure Unit.

The ethos underpinning Learning Disability services in Belfast is one of Social Inclusion and Independence. Services are delivered through three service groups: Supported Living & Day services, Community Treatment and Support services and inpatient and outpatient services through Muckamore Abbey Hospital.

Services include Family Support, Day Support, Supported Employment, Supported Living, Community Treatment, and Community Forensics with an emphasis on Learning Disability staff working with clients and their carers in their own homes and local communities.

In addition, the Trust provides an inpatient assessment and treatment service through Muckamore Abbey Hospital for the Eastern and Northern Trusts.

Clinical Services Service Group

This service group provides a full range of clinical support services and direct patient care services right across the Belfast Trust incorporating Anaesthetics, Critical Care, Theatres, Sterile Services and Imaging. The Belfast Laboratory Services include haematology, biochemistry, microbiology, virology, tissue pathology, tissue typing, immunology and genetics. Pharmacy services in Belfast provide drugs and other products across the Trust. Therapy Services include the Allied Health Professionals of dietetics, occupational therapy, physiotherapy, podiatry and speech and language therapy who deliver services in the acute and community sector. Clinical Services also includes clinical psychology and staff care services, as well as the Area Bereavement Officer. From October 2008 wheelchairs, orthotics and amputee services will also be co-ordinated centrally in the Trust.

The services provided are highly regulated and the challenge for the service group is to reform and modernise the services to better meet the needs of patients, clients and staff.

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appendix 2 – current planning process within the Belfast Trust

Months	Description	Content	Developed through	Communicating with	Ownership
Overarching	Trust Vision "The Belfast Way"	Describes the future provision of integrated health & social care services across the Belfast Trust	- Workshops with internal & external stakeholders - Consultation internally & across Statutory, Voluntary & Community & Independent Sector Organisations	All Staff & wide range of External Stakeholders	Trust Board
All year round	Communication with - clients & patients & users - Carers & Service User Groups - Community & Voluntary - Independent Sector groups - Commissioners - DHSS&PS/SDU - Trade Unions - Political Representatives - Special Interest Groups & Clinical & Professional Groups	Review & revise Trust objectives	Communication Strategy being developed within Trust	2-way process of communication between Internal & External Stakeholders	Trust Board

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appendix 2 – current planning process within the Belfast Trust

Months	Description	Content	Developed through	Communicating with	Ownership
Jan/Feb/Mar	- Review of Trust Strategy - Review of previous year's Corporate Management Plan - Development of new Draft Corporate Management Plan	Development of core Trust & local Service targets	Review of Stakeholder Engagement & internal Workshops	All Staff Groups	Lead Director (Director of Operations) & All Directors
April/May	Complete & approve - Trust Delivery Plan	Response to DHSSPS Priorities for Action	Consultation with Service Group Managers & Directors	TDP Response to DHSSPS shared with Commissioners & Service Group teams	Trust Board
May/June	- Corporate Management Plan	Develops overall Trust objectives including PfA for next 12-18 months	Workshop with key internal & external staff & stakeholders. Consultation with Service Group Managers & Directors	Corporate Management Plan: for all staff & external groups & organisations & Commissioners/DHSSPS	Lead Director (Director of Operations)
	- Communicate Corporate Management Plans widely - Complete & communicate Service Groups Management Plans	Service Group Management Plans combine Corporate & local objectives to create specific plans for all Service Group staff	Workshops with team staff	Service Group Management Plans – internally to all Service Group staff & across other relevant Service Groups	All Directors

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appendix 2 – current planning process within the Belfast Trust

Months	Description	Content	Developed through	Communicating with	Ownership
Monthly & Bi-Annually	Trust Performance reviewed against key TDP & Corporate Plan Objectives	Formal Accountability Process	Accountability process with Service Groups	2-way Communication between Trust Executive Team & Service Groups External review with SDU	All Directors/ Service Groups
Monthly & Bi-Monthly	Service Planning Group Meetings with relevant Commissioners for: - Mental Health & Learning Disability - Older Persons & Physical Disability Services - Social Services, Family & Childcare - Acute Services	Formal communications on Services Planning/ Business Cases/HWIP/etc	Consultation within Service & Corporate Teams	Commissioners & across Service/Corporate Groups within the Trust	Lead Director (Director of Operations) & All Directors
Nov/Dec	Annual Trust Presentations on key priorities for next 1-3 years to assist in Health & Wellbeing Plans for next year(s)	Summary of key priorities across Services	Consultation within Service & Corporate Teams Proposals prioritised by Service Groups	Commissioners & across Service Groups within the Trust	Director of Operations & All Directors

notes

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BT08-199

HSC Belfast Health and
Social Care Trust

2009 – 2010
CORPORATE MANAGEMENT PLAN

Setting the scene

Working for improvement

Working for Belfast Trust means working to improve the lives of the people we serve.

Our overarching purpose is to improve health and wellbeing and reduce health and social inequalities while our everyday business is to deliver safe, improving, modern, cost effective health and social care.

But we won't have a clear idea of how well we are succeeding in our endeavours if we don't define the improvements we are working to achieve.

This Corporate Management Plan sets out the improvements we in Belfast aim to make in health and social care by March 2010.

It is the 'go to' document for every person who works for the Trust - and for every person who wants to see at a glance what we are about.

It uses the headings of the five key corporate objectives we established when we consulted with the community on our strategic vision document – The Belfast Way.

Achieving the targets we list in this document will be a huge challenge but I have confidence in the calibre and commitment of people who work for health and social care in Belfast.

The merging of six former health and social care organisations into one in 2007 gave Belfast Trust an opportunity to work as a single entity for the benefit of everyone who uses our services.

Working as part of the health and social care family in Northern Ireland – and in partnership with a wide range of stakeholders – we aim to use that opportunity to the full.

William McKee, Chief Executive

OUR PURPOSE IS TO IMPROVE HEALTH AND WELLBEING AND REDUCE HEALTH AND SOCIAL INEQUALITIES

Developing our plan

This plan takes its cue from the Minister's Priorities for Action (PfA) document which sets targets for improvement in health and social care across Northern Ireland. Each Trust spells out the part they will play in this through a Trust Delivery Plan which, when joined with the targets that we have also set for ourselves in discussion with our stakeholders, becomes the Corporate Management Plan. We will share this plan with the widest possible range of people.

In the interest of accessibility this document can be made available in a range of alternative formats.

1

Safety and Quality

WE WILL ENSURE THE SAFETY OF EVERYONE WHO COMES IN CONTACT WITH OUR HEALTH AND SOCIAL CARE SERVICES BY ENSURING SAFER, BETTER QUALITY SERVICES FOR ALL

OBJECTIVE

TARGET

1.1. To assure good governance in all areas of Trust activities and to provide care and treatment that is evidence based, audited and assessed using a range of measures that reflect positive outcomes

1.1.1 We will deliver an updated Assurance Framework in line with latest departmental guidance to ensure patient safety in the Trust by March 2010.

1.1.2 We will implement NICE (National Institute for Health & Clinical Excellence), NPSA (National Patient Safety Agency), the DHSSPS supported clinical directives and internally derived standards and guidelines on an ongoing basis and monitor progress/outcomes through the Assurance Framework by March 2010.

1.1.3. We will ensure effective implementation of the Safeguarding Vulnerable Groups (NI) Order 2007 which will go live on 1 October 2009 and, in partnership with the Safeguarding panel, we will ensure Trust policies and procedures are compliant with regional child protection policies and procedures.

1.1.4 We will complete the harmonisation of all legacy Trust policies by March 2010.

1.1.5 We will test the robustness of our major incident control team to respond to an emergency and, through an annual exercise, review our readiness for Pandemic Influenza and ensure each Corporate & Service Group has tested continuity plans by March 2010.

1.1.6 We will ensure that the Trust achieves financial balance and completes its statutory accounts by March 2010.

1.1.7 We will develop an Action Plan to meet our Data Protection responsibilities by March 2010.

1.1.8 We will ensure that all recommendations resulting from external reviews and assessments, including RQIA / RQIS and Internal Audit are reflected in risk registers, implemented and reported through the Assurance Framework to Trust Board by March 2010.

1.1.9 We will fully implement the Reform Implementation Team policies and guidelines for Children's Services approved during 2009 - 2010 in line with the specified implementation timescales.

1.2. To fully implement the Trust's Infection Prevention & Patient Safety Delivery Plan

1.2.1 We will implement all aspects of our Infection Prevention and Patient Safety Delivery Plan by March 2010.

1.2.2 We will ensure that rapid-response cleaning teams are operational in all acute sites to assist in the delivery of cleanliness and the infection control objectives by March 2010.

2

Modernisation

WE WILL REORGANISE AND MODERNISE BOTH THE DELIVERY OF HIGH QUALITY HEALTH AND SOCIAL CARE AND THE EQUIPMENT AND BUILDINGS WE USE

OBJECTIVE

2.1. To modernise the delivery and timeliness of our health and social care facilities

TARGET

2.1 We will develop and implement a program of modernisation of all services in the context of the Trust's New Directions Strategy from April 2009.

2.2 We will secure the better integration of acute and community services through the extended use of our Wellbeing and Treatment Centres by March 2010.

2.3 We will develop business cases to modernise and improve the infrastructure of the Trust, Laundry, Catering and Decontamination Services by March 2010.

2.4 We will provide a single point of access for comprehensive client records in the community with the implementation of the PARIS Community Information System once Business Case approval is received.

2.5 We will implement the agreed key elements of the ICT Strategy by March 2010.

2.6 We will complete the pilot phase for testing a core set of Key Performance Indicators for Nursing & Midwifery and plan measurement methodology by March 2010.

2.7 We will implement a Trust working group to facilitate the transfer of services to the regional business services organisation by September 2009.

2.8 We will deliver the 50 Ministerial Priorities for Action (PfA) targets in 2009/10 across acute, children's, mental health, physical and learning disability and older person and specialist services by March 2010, including:

• Elective waiting times of 9 weeks (Outpatients and Diagnostics) and 13 weeks (Inpatient, Daycases);

• 95%, 4 hour wait for treatment and discharge at A&E;

• 95% fracture patients treated within 48 hours;

• Cancer access targets –
All urgent referrals first seen within 14 days;
98% of patients with a new cancer receiving first definitive treatment within 31 days referral;
95% of patients with a new cancer receiving first definitive treatment within 62 days of urgent cancer referral or Consultant upgrade to urgent cancer referral;

• Delivery of hospital discharge targets of 90% complex patients discharged within 48 hours;

• We will ensure that at least 70% of all care leavers aged 19 are in education, training or employment;

• Reducing admissions to mental health hospitals by 5%;

• Ensuring children wait no longer than 13 weeks for assessment in relation to autism and a further 13 weeks for commencement of specialist treatment.
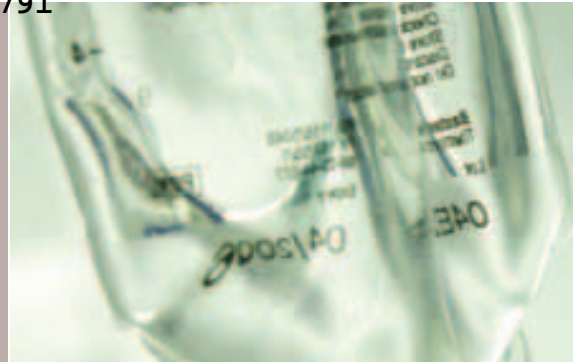
3

Partnerships

WE WILL WORK COLLABORATIVELY WITH ALL STAKEHOLDERS AND PARTNERS TO IMPROVE HEALTH AND WELLBEING AND TACKLE INEQUALITIES AND SOCIAL EXCLUSION

OBJECTIVE

TARGET

3.1. To work collaboratively with external stakeholders and partners to improve health and wellbeing and tackle inequalities

3.1.1 We will communicate the Trust's strategic vision The Belfast Way to our stakeholders to ensure maximum engagement in the development of services and a shared culture and identity.

3.1.2 We will implement an updated Trust action plan for 2009/10 to support the continuing implementation of the Trust's Personal and Public Involvement strategy, 'Involving You' by March 2010.

3.1.3 We will continue to participate in regional and local initiatives on a multi-agency and multi-sectoral basis to develop and deliver services to looked after children and those young people in transitions and After Care settings by March 2010.

3.1.5 We will complete the audit of volunteering activity across the Trust and consolidate a basis for its future development by March 2010.

3.1.6 We will develop a Trust wide action plan to implement the regional palliative care model and meet the Priorities for Action target by September 2009.

3.1.7 We will complete a Research & Development Strategy for the Trust to identify research priorities and key areas for future investment by March 2010.

3.1.8 We will have completed the Health Employment Partnership and have achieved the objectives in regard to employment, job progression and career development, providing real jobs to the long-term unemployed as part of addressing health and social inequalities by March 2010.

3.1.9 We will consolidate our relationships with all newly established regional agencies by October 2009.

....

3.2. To work collaboratively with our internal partners in a spirit of mutual trust and equal ownership to achieve shared goals

3.2.1 We will develop and implement health improvement plans at Service Group level to contribute to the achievement of Priorities for Action and Investing for Health targets for improving health by October 2009.

3.2.2 We will develop and implement a Corporate Communications Strategy to ensure effective internal and external communications by March 2010.

....

3.3. To work with staff organisations to promote staff interests and develop a stable industrial relations climate

3.3.1 We will complete and implement our Corporate Social Responsibility Strategy by September 2009.

3.3.2 We will promote good industrial relations through the continued implementation of Trade Union partnership programmes and staff awareness training.

....

3.4 Continue to ensure the Trust meets its statutory duties under Section 75 of the Northern Ireland Act 1998

3.4.1 We will produce a new Trust Equality Scheme in line with Equality commission guidance and timescales by March 2010.

3.4.2 We will report, consult and take forward the quality issues associated with the Trust's Equality Impact Assessment on its Strategic Response to the Comprehensive Spending Review 2008-2011.

4

People

WE WILL UNITE THE EFFORTS OF A COMMITTED AND SKILLED WORKFORCE TO SECURE EXCELLENCE IN THE SERVICES WE DELIVER INTO THE FUTURE

OBJECTIVE

TARGET

4.1. To be seen as an excellent employer within the health and social services family and beyond

4.1.1. We will further develop and implement a human resources strategy by September 2009.

4.1.2 We will develop Junior Doctor rotas which are compliant with the European Working Time Directive by August 2009.

4.1.3 We will modernise through the MORE programme while securing the employment of our staff in line with the targets for 2009/10.

4.1.4 We will achieve 80% implementation of appraisal and the knowledge and skills framework (KSF) by March 2010.

4.1.5 We will achieve Investors in People accreditation by June 2009.

4.2. To develop a culture where our people feel valued, recognised, rewarded and cared for

4.2.1 We will undertake a second staff survey in 2009/10. It will be completed as part of a Regional HSC Staff Survey and we will realise progress against staff perception baseline information provided on key people - related measures using the benchmarking of the first survey in 2008.

4.2.2 We will develop and implement formal arrangements for handling the human resource aspects of organisational change by June 2009.

4.2.3 We will complete and implement a Trust-wide strategy for Reward and Recognition by June 2009.

4.2.4. We will fully implement the Consultant Contract & Specialty doctor contracts in line with regional and national guidance by March 2010.

4.2.5. We will implement the HSENI stress management standards, including a staff survey of stress, health and wellbeing, which will act as a benchmark against which to monitor progress by March 2010.

4.2.6 We will ensure that arrangements are developed for the revalidation of all its doctors in line with national and regional guidance by March 2010.

4.3. To improve the productivity, utilisation and performance of our people

4.3.1 We will work towards achievement of the DHSSPS target of 5.2% for attendance management by 2011.

4.3.2 We will complete and audit the team effectiveness initiative by March 2010.

4.4. To develop a learning culture where all our people will be supported in their development

4.4.1 We will develop and implement a leadership and management strategy for all staff groups by March 2010.

4.4.2 We will evaluate the 'productive-ward-releasing time to care' pilot and consider options for roll-out or targeted use in other areas by March 2010.

4.4.3 We will develop and implement our Widening Participation Strategy by March 2010.

5

Resources

WE WILL WORK TO OPTIMISE THE RESOURCES AT OUR DISPOSAL TO ACHIEVE SHARED GOALS

OBJECTIVE

TARGET

5.1. To ensure our spending and investment decisions are sustainable to secure health and social wellbeing improvement

5.1.1 We will achieve the Trust Delivery Plan for 2009/10 ensuring financial balance both in revenue and capital by March 2010.

5.1.2 We will achieve service modernisation and efficiency through the development of the MORE programmes by March 2010.

5.1.3 We will ensure timely delivery of the Trust's objectives through the enhancement of the performance management framework by September 2009.

5.1.4 We will review and revise the Trust's charitable funds arrangements to ensure compliance with the requirements of the Charity Commissioners by March 2010.

5.1.5 We will deliver our contracted levels of Activity for Commissioners and ensure the Trust is funded for agreed additional activity undertaken from April 2009.

5.2. To maximise the use of technology to release our professional staff to focus on adding value to the patient, client and improving outcomes

5.2.1 We will deliver an online E-induction package for Junior Doctors and Locums by February 2010.

5.2.2 We will reduce delays in results waiting time by 5% and transcribing errors by 10% through the Order Communications System across acute sites by March 2010.

5.2.3 We will improve the integration and integrity of our Client and Patient Information Systems through the extension of PARIS across the relevant parts of the Trust by March 2010.

5.3. To ensure the appropriate infrastructure for a leading edge 21st century health and social care provider

5.3.1 We will develop and implement a Trust Procurement Strategy to achieve better value for money and better use of resources by March 2010.

5.3.2 We will manage demand on the Health and Social Care System and improve the quality of care for patients with chronic disease through implementation of the 'Remote Telemonitoring System' by March 2010.

5.4 Create and manage a built environment that is conducive to the provision of high quality, safe and effective patient care

5.4.1 We will use the modernisation program to maximise the functionality of our estate by 2010.

5.4.2 We will deliver a Trust maintenance strategy that focuses on patient safety by March 2010.

5.4.3 We will deliver environmental awareness training to all new Trust staff by March 2010.

Belfast accountability structure

The Trust has clear accountability to the Department of Health, Social Services & Public Safety for delivery of Ministerial objectives to ensure safe, efficient and effective health and social care services for the population served, as shown in the summary diagram below:

Minister for Health, Social Services & Public Safety

↑

Health and Social Care Board

↑

Trust Board

↑

Monthly Monitoring meetings between Trust & Board to review progress against objectives

↑

Monthly Internal Director Strategic/Performance Meetings

↑

Monthly Service Group Accountability Meetings

↑

Fortnightly Internal Operational Meetings

↑

Individual Accountability

The Corporate Management Plan is supported by individual Service Group and Corporate Team Management Plans. These local plans define Team objectives as well as the relevant corporate objectives and all staff will contribute to the achievement, defined through their Personal Contribution Plan, of both the local Plan and the Corporate Management Plan.

Belfast Health and Social Care Trust
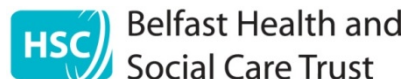
Corporate Management Plan 2011/12

September 2011

Revised 3rd Oct 2011

HSC Belfast Health and Social Care Trust

Corporate Management Plan 2011/12

1 Safety and Quality

We will ensure the safety of everyone who comes into contact with our health and social care and treatment services by ensuring safer, quality services for all.

Objective	Action/Target
1.1 To assure good governance in all areas of Trust activities and to provide care and treatment services that are evidence based, audited and assessed using a range of measures that reflect positive outcomes.	1.1.1 We will revise the assurance framework to reflect our ongoing commitment to patient and client safety and experience by September 2011.
	1.1.2 We will deliver improved compliance with external quality standards and safety alerts by March 2012
	1.1.3 We will continue to build capacity for managing major incidents and maintaining service continuity
	1.1.4 We will ensure comprehensive registration and safeguarding arrangements including monitoring and referral arrangements are in place for all appropriate staff in line with specified implementation timescales
	1.1.5 We will maintain systems to audit and review safer recruitment and employment practice standards by March 2012

Revised 3ʳᵈ Oct 2011

	1.1.6 We will complete the introduction and development of the new SIRO and IAO roles within the Trust as directed by DHSSPS Circular 25/1/10 by March 2012.
	1.1.7 We will implement the action plan arising from the regional data protection audit by March 2012
	1.1.8 We will continue our ongoing commitment to safeguarding the property of patients and clients
	1.1.9 We will enhance best practice and assurance arrangements in relation to the management of challenging behaviours in line with new legislation by March 2012.
	1.1.10 We will implement the Statutory and Mandatory Training Policy (including the training matrix) by June 2011.
	1.1.11 We will ensure continued compliance with Safer Recruitment and Employment practices in accordance with all legislative and good practice standards.
1.2 To continue to drive quality and safety in the care of patients and clients	1.2.1 We will implement all aspects of our safety and quality improvement plan by March 2012
	1.2.2 We will renew our focus in the delivery of cleanliness and infection control objectives by March 2012
	1.2.3 We will implement a project plan to deliver better outcomes for patients whose care is unscheduled by March 2012
	1.2.4 We will ensure safer and more cost effective prescribing and administration of drugs
	1.2.5 We will continue to work with our partners to maximise the opportunities for engagement in high quality, funded research and development
	1.2.6 We will implement our revalidation delivery plan by March 20102

Revised 3rd Oct 2011

1.3 To enhance Trust assurance processes underpinning the discharge of Statutory Functions	1.3.1 We will participate in the Regional Review of the Scheme for Delegation of Statutory Functions with a view to the Revised Scheme being presented to Trust Board for its consideration by March 2012. 1.3.2 We will participate in a regional review of the annual and six-monthly reporting arrangements to the HSCB and the Department in respect of the Trust's discharge of its statutory functions incorporation information requirements with a view to implementing same by end of March 2012.
1.4 To deliver safe, integrated and effective child protection services.	1.4.1 The Belfast Trust Child Protection Panel (the Panel) will review the effectiveness of its current strategy for public and community involvement. The review will address how to maximise service user engagement (including children and young people) across all areas of the Panel's work. 1.4.2 The Panel will establish local multi-agency arrangements to ensure the dissemination of Case Management Review recommendations and auditing arrangements across all partner agencies. 1.4.3 In consultation with Regional Child Protection Committee (RCPC), the Panel will develop a Workplan which will address arrangements for the transfer of its responsibilities to the local safeguarding structures over the next 12-18 months.
1.5 To deliver safe, integrated and effective Adult safeguarding services.	1.5.1 The Belfast Local Safeguarding Partnership (LASP) will develop a strategy to promote the dissemination of information with regard to Adult Safeguarding across both public and professional settings. As part of this strategy, the LASP will consider the most appropriate mechanisms to maximise service user involvement across all aspects of its work. 1.5.2 The Belfast LASP will develop a discrete information base to collate activity and performance data to inform its annual reporting requirements to the HSCB and Trust Board and to underpin future Workplan priorities. 1.5.3 The Belfast LASP will establish a Shared Learning Multi-Agency Forum to facilitate the sharing of learning and best practice across partner agencies, to publicise and profile key Adult Safeguarding issues and to promote innovative multi-sectoral practice and service delivery initiatives.

Revised 3rd Oct 2011

2. Modernisation

We will reorganise and modernise both the delivery of high quality health and social care and the equipment and building we use.

2.1: To modernise the delivery and timeliness of our health and social care facilities.	2.1.1 We will modernise and reform our service delivery to facilitate delivery of the Ministerial priorities and standards targets in 2011/12 across acute, children's mental health, physical and learning disability and older peoples' services by March 2012.
	2.1.2 We will, in line with the Trust's New Directions Strategy and the HSCB Draft Commissioning Plan 2011/12 undertake a strategic services review of a range of acute services including; obstetrics and Emergency Department Services. • Realigning a range of acute services to improve clinical linkages and reduce duplication • Incorporating the ongoing reform and modernisation of service delivery • Developing Excellence and Choice proposals and EQIA's for a number of specialties by December 2011.
	2.1.3 We will review the management and utilisation of our Wellbeing and Treatment Centres.
	2.1.4 We will continue to deliver the key elements of the ICT Strategy by March 2012.
	2.1.5 We will modernise and improve acute adult and children's pathways in delivery of standards/targets and to improve patient experience, through: • Undertaking a review of Unscheduled Adult Care Services. • Developing the Unscheduled Care Network for Children • Implementing microsystems and other modernisation plans in Adult and Children's Emergency Departments to streamline patient pathways to achieve a four hour waiting time standard by March 2012.

Revised 3rd Oct 2011

	• Reducing our reliance on and the number of inpatient beds by reducing length of stay in emergency and elective specialties to the 75th percentile of an agreed peer group by:
	  - Fully implementing pre-assessment and maximising admission on day of surgery
	  - Redesigning elective pathways, increasing outpatient with procedure attendances, increasing day surgery rates and reducing inpatient cases
	  - Ensuring the optimal use of theatre capacity.
	  - Fully implementing EDD's (expected date of discharge) and more timely and focussed discharge planning.
	  - Identify and eliminating service delays/blockages to the timely admission and discharge of patients
	  - Realigning elective and emergency services to improve patient flows through the week and across the year by March 2012.
	• Developing and implementing cancer pathway improvement plans for first patient appointment within 14 days in key specialties by December 2010.

	2.1.6 We will complete the modernisation and review of Community Child Health Services.
	2.1.7 We will review and develop models of service provision for paediatric specialties and particularly for vulnerable specialties to develop networks of provision and ensure appropriate patient access.
	2.1.8 We will implement the actions arising from the HSCB's capacity modelling exercise.
	2.1.9 We will continue delivering on the implementation of the Bamford Review action plan by: • Increasing the range of alternatives to hospital admission. • Reshaping services to promote direct employment of service users within mental health services • Implementing a new model of day support. • Begin the development of CAMHS Home Treatment Service. • Expanding the current community treatment service for people with learning disability. • Design a new model of community care for complex challenging behaviour. • Close a long stay ward on Muckamore Abbey site.

Revised 3rd Oct 2011

	2.1.10 We will further modernise children's social services by targeting 3 key areas for improvement. • Gateway (thresholds). • Foster Care (recruitment). • Adoption (permanency planning)
	2.1.11 We will continue to modernise the delivery and responsiveness of older peoples' services by: • Redesigning the community service provision to older people to improve admission avoidance and achieve earlier discharge from hospital care. • Redesign older peoples' services using the Reablement Framework.
	2.1.12 We will participate in the LCG Pilots of Primary Care Partnerships to redirect referrals to secondary care to appropriate primary care pathways.
	2.1.13 We will work towards full implementation of the six step approach to workforce planning matching resources to service needs by March 2012
	2.1.14 We will continue to lead effective change management in support of the Trusts MORE programme including in 2011/12 :- ☐ Strategic Reform and Modernisation within Acute Services, Unscheduled Care and Older People Services; ☐ Crosscutting workstreams on attendance management and skill mix; ☐ LEAN projects; ☐ Service Group Reform and Modernisation projects;

Revised 3rd Oct 2011

3. Partnerships

We will work collaboratively with all stakeholders and partners to improve health and wellbeing and tackle inequalities and social exclusion

Objective	Action/Target
3.1 To work collaboratively with external stakeholders and partners to improve health and wellbeing and tackle inequalities	3.1.1 We will work with stakeholders to develop and deliver the Trust's strategic vision for better health in Belfast and across Northern Ireland.
	3.1.2 We will increase our visibility and strengthen our participation on strategic partnerships and with the community and voluntary sectors to ensure effective engagement and partnership in service provision and to address inequalities in health and wellbeing
	3.1.3 We will provide community services for older people through a reablement model of care
	3.1.3 We will put into action the Trust's strategy for tackling inequalities in health. Specifically in 2011/12 we will •Develop the Trust health inequalities forum •Maximise early childhood development •Address inequalities in cardiovascular disease through community partnerships •Reduce our carbon footprint and use our buying power to promote sustainability •Action our strategy to support Travellers through the employment of two traveller liaison workers •Develop a strategy to meet the health and wellbeing needs of ethnic minorities.
	3.1.4 We will review and update Involving You – the Trust's Framework for User Involvement and Community Development
	3.1.5. We will develop a GP engagement strategy
	3.1.6 We will work closely with elected representatives to increase their understanding of the work of the Trust
	3.1.7 We will work with the Young People in Care project Team to ensure that 70% of care leavers are in education, training or employment in keeping with the DHSSPS targets

Revised 3rd Oct 2011

	3.1.8 We will create opportunities for service users (particularly those from vulnerable groups) to be employed by the Trust
	3.1.9 We will ensure that all children and young people in the Trust boundaries are appropriately safeguarded and protected from harm
	3.1.10 We will update the Trust's Corporate Social Responsibility Strategy with our partners. Specifically by December 2012 we will establish an Employability Group with key stakeholder
	3.1.11 We will create opportunities for service users (particularly those from vulnerable groups) to be employed by the Trust
3.2 To work collaboratively with our internal partners in a spirit of mutual trust and equal ownership to achieve shared goals.	3.2.1 We will integrate health improvement into the plans and activities of Directorates to ensure the Trust's contribution to achieving the Priorities for Action and the Investing for Health targets for improving health.
	3.2.2 We will review and update the Trust's Communication Strategy
3.3 To work with staff organisations to promote staff interests and develop stable industrial relations climate.	3.3.1 We will promote good industrial relations through the continued implementation of Trade Union partnership programmes and staff awareness training.
3.4 Continue to ensure the Trust meets its statutory duties under Section 75 of the Northern Ireland Act 1998.	3.1.8 We will continue to ensure the Trust meets its statutory duties under Section 75 including • Beginning the implementation of the Trust's new Equality Scheme in line with Equality Commission approval • Beginning implementation of the Trust's Section 75 action plan

Revised 3rd Oct 2011

PEOPLE : **We will unite the efforts of a committed and skilled workforce to secure excellence in the services we deliver into the future**

4.1 To be seen as an excellent Employer within the Health and Social Services family and beyond	4.1.1 We will monitor and report on the outcomes of the key people management and development priorities set out in "Working for Belfast" – the Trusts Human Resources Strategy;
	4.1.2 We will continue to work towards 90% implementation of appraisal including full implementation of the Knowledge and Skills Framework by March 2012;
	4.1.3 We will develop and secure commitment to the further progression through the business issues approach to Investors in People by September 2011;
	4.1.4 We will continue to modernise through the MORE programme while securing the employment of staff in line with strategic objectives for 2011/12;
	4.1.5 We will work with our Trade Unions and Professional Staff Associations to promote a climate of effective industrial relations and to create a harmonious working environment;
4.2 To develop a culture where our people feel valued, recognised and cared for.	4.2.1 We will report on the action plan from the 2009/10 Staff Survey by June 2011 and will complete a third Staff Survey in August 2011, benchmark against Regional and National Indicators and report findings by March 2012;
	4.2.2 We will review, evaluate and report on the Trusts Employment and Equality and Diversity Plan 2008/2010 and will produce and implement the 2011/2014 plan to promote equality of opportunity and good relations by June 2011;
	4.2.3 We will recognise the achievements in innovation and learning of all our staff through a range of celebration events by March 2012;
4.3 To improve the productivity, utilisation and performance of our people	4.3.1 We will train our managers on the management of staff affected by organisational change to enable the reform and modernisation process and will develop an effective evaluation of this training;

Revised 3rd Oct 2011

	4.3.2 We will implement the Trusts Health and Wellbeing at Work Strategy with specific initiatives to meet HSENI Stress Management Standards, and to support staff return to work quickly and safely following illness;
	4.3.3 We will work collaboratively to support the achievement of an overall reduction in absence levels to 5% in keeping with DHSSPS requirements;
	4.3.4 We will develop and implement appropriate Human Resource policies which recognise and reward staff appropriately;
4.4 To develop a learning culture where all our people will be supported in their development	4.4.1 We will design and implement a final evaluation for the Living Leadership Development programme by September 2011;
	4.4.2 We will design and implement a bespoke leadership development programme for Tier 5 managers;
	4.4.3 We will implement Year 2 action plan of Supporting Belfast : our Strategy to meet the learning and development needs of support workers
	4.4.4 We will develop and implement a coaching model in support of organisational and team performance by March 2012;
	4.4.5 We will roll out a team development initiative by September 2011;
	4.4.6 We will develop and implement a succession plan for senior management;
	4.4.7 We will work collaboratively to achieve targets set for professional and clinical development and ensure good governance is maintained by March 2012.

Revised 3rd Oct 2011

5. Resources

We will work to optimise the resources at our disposal to achieve shared goals.

Objective	Action/Target
5.1 To ensure our spending and investment decisions are sustainable to secure health and social wellbeing improvement	5.1.1 We will develop a Trust Delivery plan (including a Financial Plan) and work collaboratively with the Health and Social Care to deliver financial balance across the system by March 2012
	5.1.2 We will achieve service modernisation and efficiency and deliver on our Reform and Recurrent Gap Plan under the auspices of the MORE programme by March 2012
	5.1.3 We will continue to revise the Trust's charitable funds arrangements by 2011/12 in line with Charity Commission requirements.
	5.1.4 We will deliver our agreed contracted levels of activity for Commissioners and ensure the Trust is appropriately funded for agreed additional activity undertaken 2011/12.
	5.1.5 We will ensure timely delivery of the Trust's objectives through the operation of a robust Performance Management/Accountability Framework that encompasses Directorate, team and individual objectives
	5.1.6 We will work to deliver the Business Services Transformation Programme including the implementation of new business systems and the delivery of Shared Services in keeping with DHSSPS timescales;

Revised 3rd Oct 2011

HSC Belfast Health and
Social Care Trust

2010 – 2011
CORPORATE MANAGEMENT PLAN

INTRODUCTION

Keeping a clear focus

When Belfast Trust was established in 2007, five key corporate objectives were agreed. Everything we do on behalf of the people we serve is grouped under one of these objectives:

1 Safety and quality

2 Modernisation

3 Partnerships

4 People

5 Resources

This corporate management plan sets out what we aim to achieve under each of these headings in the 2010/2011 financial year.

It is the "go to" document for every person who works for the Trust – and for every person who wants to see at a glance what we are about.

At a time of severe pressure on the public purse and uncertainty about resources in future years, it is doubly important that we focus clearly on what we are going to do.

As part of the health and social care family in Northern Ireland – and in partnership with a wide range of stakeholders – we are working to deliver safe, efficient and improving services.

We are also working to improve health and wellbeing and reduce health and social inequalities.

Our purpose is to improve health and wellbeing and reduce health and social inequalities and as this plan shows we are also working towards achieving this.

OUR PURPOSE IS TO IMPROVE HEALTH AND WELLBEING AND REDUCE HEALTH AND SOCIAL INEQUALITIES

Developing our plan

This plan takes its cue from the Minister's Priorities for Action (PfA) document which sets targets for improvement in health and social care across Northern Ireland. Each Trust spells out the part they will play in this through a Trust Delivery Plan which, when joined with the targets that we have also set for ourselves in discussion with our stakeholders, becomes the Corporate Management Plan. We will share this plan with the widest possible range of people.

In the interest of accessibility this document can be made available in a range of alternative formats.

1

SAFETY AND QUALITY

WE WILL ENSURE THE SAFETY OF EVERYONE WHO COMES INTO CONTACT WITH OUR HEALTH AND SOCIAL CARE AND TREATMENT SERVICES BY ENSURING SAFER, BETTER QUALITY SERVICES FOR ALL

OBJECTIVE

ACTION/TARGET

1.1 To assure good governance in all areas of Trust activities and to provide care and treatment services that are evidence based, audited and assessed using a range of measures that reflect positive outcomes

1.1.1 We will deliver an updated assurance framework to reflect existing guidance to ensure patient and client safety and ensure effective working of committee structures by September 2010.

1.1.2 We will establish and manage a robust system for handling external quality standards and reports to maximise the benefits for patients and clients by September 2010.

1.1.3 We will undertake a risk based review of Trust wide policies, standards and guidelines by March 2011.

1.1.4 We will focus our emergency planning function on developing and testing acute and community service continuity plans by March 2011.

1.1.5 We will ensure comprehensive registration and safeguarding arrangements including monitoring and referral arrangements are in place for all appropriate staff in line with specified implementation timescales.

1.1.6 We will ensure that there are systems in place to audit and review safer recruitment and employment practice standards by March 2011.

1.1.7 We will ensure efficient robust systems for research governance.

1.1.8 We will fully implement the information governance strategy by March 2011.

1.1.9 We will continue the implementation of the action plan arising from the recent audit of Data Protection arrangements by March 2011.

1.1.10 We will safeguard the properties of our patients and clients by March 2011.

1.1.11 We will further develop and implement a leadership walkround programme by March 2011.

1.1.12 We will enhance best practice and assurance arrangements in relation to the management of challenging behaviours and its impact by March 2011.

1.2 To continue to drive quality and safety in the care of patients

1.2.1 We will implement all aspects of our patient safety quality improvement plan including Changing the Culture II Action Plan by March 2011.

1.2.2 We will ensure the effective use of available resources to assist in the delivery of cleanliness and the infection control objectives by March 2011.

1.2.3 We will work with partners to maximise the opportunities for engagement in high quality, funded research and development.

1.3 To enhance Trust assurance processes in underpinning the discharge of Statutory Functions

1.3.1 We will ensure that service delivery and assurance arrangements in relation to the discharge of Statutory Functions are compliant with the requirements detailed in the Scheme for Delegation.

1.3.2 We will take forward the Regional Adult Safeguarding Arrangements through the Trust's membership of the proposed Northern Ireland Adult Safeguarding Panel (NIASP) and the establishment of a Trust-wide Local Adult Safeguarding Partnership (LASP).

1.3.3 We will consolidate the role of the Trust's Child Protection Panel as a multi-agency vehicle for the development of safeguarding arrangements and practice and for taking forward the Safeguarding Board for Northern Ireland Local Panel arrangements.

1.3.4 We will continue to ensure that in discharging of its corporate parenting responsibilities, the Trust's paramount consideration is the welfare and safety of the individual child.

1.4 We will respond to the Departmental initiative on the Reform and Modernisation of the Adult Protection Infrastructure

1.4.1 We will participate in the Northern Ireland Adult Safeguarding Partnership.

1.4.2 We will establish a Local Adult Safeguarding Partnership.

1.4.3 We will appoint a Trust Specialist Adult Protection co-ordinator.

1.4.4 We will establish systems for the collection and analysis of data.

2

MODERNISATION

WE WILL REORGANISE AND MODERNISE BOTH THE DELIVERY OF HIGH QUALITY HEALTH AND SOCIAL CARE AND THE EQUIPMENT AND BUILDINGS WE USE

OBJECTIVE

2.1 To modernise the delivery and timeliness of our health and social care facilities

ACTION/TARGET

2.1.1 We will modernise and reform our service delivery to facilitate delivery of the Ministerial Priorities for Action (PfA) Standards/Target in 2010/11 across acute, children's, mental health, physical and learning disability and older peoples services by March 2011.

2.1.2 We will, in line with the Trust's New Directions Strategy, undertake a strategic services review of a range of adult acute medical and surgical services including:

• Realigning a range of acute services to improve clinical linkages and reduce duplication

• Incorporating the ongoing reform and modernisation of service delivery

• Identifying a revised capital plan for the short and medium term, required to deliver the plan

• Developing Excellence and Choice proposals and EQIA's for a number of specialties by end of June 2010.

2.1.3 We will expand the utilisation of our Wellbeing and Treatment Centres to enhance local service provision and patient client environment by:

• Reviewing capacity and management structure

• Assessing impact on IT, medical records and diagnostics

• Piloting delivery of 2 hospital clinics in Wellbeing and Treatment Centres.

2.1.4 We will continue to deliver the key elements of the ICT Strategy by March 2011.

2.1.5 We will modernise and improve acute adult and children's pathways in delivery of PfA standards/targets and to improve patient experience, through:

• Implementing microsystems and other modernisation plans in Adult and Children's Emergency Departments to streamline patient pathways to achieve a four hour waiting time standard by Sept 2010.

• Implementing the agreed action plans for Children's Emergency Department arising from the Interim Management and Support Unit (IMAS) Review by January 2011.

• Reducing our reliance on and the number of in-patient beds by reducing length of stay in emergency and elective specialties to the 75th percentile of an agreed peer group by:

 - Fully implementing pre-assessment and maximising admission on day of surgery

 - Redesigning elective pathways, increasing out-patient with procedure attendances, increasing day surgery rates and reducing in-patient cases

 - Fully implementing EDD's (expected date of discharge) and more timely and focused discharge planning

 - Identify and eliminating service delays/blockages to the timely admission and discharge of patients

 - Realigning elective and emergency services to improve patient flows through the week and across the year.

by December 2010.

• Developing and implementing cancer pathway improvement plans for first patient appointment within 14 days in key specialties by December 2010.

• Implementing fully the key actions within the fracture reform plans to improve performance against 48 hour standard by September 2010.

2.1.6 We will continue delivering on the implementation of the Bamford Review action plan by:

• Increasing the range of alternatives to hospital admission and reshaping services to promote direct employment of service users within mental health services

• Expanding the current community treatment service for people with learning disability, thereby reducing inappropriate hospital admissions and delayed discharges

• Continuing resettlement from Muckamore Abbey Hospital, through innovation.

2.1.7 We will further modernise children's social services by:

developing a range of targeted services focussing on prevention in conjunction with partner agencies and community and voluntary sector.

2.1.8 We will continue to modernise the delivery and responsiveness of older peoples services by:

• The continuing roll out of fully integrated care and support services across Belfast.

3

PARTNERSHIPS

WE WILL WORK COLLABORATIVELY WITH ALL STAKEHOLDERS AND PARTNERS TO IMPROVE HEALTH AND WELLBEING AND TACKLE INEQUALITIES AND SOCIAL EXCLUSION

OBJECTIVE

ACTION/TARGET

3.1 To work collaboratively with external stakeholders and partners to improve health and wellbeing and tackle inequalities

3.1.1 We will pursue the development of the Trust's strategic vision, The Belfast Way through engaging with our stakeholders.

3.1.2 We will launch a Trust strategy for inequalities in health, providing a framework for action to be taken by the Trust to address a key element of its overarching purpose of reducing inequalities in health. Specifically we will by March 2011:

- Maximise early childhood development
- Launch a Travellers health strategy
- Address inequalities in cardiovascular disease in the implementation of the Cardiovascular Health and Wellbeing Service Framework
- Reduce our carbon footprint
- Strengthen employability programmes.

3.1.3. We will continue to strengthen public and personal involvement in decisions made by the Trust through the Involving You action plan by March 2011.

3.1.4 We will participate in and contribute to the work of the new city-wide partnership for health and the Belfast Joint Development Unit, the Belfast Area partnerships, neighbourhood renewal partnerships, Belfast Healthy Cities, Community Safety and other similar partnerships to address shared public problems particularly the social determinants of health by 2011.

3.1.5. We will map the wellbeing needs of the migrant population in Belfast and identify priorities.

3.1.6 We will continue to participate in regional and local initiatives on a multi-agency and multi-sectional basis to develop and deliver services to looked after children and young people in transition and after care settings.

3.1.7 We will continue to develop positive relationships with other providers of early years services – particularly the voluntary sector and the education authorities.

3.2 To work collaboratively with our internal partners in a spirit of mutual trust and equal ownership to achieve shared goals

3.2.1 We will audit and implement our corporate communication strategy to ensure the most effective internal and external communications with our stakeholders.

3.2.2 We will integrate health improvement into service group planning and activities to ensure the Trust's contribution to the achievement of Priorities for Action and Investing for Health targets for improving health. We will target these efforts on reducing inequalities in health and wellbeing.

3.3 To work with staff organisations to promote staff interests and develop stable industrial relations climate

3.3.1 We will promote good industrial relations through the continued implementation of trade union partnership programmes and staff awareness training.

3.4 Continue to ensure the Trust meets its statutory duties under Section 75 of the Northern Ireland Act 1998

3.4.1 Develop consult on and agree an Equality Scheme for the Trust in accordance with the guidance issued by the Northern Ireland Equality Commission.

3.4.2 Undertake a health and social inequalities audit of Section 75 categories in accordance with Equality Commission Guidelines.

4

PEOPLE

WE WILL UNITE THE EFFORTS OF A COMMITTED AND SKILLED WORKFORCE TO SECURE EXCELLENCE IN THE SERVICES WE DELIVER INTO THE FUTURE

OBJECTIVE

ACTION/TARGET

4.1 To be seen as an excellent employer within the health and social services family and beyond

4.1.1 We will conclude the implementation of the Trust's Human Resource Strategy which sets out the key people management and development priorities for the period 2010 – 2012/13.

4.1.2 We will continue to work toward the European Working Time Directive in respect of Junior Doctor rota's by March 2011.

4.1.3 We will achieve 90% implementation of appraisal and full implementation of the Knowledge and Skills Framework by March 2011.

4.1.4 We will review IiP Accreditation report and determine the way forward to maintain the standard and develop appropriate action plan by September 2010.

4.1.5 We will continue to modernise through the MORE programme while securing the employment of our staff in line with the targets for 2010/11.

4.1.6 We will foster a positive industrial relations climate in the Trust through the promotion of training on partnership working on an ongoing basis during the year, and by conducting a formal review of the Trust industrial relations infrastructure by March 2011.

4.2 To develop a culture where our people feel valued, recognised, rewarded and cared for

4.2.1 We will communicate the findings of the regional staff survey and benchmark against the Trust's first Staff Survey and develop and take forward a continuous improvement programme by March 2011.

4.2.2 We will launch and implement a Trust Health and Wellbeing at Work Strategy and implement the HSENI stress management standards by March 2011.

4.2.3 We will prepare for the revalidation of doctors through the continuous development of our appraisal system by March 2011.

4.2.4 We will roll out the workforce planning awareness and capability training through the Trust commencing in April to enable application of the model in strategic service reviews and in the Trusts contribution to 2010/11 workforce review.

4.3 To improve the productivity, utilisation and performance of our people

4.3.1 We will work towards the achievement of the DHSSPS target of 5.2% for attendance management by March 2011.

4.3.2 We will support the strategic reform and modernisation programme to deliver high quality health and social care within the Trust with particular focus on acute services and mental health and learning disability by March 2011.

4.4 To develop a learning culture where all our people will be supported in their development

4.4.1. We will implement a leadership and management strategy by June 2010.

4.4.2   We will implement management and staff charters by June 2010.

4.4.3 We will plan and implement a bespoke Ward Management Programme by September 2010.

4.4.4 We will launch a lifelong learning strategy by June 2010.

4.4.5 We will plan and implement a leadership development programme for senior managers by June 2010.

4.4.6 We will plan and implement a programme for clinical engagement.

5

RESOURCES

WE WILL WORK TO OPTIMISE THE RESOURCES AT OUR DISPOSAL TO ACHIEVE SHARED GOALS

OBJECTIVE

ACTION/TARGET

5.1 To ensure our spending and investment decisions are sustainable to secure health and social wellbeing improvement

5.1.1 We will develop a Trust Delivery plan for 2010/11 and work collaboratively with the Health and Social Care to deliver financial balance across the system by March 2011.

5.1.2 We will achieve service modernisation and efficiency through the delivery of the MORE programme by March 2011.

5.1.3 We will revise the Trust's charitable funds arrangements by 2011 in line with Charity Commission requirements.

5.1.4 We will deliver our agreed contracted levels of activity for Commissioners and ensure the Trust is appropriately funded for agreed additional activity undertaken 2010/11.

5.1.5 We will ensure timely delivery of the Trust's objectives through the operation of a robust performance management/accountability framework that encompasses corporate service group, team and individual objectives.

5.2 To maximise the use of technology to release our professional staff to focus on adding value to the patient, client and improving outcomes

5.2.1 We will implement agreed elements of the ICT Strategy by March 2011.

5.3 To ensure the appropriate infrastructure for a leading edge 21st century health and social care providers

5.3.1 We will engage with DHSSPS in the development of a programme of "Invest to save" initiatives.

5.3.2 We will engage with DHSSPS, the HSC Board and other key stakeholders in the prioritisation of future infrastructure investment.

5.4 Create and manage a built environment that is conducive to the provision of high quality, safe and effective patient care

5.4.1 We will deliver the agreed capital programme for 2010/11.

5.4.2 We will use the modernisation programme to maximise the functionality of our estate.

5.4.3 We will continue to reduce risk associated with the existing estate.

5.4.4 We will produce an environmental and sustainability strategy by March 2011.

Belfast accountability structure

The Trust has clear accountability to the Department of Health, Social Services & Public Safety for delivery of Ministerial objectives to ensure safe, efficient and effective health and social care services for the population served, as shown in the summary diagram below:

Minister for Health, Social Services & Public Safety

Health and Social Care Board

Trust Board

Monthly Monitoring meetings between Trust & Health Board to review progress against objectives

Monthly Executive Team Performance Meetings

Monthly Service Group Accountability Meetings

Individual Accountability

The Corporate Management Plan is supported by individual Service Group and Corporate Team Management Plans. These local plans define Team objectives as well as the relevant corporate objectives and all staff will contribute to the achievement, defined through their Personal Contribution Plan, of both the local Plan and the Corporate Management Plan.

Belfast Health and
Social Care Trust

corporate
management
plan

2012-2013

2

Contents

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2. Overview of the Trust

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4. Safety & Quality – Corporate Objectives

5. Modernisation – Corporate Objectives

6. Partnerships – Corporate Objectives

7. Our People – Corporate Objectives

8. Resources – Corporate Objectives

1. Introduction

The Belfast Health and Social Care Trust's overarching purpose is to improve health and well-being and reduce health and social inequalities.

The Trust aims to make a real and measurable difference to the lives of people, in Belfast, Castlereagh and across the region, and is committed to an integrated approach to address health and social care inequalities along with the Health & Social Care Board, other statutory agencies, community organisations and the voluntary sector. As part of the Belfast Strategic Partnership, the Trust is taking forward key actions to address:

- mental health and emotional wellbeing

- lifelong learning, alcohol and drug related issues

- early years and early interventions

- regeneration of living places and health spaces.

The Belfast Trust is also working with the Health and Social Care Board and Belfast Local Commissioning Group to develop implementation plans for 'Transforming Your Care'1 which promotes the delivery of integrated care as close as possible to people's homes. Its 12 key principles for change support the work that the Trust has been taking forward in its modernisation and strategic services reorganisation to 'provide the right care in the right place at the right time'.

The Trust will, in 2012/13, take forward the re-shape of Maternity Services; the re-organisation of Adult Rheumatology and Dermatology, Paediatric Rheumatology and General Surgery

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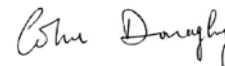
1 Transforming Your Care a review of Health and Social Care in Northern Ireland, December 2011

services and the outcome of the public consultation on the Emergency Department service.

Alongside this strategic agenda, the Trust will continue to focus on delivering a quality experience to patients and clients, ensuring we see and treat patients and clients within agreed timescales in a safe clinical environment, with effective communication, addressing difficulties at the earliest opportunity.

The Trust's agenda is delivered only as a result of the efforts of the 20,000 staff who are hugely committed to the patients and clients to whom they provide services. We will ensure our staff have the opportunity to develop, implement and sustain the many service improvements which have made a significant difference to the experience of our patients and clients and delivered efficiencies as we continue our journey of modernisation and reform.

The next couple of years will be a challenging time for health and social services, with a growing and ageing population placing even more pressure on limited resources. The objectives we have set, in conjunction with our service users, carers and other stakeholders, are challenging but deliverable if we work in partnership, focused on the needs of individual patients and clients.

Colm Donaghy
Chief Executive

Pat McCartan
Chairman

2. Overview of the Belfast Trust

The Belfast Trust delivers integrated health and social care to approximately 340,000 citizens in Belfast and part of the Borough of Castlereagh. In addition, our acute services are accessed by the population of south Antrim and the Trust provides a range of specialist services to all of Northern Ireland (population 1.8 million).

From 12/13 the Trust has five key Service Directorates, supported by Corporate Directorates and these are:

- Acute Services, incorporating medicine and surgery, cardiovascular and specialist surgery, neurosciences, ophthalmalogy and imaging services

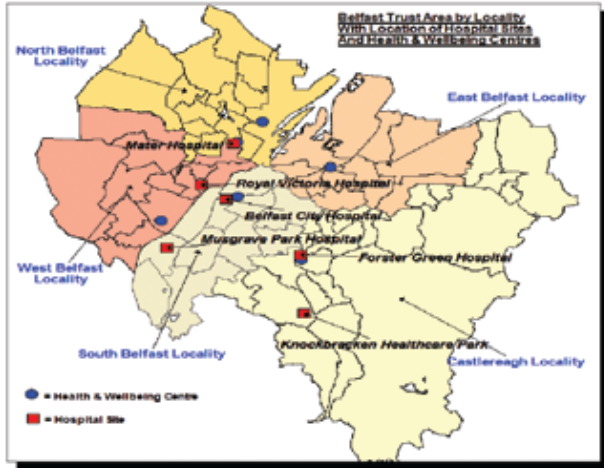- Cancer and Specialist Services, incorporating Cancer Services, Nephrology and Transplant Services, Rheumatology, Dermatology and Neurohabilitation Services, Therapy and Therapeutic Services, Pharmacy, Medical Physics and Laboratory Services

- Adult Social and Primary Care Services incorporating Mental Health, Learning Disability, services for Older People, and Physical Disability services

- Specialist Hospitals and Women's Health, incorporating Maternity Services, Children's services, Trauma and Orthopaedics, Gynaecology, ENT, Dental Services

- Social Work, Family and Childcare Services.

The organisational chart and some facts and figures about the Belfast Trust are:

Figure 2: Belfast Trust Organisational Chart

Director of Acute Services

Chief Executive

Deputy Chief Executive / Director of Human Resources

Director of Adult Social & Primary Care

Director of Social Work, Family & Child Care

Belfast Trust Facts and Figures
£1.1bn annual budget
19,500 staff (full & part time)
1.8million population base
327,000 District Nursing attendances
261,000 AHP attendances
110,000 Elective patients treated
175,000 Outpatient attendances
3,500 Care packages provided
620 children, for whom the Trust is Corporate Parent

Director of Nursing and User Experience

Medical Director

Director of Finance & Estates

Director of Specialist Hospitals & Womens Health

Head of Chief Executive's Office

Director of Cancer & Specialist Services

Head of Communications

Director of Performance, Planning & Informatics

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3. Our purpose, values and corporate objectives

Our purpose:

To improve health and wellbeing and reduce health inequalities.

Our values:

Showing respect and dignity

- We will treat everyone with respect and dignity

- We will respect the rights and choices of service users

- We will put service users and carers needs at the core of service planning and delivery, and support person-centred approaches to care

- We will be fair in our decisions and our actions, reflecting this in our policies and our practice

- We will work in partnership across professions, services, organisations and communities to maximise the potential for health improvement, and achieve the best use of resources through joined up approaches

- We will recognise the contributions of staff, users, carers, the community and others.

Being accountable

- We will demonstrate personal and professional accountability in the provision of high quality care by competent staff in a safe environment

- We will set and achieve clear standards in service delivery and care outcomes.

Displaying openness and trust

- We will have clear processes for two-way communication with users, staff and the public

- We will be open and transparent in our decision-making and communication and in doing so build a reputation for being trustworthy

- We will provide timely, accessible and appropriate information to service users to support choice

- We will keep people informed.

Maximising learning and development

- We will build the capacity of the organisation and our people through appropriate research, development and support

- We will empower our people by developing and sustaining a learning culture.

Our values underpin the Trust's five overarching corporate objectives, which define everything that we do in partnership with our patients and clients.

6

Our corporative objectives

Safety and quality - We will ensure the safety of everyone who comes into contact with our Health and Social Care and treatment services by ensuring safer, better quality services for all;

Modernisation – We will reorganise and modernise both the delivery of high quality Health and Social Care and the equipment and buildings we use;

Partnerships - We will work collaboratively with all stakeholders and partners to improve health and wellbeing and tackle inequalities and social exclusion;

Our People – We will unite the efforts of a committed and skilled workforce to secure excellence in the services we deliver into the future;

Resources – we will work to optimise the resources at our disposal to achieve shared goals.

7

4.0 Safety and Quality – Corporate Objectives

We will ensure the safety of everyone who comes into contact with our Health and Social Care and treatment services by ensuring safer, better quality services for all

Objective	Action / Target
To assure good governance in all areas of Trust activities and to provide care and treatment services that are evidence based, audited and assessed using a range of measures that reflect positive outcomes	4.1 We will update our assurance framework to reflect the regional implementation of external standards and safety alerts and to ensure that the framework properly reflects the corporate objectives set out in this plan by February 2013; 4.2 We will test our resilience for managing major incidents and maintaining service continuity by March 2013; 4.3 We will ensure comprehensive safeguarding arrangements including monitoring, registration and referral processes are in place arrangements are in place for all appropriate staff in line with specified regulatory timescales by March 2013; 4.4 We will continue to maintain systems to audit and review safer recruitment and employment practice standards in line with the Safer Recruitment and Employment Practices Framework by March 2013; 4.5 We will implement, through the newly formed SIRO/IAO structures, the Trust's Information Governance Action Plan by March 2013; 4.6 We will continue our ongoing commitment to safeguarding the property of patients and clients underpinned by effective audit by March 2013;
To continue to drive quality and safety in the care of patients and clients	4.7 We will deliver the Health Care Safety and Quality Improvement Plan (SQIP) by March 2013; 4.8 By March 2013, through a range of person-centred care initiatives, we will have enhanced the patient and client experience as evidenced by patient, client and staff feedback. 4.9 We will deliver the HCAI Improvement Plan by March 2013; 4.10 We will ensure completion and availability of a community medicines code by March 2013; 4.11 In order to promote and protect the health and well-being of carers, we will continue to work with staff to improve the number and quality of carer assessments offered and completed by March 2013;

Objective	Action / Target
	4.12 We will continue to work with our partners to maximise the opportunities for engagement in high quality, funded research and development by March 2013; 4.13 We will deliver arrangements for revalidation of doctors in line with GMC and DHSSPSNI requirements by March 2013;
To enhance Trust assurance processes underpinning the discharge of Statutory Functions	4.14 We will continue to invest in uni- and multi-professional development and training initiatives to ensure the requisite competencies and skills base of the workforce to discharge statutory functions, by March 2013; 4.15 We will review organisational assurance arrangements for the registration of the workforce to achieve compliance with the extension of NISCC regulatory requirements to a number of groups of social care staff by March 2013.
To deliver safe, integrated and effective child protection services.	4.16 The Belfast Trust Child Protection Panel (the Panel) will work with the Regional Child Protection Panel (RCPC) and the Regional Safeguarding Board for NI (SBNI) to implement the regional safeguarding structures by September 2012; 4.17 The Panel will facilitate the establishment of an independently chaired Safeguarding Panel for Belfast in partnership with the RCPC and SBNI incorporating the transfer of reporting and accountability functions from the Trust to the SBNI in September 2012;
To deliver safe, integrated and effective Adult safeguarding services.	4.18 We will implement a single point of referral (Gateway system) to manage vulnerable adult referrals across Older People's and Physical and Sensory Disability Services with a view to enhancing the quality and effectiveness of service delivery (March 2013); 4.19 We will work with emerging Community Safety Partnerships, develop and make available information and advice on safeguarding for individual, families and carers using social network and traditional media outlets and develop a local programme targeting hard to reach groups including ethnic minority groups by March 2013.

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5.0 Modernisation – Corporate Objectives

We will reorganise and modernise both the delivery of high quality health and social care and the equipment and buildings we use

Objective	Action / Target
We will continue our modernisation journey across all our services, in line with Transforming Your Care, and develop the Trust's New Directions Phase 2	5.1 We will modernise and reform our service delivery to facilitate delivery of the Ministerial priorities, standards and targets in 2012/13 across acute, specialist, children's, mental health, physical & learning disability and older peoples services by March 2013; 5.2 We will continue to implement our Strategic Service Reorganisations (SSRW) during 2012/13 with the implementation of General Surgery, the reorganisation of Adult Rheumatology & Dermatology, and Paediatric Rheumatology and undertake detailed planning for Ophthalmology and Cardiology; 5.3 We will consult on the Reshaping of Maternity Services and develop a Consultation Response document by October 2012; 5.4 In conjunction with the HSC Board, we will develop a Consultation Paper & EQIA on the Configuration of Emergency Department services in Belfast by October 2012, for a consultation process in autumn/winter 2012/13; 5.5 We will continue to deliver service reform and modernisation across all our service directorates, including the revised Unscheduled Care Patient Pathway, supported by the development of unscheduled care discharge teams, to deliver an improved patient experience in the Emergency Department (ED) service, and to ensure 95% of patients are discharged/admitted within 4 hours of ED attendance and no patients wait over 12 hours for admission (DHSSPS standards); 5.6 We will develop the Population Plan to take forward Transforming Your Care (TYC) during 2012/13 as part of the Belfast Economy Collaborative with specific focus on the: • development of **prevention and early intervention strategies** to improve the physical and mental health of adults with disability in partnership with PCP/ICP and other stakeholders; • delivery of care and treatment as locally as possible through , for example, the development of **community infrastructure and community treatment services** and the establishment of an **Acute**

Objective	Action / Target
	Care at Home service to support discharge and reduce the need for hospital admission by March 2013;
	• the development, in partnership with the third sector and housing partners, of **supported housing options for people with complex needs** to meet the targets set for resettlement from hospital;
	• the establishment of a Learning Disability Multi-disciplinary Intensive support service by June 2013 to reduce and then eradicate all preventable community placement breakdown, to support resettlement and to reduce the need for hospital admission;
	• Within the Child and Adolescent Mental Health Service (CAMHS), children up to 12 years of age will receive the whole of their treatment within the home setting by March 2013 ;
	• Home Treatment will be extended to be available to children, young people and older people with a functional mental health condition by March 2013;
	• the extension of **intermediate care services** in partnership with private and voluntary providers and the implementation by October 2012 of a **community re-ablement** service for older people, which will seek to ensure that 30% of service users return to independence in Year 1;
	• provision of opportunities for **supporting independent living** for older people, for example, ensuring the completion of a 35 place scheme for people with dementia by mid 2013;
	5.7 We will strengthen and measure the involvement of users, carers, communities and other stakeholders in service reform and modernisation processes through a range of mechanisms including episodes of direct consultation, the use of advocacy services, PPI initiatives and the Trust's direct engagement with local representatives, user organisations and community fora by March 2013;
	5.8 We will commission for use the new Critical Care Building RVH, which will provide a new Emergency Department, an Intensive Care unit with 32 single rooms and four Theatres by March 2003;
	5.9 We will take forward our capital build plans to progress the new Maternity Hospital, by March 2013.

6.0 Partnerships

We will work collaboratively with all stakeholders and partners to improve health and wellbeing and tackle inequalities and social exclusion

Objective	Action / Target
To work collaboratively with external stakeholders and partners to improve health and wellbeing and tackle inequalities	6.1 We will work with health and social care colleagues and external stakeholders to develop and deliver a strategic vision for better health and social care in Belfast and across Northern Ireland, which will be detailed in New Directions Phase 2 by December 2012 and other strategic documents; 6.2 We will increase our visibility and strengthen our participation in strategic partnerships within the community and voluntary sectors to ensure effective engagement and partnership in service provision and to address inequalities in health and wellbeing. Specifically, by March 2013, we will implement the recommendations from the strategic workshop on partnerships (held in February 2012); 6.3 We will work with the Belfast Strategic Partnership and its subgroups to deliver on the agreed priorities (Mental health and resilience; drugs and alcohol; life-long learning; health urban environment and regeneration; and early intervention for children and young people) by March 2013; 6.4 We will continue to action the Trust's strategy for tackling inequalities in health. Specifically in 2012/13 we will: • Maximise early childhood development through the Belfast Outcomes Group • Address inequalities in cardiovascular disease through community partnerships • Reduce our carbon footprint and use our buying power to promote sustainability • Work with ethnic minority groups to improve their health and wellbeing; 6.5 We will develop an action plan for PPI (Patient and Public Involvement) 2012-15 within the Trust's Framework for User Involvement and Community Development (Involving You) and embed accountability arrangements for PPI in the Trust; 6.6 We will increase user and carer involvement in service development and re-design arising from the implementation of TYC / Population Plans, co-ordinated via the Belfast Economy Collaborative Group, by March 2013;

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Objective	Action / Target
	6.7 We will continue to action our GP engagement strategy – specifically through quarterly meetings, monthly information bulletins and compliance with appropriate GAIN guidance by March 2013; 6.8 We will continue to implement the Trust's Carers Strategy through five work streams progressing the Strategy 5 year Action Plan (Carer Identification, Communication, Support Services, Young Carers and Carer Involvement).
To work collaboratively with external stakeholders and partners to improve health and wellbeing and tackle inequalities (continued)	6.9 We will continue to work closely with elected representatives, throughout 2012/13, to increase their understanding of the work of the Trust by: • Engagement with local representatives through participation in Neighbourhood Partnership Boards and related structures • Meeting with local representatives to discuss strategic and specific service development and delivery issues • Developing opportunities to profile partnership initiatives and successful service achievements with local representatives, both formally and informally; 6.10 We will work in partnership with Arts Care NI to develop and launch an Arts and Health Strategy during 2012/2013; 6.11 We will work with the Young People in Care project team to ensure that 70% of care leavers are in education, training or employment in keeping with DHSSPS targets by March 2013; 6.12 We will create opportunities for service users (particularly those from vulnerable groups) to be employed by the Trust during 2012/13; 6.13 During 2012/13, we will continue to progress employability and lifelong learning initiatives with a wide range of partners to reduce long-term unemployment and support the regeneration of disadvantaged communities, particularly within Family and Childcare Services and Adult Social and Primary Care Services;

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Objective	Action / Target
To work collaboratively with our partners in a spirit of mutual trust and equal ownership to achieve shared goals.	6.14 We will take forward the actions outlined in the Trust's Corporate Social Responsibility Strategy in conjunction with our partners during 2012/13; 6.15 We will integrate health improvement into Directorates plans to deliver the Trust's contribution to achieving regional targets for improving health and reduced demand for acute health services as outlined in TYC. Specifically, in 2012/13, we will work on a number of prioritised initiatives identified in the population plan e.g. extend the Roots of Empathy programme, introduce Family Nurse Partnership pilot and targeted health improvement plans with BME groups;
To work with staff organisations to promote staff interests and develop stable industrial relations climate.	6.16 We will review and update the Trust's Communication Strategy. Specifically we will work with health and social care colleagues on a regional communication strategy for Transforming your Care by March 2013; 6.17 During 2012/13, we will promote good industrial relations through the continued implementation of Trade Union partnership programmes and staff awareness training to both promote staff interests and the interests of patients, clients and service provision;
Continue to ensure the Trust meets its statutory duties under Section 75 of the Northern Ireland Act 1998.	6.18 We will meet the Trust 's statutory duties under Section 75 and implement the Trust's Equality Scheme in accordance with the timescales set out within the approved action plan; 6.19 We will engage, develop and consult on a Good Relations Strategy and Action Plan by March 2013.

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7.0 Our people – Corporate Objectives

We will unite the efforts of a committed and skilled workforce to secure excellence in the services we deliver into the future

Objective	Action / Target
To be seen as an excellent Employer within the Health and Social Services family and beyond	7.1 We will seek to achieve Investors in People re-accreditation by March 2013; 7.2 We will continue to work towards the full implementation of the Knowledge and Skills Framework (KSF) by March 2013 to ensure core skills and development needs are met; 7.3 We will continue to modernise through the MORE programme while seeking to maximise the employment of staff in line with strategic objectives for 2012/13; 7.4 We will work with our Trades Unions and Professional Staff Associations to promote a climate of effective industrial relations and to create a harmonious working environment.
To develop a culture where our people feel valued, recognised and cared for	7.5 We will participate in the second Regional Staff Survey to seek, gather and benchmark staff attitudes and experiences of working lives and report findings and action plan by March 2013; 7.6 We will implement the objectives of the Trusts Health and Wellbeing at Work Strategy and Action Plan with a focus on stress and mental health conditions by March 2013; 7.7 We will implement the objectives of the Trusts Employment and Diversity Plan with a focus on disability and Migrant Workers by March 2013; 7.8 We will continue to recognise the achievements, innovation and learning of all our staff through a range of celebration events in 2012/13.
To improve the productivity, utilisation and performance of our people	7.9 We will work towards the achievement of the DHSSPSNI target of 5% for attendance management by March 2013; 7.10 We will implement in accordance with agreed Regional plans and timescales the Business Service Transformation Programme (BSTP) which includes implementation of the new business system and the development of Shared Services; 7.11 We will support the Trust Strategic Reform and Modernisation Programmes and response to

Objective	Action / Target
	Transforming Your Care (TYC), to deliver high quality health and social care with a particular focus on Older People Services, Community Integration and Acute Services; 7.12 We will continue to support and develop Managers to use continuous improvement, service improvement and workforce planning techniques to enable effective workforce and service change;
To develop a learning culture where all our people will be supported in their development	7.13 We will evaluate the Trusts Learning and Development Strategy and develop and consult on a new Strategy and Action Plan by March 2013; 7.14 We will launch and commence implementation of the Trusts Succession Planning model, 'Developing our People Today for Tomorrow' by March 2013; 7.15 We will implement the Year 3 Action Plan of Supporting Belfast : our Strategy to meet the Learning and Development needs of Bands 1 – 4 staff; 7.16 We will continue implementing and monitoring the Trusts Statutory and Mandatory Training Policy in 2012/13; 7.17 We will organise four cohorts of the Deputy Ward Sister / Charge Nurse Leadership Development programme by March 2013 to meet the stated programme objectives; 7.18 We will deliver arrangements for revalidation of Doctors in line with GMC and DHSSPSNI requirements by March 2013; 7.19 We will deliver a strategy for connection, engagement and leadership for medical staff; 7.20 We will support the development of a strategy to take forward the delivery of the objectives detailed in the Strategy for Social Work in Northern Ireland 2012-2022 at both regional and local levels.

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8.0 – Resources

We will work to optimise the resources at our disposal to achieve shared goals

Objective	Action / Target
To ensure our spending and investment decisions are sustainable to secure health and social wellbeing improvement	8.1 We will develop a Trust Delivery Plan (including a Financial Plan) and work collaboratively with the Health and Social Care system to deliver financial balance within the Trust and across the system by March 2013; 8.2 We will achieve service modernisation and efficiency, fully deliver on our Reform and Recurrent Gap Plan and our 12/13 QICR Cash Releasing and Productivity Plan under the auspices of the MORE programme by March 2013; 8.3 We will continue to reform the Trust's charitable funds arrangements with a planned date of April 2013, in line with Charity Commission requirements; 8.4 We will deliver our agreed contracted levels of activity for Commissioners and ensure the Trust is appropriately funded for agreed additional activity undertaken 2012/13; 8.5 We will ensure timely delivery of the Trust's objectives through the operation of a robust Performance Management/Accountability Framework that encompasses Directorate and team individual objectives; 8.6 We will work to deliver the Business Services Transformation Programme including the implementation of new Finance, Procurement, Logistics, HR, Payroll and Travel by the 31 August 2012 and 1 November 2012 including the implementation of new work towards the Shared Services in keeping with DHSSPS/BSO timescales following the Minister's announcement.

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Belfast Health and Social Care Trust

Trust Vision & Corporate Plan

2013/14 – 2015/16

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Contents

1. Foreword

Belfast Trust has a central role in the delivery of health and social care services in Northern Ireland. As the largest provider, with a highly professional and skilled workforce providing local and regional services and with strong links to leading edge academic and research institutions through the Queen's University of Belfast and the University of Ulster, the Trust is uniquely placed to deliver excellence in health and social care.

The Trust's ambition is to build on these strengths by ensuring that innovation and creativity are central to how we take forward service delivery and transformational change, using opportunities presented by technological advances and through our strong working relationships with key partners and stakeholders.

Our objectives can only be achieved with the help and support of the people who use our services, their families and carers, and our community, voluntary and independent sector partners. We are committed to working in partnership with them in a united effort to deliver the best possible outcomes for our population.

We want to harness the skills, ideas, commitment and efforts of our own staff in achieving our vision, as well as contribute to the wider social issues related to health and social inequalities.

In order to invest in tomorrow, we must deliver improved value for money today and we need to continue to build strong leadership across our services to deliver and sustain our vision. Staying true to our values during a period of transformational change will be critical to our success.

Belfast Trust's Vision gives us the opportunity to renew a sense of pride in the Trust, as we work to offer the highest standards of care for all the people to whom we provide services.

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2. Introduction

Alongside the Trust Vision, this Corporate Plan outlines the strategic direction for Belfast Health and Social Care Trust for the period 2013/14-2015/16. It sets out how our services will change and develop to ensure they meet the health and social care needs of the population of Belfast, Castlereagh and across Northern Ireland.

The Minister for Health, Social Services and Public Safety has also set out his vision for health and social care across Northern Ireland through the publication of 'Transforming Your Care'[1]. It proposes significant changes for services over the next few years and we have ensured that the priorities identified in our Corporate Plan are closely aligned to the strategic direction within 'Transforming Your Care'.

This Corporate Plan also outlines our Guiding Principles and our Values which underpin how we will develop services over the next three years. We describe our key service priorities and expected outcomes to be delivered over the period of the Plan, recognising the challenging financial environment for health and social care services across Northern Ireland, with significant efficiency savings to be achieved.

We will regularly review and report on our progress against the objectives set out in the Plan to ensure we demonstrate what has been achieved and what remains to be delivered across our services.

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1   Transforming Your Care, 2011, Health and Social Care Board

3. Overview of Belfast Trust

Belfast Trust delivers integrated health and social care to approximately 340,000 people in Belfast and part of the Borough of Castlereagh and provides a range of specialist adult and paediatric services for the population of Northern Ireland. The Trust also has in place a significant number of partnerships with community, voluntary and independent sector providers to ensure a seamless, high quality service is provided for all the people who use our services. The Trust is led by a Trust Board, comprising a Chairman, six Non-Executive Directors, five Executive Directors and five other Directors and is responsible for the strategic direction and management of the Trust's activities. The Trust delivers its services through five Service Directorates:

• Acute Services, incorporating Medicine and Surgery, Cardiovascular and Specialist Surgery, Neurosciences, Ophthalmology and Imaging Services

• Cancer and Specialist Services, incorporating Cancer Services, Nephrology and Transplant Services, Rheumatology, Dermatology and Neurohabilitation Services, Therapy and Therapeutic Services, Pharmacy, Medical Physics and Laboratory Services

• Adult Social and Primary Care Services incorporating Mental Health, Learning Disability, services for Older People, and Physical Disability and Sensory Impairment Services

• Specialist Hospitals and Women's Health, incorporating Maternity Services, Acute and Community Paediatrics, Trauma and Orthopaedics, Gynaecology, Sexual Health & Reproduction, including GUM Services, ENT and Dental Services

• Children's Community Services incorporating, Family & Child Care Services, Community Health and Childrens Disability Services.

These directorates, working together with the Corporate Directorates of Human Resources, Medical Director's Group, Central Nursing, Planning Performance & Informatics, Finance and Estates and Communications, manage a diverse organisation with over 20,000 staff and a budget of £1.2 billion.

Belfast Health and Social Care Board
Acting Chair: Professor Eileen Evason
Non-Executive directors: Mr Les Drew, Mr Tom Hartley, Mr Charlie Jenkins, Mr James O'Kane, Dr Val McGarrell, Ms Joy Allen.

Belfast Health and Social Care Trust: Executive Team Structure

Specialist Hospitals & Women's Health	Chief Executive	Children's Community Services	Communication	Head of Office
Brian Barry	Colm Donaghy	Cecil Worthington	Bronagh Dalzell	June Champion (A)

Cancer & Specialist Services		Deputy Chief Executive
Jennifer Welsh		Marie Mallon

20,728 employees
£1.2 billion annual budget
340,000 population base
1.8 million population base
£3,287,671 spent daily

Acute Services		Finance and Business
Patricia Donnelly		Martin Dillon

Adult Services & Primary Care	Nursing & User Experience	Planning, Performance & Informatics	Medical
Catherine McNicholl	Brenda Creaney	Shane Devlin	Tony Stevens

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4. The Trust Vision

Our Purpose is to improve health and wellbeing and reduce health and social inequalities.

Our Vision is to continuously improve health and social care delivery and foster innovation in pursuit of this goal. We will seek to achieve the right balance between providing more health and social care in, or closer to, people's homes and supporting the specialist delivery of acute care, thereby delivering positive outcomes for the people who use our services.

Our Guiding Principles are integral to how we will deliver and develop our services:

- **We will** provide safe, high quality person-centered and compassionate care, ensuring the best possible experience for all the people who use our services

- **We will** promote wellbeing and early intervention

- **We will** continuously improve, through integration and partnership working, our delivery of accessible and effective services

- **We will** innovate to drive improvement in services, translating research into practice and using proven technology to secure positive outcomes for people who use our services

- **We will** ensure our people have the appropriate knowledge, skills and attributes to deliver a high quality, person centred service in a Trust which is a good place to work, train and learn

- **We will** make a real difference to the impact of health and social inequalities on the lives of local people through our leadership and advocacy, in partnership with local communities;

- **We will** continue to recognise and value the role and contribution of carers and families to our services;

- **We will** achieve efficiency, effectiveness and equity across all our resources (our staff, our services and our facilities) and look after our environment for the future.

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Our Values are important. They guide our behaviour, our attitudes, the decisions we make and what we expect of one another. Our Staff have told us the Trust's Values are important to them and have a strong impact on how they view our organisation. Our focus will be on embedding and living the Values throughout the Trust.

Our Values	Our commitment is – We will:
Treating everyone with respect and dignity	• Respect the rights and choices of people who use our services • Place the needs of people who use our services and their carers at the core of service planning and delivery, and support person-centred approaches to care • Be fair in our decisions and our actions, reflecting this in our policies and our practice • Work in partnership across professions, services, organisations and communities to maximise the potential for health improvement and achieve the best use of resources through joined up approaches • Recognise the contributions of staff, users, carers, volunteers and the community.
Displaying openness & trust	• Ensure processes are in place for two-way communication with users, staff and the public • Be open and transparent in our decision-making and communication; • Build a reputation for being trustworthy • Provide timely, accessible and appropriate information to support choice for people who use our services • Keep people informed.
Being leading edge	• Encourage and support our staff to be innovative and creative in pursuing our purpose • Create an environment where research and enquiry can flourish • Translate research and innovative ideas into practical improvements for the people who use our services.
Maximising learning & development	• Build the capacity of the organisation and our people through appropriate learning, development and support • Empower our people by developing and sustaining a learning culture.

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Our Values	Our commitment is – We will:
Being accountable	• Demonstrate personal and professional accountability in the provision of high quality care by competent staff in a safe environment • Set and achieve clear standards in service delivery and care outcomes • Contribute to and respect the formal accountability processes of the organisation • Make the most of the financial and other resources we have through effective and efficient service planning, delivery and evaluation.

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5. Strategic objectives, actions and outcomes

Our Strategic objectives support the achievement of the Trust's Vision and are well embedded throughout the organisation. In this section we outline our service commitments and the actions which will be taken forward to deliver the outcomes that we expect by the end of year three. Within the Continuous Improvement Section we detail our plans across our key services, from Maternity to Older People services, including our commitments to deliver improvements in Population Health and Wellbeing.

A Culture of Safety and Excellence		We will foster an open and learning culture, and put in place robust systems to provide assurance to our users and the public regarding the safety and quality of services.
Continuous Improvement		We will seek to be a leading edge Trust through innovation at all levels in the organisation.
Partnerships		We will work collaboratively with all stakeholders and partners to improve health, social care and well being and tackle inequalities and social exclusions.
Our People		We will achieve excellence in the services we deliver through the efforts of a skilled, committed and engaged workforce.
Resources		We will work to optimise the resources available to us to achieve shared goals.

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A Culture of Safety and Excellence		We will foster an open and learning culture, and put in place robust systems to provide assurance to our users and the public regarding the safety and quality of services.

Our Commitment:

The Trust is committed to:

- Providing the best possible experience for all the people who use our services, taking into account their needs, to improve the quality of their health and social wellbeing;

- Ensuring that the safety and welfare of those who use our services will underpin service change and development;

- Nurturing innovation and creativity among our people to drive significant organisational change;

- Rigorously ensuring compliance with appropriate standards of care, for all the people who use our services.

Actions:

The Trust will achieve the above through the following actions which we will take forward over the next three years:

- **We will** continuously develop and maintain our assurance framework, including a risk management strategy, to support the Trust in meeting its objectives and to maintain public confidence;

- **We will** work in partnership with our local communities and other statutory and voluntary agencies and safeguard the welfare of children and vulnerable adults;

- **We will** ensure that the people who use our services are fully engaged in the design, delivery and review of services;

- **We will** develop and implement an integrated Safety and Quality Improvement Plan (SQIP) to enhance the experience of the people who use our services;

- **We will** deliver integrated pathways of care to ensure services are delivered in the best possible setting for those who use our services;

- **We will** encourage and support our staff to be innovative, creative and to work in partnership with the people who use our services, their carers and local communities to deliver improvements in our services;

- **We will** foster an open, transparent, learning culture to deliver the best possible services.

Expected Outcomes:

By delivering the above, our population can expect to see the following outcomes:

- The delivery of safe, high quality, person-centred and compassionate care, with an improvement in the experience for all the people who use our health and social care services;

- Delivery of the integrated Safety and Quality Improvement Plan (SQIP) to ensure the safety and welfare of those who use our services;

- A measurable reduction in avoidable harm as demonstrated by outcomes, similar or better than our national peers, as assessed by agreed national outcome measures;

- Integrated pathways of care which will ensure the safety and quality of our services across all settings;

- Improved public and staff confidence in the Trust's open, transparent and learning culture.

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| Continuous Improvement | | We will seek to be a leading edge Trust through innovation at all levels in the organisation. |

The Trust is committed to meeting the challenges of the next few years, with major transformational plans underway across all our services in line with the strategic direction set out in 'Transforming Your Care'2. We will focus on improving health and social care outcomes, with flexible services delivering a seamless journey for people who use our services and with integrated pathways between hospital and community services.

Our service **commitments** are described in the following section supported by key **actions** and expected **outcomes** over the three year period.

- Population Health and Wellbeing

- Maternity

- Childrens Community Services

- Acute and Community Paediatrics

- Mental Health

- Learning Disability

- Physical Disability and Sensory Impairment

- Long Term Conditions

- Acute Care (unscheduled and elective)

- Older People

- Palliative and End of Life Care

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2   based on the major areas of care, Transforming Your Care, Health and Social Care Board, 2011

◼ Population Health and Wellbeing

Our Commitment:

The Trust is committed to working in partnership across the community, voluntary, statutory, public and private sectors to:

• Maximise health improvement;

• Ensure that people who use our services are involved in the planning, delivery and evaluation of services;

• Deliver an improvement in the health and wellbeing of people by increasing the number of years they have free from disease, illness and disability, and

• Reduce inequities in health and social wellbeing.

The principles which will underpin how services will be taken forward over the next three years to deliver the above include:

• Recognition of everyone's human right to enjoy the highest attainable standard of health;

• Prevention of avoidable ill health;

• Equity and social inclusion;

• Accessible Public Health information;

• Full involvement of individuals and communities in decisions which affect their health.

Actions:

The Trust will achieve the above through the following actions over the next three years:

• **We will** produce an annual Trust Health Improvement Plan with a renewed focus on health improvement and illness prevention;

• **We will** implement the Trust's Health Inequalities Strategy by focusing each year on selected actions with maximum potential impact;

• **We will** continue joint working with partner organisations including the Belfast Strategic Partnership, to achieve shared objectives;

• **We will** support Trust staff in their health promotion and prevention roles and in maximising their own health improvement through training, development and resources;

• **We will** focus on priority areas including accident prevention, alcohol, breastfeeding, obesity, physical activity, sexual health and teenage pregnancy, smoking cessation, suicide prevention/ mental health promotion and specific programmes for vulnerable groups, such as minority ethnic groups;

• **We will** continue to engage with our public and people who use our services in the planning and delivery of services and build capacity for participation and community action on health;

• **We will** further utilise our community facilities, including our Health and Wellbeing centres, to

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support the delivery of more locally accessible services;

- **We will** maximise new technology including internet and social media to deliver health information and develop work on health literacy;

- **We will** implement the Trust Arts in Health Strategy;

- **We will** engage all of our clinicians in redesigning services that are cost-effective and offer value for money to the population.

Expected Outcomes:

By delivering the above in partnership with a range of community, voluntary, statutory and public sector agencies, our population can expect to see the following outcomes:

- Improved health outcomes for the population of Belfast, measured through a range of indicators such as:
  - reduction in proportion of adults who smoke
  - reduction in self harm
  - reduction in levels of obesity
  - increase in the proportion of adults meeting recommended guidelines on physical activity;

- Strengthened partnership governance;

- More accessible health information and increased health literacy;

- Extended use of Trust facilities within the community, including our Health and Wellbeing Centres;

- Increased access to Arts for people who use our services, staff, visitors and communities with demonstration of the benefits;

- Greater engagement by clinicians in ensuring that our care pathways offer appropriate alternatives to hospital and a focus on preventing illness and impairment.

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■ Maternity

Service Commitment:

The Trust is committed to working with the women who use the Belfast Maternity Service to improve their outcomes and the well-being of their children, through the provision of high quality maternity and neonatal services and the increasing focus on the normalisation of maternity services and childbirth.

The **principles** that will underpin service change over the next three years are:

- Placing the needs of the mother and family at the centre so that pregnancy and childbirth is a safe and positive experience and women are treated with dignity and respect;

- Promoting healthy lifestyles for pregnant women which have a positive impact on them and their family's health;

- Providing a range of high quality choices of care as close to home as is safe and sustainable to do so, from midwife-led to consultant-led services;

- Ensuring women are supported to make an informed decision about their place of birth by providing a balanced description of the benefits and risks of the different types of maternity settings;

- Providing postnatal care to facilitate the transition to motherhood by making sure ill health is prevented or detected and managed appropriately.

Actions:

The Trust will achieve the above through the following service changes which we will take forward over the next three years.

- **We will** implement the DHSSPS Maternity Strategy and associated Action Plan with a focus on the normalisation of child birth and care within community settings;

- **We will** review the current format and provision of antenatal education, working with DHSSPS and Commissioner colleagues;

- **We will** work with the PHA to implement programmes to assist women to make healthy choices;

- **We will** implement the regional perinatal care pathway to support pregnant women with mental health difficulties;

- **We will** develop a new maternity hospital, incorporating the regional neonatal service, on the Royal Hospitals site, combining a consultant-led obstetric service, with an Alongside Midwife Led Unit;

- **We will** develop a Stand Alone Midwife Led Unit at the Mater Hospital to support women with straight forward pregnancies, as part of the choice available to women in the Belfast Maternity Service;

- **We will** maintain and develop the Regional Neonatal Service in the Royal-Jubilee Maternity Service and implement the RQIA recommendations for neonatal services, including the development of the Regional Neonatal Network and the extension of the neonatal transport service.

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Expected Outcomes:

By delivering the above, our population can expect to see the following outcomes:

- A comprehensive range of choice for women who use the Belfast Maternity Service, with a subsequent increase in the number of mothers receiving antenatal care in the community and midwife led care;

- Evidence of an increasing normalisation of births with an expected reduction in caesarean sections and an increase in the percentage of births without medical intervention;

- A reduction in the incidence of mental health complications in childbirth and postnatal depression through partnership working within primary and secondary care.

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■ Children's Community Services

Service Commitment:

The Trust is committed to working in partnership to ensure effective safeguarding of children in Belfast and supporting an increase in early intervention and targeted preventative services.

The Trust's key **principles** that will underpin service change over the next three years are:

- Paramouncy of a child's best interests, to be determined in consultation with parents and carers, the child and appropriately trained and experienced professionals;

- Participation of children, their families and carers in the design, delivery and evaluation of services;

- Further development of partnerships between the Belfast Trust, community and voluntary groups as well as other statutory agencies to ensure comprehensive and effective provision;

- Promotion of improved outcomes for children and young people across the six key outcome areas, in line with the 10 Year Strategy for Children and Young People:
  - Healthy
  - Enjoying, learning and achieving
  - Living in safety and stability
  - Experiencing economic and environmental wellbeing
  - Contributing positively to community and society
  - Living in a society that respects their rights.

Actions:

The Trust will achieve the above by working in partnership with key statutory, community and voluntary sector partners to deliver these service changes over the next three years:

- **We will** work in partnership with Statutory, Community, Voluntary and BME3 sector partners under the auspices of the Belfast Outcomes Group, to deliver integrated commissioning and improved outcomes;

- **We will** commission a range of services focusing on early intervention and prevention in line with the Belfast Outcomes Group Action Plan;

- **We will** develop a targeted parenting programme for specific families which offers additional health visiting support;

- **We will** develop a comprehensive Infant Mental Health Service Implementation Plan;

- **We will** establish a comprehensive service for children and their families experiencing domestic violence;

- **We will** offer a range of services to support children and young people to remain in their community of origin including a review of the Trust's Intensive Support Services;

- **We will** implement the Family Nurse Partnership programme to provide intensive support to first time teenage mothers in the early years of the child's life;

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3   BME Black, Minority or Ethnic Sector partners

- **We will** establish Family Support Hubs across Belfast in conjunction with the Belfast Outcomes Group;

- **We will** further improve our assessment processes including a review of the role and function of our family centres while enhancing collaborative working;

- **We will** review our Looked After Children services, which will include Residential, Foster Care and Adoption in line with the regional review of residential care, and the Regional Policy on Permanence;

- **We will** further develop employment and training opportunities for our care leavers both within the Trust and externally;

- **We will** further develop short break services for children with learning disability and complex needs and their families;

- **We will** review the service delivery for children with learning disability and complex needs, which will include fieldwork, hospital and residential care to enhance collaborative working;

- **We will** further develop transition arrangements into adult services for children with learning disabilities, sensory needs, complex physical and mental health needs through comprehensive communication with key services.

Expected Outcomes:

By delivering the above, our population can expect to see the following outcomes:

- An increase in the numbers of children and families accessing early intervention and targeted preventative services with a resultant reduction in the number of families and children requiring high level social and health interventions;

- Effective safeguarding of children in Belfast and a reduction in the numbers of children and young people requiring statutory intervention;

- A greater number of families in receipt of preventative and targeted family support services;

- An increase in the number of children supported at home and a reduction in the number of children who are in care;

- More foster carers and a broader range of foster caring skills providing supportive family environments for children and young people;

- Completion of the Family Nurse Partnership programme for targeted families;

- A reduction in referrals for statutory family and child care services;

- A significant improvement in the delivery of seamless transition arrangements for young people into adulthood with an improvement in their mental health and wellbeing, including increased numbers engaged in education, training or employment;

- A targeted, focused children's disability service with evidence of signposting to appropriate services to best meet the identified needs of the child and family.

■ Acute and Community Paediatrics

Service Commitment:

The Trust is committed to providing a range of acute and community paediatrics, including specialist acute services for unscheduled and elective care, for both the region and the population within the Belfast Trust.

The **principles** which will underpin acute and community paediatrics over the next three years are:

- A child and family focussed service, with experienced, safe and skilled children's practitioners;

- The needs and best interests of the child will be determined in consultation with them, their parents, family and carers together with appropriately trained and experienced professionals;

- The participation of children and their families and carers in the development, delivery and evaluation of services;

- The provision of a dedicated, safe and secure environment for children and young people that will deliver high quality, specialist, evidence based care and treatment;

- A seamless transition from children's to adult services, where there is appropriate resource to meet the needs of the individual child or young person.

Actions:

The Trust will achieve the above through the following service changes which we will take forward over the next three years:

- **We will** work with DHSSPS and HSCB to develop a new Children's Hospital;

- **We will** develop ambulatory services and review the delivery and location of paediatric outpatient services, including community paediatrics, to support the provision of children's services closer to their home, where this is appropriate to do so;

- **We will** implement new and revised patient pathways for elective (planned) patients, extending our use of Day Surgery facilities and admission on the day of surgery;

- **We will** implement the recommendations of the Regional Paediatric Review in partnership with the DHSSPS, HSCB and other Trusts;

- **We will** work with the DHSSPS and HSCB to agree the age range of children and young people across Northern Ireland who will receive their care from paediatric services;

- **We will** continue to review vulnerable paediatric services in partnership with the HSCB, and DHSSPS to ensure safe and sustainable specialist paediatric services are available for the local and regional population;

- **We will** further develop and maintain networks within the region, nationally and, where appropriate, internationally;

- **We will** further develop transition arrangements from children's services to adult services for children with complex health needs through early intervention and comprehensive communication with key services;

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- **We will** continue to review, through the Unscheduled Care Working Group and in partnership with the Local Commissioning Group, the patient pathways for unscheduled care including minor illnesses;

- **We will** continue to work in partnership with other Trusts, with the support of the HSCB and PHA, to ensure that children with long term complex conditions are cared for in the most appropriate environment as close as possible to their families.

Expected outcomes:

By delivering the above, our population can expect to see the following outcomes, which will include:

- Strengthened networks for the provision of paediatric services for the population of Northern Ireland;

- A regionally agreed age range for children and young people to access children's services;

- An increased use in the range of ambulatory care options;

- Reduced hospital admissions due to childhood infections;

- Reduced use of hospital services and hospital beds;

- A significant improvement in the delivery of seamless child-focused transition arrangements for young people from children's to adult services.

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Mental Health Services

Service Commitment:

The Trust is committed to providing a modern, responsive mental health service that promotes recovery and independence with the full participation of the people who use our services and their carers. We want to continue the move away from hospital based services to the further development of early intervention and community treatment and support.

Some people will require acute episodes of care as inpatients. The time spent as an inpatient in an acute facility should be short and focussed on returning people to the community as quickly as possible. A small number of people are likely to require longer periods of treatment and rehabilitation care in dedicated hospital facilities.

The **principles** which will underpin service change are:

• People who use our service should have their rights respected;

• People who use our services should be fully involved in the commissioning, planning, design and delivery of services;

• People using Mental Health Services should have equity of access to all Trust Services;

• People who use our services should be supported to keep or regain control of their lives.
This support can be provided by a wide range of services, organisations, families, carers and professionals;

• Services should promote evidence based treatments, independence and self-directed treatment and support so that individuals and their carers will be able to have more choice and control over the services they receive;

• Services should be developed in partnership with the community for those at greatest risk of harm and should include opportunities to access peer support.

Actions:

The Trust will achieve the above through the following services changes which we will take forward over the next three years.

• **We will** increase the opportunity for people who use our services to have self-directed support and individual budgets so that people who use our services and their carers will be able to have more choice and control about services they receive (including access to peer support);

• **We will** support all people who use our services to develop a personal recovery plan;

• **We will** develop and establish a User Recovery College which will promote opportunities for personal recovery, social inclusion and links to other agencies for training and educational opportunities;

• **We will** further promote advocacy, including peer advocacy, so that there is a strong voice for people who use our services and carers in improving how services are delivered;

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- **We will** develop, in partnership with local community services, the provision of co-ordinated Psychological Therapies across Mental Health Services;

- **We will** work with people who use our services, and carers, to develop a high quality inpatient experience for those who require hospital admission, including a new state-of-the-art acute inpatient facility on the Belfast City Hospital site;

- **We will** secure appropriate housing and accommodation options which will enable people who use our services to be supported to live independent lives in the community;

- **We will** further develop urgent response mental health services, home treatment, day treatment and support services for people of all ages to reduce the need for hospital admission;

- **We will** further develop evidence based early intervention services, in particular, for young children, adolescents and at the interface between Child and Adolescent and Adult mental health services;

- **We will** develop the new Old See House facility as a centre of excellence in partnership working between professional and service user peer experts;

- **We will** further develop partnership working with other public services, communities and mental health service organisations to provide more responsive services for people who use our services and carers.

Expected Outcomes:

By delivering the above, our population can expect to see the following outcomes:

- More people who use our services will report a high level of satisfaction with the services we provide;

- More people who use our services, and carers, will take up the opportunity for self directed support;

- More people who use our services will be supported in their own homes by mental health services and hospital admissions will be reduced;

- More people who use our services will be provided with opportunities and support to take up employment, including within mental health services.

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■ Learning Disability

Service Commitment:

The Trust is committed to the further development of services which support people with a learning disability to enjoy and live full lives within their local communities and to promote independence through the provision of a range of family, carer, voluntary and statutory support services.

The Trust's **principles** for services for people with learning disabilities are:

- People who use our services should have their rights respected;

- People who use our services should be fully involved in the commissioning, planning, design and delivery of services;

- People using Learning Disability services should have equity of access to all Trust services;

- People who use our services should be in control of their lives. The Trust recognises that some people who use our services may need support to make decisions. This support can be sought from a wide range of sources, families, carers and professionals;

- The availability and range of appropriate therapies and treatments should increase in community settings;

- Services should promote independence and self directed support so that individual and their carers have more choice and control over services they receive.

Muckamore Abbey Hospital will continue to provide a range of inpatient assessment and treatment services but, after 2015, it should not be a home for life for people with a learning disability. Providing there is betterment in their care, people should experience community living.

Actions:

The Trust will achieve the above through the following services changes which we will take forward over the next three years.

- **We will** complete the community integration of individuals who have been resident at Muckamore Abbey Hospital and develop, in partnership with other agencies, homes for life in the community that will provide high quality accommodation and support services for people with learning disabilities, including those with complex and challenging needs;

- **We will** further develop a range of community treatment and support services to enable people who use our services with a learning disability to live as full citizens in the community, to prevent inappropriate admission to hospital and maximize their independence;

- **We will** further develop services and support to carers and improve the range of respite options, including home based respite services;

- **We will** further promote advocacy, including peer advocacy, so that there is a strong voice for people who use our services and carers in improving how services are delivered;

- **We will** develop new inclusive alternatives to traditional daycare for school leavers and will work with other partners to increase employment opportunities, access to local leisure and social networks and

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activities for all adults with learning disabilities;

- **We will** develop preventative and early intervention strategies to support the improvement of the physical and mental health of adults with a learning disability;

- **We will** further develop partnership working opportunities with communities and other learning disability providers in order to provide more responsive services for users and carers;

- **We will** develop urgent/unscheduled community treatment and support services to maintain individuals in the community and help prevent hospital admission.

Expected Outcomes:

By delivering the above, our population can expect to see the following outcomes:

- More people who use our services will report a high level of satisfaction with the services we provide;

- We will have reduced the number of people with a learning disability being cared for in long term institutional care;

- More people who use our services will be treated and supported in their own homes and community and hospital admissions will be reduced;

- We will increase the number of people accessing community based alternatives to traditional daycare alternatives (including further education, training and employment);

- More people who use our services, and carers, will take up the opportunity for self directed support alternatives.

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◼ Physical & Sensory Disability

Service Commitment:

For people with a physical or sensory disability, the Trust will be seeking to work in partnership with individuals to promote independence and enable them to have more control over the type of services that they want to receive.

The **principles** that will underpin service change over the next three years are:

- People who use our services should have their rights respected;

- People who use our services should be fully involved in the commissioning, planning, design and delivery of services;

- People using Physical or Sensory Disability services should have equity of access to all Trust services, facilities and information;

- Services are person centred and offer maximum choice of service and equipment;

- Services enable disabled people to have the fullest possible control over their lives and to maximise their independence and inclusion in their chosen communities;

- A community development approach should be used to maintain people in their own environment and to promote partnership working across organisations and groups;

- Co-ordinate services to maximise continuity and a holistic approach.

The Trust will continue to provide a range of specialist rehabilitation services on the Musgrave Park Hospital site. This will include acquired brain injury rehabilitation, spinal cord injury rehabilitation, amputee rehabilitation and post fracture rehabilitation for older people. Services for patients requiring non urgent but essential admission for expert multi-disciplinary assessment of neurological disorders, deterioration in neurological status and subsequent decline in functional ability will be co located with the specialist rehabilitation services at Musgrave Park Hospital.

Actions:

The Trust will achieve the above through the following service changes which we will take forward over the next three years.

- **We will** work with our NI Housing Executive and housing associations to continue to develop more appropriate supported living options in the community;

- **We will** maximise the use of technology to assist people in their day to day lives;

- **We will** further promote advocacy, including peer advocacy, so that there is a strong voice for people who use our services and carers in improving how services are delivered;

- **We will** prescribe appropriate aids and appliances, wheelchairs and prosthetics based on the specific needs of the individual;

- **We will** support the development of a range of choices for those in transition to adulthood, including pathways to employment;

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- **We will** encourage more people to take up the opportunity of self directed support and individual budgets to allow them to have more choice about what services they receive;

- **We will** continue to modernise day support services and maximise opportunities in the community for people with disabilities;

- **We will** continue to provide specialist hospital services through the range of specialist rehabilitation services on the Musgrave Park Hospital site. The Community Brain Injury Team will work closely with the Regional Acquired Brain Injury Unit at Musgrave Park Hospital to ensure a seamless service.

Expected Outcomes:

By delivering the above, our population can expect to see the following outcomes:

- More people who use our services will report a high level of satisfaction with the services we provide;

- More supported living places available in the community;

- An increase in the number of individuals and carers taking up self-directed support and individual budgets;

- An increase in the number of people accessing community based alternatives to traditional day support services (including further education, training and employment);

- An increase in short breaks and respite services for carers.

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Long Term Conditions

Service Commitment:

Long Term Conditions cannot at present be cured, but can be controlled by medications and/or therapy. People with a Long Term Condition are generally cared for at home, but may, on occasion, require admission to hospital to receive urgent care and treatment. The Trust is committed to delivering high quality care and better outcomes for people living with a Long Term Condition, including the provision of an alternative to hospital admission where clinically appropriate.

The **principles** which will underpin how services for people living with a Long Term Condition will be taken forward over the next three years to deliver the above include:

- Focusing on prevention;

- Working with our primary care partners in General Practice to enhance the role of primary and community services in the treatment and management of Long Term Conditions, which offer an alternative to hospital admission;

- Providing an increased focus on self-management of conditions by providing appropriate support for individuals in their own homes or by supporting parents or carers to care for their children at home.

Hospital services will continue to be available for patients when they require it, particularly in the acute phase of an illness and appropriate services outside of hospital will be available to support people with a Long Term Condition through the various stages of the care pathway.

Actions:

The Trust will achieve the above through the following services changes which we will take forward over the next three years.

- **We will** work with our primary care partners, through our 8 'local' integrated care teams, to develop new care pathways and personalised care plans for adults with a Long Term Condition, targeting those in particular who are most at risk of acute hospital care. This will help to reduce the requirement for hospital admission for individuals with a Long Term Condition;

- For children and young people, **we will** focus on ensuring that personalised care plans are developed involving the child/young person, parents, carers, paediatricians, community childrens nurses and general practitioners;

- **We will** support the development of Integrated Care Partnerships which will be a key vehicle for delivering the above (initially in the areas of diabetes, respiratory disease and stroke);

- **We will** continue to support the Regional Transforming Cancer Follow-Up Project, thereby enhancing the range of services available to patients following a cancer diagnosis in keeping with extended survivorship;

- **We will** maximise the use of new technology called 'telemonitoring', which will enable suitable patients to access technology in their own homes to monitor and test their condition, enabling clinicians to receive information about the individual's condition in real-time or regular basis.

Expected Outcomes:

By delivering the above, our population can expect to see the following outcomes:

- More patients with a Long Term Condition being able to manage their condition at home, with fewer admissions to hospital;

- Improved care pathways and personalised care plans;

- More accessible, effective and integrated services between primary and hospital care.

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■ Acute Care (Unscheduled Care)

Service Commitment:

- Delivering safe and sustainable services across acute care including networks for cancer services, major trauma, fracture services, heart conditions and stroke and to communicate effectively with services users on the need for service re-configuration;

- The provision of a seamless service delivered seven days a week and where appropriate, 24 hours a day service, working in partnership with our clinical teams and colleagues in primary care;

- Further developing patient pathways to access appropriate emergency care, including the provision of direct assessment and admission, as well as urgent care for patients with a Long Term Condition, in partnership with Primary Care and GP out-of-hours services;

- Working with patients to develop new models of care which balance the provision of specialist care, using ambulatory care models, integrated care pathways and technology to support individual patients within the most appropriate environment;

- Continuously improving the efficiency of services by reducing unnecessary duplication and fragmentation of clinical and diagnostic services across the hospital sites, reducing length of patient stay and investing in alternatives to hospital services, leading to a reduction in the need for people to come into hospital.

Actions:

The Trust will achieve the above through the following services changes which we will take forward over the next three years:

- **We will** implement new and revised patient pathways working with others to focus on the continuous improvement of the care and experience of patients with urgent care needs;

- **We will** improve pathways for patients with a Long Term Condition, maximising the benefits of technological advances to ensure that more patients are at the centre of the management of their own condition and receive their care in the appropriate environment, including their own homes avoiding the need to attend hospital;

- **We will** continuously review the way we provide services, through best practice nationally eg. in pharmacy, laboratory and diagnostic services and ensure effective communication with our patients and all our stakeholders;

- **We will** continue to drive improvement in hospital service delivery, with a focus on clinical outcomes, and the delivery of performance standards to achieve a reduction in the average length of stay and the further development of ambulatory services;

- **We will** develop a Strategic Plan for the development and delivery of fracture services, working with HSCB and other Trusts;

- **We will** improve the delivery of care for patients with a Long Term Condition who present to unscheduled care services such as those patients with respiratory disease;

- **We will** work with the HSCB to secure investment in diagnostics and reconfiguration of support services on an extended day and seven day week basis.

Expected Outcomes:

By delivering the above, our population can expect to see the following outcomes:

- An improved patient experience, with a greater focus by all our staff on person centred and compassionate care;

- Achievement of the Ministerial Standards for Unscheduled Care, including waiting times for services;

- Delivery of a seamless patient pathway for emergency patients presenting through the Emergency Department;

- The development of a range of pathways appropriate to patients' specific conditions;

- A reduction in the need for people to come into hospital as a consequence of the development of innovative alternatives to hospital admission.

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Acute Care (Elective Care)

Service Commitment:

- Delivering safe and sustainable services across acute care and communicating effectively the need for service change;

- Developing protected elective services and thereby improving patient flows to effectively and efficiently improve access waiting times for patients;

- Continuously improving the efficiency of services by reducing unnecessary duplication and fragmentation of clinical and diagnostic services across the sites, reducing length of stay and investing in alternatives to hospital services, leading to a reduction in the need for hospital beds.

Actions:

The Trust will achieve the above through the following services changes which we will take forward over the next three years:

- **We will** continue to reconfigure the adult Acute Hospital Network and further develop effective networking arrangements with other Trusts locally, regionally and internationally to ensure access to safe and sustainable elective care services;

- **We will** implement new and revised patient pathways for elective (planned) patients, extending our use of admission on day of surgery, Day Surgery, 23 hour services and ambulatory care services;

- **We will** continue to implement improvement methodologies across all our services, such as in theatres and wards, and take forward the implementation of communication technologies within outpatient services to improve the appointment attendance rate;

- **We will** improve access for patients and improve the efficiency with which resources are used by further developing weekend and extended day working, including access to diagnostics;

- **We will** deliver Commissioner funded service developments which will bring improved waiting times and service quality for patients, for example an increase in the levels of cardiac surgery, screening programmes, the extension of macular degeneration and glaucoma services in ophthalmology;

- **We will** develop a Strategic Plan for the development of elective orthopaedic services, working with Commissioners and other Trusts;

- **We will** continue to develop new, and support our existing, clinical networks to improve the quality of service delivery;

- **We will** introduce new models for the management of outpatients, working with our primary care partners, to deliver an efficient and effective service in line with Commissioning Strategy;

- **We will** further develop transition arrangements from children's services to adult services through early intervention and comprehensive communication with key services.

Expected Outcomes:

By delivering the above, our population can expect to see the following outcomes:

- An improved patient experience, with a greater focus by all our staff on person centred and compassionate care;

- A reduction in the average length of stay for patients with a reduction in the number of beds required to maximise efficiency, effectiveness and equity across our resources;

- The delivery of sustainable diagnostics and support services;

- Achievement of Ministerial waiting time standards for Elective Care Access, including waiting time for services;

- A reduction in the need for people to come into hospital as a consequence of the development of innovative alternatives to hospital admission.

■ Older People's Services

Service Commitment:

The Trust is committed to providing services which will enable more older people to live fulfilling lives, independently in their own homes for as long as possible, supported, where required, by a network of health and care services.

The **principles** which will underpin how services will be taken forward over the next three years to deliver the above include:

- People who use our services should have their rights respected;

- Ensuring services are accessible;

- People who use our services should be fully involved in the commissioning, planning, design and delivery of services;

- Further integration of primary, secondary and independent sectors to ensure services are aligned to meet the needs of older people;

- People using Older People's Services should have equity of access to all Trust services;

- Keeping people as independent as possible;

- Working in partnership with commissioners to design and deliver services with a greater role for voluntary and community sectors;

- Giving people increased control over services through greater personalisation;

- Providing greater support for carers;

- Dignity and respect in every service area.

Hospital services will continue to be available for patients when they require it, however urgent acute care will also be provided safely at home for many conditions. Enhanced community health and social care services will be provided to support older people through the various stages of the care pathway.

Actions:

The Trust will achieve the above through the following services changes which we will take forward over the next three years:

- **We will** work as part of a collaborative network through Integrated Care Partnerships, improving care pathways for older people to facilitate more urgent and rehabilitative care being provided outside a hospital setting;

- **We will** work with communities and independent sector care partners to improve prevention strategies including developing falls prevention programmes for older people in our community;

- **We will** develop services which will provide rapid access to specialist assessment services (including improved access to intermediate care) which will reduce the requirement for hospital admission and facilitate earlier hospital discharge;

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- **We will** continue to improve stroke services through implementation of regional strategies and the rapidly developing evidence base. These will focus on achieving excellence in acute care and fully developing early supported discharge services and community support;

- **We will** increase the opportunity for people to have self-directed support and individual budgets so that individuals and their carers will be able to have more choice and control about services they receive;

- **We will** take forward planning for two supported housing schemes over the period of the Plan, in partnership with the NI Housing Executive and Housing Associations, providing greater choice of independent living options for Older People who need supported in the community;

- **We will** continue to implement reablement in domiciliary care ensuring that older people access opportunities to improve their daily living skills, and their confidence as well as ensuring they receive support to remain connected with their local community;

- By increasing the emphasis on promoting independence, reablement and providing more support for carers, demand for residential care is likely to reduce and **we will** therefore take forward a consultation on the future of our statutory frail elderly residential homes;

- **We will** review the role of our EMI residential homes to ensure they meet the needs of our older population.

Expected Outcomes:

By delivering the above, our population can expect to see the following outcomes:

- More older people will be cared for in their own homes when they need support from health and social care services and hospital admissions will be reduced;

- There will be fewer incidents of falls amongst our older people which result in the need for hospital admission;

- Through improved rehabilitation services, there will be fewer older people needing longer term domiciliary care support in the community;

- More people, carers and older people, will take up the opportunity for self directed support;

- We will have additional supported living places available for older people in our community.

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■ Palliative and End of Life Care

Service Commitment:

The Trust will develop services in line with the Palliative and End of Life Care Strategy for Adults in Northern Ireland, 'Living Matters, Dying Matters'[4] and will work with the DHSSPS/PHA to develop a Palliative and End of Life Care Strategy for Children in Northern Ireland.

The principles which will underpin service delivery and change include:

* Ensuring that people die with dignity, in as far as is possible, in a place of their choice;

* Ensuring that services are available that offer an alternative to hospital admission.

* Hospital services will continue to be available for patients as required.

Actions:

The Trust will achieve the above through the following services changes which we will take forward over the next three years.

* We will work with our primary care partners in General Practice through an integrated care partnership to enhance the role and quality of primary and community services in palliative care;

* We will work with the DHSSPS & PHA to develop the Palliative and End of Life Care Strategy for Children;

* We will develop systems across all Trust services that will enable us to deliver palliative and end of life care close to home.

Expected Outcomes:

By delivering the above, our population can expect to see the following outcomes:

* An improved patient experience, with a greater focus by all our staff on person centred and compassionate care;

* More people exercising choice about their end of life care;

* More people requiring palliative care will be able to receive care in the community, rather than having to be admitted to hospital;

* Improved care and support for children requiring palliative care, families and carers.

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4 Living Matters, Dying Matters

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Partnerships

We will work collaboratively with all stakeholders and partners to improve health and wellbeing and tackle inequalities and social exclusion

Our Commitment:

The Trust is committed to:

• Ensuring that people who use our services are fully involved in the commissioning, planning, design and review of service delivery;

• Working collaboratively with external stakeholders and partners to improve health and wellbeing and reduce health and social inequalities, identifying opportunities to address the underlying causes of life inequalities across the Belfast area;

• Working in partnership with Trade Union organisations to promote staff interests and maintain a stable industrial relations climate;

• Continuing to ensure the Trust meets its statutory duties under Section 75 of the NI Act 1998 and under Section 19 and 20 of the Health and Social Care Act to consult with the people who use our services;

• Supporting leading edge research and innovation in health and social care through links with a range of partners, including Northern Irelands academic institutions.

Actions:

Based on these principles, the key actions which we will take forward over the next three years, in partnership with community, voluntary and statutory organisations;

• **We will** focus on the priority areas of the Belfast Strategic Partnership to address life inequalities (linking these to Transforming Your Care) and supporting the development of Community Planning);

• **We will** develop service partnerships, which will help drive developments in primary and community based care and treatment, to support the implementation of Transforming Your Care;

• **We will** strengthen our engagement processes, through the involvement of the people who use our services, carers and communities, MLAs, Trades Unions and Professional Associations and with other stakeholders;

• **We will** listen to local communities and continue to work in partnership with them to develop health and social care services that meet their needs;

• **We will** further develop our PPI (Patient and Public Involvement) arrangements within the Trust's Framework for User Involvement, 'Involving You', and embed accountability arrangements for PPI in the Trust;

• **We will** actively pursue integrated working with primary care colleagues to deliver improved communication and better outcomes for the people who use our services;

• **We will** develop the role and function of the Trust's Health and Social Inequalities and Partnership Forums;

- **We will** continue implementation of the Trust's Health Inequalities and Disability Action Plans together with applying the commitments set out within the Trust's Equality Scheme;

- **We will** continue to work in partnership with a wide range of employment initiatives in support of groups and people who are furthest away from employment. These include the long-term unemployed in locally deprived areas within Belfast, young people in care and people with a disability;

- **We will** work collaboratively with our partners in taking forward the Trust's Corporate and Social Responsibility Strategy;

- **We will** implement a Research and Development Strategy and support original research in Northern Ireland, including the translation of research and evidence of best practice into health and social care, through collaboration with NI's academic institutions.

Expected Outcomes:

By delivering the above, our population can expect to see the following outcomes:

- An engaged, empowered and healthier workforce;

- Engaged users, carers, volunteers and communities involved in co-design and co-delivery of services;

- Improved population health and wellbeing and a reduction in inequalities;

- More accessible and effective services, as a consequence of better integrated systems of care and partnership working;

- A thriving social economy delivering health and social care within local communities;

- More effective translation of research evidence into clinical governance, with an increase in the income to support research and quality of publications.

| Our People | | We will achieve excellence in the services we deliver through the efforts of a skilled, committed and engaged workforce. |

Our commitment is to ensure 'Our People':

- Will be supported in their roles and their development as part of a learning Organisation and to achieve and improve organisational performance;

- Will build and have the capacity and capability to enable the delivery of seamless, productive, modern and quality Health and Social care services;

- Will work in an organisation which strives to be seen and recognised as an excellent employer in the health and social care field and beyond;

- Will feel valued, recognised and rewarded for their individual and team endeavours in delivering high quality health and social care;

- Will show and demonstrate leadership, excellence and innovation through organisational and workforce development;

- Will work in an organisation that actively promotes equality of opportunity and good relations in its interactions with service users, staff, other organisations and the local community;

- Will be listened to, engaged and encouraged to participate and be involved in the key decisions within the Trust;

- Will be empowered through modern business systems to have access to more efficient Human Resource and Finance service systems and new ways of working.

Actions:

The Trust will achieve the above through the following actions we will take forward over the next three years:

- **We will** review and update our workforce strategies to address the needs and requirements necessary to enable staff to deliver the transformational change set out within the Corporate Plan and Transforming your Care;

- **We will** continue to work with a wide range of education and learning providers and agencies to ensure we offer a vibrant learning and employment environment to support our staff and the development of those who may be our future workforce;

- **We will**, as a minimum, meet our statutory responsibilities for the health, safety and wellbeing of our staff;

- **We will** support the Trust's Strategic Reform and Quality Improvement Cost Reduction (QICR) programmes by leading effective change management, integrated workforce planning, training and continued implementation of continuous improvement programmes to review and improve service delivery;

- **We will** be an Investor in People organisation and embed the Trust's approach of 'Investing in Our People' as part of delivering high quality care and improving the performance of the Trust;

- **We will** review and embed our Trust Values focusing on living and demonstrating the values

throughout the Trust and in delivering the service to our patients, clients and local community;

- **We will** establish a Leadership and Innovation Academy as a centre of excellence, resourced to stimulate and support innovation, creativity and leadership at all levels in the organisation and to facilitate excellence in service delivery and transformational change;

- **We will** create and promote an ethos of equality and fair treatment and contribute to equality and good relations through inter-agency work and community involvement;

- **We will** listen to our people through initiatives such as the staff surveys, questionnaires, focus groups which will continue to inform the development of action plans to improve health and well-being and the working lives of our staff;

- **We will** review Employee Engagement and develop and implement a model to improve engagement methods and opportunities for all Trust staff;

- **We will** review our formal Trade Union infrastructures to ensure appropriate staff representation and actively promote partnership working with Trade Unions to both promote staff interests and the interests our patients and clients and ensure a stable and productive industrial relations climate fit for purpose;

- **We will** implement the appropriate HSC Shared Service arrangements and the Human Resource Payroll and Travel System (HRPTS). These modern business systems and new ways of working for Human Resource and Finance functions are to enable and support managers and staff in carrying out their tasks more efficiently.

Expected outcomes:

By delivering the above our staff, patients and clients and local communities can expect to see the following outcomes:

- Excellence in service delivery through a committed, skilled workforce which is engaged and developed to deliver a high quality, seamless health and social care;

- Improved internal and external key performance indicator results as they relate to our workforce eg. absence levels, staff survey findings and staff turnover;

- Successful strategic change in service by the application of excellent human resource policies and strategies;

- An established Trust Leadership and Innovation Academy in place which has stimulated and supported research, innovation and creative approaches and solutions which have contributed to improved delivery of care and services;

- Continuity of service by having in place effective people management and industrial relations arrangements;

- A new HRPTS and Shared Services system implemented and new systems of work operating within the timeframe agreed regionally;

- Achieved external accreditation and or recognition for the Trust's People Management arrangements;

- A properly managed work environment where risks to health and safety are controlled as far as reasonably practicable.

Resources		We will work to optimise the resources available to us to achieve shared goals.

Our Commitment:

The Trust is committed to providing services which maximise health and wellbeing outcomes, add value, are affordable, reduce health and social inequalities and are set within the Trust's overall risk and assurance framework.

To achieve this, we need to maximise the capability of our resources, including finance information communication technology, the Trust estate and our environmental management.

Two overarching strategic financial management objectives must be met during the period of the plan:

- A 5% shift in spending from hospital services to be re-invested in primary, community and social care services across Health and Social Care (HSC) by 2014/15;

- A minimum annual improvement in efficiency across the HSC of 4%, delivered through both cash releasing savings and efficiency improvements.

Within identified resources, we will maximise the use and deployment of both current and emerging information communication technology, to support the delivery and sustainability of the Trust's strategy.

Our capital redevelopment strategy will ensure that our infrastructure is maintained where necessary, rationalised where appropriate and developed where required, to meet the demands of service delivery and change.

The Trust will ensure that the environmental impact of its activities consistent with maintaining its responsibilities in proving high quality patient care.

Actions:

The Trust will achieve the above through the following steps which we take forward over the next three years:

- **We will** work collaboratively with our Health and Care Partners to deliver financial balance in each year of the Plan;

- **We will** aim to deliver on our Quality Improvement and Cash Releasing (QICR) Plans and, in doing so, benchmark our services in line with the top quartile of UK health and social care organisations;

- **We will** aim to deliver on our agreed contracted levels of activity for Commissioners and ensure we are appropriated funded for services delivered and new service developments established;

- **We will** have in place robust financial governance and performance management systems which will ensure probity in all we do;

- **We will**, through our IT Project Prioritisation/Implementation process, work with service teams to deliver the benefits specified in the project Business Cases by the introduction of new IT systems and processes;

- **We will** work to further deliver the Business Services Transformation Programme, including the full implementation of the Finance, Procurement, Logistics, HR, payroll and travel systems;

- **We will** progress our capital re-development strategy in line with funding agreed with the DHSSPS and HSCB;

- **We will** work in partnership to mitigate the effects of climate change on our environment, by implementing the Environmental and Sustainability policy and the Not Just Health Strategy to increase our recycling and reduce our carbon footprint and our use of energy and water.

Expected Outcomes:

By delivering the above, our population can expect to see the following outcomes:

- The organisation will achieve efficiency, effectiveness and equity across all our resources and look after our environment for the future;

- We will demonstrate value for money in all we do;

- We will ensure we have infrastructure that supports the demands of a 21st century health and social care provider;

- A reduction in the Trust carbon footprint.

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6. Glossary

Commissioner/HSCB   The Health and Social Care Board who commissions Belfast Health and
                           Social Care Trust services

Ambulatory Care   A healthcare consultation, treatment or intervention which does not involve
                           an inpatient stay. Ambulatory services will include minor surgical and
                           medical procedures, dental service and the range of diagnostic services
                           and might be undertaken within a community or hospital setting

BME Groups   Black, Minority and Ethnic Groups

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Corporate Management Plan 2016– 2017 & Summary of Directorate Management Plans

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HSC Belfast Health and Social Care Trust

caring supporting improving together

1. Message from the Chief Executive

It gives me great pleasure to present to you our Corporate Plan 2016/17. Within this document we a have set clear and challenging targets for this year.

We will continuously focus on improving the safety, effectiveness and compassion with which our services are delivered. We will invest and build further capacity and capability in Quality Improvement as a fundamental business process - it will become how we do things. I want to see a real and unrelenting focus on bringing down waiting times for elective care to meet the needs of our patients; I want us to further enhance community services and to strengthen access for clients; we will implement our Organisational Development OD Framework; grasp the opportunities innovative community planning affords us; really ramp up focus on the E-health agenda; and push on with the real and lasting improvements we have seen in unscheduled care.

I wish also to set out a clear roadmap for the future of our four hospital sites with each having a clearly defined functional role. None of these objectives are at odds with the proposed changes to our wider system, they chime with the Bengoa principles. They are consistent with the introduction of a wide and far-reaching OD Framework. Everything we are doing or plan to do reflects on our ability to meet these core strategic objectives for 2016/17.

This document commits us to embark with renewed vigour to make these priorities a reality. As Chief Executive I will support, enable, and encourage progress in each of these areas in the year ahead.

Dr Michael McBride, Chief Executive

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We have prioritised 6 cross-directorate themes, where a Lead Director will work across directorates to build consensus on a plan for delivery of the agreed outcome. The 'Big 6' themes are outlined in Figure 1.0.

Figure 1.0 'Big 6' Themes

Big 6 Key Themes for 2016/17	Outcome	Lead Director
1. We will build the will and the capacity to ensure that continuous quality improvement and the relentless reduction of patient harm becomes our greatest focus (Safety & Excellence)	Integrated Trust QI delivery with measurable benefits for patients/clients	C Jack Medical Director
2. Improving care to support more people to live well at home(Continuous Improvement)	Ensure improvement in the delivery of more integrated services for people in the community	C McNicholl Director of Adult Social & Primary Care
3. Improving Elective Care with an emphasis on Cancer Care improvement- Develop and deliver Improvement Plan for Elective Care including Cancer performance (Continuous Improvement)	Ensure Improvement in the delivery of Cancer targets and other agreed elective targets	J Welsh Director Surgery & Specialist Services
4. Improving Unscheduled Care- Identify, resource and deliver Unscheduled Care Plan for 16/17 including Escalation Arrangements (Continuous Improvement)	Ensure Improvement in delivery of Unscheduled Care	B Owens Director Unscheduled & Acute Care
5. Implement the Organisational Development Framework to realise our ambition of being recognised as a world leader in the provision of health and social care (People)	Develop and implement project plans: Collective Leadership, Quality Improvement Research & Innovation	D McAlister Director HR & Organisational Development
6. Develop an integrated plan for the people of Belfast with a range of partners and agencies (Partnerships)	A Community Health & Social Care Plan, agreed for implementation with Partners (linked to the Community Plan)	S Devlin Director of Performance, Planning & Informatics

Objective	Outcome	Who
Safety & Excellence		
1. We will build the will and the capacity to ensure that continuous quality improvement and the relentless reduction of patient harm becomes our greatest focus	Integrated Trust QI delivery with measurable benefits for patients/clients	Medical Director
2. Deliver Corporate Parenting and Safeguarding responsibilities throughout the Trust	Improved recognition and reporting of children and young people at risk of harm. Strengthen the recognition of the need to safeguard adults who require protection	Director of Social Work
3. Implement Professional Revalidation	Ensure that all staff have achieved practice requirements to reapply for revalidation with the relevant professional body	Director of Nursing & User Experience
4. Deliver all Controls Assurance standards, 95% full compliance for BRAAT and foster open, transparent and learning culture. Improve compliance with mandatory training	Provides evidence of BHSCT safe and effective service delivery	All Directorates
5. Develop New Directions 2 proposals for Adult Acute Care	Strategic Proposals developed	Director of Finance
6. Implement a revised approach to complaints management	An improved experience for our service users following a complaint as a consequence of a more focused service- user complaints management process	All Directorates
Continuous Improvement		
1. Improving care to support more people to live well at home	Ensure improvement in the delivery of more integrated services for people in the community	Director of Adult Social & Primary Care
2. Improving Elective Care with an emphasis on Cancer Care improvement- Develop and deliver Improvement Plan for Elective Care including Cancer performance	Ensure improvement in the delivery of Cancer targets and other agreed elective targets	Director Surgery & Specialist Services
3. Improving Unscheduled Care- Identify, resource and deliver Unscheduled Care Plan for 16/17 including Escalation Arrangements	Ensure improvement in the delivery of Unscheduled Care	Director Unscheduled & Acute Care
4. Enhance levels of employee engagement with the Trust	Ensure improvement in the experience of patients, clients, families and our staff	Director of HR & OD
5. Further embed Patient and Public Involvement (PPI) across the Trust	Measureable improvement in engagement and involvement	Medical Director
6. Improving care through information infrastructure and technology	Agreed delivery of new Informatics Strategy	Director of PPI
People		
1. Implement the Organisational Development Framework to realise our ambition of being recognised as a world leader in the provision of health and social care	Develop and implement project plans: Collective Leadership, Quality Improvement, Research and Innovation	Director of HR & OD
2. Implement the new Trust 'People Strategy' and embed caring, supporting, improving together	Plans and actions in place to support Trust objectives	Director of HR & OD
3. Implement the updated 'Leadership and Management Framework', driving forward collective leadership	Embedding a culture of safety, quality and high performance	Director of HR & OD
4. Implement the Health and Wellbeing Strategy and improve the health and wellbeing of our staff	Supporting the Trust purpose and improved attendance levels	Director of HR & OD
5. Continue implementing the Trust Learning and Development Strategy ' Training Our People Today for Tomorrow'	Supporting the delivery of the Trust Values and objectives	Director of HR & OD
6. Further embed HRPTS and Shared Service (Payroll and Recruitment) system and processes	Increase capacity and capability in the use of new systems and improved efficiency and effectiveness of services	Director of HR & OD

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Partnerships		
1. Develop an integrated plan for the people of Belfast with a range of partners and agencies	A Community Health and Social Care Plan, agreed for implementation with Partners	Director of PPI
2. Develop, communicate and implement a Partnership Framework with Partners *in context of Making Life Better*	Demonstrate active and learning Partnership team and Framework	Cross-Directorate
3. In partnership with Belfast City Council and others, develop the Belfast Community Plan	A Community Plan, locally owned and supported, with clear partner responsibilities	Cross-Directorate
4. Focus on political engagement as part of a three year Communication Plan	Improved engagement with NI Assembly	Head of Communications
5. Further develop partnership working with marginalised/ minority groups i.e. Travellers, BME etc	Improvement in engagement and involvement and access to services	Cross-Directorate
6. Consult on the Trust's Equality Scheme and develop Action plans on disability, Section 75 inequalities and Good Relations	Reduction in Trust Health & Social Care inequalities	Cross-Directorate
Resources		
1. Plan for transition of appropriate HSCB/LCG functions to the Belfast Trust	Develop joint commissioning and service delivery for the Belfast population (and regionally where appropriate)	Director of PPI
2. Achieve financial balance and deliver actions in accordance with agreed Plans	Deliver Break-even position, deliver planned activity, KPI's/Job Plans for all and communicate effectively	All
3. Manage the delivery and funding of agreed elective and non-elective and activity	Ensure activity agreed for new arrangements in 17/18	All
4. Accountability and Organisational Performance regularly monitored and reviewed	On-going improvement in service quality, safety and performance	Director of PPI
5. Deliver the Trust's Capital Projects & Capital Planning for 16/17	Building works underway for the new Maternity and Acute Inpatient Mental Health hospitals. Enabling site works and design works underway for the New Children's hospital	Director of Finance
6. To contribute to 'Making Life Better' through the development and implementation of Belfast Trust sustainability strategy	Deliver improvements through the Trust's seven working groups	Directors of Finance & Nursing/User Experience

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4.1 Unscheduled and Acute Care Management Plan, Key Objectives 2016/17

Objective	Outcome	Responsible
Safety & Excellence		
1. Agree at least one specific Qualitative improvement initiative in each specialty area	• Ensure the highest quality care in line with best practice	Co-Directors
2. Improve clinical practices and processes to reduce Healthcare Acquired infections	• Reduction in the incidences of HCAIs across the Directorate	Co-Directors
3. Identify key learning themes from 2015/16	• Learning from these themes is shared and actions taken	Co-Directors
4. Implement Quality Improvement Plan	• Introduce, monitor and evaluate actions from QIP. Review of membership and involvement in Morbidity and Mortality meetings	SMT
5. Review performance against recently published London Quality standards for Unscheduled Care	• Improve performance against benchmarked standards	Co-Directors
Continuous Improvement		
1. Develop further the model of Emergency Ambulatory Care	• Development of pathways to support the Unscheduled Care standards	Co-Directors
2. Improve the pathway for category 4/5 patients (minors) by reducing waiting times in Emergency Departments	• Improvement in waiting time standards	Co-Directors
3. Improve Theatre and Critical care efficiency to increase patient throughput within available resource	• Enable best practice service delivery within available resource	Co- Director ACCTSS
4. Improve access and deliver core activity volumes in elective areas	• Reduction of waiting times and achievement of agreed core activity levels	SMT
5. Support improvements on the Mater site through IMPACT work-stream	• Improvements evidenced on patient pathways on Mater site	Co-Directors
People		
1. Work with key stakeholders to find solutions to improve recruitment and retention across all levels of nursing and medical workforce	• Improvement in recruitment and retention of staff	SMT
2. Improve staff engagement across the Directorate	• Improvement in the engagement of staff across the Directorate	SMT
3. Implement actions arising from the results of the staff survey and Investors in People	• Action plans in place to implement results and regular monitoring of performance against these plans	SMT
4. Continue to improve on levels of staff appraisal and mandatory training	• Improved levels of appraisal and compliance with requirements of mandatory training	SMT
5. Promote staff health and wellbeing thus reducing absenteeism	• Improvement in absenteeism levels	SMT

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Partnerships		
1. Continue to be active partners with established partners	• Consolidate and enhance working relationships with already established partners	SMT
2. Deliver on 3 Patient and Public Involvement projects	• Identification and delivery of projects	SMT
3. Work with other Trusts to develop the Regional Trauma network	• Mechanisms in place and network developed	Co-Directors
4. Continue to work with the Trade Unions and Professional Associations to promote good relations	• Mechanisms to engage with Trade Unions and Professional Associations in place	SMT
Resources		
1. Ensure the effective use of revenue resources	• Provide assurance that Budgets are robustly managed and savings plans are realistic and achievable	SMT
2. Improve use of E Rostering to drive improved resource management	• Implementation in all areas of the Directorate	SMT
3. Engage and support staff to use available technology to improve the efficiency and effectiveness of services	• Improvements in the delivery of services through the use of technology	SMT
4. Secure appropriate resource to commission Critical Care and Theatres in Phase 2B	• Agreement of resource and implementation plan in place	Co- Director ACCTSS

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Objective	Outcome	Who
Safety and Excellence		
1. Develop Directorate database & ensure more efficient control of timelines for reporting, investigating and actioning SAI	• Improvements in SAI responses, within required timeframes	SMT/GQM
2. Implement Quality Improvement Plan & Deliver on the rolling programme of training	• Introduce/ monitor& evaluate actions from QIP. Ensure sufficient numbers of staff attend training at the appropriate level	SMT/GQM
3. High standards of clinical excellence through on-going service review & audits	• Infection rates monitored all ward areas& further reduction in infection rates for C section & implementation Spinal Surgery Register. Address remedial actions from RQIA inspections. Streamlined processes e.g. Electronic medicines cabinet	SMT
4. Professional registration and revalidation	• All staff employed within the directorate maintain relevant professional registration, with particular emphasis 16/17 on new revalidation requirements for nurses	SMT/ ADONs
5. Deliver on Assurance agenda	• Appropriate directorate representation on all relevant groups within the Assurance structure and delivery on key objectives e.g. BRATT 2	SMT; GQM
Continuous Improvement		
1. Review pathways in Elective, unscheduled and cancer care	• Improved clinical pathways and waiting times, within existing resource. Increased ability to deliver on ministerial targets& expected SBA	SMT/PPM
2. Administration review	• Improved, streamlined admin processes, that support service area & directorate activities	SMT/PPM
3. Paediatric Services	• Develop initiative for age appropriate care environments across the Trust. Within BHSCT develop more seamless transition to adult services for children with complex needs.	Co- Director; SM&AMD Child Health
4. Continued Implementation of Maternity Strategy, normalising childbirth	• Continued reduction in caesarean section rates. Additional support for particular patient demographics e.g. teenage pregnancies &high BMI.	Co-Director, SM & CD Maternity services
5. Develop priorities in the effective management of risk/ governance	• Progress key priorities e.g. Medical cover MPH; Implementation RQIA GUM& SH recommendations; `Get it Right First Time` in T&O and other specialities; Mental Capacity Bill Considerations.	SMT
People		
1. Develop Collective leadership, Succession planning programmes & use of Trust ODF	• Ensure one team effectiveness day per Co- Director in 16/17 and increased uptake of development opportunities, coaching & leadership training. Develop staff knowledge of ODF &its application especially re: Patient experience; Research& innovation; Safety& Quality	SMT

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2. Medical Staff Governance& Administration	• Database for medical staff mandatory training. Consultant job plans agreed in line with Directorate priorities. Junior doctors working to WTD compliant rotas	SMT
3. Recognise and value the contributions of our teams and individual staff	• Existing induction programmes evaluated via staff feedback. Staff surveys e.g. dental. Management of sickness/ absence and staff use of Trust initiatives re health &well-being. Implement directorate mandatory training database	SMT
4. Service Improvement & developments	• Review management capacity across directorate & utilise any identified opportunities. Hold 2 service improvement workshops to share innovations/ achievements and act as driver for change	SMT
Partnerships		
1. Development of Directorate action plan in relation to PPI framework	• PPI framework embedded across directorate as part of any service development.	SMT
2. In conjunction with Corporate Communications, develop use of media/ IT to promote directorate	• Enhanced use of social media. Development of directorate & service area films/ websites and information links for staff& service users.	SMT
3. Review of Capacity and Demand	• Collaborate with other Trusts and Commissioner with initiatives which help meet service pressures e.g. Repatriation models; Spinal Pathway/ use of ICATS.	Co-Director &SMs - T&O / PPM
4. Further development of Trust &regional networks across number of directorate specialities.	• Review existing networks e.g. Paeds; Dental& ENT. Build on opportunities to develop further across the region. Implement a single waiting list for Paediatrics.	SMT
Resources		
1. Ensure the effective use of Capital & revenue resources	• Provide assurance that budgets are robustly managed and savings plans are realistic & achievable. Continue to progress infrastructure changes e.g. RBHSC; New maternity hospital.	SMT
2. Maximise the impact of Capital funding	• Prioritise capital funding to mitigate risk & link resources to service improvement plans.	SMT
3. Negotiate with procurement to achieve improved value for money, across SHWH	• Review high cost areas with PALS and achieve cost savings & better value for money where possible e.g. Spinal implants	SMT
4. Optimise use of Service level agreements across the directorate.	• Review of SLA within Directorate e.g. Undergraduate training Paediatrics/ QUB	SMT

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4.3 Surgery and Specialist Services Management Plan, Key Objectives 2016/17

Objective	Outcome	Who
Safety and Excellence		
1. Re-design pathways in Oncology and Haematology	• Ensure the highest quality care in line with best practice	Co-Director - Cancer & Specialist Medicine (CSM)
2. Implement the Regional Information System for Oncology and Haematology (RISOH)	• Deliver on the objectives of the RISOH project	Co-Director (CSM)
3. Extend E-Rostering project and Safe Care	• Capitalise on the success of Phase 1 E-Rostering in the roll out of the system to appropriate services	SMT
4. Implement Quality Improvement Plan	• Introduce, monitor and evaluate actions from QIP	SMT
5. Deliver on Assurance agenda	• Continue to pursue the Assurance agenda, being widely represented on all groups within the Assurance structure	SMT
Continuous Improvement		
1. Review pathways in Elective and Cancer Care	• Enable best practice service delivery within available resource	SMT
2. Carry out review of Capacity and Demand in all areas	• Evaluate shortfall/surplus in capacity and quantify impact	SMT
3. Progress New Directions 2 (ND2)	• Work in conjunction with wider Trust teams to ensure a co-ordinated approach to implementation of ND2	SMT
4. Innovate using Technology	• Avail of all opportunities to pilot new methods of working, upgraded equipment and newer versions of commonly used software and equipment	SMT
5. Evaluate requirement for additional resource	• We will progress proposals for service enhancement where evidence indicates or	SMT
People		
1. Recognise and value the contributions of our teams and individual staff	• Celebration Events, publication of good news and evidence of a culture of recognition across the Directorate	SMT
2. Role Extension - Nursing and AHP	• Review and recommend change in the working practices of Nurses and AHP's to enhance job satisfaction and improve service quality	SMT
3. Tissue Pathology - Service Re-design	• Create the opportunity for the Tissue Pathology staff to work centrally and improve team cohesion	SMT
4. Statutory & Mandatory training	• Be innovative in the delivery of Statutory & Mandatory Training, ensuring an increase in accessibility to training and increased compliance	SMT

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Partnerships		
1. Increase partnership working in the delivery of care	• Consolidate and enhance working relationships with already established partners	SMT
2. Carry out Reviews of Regional Services	• Work with a range of stakeholders in the review of Regional Services e.g. Ophthalmology ,Vascular Surgery, Renal Services and Laboratories	Co-Director - Specialist Surgery
3. Cancer Centre, Altnagelvin	• Collaborate with WHSCT and Commissioner in the development of the Cancer Centre at Altnagelvin	Co-director (CSM)
4. Co-operation - N.I. and RoI	• Work in partnership with RoI in the delivery of Renal Transplant and Tissue Pathology Services	Co-Directors - L&P and CSM
Resources		
1. Ensure the effective use of revenue resources	• Provide assurance that Budgets are robustly managed and savings plans are realistic and achievable	SMT
2. Maximise the impact of Capital funding	• Prioritise capital funding to mitigate risk and link resources to service improvement plans	SMT
3. Demand Management – Laboratories	• Develop monitoring and reporting systems and creating a different budgetary model	Co-Director - Laboratories & Pharmacy (L&P)
4. Medicines Optimisation	• Continue to seek to maximise the best value in the procurement of pharmaceutical products	Co-Director - L&P

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Objective	Outcome	Lead
Safety & Excellence		
1. To ensure the safe transfer of Glenmona to the Trust.	• All staff are transferred to BHSCT by 1.7.16; • Service maintained throughout the transfer.	Co-Director, Child Health and Child Care
2. To implement the recommendations of the RQIA Reviews of Child Protection and RESWS.	• Development and implementation of action plans; • Improved service delivery.	Co-Director, Child Health and Child Care; Co-Director, Family and Child Care
3. To improve the quality of safeguarding practice across all Directorates in line with the Trust's Safeguarding Committee and SBNI (Safeguarding Board NI) Belfast Panel Business Plan.	• Improved quality of multi-disciplinary working for children on the Child Protection Register; • Dissemination of learning from Case Management Reviews (CMRs) across Directorates and implementation of actions from CMRs, Reviews and Serious Adverse Incidents (SAIs); • Roll out of Child Protection training to all relevant disciplines.	Co-Director, Family and Child Care
Continuous Improvement		
1. To review, develop and change services in line with the Commissioning Direction and the needs of the Trust's population.	• Implementation of a new model for Fostering, Family Centres and Children with Disabilities; • Implementation of the recommendations of the Care Pathways Project to improve the experiences of Looked After Children. • Implementation of a new model of administration to support service delivery.	Co-Director, Child Health and Child Care; Co-Director, Family and Child Care; Service Mgr, Gov, Perf and Admin
2. To review the use of independent sector Foster placements.	Increase in the number of in-house Foster carers.	Co-Director, Family and Child Care
3. To promote the IHI Quality Improvement approach.	A small number of quality initiatives initiated using improvement methodologies.	Service Mgr, Gov, Perf and Admin
4. To introduce an Outcomes Based Accountability (OBA) approach across the Directorate.	OBA approach introduced in 3 areas.	All
People		
1. To engage more proactively with staff	• Staff feel engaged in the planning and delivery of services. • Greater visibility of the Senior Management Team across services and teams.	All
2. To promote a culture of learning across the Directorate.	• Delivery of Leadership and Management programmes for frontline managers. • Enhanced opportunities for multi-disciplinary reflective learning.	All
3. To continue to promote Personal and Public Involvement (PPI).	• Development of a Directorate-wide approach to PPI. • Involvement of service users in the planning and delivery of services.	All

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4. To develop a Workforce Plan for the Directorate.	Confirmation of future staffing requirements in line with service needs.	All
5. To roll out the Professional in Practice (PiP) Post-qualifying Accreditation Framework for Social Workers.	• Continued focus on learning and development. • Registration of Social Work staff in line with the framework.	Co-Director Social Work and Social Care Governance
6. To continue to support and facilitate the registration and revalidation of staff in partnership with the NI Social Care Council (NISCC) and the Nursing and Midwifery Council (NMC).	Registration of the Social Care workforce and revalidation of a proportion of nursing staff within the required timescales.	Co-Director Social Work and Social Care Governance; Co-Director, Child Health and Child Care;
Partnerships		
1. To ensure the implementation of the Early Intervention Transformation Programme, Workstreams 1, 2 and 3	• Implementation of Action Plans. • Incorporation of Outcomes Based Accountability approach.	Co-Director, Child Health and Child Care; Co-Director, Family and Child Care
2. To work with other Directorates to promote the Trust's Corporate Parenting role.	• Provision of a range of workplace employment opportunities for care leavers. • Increase in the number of care leavers experiencing taster sessions, work placements and employment within the Trust.	Co-Director, Family and Child Care
3. To work with external partner agencies involved with the SBNI Board and the Belfast Safeguarding Panel.	• Improved multi-agency working with regard to Safeguarding.	Co-Director, Family and Child Care
4. To promote the work of the Belfast Outcomes Group.	• Development of 4 Locality Planning Groups • Retention of funding for Family Support Hubs; • Partnership Strategy.	Co-Director, Family and Child Care
Resources		
1. To make best use of technology to improve service delivery.	• Directorate ICT Strategy identifying key priorities and new ways of working.	All
2. To achieve financial balance.	• Implementation of Reform and Efficiency Plans; • Achieve breakeven position.	All
3. To implement the PARIS system across the Children's Community Services Directorate.	• One fully operational Community Information System across the Directorate. • Enhanced information management/analytics capacity and infrastructure to meet the Directorate's requirements.	Co-Director Social Work and Social Care Governance
4. To ensure optimal usage of accommodation within community facilities.	Provision of community based accommodation to meet service needs across the Trust.	Service Mgr, Gov, Perf and Admin

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4.5 Adult Social and Primary Care Services Management Plan 2016/17

Objective	Outcome	Who
Safety and Excellence		
1. We will fully implement the model of Self Directed support for people in receipt of services over the next two years.	• We will ensure everyone in receipt of social care will have a self-directed support care plan by March 2019.	All
2. We will use national benchmarking to assist evaluate services	• We will map services against NHS Benchmarking Network Data and agree priorities and action plan	All
3. We will maintain and improve Safeguarding services and practice	• We will ensure we have robust and responsive safeguarding systems	All
4. We will maintain and Improve the quality of our community services.	• We will Implement the recommendations from RQIA Review of Community Services and our quality improvement plans to ensure people with needs have quality lives.	All
5. We will Improve service quality	• We will Identify and develop a range of quality initiatives using improvement methodology	All
6. We will prepare for the mental health Capacity Bill.	• We will develop and implement an action plan, as part of an overall Trust plan, in preparation for the implementation of mental health Capacity Bill	All
Continuous Improvement		
1. We will ensure a high level of staff engagement and investment in our people.	• We will implement action from the IIP and staff survey action plans	All
2. We will optimise the use of technology to improve service delivery.	• We will Identify priority areas for the introduction of technology across all services and develop business case for mobile working	All
3. We will raise awareness of organisational development and actively participate in Organisational development programmes	• We will participate in collective leadership initiatives, establish a clear collective leadership model for the Directorate	All
4. We will Improve inpatient treatment services.	• We will agree plan to modernise Inpatient services and care and develop action plan and timescales	All
5. We will Improve Day service provision.	• We will increase Day Opportunity provision across Belfast and improve user experience.	All
6. We will Improve patient experience and reduce waiting times.	• We will redesign & implement single point s of access / assessment centre. Improved user satisfaction & performance.	All
7. We will review Living options for people with needs.	• We will review how we support people to continue to live independently in the community and maximise and optimise the range of support options	All

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People		
1. We will ensure the Directorate has the right people with the right skills in the right place at the right time.	• We will implement the 16/17 priority actions from our workforce plan, and Implement priority recommendations from our workforce reviews.	All
2. We will ensure staff are supported to maintain their well-being and deliver a high quality service	• We will develop an Action plan to improve staff Health & Wellbeing and reduce absenteeism & backfill	All
3. We will ensure all levels of management have access to leadership/management training.	• We will deliver bespoke leadership and management programme for middle and first line managers	All
4. We will ensure high level of staff engagement & contribution to Directorate plans.	• We will achieve 90 % PCPs/PDPs	All
5. We will develop an estates strategy to improve the working environment, for our staff and service users.	• We will improve service user and staff satisfaction with, and experience of improvements in the working environment.	All
Partnerships		
1. We will improve partnership working with Belfast City Council	• We will develop formal links and action plan in association with the BCC community planning team	All
2. We will Improve partnership working with the Community and Voluntary sector.	• We will review C&V sector contracts to improve outcomes and align with Directorate strategies.	All
3. We will maintain and improve partnership working with the NIHE and Housing Associations to develop supported Housing to support HSC strategies.	• We will maximise and optimise opportunities to bring forward business cases for the further development of supported Housing.	All
Resources		
1. We will achieve our financial targets and service improvement plans.	• We will achieve a break even financial position at year end and achieve our financial targets.	All
2. We will Improve performance in attendance	• We will achieve target of minimum 1% reduction in absenteeism March 2016 baseline	

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4.6 Nursing and User Experience Management Plan 2016/17

Objective	Outcome	Who
Safety and Excellence		
1. We will continue to support service Directorates to reduce harm, waste and variation in line with the Trust Quality Improvement Plan. 2. We will continue to support and actively contribute to the provision and maintenance of a safe healthcare environment for the delivery of services to our patients, clients and employees. 3. We will maintain overall substantive compliance with each of the appropriate Controls Assurance Standards to include substantive compliance with each of the standards individual criterion.	• Deliver improved compliance on agreed standards. • Deliver measurable improvements in quality and safety. • Deliver improved patient/client experience. • Compliance with BRAAT Phase 2 across the Directorate by 31 December 2016.	Co-Directors Senior Managers
Continuous Improvement		
1. We will deliver Ministerial targets for 2016/17 for the Nursing & User Experience Directorate. 2. We will continue to support service Directorates to deliver against the Continuous Improvement Programme. 3. We will continue to support service Directorates to deliver against the Strategic Service Reform agenda and New Directions 2. 4. We will continue to support service Directorates to implement, where appropriate, the recommendations of the Donaldson Review.	• The implementation of improvement plans supported, where appropriate, by the Nursing & User Experience Directorate. • Successful Implementation of other reform and modernisation projects and initiatives. • Progress on the implementation of the recommendations of Donaldson Review.	Co-Directors Senior Managers
People		
1. We will support the implementation of the Organisational Development Framework. 2. We will support the implementation of the Trust's People Strategy. 3. We will support the implementation of the Leadership and Management Framework. 4. We will implement the Health and Wellbeing Strategy. 5. We will continue to support the implementation of the Trust Learning and Development Strategy. 6. We will continue to embed the Trust's Corporate Values. 7. We will prioritise compliance with the Trusts Statutory Mandatory	• Increased awareness and application of Trust Values across the Directorate. • Full compliance with Trust's Statutory Mandatory Training Policy. • Further progress on Directorate's organisational arrangements. • Reduction in absenteeism levels due to sickness. • Healthier high performing workforce.	Co-Directors Senior Managers

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Training requirements across the Directorate. 8. We will continue on a phased basis to progress with implementation of new organisational arrangements across the Directorate. 9. We will reduce absenteeism in line with targets for 2016/17.		
Partnerships		
1. We will engage with service users, carers and our own workforce in the planning, design, development and delivery of our services. 2. We will continue to provide supported employment opportunities and implement our responsibilities as a Corporate Parent. 3. We will work with external authorities in support of ensuring high standards of safety and quality in the delivery of our services.	• Inclusion of patients, clients and carers in the design, planning and delivery of services. • Provide a range of employment support initiatives, work placements and paid employment opportunities for young people leave care.	Co-Directors Senior Managers
Resources		
1. We will deliver financial balance whilst delivering the objectives set out in our 2016/17. 2. We will deliver our Directorate Reform and Efficiency Plan for 2016/17. 3. We will ensure service developments/enhancements are adequately resourced.	• Financial stability by achieving a break even position. • Demonstration of value for money. • Ensure any service developments are adequately funded.	Co-Directors Senior Managers

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Objective	Outcome	Who
Safety and Excellence		
1. We will ensure that continuous quality improvement and the relentless reduction of patient harm becomes our greatest focus.	Integrated Trust QI delivery with measurable benefits for patients/clients	Medical Director / Codirector Governance
2. We will implement Professional Revalidation	Ensure that all medical staff have achieved practice requirements to reapply for revalidation with the relevant professional body	Medical Director / Education Manager
3. We will deliver all Controls Assurance standards, 95% full compliance for BRAAT and foster open, transparent and learning culture. Improve compliance with mandatory training.	Lead and support achievement of substantive compliance for Controls Assurance, ensuring appropriate action plans are in place to deliver improvement for any individual criterion below this level. Lead and support the Organisation in 95 % completion of BRAAT 2 by end December 2016 and substantive compliance achieved in 75% of areas.	Codirector, Governance
4. We will continue to review Mortality and Morbidity, particularly in the context of changes in how we deliver unscheduled care. We will triangulate Governance information.	Effective and timely feedback to Learning from Experience Group.	Codirector. Governance.
5. We will review the Trust Assurance Framework	Revised Trust Assurance Framework	Codirector, Governance
6. We will develop a system for automatically seeking patient and user experience wherever they access our services.	Enhanced patient and user feedback	Medical Director with colleagues
7. We will support the delivery of the Trust Quality Improvement Plan and will work towards an open and data-driven culture, to support Quality 2020 objectives – Safety, Quality, and Effectiveness	Delivery of key aspects of the Plan where the Medical Director is the lead Director.	Medical Director
8. We will continue to contribute to national audits	Contribution to national audits	Codirector Governance
9. We will continue to foster a culture of openness, transparency and learning.	Range of outcomes including Safetember and Being Open e-learning	Codirector, Governance
10. We will support the roll-out of the regional MMRS system	MMRS system rolled out across the Trust	Codirector, Governance
11. We will work with key partners to promote an active research culture and to ensure that patients and clients have the opportunity to participate in research studies	A wide range of research studies will take place throughout the Trust.	Research Director
Continuous Improvement		
1. We will further embed Patient and Public Improvement (PPI) across the Trust.	Measureable improvement in engagement and involvement	Co-Director, Public Health
2. We will ensure that the job planning process is used as a vehicle to support improvements in elective care, cancer care and unscheduled care.	Outcomes in accordance with a detailed action plan being developed in the early part of the year with Finance and HR colleagues	General Manager
3. We will arrange a Research and Innovation Workshop to agree a plan for 201617; to include scope for research investment in the Trust.	Research and Innovation Plan	Deputy Medical Director – Corporate.
4. We will work with QUB and other relevant partners to finalise a BRC proposal for submission.	BRC proposal	Deputy Medical Director - Corporate

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People		
1. We will build on our work on Medical engagement with a Medical Engagement Strategy launched early in 201617	Medical Engagement Strategy	Medical Director / Deputy Medical Director, Workforce / General Manager
2. We will further develop and improve the processes for medical induction, mandatory training, appraisal and revalidation, focussing on safety and quality assurance.	Improved induction, delivery of mandatory training, appraisal and revalidation.	Education Manager
3. We will ensure that there are consistent, regular and effective arrangements for feedback from learning opportunities for all staff.	Implementation of shared learning	Codirector, Governance
4. We will implement the Health and Wellbeing Strategy through Be Well, Here4U, and other programmes.	Improved Health and wellbeing for staff	Codirector, Public Health
Partnerships		
1. We will co-chair the Trust partnership forum and ensure that the priorities align to Making Life Better and other strategic priorities	Delivery of key aspects of Making Life Better	Codirector, Public Health
2. We will establish a structured process for supporting Trust participation on partnerships, the securing of feedback from partnerships, and listening to those voices.	Assurance framework and clear guidance to be provided to Directorates	As above
3. We will contribute to the Belfast Community Planning process.	A community plan which embraces Making Life Better and New Directions 2	As above
4. We will work with Travellers, Roma and BME groups to address health inequalities.	Improved health and wellbeing and access to services	As above
5. We will deliver on priority health issues including Alcohol, Tobacco, Obesity and Physical activity.	Increase training capacity and improved health and well being	As above
6. We will further develop our partnership working with QUB and NIMDTA, in the development of the undergraduate and postgraduate education programmes	Enhanced working relationships, enhanced educational opportunities	Medical Director, Director of Medical Education
Resources		
1. We will deliver financial balance whilst delivering the objectives set out in our 2016/17.	Financial stability by achieving a break even position.	Senior Management Team
2. We will deliver our Directorate Reform and Efficiency Plan for 2016/17.	Demonstration of value for money.	
3. We will lead a programme of review across the Trust, in conjunction with Finance and Directorate colleagues to review medical spend, in order to ensure that it is efficient and effective	Demonstration of value for money; improved services for patients.	Medical Director General Manager

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Objective	Outcome	Who
Safety and Excellence		
1. To implement the Safer Recruitment and Employment Action Plan	• Improved compliance against key audits, guidance and legislation. • Standards in place and high levels of compliance achieved	Co-Director Jacqui Kennedy
2. To agree and implement a **medical recruitment** and **retention strategy**	• Agreed strategy • Improved retention and medical engagement levels • Positions filled • New roles and innovative ways to recruit	Co-Director Jacqui Kennedy
3. To prioritise and review **statutory** and **mandatory training** provision and identify new way of provision	• Action plan developed • Increased compliance with policy as tested through accountability and audit • Increased number of programmes available in digital format	Co-Director Joan Peden Co-Director Joan Peden
4. Support the implementation of **Quality 2020** though the development and provision of training aligned to the quality attributes framework	• Targets for participation in Level 1 and 2 programmes met • ELearning programme available to all staff • 10% of workforce undertaken Level 1 Q2020 training	
Continuous Improvement		
1. To lead implementation of the Trust's **Organisational Development Framework**	• Framework launched and increased awareness and understanding within Trust • Organisational Development infrastructure in place • Strategy and plans for safety and quality, research and innovation and collective leadership	Co-Director Joan Peden
2. To support the update of the '**Belfast Way**' and development and implementation of '**New Directions**' and **strategic reform and modernisation** programmes across the Trust	• Updated 'Belfast Way' • Development of 'New Directions' • Workforce issues identified and managed • Transfer of Glenmona completed, including transfers and Tupe • Lead on the workforce issues associated with transfers and Tupe arrangements	Co-Director Joan Peden
3. Further embed **HRPTS and Shared Service (Payroll and Recruitment)** system and processes and realise benefits of HRPTS implementation	• Increase capacity and capability in the use of systems and improved efficiency and effectiveness of service • HRPTS fully utilised and deployed	Co-Director Jacqui Kennedy
4. To implement the new '**HR Business Partner Model**' to Service Directorates	• Transition wef June 2016 • Training underway • Improved organisational development and people management • Management outcomes within Service Directorates	Co-Directors Jacqui Kennedy / Joan Peden

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People

1. To launch and commence implementation of the new Trust **People Management Strategy** and embed caring, supporting, improving together	• Greater awareness of caring, supporting, improving together • Realisation of Trust People objectives	Co-Director Jacqui Kennedy
2. To implement the **Health and Wellbeing Strategy** and improve the health and wellbeing of our staff	• All actions achieved through partnership approach and Directorate commitment. • Focus Group and Action Plan in place. • DHSS&PS and target Directorate Absence targets achieved/reduced • Revised Policy in place	Co-Director Jacqui Kennedy
3. To communicate the **Staff Survey 2015 findings** throughout the Trust and put in place sustainable processes to ensure continuous improvement and actions are taken within each Directorate	• Implementation of actions • Improved results of Staff Survey in 2017/18 • Improved levels of engagement	Co-Director Jacqui Kennedy
4. To develop a **continuous Improvement Plan for IiP** and identify and commence actions for transition to Generation VI model	• Recognition event • Feedback to Directorates • Plan developed and communicated to key stakeholders • CIP in place	Co-Director Joan Peden
5. To further embed **Trust Values and implement a Valued based Employment Framework**	• VBE framework in place and increased awareness and demonstrable application by staff of behaviours and Trust Values • Phase 2 implemented and evaluation complete • Full participation across all bands in values workshops	Co-Directors Jacqui Kennedy / Joan Peden
6. To increase **Employee Engagement levels** within the Trust	• Programme of work implemented with increased EE scores realised	Co-Director Joan Peden
7. To improve **engagement** with **medical staff** across the Trust in conjunction with the Medical Directors office	• Engagement sessions held in all areas • Quarterly reports issues • Action plans agreed with Medical Director/AMD • Support and advise the medical director in taking forward the actions identified in the overall Trust Medical Engagement Strategy	Co-Director Jacqui Kennedy
8. To enhance **Leadership and Management** through the implementation of the Trust's Leadership Framework	• Leadership and Management Framework launched • Cultural assessment successfully complete • Evidence of improvement demonstrated through evaluation of programmes	Co-Director Joan Peden
9. To review and improve the **Coaching Framework**	• Increased participation in coaching service and coaching skills for managers • Successful accreditation of candidates • Successful evaluation reports	Co-Director Joan Peden
10. To review and identify the key **Succession Planning** requirements within the Trust	• Exit Interview process is reviewed and action taken • Individuals undertaking the Succession Planning programme initiatives • Multi-disciplinary group established	Co-Director Joan Peden
11. Continue to support implementation of the Trust's **Learning and Development Strategy**	• Action plan in place • Year 3 plan complete	Co-Director Joan Peden

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Partnerships

1.	To work in partnership with the Northern Ireland Human Rights Commission to develop a **pilot human rights based approach**	• Improvement in patient experience. Increased staff satisfaction. Reduction in complaints / Increase in compliments	Co-Director Joan Peden
2.	To consult on a new **Section 75 action based equality plan** to tackle inequalities	• Tangible outcomes and improved patient experience for people from across the Section 75 groups in terms of health and social care	Co-Director Joan Peden
3.	To develop and implement **Supporting Belfast 2**, a learning and development strategy for Support Workers (Bands 1 – 4)	• Supporting Belfast 2 Strategy launched	Co-Director Joan Peden
4.	To implement a **new Industrial Relations** Framework.	• New framework agreed	Co-Director Jacqui Kennedy
5.	To ensure **Recruitment Shared Services** deliver a high quality Recruitment Service which reflects the needs of the Trust	• Stabilisation of Recruitment Service	Co-Director Jacqui Kennedy
6.	To work with regional colleagues and Recruitment Shared Service to enable a **region wide approach to recruitment where necessary**	• Extension of the use of Regional Recruitment Services where appropriate • Recruitment campaigns successfully securing staff	Co-Director Jacqui Kennedy

Resources

1.	To meet the **financial targets** set out by the Trust for Directorate	• Meeting financial targets	Co-Directors Jacqui Kennedy / Joan Peden
2.	To develop **capital bids** for next phase of the electronics staff records	• Bids submitted	Co-Director Jacqui Kennedy
3.	To effectively manage **external contracts** including service level agreements with the Business Service Organisation	• Contracts managed and fully utilised	Co-Directors Jacqui Kennedy / Joan Peden
4.	To develop **business cases** / funding applications to secure funding to support **organisational development** infrastructure / structure	• OD infrastructure in plan	Co-Director Joan Peden

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4.9 Performance Planning and Informatics Management Plan 2016/17

Objective	Outcome	Who
Safety and Excellence		
1. Deploy PJs+ across the Mater, BCH & RBHSC & ensure embedded across sites	• Live, accurate patient data	NW/PD
2. Paris - Fully deliver Family and Child Care & ensure comprehensive recording in place	• Accurate Community Data	PD
3. Implement Information Governance Accountability Framework re-organisation and ensure continued safe delivery of Corporate Records function	• Meet IG Standards and improve service delivery	NW/JT
4. Develop New Direction proposals for Adult & Community Care	• Strategic Proposals developed	BMQ
5. Further develop Business Intelligence capability across the Trust in collaboration with the Regional Centre of excellence	• Local timely access to accurate data support decision making	NW
Continuous Improvement		
1. Supporting improvement initiatives across elective, unscheduled & community services	• Delivery of key trust themes	All
2. Supporting productivity improvements via Services with Community Mobility	• Implement pilot Total Mobile app for PARIS in the community	PD/BMQ
3. Investigate potential for more effectives ways of communicating with patients & reducing cost	• Pilot, review & develop proposal	PD/JT
4. Explore the opportunities for using digital innovation to support pathway improvement, including Health Records	• Pilot, review & develop proposal	PD/JT
5. Comprehensive Plan for improvement in ICT and Information Services delivery	• Deliver Informatics Strategy	NW/PD
People		
1. Shared Services- ICT Staff to be engaged on process and timescale	• Staff feeling supported through process –ICT staff to have Individual Development Plans	PD/SD
2. Health Records - Further development for Administration staff across Directorate	• Positive staff feedback on development program	JT
3. Comply with all mandatory training across Directorate and support the development of Trust-wide delivery mechanisms for mandatory training	• Achieve 75% from 66%	
4. Development of PPI Team	• Improved collaboration across Team particularly in ICT and Information teams	All

Partnerships		
1. Develop with Trust team, an integrated plan for the people of Belfast with a range of partners & agencies	• A draft plan & implementation schedule	BMQ/SD
2. Contribute to the Plan & Implement the agreed HSCB/LCG functions devolved to the Belfast Trust	• Seamless transition of appropriate HSCB/LCG functions to the Belfast Trust within agreed timescales	All
3. Continue to work with other Trusts in the delivering of service modernisation	• Implementation of Ophthalmology Outpatient Service modernisation across the SEHSST/NHSST/SHSST	JT
4. Continue to work with LCG/ Primary Care on the development of Integrated Care Partnerships & future service delivery	• Implementation of agreed further ICP's service developments	SD
Resources		
1. Coding Productivity & Quality Plan	• Ensure delivery of coding excellence to support decision making	NW
2. Health Records: Digital scoping exercise complete and take forward development of Trust strategy	• Ensuring progress with modernisation of clinical documentation to support clinicians and patients	JT/PD
3. Contracts- Successfully deliver Domiciliary Care Procurement	• Focus on improved quality through robust sustainable longer term contracts with independent sector providers	JT
4. Achieve financial balance as per agreed plan	• PPI Financial Stability	All

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4.10 Finance, Estates and Capital Development Management Plan 2016/17

Objective	Outcome	Responsible
Safety & Excellence		
		Director of Finance, Estates & Capital Development &
▪ Contribute to the transition of the Glenmona project in respect of oversight of Finance, Estates & ICT functions	Contribute to the process to maintain service continuity.	Co-Director: (Accounting & Financial Services)
▪ Contribute to the preparation and presentation of statutory annual accounts compliant with extant guidance and in line with the required timescale.	Fulfil Statutory requirements.	Co-Director: (Accounting & Financial Services)
▪ Provide the fixed asset information required to meet the Annual Accounts faster closing deadline.	Fulfil Statutory requirements.	Co-Director: (Commissioning & Capital Development)
▪ Ensure MORE Programme Accountability Board governance & reporting process, provides effective information to monitor implementation of the Trusts modernisation & reform agenda.	Improved resource efficiency.	Co-Director: (Resource Utilisation)
▪ Ensure Internal Audit recommendations are implemented on a timely & appropriate basis.	Maintain a robust internal control process.	ALL Co-Directors
▪ Deliver the below delegated limit Estates Capital Projects for the Trust within the time and budget agreed	Improved resource efficiency.	Co-Director: (Estates Management)
▪ Ensure the Capital Projects are designed and built in compliance with extant guidance and regulations.	Fulfil Statutory requirements.	Co-Director: (Capital Development)
Continuous Improvement		
		Director of Finance, Estates & Capital Development &
▪ Ensure that Retained Financial functions resulting from the Shared Services project are fully embedded	Improve service delivery.	Co-Director: (Accounting & Financial Services)
▪ Explore new technologies to improve performance in transaction processing, financial reporting and business intelligence.	Improved efficiency.	ALL Co-Directors
▪ Patient Line Costing roll out will continue and further use made of Trust information systems to support more accurate costs.	Demonstrate improvements in efficiency.	Co-Director: (Commissioning & Capital Development)
▪ Explore and evaluate options to develop an electronic Patients Travel claim management system. Explore new banking technologies to provide an enhanced more efficient service.	Improved efficiency.	Co-Director: (Accounting & Financial Services)
▪ Introduce the new eTenderingNI electronic procurement system for Works and Service and Maintenance Contracts.	Improved efficiency.	Co-Director: (Estates Management)
▪ Identify and progress the rationalisation of the Trust estate and support projects that enhance service delivery and business continuity.	Improved efficiency.	Co-Director: (Capital Development)

People

		Director of Finance, Estates & Capital Development &
▪ Identify L+D priorities and develop an implementation plan including promotion of the new HFMA learning modules.	Continue to develop a professional team.	ALL Co-Directors
▪ Continue to promote effective communication through team briefings, team effectiveness sessions and completion of SDR's for all staff.	Increased staff engagement.	ALL Co-Directors
▪ Undertake a review of the ' Building on Success' vision, incorporating the views of an external reviewer, staff engagement session and external stakeholders.	Continue to develop a professional team.	ALL Co-Directors
▪ Work with Employability Steering Group to provide opportunities for placements for Young People in Care within the Directorate.	Contribute to effective care outcomes.	ALL Co-Directors

Partnerships

		Director of Finance, Estates & Capital Development &
▪ Participate in Regional working groups to share learning and experience.	Shared learning.	ALL Co-Directors
▪ Develop effective business relationships following the outcome & implementation of the revised HSC Commissioning arrangements.	Make an effective contribution to HSC objectives.	ALL Co-Directors
▪ Continue to work with Directorate colleagues to develop their business acumen and understanding.	Improved decision making.	ALL Co-Directors
▪ Work with PaLs and CPD Health Projects to ensure that we are delivering the best value in the delivery of Minor Works and Maintenance Services.	Effective use of resources.	Co-Director: (Estates Management)
▪ Involve staff, patients and service users in design development of new buildings.	Improved clinical environments.	Co-Director: (Capital Development)

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Resources

		Director of Finance, Estates & Capital Development &
▪ Refine & Develop Savings Plans & Workforce Management reports using Trust information systems eg E Rostering & HRPTS.	Effective use of resources.	Co-Director: (Resource Utilisation)
▪ Ensure monthly Financial Reporting both within the Trust and external to Commissioning Bodies / DHSSPS are an accurate reflection of current performance.	Maintain robust financial reporting.	Co-Director: (Financial Management)
▪ Review and revise the Capital Schemes monitoring procedure ensuring appropriate expenditure is capitalised and spend profiles are reflective of scheme development.	Maintain robust financial reporting.	Co-Director: (Commissioning & Capital Development)
▪ Develop a more robust approach to Business Case evaluation.	Effective use of resources.	Co-Director: (Commissioning & Capital Development)
▪ Provide support to clinical / organisational transition programmes including New Directions 2.	Effective use of resources.	Co-Director: (Resource Utilisation)
▪ Continue to develop a resource utilisation culture throughout the organisation	Effective use of resources.	Co-Director: (Resource Utilisation)
▪ Use information on the physical condition of our Estate to ensure resources are targeted at the most appropriate need.	Effective use of resources.	Co-Director: (Estates Management)
▪ Develop Business Cases in line with the Trust Capital Priorities.	Effective use of resources.	Co-Director: (Capital Development)

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Objective	Outcome	Who
Safety and Excellence		
To enhance the reputation of the Trust by ensuring that its safety and excellence work is supported through effective communication	• Media and public liaison responses online • Enhanced public affairs function • Enhanced awards and external benchmarking • Conducted and published Library Service Review	MPLM/DCM MPLM All CRIS
Continuous Improvement		
Effectively communicate improvements on the delivery of health and social care Actively seek and realise opportunities for continuous improvement and innovative communication with our service	• Increased use of collaborative social engagement • Increased use of multiway communication • Increased digital filming capacity • Embed evaluation into communication • New media capabilities procured	All DCM/SCM DCM/SCM HOC CRIS
People		
To proactively promote the Trust as an employer of choice in which people feel recognised and rewarded	• Internal communications strategy established • Attendance management compliant • Comply with all mandatory training	SCM/HOC All All
Partnerships		
To support the organisation in partnership working	• Renewed communications support for consultation process • Internal partnership framework established • Commercial sector partnerships established • Specialist library partnerships established	SCM SCM/EM CRIS CRIS
Resources		
Ensure allocated resources are well managed	• Effectively managed budget • Formalised targets for income generation • Funding streams developed for resource development	HOC CRIS CRIS

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Belfast Health and Social Care Trust

2017/18 Corporate Management Plan

Belfast Health and Social Care Trust

caring supporting improving together

respect & dignity   openness & trust   leading edge   learning & development   accountability

2017/18 Corporate Management Plan

Our purpose is to improve Health & Wellbeing and reduce Health and Social Inequalities

Contents

2017/18 Corporate Management Plan

Introduction
Foreword

Chair:
Mr Peter McNaney

Chief Executive:

Mr Martin Dillon

2017/18 will see us continue on our journey to become one of the safest care delivery organisations in health and social care across the UK, and to be recognised by all for the safety and effectiveness of our services and for the empathy with which they are delivered. We will work to ensure that all our staff are led with care and compassion.

We very much welcome the Minister of Health's Vision as outlined in 'Delivering Together' with its shared focus of working in partnership through co-design with our service users and staff.

The Minister's Vision complements the work that our own Trust teams have been leading, under New Directions 2, to ensure our services can meet the changing needs of a growing and aging population, supported by our caring, compassionate and professional teams.

This year, Belfast Trust celebrates its 10th Anniversary as a single integrated health and social care service for the people of Belfast and Castlereagh and as a regional services provider for a range of specialist conditions for the wider population of Northern Ireland and beyond.

With our core purpose of improving health and well-being and reducing health and social inequalities, our objective has been to make a real and lasting difference to the lives of people by being a connected, compassionate and caring organisation, working alongside people in their own communities and in partnership with other groups and agencies.

Trust Board and Executive Team will further build on our strategic partnerships with all those who can help achieve our purpose. Working together, we will, during 2017/18, build our plans to meet the challenges of the next decade.

2017/18 Corporate Management Plan

Our **Purpose**	To improve Health & Wellbeing and reduce Health & Social Inequalities				
Overarching **Corporate Objectives**	**A Culture of Safety and Excellence** Open and learning culture and robust systems to provide safe, high quality and compassionate care	**Continuous Improvement** Be a leading edge Trust through improvement	**Partnerships** Work collaboratively with all stakeholders and partners to deliver our purpose	**Our People** Show leadership and excellence through organisation and workforce development	**Resources** Make the best use of resources by improving performance and productivity
Annual **Objectives**	Deliver Quality Improvement Plan key priorities: *30% of all Quality Improvement programmes should have patient and/or service user involvement. *Across all programmes of the Quality Improvement Plan, we will aim to improve safety by 10%. *Ensure that all specialty patient safety and mortality and morbidity meetings across the Trust are multidisciplinary and cover the full clinical governance agenda. *Develop, standardise and test the data set for improvement in key areas reflecting the diversity of the Trust. *Develop and implement collective leadership for the delivery of ongoing quality improvement - building a structure of support, continuous learning and innovation. *Ensure improvement in the Delivery of Corporate Parenting and Safeguarding responsibilities.	*Deliver Improvement Plans for Community, Elective & Unscheduled Care. *Complete New Directions 2 proposals across Acute & Community/Children's Services. *Take forward BHSCT role in supporting Transformation of Health & Social Care Services as per 'Health & Wellbeing 2026— Delivering Together.' *Review Trust Performance & agree Improvement Plans in key services. *Implement Appreciative Inquiry in pilot areas to support user/carer input.	*Develop a Partnership Plan to guide our activities with all our partners. *Work with local Councils to support the implementation of Community Plans— 'The Belfast Agenda', 'Lisburn & Castlereagh Community.' *Develop Action Plans for Making Life Better & Programme for Government (draft) implementation. *Develop Good Relations Strategy & Inequalities and Disability Action Plans. *Further strengthen our Personal & Public Involvement (PPI) governance and accountability arrangements to ensure strong service user and carer voice.	*Commence implementation of the Trust's People Strategy, 'caring supporting improving together'. *Deliver enhanced collective working and decision making within and across teams. *As an exemplar employer, improve our ability to attract and retain high calibre staff and fill identified gaps. *Improve the health and wellbeing of our staff through implementation of the Health and Wellbeing Strategy. *Increase levels of active staff engagement within Trust.	*Develop and agree a Financial Strategy with Health & Social Care Board & Department of Health and set and agree divisional budgets. *Deliver improvements in key waiting times, e.g. Children's Autism Spectrum Disorder services and maintain current service activity levels. *Review and agree new Organisational Performance arrangements. *Invest in our estate and ICT digital projects to reduce risk and enhance the patient experience. *Deliver agreed capital projects.
Directorate **Objectives**	*Sustain the delivery of high quality health and social care services & deliver key local objectives. *Enable better decision making and improvement closer to the point of need through our enhanced Divisional leadership structures. *Work together to undertake a Baseline Review of our services across agreed indicators. *As part of Trust-wide teams, develop local plans for 2018/9—2020/1, co-produced with service users and key stakeholders.				
Our **Values**	 **respect & dignity**	 **Openness & trust**	 **leading edge**	 **learning & development**	 **accountability**

Introduction

About us

Our Annual Activity

- Care for 150,000 inpatients

- Care for 600,000 outpatients

- 33,000 District Nurse Visits

- 7,500 community care packages

- 15,000 critical care bed days

- 160,000 + new attendances at our Adult & Children's Emergency Departments

- Care for 65,000 non-elective inpatients in acute service

- Supported by 400 Volunteers

- Responsible for 350 children on the Child Protection Register & 750 Looked After Children

Belfast is undergoing a transformation, with health & social care as a key partner

Our Locality

= Wellbeing and Treatment Centre (WTC)

= Hospital Site

Map Key

G – Grove WTC
C – Carlisle WTC
S – Shankill WTC
BH– Beech Hall WTC
B – Bradbury WTC
K – Knockbreda WTC
H – Holywood Arches WTC
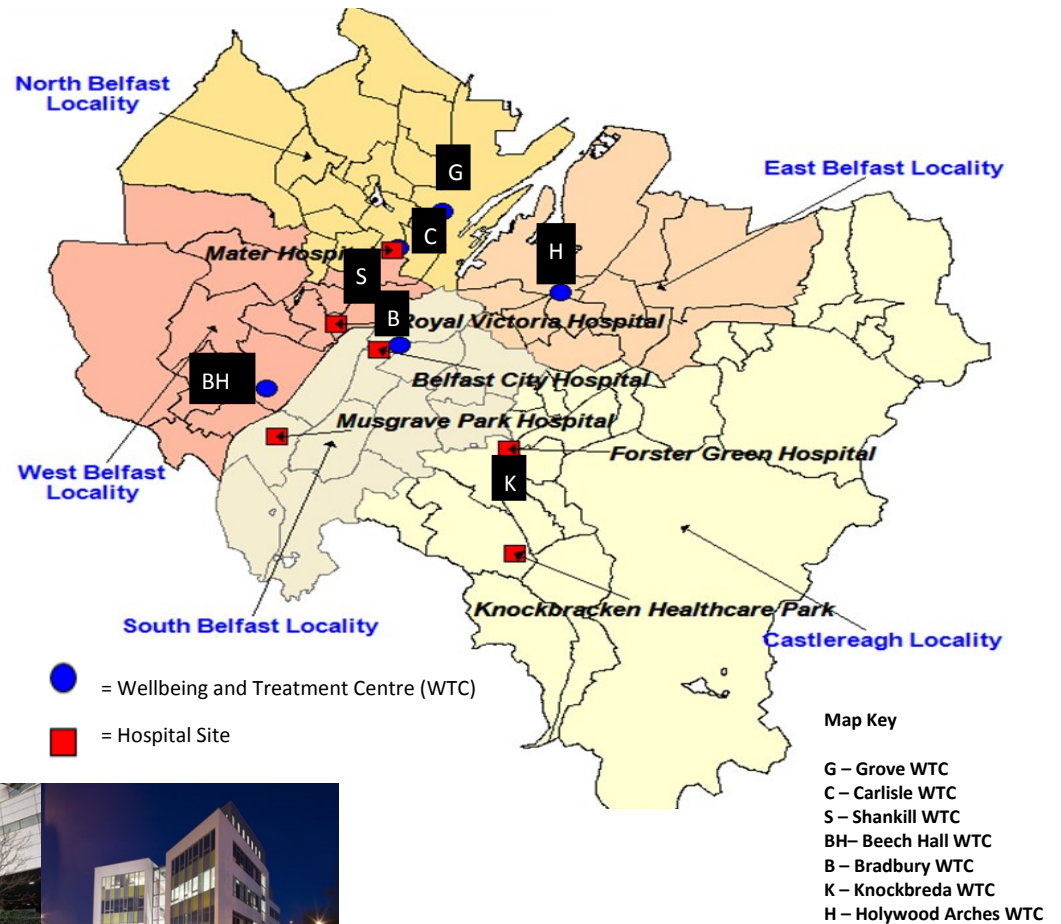
2017/18 Corporate Management Plan

Overview of Our Management Arrangements

Community Adult Health & Social Care Services

Children's Community Services

Mental Health & CAMHS

Learning Disability

GP Out of Hours, Emergency Medicine, Ambulatory Care, Acute & General Medicine, Endocrinology

Hepatology, Gastroenterology, Infectious Diseases, Respiratory & Adult Cardiology

Imaging, Neuroscience, Medical Physics & AHPs

Anaesthetics, Critical Care, Theatres & Sterile Services

Trauma, Orthopaedics and Rehabilitation Services

Maternity, Dental, ENT and Sexual Health Services

Child Health Services

Surgery

Pharmacy & Laboratories Services

Cancer & Specialist Services

Finance, Estates and Capital Development

Medical Director's Office

Nursing & User Experience

Social Work/Children's Community Services/ Adult Social & Primary Care

Unscheduled and Acute Care

Executive Team/ Trust Board

Human Resources/Org Development

Planning Performance and Informatics

Specialist Hospitals and Women's Health

Corporate Communications

Surgery and Specialist Services

Belfast Trust Senior Management Overview

Chair, Vice-Chair & Non-Executive Directors

Peter McNaney
Chair

Martin Bradley
Vice-Chair

Patrick Loughran

Anne O'Reilly

Miriam Karp

Gordon Smyth

Nuala McKeagney

Damian McAlister
Human Resources/
Organisational
Development

Caroline Leonard
Surgery & Specialist
Services
(Interim)

Aidan Dawson
Specialist Hospitals &
Women's Health

Bronagh Dalzell
Corporate
Communications

Cecil Worthington
Social Work/Children's
Community Services/Adult
Social & Primary Care

Martin Dillon
Chief Executive

Executive Team

Brenda Creaney
Nursing & User
Experience

Bernie Owens
Unscheduled &
Acute Care

Cathy Jack
Medical Director

Maureen Edwards
Finance, Estates and
Capital Development
(Interim)

Jennifer Welsh
Planning Performance
& Informatics

Claire Cairns
Head of Office

2017/18 Corporate Management Plan

Corporate Objective One:

A Culture of Safety & Excellence

What does this mean?

We will place the person at the centre of our goal to become a safe, high quality and compassionate organisation. In partnership, we need to build on many of our existing assurance and improvement structures, invest in our capacity to undertake quality improvement, enhance the way in which we use data and measurement and ensure leadership in building a safe culture.
The strategic areas in which we will focus our efforts in 2017/18 are outlined below:

What will we do in 2017/18?

Place the person clearly at the centre of our goal to become a safe, high quality and compassionate organisation.

Our approach is based on a principle of partnership and one which is best described as co-design and co-production. The approach seeks to focus on the experience of people who use our services, rather than attitudes or opinions, empowering them to be involved in change that matters.

To support and test this within the organisation, the Trust will use an Involvement/Engagement Framework comprising five different levels, (shown below), each to be tested with an identified proposed service area within which we know there are service change initiatives occurring or planned.

Ensure a relentless focus on safety and quality improvement

Enhancing our capability and structures to undertake quality improvement consistently everywhere and everyday

Place the person clearly at the centre of our goal to become a safe, high quality and compassionate organisation

Ensure that we are an open, transparent and supportive organisation that is continually learning and sharing

Use measurement and real time data, linked to goals, effectively to learn and improve at every level

| Level 1—Individual Level | Level 2—Service Level | Level 3—Issue Specific Level | Level 4—Directorate & Strategic Level | Level 5—Corporate & Wider Strategic Partnership Level |

2017/18 Corporate Management Plan

What will we do in 2017/18?

We will ensure a relentless focus on safety and quality improvement through the implementation of our Quality Improvement Plan aligned to our corporate objectives and assurance framework.

Our Quality Improvement Plan (2017-2020) focuses on six shared goals. Implementation teams are leading on improvement and assurance for each goal.

We will ensure that we are an open, transparent and supportive organisation that is continually learning and sharing both within and beyond the organisation.

Our aim is to be an open, transparent organisation that is continually learning. We plan to enhance our processes to share learning from near miss incidents, serious adverse incidents and complaints. We wish to have an open culture where staff feel safe to report incidents to ensure we can improve our systems. Learning and sharing both within and outside the organisation is essential.

We will use measurement and real time data, linked to goals, to learn and improve at every level.

We aim to collaborate both locally and nationally to learn from high performing organisations that have succeeded in making the use of measurement and data routine. Data should be displayed locally and become the focus for improvement. We aim to build our capacity to use data from different sources to facilitate early detection and improve safety.

We will enhance our will, capability and structures to undertake quality improvement consistently, everywhere and everyday.

The highest performing healthcare organisations have an embedded culture of safety and improving quality through staff, patients, people, the wider community and service users working together in a consistent approach. We will develop our understanding, participation and leadership of quality improvement methodology.

We will ensure an improvement in the delivery of Corporate Parenting and Safeguarding responsibilities.

We will ensure sustained improvement in our recognition, reporting and provision of support to children and young people at risk of harm and strengthen recognition of the need to safeguard adults who require protection.

Quality Improvement Plan 2017-2020 : Six shared goals

- We will reduce harm from medication
- We will reduce harm from healthcare associated infection
- We will reduce harm from unrecognized deterioration
- We will keep patients and service users safe in our organisation
- We will ensure our patients and service users receive the right care in the right place
- We will ensure we have an open, learning and supportive culture

Corporate Objective Two:
Continuous Improvement

What does this mean?

We are committed to helping deliver improvement in the care and treatment outcomes for all our patients and service users and playing a key role in the development and delivery of major transformational plans across the region.

We share the Minister's Vision as outlined in 'Delivering Together' with its focus on fully engaging with our service users and staff to reduce inequalities, to build capacity in communities and prevention, to continue to reform our community and hospital services and the way in which we deliver services, and enhance support in primary care.

We will work closely with our patients, service users, carers, families, staff and others to review and refocus our priorities and develop Trust-wide plans for the period 2018/19- 2020/21 to deliver the very best outcomes for our population.

What will we do in 2017/18?

Key to our Continuous Improvement work in 2017/18, we will:

■ Deliver improved patient and service user outcomes through enhanced integration and collaborative working across Community, Unscheduled Care & Elective Care services;

■ Work collaboratively, internally and externally, to complete proposals for 'New Directions 2' to build sustainable services to meet the challenges of an aging and growing population;

■ Take forward the Belfast Trust's role in supporting service transformation as envisaged in the Minister's Vision, 'Delivering Together,' for example, developing opportunities for new pathways across the region and looking for the best way to deliver care for patients and service users;

■ As part of the development of our new Leadership Teams, establish a process to review service performance against key indicators and develop Improvement Plans for agreed areas, where required;

■ Through the piloting of an Appreciative Inquiry in two key areas, Learning Disability and Dementia services, develop the role of co-design and co-production with patients and service users.

Corporate Objective Three:
Partnerships

What does this mean?

Engaging with a broad range of partners, is critical to the delivery of our purpose and our ambitious objectives. We recognise the contribution which carers and families make, and work in partnership with them, as well as our other internal and external stakeholders, to improve services for all service users. This year, we will focus, with our partners, on the development of our Partnership Plan and associated activities.

This Plan will provide a framework and action plan to build on existing good practice, and develop strong foundations and opportunities to improve all aspects of our engagement activity. It underpins our purpose, values and overarching corporate objectives. Partnerships will ensure that every voice is heard, individual choice and wellbeing is promoted, and people are enabled to have the best possible experience of our service.

Our Partnership Plan will guide our activities with all our partners and maximise collaboration for agreed outcomes.

What will we do in 2017/18?

Key to our Partnership work in 2017/8, we will:

■ Develop a Partnership Plan which brings together our work with all relevant internal and external partners, identifying priorities to drive delivery against our purpose;

■ In partnership with Belfast City Council and other local councils and agencies, develop actions plans to implement the Community Plans.

■ Under the direction of the '*Making Life Better*' framework, focus on its 6 key themes, including children & young people, transition into adulthood, age-friendly and dementia support.

■ Work with all our partners in government to deliver the draft '*Programme for Government*' outcomes and, specifically, the delivery of high quality services, and enjoy long healthy active lives.

■ Evaluate our '*Good Relations Strategy*' and co-design a new strategy for 2017-2022.

■ Through co-design and consultation, develop the Trust's Section 75 Inequalities Action Plan and Disability Action Plan (2017-2022).

■ Continue to work with partners to improve the health outcomes for marginalised/minority groups i.e. Travellers, BME and Syrian Refugees.

2017/18 Corporate Management Plan

Corporate Objective Four:
Our People

Our ambition is to be a truly high performing organisation, one that is a leader in the provision of Health and Social Care

What does this mean?

It means embedding a culture of compassionate, safe, continuously improving high quality health and social care.

Our people, the providers of health and social care services, will be supported in realising this culture and improving outcomes and experiences for our patients, clients, carers, families and staff. This will be supported through focused work programmes on the Trust's first order priority to provide safe, high quality, compassionate care.

To be the best, we must find ways to attract, engage and grow our diverse and talented workforce, keeping a relentless focus on the wellbeing of our people, creating new ways to harness innovative ideas and helping everyone to reach their potential. It is about ensuring our people are at the core of everything we do for the benefit of the communities we serve.

The Trust's People Strategy (2017—2020) describes how we will support our people in caring, supporting, improving together to enable our ambition.

EIGHT THEMES will guide our people activities over the coming year, as year 1 of a 4 year strategy.

These themes were identified based on:

■ the views put forward by our staff using channels like *'Let's talk Trust'* events, our staff survey, quality improvement work, and *'Investors in People'* discussions;

■ engagement with service users through user group forums, patient surveys and other discussions;

■ engagement with our partners, including community and voluntary forums, working groups and external reviews;

■ our own reviews of workforce trends, key best practice studies, compliance and developments, leading edge research and legislative compliance and development.

What will we do in 2017/18?

We will:

■ Secure approval for the Trust's 'People Strategy' and commence implementation;

■ Support the development and implementation of enhanced collective working and decision making within and across our teams;

■ Strive to be an 'Exemplar Employer' with the ability to attract and retain high calibre staff and ensure identified gaps in Nursing and Medical staffing are filled;

■ Undertake a 'culture assessment' within the Trust to establish a baseline of the existing Trust culture and to inform our 'Cultural Change Programme' to inform how we continue to support our people deliver safe, high quality and compassionate care;

■ Continue implementation of the Trust's 'Leadership and Management Framework', growing our community leaders at all levels;

■ Support the health and wellbeing of our people through our 'BWell' initiatives to enable our workforce to be fit for the future;

■ Embed the Employee Engagement Framework with Actions plans within Directorates to increase levels of staff engagement measured by employee engagement survey scores.

■ In partnership with others, review current opportunities and increase entry routes for our people and long-term unemployed into training and/or employment.
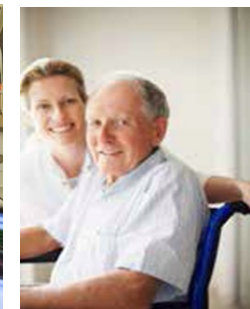
Corporate Objective Five:
Resources

What does this mean?

Similar to other Health and Social Care Organisations, the Belfast Trust continues to face significant performance and financial challenges. The Trust recognises the need to improve performance across key areas, and Service Teams are committed to the ongoing modernisation programme to ensure best use of available resources.

Corporate Services are focused on continuing to support Service Teams in developing the Business Partnership model, participating fully in the collective leadership ethos and providing added value to the organisation.

What will we do in 2017/18?

Improving Safety through Efficiency & Resource Utilisation

- By June 2017, assuming departmental budgets have been agreed by the Department of Health, the Trust will agree a financial strategy with the Health & Social Care Board/Department of Health, that will permit the Trust to deliver agreed service levels and waiting times, including in areas such as high cost drugs, community placements and specialist acute services;

- In light of the financial constraints we will work to maintain the level of current service activity and support the delivery of reduced waiting times in specific services e.g. Children's Autism Spectrum Disorder services;

- The introduction of Digital Nursing through mobile phones and apps to capture patient clinical signs and observations to support patient management, initially in the Royal Victoria Hospital.

Organisational Performance

- With the implementation of new Collective Leadership arrangements across Service Teams, jointly identify the required range of measurements and support systems;

- Set and agree divisional budgets, review and agree revised Organisational Performance arrangements early in the new year;

- Plan for transition of appropriate Health & Social Care Board functions to the Belfast Trust.

Business Partnering

- Establish information support arrangements, including local reporting and data analytics, empowering directorates to access timely information independently and to advance business intelligence use;

- Review of business support functions, as organisational structures develop, to ensure that Corporate Directorates continue to provide meaningful and timely information and support to achieve budgetary balance and deliver operational effectiveness.

Developing the Trust

- Deliver the Trust's Capital Projects & Capital Planning programme. The redevelopment programme will continue to ensure that the Trust delivers clinical services in the most appropriate and efficient configuration;

- Provide and maintain a built environment which is safe and conducive for the treatment and care of patients and service users;

- Provide replacement medical equipment to ensure safe high quality care utilising fully the Capital Allocation provided by the Department of Health;

- The Trust will deliver on the objectives of the Executive Asset Management Strategy.

By March 2018, we will have:

A Culture of Safety and Excellence Open and learning culture and robust systems to provide safe, high quality and compassionate care	Continuous Improvement Be a leading edge Trust through improvement	Partnerships Work collaboratively with all stakeholders and partners to deliver our purpose	Our People Show leadership and excellence through organisation and workforce development	Resources Make the best use of resources by improving performance and productivity
Included patient and/or service user involvement in 30% of all Quality Improvement programmes.	Delivered agreed improvements for patients and service users across Community, Unscheduled Care and Elective Care Services.	Developed and communicated a Partnership Plan with clear outcomes.	Begun delivery of an approved and communicated 'People Strategy.'	Agreed a financial strategy with the Health & Social Care Board/Department of Health, in areas such as high cost drugs, community placements and specialist acute services.
Improved safety across all programmes of the Quality Improvement Plan by 10%.	Completed proposals for 'New Directions 2' to sustain BHSCT services.	Agreed BHSCT actions within Community Plans where Trust is a partner. (Belfast City Council/ Lisburn & Castlereagh Council)	Implemented new Collective Leadership arrangements and identified early benefits of improved local decision-making.	Delivered improvements in key waiting times for service users in key services, e.g. Children's ASD services and maintained service level activity comparable to 2016/17.
Ensured that all specialty patient safety and mortality and morbidity meetings across the Trust are multidisciplinary and cover the full clinical governance agenda.	Supported the development of sustainable plans for services regionally via 'Delivering Together.'	Developed two Action Plans for 'Making Life Better' & 'Programme for Government' (draft), focusing on early years and age-friendly/ dementia support.	Filled the required positions to deliver planned services.	Implemented agreed revised internal Operational Performance arrangements, including corporate support to new Collective Leadership model.
Developed, standardised and tested the data set for improvement in key areas reflecting the diversity of the Trust.	Demonstrated service improvement from agreed Improvement Plans.	Developed and communicated the updated 'Good Relations Strategy (2017-2022).'	Identified opportunities for improvement from a Trust –wide cultural review in an agreed Action Plan.	Completed Capital Developments, e.g. the Clinical Commissioning of the Critical Care building @RVH, the Endoscopy Unit extension @ BCH & Theatre 10 @ MPH & submitted Planning Applications for the New Children's Hospital.
Developed and implemented collective leadership for the delivery of ongoing Quality Improvement, and have agreed the necessary supporting infrastructure.	Identified how co-design/ co-production can further improve service user input to the development of services.	Developed, consulted and communicated the updated Inequalities/Disability Action Plan (2017-2022).	A 5% improvement on the 2016/17 Absenteeism year-end position.	Ensured the Trust Estate and ICT allocations have supported risk reduction and increased reliability of our buildings, plant and systems.
Ensured improvement in the delivery of Corporate Parenting and Safeguarding responsibilities.			Increased the levels of active staff employee engagement as measured by employee engagement scores.	

Belfast Accountability Structure

The Trust has clear accountability to the Department of Health for delivery of Ministerial objectives to ensure safe, high quality health and social care services for the population served, as shown in the summary diagram below:

How?

- **Regular Chair and Chief Executive/ Executive Team Accountability meetings with Department of Health**

- **Regular monitoring meetings between Trust & Health and Social Care Board**

- **Review of Trust Performance Report monthly**
- **Public Meetings bi-monthly**

- **Review of Trust Performance Report monthly**
- **Ongoing Performance Review of all Directorates**

- **Bi-annual Accountability Review with Executive Team**
- **Internal Accountability processes**

- **Local Accountability within Directorates**
- **Staff Development Review**

| Department of Health |
| Health and Social Care Board |
| Trust Board |
| Executive Team |
| Directorates |
| Teams & Individuals |
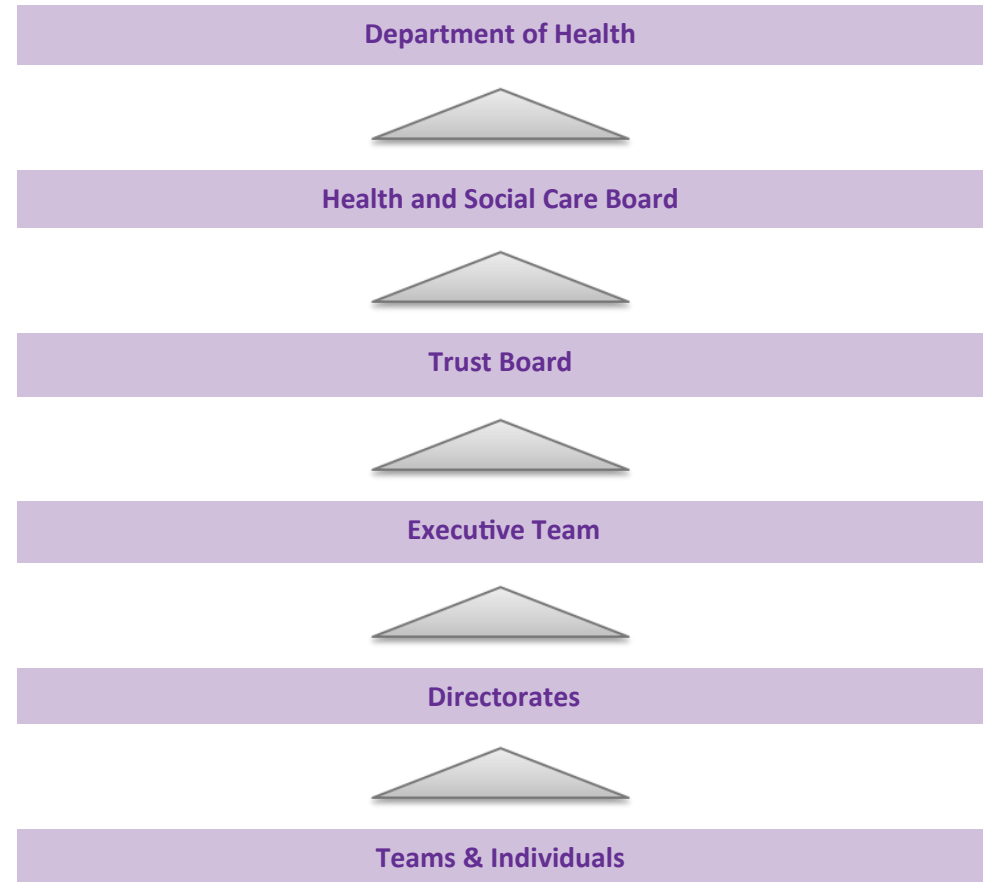
The Corporate Management Plan is supported by Directorate Management Plans. These local plans define Team objectives as well as the relevant corporate objectives and all staff will contribute to their achievement, defined through their Staff Development Review.

GLOSSARY

Term	Definition
Appreciative Inquiry (AI)	A sustainable change management approach to ensuring patient and service users are fully involved in service redesign, with initial pilot work in Learning Disability and Dementia services.
Capital Projects and Capital Planning Programme	Funded development programme to ensure the Trust's buildings, estate and equipment can support Trust teams to deliver safe and effective care.
Children's ASD Services	'Autistic Spectrum Disorder Services' are delivered by health and social care professionals who are specially trained and experienced in the area of ASD. They work in partnership with voluntary and community organisations to provide a range of interventions that best meet children's needs.
Community Plans	BHSCT works in partnership with local councils to deliver a shared vision to improve the lives of NI citizens. 'The Belfast Agenda' 'Lisburn & Castlereagh Community Plans 2017/2032'
Community, Elective & Unscheduled Care Plans	Summary of Trust-wide actions across the Trust's Community, Elective and Unscheduled Care services to deliver improvement in health and social care systems to improve the patient / service user experience.
Corporate Parenting and Safeguarding	BHSCT has a statutory duty to promote the wellbeing and safeguarding of its childhood population. In its role as a corporate parent, the Trust has specific statutory responsibilities to protect children who are at risk of abuse and to look after children who have been received into care.
Disability Action Plan	Developed in partnership with all NI Trusts and with people with a disability, this plan demonstrates proactive measures to improve access to health and social care, employment and to information.
Good Relations Strategy	Developed in partnership with staff, service users and the broader community to provide a framework for how the Trust will meet its legal commitments under the Equality duties to promote good relations amongst people of different racial groups, religious beliefs and political opinions, both in service provision and in employment.
Health & Wellbeing (Delivering Together)	Minister of Health's Action Plan to take forward strategic change in health and social care, published 2016. Health and Wellbeing 2026 - Delivering Together.

Term	Definition
Health & Wellbeing Strategy	The Trust believes that the health and wellbeing of our staff is critical to the quality and safety of the care we provide to our patients and service users. The Trust's Health and Wellbeing Strategy sets out how we will support our people to improve their wellbeing in all aspects of their lives, both inside and outside of work, to create a healthy and fully engaged workforce, delivering excellent care.
Making Life Better 2012-2023	A framework providing direction for agencies including BHSCT to create the conditions for individuals and committees to improve health and wellbeing of our population.
New Directions 2 (ND2)	The development of strategic plans for BHSCT's services to ensure services and facilities are able to meet changing population needs in future years. New Directions 2
People	The reference to 'People' includes patients, service users, carers and the wider community.
People strategy 2017 – 2020	'Caring Supporting Improving Together', the Trust's People Strategy, will set out how we intend to realise our ambition to be a world class leader in the provision of safe, high quality health and social care through our most valued resource – our staff.
Programme for Government (PFG) (draft)	NI's Executive draft priorities and key actions for 2016 -2021, including health and social care. 'Programme for Government'.
Quality Improvement Plan/ Quality Improvement Strategy	BHSCT's number 1 priority is improving safety and quality – the strategy and plan details how this will be achieved during 2017-2020.
Section 75 Inequalities Action Plan	This is a proactive plan applying to all 9 groups covered by Equality legislation, in addition to our Equality Scheme to help address inequalities in accessing health and social care and employment.

Belfast Health and Social Care Trust
HSC
caring supporting improving together

Safety, Quality & Experience | Service Delivery | People & Culture | Strategy & Partnerships | Resources

2018-21

Corporate Management Plan

Our vision is to be one of the safest, most effective and compassionate health and social care organisations

respect & dignity openness & trust leading edge learning & development accountability

Contents

Accessibility

Some people may need this information in a different format for example, Easy Read, Large Print, Braille or electronic formats. Please let us know which format would be best for you.
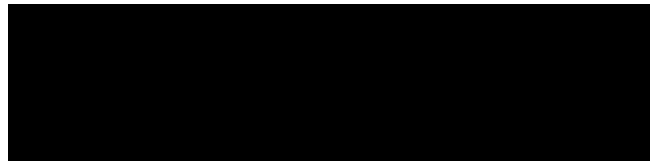
Foreword

Chief Executive
Mr Martin Dillon

Chair
Mr Peter McNaney

Belfast Trust's first priority is to be one of the safest, most effective and compassionate health and social care organisations. Having established our Collective Leadership Model during 2017/18, we have multi-disciplinary leadership teams in place across the Trust. We have a key role in improving the health and wellbeing of our population and reducing health and social inequalities. We will work in partnership with our users, carers, volunteers, staff, trades unions and colleagues from across statutory, community and voluntary sectors.

Recent regional reviews have identified the four vital elements of service improvement for our service users, carers, and wider community, that is, creating and supporting the development of:

• Skilled clinical leadership

• Cultural change, where quality improvement

  is second nature

• Data linked to goals, measuring quality locally

  and in real time

• Standardisation of processes where possible.

These are the building blocks for achieving our vision.

By 2020/21, Belfast Trust will have made significant improvements in the four regional transformational priorities:

• Improving the health of the population

• Improving the quality and experience of care

• Ensuring the sustainability of the services delivered

• Supporting and empowering our staff delivering health and social care services.

This 3 year Corporate Management Plan is our commitment to delivering on these priorities for our population. To help achieve these, we are committed to focusing on the right treatment at the right time in the right place by the right staff; using real-time patient/service user feedback and having a motivated, valued, healthy and happy workforce.

Section 1 provides an overview of the Trust including activity, demographics, our vision and values and management arrangements; Section 2 outlines the strategic direction for services; Section 3 references the challenges faced by health and social care; Section 4 details our corporate aims and objectives summary.

We will work collaboratively, as one regional health and social care system, to address our future needs and build shared solutions. We will ensure that our committed and flexible workforce is enabled to work effectively in the new delivery models required for a transformed service.

Chief Executive

Chairman

Section 1.0: About the Trust

The Belfast Trust is the largest integrated Health and Social Care Trust in the United Kingdom, delivering care to a population of approximately 340,000 across the City. We provide the majority of regional specialist services across Northern Ireland including the Regional Trauma Centre. We have an annual budget of £1.3billion and a workforce of over 20,000 staff (full time and part time). The Belfast Trust also comprises the major teaching and training hospitals in Northern Ireland.

Our Annual Activity

- 330,000 District Nurse Visits

- 7,500 people supported in their own homes

- Responsible for 350 children on the Child Protection Register, 750 Looked After Children and over 4,000 children and young people in need

- 160,000 + new attendances at Emergency Departments

- Care for 65,000 day case patients

- Care for 150,000 inpatients

- Care for 600,000 outpatients

- 15,000 critical care bed days

- 140 partnerships + over 1000 contracts with community, voluntary and private sector organisations

- Supported by 400 volunteers

- Our staff are supported in delivering care by over 40,000 family carers

- 7.8 million Laboratory test results processed annually.

Our Locality
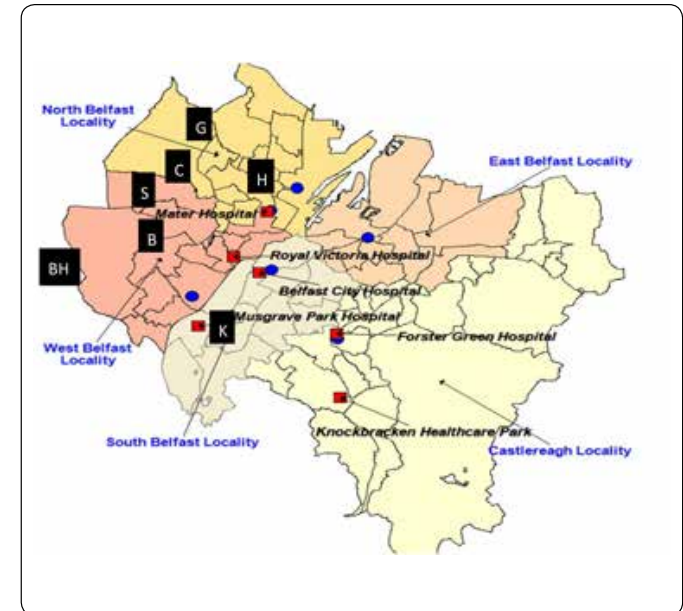
Map Key

■ (red) = Hospital Site   ■ (black) = Wellbeing and Treatment Centre (WTC)

- G – Grove WTC
- C – Carlisle WTC
- S – Shankill WTC
- BH – Beech Hall WTC
- B – Bradbury WTC
- K – Knockbreda WTC
- H – Holywood Arches WTC

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4 Corporate Management Plan

Section 1.1

Belfast Demographic Profile and Population Health

Belfast population
339,579

Age	Population
85+ yrs	7,211
75-84 yrs	16,687
65-74 yrs	25,609
40-64 yrs	100,339
26-39 yrs	69,385
16-25 yrs	53,395
11-15 yrs	18,323
5-10 yrs	25,646
0-4 yrs	22,984

Estimates suggest Age >75 and Age <16 will both increase by 5.3% by 2020

In addition,
21% of people have a disability
12% have caring responsibiities
6-10% are from the LGBT community

Figures from 2014/15 from NISRA, NINIS and DHSSPS

A population breakdown and some of the recognised population health statistics are summarised below
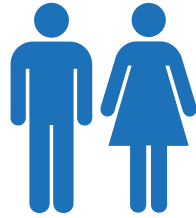
Life expectancy at birth
Male: 76.2 (NI average 78.3)
Female: 81.3 (NI average 82.3)

Childhood obesity
11.3% of Year 8 obese
(NI average 7.3%)

93 deaths from suicide
(30% of total deaths
from suicide in NI)

234 births to teenage mothers
(28% of total births to
teenage mothers in NI)

**70% of 3-5 year olds
registered with a dentist**
(NI average 73.9%)

**38.8% meeting 5-a-day
fruit & veg recommendation**
(NI average 43.2%)

24% of adults smoke
(NI average 20%)

**19.1% of mums-to-be
smoke during pregnancy**
(NI average 14.1%)

**25% of adults drink alcohol
above weekly safe levels**
(NI average 20%)

**45% of mothers breast feeding
on discharge from hospital**
(NI average 45.5%)

Section 1.2: Vision and Values

Our Vision

To be one of the safest, most effective and compassionate health and social care organisations.

Our Aim

To be in the top 20% of high performing Trusts by 2020.

Our Values

Belfast Trust Values underpin everything we do – how we work with each other and deliver our services. Our values define the overall culture of our organisation and ultimately support our commitment to provide safe, effective and compassionate care. These values are:

Treating everyone with respect and dignity

- Being respectful to others
- Showing compassion for those who need our care
- Acting fairly
- Acknowledging the good work of others
- Supporting others to achieve positive results.

Being leading edge

- Actively seeking out innovative practice
- Participating in new approaches and service development opportunities
- Sharing best practice with others
- Promoting the Trust as a centre of excellence.

Maximising learning and development

- Acting as a role model for the development of others
- Continuing to challenge our own practice
- Fulfilling our own statutory and mandatory training requirements
- Actively supporting the development of others.

Being accountable

- Taking responsibility for our own decisions and actions
- Openly admitting mistakes and sharing learning from others
- Using all available resources appropriately
- Challenging failures and poor practice courageously.

Displaying openness and trust

- Communicating openly and consistently
- Listening to the opinions of others and acting sensitively
- Being trustworthy and genuine
- Ensuring that appropriate information is shared honestly.

Section 1.3

Collective Leadership Management Arrangements

Trust management teams work in partnership with our users, carers, volunteers, staff, trades unions and colleagues from across statutory, community and voluntary sectors. The teams outlined below make up the collective leadership arrangements in the Trust.

Management teams across Belfast Trust
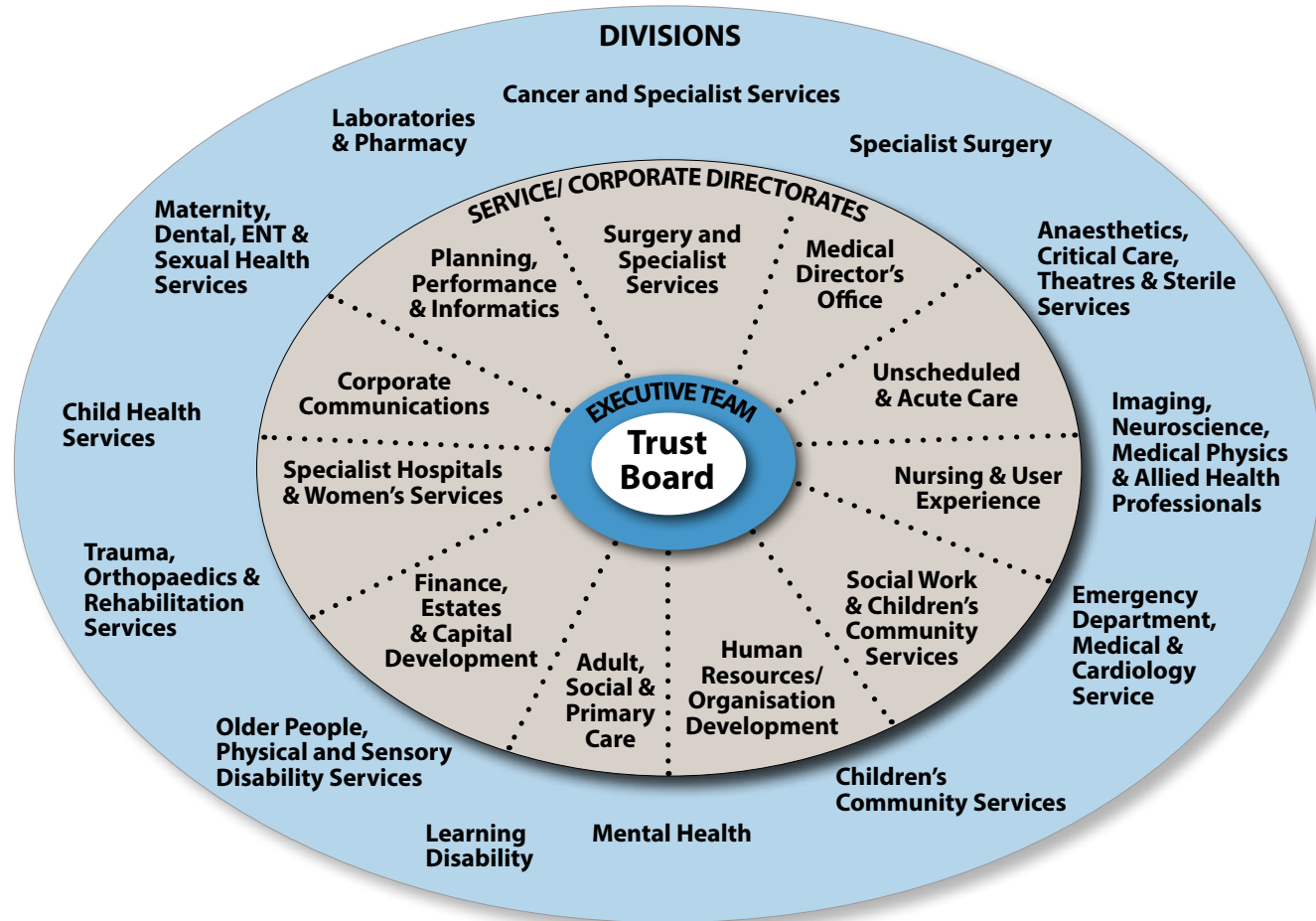
Multi-disciplinary Divisional teams have been established across the Divisions

There are 11 Corporate and Service Directorates, supporting all Trust teams

Executive Team comprises the Directors from Corporate and Service Directorates, supported by a Head of Communications

Chair, Non-executive Directors and Executive Directors.

DIVISIONS

Cancer and Specialist Services

Laboratories & Pharmacy

Specialist Surgery

Maternity, Dental, ENT & Sexual Health Services

SERVICE/ CORPORATE DIRECTORATES

Planning, Performance & Informatics

Surgery and Specialist Services

Medical Director's Office

Anaesthetics, Critical Care, Theatres & Sterile Services

Corporate Communications

EXECUTIVE TEAM

Trust Board

Unscheduled & Acute Care

Imaging, Neuroscience, Medical Physics & Allied Health Professionals

Child Health Services

Specialist Hospitals & Women's Services

Nursing & User Experience

Trauma, Orthopaedics & Rehabilitation Services

Finance, Estates & Capital Development

Social Work & Children's Community Services

Emergency Department, Medical & Cardiology Service

Adult, Social & Primary Care

Human Resources/ Organisation Development

Older People, Physical and Sensory Disability Services

Children's Community Services

Learning Disability

Mental Health

Section 2: Strategic direction

The strategic direction of Belfast Trust has been influenced by a number of key reports, highlighted below. These focus on delivering care in the community, as close to home as possible, with hospitals working as part of a network arrangement, in partnership with our users, carers, volunteers, staff, Trades Unions and colleagues from across statutory, community and voluntary sectors.
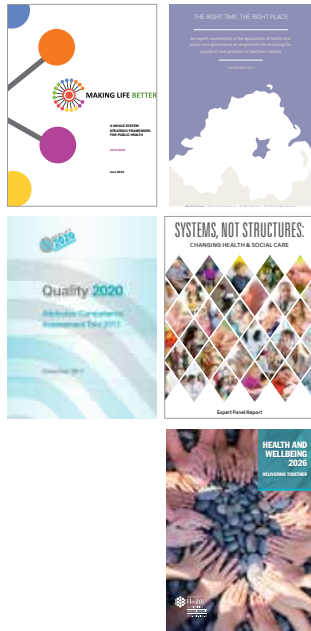
'The Right Time, The Right Place' (Donaldson Report)

In 2014, the Donaldson Report made the following key statement: *"In reality, the greatest threats to the quality of care that patients receive, and to their safety, come from the way in which the system as a whole is designed and operates. In short, the services that exist are not the services that the population truly requires."*

'Systems not Structures' (Bengoa Report)

In 2016, an international expert panel led by Professor Rafael Bengoa proposed: *"by agreement, and without the need for structural reform - the provider sector to take collective responsibility for all health and social care for a given population and with a joint capitated budget linked to population based outcomes…."*

The Expert Panel's recommendations were addressed in the Minister of Health's proposals, 'Health and Wellbeing 2026: Delivering Together', subsequently being taken forward by the Department of Health's Transformation and Implementation Group (TIG).

Community Planning

In April 2015, the reform of Local Government resulted in the creation of 11 new councils. The councils lead the community planning process, working with the health and social care family, community, voluntary and statutory agencies and other partners to drive an agenda of community well-being, cohesion and economic opportunity.

'Making Life Better 2012-2023'

'Making Life Better 2012-2023' aims to create the conditions for individuals and communities to take control of their own lives and achieve their full health and wellbeing potential. The framework has been structured around six key themes: Giving Every Child the Best Start, Equipped Throughout Life, Empowering Healthy Living, Creating the Conditions, Empowering Communities and Developing Collaboration.

Quality 2020

Quality 2020 has driven the agenda for safety, effectiveness and person centred services and is central to Belfast Trust's overall Vision and the Belfast Trust Quality Strategy and Quality Improvement Plan 2017-2020.

Draft Programme for Government (2016-2021)

The draft Programme for Government contains strategic outcomes which touch on every aspect of government, including the attainment of good health and education, economic success and confident and peaceful communities.

Section 3

The Challenges

Belfast Trust will work alongside users, carers, volunteers, staff, Trades Unions, Department of Health, Public Health Agency and our partners in the statutory, community and voluntary sector to address the significant challenges facing health and social care. A number of these challenges are summarised below:

Service Demand

Regional estimates are that the cost of demand for services increases at 6% per annum whilst funding levels rise at approximately 1-2%. This challenge is demonstrated by, for example, the 9% increase in unscheduled care activity between 2014/15 -2016/17. Demand has increased across community and acute services and this is reflected in, for example, increased waiting times for domiciliary care and elective waiting lists.

Increasing Cost of Quality Care

Funding is currently not keeping pace with new and modernised models of care, updated service standards, developments in drug treatments and technology and changes to workforce levels and delivery. Over the last decade, Belfast Trust has made recurrent productivity and efficiency savings of approximately £300 million.

Service Transformation

All the recent strategic reviews have identified that transformation of service delivery, supported by investment, is key to delivering high quality health and social care provision in Belfast and NI. The Trust is committed to an ongoing programme of transformational change. In parallel with this is the need for new investment if the expected benefits to service users can be realised.

Workforce

Our core workforce of 22,000 staff incorporates a wide range of skills and training and we support the development needs of staff as well as supporting staff to live well. Our 'bwell' campaign includes fitness, mental health and wellbeing, smoking cessation support etc. We are also working to address the regional challenges in recruitment areas such as senior trainee doctors, nursing and home care workers.

Digitalisation

Our adult acute sites have three different Patient Administration systems and our Community information systems are also under development. While 'Encompass', the new HSC Digital strategy will focus on the delivery of a digital health and care record, linking information across primary, secondary, community and social care, we need to re-examine the way we use technology and maximise its benefits for more flexible and efficient working.

Data Analytics

We want to continue our pro-active approach to using and sharing data, whilst still complying with our obligations in terms of confidentiality and information governance.

Innovation

Key to our further development is a commitment to new and innovative practices in an environment which supports staff with the necessary time, skills training and support.

Our Estate

As well as our ambitious programme to develop our hospitals and community services over the next 3-5 years, we also need to maintain all Trust buildings and equipment, including ICT infrastructure, to ensure safe working conditions and a suitable environment for delivering our varied services.

Section 4: Corporate Theme - Safety, Quality & Experience

Section 4 details each of the five corporate themes, along with key objectives and measures for the duration of the plan.

What does this mean?

'The Trust will work with service users and carers to continuously improve Safety, Quality and Experience for those who access and deliver our services.'

What will we do in 2018-2021?

- We will seek, listen and respond to service user and carer experience, including real-time feedback in order to inform and develop our services

- We will make our services safer and achieve agreed improvements across our safety improvement measures

- With our partners, we will encourage our population to play an active role in their own health and wellbeing
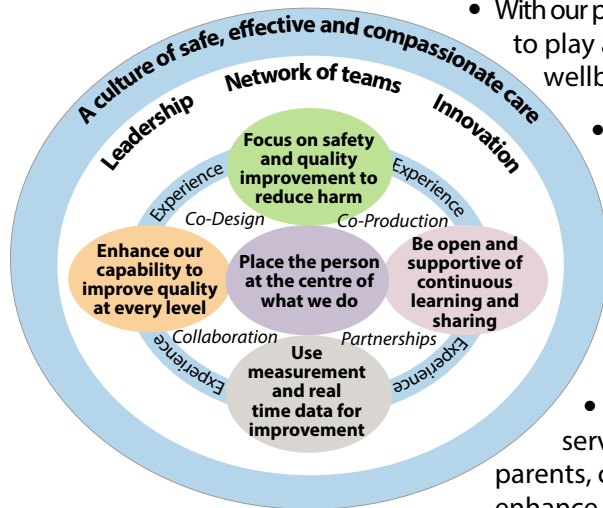
- We will support people with chronic and long term conditions to live at home, supported by carers, families and their communities

- We will optimise the opportunities for young adult care leavers through education, training and employment

- We will further develop safeguarding services in partnership with service users, parents, carers, communities and other agencies to enhance safety and welfare of vulnerable adults and children.

How will we measure success?

- Improved service user and carer experience

- Improved service safety & quality

- Improved access to community & social care services

- Improved access to unscheduled care

- Improved access to elective care

- Improved staff engagement

- Improved use of resources.

'Safety, Quality and Experience' is the Trust's top priority

We want to be one of the safest, most effective and compassionate health and social care organisations. The top three quality improvement objectives to support the Trust's vision are:

- Right time, right place, right team, right treatment

- Real time patient/ user experience

- Staff engagement and joy at work.

Section 4.1

Corporate Theme - Service Delivery

What does this mean?

'The Trust will drive improved performance against agreed goals and outcomes in partnership with our service users and carers, staff and partners in the community and voluntary sectors.'

What will we do in 2018-2021?

- We will improve community support to enable more timely discharge for older people and those with chronic conditions

- We will deliver agreed improvements for our unscheduled care patients eg. improving the number of patients who are either treated and discharged home or admitted ≤ 4 hours (as measured by agreed improvement targets each year). No patient should wait longer than 12 hours

- We will deliver agreed elective care improvement each year, including within acute, mental health and cancer services and build elective care capacity, with Commissioner support, to ensure improvement in outpatient, inpatient and daycase waiting times

- We will innovate our service delivery, working with the Health and Social Care Board, Locality Commissioning Group and other partners to extend ambulatory care, develop emergency assessment units, improve Out Of Hours (OOH) services and build stronger partnerships with GPs and community and voluntary sectors

- We will improve Patient Flow across pathways and between hospital and community services, supported by joined up systems and robust data

- We will deliver the service activity we have agreed and benchmark ourselves against other organisations to support improvement.

How will we measure success?

- Improved service user and carer experience

- Improved service safety and quality

- Improved access to community & social care services

- Improved access to unscheduled care

- Improved access to elective care.

Section 4.2: Corporate Theme - People and Culture

What does this mean?

'The Trust will support a culture of safe, effective and compassionate care through a network of skilled and engaged people and teams.'

What will we do in 2018-2021?

- We will assess our current culture and leadership capability to understand our future needs

- We will continue to roll out our Trust People Strategy, working with our key partners including trade unions, focusing on:

  - Talent: Focus on attracting, recruiting and retaining people from diverse backgrounds

  - Development: Use the Trust Leadership and Management Framework to support collective leadership, collaboration and innovation at all levels

  - Wellbeing: Use our BWell initiatives to create a supportive environment for people

  - Engagement: Find different ways to involve and empower people

  - Recognition: Help people and teams to live our values and behaviours

- We will further develop a multi disciplinary occupational health service to contribute to improved levels of staff health and wellbeing

- We will continue to assess our people practices

using the Investors In People (IIP) sixth generation standard

- We will support our Trust vision by implementing regional workforce and collective leadership strategies

- We will plan for the potential impacts on workforce supply from the European Union countries into Northern Ireland as a result of the UK's exit from the European Union.

How will we measure success?

- Improvements in how we attract, recruit and retain staff with the right skills and experience

- All necessary vacancies filled in a timely way to meet service needs, with appropriately skilled staff working in the right place at the right time

- Improved staff engagement scores as measured through the NHS national staff survey

- Increased uptake of health and wellbeing and specialist support initiatives, with improved levels of staff health and wellbeing reported through our health and wellbeing dashboard

- Reduced levels of sickness absence

- More flexible, agile and responsive learning provision enabled by digital learning technologies

- Feedback captured through Investors in People.

What does this mean?

'The Trust will work with partners to innovate and to develop strategies to transform health and social care in partnership with our service users and carers, staff and partners in the community and voluntary sectors.'

What will we do in 2018-2021?

- We will complete New Directions 2* proposals for all our services

- We will continue to develop Personal and Public Involvement by adopting a Co-Production approach in the co-design and co-delivery of our services

- We will develop sustainable plans for services regionally

- We will take forward Belfast Trust role in supporting transformation of Health & Social Care Services

- We will work with local Councils & partners to support the transformation of City services, addressing Population Health Indicators through the Community Planning* arrangements

- We will work in partnership to deliver the actions contained within our Equality Action Plan, our Disability Action Plan and our Good Relations Strategy.

Strategy and Partnerships will support the achievement of all Trust aims and objectives.

New Directions 2 is Belfast Trust's strategic plan for future service delivery, including adult acute services, children and young people's services, learning disability services, mental health services, older people services and services for people with physical and sensory disabilities. For example, we want to deliver:

- Greater integration across primary, community and secondary care;

- Co-ordinated pathways for patients with long-term or chronic conditions;

- and more ambulatory alternatives to inpatient care.

Community Plans, led by Councils in partnership with Trusts and other agencies, have been developed across Northern Ireland. The Trust is working with Belfast City Council, Lisburn and Castlereagh Council and partners to promote health and wellbeing and make life better for all residents.

Population measures have been identified to track progress over the long term with a particular focus on early intervention, older people, physical activity and emotional wellbeing.

Section 4.4: Corporate Theme - **Resources**

What does this mean?

'The Trust will work together to make the best use of available resources and reduce variation in care for the benefit of those we serve.'

What will we do in 2018-2021?

- We will build a sustainable workforce, deploy our resources in an effective and efficient manner, invest in infrastructure which is fit for service delivery and achieve financial balance

- We will agree annual financial strategies with the Department of Health and Commissioner to deliver agreed service levels and waiting times

- We will deliver on our Capital Projects and Capital Planning programme, ensuring that the Trust delivers clinical services in the most appropriate and efficient configuration

- We will provide and maintain a built environment which is safe and conducive for our service users and staff, families and carers

- We will ensure that the Trust Estate and ICT Services support the development of our buildings, plant and systems.

How will we measure success?

- Break even on Capital and Revenue

- Financial Sustainability

- Workforce Sustainability

- Increased internal financial awareness

- Deliver on Capital Projects eg.

  - New Maternity Hospital

  - New Children's Hospital

  - New Acute Mental Health Unit

- Secure capital and revenue resource to progress investment in services, workforce, Information Communication Technology (ICT) and Estates.

Objectives Summary for Belfast Trust Corporate Management Plan 2018-21

Our vision is to be one of the safest, most effective and compassionate health and social care organisations

Corporate Themes	Safety, Quality & Experience	Service Delivery	People & Culture	Strategy & Partnerships	Resources	Expected Outcomes
What this means	Work with service users and carers to continuously improve Safety, Quality and Experience for those who access and deliver our services.	Drive improved performance against agreed goals and outcomes in partnership with our service users and carers, staff and partners in the community and voluntary sectors.	Support a culture of safe, effective and compassionate care through a network of skilled and engaged people and teams.	Innovate and develop strategies to transform health and social care in partnership with our service users and carers, staff and partners in the community and voluntary sectors.	Work together to make the best use of available resources and reduce variation in care for the benefit of those we serve.	
Corporate Objectives	1. We will seek, listen and respond to service user and carer experience, including real-time feedback in order to inform and develop our services. 2. We will make our services safer and achieve agreed improvements across our safety improvement measures. 3. With our partners, we will encourage our population to play an active role in their own health and wellbeing. 4. We will support people with chronic and long term conditions to live at home, supported by carers, families and their communities. 5. We will optimise the opportunities for young adult care leavers through education, training and employment. 6. We will further develop safeguarding services in partnership with service users, parents, carers, communities and other agencies to enhance safety and welfare of vulnerable adults and children. 7. We will improve community support to enable more timely discharge for older people and those with chronic conditions. 8. We will deliver agreed improvements for our unscheduled care patients and develop services to avoid unnecessary admission. 9. We will deliver agreed elective care improvement each year, including acute, mental health and cancer services. 10. We will increase staff engagement in order to improve the delivery of safe, effective and compassionate care. 11. We will work with partners to innovate and to develop strategies to transform health and social care in partnership with our service users and carers, staff and partners in the community and voluntary sectors. 12. We will build a sustainable workforce, deploy our resources in an effective and efficient manner, invest in infrastructure which is fit for service delivery and achieve financial balance.					Improved service user and carer experience Improved service safety & quality Improved access to community & social care services Improved access to unscheduled care Improved access to elective care Improved staff engagement Improved use of resources

respect & dignity   openness & trust   leading edge   learning & development   accountability

Appendix 1: Glossary

Term	Definition
Appreciative Inquiry (AI)	A sustainable change management approach to ensuring patient and service users are fully involved in service redesign, with initial pilot work in Learning Disability and Dementia services.
Capital Projects and Capital Planning Programme	Funded development programme to ensure the Trust's buildings, estate and equipment can support Trust teams to deliver safe and effective care.
Carers	Carers include those caring for frail older people, those living with long-term medical conditions, those with a mental illness, children or adults with a disability and those receiving palliative care.
Community, Elective & Unscheduled Care Plans	Summary of Trust-wide actions across the Trust's Community, Elective and Unscheduled Care services to deliver improvement in the patient /service user experience.
Community Plans	Strategic partners working together with local councils to deliver a shared vision to improve the lives of NI citizens. 'The Belfast Agenda' 'Lisburn & Castlereagh Community Plans 2017/2032'.
Disability Action Plan	Developed in partnership with all NI Trusts and with people with a disability, this plan demonstrates proactive measures to improve access to health and social care, employment and to information.
Equality Action Plan	A framework which lays out both regional and local actions to promote equality of opportunity across the Trust's core functions of service provision, procurement and employment.
Health & Wellbeing (Delivering Together)	Minister of Health's Action Plan to take forward strategic change in health and social care in NI, published 2016. Health and Wellbeing 2026 - Delivering Together.
Making Life Better 2012-2023	A framework providing direction for agencies including BHSCT to create the conditions for individuals and committees to improve health and wellbeing of our population. 'Making Life Better'.
New Directions 2	*New Directions 2* is Belfast Trust's strategic plan for future service delivery. Proposals will be developed for services including adult acute services, children and young people's services, learning disability services, mental health services, older people services and services for people with physical and sensory disabilities.
Programme for Government (PFG) (draft)	NI's Executive draft priorities and key actions for 2016 -2021, including health and social care. 'Programme for Government'.
Quality Improvement Plan/ Quality Improvement Strategy	BHSCT's number 1 priority is improving safety and quality – the strategy and plan details how this will be achieved during 2017-2020.
Safeguarding Services	BHSCT has a statutory duty to promote the wellbeing and safeguarding of its childhood population. In its role as a corporate parent, the Trust has specific statutory responsibilities to protect children who are at risk of abuse and to look after children who have been received into care.
Safety Improvement Measures	These measures show how the Belfast Trust is improving patient safety & care against the six core objectives of the Trust QI Plan. Some of the measures are eg: • Reducing harm from Venous thromboembolism (VTE) • Reducing harm from Pressure Ulcers • Reducing harm from Falls • Improving management of IV fluids • Increasing flu vaccination uptake
Service users	Defines all those who receive services within Belfast Trust, including patients and clients.

BHSCT Corporate Plan
2021-23
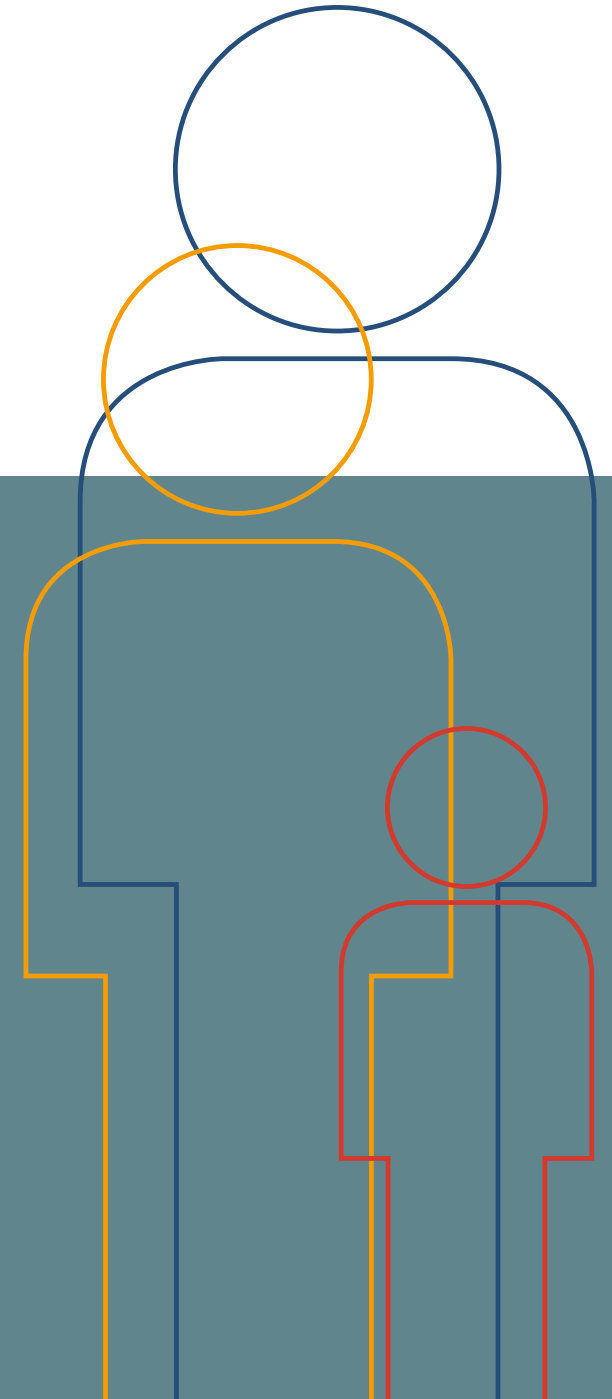
CONTENTS

Accessibility

This document is available in other formats including Easy Read, Large Print, Braille or electronic formats. Please let us know which format would be best for you.
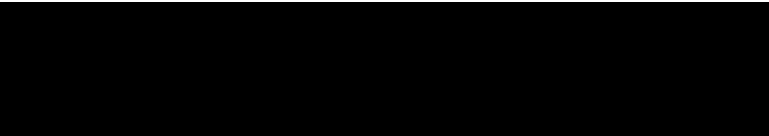
INTRODUCTION
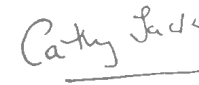
Belfast Trust is at the heart of our community. Our people – patients, service users, carers and staff – are the centre of Belfast Trust. The dedication, resilience, innovation and flexibility of our staff enabled our services to rise to the enormous challenges to meet the needs of our community throughout the COVID-19 pandemic.

Our priorities over the 2021-23 period are to balance the ongoing needs of people and communities affected during the pandemic and address the impact on all our services, particularly elective waiting times and lists, services for children, older people and those who have mental health needs.

Alongside these local priorities, we will work as part of the wider HSC system to deliver on improvements in urgent and emergency care, to address waiting times for surgery and outpatient appointments and to deliver the Mental Health Action Plan. Excellent progress is being made on our major investment plans which will benefit the region, with completion of our new Women's Hospital in 2022/23 and construction beginning on our new Children's Hospital.

Across our services, the aim of 'delivering safe, effective and compassionate care' has never felt more true. We are absolutely committed to meeting the needs of our population, providing the Right Care, at the Right Time and in the Right Place.

The learning from our experiences during the pandemic will continue to inform the conversation about how we can better deliver services within our community. This learning will be reflected in our next corporate plan, the timing of which will be guided by the Department of Health commitment to align health and social care planning arrangements with Programme for Government (PfG) and the next Assembly mandate.

Cathy Jack
Chief Executive

Peter McNaney
Chairman

ABOUT US

Supported by our values of working together, excellence, openness & honesty and compassion, we will continue working collectively with our staff, Trade Unions, partners across primary care, community and voluntary sectors and the independent sector.

As an integrated Health and Social Care Trust, Belfast Trust provides the majority of regional adult and paediatric specialist services across Northern Ireland as well as local emergency and elective services. We work in partnership with our community to deliver services to our older people, children and families, to those people with a learning disability, physical disability and mental health conditions. We are increasingly seeking to use our influence to improve the health and wellbeing of our community, with an annual budget of £1.8 billion and as an employer of over 20,000 staff.

Everything we do in Belfast Trust is about people and for people and so it is through the building of a compassionate culture, where colleagues are valued, that we will be able to create the conditions for the safest, most effective and most compassionate care. We have a programme of work in place to proactively support and promote healthy productive teams.

In our patient feedback over the last 6 months, a total of 3,316 people responded, 98.46% of whom would be likely or extremely likely to recommend Belfast Trust to their friends and family if they needed similar care or treatment.

THE PURPOSE OF THE BHSCT CORPORATE PLAN

This two year BHSCT Corporate Plan allows us to remain agile in the planning and delivery of our services as we respond to the changing needs of our patients and service users, and whilst we start to engage with you on the development of our next Corporate Plan 2023-2028.

OUR VISION AND VALUES

The vision for Belfast Trust is to be the safest, most effective and compassionate organisation.

Working together   Excellence   Openness & Honesty   Compassion

HSC Values

The following reflects some examples of our activity in an average week in 2019. Activity subsequently reduced due to the Covid-19 pandemic and it is clear that activity levels will vary dependent on further surges of Covid-19. On average each week we see:

ED Attendances
3,707 (530 daily)
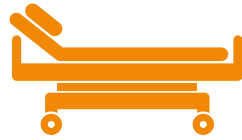
Non-Elective Admissions
1,097

Day Cases 1,232

Red Flag Referrals
407

Elective Admissions
398

Outpatient Attendances Virtual & face-to-face
10,817

Acute Care at Home Direct Activity (Face-to-face/ Virtual)
279

Domiciliary Care Hours provided
41,338

District nursing visits
4,763
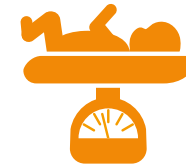
Health visiting visits
1,398

Allied Health Professionals activity
10,356
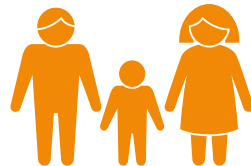
Regional Social Work Out of Hours Referrals
341

Births
97

GP Out of Hours interactions including home, base and telephone calls
2,117 (2019/20 financial year)

Total number of Looked after Children
824 (as of 31 March 2019)

OUR PRIORITIES FOR 2021-23

New model of care for older people

Urgent and emergency care
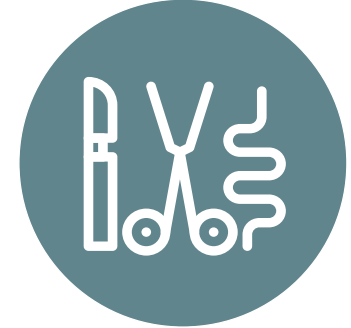
Time-critical surgery

Outpatient modernisation

Vulnerable groups in our population

Seeking real-time feedback from patients and staff

To ensure we provide the **Right Care** at the **Right Time** and in the **Right Place** we will be measuring and reporting on our achievements and progress against a number of key metrics:

SAFETY **EXPERIENCE** **EFFECTIVENESS** **EFFICIENCY** **TIMELINESS** **EQUITY**

6

PRIORITY:

A new model of care for older people

We are committed to ensuring the specific needs of older people are considered in everything we do. We are focusing on:

- Supporting older people to live at home for as long as possible. Our District Nursing teams are reviewing how they can best support older people in the community

- Increasing our Hospital at Home team to provide more acute care at home, working closely with GPs to address the specific needs of older people within the comfort of their own environment

- Working with our Care Homes and GP leads to avoid unnecessary hospital admission for residents by reducing falls, addressing infections and swallowing difficulties

- Securing maximum independence for people as they come out of hospital with the right range of bed-based and home-based re-ablement and rehabilitation services.

PRIORITY:

Urgent and

Emergency Care

We are committed to providing timely urgent and emergency care for patients. We are focusing on:

- Working closely with our GP partners to offer a range of alternatives to attendance at the Emergency Department including our Urgent Care Centre, Clinical Assessment Unit, Rapid Access Assessment and Treatment Clinics, as well as the GP Out-of-Hours service

- Improving patient flow and discharge pathways across the system to address 4 and 12 hour waits. This includes our focus on Home for Lunch and nurse led discharge as well as assessing support needs in the patient's own home

- Delivering timely safe discharge for patients, with discharge-to-assess and by having specific pathways for patients recovering from fracture surgery and patients with dementia or delirium

- Partnership work with the Northern Ireland Ambulance Service to continue to improve timely patient handover.

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PRIORITY:

Time-critical Surgery

We recognise the impact of Covid on those who are waiting for surgery. We are focusing on:

- Ensuring those people waiting for urgent cancer and time critical surgery are able to receive their treatment

- Working as part of a wider health and social care system to ensure those most in need receive their surgery first

- Maximising the use of regional facilities to continue to increase the volume of surgery undertaken, using 'green' Covid pathways, to provide an equitable service

- Remaining flexible and agile in preparation for any future surges, protecting staff and infrastructure for the delivery of elective services as far as possible

- Participating fully in regional plans for elective general surgical services

- Progressing work on The Cancer Recovery Plan to ensure that the delivery of cancer services is resilient to potential future surges of COVID-19 and to the projected increase in cases of cancer.

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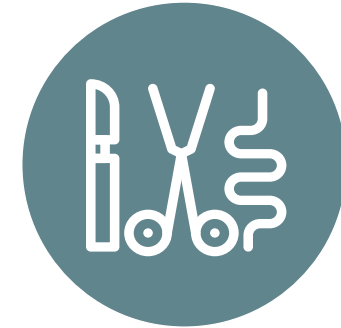
PRIORITY:

Outpatient Modernisation

We are committed to modernising our outpatient services to enable patients and service users to receive the right care in the right place at the right time. We are focusing on:

- Delivering a good experience for virtual outpatients with telephone or video consultations

- Offering face-to-face appointments safely when they are required

- Taking action to reduce waiting lists/times for first outpatient appointment

- Reducing times for outpatients waiting for a review appointment

- Delivering improvements in specialities with longer waiting lists.

By offering patients more choice in how we deliver service, for example, via virtual consultation or drive-through phlebotomy, this will reduce the need to attend acute hospitals for blood tests and consultations and improve service user experience.

PRIORITY:

Vulnerable Groups in our Population

We are committed to improving and promoting the wellbeing of vulnerable people. We are focusing on:

- Addressing the 30% increase in acute mental health inpatient demand with improved discharge arrangements, including additional step-down beds to support people back into the community

- Increasing the size of the Belfast Community Perinatal team to support mums-to-be and their partners and families as part of the Mental Health Strategy implementation

- Establishing a new clinical team to offer more timely access to intervention and support for children and young people awaiting autism assessment

- Working closely with the patients of Muckamore Abbey Hospital and their families and carers to address the significant safety concerns relating to their care and progress plans to secure new homes for our existing patients

- Developing a range of supported housing facilities in the community, offering choice and independence to people with mental health conditions or a learning disability

- Balancing our existing services to vulnerable children and their families whilst addressing emerging needs post-COVID-19 within the community

- Reviewing our short breaks services to best meet the needs of our service users with a learning disability & their families

- Consolidating Adult Safeguarding structures and processes to protect the most vulnerable people in our facilities and in the community.

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PRIORITY:

Seeking real-time feedback from staff and patients

We are committed to listening to you and changing the way we work for the better. Some examples of what we are doing are:

- Continuing to gather real-time Patient Feedback from in-patients in the Trust to understand how their experience is in our care. Collecting feedback from service users receiving care in their own home, patients attending an outpatient appointment and patients attending our Emergency Departments

- To date, the feedback received has enabled us to make changes, for example, reducing noise levels at night on wards and helping patients get a better night's sleep, offering alternative menu choices at mealtimes and enabling patients to receive more information about their treatments and medications while in hospital

- Engaging with our staff to ensure that we are doing our best to support Happy, Healthy and Productive Teams

- Recognise where we are doing things well and making the necessary changes to improve where things could be done better. Our priorities are only achievable because of our people and leadership.

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PEOPLE AND CULTURE

We are focusing on:

- Building a culture that is safe, effective and compassionate and that facilitates an engaged workforce

- Keeping our staff safe and helping staff realise their best possible state of wellbeing

- Improving our staffing levels

- Continuously communicating and listening to our staff and service users to enable us to make the Belfast Trust the best possible place to work and to receive treatment

- Developing and supporting leaders so that they can lead staff collectively and with compassion

- Improving how we recognise and value our staff

- Working collaboratively with staff, partners at all levels to develop and implement locally owned programmes of work and providing visible sponsorship and leadership.

RECOGNITION

ENGAGEMENT

LEADERSHIP

A SAFE, EFFECTIVE AND COMPASSIONATE ORGANISATION

WORKFORCE

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OUR COMMITMENT TO YOU
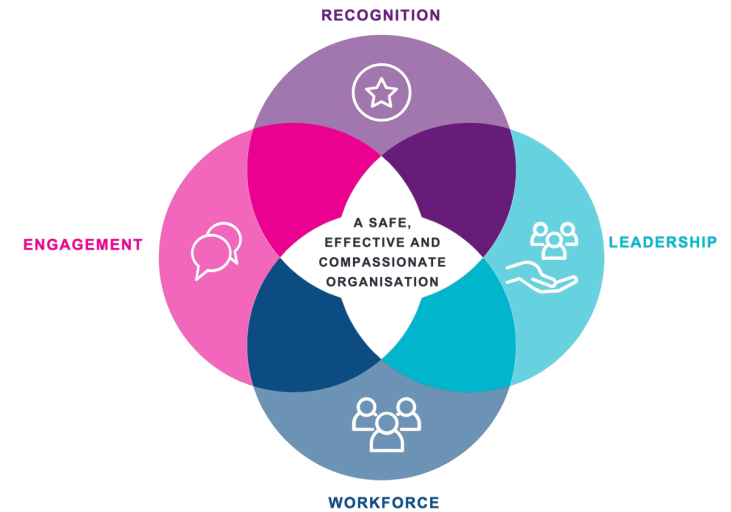
All our work is supported by a focus on…

Involvement and Partnership Working:

Everything we do is in partnership with our service users, families and carers. We try to co-produce our plans together, alongside our primary care, voluntary, community and independent partners.

Communication:

Our commitment is to ensure open, transparent and timely communication.

Digital delivery:

We support new ways of delivering services, training our teams virtually and extending our use of business intelligence and data analytics to seek improvement in everything we do.

Resources:

We recognise that major sustained investment is required to address patient waiting times for diagnosis and treatment and ensure capacity in the health & social care system.

LOOKING AHEAD

As we emerge from the pandemic which significantly impacted on all our services and the way in which we worked, we will continue to remain agile and flexible in how we plan and deliver our services, responding to the changing needs of our population and the possibility of further COVID-19 surges.

Our next step is to develop a **new Corporate Plan** for our services in line with DoH guidance and based on wide engagement with our service users, carers, families and all our partners. We will engage widely and **publicly consult** on our new Corporate Plan and would like to hear your views.

If you have any queries or comments on this BHSCT Corporate Plan 2021-23 or if you need to access it in an alternative format, please contact

planning@belfasttrust.hscni.net

or telephone 028 9504 8734.

BT21-2518

Belfast Health and Social Care Trust
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Reference No: TP 47/10

Title:	**Recruitment & Selection Policy**		
Author(s)	Catherine Shannon, Senior Human Resources Manager		
Ownership:	Damian McAlister Director of HR and OD		
Approval by:	Policy Committee Executive Team	**Approval date:**	01/06/2016 08/06/2016
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Links to other policies			

Date	Version	Author	Comments
10/08/2009	0.1	G McKibbin	Initial Draft
30/12/2009	0.2	G McKibbin	Amended following consultation
21/01/2010	0.3	G McKibbin	Amended to include reference to ISA changes being introduced (page 18)
28/01/2010	0.4	G McKibbin	Amended in section one to include a paragraph stating that managers should consider advertising the post with flexible working options – at request of WGPR group.
15/02/2010	0.5	G McKibbin	Changes to section 2 and 3.
23/02/2010	0.6	G McKibbin	Changes to appointment panel section under Category 1 and Category 3. Also, some formatting changes.
13/04/2015	1.1	G McKibbin C Shannon	Changed to reflect the new policy template. Changes following amendments to the Consultant regulations.
30/08/2015	1.2	C Shannon	Changes to reflect new Shared Services arrangements and HRPTS system. Changes to reflect Equality Requirements. Changes to include Values Based Recruitment. Procedures included as a separate document.
26/02/2021	2.1		Author requested that review date be extended 5 years as this is a regional policy and is not due for review regionally

1.0 INTRODUCTION/PURPOSE

1.1 Background

This policy sets out standards that facilitate effective recruitment and selection, comply with employment legislation and best practice, and contribute to effective risk management. The Trust is committed to ensuring that the recruitment and selection of staff is conducted in a manner that is systematic, efficient and effective. The policy details the responsibilities and expectations of Recruiting Managers, the Trust Retained Recruitment Service and the Regional Recruitment Shared Service Centre.

This policy is supported by a Recruitment and Selection Procedure document and a HRPTS Recruitment Process document which provides detailed information on the end to end processing of recruitment and selection for the Belfast Trust.

1.2 Purpose

The Trust recognises its staff as being fundamental to its success. A strategic and professional approach to recruitment processes helps to enable the Trust to attract and appoint staff with the necessary skills, behaviours and attributes to fulfil its strategic aims and objectives. This will support the delivery of exceptional and appropriate levels of care to our patients and users. It is therefore important that the Trust recruits and selects the right number of people, with the right skills, attitudes and values at the right time.

The Trust believes in providing equity in its services, in treating people fairly with respect and dignity and in valuing diversity both as a provider of Health and Social Care and as an employer. The Recruitment and Selection Policy and Procedures support these principles.

The Trust also recognises that to attract, develop and retain high calibre staff, the diversity of the workforce must be respected and valued. Selection in all cases will be objective and based on merit and the individual's ability to perform the job at the required standard.

The Trust is committed to ensure all appointments are made in accordance with this policy on the basis of merit.

The Trust will aim to ensure that no staff member or prospective staff member is discriminated against, either directly or indirectly, on grounds which ensure equality of opportunity regardless of:
- religious belief,
- political opinion,
- racial group,
- sexual orientation,
- age,
- marital/civil partnership status,
- gender including gender reassignment,

- disability
- those with or without dependants

This Recruitment and Selection Policy and associated Procedures will be fairly and consistently applied to all job applicants subject to the reasonable adjustment duty under the Disability Discrimination Act 1995 (as amended). Further information and guidance on this duty can be found in the Trust's Employment of Disabled Person's framework and associated reasonable adjustment guidelines.

2.0   SCOPE OF THE POLICY

This Policy applies to all appointments to the Trust including medical and dental staff.

The Trust believes that it is important to clarify the responsibilities and expectations of both Recruiting Managers, the Retained Recruitment Service and the Regional Recruitment Shared Service Centre at each stage of the recruitment and selection process. This will help to reduce ambiguity and ensure that the recruitment cycle is as short as possible.

3.0   VALUE BASED RECRUITMENT (VBR)

This Policy and the associated Procedures, aim to reinforce the Trust's Vision and Values as these are the underpinning principles of our organisation. Belfast Trust Values underpin everything we do – how we work with each other and deliver our service. Our values define the overall culture of our organisation and ultimately support our commitment to provide safe, effective, and compassionate and person centred care. Belfast Trust values describe the character of our Trust and our aspirations going forward, the aim is for staff to be familiar with the values, embed these values in everything we do and be committed to "living these values".

The Trust values are:
- Treating everyone with respect and dignity
- Displaying openness and trust
- Being leading edge
- Maximising learning and development
- Being accountable

The Trust is committed to Value Based Recruitment for all posts, to ensure we attract and select employees whose personal values and behaviours align with the values of the Trust, to support effective team working and deliver excellent patient care and experience.

4.0 ROLES AND RESPONSIBILITIES

4.1 Responsibilities of line managers

- Recruitment is an integral part of every manager's job. Prime responsibility for selecting candidates of the right calibre rests with the line manager, who must set the required standards of qualifications, skills and experience.

- To review the need for a post when it becomes vacant, taking into account factors such as changing service needs.
- Review the job description and person specification. Where it has not been possible to recruit to a post advice should be sought from Retained Recruitment Service before a post is readvertised.
- To ensure they adhere to the principles of the Trust's Recruitment and Selection Policy and Procedure and other relevant policies.
- To comply with the timelines contained in the procedure.
- To ensure new staff members receive corporate and local induction in accordance with agreed Trust Key Performance Indicators.

4.2 Responsibilities of Retained Recruitment Service - Human Resources

- To provide advice on best practice in recruitment and selection techniques e.g. how to ensure Value Based Recruitment is adopted or how to attract and select suitable candidates particularly in skill shortage areas, taking account of any relevant employment legislation.
- To provide training and advice at each stage of the process, for example, preparation of job description and person specification, advertisement, short listing and selecting etc.
- To comply with the timelines contained in the Procedure.
- To monitor the delivery of KPI's and recruitment activity processed by the Recruitment Shared Service Centre

4.3 Responsibilities of Regional Recruitment Shared Service Centre

- To ensure compliance against the agreed KPI's and Operating Principles for the management of recruitment transactional activity
- To report on all stages of recruitment activity to the Trust Senior HR Management Team
- To ensure adherence to the Trust Service Level agreement

5.0 KEY POLICY PRINCIPLES

See attached booklet

6.0   IMPLEMENTATION OF POLICY

6.1   Dissemination
Policy will be made available on the Trust intranet and distributed accordingly

6.2   Resources
Recruitment and selection training sessions for managers including Value Based Recruitment and training on the automated processes for recruitment via HRPTS.

6.3   Exceptions
This policy applies to all applicants.

7.0   MONITORING

Monitored on review or any new guidance

8.0   EVIDENCE BASE / REFERENCES
This policy complies with legislative requirements and good practice

9.0   CONSULTATION PROCESS

Internally the policy was forwarded to Trust Senior HR Managers for comments. The policy has also been approved by the Workforce Policy Sub-Committee.

10.0   APPENDICES / ATTACHMENTS

Recruitment and Selection Procedures

11.0   EQUALITY STATEMENT

In line with duties under the equality legislation (Section 75 of the Northern Ireland Act 1998), Targeting Social Need Initiative, Disability discrimination and the Human Rights Act 1998, an initial screening exercise to ascertain if this policy should be subject to a full impact assessment has been carried out.
The outcome of the Equality screening for this policy is:

Major impact ☐

Minor impact ☐

No impact.   ☐

SIGNATORIES

(Policy – Guidance should be signed off by the author of the policy and the identified responsible director).

_____

Damian McAlister   Date: _____8 June 2016_____

Director Human Resources/Organisational Development

_____

Dr Michael McBride   Date: _____8 June 2016_____
Chief Executive

Belfast Health and
Social Care Trust

BHSCT RECRUITMENT AND SELECTION PROCEDURES

Contents

1. SECTION A: PREPARATION

1.1. WHAT TO DO WHEN A VACANCY ARISES

A vacancy can arise in many different ways. It may be because:

- Someone leaves;
- There is a new post arising from a new initiative, increased service demands or a change in the skills mix required; or
- Workforce planning identifies a need for new staff following a service review.

No matter what the reason, when a vacancy arises line managers should consider the following questions before the final decision to recruit is taken:

- Is there a need to replace on a like for like basis or is there an opportunity to modernise services through new ways of working? (i.e. job share/part time etc.)
- Could some of the tasks be eliminated if the work was organised or delivered differently?
- Could the work be redistributed among remaining staff?
- Would a change of skill mix be more appropriate?
- Is there an opportunity to change working patterns to increase productivity?
- Is the post still correctly banded?
- How will any changes impact on existing staff?
- Is there identified funding?

When undertaking this review managers should take into account current any future planned changes within the service.

To help promote the Trust's commitment to promoting equality and to attracting and retaining highly skilled and experienced staff, managers should, prior to advertising the post, give consideration to flexible working arrangements to assist staff balance both home and work commitments and improving their working lives.

When a new post has been created or significant changes have been made to an existing post, the post must undergo a desktop evaluation to enable the post to be allocated an appropriate Agenda for Change pay band. Managers who require a desktop evaluation to be carried out must forward a job description and job specification to the Agenda for Change team in Human Resources. (This is not applicable to Medical and Dental or Senior Executive posts).

Following receipt of the above documentation the Agenda for Change Team will consider whether a desktop evaluation is required. If it is found that an evaluation is required a desktop evaluation of the post will be undertaken in partnership with the Trade Unions. The Manager will be advised on the banding determined by this process. If it is considered that recruitment is necessary following this review, the manager must complete an on-line requisition form using HRPTS e-Recruitment Manager Self Service (MSS). As part of this process managers will be required to submit an up to date job description and personnel specification.

1.2. CHECKS UNDERTAKEN PRIOR TO ADVERTISING

Once an automated requisition form has been initiated by the relevant manager on HRPTS e-recruitment, the form will be automatically workflowed for approval to the managers manager, then to the Service Director and finally to the Service Group Accountant. Once approved, the requisition will workflow to the Human Resources Redeployment Team prior to advertising any vacancy. The HR Redeployment Team will check to see if there is anyone within the Trust who requires redeployment as a result of organisational change, occupational health recommendation or any other reason which may arise.

If there is no-one available via redeployment the Recruitment Shared Service Centre or where applicable, the Retained Recruitment Service will then check the Trust's waiting lists to determine if there are any applicants who have recently applied for the same or similar post and have been placed on a waiting list[1]. The Retained Recruitment Service/Recruitment Shared Service Centre will ensure that the applicant on the waiting list meets all of the essential criteria outlined in the job specification prior to offering a post. In addition the Retained Recruitment Service will check to see how the post was advertised to establish if it is appropriate to offer them the new post.

If there is no one available via a waiting list then the Recruitment Service/Recruitment Shared Service Centre (depending on the posts) will proceed to advertise the post.

1.3. APPOINTMENT PANELS

The Trust is committed to Value Based Recruitment (VBR) for all posts and all Panel Members must have undertaken the Trust's Recruitment and Selection Training and/or the Trust Value Based Recruitment Training before participating in the recruitment and selection process. Panel Members must also attend refresher training every three years.

The Trust will take all necessary steps to avoid allegations of nepotism. Accordingly, anyone directly involved in the selection process, either as a Panel Member or Assessor, who is related to one of the applicants, or could in any other way be compromised by sitting on a Panel, must disclose this fact to the Retained Recruitment Service/Recruitment Shared Service Centre. Following receipt of this information the Retained Recruitment Service/Recruitment Shared Service Centre and the Panel member will conclude whether or not they should continue to be involved in the selection process.

To support the Trust's aim to ensure fairness and equality, the Chairperson of the Interviewing Panel is responsible for ensuring that all Panels are appropriately balanced in terms of gender and community background. If the Chairperson is unsure if the proposed Panel is balanced they should contract the Employment Equality Section of Human Resources. Under Fair Employment Monitoring

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[1] Further information on the Trust's management of waiting lists can be found in the "Policy on the Management of Recruitment and Selection Waiting Lists".

Regulations the team cannot provide information on the religion on individual members of staff but can however advise if the overall composition is appropriate.

The only exception to the above is when all the applicants for a post are the same gender (for example female), then it would be acceptable for all the Panel Members to be female as well.

In the case of regional recruitment exercises where selection panels are constituted from across Trusts, the employing authority of the selection panel Chairperson will be responsible for the collection of equality data and advice on the overall panel composition.

The following is an outline guide for Panel composition:

Category 1 (Chief Executive, Directors and other equivalent posts)

Category 1 appointments are made in accordance with The Health and Social Services Trusts (Membership and Procedures) Regulations (Northern Ireland) 1994.

Panels interviewing for the position of Chief Executive shall, as a minimum, comprise of the Trust's Chairperson and Non-Executive Directors of the Trust.

Panels interviewing for Executive Directors of the Trust shall, as a minimum, comprise of the Trust Chairperson, the Chief Executive and the Non-Executive Directors of the Trust.

In all other cases for Category 1 positions, Panels should normally include the Trust Chairperson, the Chief Executive and one Non-Executive Director from the Trust.

Panels for all Category 1 appointments should usually be chaired by the Trust's Chairperson and have an Assessor(s).

Category 2 (all others, except medical consultant posts)

Panels interviewing for Category 2 positions should have three officers on the Panel. These should normally be the line manager and two other members normally of a grade senior to that being appointed. In exceptional circumstances, for example where a panel member has taken ill and no alternative is available, panels may proceed with a two person panel. Approval to proceed with a two person panel must be obtained from the Retained Recruitment Service in advance in all cases.

The Panel will appoint a Chairperson who will be responsible for the efficient operation of the Appointments Panel.

In exceptional circumstances, where they are the most suitable and appropriate person to undertake the interview, one member of the Appointment Panel may be of a grade similar to that of the post being considered.

With the exception of Category 1 and Category 3 appointments, the Chairperson will decide as to the appropriateness of the use of Assessors for any given post. Assessors will normally be used whenever specialist knowledge is not available within the Trust.

The Trust will use its discretion to have other non-voting representatives on Appointments Panels as appropriate.

As a stage in the short-listing process, preliminary interviews may be used. In the case of preliminary interviews it will be normal for the Interviewing Panel to consist of two voting members. As stated above all such Panels must be balanced in terms of gender and community background.

For appointments, where the Trust has joined with other agency/organisation(s) a representative from that agency/organisation can be a voting member of the Appointments Panel as long as they confirm, in writing, that they have received appropriate recruitment and selection training.

The Trust is committed to ensuring an open and transparent recruitment and selection process and accordingly invites Service Users to sit on Interview Panels. These Panel Members can have the same voting rights as other Panel Members and must have undertaken the Trust's recruitment and selection training.

Category 3 (Consultant Panels - Medical)

Category 3 appointments are made in accordance with The Health and Social Service Appointment of Consultant (Northern Ireland) Regulations 1996 as amended by the Appointment of Consultant (Amendment Regulations (Northern Ireland) 2013 – Good Practice Guidelines.

The Advisory Appointments Committee (AAC) interviewing for the position of Consultant should consist of the following:
- A lay member (normally the Trust Chairman or another Non-Executive Director;
- Chief Executive or a Board Level Executive or Co-Director;;
- Consultant from the Speciality;
- Medical Director or a professionally qualified nominee;
- External Assessor;
- Nominee from the Faculty of Medicine from Queens University of Belfast (Relevant for posts that have either a significant teaching or research commitments or both).

The AAC will make a recommendation to the Trust Board which formally approves the appointment. The Trust Board may nominate sub-committee(s) with delegated authority. For this purpose the Trust Board has delegated authority to the AAC.

Role of Specialist Assessor

Where a Specialist Assessor is required their role is to advise as to which applicants are considered competent to perform the duties of the particular post. The Assessor should be external to the Trust. The use of assessors is particularly useful in terms of ensuring relevant expertise is available as well as providing an additional level of objectivity. In this regard assessors will:

- Participate fully in the interview but will have no voting rights (except in the case of Appointment Panels for Consultants);
- Have appropriate professional qualifications (where necessary) and knowledge of the post being interviewed for;
- Be in a position which is senior to the post being interviewed for. In exceptional circumstances the Assessor appointed may hold a grade equal to that of the post to be filled;
- Have received appropriate training in recruitment and selection practices, and be familiar with the Trust's recruitment and selection procedures.

Assessors cannot act as a referee for applicants and must therefore advise Panel Members where they are related to an applicant or have been requested to act as a referee for any applicant.

2. SECTION B   A DECISION TO PROCEED WITH RECRUITMENT

2.1. ADVERTISING A VACANCY

Vacancies will be brought to the notice of prospective applicants by the means regarded as most appropriate by the Trust. Account shall be taken of Equal Opportunities affirmative action measures required to promote equality of opportunity and current legislation.

Advertising will be the responsibility of the Retained Recruitment Service who will forward all notices for advertisement to the Recruitment Shared Service Centre (depending on the post being advertised). Advertisements will specify the vacant post and provide instructions on how to apply. Adverts will also contain a closing date and time. Contact details for applicants requiring assistance or reasonable adjustments will also be provided.

In principle, all permanent vacancies which arise within the Trust will normally be advertised externally. Where a rationalisation of posts or services is involved, it may be necessary for posts to be competed for internally. Urgent temporary vacancies may, if appropriate and taking account of any Affirmative Action measures required, be advertised through the Department of Employment and Learning or recruitment agencies.

All responses to advertisements will be monitored by the Recruitment Service/Recruitment Shared Service Centre to enable the Trust to place advertisements in the most effective media and monitor equal opportunities.

The Rehabilitation of Offenders (Exceptions) Order (NI) 1979 provides inter alia that for the purposes of employment in the HPSS a conviction may never be regarded as spent. This is brought to the attention of all applicants. Applicants are advised that a conviction does not necessarily debar them from obtaining employment.

Some recruitment exercises attract high volumes of applicants. Where this is anticipated the recruiting manager can discuss and agree options with the Retained Recruitment Manager to ensure the number of applications shortlisted is manageable. The agreed mechanism will also be discussed with the relevant Trade Union representative/s. The process will be clearly noted in both the website and job advertisement, to ensure applicants are fully aware with clear guidelines in place to manage the process to ensure no impact on candidates.

2.2. APPLICATIONS

It is the Trusts policy to use online applications only and to communicate with applicants via email during the selection process. Application forms and further details on posts advertised can be obtained by accessing either the www.hscrecruit.com website or http://v2.hscrecruit.com/ . Contact details will be provided in advertisements and on the website for applicants requiring advice or assistance. NB: Once the transition to the Recruitment Shared Service Centre is complete www.hscrecruit.com will be decommissioned

Applicants who have difficulties applying should refer to the Retained Recruitment Service/Recruitment Shared Service Centre for support and assistance. Further information can be found it the "Policy on the Employment of People with Disabilities" and advice/guidance on reasonable adjustments from the Trust Equality Team.

It will be the responsibility of the applicant to advise the Trust, on their application form, of any prior arrangements they have made regarding holidays. However, the Trust is under no obligation to consider holiday arrangements but will endeavour to do so.

Canvassing by applicants will mean automatic disqualification.

2.3. EQUAL OPPORTUNITIES MONITORING

All applicants are asked to complete an Equal Opportunities Monitoring Form. The purpose of monitoring is to enable the Trust to meet the statutory requirements as set out under the Fair Employment Legislation and to assess the extent to which equality of opportunity is being achieved. Where applicants fail to provide the community background information a residuary method of determination in line with the Fair Employment and Treatment (NI) Order 1998 will be applied.

Applicants completed Equal Opportunities Monitoring Form will not be available to the Selection Panel at any point and will only be used for the purposes outlined above.
The Trust is responsible for monitoring this information:
- To assess the fairness and effectiveness of recruitment and selection processes and if necessary to make recommendations for improvements;
- To develop appropriate positive action/affirmative action initiatives if necessary;
- To instigate a thorough examination of the reasons for any disparity, if any sign of adverse or indirect discrimination is detected.
- To meet the statutory requirements as set out under the Fair Employment Legislation.

3. SECTION C: SELECTION

3.1. PRE-SHORTLISTING

In the event of there being 2 or fewer applicants, and before the Panel see who the applicants are, the Panel may determine whether or not there has been a sufficient response.

If, taking account of information on the likely pool, it is deemed that there has not been a sufficient response the post will be re-advertised and the original applicants notified accordingly. These applications will be brought forward to the new file.

If following a second advertisement, there are no further applicants the Panel must proceed to consider the original applications in the normal way.

If a large number of applications are received, the Panel may decide to raise the minimum criteria at shortlisting stage. Criteria may only be raised by including criteria listed as desirable criteria in the job specification, and not by introducing new criteria. This decision must be taken before any of the application forms are viewed by the Panel Members.

To make the process of shortlisting more accessible to managers the Retained Recruitment Service/Recruitment Shared Service Centre will make all shortlisting packs available via the HRPTS e-shortlisting facility. This on-line facility enables managers to view all shortlisting documentation from their own PC and greatly assists both managers and the Retained Recruitment Service/Recruitment Shared Service Centre in the completion of this stage of the process.

3.2. SHORTLISTING RULES

The purpose of shortlisting is to assess each application to ensure all those reaching the next stage of the selection process meet the minimum essential requirements as set out in the Job Specification. However, in exceptional circumstances all candidates may be automatically shortlisted for the next stage of the process; this could be as the result of a testing exercise where the decision to shortlist is on a clearly defined basis of a pass and fail assessment. In the case of some nursing posts and some posts managed regionally, all applicants will be shortlisted. Candidates will be informed of this and advised if it is later found they cannot evidence how they met the criteria, as a later stage, then they will not be offered the post.

A Shortlisting Panel consists of the same voting members of the Interview Panel and will consider only the application forms which have been submitted in response to a planned recruitment exercise and within the stipulated deadlines. If an Assessor is to participate in the selection process, they should be asked to verify the decision of the Shortlisting Panel.

The criteria for shortlisting must be based on the essential criteria in the job specification and set and recorded prior to viewing application forms. When a Panel seeks to enhance the criteria it should be taken directly from the desirable

criteria. As stated above the decision to use the desirable criteria must be made prior to viewing any of the application forms.

The closing date for receipt of application forms will be the cut off point for any measurable criteria used for shortlisting. The Panel must consider and rigorously check equivalent qualifications provided in the application forms and where necessary seek advice from the Retained Recruitment Service/Recruitment Shared Service Centre. This is also applicable for medical posts with the exception of the CCT date (certificate of completion of training) date for those applying for Consultant posts - It is a legal requirement that applicants are on the Specialist Register of the GMC before they can work as a substantive Consultant, however, candidates can apply for posts 6 months in advance of the anticipated completion of training date. This criteria is assessed as 6 months from the interview date rather than the closing date

The Chairperson, in conjunction with the Retained Recruitment Service/Recruitment Shared Service Centre, will ensure that members of the Panel have access to the completed applications on the HRPTS e-recruitment system and that these are examined in light of the agreed criteria. Applicants can only be shortlisted based on the information they have provided in their application form.

Once all Panel Members have completed e-shortlisting on the HRPTS e-recruitment system the Chairperson will be responsible for undertaking consistency checking the outcomes prior to submitting the final shortlisting outcomes to the Retained Recruitment Service/Recruitment Shared Service Centre.

Any significant discussion or debate which the Panel have whilst agreeing the final shortlisting outcomes should be noted. Advice can be sought from the Retained Recruitment Service/Recruitment Shared Service Centre if necessary. Ultimately all Panel Members must be in agreement with the final shortlist of applicants.

Where it has not been previously decided, the Panel may then consider and agree the need for selection aids such as a seen/unseen presentation, typing test, aptitude test etc. These aids may be used as a further short-listing stage of the selection process or as an additional aid for the Interviewing Panel. Further information and guidance on the use of selection aids can be sought from the Retained Recruitment Service/Recruitment Shared Service Centre

Once shortlisting has been completed the HRPTS e-recruitment system will automatically notify all non-shortlisted applicants. The recruitment service will then notify the remaining applicants of the next stage in the recruitment process. If a large number of applicants have been received for a post the Panel may wish to arrange a two stage interview process to fairly identify the most suitable applicants for further assessment. As is the case for all Interview Panel's the first Interview Panel must be appropriately balanced in terms of both gender and community background. There must also be a minimum of two Panel Members involved.

Based on performance at interview the first Interview Panel will then decide who should be invited for a second interview and will notify the Retained Recruitment Service/Recruitment Shared Service Centre. The Retained Recruitment Service/Recruitment Shared Service Centre will then arrange final interviews in conjunction with the Chairperson of the Panel.

3.3. VALUE BASED RECRUITMENT (VBR)

What is values based recruitment?

Values Based Recruitment (VBR) - seeking to recruit staff with values that fit with your organisation.

Within the Belfast Trust, VBR is an approach to help attract and select employees, whose personal values and behaviours align our values. This approach aims to ensure that the Trust has the right workforce, with the right skills, in the right numbers, with the right values, to support effective team working and deliver excellent patient care and experience.

Delivery of VBR in Belfast Trust

Values based recruitment can be delivered in a number of ways, for example through:

- Pre-screening assessments
- Values based interviewing techniques (role play, written responses to scenarios)
- Assessment center approaches, plus others.

Advice and guidance on the utilisation of VBR techniques, assessments or processes should be sought from the Retained Recruitment Service and will also be covered as part of the mandatory Value Based Recruitment training workshops for managers.

3.4. INTERVIEW PREPARATION

The Panel should meet prior to the interview date to prepare/confirm their value based interview questions, expected answers, scoring, pass mark and assessment method. Where appropriate Panel's may choose to use an assessment centre, presentation or testing to supplement the process. All selection and interview criteria and weightings used should derive clearly from the job description and job specification.

Where an applicant has a disability, which has been notified on the application form, the Retained Recruitment Service/Recruitment Shared Service Centre will make suitable arrangements to facilitate their attendance at an interview and/or a test. The Retained Recruitment Service/Recruitment Shared Service Centre will assess the testing methodology against the applicant's disability and will ensure all necessary reasonable adjustments are made. Advice and guidance may be sought from the Occupational Health Department and/or the Employment

Equality team as necessary. It is the responsibility of the applicant to notify the Retained Recruitment Service/Recruitment Shared Service Centre of the need for adjustments in the relevant section of the application form. Further details of reasonable adjustments can be found in the Trust's Guidance on Reasonable Adjustments.

It is the responsibility of the Panel to develop value based questions to be used at interview. All questions must be job-related and reflect the requirements/competencies/values detailed on the job description and specification. All applicants will be asked the same questions in a fair and consistent manner.

Panels should refer to the NHS Healthcare Leadership Model, which provides a single overarching framework for the leadership development of all staff in health and care, irrespective of discipline, role or function when developing interview questions. In addition Panel's should also refer to the Trust's Leadership and Management Strategy and the Trust values when preparing interview questions. Further advice and guidance on how to develop interview questions can be obtained by attending the Trust's recruitment and selection training course. Panels may also find it helpful to refer to the KSF Outline for the post when developing interview questions.

There is no rule about the number of questions an interviewer should ask, however, questions should cover all the areas to be assessed during the interview and must ultimately ensure that all elements of the essential criteria have been assessed, either at shortlisting or at interview.

It is critical that effective questions are asked at interview. Irrelevant or ambiguous questions will not generate the information needed to make a decision and the candidate will go away with a negative impression of the Trust.

Questions should not be asked about health, the effects of disability, marital status, children or other personal circumstances. The use of such questions is likely to constitute unlawful discrimination.

If a person has stated on their application form that they have a disability questions should not be asked about their disability but rather about whether any reasonable adjustments are required in order for them to perform the role. Further guidance can be found in the "Policy on the Employment of People with Disabilities".

Confidentiality must be observed at all times. Anyone who reveals interview questions to a candidate prior to interview will be subject to formal disciplinary action.

3.5. THE INTERVIEW

The aim of the interview is to collect the information required to assess how well the candidate meets the specific requirements of the job. A secondary aim is to give the candidate information about the job and the Trust.

All applicants should be measured against the Panel's agreed assessment method. The Panel, where appropriate, should also take into account the result(s) of any additional selection aids that have been used.

Each Panel Member must score each applicant independently and complete an interview assessment form for each applicant interviewed. This form will contain the questions asked by each Panel Member and a written record of the candidate's responses. These should include questions regarding issues arising from the application form.

It is the responsibility of the Chairperson of the Panel to ensure that some general questions, for example, regarding gaps of their application form, gaps in employment, inappropriate referees listed are raised during the interview. Any gaps in an employment record should be explored and explanations recorded. The interview assessment form provides Panels with guidance on what to cover during the opening of the interview. Further to Equality Commission Guidance, candidates should not be asked questions in relation to their health.

All candidates must be asked the same questions, however, any gaps or omissions in the application form should also be explored at interview as referred to in the above paragraph.

Candidates must be assessed on their answers to the interview questions and not on any outside knowledge the Panel may have of them or on any subjective basis (e.g. 'gut feelings' or internal views of other managers).

Following completion of all interviews the Panel will consider who should be offered the post, based on interview performance, and, if appropriate, who should be placed on a waiting list.

Interviewers can discuss large discrepancies between scores but care should be taken to ensure that a Panel Member is not coerced into changing their ratings. Where scores are changed a record should be kept of the reason for the change. Each Panel Member is equally accountable for the decision making process. Notes should be made about the discussions and process adopted and how the final decision was reached, so that information is available if a complaint or claim of unlawful discrimination is made.

The interview outcomes which record the decision of the Panel should then be completed on-line by the Chairperson. The Chairperson should arrange the return of all documentation, including each panel member's independent interview assessment forms, scoring methodology, printed application forms and any other handwritten notes relating to the selection process etc. to the Retained Recruitment Service/Recruitment Shared Service Centre for storage.

Where appropriate a reserve candidate, and/or those to be placed on a waiting list, will be recorded on the on-line interview outcome record. A reserve candidate is one who, in the event of the successful candidate not taking up post, would be automatically offered the post. Once the person has taken up post their reserve status becomes void.

3.6. NOTIFYING CANDIDATES

Following receipt of the interview outcomes from the Panel, the Retained Recruitment Service/Recruitment Shared Service Centre will communicate to all applicants, the outcome of their interview. If candidates were successful at interview their offer of employment will be conditional subject to certain pre-employment checks. Confirmed offers of employment will only be made once all pre-employment checks have been completed.

Emails to successful and unsuccessful candidates should normally be sent simultaneously, if appropriate.

Where a Chairperson wishes to inform applicants of the outcome of their interview, they must first obtain approval for this from the Retained Recruitment Service/Recruitment Shared Service Centre. In such cases, the Chairperson will be responsible for ensuring that all applicants are informed of their outcome at the same time. In the event that a post is not filled due care should be taken by the Chairperson to ensure that all interviewees have been informed of the outcome before a post is submitted for re-advertisement.

3.7. PRE-EMPLOYMENT CHECKS

The Trust is required under legislation and departmental guidance to conduct a range of pre-employment checks. These checks will not be used for short-listing or selection purposes and will only be made in respect of persons to whom we have made a conditional offer of appointment.

3.7.1. Verification of Identity
The Retained Recruitment Service/Recruitment Shared Service Centre verify an applicant's identity by requiring them to produce identification documents as detailed in Annex 1. A copy of an applicant's photographic identification documentation is retained on their personal file.

3.7.2. Access NI Check
Retained Recruitment Service/Recruitment Shared Service Centre will ensure that an AccessNI check is undertaken for all staff appointed into regulated posts. Further information on the definition of regulated activity, and the type of checks that can be undertaken, can be reviewed on the AccessNI website.

3.7.3. Professional Registration/Qualifications
The Retained Recruitment Service/Recruitment Shared Service Centre will carry out checks on professional registration and qualifications that are listed as essential criteria in the job specification.

A copy of the applicants qualification certificates and a print out from the professional bodies website will be retained on their personnel file.

Further details on professional registration can be found in the Registration Policy.

3.7.4. Alert List

The Regional Recruitment Shared Service Centre maintains an alert database which contains details of individuals whose performance or conduct may place patients or staff at serious risk.

The Retained Recruitment Service/Recruitment Shared Service Centre checks the alert letter database prior to forwarding a final offer to ensure that the applicant is not the subject of an alert.

3.7.5. References

All appointments are subject to two satisfactory references being received, with the exception of appointments to medical consultant posts which require three current satisfactory references, one of which must be from the applicant's most recent employer and be someone who has knowledge of the applicants work in a supervisory/managerial capacity, or if never employed, someone who knows them well enough to confirm the information which they have given. If the applicant was ever employed by the NHS or HPSS one of their references must be from a manager or supervisor where they were last employed. The Trust reserves the right to contact any of the previous employers on the application form.

The Retained Recruitment Service/Recruitment Shared Service Centre will obtain references using a standard pro-forma, and will require the Chairperson of the Panel to sign off all references prior to making an offer of employment. Referee reports will normally only be requested for successful applicants.

It is preferred that referees are not normally a member of the applicant's Interviewing Panel. The only exception is where the Panel Member is the only individual in a position to comment on the applicants current work.

Assessors are prohibited from providing applicant references as the purpose of the assessor is to provide independent professional advice.

References should only be considered after the assessment process has been completed and the Panel has come to a decision regarding the successful applicant(s). References should not be used by Interview Panels as a means of deciding between two or more candidates, as to who is appointed. This would allow subjective information from someone who is outside the selection process, to influence the final decision.

3.7.6. Pre-employment Health Assessment

All successful applicants are required to undertaken a pre-employment health assessment prior to taking up employment.

However, if the applicant is a current employee of the Trust and the Chairperson of the Panel confirms that there is no change of risk between their current job and the one that they have applied for, then a pre-employment health assessment may not be required. If the Chairperson is unable to determine if there is no change to risk then a health assessment should be requested.

3.7.7. Work Permit / Visa

If an applicant is not a British Citizen or a citizen of one of the EEA countries then they will require a certificate of sponsorship prior to taking up employment. There are however certain exceptions including:

- An EEA National;
- A Swiss National;
- A family member of an EEA or Swiss National who is in the UK exercising their treaty rights or a family member of an EEA or Swiss National who intends to join them in, or is travelling with them to the UK;
- A Citizen of Gibraltar;
- A Common Wealth Citizen with permission to stay in the UK.

Further information on applying on work permits can be found in the Trust's Work Permit Policy. Where a work permit is required the Recruitment Team will keep the manager fully updated on the current status of the work permit application request.

3.8. REQUESTS FOR FEEDBACK/INFORMATION

Verbal feedback will, where possible, be made available to applicants following request. Feedback should normally be provided by the Chairperson and another member of the Panel.

The purpose of feedback is for developmental reasons. Therefore all feedback should be constructive and focus specifically on the interview performance of the particular candidate. It should cover what went well and what they could do to improve. Information regarding other candidates' results or performance must be kept strictly confidential and not divulged to the candidate. Comparisons between candidates must not be made.

Under the Data Protection Act, applicants may request access to personal data which relates to them. Where candidates request access to such records then a fee of £10 may be charged to cover the administrative costs of such requests.

3.9. COMPLAINTS

The Trust is committed to ensuring the recruitment and selection of staff who are best able to perform the job. As part of that commitment, the Trust makes every possible effort to take all reasonable steps to ensure that the best practice outlined in this policy is achieved and maintained in all circumstances. However should an applicant have a complaint about the process followed then they should forward the details of their complaint to the Human Resources Manager (for Medical and Dental Posts) or the Recruitment Shared Service Manager (for all other posts). The Human Resources Manager/ Recruitment Shared Service Manager will forward the applicant an acknowledgement of their complaint within three working days detailing who is handling the complaint and when they can expect a reply. If required, arrangements will be made for the Recruitment Team and/or the Chairperson of the Panel to meet with the complainant regarding the nature of their complaint. The complaint will be investigated and responded to fully within 20 working days by the Retained Recruitment Team/Recruitment

Shared Service Team. Where the complainant has a disability the response will, on request, be communicated in an appropriate format. If it is not possible to respond within this timescale the Human Resources Manager will provide the complainant with a written explanation for the delay and details of when a response can be expected.

3.10.   APPEALS

If the complainant is dissatisfied with the response provided by Human Resources Manager/Recruitment Shared Service Manager, they can appeal to the Senior Human Resources Manager. The complaint will be investigated and responded to within 20 working days. The decision of the Senior Human Resources Manager is final.

3.11.   RECORD RETENTION

Decisions of Appointment Panels will be systematically recorded. As required by the Trust's Record Retention Disposal Schedule the Trust/Recruitment Shared Service Centre will retain, for five years all recruitment documentation relating to medical and dental consultant appointments and three years for all other appointments.

As all records relating to a recruitment exercise are discoverable documents all Panel members must give due record to the proper and professional recording of information.

3.12.   FALSE DECLARATION

If it comes to light during the recruitment process that an applicant has provided false information, or has left out important information, on their application form then the Trust may disqualify the applicant from the selection process.

Policy Code: BHSCT/HR/ (02) 2021

Title:	Induction Policy and Management Guidelines			
Policy Author(s)	Elaine Kehelly, Senior Manager, People and Organisational Development ███████████████████			
Responsible Director:	Jacqui Kennedy, Director of Human Resources and Organisational Development			
Policy Type: (tick as appropriate)	*Directorate Specific ☐		Clinical Trust Wide ☐	Non Clinical Trust Wide ☒
If policy type is confirmed as ***Directorate Specific** please list the name and date of the local Committee/Group that policy was **approved**				
Approval process:	Trust Policy Committee Executive Team		**Approval date:**	05/08/2021 25/08/2021
Operational Date:	August 2021		**Review Date:**	August 2026
Version No.	4	**Supercedes**	V3 – September 2017 – September 2022	
Key Words:	New employees, transition, induction, employee engagement			
Links to other policies				

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1.0 <u>INTRODUCTION / SUMMARY OF POLICY</u>

This policy addresses both corporate and local induction requirements, that is, Corporate Induction which all new to Trust employees must undertake and also Local Induction which is designed for staff new to post.

1.1 Background

The Belfast Health and Social Care Trust (BHSCT) is the largest single employer in Belfast providing employment to more than 20,000 staff. The Trust is committed to supporting new employees in their successful transition into our Organisation and into their new department/role.

We recognise that by providing a timely and robust induction for all new to Trust staff and staff new to role, it will enhance employee engagement and job satisfaction. Research has clearly shown that a well-designed and implemented induction programme will reinforce a new employee's job choice, and enhance their job satisfaction and levels of engagement.

Induction is an important organisational tool which helps to ensure that staff have an effective introduction to the Belfast Health & Social Care Trust and to their role. Delivered effectively, it creates a positive relationship between employer and employee and supports the post holder in making an effective contribution at an early opportunity, thus assisting the Trust to maximise the capacity of our biggest resource – our people. Furthermore, it is a requirement of quality standards such as controls assurance and Investors in People and assists new staff to feel part of the broader Trust community.

Induction in the Trust is a two-fold process consisting of:

- New Trust Welcome Programme issued to all new to Trust Staff which includes; the corporate position of the Trust including details of the Trust, Aim, Vision and HSC Values in addition to core Statutory and Mandatory training.
- Local Induction is mandatory for all staff new to Trust / Department / Role. This will consist of departmental orientation arrangements to include detailing job requirements, processes, procedures and policies.

1.2 Purpose

This policy identifies the steps that should be taken to ensure a well-designed induction process is completed both at a corporate and local level for all Trust staff and the arrangements in place to meet our obligations as an employer.

The purpose of this policy is to outline the importance of the induction process and the minimum standards required for the induction of staff both at a

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corporate level through the Trust Welcome Programme and at departmental / local level through a structured approach.

Induction is an important organisational tool that helps to ensure that staff have an effective introduction to the Belfast Health & Social Care Trust and to their role. Delivered effectively, it creates a positive relationship between employer and employee and supports the post holder in making an effective contribution at an early opportunity, thus assisting the Trust to maximise the capacity of our biggest resource – our people.

Furthermore, it is a requirement of quality standards such as controls assurance and Investors in People and assists new staff to feel part of the broader Trust community.

1.3   Objectives

The objectives of this Induction Policy are:

- To provide a consistent approach to induction across the Trust.
- To ensure every new employee is welcomed to the Trust, receives appropriate essential information about the Trust and their role and gains an understanding of the Trust's purpose, objectives, values and behaviours.
- To ensure new staff are orientated sufficiently, enabling them to commence their employment in a positive and supportive environment thus promoting long-term staff retention.
- To support the safety of our staff, patients and service users by ensuring Statutory and Mandatory training is completed at the earliest opportunity.
- To ensure that staff who are new to post are adequately supported to deal with the transition to and the requirements of their new role.
- To support staff in carrying out their duties safely, effectively and efficiently.

2.0   <u>SCOPE OF THE POLICY</u>

The Policy applies to all new to Trust staff and those staff who have changed role within the Trust. This includes staff from the following professional groupings:

- Admin & Clerical
- Estates
- AHPs
- Medical and Dental
- Nursing & Midwifery
- Professional & Tech
- Social Services

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● Support Services and User Experience

Please note that aspects of the policy which refer to the Trust Welcome Programme are relevant only to staff who have been newly appointed to the organisation.

This policy does not apply to Agency Staff in that they will not undertake the Trust's Welcome programme. Managers responsible for the engagement of Agency staff must ensure that they receive a local induction/orientation of the relevant area to include fire safety. Managers should refer to the Belfast Trust protocols for engagement of agency staff. The protocols can be found on the HR Policy and guideline section of the Trust Intranet.

Managers should adapt the local induction template (appendix 1) to inform local induction/orientation for Agency Staff. Managers need to ensure that the induction/orientation is appropriate and sufficient to meet the needs of the service and also the role that the agency staff member will undertake.

Medical and Dental Staff in Training are not covered within the scope of this policy. Managers responsible for the induction of Medical and Dental staff in training should contact the medical education team for further advice and guidance.

Trust volunteers will not routinely undertake the Trust Welcome Programme.

3.0   ROLES AND RESPONSIBILITIES

3.1   Trust Responsibilities:

- To provide all new to Trust staff with access to the Trust's Welcome Programme for all new employees as part of their onboarding process
- To provide guidance on local induction procedures to managers.
- To ensure all new appointees receive access to the Trust Welcome Programme in advance of taking up post.
- To ensure that completion of the Trust Welcome Programme is monitored and recorded to support governance arrangements.
- To ensure the Trust Welcome Programme is evaluated and updated as necessary

3.2   Manager Responsibilities:

- To ensure that all new staff complete the Welcome Programme prior to taking up post.
- To ensure the provision of an effective local induction for all new staff. Appendix 1 contains an Induction Checklist which includes the core

elements of local / and departmental induction. The checklist may be tailored to reflect departmental / Service requirements, and should be completed in the first month of employment or within an appropriate timescale to ensure the process is meaningful and comprehensive.

- To review local induction arrangements and ensure they are appropriate for new staff.
- To maintain records of completion of local induction and their arrangements.
- To satisfy themselves that a new member of staff has been adequately inducted to carry out their duties.
- To identify a preceptor / supervisor / buddy, as appropriate, for the new member of staff.
- To initiate the Staff Development Review KSF process with the inductee and ensure the relevant KSF Foundation for the post is used to inform the induction process and the agreement of the development needs during the first year.
- To ensure statutory mandatory training requirements are completed within an agreed timescale.
- To ensure that staff have an understanding of the HSC values and behaviours.
- To ensure that staff have read and understood key Trust policies and maintain a record.

3.3   Individual Responsibilities:

- To complete all Statutory and Mandatory training requirements
- Complete their local / departmental induction with their manager.
- Ensure training and development records are kept up-to-date
- Ensure they are confident that they have been provided with the appropriate skills and knowledge to undertake their role.
- Where an individual is concerned that they are not yet able to fulfil their role safely and competently, they should inform their manager as soon as possible.
- Adhere to the policies and safety measures whilst working within the Trust.
- To read key Trust policies as identified by their Manager and confirm their understanding.
- Acknowledge and adhere to HSC values and behaviours.

3.4   Responsibilities of HR People and Organisational Development Team:

The HR People and Organisational Development Team will coordinate and manage the onboarding process for new to Trust staff. This will include:

- Manage and oversee the Trust Welcome Programme.
- Obtain feedback and evaluate the Trust Welcome Programme

- Ensure all communications contained within the Trust Welcome Programme issued to new staff is relevant and up to date
- Ensure an invite to complete the Trust Welcome Programme is issued to all new to Trust staff within the agreed timeframe.
- Record attendance and update staff training records on HRPTS for all Core Mandatory Training completed as part of the Trust's Welcome Programme
- Inform managers as to the compliance/non-completion of their new to Trust staff member for the Trust Welcome Programme.
- Advise managers which staff have completed the Trust Welcome Programme in their own time and are therefore entitled to time back in lieu as agreed.
- Ensure measures are taken to increase completion of onboarding training
- Ensure all new to Trust staff are encouraged to submit the required information to the security team to enable ID pass to be issued on day one of employment
- Monitor compliance with onboarding process

4.0 CONSULTATION

This policy has been subject to consultation with Directors, Co-Directors and Senior Managers across the Trust. Trade Unions have been consulted through the Learning and Development Sub Committee

5.0 POLICY STATEMENT/IMPLEMENTATION

The Belfast Trust is committed to supporting new employees to make a successful transition into our organisation. We believe that providing a timely induction will enhance employee engagement and job satisfaction. Research has clearly shown that a well-designed and implemented induction programme will reinforce a new employee's job choice, and enhance their job satisfaction and levels of engagement.

Ensuring that newly appointed staff have the support and resources they need, including a welcoming environment and clear expectations from their line managers, will contribute to a positive induction experience, which ultimately the Trust and our patients and clients will benefit from.

Employers have a duty to provide information, as is reasonably practicable, to ensure health and safety in the workplace. Furthermore, it is a legal requirement under the Management of Health & Safety Regulations (NI) 2000 to provide adequate health & safety training. The Approved Code of Practice supporting these Regulations advises that new employees should receive basic induction training on health & safety, that particular attention

should be given to the needs of young workers and that risk assessments should indicate further specific training needs. Statutory / Mandatory training requirements will be identified during the induction process and attendance/completion organised within the agreed timescales.

5.1   Policy Statements

It is mandatory for all newly appointed staff to the Trust (**excluding medical and dental staff in training, to whom separate arrangements apply**) to complete the Trust Welcome Programme. Completion of the Trust Welcome Programme will be monitored for compliance.

Corporate and local induction are essential components of the Trust's governance framework, therefore staff new to the trust as well as new to post must comply with the contents of this policy.

All new staff must complete a comprehensive and structured local (i.e. within their department) induction process on commencement of their new post. Nurses, Midwives and Nursing Assistants/Senior Nursing Assistants, new to the Trust, attend a specific induction programme.

All staff who change post should also receive a sufficiently robust local induction in line with the requirements of their new role and the needs of the particular department.

Staff induction is an important aspect of managerial responsibility and should be planned and organised to ensure that new staff, and those new to their role, have a robust orientation to the department and their role. Induction should be approached in a facilitative way in order to meet the needs of each individual and will be influenced by the different methods available within the Trust, for example, shadowing, mentoring, coaching, placements, 'on the job training' etc.

The Trust will support the process with the provision of appropriate learning and development opportunities and has developed a generic checklist to guide managers (see Appendix 1). Managers must also refer to the Trust's health and safety induction checklist available from Trust health and safety managers. Checklists should be shared with the staff member and signed off. They may also be supplemented to meet local needs to ensure a comprehensive induction for the individual.

For staff new to the Trust and those new to post, the line manager will identify the statutory and mandatory training requirements with reference to the Statutory / Mandatory Training Policy and subsequently agree timescales for attendance / completion of training.

Managers will also need to take account of any specific induction requirements set out by professional bodies e.g. NMC, GMC, and NISCC etc.

The following points should be considered when organising an induction programme:

- It is the responsibility of the line manager to facilitate local induction arrangements for all staff. An individual within the team should be assigned to ensure that the new staff member is welcomed and that all elements of the induction programme are completed.
- New registrants to be assigned a preceptor, coach, buddy or mentor to support the inductee.
- The duties, role and responsibilities of the new staff member should be detailed and clarified as necessary.
- Core elements of the knowledge and skills to be achieved should be detailed with clear information as to how and when they are to be attained. The achievement of these will also contribute to other processes e.g. Staff Development Review (SDR).
- The induction process should be considered as a pathway linked to continuous professional / occupational and/or personal development.
- Adequate support and supervision should be provided to enable the individual to undertake the full role and responsibilities of the post. It should be recognised that this will vary with each individual, dependent on previous experience, training and development.
- In addition to the Trust Welcome Programme and specific induction, new Nursing and Midwifery registrants will also be required to undertake a period of preceptorship over the first 6 months of employment. This period of preceptorship will require completion of a satisfactory practice related portfolio to meet NMC recommendations and support transition from student to registrant
- Nursing Assistants and Senior Nursing Assistants new to the role or post should complete a mandatory induction programme prior to commencing post.
- All new Social Work and Social Care staff who are subject to mandatory registration with NISCC must successfully complete the NISCC [2007] Induction Standards NI. The NISCC registrant will be registered with the condition that they complete the Induction Standards within a three to six month period. The assessing manager will have the responsibility to sign off a Certificate of Successful Completion.
- The Trust's Leadership and Management Framework 'Being Belfast' must be shared with newly appointed staff by their Line Manager. These documents set out what is expected and required of leaders/managers in the Trust.

Completion of the Trust Welcome Programme will be recorded and monitored by the HR People and Organisational Development team. Completion of the Welcome Programme by new staff will be recorded and managers will be informed of their new staff's compliance/noncompliance.

The monitoring of local induction procedures is the responsibility of Directorates and they should put in place such arrangements to ensure that induction is carried out effectively.

New to Management: Newly appointed / promoted managers will have specific induction needs depending on their previous experience. As part of the induction process, due care should be taken by the person facilitating the induction, to identify the learning & development needs of new managers and put in place a specific training programme to ensure that they can perform effectively as managers.

As part of this induction, new managers must be provided with the Trust Leadership & Management Framework Being Belfast and Employee Engagement Framework (Links to both resources are available in the induction checklist). The resources set out the knowledge, actions and behaviours expected of leaders and managers in the Belfast Trust. The resources also contain information to help those new to role within their first 100 days as well as a useful managers' tool kit with a range of resources including fact sheets, videos, top tips, articles and information on accessing training. All new managers must ensure they fully understand the key policies and procedures relating to their managerial role.

Appendix 1 sets out a list of recommended people management training courses which should be completed by managers who have responsibility for managing staff.

Appendix 2 sets out the list of key policies managers must provide to new staff. It will be important that the new staff member confirms receipt that they have read and understood the policy.

The Knowledge and Skills Post Outline (Foundation level) will be used to ensure newly appointed staff understand what is expected of them in their post by describing what knowledge and skills are needed to do their job safely and effectively.

The KSF post outline will support Personal Development Planning which is part of the annual Staff Development Review process (SDR). It gives a focus for the development needs against what is required for the job.

The SDR process will apply to all staff (including bank and temporary staff) with the exception of Medical and Dental staff who have separate arrangements for their appraisal.

5.2 Review

This policy will be reviewed on a three yearly basis in consultation with key stakeholders and Trade Union Representatives.

5.3 Dissemination

This Policy should be disseminated throughout the Trust as it applies to all Belfast Trust staff

This policy must be implemented immediately from date of issue.
in order to assess the operational effectiveness of this policy a review will be undertaken at regular intervals and not later than five years following implementation, in partnership with Trade Unions.

5.4 Resources

Further information about this policy can be obtained from:
Human Resources
People & Organisational Development Department
3rd Floor McKinney House
Musgrave Park Hospital
Stockman's Lane
Belfast
BT9 7JB
Tel: 028 961 59615 Or by email: hrpod@belfasttrust.hscni.net

5.6 Exceptions

This Policy does not apply to Agency Staff or Medical and Dental staff in training. Managers responsible for the local induction of Agency Staff should refer to the Belfast Trust Guidelines on Local Induction for these groups of staff as outlined in section 2.0 above.

6.0 MONITORING AND REVIEW

The HR People and Organisational Development (HRPOD) Team will be responsible for monitoring the overall compliance of the Trust Welcome Programme aspect of the Policy. The HR POD team will also issue communications to recruiting managers in order to advise of new staff's compliance. Local induction compliance will be monitored at a local level by manager.

7.0   EVIDENCE BASE/REFERENCES

7.1   Sources(s) / Evidence Base:

This Policy is based on Human Resources best practice. The guidelines in this policy ensure the Trust's compliance with mandatory requirements covered in legislation e.g. health and safety. They also offer an equitable and good practice approach to ensure effective and meaningful employment activity.

The following should be read in conjunction with this policy:

- Trust Equality and Support-related policies
- H&S Policy – Risk Assessment & Safety at Work
- Trust Learning & Development Strategy
- HSC Values
- Core Statutory and Mandatory Training Policy
- Managers Guidelines for new to Trust induction

7.2   Additional reference sources:

- Health and Safety at Work (NI) Order 1978
- Management of Health and Safety at Work Regulations 1999 as amended in 2003
- Young People at Work – a Guide for Employees
- Child Protection Policy
- Access N.I. Implementation Arrangement
- BHSCT Protocol for the Recruitment and Employment of staff under the requirements of the Safeguarding Vulnerable Groups (NI) Order (SVGO) 2007 and Vetting & Barring Scheme Interim Guidance (pending)

7.3   References, including external guidelines:

- CIPD (2009) "CIPD Factsheet: Induction" http://www.cipd.co.uk/subjects/recruitmen/induction/induction.htm
- Lincolnshire Primary Care Trust (2006) "Induction Policy"
- Brighton and Sussex University Hospitals (2006) "Induction Policy & Procedure"
- The Queen Elizabeth Hospital King's Lynn NHS Trust "Induction Policy" (2010)
- Royal Marsden NHS Foundation Trust Policy (2014)
- Belfast Trust "Guidelines for local induction of medical staff"
- Belfast Trust "SDR Guidance Notes"
- Management of Health & Safety Regulations (NI) 2000
- Belfast Trust Health & Safety Induction Checklist
- Belfast Trust Statutory Mandatory Training Policy
- Belfast Trust Leadership & Management Framework

8.0   APPENDICES

Appendix 1   Induction Checklist and Key Documents
Appendix 2   Policies and Procedures
Appendix 3   Working Time Regulations, Dual Employment Form

9.0   NURSING AND MIDWIFERY STUDENTS

Nursing and/or Midwifery students on pre-registration education programmes, approved under relevant 2018/2019 NMC education standards, must be given the opportunity to have experience of and become proficient in the **Induction Policy and Management Guidelines**, where required by the student's programme. This experience must be under the appropriate supervision of a registered nurse, registered midwife or registered health and social care professional who is adequately experienced in this skill and who will be accountable for determining the required level of direct or indirect supervision and responsible for signing/countersigning documentation.

Direct and indirect supervision
- Direct supervision means that the supervising registered nurse, registered midwife or registered health and social care professional is actually present and works alongside the student when they are undertaking a delegated role or activity.
- Indirect supervision occurs when the registered nurse, registered midwife or registered health and social care professional does not directly observe the student undertaking a delegated role or activity. (NIPEC, 2020)

This policy has been developed in accordance with the above statement.

Wording within this section must not be removed.

10.0   EQUALITY IMPACT ASSESSMENT

The Trust has legal responsibilities in terms of equality (Section 75 of the Northern Ireland Act 1998), disability discrimination and human rights to undertake a screening exercise to ascertain if the policy has potential impact and if it must be subject to a full impact assessment. The process is the responsibility of the Policy Author. The template to be complete by the Policy Author and guidance are available on the Trust Intranet or via this **link**.

All policies (apart from those regionally adopted) must complete the template and submit with a copy of the policy to the Equality & Planning Team via the generic email address equalityscreenings@belfasttrust.hscni.net

The outcome of the equality screening for the policy is:

Major impact ☐
Minor impact ☐
No impact ☐

Wording within this section must not be removed

11.0 DATA PROTECTION IMPACT ASSESSMENT

New activities involving collecting and using personal data can result in privacy risks. In line with requirements of the General Data Protection Regulation and the Data Protection Act 2018 the Trust considers the impact on the privacy of individuals and ways to militate against any risks. A screening exercise must be carried out by the Policy Author to ascertain if the policy must be subject to a full assessment. Guidance is available on the Trust Intranet or via this **link**.

If a full impact assessment is required, the Policy Author must carry out the process. They can contact colleagues in the Information Governance Department for advice on Tel: 028 950 46576

Completed Data Protection Impact Assessment forms must be returned to the Equality & Planning Team via the generic email address equalityscreenings@belfasttrust.hscni.net

The outcome of the Data Protection Impact Assessment screening for the policy is:

Not necessary – no personal data involved ☐
A full data protection impact assessment is required ☐
A full data protection impact assessment is not required ☐

Wording within this section must not be removed.

12.0 RURAL NEEDS IMPACT ASSESSMENT

The Trust has a legal responsibility to have due regard to rural needs when developing, adopting, implementing or revising policies, and when designing and delivering public services. A screening exercise should be carried out by the Policy Author to ascertain if the policy must be subject to a full assessment. Guidance is available on the Trust Intranet or via this link.

If a full assessment is required the Policy Author must complete the shortened rural needs assessment template on the Trust Intranet. Each Directorate has a Rural Needs Champion who can provide support/assistance.

Completed Rural Impact Assessment forms must be returned to the Equality & Planning Team via the generic email address equalityscreenings@belfasttrust.hscni.net

Wording within this section must not be removed.

13.0 REASONABLE ADJUSTMENT ASSESSMENT

Under the Disability Discrimination Act 1995 (as amended) (DDA), all staff/ service providers have a duty to make Reasonable Adjustments to any barrier a person with a disability faces when accessing or using goods, facilities and services, in order to remove or reduce such barriers. E.g. physical access, communicating with people who have a disability, producing information such as leaflets or letters in accessible alternative formats. E.g. easy read, braille, or audio or being flexible regarding appointments. This is a non-delegable duty.

The policy has been developed in accordance with the Trust's legal duty to consider the need to make reasonable adjustments under the DDA.

Wording within this section must not be removed.

SIGNATORIES

(Policy – Guidance should be signed off by the author of the policy and the identified responsible director).

05/08/2021

_____ **Date:** _____
Name:
Title: Senior Manager HR/People & Organisational Development

05/08/2021

_____ **Date:** _____
Name:
Title: Director HR/Organisational Development

<u>Appendix 1 – Induction Checklist and Key Documents</u>

This Induction Checklist template is provided to give managers guidance as to the structure of their local induction process. This is a guidance framework only and managers may use this as a basis to develop an induction checklist which best suits their department. Heads of Department / Managers should consider what additional information, specific to their own area needs to be included and integrated into the checklist.

The induction checklist is used by the line manager to highlight the areas that employees need to be made aware of as soon as they commence post.

Line managers should ensure that every effort is made to cover the whole checklist within the first month of employment.

By the end of the month, the form must be completed, signed off by the employee and line manager and a copy retained on their file.

Managers may wish to consider issuing to employees an induction pack containing useful information relevant to their employment or signposting where the employee can access some key information
- Key documents for the induction pack are as follows, (available on trust intranet) Leadership & Management Framework – Being Belfast
- Learning and Development Portfolio
- Staff Development Review Guidelines
- Knowledge and Skills Framework Post Outline
- Core Statutory & Mandatory Training Policy
- Service Group Management Plan
- Directorate Management Plan
- Equality Diversity and Inclusion Policy
- Attendance Protocol Policy
- Working Time Disclosure Form and Regulations
- Harmonious Working Environment Statement and Joint Declaration of Protection Policy
- Whistle Blowing Policy
- Work Life Balance Flexible Working Policies and Arrangements
- Reward & Recognition Policy
- Health & Safety Policy
- Adverse Incident Reporting Policy
- ICT Security Policy
- Social Media Policy
- Records Management Policy
- Data Protection Policy
- Conflict, Bullying and Harassment in the Workplace Policy
- Child Protection Regional Policy & Procedures

Belfast Health and Social Care Trust

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Departmental / Local Induction Checklist

Name of Employee:

Band:

Job Title:

Department:

Line Manager:

Date of Commencement of post:

KFS Gateway Review Dates
Foundation

Second

LOCAL INDUCTION CHECKLIST TEMPLATE

This checklist is to ensure that all aspects of your local induction are covered in a timely and effective manner. If you feel that any area has been missed, and you require further information, please bring it to the attention of your Line Manager.

Item	Manager initials and date	New Starter initials and date
1. Trust and Directorate		
Introduction to the team / department within the context of the Belfast Trust. (You may wish to refer to documents such as the Corporate Plan, Directorate Management Plan and organisational charts).		
Introduction to HSC Regional Values stipulating the importance of behaviours aligned against these values. Trust Values: • Working Together • Excellence • Openness & Honesty • Compassion Working together Excellence Openness & Honesty Compassion		
Introduction to the team and identification of key members of staff. List of key contacts with telephone numbers.		
Signpost staff to the Information and Welcome site which sets out key information to new starts.		
Tour of department and building including facilities e.g. Canteen, kitchen and toilets.		
Introduction to the department operating procedures and quality standards		

Item	Manager initials and date	New Starter initials and date
Explain the nature of the Chief Executive's Team Brief/podcasts and protocol for communication including arrangements for team meetings. This enables staff to stay up to date with Trust and Directorate developments.		
Car Parking / transport arrangements		
Fire Evacuation Plan		
Explain on call / bleep arrangements and use of telephone system and/or mobile telephones		
Introduce the Intranet and highlight the availability of Trust policies and information.		
Introduce Computer Systems e.g. FPL (Finance, Procurement and Logistics), HRPTS (Human Resources, Payroll, Travel & Subsistence)		
ICT Security Policy & Social Media Refers to electronic passwords, transfer of information, email and use of social media		
Data Protection Policy and Records Management Policy Refer to these concerning issues regarding the handling of personal data and Subject access issues.		
Equal Opportunity Refers to the promotion of equality of opportunity, the prevention of unlawful discrimination and compliance with statutory obligations		
Issue of identity badge / security pass		
2. Terms and Conditions		
Clarification of Job Description		
Outline expectations of the post		

Item	Manager initials and date	New Starter initials and date
Work Life Balance and clarification of agreed flexible working arrangements Refer to Flexible Working Policy, flexi-time, compressed hours etc.		
Hours and times of work and lunch break arrangements		
Procedure for reporting absence from work		
Highlight Probation Period (six months)		
Brief on annual leave entitlement – bookings, timings, special leave arrangements		
Explain arrangements regarding overtime and time off in lieu (TOIL)		
3. Financial		
Pay arrangements Explanation of how and when the staff member will receive pay and the contact in Salaries and Wages should there be any queries		
Travel / Expense Claim arrangements		
Procedures for requisitioning of goods and services / budgetary management. Explanation of authorisation framework.		
4. Induction for Post-holders in Management Roles		
Leadership & Management Framework 'Being Belfast'		
Continuing Professional Development A number of learning and development programmes have been identified to support the Manager in their role, and specifically people management. These include: • The Engaging Manager • Quality Level 1 Attributes Framework		

Item	Manager initials and date	New Starter initials and date
• Managing Attendance • Recruitment & Selection • Staff Development Review • New Managers Toolkit on HR Processes • Mandatory Equality Training for Managers • Managing People's Performance • Communication Skills • Managing and Leading Change • Disciplinary / Grievance / Capability Procedure		
Employee Involvement and Engagement Employee Engagement Framework and importance of Line Manager role		
Team Effectiveness Importance of building effective team relationships.		
Effective Communication Details of systems and processes to support communication, including the Trust Intranet, Corporate notifications and other localised methods such as huddles. Also reference to formalised training such as effective communication available as part of the HR Learning and Development portfolio.		
5. Learning & Development		
Post Outline which sets out the expected knowledge and skills for each post.		
Outline the Staff Development Review process, including Personal Development Planning.		

Item	Manager initials and date	New Starter initials and date
Statutory Mandatory Training Policy Identify the statutory and mandatory training required as per Policy and agree timescales and frequency for attendance / completion of training. Statutory Mandatory training requirements for all staff include: • Trust Welcome Programme • Local Induction • Fire Safety Awareness Training • Health & Safety Awareness Training • Equality for All Staff • Data Protection Training • Adverse Incident Reporting • Manual Handling Theory • Safeguarding Awareness • Quality 2020 • Adverse Incident Reporting Briefing on the eLearning site Any other specific Mandatory training as identified as per staff group.		
Refer to Learning & Development Portfolio & Learning and Development Site on the Intranet.		
Explain the Human Resources, Payroll, Travel and Subsistence		
Assistance to Study Policy		
Consent Policy		

6. Health and Safety		
Please Refer to Health and Safety induction checklist and information. (available on the Trust Intranet site)		
Ensure staff member has completed Dual Employment form in Appendix 3		

I confirm that this local induction Policy have been read and understood. I will ensure the principles and guidance set out in this Policy are adhered to during my employment in the Belfast Trust.

Signed Employee: _____ **Date:** _____

Signed Manager: _____ **Date:** _____

Appendix 2 – Policies & Procedures

In addition to the key Trust policies set out in Appendix 1 there is an extensive list of Trust policies and procedures that are listed on the Trust's intranet. It is essential that the Manager must determine in relation to the role, the policies which should be read and understood. Managers may also wish to add any additional Directorate level protocols and procedures.

Policies include:

Policy	Manager Initial & Date	New Start Initial & Date
Human Resources		
HR Policies		
- Attendance Protocol Policy		
- Alcohol and Drugs in the Workplace – Prevention & management		
- BWell Website and App		
- Capability Procedure.		
- Conflict, Bullying and Harassment in the workplace		
- Core Statutory and Mandatory Training Policy		
- Disciplinary Procedure		
- Domestic and Sexual Violence and Abuse in the Workplace		
- Employment of people with Disabilities - Disability Etiquette and Reasonable Adjustment Guidelines for Managers		
- Employment of Overseas workers		
- Equality and diversity policy		
- Flexible Retirement Policy		
- Gender Identity and Expression Employment Policy		
- Grievance Procedure Policy		
- Harmonious Working Environment Statement		
- Sharps Injuries and blood and body fluid exposures		
- Induction Policy and Management Guidelines		
- Organisational Change and the Staff Redeployment Protocol		

Policy	Manager Initial & Date	New Start Initial & Date
- Manual Handling Policy and Procedural Arrangements		
- Mediation Policy and Procedure		
- Placement Activity Policy		
- Recruitment and selection		
- Reward & recognition Policy		
- Restrictive Interventions for Adults and Children's Services Policy		
- Registration & Verification Policy		
- Relocation Associated Expenses Policy		
- Reward and Recognition Policy		
- Special Leave Policy		
- Study Assistance Policy		
- Safer Recruitment and Employment Alert Notice System and Procedure Internal Operating Procedure		
- Whistleblowing Policy		
- Work Experience Placement Policy		
- Work Life Balance Policy		

Policy	Manager Initial & Date	New Start Initial & Date
- Special Leave Policy		
- Study Leave Policy		
- Temporary Across Site Relocation Protocol		
- Working time Disclosure Form & Regulations		
- Work Experience Placement		
- Work Life Balance Policy		
- Whistleblowing Policy		
- Conflict, Bullying and Harassment Policy		
- **Communication**		
- Freedom of Information Act 2000 - Policy on the		
- Social Media Policy		

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Finance		
- Environmental and Sustainability including Energy Policy		
- Fraud Policy Statement		
- Travel and Expenses Handbook policy		
- Gifts & Hospitality Policy		
- **Estates Management**		
- Asset Disposal Policy		
- Fire Safety Policy - Appendix 1 - Fire Manual		
- Fire Safety Policy Inc. Procedure for Management of Oxy Acetylene		
- **Performance, Planning & Informatics**		
- Access to Patient Client and Personal Records - Policy for Processing Requests for		
- Access to Patient Client and Personal Records - Policy for Processing Requests for		
- Fax Policy		
- Records Management Policy		
- Record Retention and Disposal Schedule		
- Transportation of Records		

Policy	Manager Initial & Date	New Start Initial & Date
IT & Telecommunications		
- ICT Policy		
- ICT Security Policy		
- **Performance Management**		
- Access to Patient Client and Personal Records - Policy for Processing Requests for		
- Access to Patient Client and Personal Records - Policy for Processing Requests for		
- Integrated Elective Access protocol		
- Patients who cancel or Do Not Attend Outpatient Appointments		
Medical -		
- Adverse Incident Reporting Policy		
- Health & Safety Policy		
- Screening & Vaccinations policies – HEB A, MMR, TB, VZV, Staff against		
- Skin Care Policy		
Community Children's Services -		
- Child protection, Regional Policy & Procedures, including ACPS (2005) Regional Child Protection and Procedures		
- DHSSPS(2016) Co-operating to Safeguard Children and Young People in Northern Ireland		
Adult Social & Primary Care -		
- DHSSPS & DoJ (2015) Adult Safeguarding Prevention and Protection in Partnership Policy		
- NIASP (2016) Adult Safeguarding Operational Procedures		

Policy	Manager Initial & Date	New Start Initial & Date
Risk & Governance **(Some of the below policies will be cross referenced to the Health & Safety Induction checklist).**		
- General Risk Assessment Form and Guidance Notes		
- Claims Management		
- Control of Substance Hazardous		
- Lone Working		
- Zero Tolerance Approach to the Prevention and Management of Violence and Aggression in the Workplace		
- Prevention & Management of Alcohol & Drugs in the Workplace		
- Manual Handling		
- Medical Devices Policy/Medical Devices Procedures &Guidelines		
- Display Screen Equipment		
- Control of Substances Hazardous to Health		
- New & Expectant Mothers		
- Driving for Work		
- Management of Stress, Health & Well Being		
- Noise		
- Vibration		
- Work at Height		
- Safety Spectacles		
- Sharps Injuries & Blood & body Fluid Exposures		
- First Aid at Work		
- Radiation Safety Policy		
- Health Surveillance		
- Respiratory Health Surveillance		

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- Fit Testing		

Guidelines which apply to all relevant clinical areas are located on the HUB under

"Clinical" rather than in every service area.

I confirm that I have read and understood the policies which are applicable to my role as indicated above.

Signed Employee: [   ] **Date:** [   ]

Appendix 3

Working Time Regulations
Dual Employment Form

In accordance with the Working Time Regulations, the Trust must ascertain the number of hours per week worked by staff. This includes hours worked in other jobs and for other employers.

The Trust does not wish to debar you from additional employment. The information is required to ensure compliance with the Regulations.

Please complete the following details and return them to your Manager:

Information in relation to employment with Belfast Health & Social Care Trust.

Name: _____

Grade: _____

Location: _____

Staff Number: _____

Hours per week: _____

Secondary Employment details.

Employer Name & Address:
_____
_____

Grade: _____

Hours per week: _____

Signature: _____   Date: _____

It is important to advise your Manager if you take up additional employment after this date.

Belfast Health and Social Care Trust
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Reference No: TP 003/08

Title:	Equality, Diversity and Inclusion Policy			
Author(s)	███████████████████████████			
Ownership:	Jacqui Kennedy, Director of Human Resources and Organisational Development			
Approval by:	Workforce Governance Policy Sub Committee Policy Committee Executive Team		Approval date:	27/6/2018 02/08/2018 08/08/2018
Operational Date:	August 2018		Next Review:	August 2023
Version No.	4	Supercedes	Equal Opportunities Policy V 3	
Key words:	Equality, Diversity, Equality Opportunities, Discrimination			
Links to other policies	Harmonious Working Environment Policy Harassment Policy Disability Equality Policy Work Life Balance Policy			

Date	Version	Author	Comments
01/04/2010	2	Alison Kerr Louise Beckett	Updated policy
16/09/2013	3	Alison Kerr Louise Beckett	Updated policy
01/06/2018	4	Michelle Morris Alison Kerr	Updated policy

1.0   INTRODUCTION / PURPOSE OF POLICY

1.1   Background
The policy outlines the Trust's commitment to equality, diversity and inclusion within the workplace and aims to promote equality and prevent unlawful discrimination. It sets out how the policy will be managed, communicated, implemented and monitored.

1.2   Objectives
There must be no discrimination, victimisation or harassment against any applicant, potential applicant or employee on grounds of their gender including gender identity and expression.

2.0   SCOPE OF THE POLICY

This policy applies to all staff and covers recruitment, promotion, training, transfer, and other benefits and facilities including conduct at work related events.

3.0   ROLES/RESPONSIBILITIES

The Director of Human Resources is responsible for monitoring, co-ordinating and developing the policy under the direction of the Chief Executive.
Managers at all levels will ensure that staff for whom they are responsible are aware of and abide by this policy.
All staff employed by the Trust have a responsibility to accept their personal involvement in the application of this policy.

4.0   KEY POLICY PRINCIPLES

Policy Principles
The purpose of this policy is to provide guidance and advice to staff and managers on the recruitment and retention of transgender and non-binary staff.
This policy recognise the Trust's diverse workforce and is concerned with the promotion of equality of opportunity and the prevention of unlawful discrimination. The policy applies to all staff and covers recruitment, promotion, training, transfer, and other benefits and facilities including conduct at work related events. Managers and Supervisors must be seen to be impartial in dealing with staff and ensure their conduct at all times accords with this policy. All employees are bound by this policy.

5.0   IMPLEMENTATION OF POLICY

5.1   Dissemination
This policy should be disseminated throughout the Trust as it applies to all Belfast Trust staff.

5.2   Resources

Training on this policy will be provided via Mandatory Equality Training Sessions. Details of training events are available on the HUB or you can complete the training online via www.hsclearning.com.

5.3   Exceptions
There are no exceptions as this policy is applicable to all staff within the Belfast Trust.

6.0   MONITORING

The HR Department will monitor and evaluate the effectiveness of the policy.

7.0   EVIDENCE BASE / REFERENCES

This policy complies with legislative requirements and good practice.

8.0   CONSULTATION PROCESS

External and Internal groups and Trade Unions were consulted.

9.0   APPENDICES / ATTACHMENTS

Appendix 1 Overview of Anti Discrimination Legislation, Definitions and Time Limits for Complaints.

10.0   EQUALITY STATEMENT

In line with duties under the equality legislation (Section 75 of the Northern Ireland Act 1998), Targeting Social Need Initiative, Disability discrimination and the Human Rights Act 1998, an initial screening exercise to ascertain if this policy should be subject to a full impact assessment has been carried out. The outcome of the Equality screening for this policy is:

Major impact ☐

Minor impact ☐

No impact.   ☒

_____   Date: _____ **8 August 2018**

Alison Kerr
Interim HR Co-Director

_____   Date: _____ **8 August 2018**

Jacqui Kennedy
Director of Human Resources/
Organisational Development (Interim)

_____   Date: _____ **8 August 2018**

Martin Dillon
Chief Executive

1.0 EQUALITY, DIVERSITY AND INCLUSION POLICY

1.1 General Policy Statement

Belfast Health and Social Care Trust is committed to the promotion of equality of opportunity and to creating and sustaining an environment that values and celebrates the diversity of its staff and service users. The Trust aims to be truly representative of the community it serves and for each employee to feel respected and able to give their best.

The Trust is committed to the provision of equality of opportunity for all employees regardless of gender including gender identity and expression[1], religious belief, political opinion, marital, civil partnership or family status, race, age, sexual orientation, disability and whether or not they have dependants. Selection for employment and advancement will be on the basis of ability, qualifications and aptitude for the work.

1.2 Purpose

This policy is concerned with the promotion of equality of opportunity and the prevention of unlawful discrimination. However, the existence of the law cannot itself ensure that any policy of non-discrimination will work effectively. The Trust recognise that this will only be achieved if management and staff at all levels examine critically their attitudes to people and ensure that no trace of discrimination is allowed to affect their judgement. The Trust will endeavour to ensure that all staff are aware of the forms which unfair discrimination can take, guard against them and avoid any action which might influence others to discriminate unfairly. The Trust recognises its obligations under the anti discrimination legislation, The Human Rights Act 1998 and the NI Act 1998 (Refer Appendix 1)

1.3

The Trust will have due regard to the need to promote equality of opportunity and good relations in line with Section 75 Northern Ireland Act (1998). The Trust's Equality Scheme shows how the Trust will fulfil its statutory duties as outlined within the Northern Ireland Act 1998.

1.4

It is the Trust's intention to comply with the spirit as well as the letter of all of the legislation detailed above. The current definitions of discrimination, victimisation and harassment relating to anti-discrimination legislation are contained in Appendix 1 of this policy.

1.5 Scope and Objectives

This policy applies to all staff and covers recruitment, promotion, training, transfer, and other benefits and facilities including conduct at work related events. The Trust will positively promote and rigorously observe the objectives and principles set out in the statement and is committed to implementing policies to promote equality of opportunity and fair participation within the Trust.

1.6

There must be no discrimination or victimisation against any applicant, potential applicant or employee on grounds of their gender including gender identity and expression, marital/civil partnership status, sexual orientation, community background, political opinion, religious belief, race, age, disability, family status or whether or not they have dependants.

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[1] The Trust recognises a range and diversity of gender identity and expression including those who identify as Transgender and those who intend to undergo, are undergoing or have undergone gender reassignment. For further information please refer to the Trust's Gender Identity and Expression Policy

1.7 Care must be taken to guard against more subtle and unconscious forms of discrimination which may not be immediately obvious. This may result from generalisations about the capabilities, characteristics or interests of particular groups which influence the treatment of individuals or groups e.g. preconceptions about their suitability for a particular post, level of management, location, training course or other development opportunity etc.

1.8 There must be no discrimination in the form of harassment of any individual or group. This may constitute unlawful discrimination. Appendix 1 provides definitions of discrimination, victimisation and harassment as defined under the relevant pieces of employment legislation.

1.9 The Trust will promote a supportive, good and harmonious work environment free from material or behaviour likely to be offensive, provocative or intimidating or in any way likely to cause apprehension to any Employee. In accordance with this principle the Harmonious Working Environment Statement/Joint Declaration of Protection has been agreed with the Trade Unions and Staff Organisations and drawn to the attention of all staff. In addition the Trust has established a policy on harassment and outlined the procedures to be adopted following a complaint.

1.10 Managers and Supervisors must be seen to be impartial in dealing with staff and ensure their conduct at all times accords with this policy. They must take appropriate action to deal with any difficulties arising from a lack of impartiality by any member of their staff and any other breaches of this policy within their area of responsibility.

1.11 All Employees are bound by this policy to ensure that their behaviour at all times accords with the principles set out in this policy and in the Harmonious Working Environment Statement/Joint Declaration of Protection. Breaches will be dealt with under the disciplinary procedure.

1.12 There must be no discrimination against office holders such as Board members, contract workers, and trainee workers, students on work placements or former employees.

1.13 The Trust will obtain commitments from other persons or organisations such as subcontractors or recruitment agencies that they will comply with this Policy.

2. IMPLEMENTATION

2.1 Management Arrangements

The Director of Human Resources is responsible for monitoring, co-ordinating and developing the policy under the direction of the Chief Executive. Key actions deriving from this employment policy will be co-ordinated through the Trusts Employment Equality and Diversity Plan. This Plan brings together the employment focused actions of the Trust's statutory Equality Action Plan, Disability Action Plan and Affirmative Action Plan as well as the Trust's Good Relations Strategy.

Managers will ensure that staff for whom they are responsible are aware of and abide by this policy. The policy will be adopted at all levels of management. All staff employed by the Trust have a responsibility to accept their personal involvement in the application of the Equality, Diversity and Inclusion Policy. The Trust will ensure that adequate resources are made available to fulfil the objectives of the policy.

2.2 Communicating the Policy

This policy will be publicised throughout the Trust and will be available to existing staff via the Trust's intranet and drawn to the attention of new recruits.

2.3 Monitoring Positive and Affirmative Action

The composition of employees, applicants for employment and appointees will be monitored on the basis of gender, age, religious belief, community background, political opinion, race, nationality, disability, sexual orientation, marital status and dependants. The purpose of regular monitoring is to provide the information required to measure the effectiveness of this policy and provide an objective view on the existence and progress of equality of opportunity. To this end, an information system has been established and staff are encouraged to provide accurate and up-to-date information in line with DGPR and data protection principles.

2.4 Policies and procedures in respect of employment and advancement will be periodically reviewed to maintain a system where individuals are treated solely on the basis of their merits and abilities.

2.5 The Trust will take such positive and affirmative and positive action as is deemed lawful, appropriate and necessary to ensure equality of opportunity. Goals and timetables, where appropriate, will be set to measure progress which can reasonably be expected as a result of affirmative action.

3. RECRUITMENT AND PROMOTION

3.1 The Trust will ensure that recruitment and selection procedures are fair and based upon the principle of appointing the best person for the job. Advertisements will not indicate, or appear to indicate an intention to discriminate in selection for recruitment, promotion or training. Advertisements will not be confined unjustifiably to areas or publications, which would exclude or disproportionately reduce the numbers of applicants of a particular group. Advertisements will include an Equal Opportunities Statement and, if appropriate, a Welcoming Statement.

3.2 Opportunities to obtain information on careers in the Trust must be available

to existing and potential employees and all interested parties.

3.3   Eligibility criteria for recruitment or advancement must be related to ability to do the job and will be non-discriminatory.

3.4   Applications must be submitted on official application forms and appointments will be made following a selection process which provides for short-listing and interview panels.

3.5   Tests used in selection, recruitment, promotion or training will be regularly reviewed to ensure they are related to job performance and do not unlawfully discriminate. The results of these tests will be monitored in order to identify any issues of concern or patterns which may suggest direct or indirect discrimination.

3.6   Staff involved in the selection process should consult the Trust's Recruitment and Selection Procedure and Guidelines. Decisions relating to the selection process and the reasons for such decisions will be recorded at each stage of the selection and promotion process. These will be kept for a minimum of 12 months after appointments have been made.

4.   TRAINING

4.1   All Trust staff are required to complete Equality, Good Relations and Human Rights training every five years during the course of their employment.

4.2   Staff involved in selection and appointment panels will be trained in the Trust's Selection and Appointments Procedure and the Equality, Diversity and Inclusion Policy including the current legislation and guidance on avoiding discrimination. This aspect will also be included as appropriate in all management and supervisory development programmes so that those with managerial and supervisory responsibility perform their duties with a full knowledge of the implications of the Equality Legislation.

4.3   All staff will be encouraged to take advantage of the training and career development opportunities available to enable them to develop the necessary skills and provide the opportunity for them to achieve their full potential.

5.   PERSONAL DEVELOPMENT REVIEW

5.1   Personal Performance Review within the Trust will be based solely on an objective assessment of the individual's performance against agreed objectives which link to the Trust's corporate objectives. Staff will also be developed against the Knowledge and Skills Framework with all staff being required to have a Personal Development Plan (PDP). Reviews must not reflect an assumption or prejudice of the reviewer about the individual being reviewed. This could be discriminatory and as such must not be tolerated

6.   WORK LIFE BALANCE

6.1   The Trust recognises the importance of flexible working to the promotion of equality of opportunity and to the retention of staff. The Trust Work Life Balance policy and range of support services will be widely promoted across the organisation.

7. COMPLAINTS OF DISCRIMINATION

7.1 The Trust will treat seriously and take prompt action on any grievance concerning discrimination, harassment, victimisation or maladministration raised under the Grievance Procedure or Harassment Policy as appropriate. Every effort will be made to resolve issues, e.g. mediation, without affecting individual's right to lodge proceedings.

7.2 Those who think they have been discriminated against may seek help and advice from the Equality Commission for Northern Ireland. Those who feel they have suffered an injustice as a result of maladministration have access to the Commissioner for Complaints. The time limits for making a complaint to various statutory agencies are outlined in the Appendix 1.

7.3 Staff who make a complaint in respect of alleged discrimination or harassment will be protected from victimisation. Acts of discrimination, victimisation or harassment perpetrated by an employee of the Trust against any other employees will result in disciplinary action up to and including dismissal.

8. AGREEMENT

8.1 This policy has been agreed by the Trust and, in so doing, the Trust affirms its full support for the principles of equality and diversity and the implementation of the Employment Equality and Diversity Plan. The Trust is determined that everything possible will be done to ensure its full and effective implementation.

This policy has been drawn up in consultation with Trade Unions and Staff Organisations.

The Trust also recognises the support of Trade Unions and Staff Organisations for the principles of equality and diversity and their commitment to the content and implementation of this policy statement.

Appendix 1

Overview of Equality Legislation:

- Fair Employment and Treatment (NI) Order 1998 (as amended),
- Sex Discrimination (NI) Orders 1976 and 1988 (as amended)
- Equal Pay Act (NI) 1970 (as amended),
- Race Relations (NI) Order 1997 (as amended),
- Disability Discrimination Act 1995 (as amended),
- Employment Equality (Sexual Orientation) Regulations (NI) 2003,
- Employment Equality Age Regulations (NI) 2006,
- Section 75 Northern Ireland Act 1998
- Human Rights Act 1998

Definitions:

Direct discrimination occurs where one person treats another person less favourably than others in the same or similar circumstances and the reason for that treatment is based on one of the statutory equality grounds.

Indirect Discrimination occurs where a provision, criterion or practice is applied which has the effect of putting people of a particular protected group at a disadvantage and which cannot be shown to be a proportionate means of meeting a legitimate aim.

Harassment is unwanted conduct of a sexual/sectarian/racial/disability nature or conduct which is based on gender, age, religious belief, political opinion, race, disability, sexual orientation or gender reassignment, which adversely affects the dignity of women and men at work. This can include unwelcome physical, verbal or non-verbal conduct.

Victimisation occurs where one person treats another person less favourably than another person is, or would be, treated because the person has exercised, or sought to exercise, his or her rights under the equality laws, or has assisted another person to do so.

Disability-Related Discrimination occurs where, for a reason related to a disabled person's disability, a person treats the disabled person less favourably than he treats, or would treat, other persons to whom that reason does not apply, and he cannot show that the treatment in question is justified.

Failure to Comply with the Reasonable Adjustment Duty
Disability discrimination in employment can also occur where an employer fails to comply with a duty to make reasonable adjustments in respect of a disabled job applicant or employee. The reasonable adjustment duty is placed on an employer where a provision, criterion of practice is applied by the employer, or the physical features of the employer's premises places the disabled person at a substantial disadvantage compared to persons who are not disabled.

Time Limits for Complaints:

If your complaint is about an employment matter, you normally have three months from the date of the incident to register your complaint with the Office of Industrial Tribunals and Fair Employment Tribunals (OITFET). Please refer to the NI Direct or Equality Commission for NI websites for detailed guidance.

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Reference No: TP 107/18

Title:	**Gender Identity and Expression Employment Policy**
Author(s)	███████████████████████████████
Ownership:	Jacqui Kennedy, Interim Director of Human Resources and Organisational Development
Approval by:	Workforce Governance Policy Sub Committee Policy Committee Executive Team
	Approval date: 27/06/2018 02/08/2018 08/08/2018
Operational Date:	August 2018
	Next Review: August 2023
Version No.	1
	Supercedes N/A - New regional policy
Key words:	Equality, Diversity, Equal Opportunities, Discrimination, Gender Identity
Links to other policies	Equality, Diversity and Inclusion Policy Harmonious Working Environment Policy Harassment Policy

Date	Version	Author	Comments
01/06/2018	1	Michelle Morris	Regional policy developed by Regional Equality Network. Approved by Regional HR Directors for regional implementation.

1.0   INTRODUCTION / PURPOSE OF POLICY

1.1   Background
The policy outlines the Trust's commitment to equality, diversity and inclusion within the workplace and aims to promote equality and prevent unlawful discrimination. It sets out how the policy will be managed, communicated, implemented and monitored.

1.2   Objectives
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3.0   ROLES/RESPONSIBILITIES

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Managers at all levels will ensure that staff for whom they are responsible are aware of and abide by this policy.
All staff employed by the Trust have a responsibility to accept their personal involvement in the application of this policy.

4.0   KEY POLICY PRINCIPLES

Policy Principles
The purpose of this policy is to provide guidance and advice to staff and managers on the recruitment and retention of transgender and non-binary staff.
This policy recognise the Trust's diverse workforce and is concerned with the promotion of equality of opportunity and the prevention of unlawful discrimination. The policy applies to all staff and covers recruitment, promotion, training, transfer, and other benefits and facilities including conduct at work related events. Managers and Supervisors must be seen to be impartial in dealing with staff and ensure their conduct at all times accords with this policy. All employees are bound by this policy.

5.0   IMPLEMENTATION OF POLICY

5.1   Dissemination
This policy should be disseminated throughout the Trust as it applies to all Belfast Trust staff.
5.2   Resources

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Training on this policy will be provided via Mandatory Equality Training Sessions. Details of training events are available on the HUB or you can complete the training online via www.hsclearning.com.

5.3 Exceptions

There are no exceptions as this policy is applicable to all staff within the Belfast Trust.

6.0 <u>MONITORING</u>

The HR Department will monitor and evaluate the effectiveness of the policy.

7.0 <u>EVIDENCE BASE / REFERENCES</u>

This policy complies with legislative requirements and good practice.

8.0 <u>CONSULTATION PROCESS</u>

External and Internal groups and Trade Unions were consulted.

9.0 <u>APPENDICES / ATTACHMENTS</u>

Appendix 1 – Contacts and Resources
Appendix 2 – Memorandum of Understanding Template.

10.0 <u>EQUALITY STATEMENT</u>

In line with duties under the equality legislation (Section 75 of the Northern Ireland Act 1998), Targeting Social Need Initiative, Disability discrimination and the Human Rights Act 1998, an initial screening exercise to ascertain if this policy should be subject to a full impact assessment has been carried out. The outcome of the Equality screening for this policy is:

Major impact ☐

Minor impact ☐

No impact. ☒

SIGNATORIES

_____   **Date: _____**

Alison Kerr
Interim HR Co-Director

8 August 2018

_____   **Date: _____**

Jacqui Kennedy
Director of Human Resources/
Organisational Development (Interim)

8 August 2018

_____   **Date: _____**

Martin Dillon
Chief Executive

1.0 GENDER IDENTITY AND EXPRESSION EMPLOYMENT POLICY

1.1 Our commitment to equality

The Trust recognises that staff who are able to be themselves in work are more likely to enjoy going to work, feel included and can achieve their full potential. As an inclusive organisation and a leader in diversity, Belfast HSC Trust is committed to the health, well-being and dignity of all our staff, regardless of their gender identity and expression. The Trust strives, through this policy and guidance and other relevant workplace policies (including our Equality, Diversity and Inclusion Policy, Working Well Together Policy and Harassment Policy), to create an environment where all our employees are engaged, happy and productive.

In the context of this policy,

- We describe a range and diversity of gender identity and expression in terms of a 'spectrum' or a continuum between male and female.
- We use the term 'transgender' to denote those who intend to transition, are transitioning or have transitioned. Medical processes are not essential to transitioning. Some people choose not to, or cannot, undergo a medical process but are still transgender.
- We refer to 'non-binary' people as those whose gender identity falls outside the gender binary of male or female. This includes individuals whose gender identity is neither exclusively male nor female, a combination of male and female or between or beyond genders.

We recognise that individuals describe their gender identity in different ways and that the use of some terms is contested [1]. For definitions of all key terms that we use in this policy see our 'Glossary'. We will keep our use of terms under review as the terminology continues to evolve.

We recognise that identity and expression are distinct from one another. Any gender identity may express itself in a variety of ways.

Good quality statistical data in relation to gender identity in the UK does not exist. In its recent report, the House of Commons Women and Equalities Committee reported that "Current estimates indicate that some 650,000 people are "likely to be gender incongruent to some degree" (p.6).

1.2 Purpose

The Trust remain fully committed to promoting equality of opportunity, in line with Section 75 of the Northern Ireland Act 1998, as well as our other legal obligations (including under the Sex Discrimination (Gender Reassignment) Regulations (Northern Ireland) 1999, the Gender Recognition Act 2004, GDPR 2018, the Human Rights Act 1998 and our obligations as a service provider under the Sex Discrimination (Amendment of Legislation) Regulations 2008).

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[1] See also House of Commons' Women and Equalities Committee (Dec 2015) *Transgender Equality. London: The Stationery Office.*

In cognisance of their multiple identities, transgender and non-binary people will of course likewise be protected under any anti-discrimination legislation that relates to other aspects of their identity, such as their sexual orientation or disability status.

Transgender and non-binary individuals frequently face discrimination, prejudice and the stigma associated with their difference. Social isolation, breakdown in family relationships and depression often results.

The Trust believe that there are a number of benefits for both our organisation and transgender and non-binary individuals in having a policy in place:

1.3   Benefits for the Individual:

- Promotes a welcoming environment free from fear, intimidation, harassment/bullying
- Fosters feelings of inclusion and a positive workplace culture;
- Demonstrates a duty of care;
- Increases motivation and job satisfaction; and
- Supports career development and progression

1.4   Benefits for the Organisation:

- Promotes an open, accepting and diverse place for everyone to work and be valued;
- Improves performance and productivity of transgender and non-binary staff recognising the value of their contribution;
- Enhances organisational reputation including in the labour market as a progressive employer;
- Reduces risks of high staff turnover and litigation; and
- Ensures that (name of organisation) gains maximum contribution from content and productive employees.

1.5   Aims and objectives of the policy

The policy is aimed at creating a workplace where:
- the dignity of and respect for transgender and non-binary people is protected and promoted
- transgender and non-binary people feel safe
- transgender and non-binary people feel comfortable to express their gender identity
- transgender and non-binary people can fulfil their full potential and fully contribute to the workplace
- all staff (including line managers and managers more generally) better understand the needs of transgender and non-binary staff and are empowered to support and strive to meet their needs
- discrimination and harassment against transgender and non-binary people (whether by staff or third parties) is not tolerated and any allegations thereof are dealt with in an effective manner

2.0   RECRUITMENT AND SELECTION

In line with our organisation's equality of opportunity and other employment policies, Belfast HSC Trust strive to become an employer of choice for all.

2.1 Training for Staff

All staff involved in recruitment and selection processes whether in an administrative role or other will be trained on the appropriate handling of information records of transgender applicants (see also section on 'Handling Information Records'). Staff will be made aware that documents may be received under the previous name and title of an individual who transitions.

2.2 Recruitment and Selection Panels

Belfast HSC Trust will ensure that – similar to other equality information – recruitment and selection panels do not receive any information on the gender identity or status of transgender applicants.

2.3 Genuine Occupational Requirement

Very occasionally there may be a genuine occupational requirement (GOR) for a post to be carried out by a particular gender. This will be stated in the advertisement of the post. Further guidance on the appropriate application of a GOR can be provided by your Human Resources Department.

2.4 Status Disclosure

In such cases, applicants who intend to or are in the process of transitioning must disclose their status to the panel. Individuals who have obtained a new birth certificate based on a Gender Recognition Certificate are not required to disclose their status and must be treated as their correct gender.

2.5 Gender recognition certificate

Staff must never ask for a Gender Recognition Certificate. It is illegal to do so. Further details relevant to recruitment and selection staff can be found in the sections on 'Access NI' and 'Handling Information Records'.

3.0 SUPPORTING STAFF WHO IDENTIFY AS TRANSGENDER AND NON-BINARY

3.1 Access to Information

The Trust will support all transgender and non-binary staff by providing them with access to internal information and support services in addition to signposting staff to dedicated community and voluntary sector organisations (Appendix 1)

3.2 HSC LGBT Forum

The Trust supports the Lesbian, Gay, Bisexual and Transgender (LGB&T) Health and Social Care (HSC) staff forum and will provide information to transgender and non-binary staff on how to access the forum and to all staff to make them aware that this support is available to them and their colleagues to create opportunities for shared understanding (see Appendix 1).

3.3 Dress code and uniform

The Trust also support the right of all transgender and non-binary staff to dress (including wearing makeup) in line with the expression of the gender they identify with, while adhering to the Trust Dress Code and Uniform Policy.

3.4 Supporting transitioning staff

The needs of transgender and non-binary staff will differ from one individual to the next. Staff who are intending to transition or are transitioning will have particular support needs linked to the transition process. Likewise, particular needs may arise for those who have transitioned. These matters will be addressed in consultation with the transgender employee, Human Resources and the direct Line Manager and are detailed in our associated procedure. We will likewise seek to support staff who identify as non-binary should particular needs arise.

We also recognise that staff who are family or carers of a person who identifies as transgender or non-binary may have particular welfare needs.

4.0 ROLES AND RESPONSIBILITIES:

4.1 Director of Human Resources and Organisational Development

Responsible for ensuring that the organisation promotes equality of opportunity for all staff and applicants in its employment policies and practices.

4.2 Human Resource Staff

- monitor the implementation and operation of this policy;
- ensure that a systematic assessment of training and awareness needs is carried out in relation to gender identity issues;
- ensure that appropriate training and awareness initiatives are delivered;
- ensure that appropriate support arrangements for transgender and non-binary individuals are in place;
- in handling records and dealing with matters relating to transgender. individuals ensure that they adhere to the provisions under the Data Protection Act and the Gender Recognition Act at all times
- support any staff intending to transition throughout the transition process and beyond by working with the individual and the line manager
- consider signposting individuals to the HSC Lesbian, Gay, Bisexual and Transgender staff forum for general information and support
- effectively advise on investigations into any alleged incidents of inappropriate behaviour by another member of staff towards transgender and non-binary individuals and take effective action in accordance with the outcome of the investigation

4.3 Line Managers

- participate in training and awareness initiatives as required
- ensure that their staff participate in training and awareness measures as required

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- support any transgender and non-binary member of staff and seek to meet their needs
- consider signposting individuals to the HSC Lesbian, Gay, Bisexual and Transgender staff forum for general information and support
- at all times ensure that they have the consent of the transgender or non-binary member of staff before they disclose any information relating to their gender identity to another person
- may avail of support from Human Resources and the Employment Equality Team in relation to gender identity issues generally
- once a member of staff has advised that they intend to transition enquire whether the individual wishes the line manager to liaise with Human Resources in order to arrange a joint meeting
- support any of their staff intending to transition throughout the transition process and beyond
- ensure that all staff are aware of appropriate behaviour in relation to gender identity
- if a transgender or non-binary member of staff advises them of an incident of alleged inappropriate behaviour – whether by another member of staff or a third party – to liaise with Human Resources, in line with relevant policies and procedures, to initiate an investigation and take effective action in accordance with the outcome of the investigation
- being mindful of the needs of staff who are family or carers of a person who identifies as transgender or non-binary.

4.4   Staff who identify as transgender or non-binary

- We encourage members of staff who identify as transgender or non-binary to avail of all the organisation's support mechanisms and to;
- notify their line manager – or their manager's manager or [organisation to specify an alternative point of contact] – of any incident of alleged inappropriate behaviour
- advise their line manager or Human Resources at the appropriate time should they wish to avail of support in the workplace
- be aware of support provided by trade union representatives
- those staff who have decided to transition to advise their line manager at the appropriate time
- constructively engage with Line Manager and Human Resources to agree appropriate support measures.

4.5   All Staff

- familiarise themselves with and follow this policy and procedure
- participate in training and awareness initiatives as required
- adhere to the Working Well Together Policy and the Harassment Policy and Procedure and other relevant employee relations policies at all times
- be mindful of the needs of staff who are family or carers of a person who identifies as transgender or non-binary.

4.6   Review

The legal rights and good practice standards relating to transgender and non-binary people are constantly evolving so this policy will be reviewed annually.

In order to assess the operational effectiveness of this Policy a review will be undertaken at regular intervals and not later than three years following implementation. The Trust has consulted with individuals who identify as transgender and non-binary, external and internal groups and Trade Unions in the development of this Policy.

5.0 EQUALITY AND HUMAN RIGHTS

Our organisation is committed to the promotion of equality and human rights. The intent of this policy is to promote equality of opportunity for staff who identify as transgender or non-binary and those interested in becoming our staff. The Trust will continue to ensure that we fulfil our Section 75 equality duties by continuing to explore the impact of our policy as it is implemented. Screening outcomes will be published as part of our regular screening outcomes reports.

6.0 BREACHES OF THIS POLICY

Breaches of the policy may be dealt with under the disciplinary procedures, such as breaches of confidentiality.

Acts of discrimination, victimisation or harassment perpetrated by an employee of the Trust against any other employees may result in disciplinary action up to and including dismissal.

7.0 GENDER IDENTITY AND EXPRESSION EMPLOYMENT

7.1 Supporting staff who are undergoing gender reassignment or who have undergone gender reassignment

When a member of staff makes us aware that they intend to undergo gender reassignment, the line manager and the Human Resources Department will work together with the individual to agree how the organisation can best support her or him during the various phases of the transitioning process.

Likewise, when a new member of staff decides voluntarily to make us aware that they have transitioned in the past, an offer will be made to meet to discuss any issues they may wish to explore, should they wish.

7.2 Memorandum of Understanding

This Agreement will be formalised in a Memorandum of Understanding (see sample in Appendix 2) and will be signed by the employer and the individual. It will be led by the individual and specify the agreement reached. It may include:

- the disclosure of information (what, who, when, where – staff and clients if relevant)
- training for colleagues (this may include face-to-face training if necessary)
- provide information and signpost to any other support measures
- practical concerns (clothing, toilet and changing facilities) if relevant

- the management of absence from work required for assessments and treatments in relation to the transitioning process if relevant and
- the amendments to records (when, what, who) and the handling of historic information.

It will likewise cover any review of the arrangements. The number and frequency of reviews will be led by the individual.

This Memorandum of Understanding (MoU) will be confidential to the employer and the individual and those individuals required to be informed, as agreed by and detailed in the MoU.

8.0 TRAINING AND AWARENESS

The Trust will provide access to appropriate training and awareness materials on transgender and non-binary issues to relevant staff. This will include access to eLearning programmes such as the PHA's LGB&T Creating Inclusive Workplaces eLearning, which can be accessed via internet http://www.lgbtelearning.hscni.net/ and via the intranet http://lgbtelearning.hscni.net/.

Issues relating to equality for transgender and non-binary people will be mainstreamed in other relevant training delivered to our staff, including, for example, mandatory equality training and recruitment and selection training.

9.0 WORKING ARRANGEMENTS AND ABSENCE MANAGEMENT

9.1 Attendance at appointments

The Trust recognise that the transitioning process may involve a series of appointments, treatments and, in some cases, surgery for the individual. Some of these may necessitate periods of absence from work. While often the series of appointments and treatment is time limited, they can be regular and reoccurring. This provides a challenge for people transitioning as attendance at some appointments is gauged as a reflection of their commitment to the transition process.

9.2 Improving Working Lives support policies

The organisation has in place a range of policies and procedures which may assist staff in the transitioning process. This includes sickness leave, flexi leave, special leave, annual leave and other types of leave as well as work-life balance policies, such as part-time working; compressed hours, personalised hours; employment breaks. The line manager should seek advice and closely work together with Human Resources (and Occupational Health) and the individual to agree the type of leave that is appropriate and how it might be recorded given the sensitivity involved. Line Managers should seek appropriate advice from Human Resources (and Occupational Health), including on any associated long term health, disability or reasonable adjustment issues. At all times communication between the employee, the

Line Manager and Human Resources (and Occupational Health) will be central to managing absence.

The organisation recognises that non-binary people may also have needs relating to working arrangements and absence management and similar types of arrangements may apply.

10.0 HANDLING INFORMATION RECORDS

10.1 Data relating to gender identity

Data relating to gender identity may be regarded as highly sensitive by transgender people. Belfast HSC Trust recognises the importance of procedures to ensure that all processing of personal data relating to transgender and non-binary staff is conducted strictly in line with the provisions under the Data Protection Act 2018 and our Information Governance Policy.

10.2 Human Rights and protection information

Belfast HSC Trust also recognise that privacy about an individual's gender identity background may be a human rights issue (Article 8 of the Human Rights Act, which is the Right to Respect for Private and Family life).

10.3 Gender Recognition Act

The Gender Recognition Act 2004 in the UK already safeguards the privacy of transgender people by defining much information in relation to the Gender Recognition process as 'protected information'. Anyone who acquires that information 'in an official capacity' (including as an employer) would be in breach of the legislation if they disclosed it without the individual's consent unless required to do so in limited circumstances such as a police investigation of a crime.

10.4 Disclosure of protected information

Unjustified disclosure may be a criminal offence. This applies to all staff including those involved in handling records and colleagues of transgender staff.

10.5 Updating Records

In relation to staff who are transitioning or who have transitioned during their employment with the organisation in the past, records will be updated and new documents will be recorded to reflect the correct gender alongside the original documents which may be required for employment, Pension or insurance purposes.

10.6 Restricted Access

Access to all documentation will be restricted to employees who require the information to complete their job.

11.0 PENSIONS

11.1 Legal Gender Updates

Pension entitlements are based on a person's legal gender. Once a Birth Certificate in the person's new gender is received by HSC Pension Service the member record will be amended to reflect the member's legal gender. Historic pension events cannot be changed but all future benefits will be calculated to reflect the acquired gender entitlements.

11.2   Nominated Practices

An individual who was married and who has undergone gender reassignment is obliged to divorce from their partner, given that in Northern Ireland same sex marriages are not recognised. Arrangements for Nominated Partners pensions allow for a partners pension as long as the couple can still fulfil certain conditions. Further details on the Partner nomination are available in the Guide for Pensioners and Dependants and on the HSC Pensions website (see Appendix 1).

11.3   Death Benefits

A death gratuity may be payable when a member dies in service and may also be payable if a member dies within 5 years of retirement. Members can nominate a person to receive this benefit by completing a Death Benefit Nomination Form. Further information is available on the HSC Pensions website.

12.0   BACKGROUND CHECKS (ACCESS NI)

12.1   Discretion re previous gender

AccessNI operates a special application process for transgender people to assist in ensuring discretion to those who do not wish their previous gender (and names) to be disclosed to the person or organisation requesting the Disclosure.

12.2   Disclosure on application form

The individual will be required by AccessNI to provide details of their previous name(s) under separate cover to AccessNI. There is no need to disclose transgender status (especially on application forms) to an employer or other organisation who has requested that a Disclosure is carried out unless you are content for anyone to know these facts.

12.3   Previous names

AccessNI carries out Disclosures based on current and previous names and the process requires that all applicants provide these for checking purposes. This is intended to take account of names changed through marriage or by legal name changes. Full details on the process can be accessed from their website.

12.4   References for former employees

When line managers receive reference requests for any of their former employees who have since undergone gender reassignment care will be taken to use the name and title as indicated in the correspondence requesting the reference. Line managers will not at any stage reveal information that could identify the individual as having transitioned.

13.   <u>ADDITIONAL SUPPORT</u>

The Trust will provide assistance to all line managers who wish to draw on additional support from Human Resources as required.

14.   <u>ANTI-BULLYING AND HARASSMENT POLICIES</u>

The Trust will review the bullying and harassment policies in the light of this policy and ensure that the inclusion of these issues in the policy is promoted widely across the organisation.

15.   <u>GENDER IDENTITY AND EXPRESSION EMPLOYMENT</u>

15.1   Glossary

The language used in the context of gender identity and expression is diverse. There is no universal agreement on definitions of terms, neither – first and foremost – amongst individuals themselves, nor amongst groups within the sector, nor amongst researchers. Below, we seek to define the terms we use in this policy. We recognise that the use of language is at times controversial. We do not intend to offend nor challenge the self-identification of individuals in any way.

Gender Identity

How a person feels who they are – male, female, or some other gender. This may or may not correspond to the sex they were assigned at birth.

Gender Expression

The external manifestation of a person's gender identity. Gender can be expressed through mannerisms, grooming, physical characteristics, social interactions and speech patterns. (see Transgender Equality Network Ireland TENI)

Gender Identity and Expression Spectrum

The continuum, range and diversity of gender identity and expression between male and female.

Transgender person

Someone who intends to transition.

Transition
A process through which some transgender people begin to live as the gender with which they identify, rather than the one assigned at birth. Transition might

include social, physical or legal changes such as disclosing to family, friends, co-workers and others; changing one's appearance; changing one's name, pronoun and sex designation on legal documents (e.g. driving licence or passport); and medical intervention (e.g. through hormones or surgery).

Non-binary person

An umbrella term for a person with a gender identity that falls outside the gender binary of male or female. This includes individuals whose gender identity is neither exclusively male nor female, a combination of male and female or between or beyond genders. People under the non-binary umbrella may describe themselves using one or more of a wide variety of terms. (see Transgender Equality Network Ireland TENI).

Intersex person

Intersex people are born with sex characteristics (including genitals, gonads and chromosome patterns) that do not fit typical binary notions of male or female bodies. Intersex is an umbrella term used to describe a wide range of natural bodily variations. In some cases, intersex traits are visible at birth while in others, they are not apparent until puberty. Some chromosomal intersex variations may not be physically apparent at all.

According to experts, between 0.05% and 1.7% of the population is born with intersex traits.

Being intersex relates to biological sex characteristics, and is distinct from a person's sexual orientation or gender identity. An intersex person may be straight, gay, lesbian, bisexual or asexual, and may identify as female, male, both or neither."

UN High Commissioner's fact sheet on Intersex Conditions Sept 2015
http://www.ohchr.org/Documents/Issues/Discrimination/LGBT/FactSheets/UNFE_FactSheet_Intersex_EN.pdf

APPENDIX 1: CONTACTS AND RESOURCES

Directorate of Human Resources and Organisational Development

General Enquiries:

Phone: 028 9063 5678
Email: HRenquiry@belfasttrust.hscni.net

Dedicated Gender Identity Contact:

Human Resources Manager – Equality and Governance
Phone: 028 9063 5678
Email: HRenquiry@belfasttrust.hscni.net

Occupational Health

McKinney House, Musgrave Park Hospital
Belfast BT9 7 JB
Tel: 028 9504 0401   Fax: 028 9066 2611
occupational.health@belfasttrust.hscni.net

Counselling

Staff care - free confidential counselling and support for the staff of Belfast Trust. You can call the Staffcare Careline at any time, day or night, and speak with a counsellor.
0800 731 3674

Lesbian, Gay, Bisexual and Transgender (LGB&T) Health and Social Care (HSC) staff forum

Email: lgbtstaff@hscni.net
All correspondence will be treated completely confidentially.
Website: www.lgbtstaff.hscni.net

Trade Unions
Many trade unions likewise have dedicated fora on gender identity or combined fora on gender identity and sexual orientation issues. In addition, many have identified dedicated contact persons for gender identity matters.

HSC Pensions
Telephone: 028 71 319 111
Email: hscpensions@hscni.net
Website: www.hscpensions.hscni.net

Useful Websites

Gender Identity Research and Education Society
www.gires.org.uk
This website combines the expertise of both transgender and non-transgender individuals. Their collective aim is to ensure that legislation and practices meet

people's needs. The site contains a list of other useful websites on this subject.
http://www.gires.org.uk/websites.php

Transgender Equality Network Ireland
www.teni.ie
Transgender Equality Network Ireland (TENI) seeks to improve conditions and advance the rights and equality of trans people and their families.

eLearning
'Creating inclusive workplaces for Lesbian, Gay, Bisexual and Transgender people'
Intranet: http://lgbtelearning.hscni.net/
Internet: http://www.lgbtelearning.hscni.net/

B well
B well is the Trust's commitment to improving employee health and wellbeing by providing employees with support and information on a wide range of health and wellbeing issues.
bwell@belfasttrust.hscni.net

Material Resources

Signpost to Support Networks in the Community
[add link to copy on organisation's website – this resource will have up to date contact details for support groups and organisations representing transgender and non-binary people]

HM Revenue and Customs: Taxes and Benefits - Information for our lesbian, gay, bisexual and transgender customers.
http://www.hmrc.gov.uk/leaflets/Pride1.pdf

APPENDIX 2: MEMORANDUM OF UNDERSTANDING TEMPLATE

CONFIDENTIAL

This agreement does not represent a binding and unchangeable agreement, but rather a commitment to engage with and support (insert name) at all stages.

- **Agreement review period (if required):**
  (agree timescale – the number and frequency of reviews is to be led by the preferences of the individual)

- **Current post.**
  (Highlight what was agreed with employee)

- **Health and Safety (medical, heavy lifting etc)**
  (As per any other medical absence, recovery and return to work as per medical guidance. - Agree any changes)

- **The expected point or phase of change of name, title, personal details and social gender.**
  (Insert date)

- **Informing Colleagues, (insert name) agrees to whom, when, where and depth of disclosure.**
  (Dates, and agreement of disclosure)

- **Information/Awareness/Support**
  (Awareness information detailed, Dates of any training or awareness meetings for staff agreed)

- **Amendments to documentation, records and systems**
  (Discuss all amendments (personal files, ER case files, payroll, any other paper or electronic files and databases; also ID passes, email address, staff lists, organisational charts, door signs, website references; also line manager has to agree with transgender staff what records he/she will keep)

- **Pensions**
  (Discuss changes to pension as required)

- **Practical concerns**

  - Clothing provision - Dress policy for relevant gender

  - Cosmetic Make-up – work policy

  - Single sex toilet facilities - A common issue raised by staff is the use of toilet facilities. While every effort should be made to deal with concerns amongst staff it should be made clear that once (insert name) begins the process of changing gender identity they will use the appropriate facilities of their new gender.

(It is not acceptable to insist that a transgender person use the facilities of the sex assigned to them at birth or the accessible / disabled toilet. This could amount to unlawful discrimination.)

➢ Showers/ Changing facilities/Sleeping accommodation/Lockers etc – (Shared use of these facilities to be agreed in discussion with (insert name) and colleagues to ensure that everyone is comfortable with the arrangements and the dignity of all concerned is taken into consideration.)

- **Absence from work**
  The extent of any medical treatment or surgical procedures is unique to each individual.

  Subject to the needs of the service, flexibility should be given to (insert name) who may need to take leave or rearrange working hours in order to attend additional appointments outside of work.

Agreed Action Plan

What	Who	When

Belfast Health and Social Care Trust
caring supporting improving together

Reference No: TP 004/08

Title:	**Harmonious Working Environment Statement / Joint Declaration of Protection**
Author(s)	███████████████████████████
Ownership:	Jacqui Kennedy, Director of Human Resources and Organisational Development
Approval by:	Workforce Governance Policy Sub Committee Policy Committee Executive Team	**Approval date:**	27/6/2018 02/08/2018 08/08/2018
Operational Date:	August 2018	**Next Review:**	August 2023
Version No.	4	**Supercedes**	V 3
Key words:	Equality, Diversity, Equal Opportunities, Discrimination, Intimidation, Victimisation		
Links to other policies	Equality, Diversity and Inclusion Policy Harassment Policy		

Date	Version	Author	Comments
12/02/2007	1	Joan Peden	Final Draft
25/01/2008	1	Joan Peden	Approved – for dissemination
23/04/2010	2	Joan Peden	Final Draft
16/09/2013	3	Louise Beckett Alison Kerr	Reviewed
01/06/2018	4	Michelle Morris Louise Beckett Alison Kerr	Reviewed

1.0   INTRODUCTION / PURPOSE OF POLICY

1.1   Background
The policy statement recognises the moral and legal obligations placed on employers and trade unions by Northern Ireland employment equality legislation and aims to provide a good and harmonious working environment, which respects the dignity of employees in the workplace.

1.2   Purpose
To ensure that all Trust employees understand their responsibilities for the provision of a good and harmonious working environment which respects the dignity of employees in the workplace.

1.3   Objectives
To provide a good and harmonious working environment for staff which respects the dignity of all employees in the workplace.

2.0   SCOPE OF THE POLICY

This policy applies to all staff.

3.0   ROLES/RESPONSIBILITIES

Management, Trade Unions and Staff Organisations together with staff are responsible for providing a good and harmonious working environment.

4.0   KEY POLICY PRINCIPLES

Definitions

Key Policy Statement(s)

Policy Principles
4.1   Key Policy Statement(s)
This policy recognises the moral and legal obligations placed on employers and trade unions by Northern Ireland employment equality legislation and aims to provide a good and harmonious work environment, which respects the dignity of employees in the workplace and provides an environment where individuals feel comfortable to work and where they do not feel threatened, intimidated, offended or unwelcome.

5.0   IMPLEMENTATION OF POLICY

5.1   Dissemination
The Harmonious Working Environment Statement/Joint Declaration of Protection should be disseminated throughout the Trust as it applies to all staff and prominently displayed throughout the workplace.

5.2   Resources
Training on this policy will be provided via Mandatory Equality Training Sessions. Details of training events are available on the HUB or you can complete the training online via www.hsclearning.com

5.3   Exceptions
There are no exceptions as this policy is applicable to all staff within the Belfast Trust.

6.0   MONITORING

The HR Department will monitor and evaluate the effectiveness of the policy.

7.0   EVIDENCE BASE / REFERENCES

This policy complies with legislative requirements and good practice.

8.0   CONSULTATION PROCESS

External and Internal groups and Trade Unions were consulted.

9.0   APPENDICES / ATTACHMENTS

Not applicable.

10.0   EQUALITY STATEMENT

In line with duties under the equality legislation (Section 75 of the Northern Ireland Act 1998), Targeting Social Need Initiative, Disability discrimination and the Human Rights Act 1998, an initial screening exercise to ascertain if this policy should be subject to a full impact assessment has been carried out. The outcome of the Equality screening for this policy is:

Major impact ☐

Minor impact ☐

No impact. ☒

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HARMONIOUS WORKING ENVIRONMENT STATEMENT/
JOINT DECLARATION OF PROTECTION

Management, Trade Unions and Staff Organisations representing the employees of the Belfast Trust:

1. Declare and fully accept that discrimination, intimidation and victimisation in employment are unlawful and unacceptable and will be vigorously opposed by both unions and management.

2. Accept that every employee has the right to work free from harassment or intimidation on grounds of gender including gender identity and expression[1], religious belief, political opinion, marital, civil partnership or family status, race, age, sexual orientation, disability and dependant status.

3. Jointly condemn intimidation or harassment by word or actions and will take all reasonable steps to secure the safety of employees from intimidation or harassment in the workplace. Such intimidation or harassment will be regarded as misconduct, which will warrant disciplinary action and possible dismissal.

4. Declares that, as the Trust aims to provide a good and harmonious working environment, it therefore prohibits the display of flags, emblems, posters, graffiti; and the circulation of any materials or articulation of any songs or slogans, which may give offence or cause apprehension to other employees.

5. Recognise that some of the above issues may need sensitive consideration in patient, client or staff residential accommodation.

This Statement has been agreed between the Belfast Health and Social Care Trust and the Trade Unions and Staff Organisations representing employees of the Trust. It recognises the moral and legal obligations placed on employers and trade unions by Northern Ireland employment equality legislation and aims to provide a good and harmonious work environment, which respects the dignity of employees in the workplace and provides an environment where individuals feel comfortable to work and where they do not feel threatened, intimidated, offended or unwelcome.

This Statement will be prominently displayed throughout the workplace, drawn to the attention of all staff at induction and mandatory equality training and put on the Trust Intranet. This policy will be kept under review and the Trust will consult with trade union representatives on any changes which may be required in the future.

Raymond Rafferty

_____
Ray Rafferty
On behalf of Trade Union Side

_____
Martin Dillon, Chief Executive
On behalf of Belfast HSCT

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[1] The Trust recognises a range and diversity of gender identity and expression including those who identify as Transgender and those who intend to undergo, are undergoing or have undergone gender reassignment. For further information please refer to the Trust's Gender Identity and Expression Policy.

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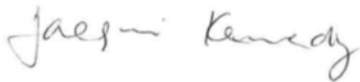
SIGNATORIES

Alison Kerr

8 August 2018

_____   **Date: _____**
Alison Kerr
HR interim Co-Director

Jacqui Kennedy

8 August 2018

_____   **Date: _____**
Jacqui Kennedy
Director of Human Resources/
Organisational Development (Interim)

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Belfast Health and Social Care Trust

EMPLOYMENT OF PEOPLE WITH DISABILITIES - FRAMEWORK	
Summary	The policy has been developed to assist the Trust in complying with its statutory obligations under the Disability Discrimination Act and Section 75 of the Northern Ireland Act and ensure that appropriate support is provided for disabled staff and job applicants.
Operational date	April 2011
Review date	April 2014
Version Number	V 2.2
Director Responsible	Human Resources Director
Lead Author	Louise Beckett & Alison Kerr
Lead Author, Position	Senior Managers
Department / Service Group	Human Resources
Contact details	████████████████
████████	████████████████
Reference Number	TP 18/08
Supersedes	V1 Belfast Trust Policy - Employment of People with Disabilities.

AWAITING REVIEW

Trust Policy – Employment of people with disabilities – Framework – V2 – Oct 2011

Version Record

Date	Version	Author	Comments
April 2007	1	Louise Beckett	Final BHSCT submitted for approval
30/03/2011	2	Louise Beckett	Final regional policy updated to Trust format and submitted for approval
September 2013	2.1	Susan Miller	Disability Etiquette updated
11/06/2019	2.2		Awaiting Input – review extended 1 year

Policy Record

			Date	Version
Author (s)		Approval	30/03/11	1.1
Director Responsible		Approval		

Approval Process – Trust Policies

Policy Committee	Approval	15.08.11	1.1
Executive Team	Authorise	17.08.11	1.1
Chief Executive	Sign Off	17.08.11	1.1

Approval Process – Clinical Standards and Guidelines1.1

Standards and Guidelines Committee	Approval		
Policy Committee	Ratify		
Executive Team	Authorise		
Appropriate Director	Sign Off		

Local Approval Process

	Approval		

Dissemination

Areas :	

Equality and Human Rights screening carried out:
In line with duties under the equality legislation (Section 75 of the Northern Ireland Act 1998), Targeting Social Need Initiative, Disability discrimination and the Human Rights Act 1998, the Belfast Trust has carried out an initial screening exercise to ascertain if this policy should be subject to a full impact assessment. Screening has been carried out by the Southern HSC Trust on behalf of all HSC Trusts as this is a regional Policy
x☐ Screening completed   ☐ Full impact assessment to be carried out. No action required.

Trust Policy – Employment of people with disabilities – Framework – V2 – Oct 2011

Summary
The Trust is committed to promoting equality of opportunity between both employees with and without disabilities. The policy has been developed to assist the Trust in complying with its statutory obligations under the Disability Discrimination Act and Section 75 of the Northern Ireland Act and ensure that appropriate support is provided for staff and job applicants with disabilities.
The policy outlines the Trust's responsibilities in ensuring that the rights of staff and job applicants with disabilities are protected and that appropriate support is provided for them when required. It also seeks to develop and extend work placement and volunteering opportunities for people with disabilities.

Title:
Regional Framework on the Employment of People with Disabilities.

Purpose:
To ensure that the Trust continues to due regard to the need to promote positive attitudes towards people with disabilities and to their participation in the workforce.

Objectives:
To ensure that the rights of staff and job applicants with disabilities are protected and that appropriate support is provided for them.

Policy Statement(s):
1   The Trust is committed to promoting equality of opportunity between both employees with and without disabilities in all aspects of employment.

2   By embracing and actively pursuing principles of good practice all people with disabilities will have a better opportunity to realise their fullest potential.

Director of Human Resources	**Chief Executive**
Date: 17 August 2011	**Date: 17 August 2011**

HSC Belfast Health and Social Care Trust

EMPLOYMENT OF PEOPLE WITH DISABILITIES- FRAMEWORK

April 2011

This document can be made available on request in alternative formats, e.g. plain English, Braille, disk, audiocassette and in other languages to meet the needs of those who are not fluent in English.

CONTENTS

1   Introduction

1.1   The Belfast Health and Social Care Trust (the Trust) has in place an Equal Opportunity Policy Statement which emphasises its continuing commitment to the provision of equality of opportunity. The scope of the current policy covers age, marital or civil partnership status, sex, sexual orientation, gender reassignment, religious belief, political opinion, race (including colour, nationality, ethnic or national origins, or being an Irish Traveller), disability, pregnancy or maternity leave and with/without dependants. The Trust recognises that attention needs to be given to the position of people with disabilities in the service and it is for this reason that this Policy has been developed.

1.2   This Policy takes account of the Disability Discrimination Act 1995 (the DDA), as amended.

1.3   In developing this policy, the Trust has taken account of its duty under Section 49A of the DDA (as amended), which requires the Trust, when carrying out its functions, to have due regard to the need to promote positive attitudes towards people with disabilities and the need to encourage their participation in public life. Further information about how the Trust will comply generally with the Section 49A duty is given in our S.49A Disability Action Plan.

1.4   In developing this policy the Trust has also taken account of its duty under Section 75 of the Northern Ireland Act 1998 which requires the Trust, when carrying out its functions, to have due regard to the need to promote equality of opportunity between a range of groups, including people with and without disabilities. Further information about how the Trust will comply generally with the Section 75 duty is given in its Section 75 Equality Scheme.

1.5   This policy should be read in conjunction with the Trust's 'Reasonable Adjustments Guidelines for Managers' and 'Disability Etiquette' booklet. The recently published ECNI document "Employing People with Autism: A brief Guide for employers" should also be taken into account and the recommendations implemented as appropriate.

2   Purpose and Aims

2.1   To assist the Trust in complying with its statutory obligations under the DDA and Section 75 of the NI Act.

2.2   To encourage people with disabilities to apply for jobs within the Trust.

2.3   To ensure that people with disabilities who apply for jobs in the Trust know that they will receive fair treatment and will not be subjected to unlawful disability discrimination and be considered solely on their ability to do the job.

2.4   To promote a supportive working environment for people with disabilities and for those staff who provide assistance to employees with disabilities.

2.5   To ensure that existing employees who become disabled are retained and supported in their current role, wherever possible, or in alternative suitable employment if available and provide retraining where necessary.

2.6   To develop and extend work placement programmes and volunteering opportunities to make sure that people with disabilities can gain real work experience within the Trust to improve their likelihood of securing future employment.

2.7   To ensure that buildings or premises will be made as accessible as possible to enable employees with disabilities to gain access. Further, information produced by the Trust will also be made available, on request, in accessible formats.

2.8   To be recognised by the community as an employer which provides good employment opportunities for people with disabilities.

It is the Trust's intention that the above aims will further the key objectives of its S49A Disability Action Plan i.e. to ensure that it continues to give due regard to the need to promote positive attitudes towards people with disabilities and to their participation in the workforce.

3 Policy Statement

3.1 The Trust is committed to promoting equality of opportunity between both employees with and without disabilities in all aspects of employment.

3.2 By embracing and actively pursuing principles of good practice all people with disabilities will have a better opportunity to realise their fullest potential.

4 Scope of Policy

4.1 This policy applies to people with disabilities applying to the Trust whether for temporary or permanent positions/work placements, work based training placements, work experience or volunteering opportunities. It also applies to staff with disabilities already employed by the Trust and former employees with disabilities when providing references.

4.2 For the purposes of this policy, a person is deemed to be 'disabled' if their impairment satisfies the definition of 'disability' as laid down in the DDA (as amended). See section 6 below for further information about this.

5 Responsibilities

5.1 <u>Senior Management Team</u>:-
 • Is responsible for, and committed to, actively promoting the employment and retention of people with disabilities.
 • In conjunction with Co-Directors/Heads of Service/Line Managers will ensure that all staff at all levels have received disability training appropriate to their role and responsibilities.

5.2 <u>Staff</u>
 • All staff should be aware of the impact of their behaviour and attitudes to ensure a working environment in which the dignity of others is respected.
 • Employees who have a disability are encouraged to discuss the implications of same with their line manager in the event that any reasonable adjustments may be required to ensure their full integration and participation in the workplace.

6 Definition of Disability

6.1 The DDA (as amended) defines disability as "a physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out normal day to day activities."

The general rule is that a person is only deemed to be 'disabled' if they have an impairment which satisfies this definition.

NB: However there are some exceptions to this general rule so that people who have certain specified impairments will be deemed to be "disabled" regardless of whether they satisfy the above definition or not. The specified impairments are cancer, HIV infection, multiple sclerosis and severe disfigurements. Also a mental illness does not need to be a 'clinically well recognised' illness before it can count as an impairment for the purposes of the DDA (as amended).

6.2 **Physical impairment:** includes, for instance, a weakening of part of the body caused through illness by accident or from birth. Examples would be blindness, deafness, paralysis of a leg or heart disease.

6.3 **Mental impairment:** Mental health disabilities can occur at any time throughout a person's life. Statistically, one in five people will suffer from mental illness during their lifetime. There are many different types of mental illness. These include depression, schizophrenia, bi-polar disorder, psychosis, anxiety and stress and they can vary in severity and in the way recovery takes place.

Learning disability is present from birth and is a lifelong condition that can prevent or hinder learning.

6.4 **Substantial:** this means the effect of the physical or mental impairment on ability to carry out normal day to day activities is more than minor or trivial. It does not have to be a severe effect.

6.5 **Long-term adverse effect:** the effect has to have, or be likely to last, overall for at least 12 months or which is likely to last for the rest of the life of the person affected.

6.6 **Normal day to day activity:** this is something which is carried out by most people on a fairly regular and frequent basis, such as

washing, eating, catching a bus or turning on a television. It does not mean something so individual as playing a musical instrument to a professional standard or doing everything involved in a particular job.

6.7   The person must be affected in at least one of the respects listed in the DDA:
- mobility
- manual dexterity
- physical co-ordination
- continence
- ability to lift, carry or otherwise move everyday objects
- speech, hearing or eyesight
- memory or ability to concentrate, learn or understand, or
- perception of the risk of physical danger.

6.8   There are certain conditions which do not count as impairments for the purposes of the DDA. These are:
- addiction to or dependency on alcohol, nicotine or any other substance (unless resulting from the substance being medically prescribed)
- seasonal allergic rhinitis (eg hay fever), unless it aggravates the effect of another condition
- tendency to set fires, or steal, or physically or sexually abuse other persons
- exhibitionism and voyeurism
- disfigurements consisting of tattoos, non-medical body piercing or attachments to such piercing.

A person with an excluded condition may nevertheless be protected as a person with a disability if he or she has an accompanying impairment which meets the requirements of the definition. For example, a person who is addicted to a substance such as alcohol may also have depression, or a physical impairment such as liver damage, arising from the alcohol addiction. While this person would not meet the definition simply on the basis of having an addiction, he or she may still meet the definition as a result of the effects of the depression or the liver damage.

7 Discrimination

7.1 Under the DDA, disability discrimination may occur in several different ways. These are as follows:

7.1.1 <u>Direct Discrimination</u>

Employers directly discriminate against a person with a disability if, on the grounds of the person's disability, they treat them less favourably than they treat or would treat a person not having that particular disability whose relevant circumstances including his/her abilities are the same as, or not materially different from, those of the person with the disability.

For example: An employer seeking a sales representative turns down a applicant with a severe facial disfigurement solely on the grounds that other employees would be uncomfortable working alongside the disabled person. This would amount to direct discrimination and would be unlawful.

7.1.2 <u>Disability Related Discrimination</u>
Employers discriminate if a person with a disability is treated less favourably, for reasons <u>related to their disability</u>, than they treat or would treat another person to whom those reasons do not apply, and the employer cannot justify that treatment.

7.1.3 <u>Failure to make Reasonable Adjustments</u>

When a person with a disability is substantially disadvantaged by the employer's provisions, criteria or practices or by the working environment, the employer discriminates if they fail to make any reasonable adjustments which would eliminate or alleviate that disadvantage.

Note: There is no justification for failing to make a reasonable adjustment.

This duty applies to all aspects and stages of employment including:
- recruitment and selection, including advertising
- induction

- promotion and transfer
- training/career development
- performance related pay and occupational pension schemes
- retention
- the dismissal process
- former employees

Please refer to the Reasonable Adjustment Guide for Managers for further information and examples.

7.1.4 Victimisation

This occurs when an employer treats someone less favourably than others because they have asserted their rights under the DDA, or have assisted a person with a disability in asserting their rights.

NB: Unlike the other forms of discrimination which are made unlawful by the DDA, victimisation may be claimed by people who do not have a disability as well as by those who have.

7.1.5 Harassment

This occurs where, for a reason related to a person's disability, another person engages in unwanted conduct which has the purpose or effect of violating the disabled person's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that person.

It covers many types of behaviour including physical, verbal, non-verbal, interfering with another's property, etc.

For example: A man with a learning disability is often called 'stupid' and 'slow' by a colleague at work. This is harassment, whether or not the man with the learning disability was present when these comments were made, because they were said with the intention of humiliating him.

The Trust has in place a Working Well Together Policy and Harassment Policy which have been agreed with Trade Unions and which outline the types of behaviours that are unacceptable in the work place e.g. harassment on grounds of disability, etc.

8   Employment Provisions

8.1   The DDA applies to all employers regardless of size.

8.2   It is unlawful for an employer to discriminate in:
- recruitment and selection including arrangements for deciding who should be offered employment, in the terms on which employment is offered, or by refusing or deliberately omitting to offer a person employment
- the terms and conditions of employment
- the opportunities afforded for promotion, transfer, training or any other benefits, or the refusal of those opportunities
- dismissing an employee or causing him/her any other detriment.

8.3   Contract workers with disabilities (i.e. agency and self employed) are also protected under the DDA and by this policy. So are people with disabilities on work experience and work placements.

8.4   Reasonable Adjustments in Employment
Reasonable adjustments have to be considered at every stage of employment. Where a provision, criterion or practice applied by or on behalf of an employer, or any physical feature of premises occupied by an employer, places a person with a disability at a substantial disadvantage compared with people who are not disabled, the employer is required to make a 'reasonable adjustment'.   Please refer to the Reasonable Adjustment Guide for Managers which can be downloaded from the intranet for comprehensive information and clarification on reasonable adjustments or refer to the contact details given at paragraph 17.

8.4.1   Staff who cannot get exit of a building unaided should have a Personal Emergency Evacuation Plan (PEEP) completed by their manager with the necessary information to be able to manage their escape to a place of safety, and, to give departments the necessary information to ensure that the correct level of assistance is always available. This aim complies with the requirements of the Disability Discrimination Act (DDA). Information on PEEPs is included in Appendix B. Further information can be obtained from Fire Safety Officers or refer to the contact details in paragraph 17

8.5   Notifying the Trust of a Disability

Staff are actively encouraged to notify the Trust of a disability in order that reasonable adjustments may be made, where necessary, to assist an employee with a disability both in managing their disability and carrying out their job.

Whilst it is not compulsory for a member of staff to notify the Trust of a disability, if the Trust is not aware of a disability it cannot make any reasonable adjustments for the employee. For further information refer to the contact details in paragraph 17

8.6 Confidentiality
Sometimes a reasonable adjustment will not work without the co-operation of other employees and it may be necessary to tell one or more colleagues about a disability an employee has which is not obvious. However, the consent of the individual should always be sought before imparting information about their disability on a need to know basis.

When information about a disability is given in confidence to someone in the Trust e.g. Human Resources, Line Manager, or Occupational Health the Trust is deemed to know and therefore has an obligation to make reasonable adjustments where they are needed. The Trust must ensure this information is shared and dealt with by the relevant personnel in a confidential manner.

Further, if someone suspects that a person's behaviour, poor attendance and performance could be disability related, then they need to inform the relevant personnel (e.g. Human Resources Department or Occupational Health Department) and follow the appropriate procedure bearing in mind the duty to make reasonable adjustments for people with disabilities in areas such as absence management, the application of capability policies, performance management.

9 Recruitment

9.1 The Trust is committed to employing the best person for the job through the application of fair and objective recruitment & selection procedures and appointing solely on the basis of merit.

9.2   Generally the anti-discrimination laws make it unlawful to discriminate against an employee or job applicant on one of the equality grounds. However, there are some exceptions to the basic rule against discrimination. The Disability Discrimination Act 1995 does not prevent employers from treating persons with a disability more favourably than persons who are not disabled. Examples of this may include posts being advertised as open only to applicants with disabilities or the operation of a guaranteed interview scheme.

It is important to note that in the context of positive action, discrimination against other people with disabilities is not permitted.

9.3   As part of the Trust's commitment to ensure its recruitment and selection process is fair and objective, a person with a disability who does not meet the essential criteria stated in the Personnel Specification can request a reasonable adjustment which will be duly considered by the Trust. Where such an adjustment can be reasonably accommodated to allow the individual to move to the interview stage, it will. In instances where an adjustment cannot be made, the Trust will provide their decision in writing, clearly setting out the reasons why the request cannot be met in the circumstances.

9.4   The Trust will take every opportunity to engage in proactive approaches to the recruitment of people with disabilities and help break down employment barriers. This may include a range of options such as job trials, work experience, work based training placements, volunteering, ring-fencing jobs, availing of specialist Government programmes e.g. Workable NI, Work Preparation Programme etc. and using publicity to highlight that the Trust is an equal opportunity employer.

10.0 Retention/Dismissal

10.1   Under the DDA an employer must not discriminate against an employee who becomes disabled or whose disability becomes worse. If the arrangements or premises place the employee at a substantial disadvantage in their existing job the employer has a

duty to make reasonable adjustments to overcome the difficulties. This could involve:

- rearranging working methods
- allocating to another employee any minor tasks which the person with a disability can no longer do
- providing practical aids or equipment
- allowing employee to work at different times or places, eg to fit in with regular medical treatment.

10.2 The issue of job retention might also arise when an employee has a stable impairment but the nature of his or her job changes in a way which places him or her at a substantial disadvantage. Reasonable adjustments will have to be made if this occurs.

10.3 The person with a disability should be consulted at all times about what his or her needs are and, where the employee has a progressive condition, what effect the disability might have on future employment, so that reasonable adjustments may be planned. Therefore it is important to keep under review the needs of staff who have a progressive condition and the need for the ongoing involvement and support of the Occupational Health Department.

10.4 Support and advice will be provided by the Trust's Human Resources Department in conjunction with Occupational Health Department and, if appropriate, the Disablement Advisory Service which can:

- undertake employment assessments that are tailored to the individual;
- help to identify abilities and strengths;
- help to find out how disability or health conditions affect employment; and
- plan the steps needed to be taken to obtain or retain suitable employment.

These services can be accessed through a Personal Adviser at a local Jobs and Benefits Office/Job Centre or through the Employment Assessment and Occupational Psychology Services based in Belfast Tel: 02890 252175.

10.5 The cost of retaining an employee with a disability will frequently be less than the cost of recruiting and training a new member of staff and will prevent their knowledge and skills from being lost.

10.6 There are a number of Government Programmes which can assist people with disabilities to be retained in employment (see Appendix A) and the Trust will use these organisations as a source of support and advice to ensure people with disabilities have access to and can stay in employment. Further, in seeking to retain a person with a disability, there will be an expectation of both the Trust and the individual to be flexible in order to secure continued employment.

10.7 Deciding to terminate the employment of a person with a disability for a reason related to his or her disability (e.g. for capability or absence reasons) is a decision that should never be made before the employer has genuinely concluded that there are no alternatives to dismissal that can reasonably be implemented.

11 Former Employees

11.1 Under the DDA, where the employment of a person with a disability has come to an end it is unlawful for his or her former employer:
- to discriminate against him or her by subjecting him or her to a detriment, or
- to subject him or her to harassment, provided that the discrimination or harassment arises out of the employment which has come to an end and is closely related to it, eg provision of references.

12 Work Experience, Work Based Training Placements and Voluntary Work

12.1 In keeping with the Trust's Disability Action Plan, the Trust will work with external organisations to develop and extend structured work placement programmes to make sure that people with disabilities can gain real work opportunities and experience within the Trust to improve their opportunities of securing future employment.

12.2 A work placement is a planned period of work based learning or experience. The Trust recognises that for people with disabilities, work placements can be a key to access the world of work from which they might otherwise be excluded. Therefore work experience, work placement and vocational training are excellent interventions to provide opportunities for people with disabilities to gain experience and skills in work which may lead to employment. In addition, people with disabilities on work experience/work placement or vocational training are protected against discrimination and harassment under current legislation.

12.3 The Trust is committed to involving volunteers and a policy has been developed to promote and provide guidance on the appropriate involvement of volunteers throughout the Trust and to ensure that the interests of recipients, volunteers and staff are adequately protected. The Trust has adopted the following definition of volunteering:

"Volunteering is the commitment of time and energy for the benefit of society and the community, the environment, or individuals outside ones immediate family. It is undertaken freely and by choice without concern for financial gain"
(Making a Difference: the Government's Action Plan 1995)

12.4 The Trust supports the view that there is a very valuable and purposeful role for volunteers, which is separate and distinct from that of paid workers. It values the involvement of volunteers in its work because they reflect the interests, needs and resources of the community it aims to serve and bring a unique perspective to all its work. The Trust believes that volunteers, through a variety of interesting and satisfying tasks, enhance the quality of care or service provided to patients/clients/residents.

12.5 There are many benefits to involving volunteers with disabilities. People with disabilities can bring new ideas and fresh approaches, they can help to keep services relevant and present a more welcoming face to the public.

12.6 People with disabilities can experience exclusion from volunteering opportunities because of environmental, attitudinal and organisational barriers rather than as a result of the effects of their disability. However all volunteers bring with them their own skills

and talents, while increasing their own personal growth and development. Through appropriate support individuals who wish to volunteer should be supported to do so.

Support offered includes the provision of:

- A tailored volunteer role description with appropriate risk assessment
- Tailored support and supervision and identification of a key worker
- Volunteer expenses
- Volunteer induction and trial period
- Relevant training
- Partnerships with relevant volunteer supporting organisations

The Trust will continue to work with external volunteer supporting organisations to develop and support structured volunteer placements. These organisations include local volunteer centres, MENCAP, Action Mental Health, New Horizons and Cedar Foundation.

For further information on Volunteering refer to paragraph 17.

13   Indemnity

13.1 Children from schools and colleges on work placements with the Trusts are covered by Education Board indemnity.

13.2 Those on volunteering or work placements from the voluntary sector will be indemnified by the Trusts.

14   Awareness Raising/Education

14.1 The Trust will provide a programme of awareness raising and training on disability employment issues to provide managers and staff with information, training, support and advice so that they can achieve the objective of this policy.

14.2 This policy will be communicated to all staff and will be accessible via the Trust's Intranet and will be made available, on request, in alternative formats such as large print, Braille, audio cassette, plain language, easy read etc.

14.3 The Trust has developed a Disability Etiquette booklet which helps to identify and avoid inappropriate language and behaviour and offers practical advice about communicating with people with disabilities. This can be downloaded from the intranet or obtained from Equality and Improving Lives section of Human Resources – refer to paragraph 17.

14.4 The Trust is committed to seeking the views of staff with disabilities on issues that are important to them in the workplace and therefore a forum will be established in order to achieve this.

15   Review

15.1 Reviews of this policy will be undertaken at regular intervals and not later than three years following implementation.

16   Equality and Human Rights Considerations

16.1 This policy has been screened for equality implications as required by Section 75 and Schedule 9 of the Northern Ireland Act 1998. Equality Commission guidance states that the purpose of screening is to identify those policies which are likely to have a significant impact on equality of opportunity so that greatest resources can be devoted to these.

16.2 The policy has significant equality implications for people with disabilities. However these are all positive implications because the policy has been specifically developed for the purpose of promoting equality of opportunity for people with disabilities. The policy will not therefore be subject to an equality impact assessment.

16.3 Similarly, this policy has been considered under the terms of the Human Rights Act 1998, and was deemed compatible with the European Convention Rights contained in the Act.

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17   Further Information

Employment Equality and Improving Working Lives.

If you wish to seek advice or receive further information on disability, policies, training, employee for a, or disability monitoring please contact Employment Equality Manager on (028) 90636082.

If you wish to seek advice or receive further information on reasonable adjustments, disability placements or employability initiatives please contact the Senior Human Resources Officer on (028) 90636081.

Occupational Health Department

(028) 90631300

DEL Personal Advisers

http://www.delni.gov.uk/index/finding-employment-finding-staff/fefs-help-to-find-employment/localoffices.htm

Volunteer Services Department

(028) 90903028.

Estates Services Department

(028) 90902633

Appendix A

Summary of DEL Employment Schemes for People with Disabilities

In addition to the full range of training and employment programmes delivered by DEL to assist people find and retain employment if you, an existing employee or potential employee need specific help because their disability or health condition significantly affects the kind of work they can do, or it affects their chances of finding or keeping work, you may wish to contact a Personal Adviser at your local Jobs & Benefits office / JobCentre.

Personal Advisers will:-

- discuss with you the difficulties you or your employee are encountering which make it difficult to work; and
- help you consider a range of choices which may provide the practical, health and financial supports you might need to make decisions about work .

- DEL is committed to helping employers recruit and retain employees with disabilities. It provides a range of practical and financial help so you can find the right person for your vacancy or organisation, including people with disabilities.

Disablement Advisory Services

The Department for Employment and Learning's DAS is an integral part of Preparation for Work Division. It is the main branch within the Department supporting people with health conditions and disabilities. DAS provides a range of programme to assist Departmental customers obtain and retain suitable employment while its staff have extensive experience of helping people with complex and serious conditions in employment and training. These programmes are listed below.

Job Introduction Scheme

The job Introduction Scheme is a job trial lasting 13 weeks. It offers both the employer and the person with the disability the opportunity to try work and to see if the requirements of the job and the skills of the disabled person match. Employers receive a grant of £75 per week for

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the duration of the job trial while the employee with the disability is employed under the same terms and conditions as any other employee. Payment will be made in a lump sum at the end of the 13 week job trial period. The grant is available for people with all types of disability to start a job which is either full time or part time. The job should be permanent and expected to last at least 32 weeks.

Access To Work NI

Access To Work NI is available to overcome the practical problems caused by disability. It offers advice and help in a flexible way that can be tailored to suit the needs of an individual in a particular job, or getting to and from work. The programme can assist in a number of ways, for example:-

➢ Communication support at interview
➢ Special aids and equipment
➢ Adaptations to premises and equipment
➢ Travel to Work
➢ Support Worker
➢ Disability awareness training

Workable (NI)

This programme provides a flexible range of long term support to assist people with disabilities with substantial barriers to employment, find and keep work. The support needs of each individual are assessed and individually tailored support packages are developed to meet client needs. These support mechanisms can include:

➢ Job Coach to assist the disabled worker and their colleagues adapt to the needs of the particular job
➢ Developmental costs to the employer
➢ Extra training
➢ Disability Awareness Training

Work Preparation Programme

This programme is an important part of the 'Pathways to Work' initiative which aims to help people on an incapacity benefit return to work. The programme lasts up to 12 weeks and during this time, clients will benefit from in-house training from a provider organisation, as well as entering a real working environment through work placement with an employer.

Both in-house training and actual work experience will help identify and assess work abilities, as well as boosting self-confidence and updating existing or development new skills. Throughout work placements, clients will receive one-to-one support and will also be provided with professional advice on seeking new or returning to previous employment.

Condition Management Programme

This programme is a work-focused support and advice programme which lasts up to 12 weeks. It is delivered by health care professionals who will help clients understand and manage their conditions and assist in getting them back to work. They will provide support and advice to help clients management arthritic complaints, back and neck problems, chronic fatigue, depression, pain and stress, as well as heart, circulatory and respiratory disorders.

Occupational Psychology Services

Occupational Psychology Services service offer consultancy, advice and guidance in areas relating to work, disability and health. Their services are available to support clients with disabilities, employers and Personal Advisers and include;-

➢ Policy strategy
➢ Organisational development
➢ Training
➢ Employment assessment
➢ Advice, guidance and support on disability issues
➢ Programme design and management
➢ Recruitment
➢ Evaluation
➢ Research and development
➢ Consultancy

Workable (NI) Case Studies

- Please read the case studies for Workable (NI) Clients http://www.delni.gov.uk/index/publications/pubs-das/das-workableni-case-studies.htm

For further Details contact
Disablement Advisory Service
5th Floor Gloucester House
57-63 Chichester Street
Belfast BT1 4RA
Tel 028 9025 2268
Fax: 028 9025 2330
Textphone : 0800 0284716
E-mail: das@delni.gov.uk
Web: www.delni.gov.uk

Useful Contacts:

Disability Action
Portside Business Park
189 Airport Road West
Belfast, BT3 9ED
Tel: 028 9029 7880   Fax: 028 9029 7881
Text phone: 028 9029 7881
Email: hq@disabilityaction.org
Website: www.disabilityaction.org

Employers for Disability NI
Banbridge Enterprise Centre
Scarva Road Industrial Estate
Banbridge, BT32 3QD
Phone: 028 4062 4526   Fax: 028 4066 9665
Email: info@efdni.org
Website: www.efdni.org

Equality Commission for Northern Ireland
Disability Section, Equality House
7-9 Shaftesbury Square
Belfast, BT2 7DP
Phone: 028 9050 0600   Fax: 028 9032 8970
Email: information@equalityni.org
Website: www.equalityni.org

Northern Ireland Union of Supported Employment
58 Strand Road
Derry
Co Londonderry

BT48 7AJ
Phone; 028 71 377709
Fax: 028 71360125
Textphone: 028 71372077
Email: info@niuse.org.uk   Website: www.niuse.org.uk

Ulster Supported Employment Ltd (USEL)
182-188 Cambrai Street
Belfast, BT13 3JH
Phone: 028 9035 6600
Fax: 028 9035 6611
Minicom: 028 9075 7012
Text Phone: 02890750625
Website: www.usel.co.uk

MENCAP
Segal House,
4 Annadale Avenue,
Belfast, BT7 3JH
Phone: 028 9069 1351
Fax: 028 9064 0121
Web: www.mencap.org.uk

AMH Action Mental Health (Central Office)
Mourne House
Knockbracken Healthcare Park
Saintfield Road
Belfast BT8 8BH
Tel: 028 9040 3726
E-Mail: info@amh.org.uk

Positive Futures
Head Office
2b Park Drive
Bangor
BT20 4JZ
Tel: 028 9147 5720
E-mail: info@positive-futures.net
Web: www.positive-futures.net/

ACET (Greater Belfast only)
Agencies in Consortium for Education & Training
Trust Headquarters
Knockbracken Healthcare Park
Saintfield Road
BELFAST
Northern Ireland
BT8 8BH

In each Health and Social Care Trust area there are a number of vocational training and supported employment organisations which can assist the Trusts to recruit and provide support to maintain and retain people with disabilities in employment. The Health Trust will also work in partnership with these organisations to develop interventions such as work experience, work placements, voluntary work and training which may progress into employment. Many of these organisations are funded under ESF and part funded by Health and Social Care Trusts –

Action Mental Health
5 Duncrue Place
Belfast
BT3 9BU
Tel: 028 90745015
E-mail: info@amh.org.uk
Web: www.actionmentalhealth.org.uk

Cedar Foundation (Regional organisation)
1 Upper Lisburn Road
Belfast
BT10 0GW
Tel: 028 9061 2424
Fax: 028 90614314
E-mail: info@cedar-foundation.org
Web: www.cedar-foundation.org

Dr B's Kitchen (Belfast)
9 Bridge Street
Belfast BT1 1LT
Tel: 028 90321213
Fax: 028 90313967

Web: www.barnardos.org.uk/drbsbelfast
E-mail: drbskitchen@barnardos.org.uk

NOW (Belfast)
428 Springfield Road
Belfast BT12 7DU
Tel: 028 90436400

Orchardville Society (Belfast Trust)
Lagan Village Tower
144-152 Ravenhill Road
Belfast BT6 8ED
Tel: 028 90732326
Fax: 028 90732328
Web: www.orchardville.com

RNIB (Regional)
40 Linenhall Street
Belfast
BT2 8BA
Tel: 028 9032 9373
E-mail: rnibni@**rnib**.org.uk
Web: www.rnib.org.uk/northernireland

RNID (Regional)
Wilton House
5-6 College Square North
Belfast, BT1 6AR
Tel: 028 90239619
E-mail: information.nireland@rnid.org.uk
Text phone: 028 9023 9619
Text answer phone 028 9031 2033
Web: www.rnid.org.uk

Stepping Stones
39 Seymour Street
Lisburn BT27 4SY
Tel: 028 92667124
Fax: 028 9266 8900
E-mail: **stepping.stones**@nireland.com

The Trust will also provide information to the Physical Disability/Sensory Impairment website www.OpportuntiesForAll.org which provides information on a range of subject areas including Supported Employment opportunities for the general public.

Disclaimer – This list is not exhaustive. For further information contact Northern Ireland Union of Supported Employment for Supported Employment organisations in your area.

Appendix B

Guidance on Preparation of a Personal Emergency Evacuation Plan (PEEP)

Background

Aim

The aim of a Personal Emergency Evacuation Plan (PEEP) is to provide people (who cannot get themselves out of a building unaided) with the necessary information to be able to manage their escape to a place of safety, and, to give departments the necessary information to ensure that the correct level of assistance is always available. This aim complies with the requirements of the Disability Discrimination Act (DDA).

Responsibilities

It is the responsibility of line Managers and Fire Wardens to talk to staff to identify whether they require any assistance in the event of an emergency. If a member of staff requires assistance the Emergency Egress Questionnaire should be completed (see section1). This should be completed in conjunction with the member of staff concerned and with appropriate support from the Estate Services Department (Fire Safety Officer).

Writing the PEEP

From the information gathered in the questionnaire, a written Personal Emergency Evacuation Plan (PEEP) should be developed (see section 2). Advice and support for writing the PEEP is available from the Estate Services Department via the Fire Safety Officer. Given the unique characteristics of buildings and the need for a PEEP to take account of the buildings capabilities, staff in question who regularly use different buildings may need a separate PEEP for each building.

If assistance with escape is required, the extent of such assistance should be identified in the PEEP and the number of assistants and the methods to be used should be recorded. The line Manager needs to ensure that there is cover for absences, and that assistants are trained as necessary.

Evacuation in an Emergency

Assisting wheelchair users on stairs

Where wheelchair users are located above the ground floor there are a number of considerations. In all the following cases the Fire Safety Officer will be able to give more advice with identifying Refuges and Evacuation Lifts.

a) Temporary Refuges

A refuge is a designated temporary safe space where disabled people can wait for assistance. It is an area that is both separated from a fire by fire resisting construction and provides a safe route to final exit e.g. the head of a protected stairway - where there is sufficient space. The provision of a refuge will permit a staged evacuation to be implemented. A refuge area must be clearly signed and should be of sufficient size to accommodate people using it as a refuge and also any people passing through on their way out of the building.

Refuges should only be defined after consultation with the Fire Safety Officer as the requirements for fire separation and structure are very specific.

b) Lifts

Most lifts cannot be used in an emergency. Any lift used for the evacuation of staff with disability should be either a "fire-fighting lift" or an "evacuation lift." The Estate Services Department will be able to tell you if and in what circumstances a lift may be used in the event of a fire.

If you believe that there is a suitable lift then the Estate Services Department will advise on the correct procedure for using the lift as an evacuation lift and will also advise on the signage and training necessary.

c) Safe Routes

A PEEP should contain details of the escape route(s) the staff member will be expected to use. Clear unobstructed gangways and floor layouts should be considered at the planning stage.

It is especially important to ensure that locks, doors and other devices are all able to be operated by the evacuating persons.

It is also necessary to ensure that there are (as much as possible) alternative routes and that the routes are not excessively long. Further advice is available from the Fire Safety Officer on a Building by Building basis.

Deaf, Deafened and Hard of Hearing

Generally, most deaf people working alongside hearing colleagues will not require special equipment, providing they have been made aware of what to do in the event of a fire. They will be able to see and understand the behaviour of those around them.

However, people with who are deaf or hard of hearing <u>working alone</u> may need an alternative method of being alerted to an emergency. For example many alarm systems have visual indicators in the form of a flashing light, or vibrating pager systems can be used. If additional equipment is required then please consult with the Estate Services Department.

Blind and Partially Sighted

Staff should be offered orientation training and, where applicable this must include alternative ways out of the building. If a blind or partially sighted person uses a guide dog it is important that the dog is also given ample opportunity to learn these routes.

Training

To be effective, any egress plan depends on the ability of staff to respond efficiently. Staff will therefore receive instructions, practical demonstrations and training appropriate to their responsibilities. This may include some or all of the following elements:

- Fire drills for staff.

- Specific training for DNOF's/Fire Wardens

- Specific training in the use of Fire Extinguishers, etc.

Further advice is available in the first instance from the Fire Safety Officer.

Section 1: Emergency Egress Questionnaire for Disabled Person

This questionnaire is intended to be completed by a disabled person to assist the development of a Personal Emergency Evacuation Plan. Please provide as much information as possible to enable the Belfast Trust to develop a suitable plan.

Once developed, the Plan will be the intended means of escape in the event of an emergency (including drills). If the practice drills identify concerns in the implementation of the evacuation, then please contact your Line Manager for assistance in finding suitable solutions.

Why you should fill in the form

As your employer, the Belfast Trust has a legal responsibility to protect you from fire risks and ensure your health and safety at work. The PEEP will be developed based on the information you provide.

What will happen when you have completed the form?

You will be provided with any additional information necessary about the emergency egress procedures in the building(s) you attend.

If you need assistance, the "Personal Emergency Evacuation Plan" will specify what type of assistance you need.

Name

Job Title

Department

Brief Description of Duties

LOCATION

1.   Where are you based for most of the time?
Please name: the building, the floor and the room number.

2.   Do you routinely use more than one location in this building?

YES ❑   NO ❑

If you feel it is necessary please provide further details below.
(Please list
the buildings and floors you use in each building)

AWARENESS OF EMERGENCY EVACUATION PROCEDURES

3.   Are you aware of the emergency evacuation procedures
which operate in the building(s) you attend?

YES ❑   NO ❑

4.   Do you require written emergency evacuation procedures?

YES ❑   NO ❑

4a   Do you require written emergency procedures to be supported by
BSL interpretation?

YES ❑   NO ❑

4b   Do you require the emergency evacuation procedures to be in
Braille?

YES ❑   NO ❑

4c   Do you require the emergency evacuation procedure to be on
tape?

YES ❑   NO ❑

4d   Do you require the emergency evacuation procedures to be in
large print?

YES ❑   NO ❑

5.   **Are the signs which mark emergency routes and exits clear enough?**

   YES ❑   NO ❑

EMERGENCY ALARM

6.   **Can you hear the fire alarm(s) in your place(s) or work?**

   YES ❑   NO ❑   DON'T KNOW

7.   **Could you raise the alarm if you discovered a fire?**

   YES ❑   NO ❑   DON'T KNOW

ASSISTANCE

8.   **Do you need assistance to get out of your place of work in an emergency?**

   YES ❑   NO ❑   DON'T KNOW

   If **NO** please go to Question 12

9.   **Is anyone designated to assist you to get out in an emergency?**

   YES ❑   NO ❑   DON'T KNOW

   If **NO** please go to Question 11. If **YES** give name(s) and location(s)

10.   **Is the arrangement with your assistant(s) a formal arrangement?**
   (A formal arrangement is an arrangement specified for them by the Head of Department or written into their job description or by some other procedure.)

   YES ❑   NO ❑   DON'T KNOW

10a   Are you always in easy contact with those designated to help you?

   YES ❑   NO ❑   DON'T KNOW

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11. In an emergency, could you contact the person(s) in charge of evacuating the building(s) in which you work and tell them where you were located?

YES ☐   NO ☐   DON'T KNOW

GETTING OUT

12. Can you move quickly in the event of an emergency?

YES ☐   NO ☐   DON'T KNOW

13. Do you find stairs difficult to use?

YES ☐   NO ☐   DON'T KNOW

14. Are you a wheelchair user?

YES ☐   NO ☐

Thank you for completing this questionnaire. The information you have given us will help us to meet any needs for information or assistance you may have.

Please return the completed form to:

_____
                                                    Line Manager

Section 2: To be completed by the line Manager (may require development of more than one plan for more than one building)

Personal Emergency Evacuation Plan for

Name

Department

Building

Floor

Room Number

AWARENESS OF PROCEDURE

The person to be assisted is informed of a fire evacuation by:

existing alarm system ☐

pager device ☐

visual alarm system ☐

Other (please specify) ☐

DESIGNATED ASSISTANCE

(The following people have been designated to give me assistance to get out of the building in an emergency).

Name

Contact details

Name

Contact details

Name

Contact details

METHODS OF ASSISTANCE (e.g. Transfer procedures, methods of guidance, etc)

EQUIPMENT PROVIDED (including means of communication)

EVACUATION PROCEDURE (A step by step account beginning from the first alarm)

SAFE ROUTE(S)

Personal Emergency Egress Plan

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1.   PERSONAL DETAILS

Name:	

2.   LOCATION

Building:	
Floor:	
Room Number:	
Times when the PEEP is applicable:	

3.   AWARENESS OF PROCEDURES

I have received the emergency evacuation procedures:

In Braille		On Tape	
In BSL		In Print	
In Large Print		In SSE	

4.   ALARM SYSTEM

I am informed of an emergency evacuation by:

Existing alarm system		Visual alarm system	
Vibrating pager		Other (please specify below)	

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5. DESIGNATED ASSISTANCE

Where applicable, the following people have been designated to give assistance when I need to get out of the building in an emergency.

Name:	Location:

My designated assistants have been trained in the emergency procedures drafted to assure my safety:

Yes ☐   No ☐

6. EGRESS PROCEDURE (To be provided by the Assessor)

The details provided here should include a step by step account of how the Belfast Trust will ensure that the building user will reach a place of safety from first alarm actuation to final exit. A diagram should be provided, where necessary, highlighting the position of specific escape routes, refuges and any equipment provided to ensure the safety of the person under assessment.

7. ASSESSMENT SIGN-OFF

Signed (Assessor)	
Signed (Building User)	

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1. Alternative Formats

Please ask us if you would like a copy of this booklet in a different format, such as Braille, easy read, on disk or audiocassette, or in an alternative language.

If you require a copy of this booklet in a different format please contact the Improving Working Lives Team, Human Resources on 028 95 048913.

The HSC Trusts would like to acknowledge all of those who contributed to the development of this booklet.

2.   Aims of this booklet

People with disabilities, and those who work on their behalf, are concerned that negative images of disability and incorrect assumptions can hamper their progress towards equal opportunities at work and within society. This booklet aims to widen understanding of the views and preferences of people with disabilities and will help employees identify and avoid inappropriate language and behaviour. The booklet offers practical advice about communicating with people with all disabilities both in daily life and in the workplace.

3.   Did you know that in Northern Ireland ….

➢ 21% of the adult population has a disability which is higher than most of the UK

➢ 17% of people have multiple disabilities

➢ 6% of children and young people have a disability

➢ 1 in 4 families is directly affected by disability

➢ there are 52,000 people with a learning disability

➢ 1 in 7 people has some form of hearing loss

➢ mental health disability affects 1 in 5 of the population in some form in a person's lifetime.

➢ less than 5% of people with physical disabilities are wheelchair users.

Further, a person with a disability is more likely to:

➢ be unemployed – 66% of people with disabilities are unable to access employment opportunities

➢ have no qualifications

➢ live on or below the poverty line as benefits make up two-thirds of their income, compared to just over a fifth for the general population.

Approximately half of people with disabilities:

➢ have difficulty using everyday services like going to the cinema, eating out or going shopping

➢ of those 4 in 10 have problems getting there

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➢ of those who find shopping difficult, 1 in 3 has problems getting around the shops.

In addition:-

➢ 80% of people with disabilities who encounter difficulties are offered no help by service providers.

➢ Disability should not be confused with illness. The general health of many people with disabilities is as good as that of anyone else.

➢ A sighted person is about four times more likely to be employed than a blind person is.

➢ 70% of people acquire disability during their working life and there are more females than males with disabilities

➢ People who have a mental health disability or a learning disability are five times more likely to be unemployed than people without these disabilities.

Sources: NI Survey of people with Activity Limitations and Disabilities; NI Census; Mental Health Foundation; Employer's for Disability NI.

People with disabilities are people first. Sometimes we, in most cases unknowingly, create barriers for people with disabilities. It's important that each one of us works to remove those barriers and concentrate on the person, not the disability.

The Trust is committed to good practice in the recruitment and career development of people with disabilities. Many of the barriers that people with a disability face are created by negative attitudes and misconceptions. These barriers are reinforced by small details of language and behaviour. These may seem insignificant but they can reinforce inaccurate assumptions and cause unnecessary offence.

By recognising this, and by understanding the feelings of people with disabilities, the Trust aims to ensure that employees with disabilities can compete and flourish on an equal basis in the workplace.

4. Terminology

Many terms used about disability go back to the medical model of disability from the 1960's. This model showed no consideration for the person – it focused on what was 'wrong' with the individual. The social model replaced the medical model and for the first time the 'person' was recognised. Even more enlightened is the new affirmation model, which recognises and celebrates disability and the individual differences of people.

Despite more enlightened thinking, many unacceptable terms are still used today. Appropriate use of written and oral language will make it easier to communicate and interact with people with disabilities.

Every member of staff can make an important difference to the way services are delivered to people with disabilities. It's estimated that around a third of our service users i.e. patients, their families and visitors have disabilities, that is, they have physical, sensory, learning or mental health difficulties or chronic and long term health conditions. Don't be daunted by 'rights' and 'wrongs'. Instead, always bear in mind that people with a disability, like everyone else, wish to be treated with respect and courtesy and in a friendly matter.

5. Improving the overall experience of patients

Below are some things to bear in mind when dealing with people, patients/clients and service users, whether or not they have a disability:

➢ Wear your name badge and, when possible, especially when helping a patient with a visual disability, give your name. Always give your name when answering the phone. Communicate directly with the patient, even if they have someone with them, unless informed otherwise.

➢ Offer help to a person with a disability but wait until your offer is accepted before you act. Do not assume you know the best way of helping – listen to any instructions you are given.

➢ Treat adults in a manner appropriate to adults. For example, call a person by their first name only when extending that familiarity to others present – all staff should ask service users how they would like to be addressed and it should not be assumed that people (especially older people) feel comfortable when being addressed by their first name by people who are not close friends or relatives.

➢ Use an everyday tone of voice. Do not shout at or patronise anyone.

➢ Make appropriate physical contact with people with disabilities like you would with anyone else – for example shake hands.

➢ Never lean on a person's wheelchair and, when talking to the person, try to ensure your eyes are at the same level as theirs, perhaps by sitting down.

➢ Ask the person how *they* wish to be communicated with and allow them to communicate in his or her own way, and in his or her own time. Don't finish sentences for anyone. Be patient, stay calm and respect the person's answer to your question.

➢ Try not to feel uncomfortable the first time you come across a person with a particular disability. It is perfectly acceptable to ask the person if they need any support or adjustment. Don't make assumptions that you know best.

➢ Take the time to explain what is going on and check that the person understands. For example, at outpatients, don't just say, "Put your card in the appointment box." People who are blind or have visual disabilities may not see the box. Explaining helps avoid unnecessary anxiety or stress.

➢ Don't make assumptions. For instance, avoid assuming that someone's disability is the cause of the symptoms he/she is experiencing. Often issues and problems have nothing to do with being disabled.

➢ Do not be embarrassed about using common expressions such as "see you later" if someone has a visual impairment, or "I'll be running along then" if they use a wheelchair.

➢ When planning an event, ask advice from people with disabilities and advertise accessibility. If access and facilities are not clearly described, people with disabilities may not come along if they have encountered difficulties in the past.

➢ It is estimated that 83% of people who have disabilities acquire the disability after birth. Many have hidden disabilities, that is, something that is not immediately obvious to the casual observer. Examples are post-accident trauma, arthritis, asthma, diabetes, diseases of the heart and circulatory system, dyslexia, epilepsy, learning difficulties or mental illness. Also, it may not be immediately obvious if someone has a hearing or visual disability.

➢ Ask patients, in appointment and admission letters, to let the hospital/clinic know in advance if they have any special requirements. Remember too that letters and leaflets for patients should be in Arial, size 14 font as per the Health

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and Social Care corporate identity guidelines and should follow best practice regarding the provision of information and communication.

➢ Ensure you know how any communication aids work, for example, text phones, Typetalk, or induction loops. Remember that deaf patients/clients are entitled to be accompanied by a sign language interpreter or a person with a learning disability may have a friend or advocate to accompany them.

➢ When seeking consent for examination, care or treatment, remember that no-one has the right to consent on behalf of a competent adult. The Trust's policy on consent, available from line managers and on the intranet, provides further information.

➢ Ensure you attend disability training events, eg. Deaf awareness training, and, if you are a manager, allow your staff time to attend.

➢ If you have to give a diagnosis of a disability (diagnosis of condition that will or may result in the person acquiring a disability) to a patient or parent, be extremely sensitive to the fact that, often, how this news is given, can impact on how they deal with it for the rest of their lives. Make sure that all those who need to be told are told and that you have information available about support mechanisms for the patient and/or carer.

6. Language

It is important to have a general understanding of words and phrases that you should use when referring to someone with a disability. There are no hard and fast rules. Employers should be aware of the preferences of disabled people and respect these preferences, which may change over time.

The following is a helpful guide when talking to or writing about people with disabilities:

➢ The word 'handicapped' is offensive - instead say 'person with a disability'.

➢ Medical 'labels' are undesirable and often misleading, as no two people are alike. Medical labels say little about people as individuals, and tend to reinforce stereotypes of disabled people as 'patients', powerless and wholly dependent on the medical profession.

➢ It is dehumanising to refer to a person in terms of a condition. Therefore do not talk about 'a spastic' or 'an epileptic'. Instead say he or she 'has cerebral palsy' or refer to 'a person with epilepsy'.

The table overleaf has a list of terms that you should and shouldn't use.

Words to avoid

Do Say	Do not say
Person who has/person with/person who has experienced	Victim of/crippled by/suffering from/afflicted by etc. The anything: The Blind The Disabled
Wheelchair user or person who uses a wheelchair	Wheelchair bound or describe someone as 'confined' to a wheelchair
Person with a learning disability	Mental Handicap
Mental health disability or person who has/with a mental health disability	Mentally ill or 'Not all there'
Person with a disability	Invalid
He or she is deaf/hard of hearing/blind/has a visual disability	'deaf and dumb'
Person who has/with arthritis Person who has/with epilepsy Person who has/with diabetes	Arthritic Epileptic Diabetic
Non-disabled; Person without a disability.	Normal, healthy, (when speaking about people without disabilities as compared to people with disabilities)

7. Meeting and communicating with people with disabilities

People who are deaf or have a hearing impairment

➤ Do not make assumptions about a person's ability to communicate or the ways in which they do it. Ask how the person would prefer to communicate with hearing people.

➤ Deaf people who use sign language find this the easiest method of communication – but not all Deaf people use sign language.

➤ Don't shout – it is impolite, uncomfortable for a person wearing a hearing aid, makes lip reading more difficult and makes you look and feel irritable.

➤ Check that the person has understood you and that you have understood them by rephrasing your questions, repeating what has been said, and by summarising what has been agreed at the end of the conversation. In some situations written notes might be helpful.

➤ Pay attention to the person's facial expressions and gestures and if you don't understand what is said, ask for it to be repeated. If you pretend to understand when you don't, you will have problems later.

Lip-reading

Do not assume that everyone who is Deaf can lip-read. Always ask the person when you first meet them. If they do lip-read, remember that this skill is never wholly reliable. It requires intense concentration and is very tiring.

When meeting a person who is lip-reading:

➤ Look directly at them and speak clearly and slightly slower than normal speed.

➤ Speak with facial expressions, gestures and body movements which emphasise the words you use. (Only 3 out of 10 words are visible on the lips.)

➤ Face the light and keep hands, food and so on away from your face while speaking. Make sure there is enough light and that neither of you is silhouetted against a strong light.

➤ If necessary, attract the person's attention with a light touch on their shoulder or a wave of your hand or some other visible signal.

Using a sign language interpreter

Book an interpreter well in advance of the event or meeting (please refer to interpreter booking procedure on the intranet). In a one-to-one situation, talk to the person, not the interpreter. The interpreter normally sits or stands to the side of the hearing person to form a triangle.

In a group, arrange the seating in a circle or horseshoe so everyone can be seen. The interpreter can then point to the person speaking.

In all interpreting situations it's important to have adequate lighting. Make sure the background behind the interpreter is plain and not distracting. This means the deaf person can see the interpreter's facial expressions and lip patterns clearly.

People who use a wheelchair or have mobility problems

➢ Do not lean on a person's wheelchair. The chair is part of the body space of the person who uses it.

➢ When talking for more than a few moments to someone in a wheelchair, to avoid discomfort, for example a sore neck, try to put yourself at their eye level by sitting also.

➢ Wheelchair users usually prefer to move around under their own power or use powered wheelchairs. Do not push the chair unless you offer help and it is accepted.

➢ Never touch or move crutches or walking frames without the user's consent.

People who are blind or have serious sight loss

➢ Approach the person from the front and let them know you are there with a light touch on the hand or arm.

➢ Identify yourself clearly and introduce anyone else who is present. Try to indicate where they are placed in the room.

➢ When offering a handshake, say something like 'shall we shake hands?'.

➢ When help may be needed, for example on unfamiliar ground, say 'How may I assist?" The person will advise you. Generally speaking good practice involves standing by the person with your arm straight (known as the grip arm) and fingers pointing to the ground. He or she will firmly hold your arm just above your elbow. You should walk slightly in front, making it easier for the person to

understand the movement of your body. This will allow you to guide rather than propel or lead the person.

➢ When offering a seat, place the person's hand on the back or arm of the chair.

➢ To open a door, place the person's hand on the door handle and let him/her open it, then you go through the door first, allowing the person you are guiding to follow. Let them close the door themselves.

➢ Steps, stairs and slopes: When you approach steps or a slope say so and say whether they go up or down. The person with the sight problem should be on the side with the handrail. If you need to change sides, ask the person to stand still and let go of your guiding arm to allow you to change sides. Walk towards the handrail and show its position with your guiding arm. It's a good idea to practice these techniques with a colleague from time to time.

➢ When talking in a group identify yourself and remember to say the name of the person to whom you are speaking.

➢ Do not leave someone talking to an empty space. Say when you want to end a conversation or want to move away.

➢ Remember that a guide dog is a working dog, not a pet, and should never be distracted.

➢ Introduce other people for example, the ward sister and the ward clerk. It will make conversation easier if you also introduce a person with sight problems to the other patients. Say for example:

"Mrs. Patel is on your right.
Mrs. Anderson is just opposite and
Mrs. Doherty is on your left.
I'll introduce you to the Senior Nurse when they come on duty."

➢ The following points will also help make things easier:

▪ If you move something around the person with a sight disability, always put it back in the same place.

▪ When you serve a meal, say that you have done so, say what it is and ask if any help is needed.

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- If the person has to go to x-ray, theatre, or somewhere else in the hospital, make sure the porter and whoever will be looking after the person, knows the person has a sight disability.

Deafblind people

A person may be regarded as deafblind if they have a combination of hearing and sight loss resulting in problems with communication, information and mobility. Most deafblind people do have some sight and/or hearing, so the advice in the two previous sections will also apply, but using touch methods for communication and access to information are more likely.

➢ If offering to guide, move their hand gently to your elbow; some deafblind people also have poor balance, take your cue on how to guide from them.

➢ You may be able to communicate by writing clear capital letters on their palm, using the whole palm.

➢ If the person asks for written information, use a thick black pen and write large letters – check the size is right for the person with one word before continuing.

People with speech difficulties

➢ Give your whole attention to a person with a speech difficulty. Be encouraging and patient. Do not correct or speak for the person. Wait quietly while the person talks, and resist the temptation to finish sentences.

➢ Where possible ask questions that just need short answers or a nod or shake of the head.

➢ If you have difficulty understanding, don't pretend. Repeat what you do understand, and the person's reactions will guide you.

Autistic Spectrum Disorders

It is widely recognised that individuals and groups prefer a variety of terms including autism spectrum disorder, autistic spectrum condition, autistic spectrum difference, Aspergers disorder. However in this guidance 'autism' refers to all 'autism spectrum disorders'.

Autism is a lifelong developmental disability that affects the way a person communicates and relates to other people. It is a spectrum disorder which means that it affects each person differently.

The main features of autism are;

• Having difficulties with communicating with other people. The person with autism may interpret language in a literal way, may have difficulty interpreting idiomatic terms, and may not know when someone is joking or being sarcastic.

• Finding it difficult to form or sustain relationships, to engage in a social situation and struggling to initiate conversation.

• Having narrow interests, repeated routines or finding it hard to prepare for change or plan for the future.

• Being over or under sensitive to sound, light, colour, smell and taste. A person with autism for example, may find the work environment too noisy.

Please also remember:

• Use clear and unambiguous language; avoid using figures of speech, sarcasm or metaphors.

• Give precise direction. Instructions should be given one at a time.

• If the person seems aloof or uninterested in talking to colleagues, e.g. avoids eye contact or often says the 'wrong' thing, remember (and, where appropriate, remind colleagues) that this is probably unintentional and is likely to be due to the person's communication difficulties

• Boundaries and 'unspoken or unwritten' rules of the workplace need to be explained clearly.

The Autism Act (NI) 2011 has amended the DDA (Disability Discrimination Act 1995) to remove any ambiguity as to whether the term "disability" applies to autism spectrum conditions. The effect of this amendment is to clarify that a condition which has a substantial and long-term adverse effect on someone's ability to "take part in normal social interaction" or in "forming social relationships" can constitute a "disability". Therefore, managers are asked to take note of this important change and of the need to consider reasonable adjustments for staff with an autism spectrum disorder.

People with Dyslexia or Dyspraxia

Dyslexia is more than just difficulty with reading and writing, it may include underlying problems of short-term memory, processing information and perceptual, spatial and motor skills. Associated literacy and numeracy problems may be obvious, or they may show as slowness rather than inaccuracy.

Dyspraxia impairs the organisation of movement and is associated with problems of language, perception and thought. It overlaps with dyslexia and the two conditions can co-exist in the same person, as can Asperger Syndrome (see page 18). Symptoms include poor short-term memory and concentration, literacy and organisational problems and problems with co-ordination, dexterity and social skills.

Forms can be difficult to fill in. Ask if support is required, as the person may feel embarrassed or awkward to ask you for assistance.

People with mental health problems

'Mental illness' covers all diagnosable mental health problems that become 'clinical', that is, they need a degree of professional intervention and treatment.

'Mental disorders' are health conditions characterised by alterations in thinking, mood or behaviour associated with distress or impaired functioning, or both, for example people in the early stages of dementia or who acquire a brain injury.

People with a past history of mental health problems can experience discrimination. Most people make a full recovery. However, someone experiencing the emotional distress and confusion caused by mental health problems may find everyday activities very hard.

Therefore you should:-

➤ be patient and non-judgemental and give the person time to make decisions

➤ ask what support, if any, is needed, and pay attention to the answer. Allow the person time to tell or show you what he/she wants.

➤ stay calm if the person seems over anxious or confused.

➢ take time to listen to someone who is mentally ill – and don't assume that he/she has no knowledge or opinions of value.

➢ keep your communication straightforward and clear. rephrase comments or questions for better clarity.

➢ not avoid a person with mental health difficulties. avoidance and rejection are among the most commonly upsetting things experienced by people who have mental health problems.

Mental ill health is 5 times more common than learning disabilities, is as common as heart disease and nearly 3 in every 10 employees will have a mental health problem each year.

People with learning disabilities

The Equal Lives document states that international definitions of what is known as a Learning Disability include three elements all of which must be present:-

➢ Significant impairment of intelligence that includes a reduced ability to understand new or complex information, and to learn new skills

➢ Deficits in social functioning or adaptive behaviour and a reduced ability to cope independently, and

➢ The disability started before adulthood and has a lasting effect on development.

Many people with learning disabilities live full and independent lives in the community making their own choices with varying levels of support. Here are some good practice tips:-

➢ When booking an appointment, it is important to be able to speak to a person – consider having a different telephone number for vulnerable groups if it is an automated system.

➢ Appointment letters must be in plain English and symbols should be used where appropriate.

➢ Emergency appointments should, where possible, be with the person's usual doctor as they will already know the person's health condition/history.

➢ In a GP clinic, take time to clarify and explain things and ensure there is a double appointment made for people with learning disabilities. Use pictures and images to show what is happening. Perhaps offer to tape a conversation so that the person can consider it later and keep a record.

➢ Watch the person and use gestures and facial expressions.

➢ If a person wants to take you to show you something, go with them.

➢ Explain information in a straightforward way what medication/tablets or treatment is for and if there are any side effects and what they should do if they experience side effects. Most people with a learning disability can understand information if plain English is used. However it may be necessary to put information in writing (including your name and phone number) or try using objects or drawings.

➢ Ask the individual if they have understood i.e. check their understanding, then explain again if necessary. Ask open questions.

➢ If there is a carer present, speak to the person first, not the carer. You can involve the carer if necessary to gain more information.

➢ Keep distractions (background noise and busy environments) to a minimum.

➢ In A&E Departments, check for medical documents.

People with facial disfigurement

➢ Some people are born with a disfigurement and others acquire it through an accident or illness. It does not mean the person is any different and certainly does not affect his or her intelligence. Most of the difficulties and discrimination people with facial disfigurement experience stem from other people's behaviour or reaction to them.

➢ If you are surprised by someone's appearance or feel uncomfortable by it, try not to show it.

➢ Make eye contact as you would with anyone else – try not to stare.

➢ Listen carefully and do not let the person's appearance distract you.

➢ Never ask 'what happened to you?' – restrain your curiosity.

Support workers and personal assistants

People with a disability may be accompanied by personal assistants or support workers. Personal assistants are paid workers who provide practical and personal support. Treat support workers with courtesy and respect but remember that they are present as an assistant, and your communication should be directed to the person with the disability.

Appointments/meetings/waiting areas

Always check the following when arranging meetings, interviews or appointments:

➤ Are there suitable parking arrangements? Ensure parking spaces dedicated to disabled people are not taken up by visitors or staff who do not need them.

➤ In all waiting areas at least one space or more depending on the type/size of area should be left free for a possible wheelchair user with a notice put on the wall identifying it as such.

➤ Is there a ramped or step-free entrance?

➤ Are there suitable toilet facilities?

➤ Is a lift required?

➤ Do the people on reception know they may need to provide assistance?

➤ Have you provided directions and/or a map to the hospital/clinic in an accessible format, eg large print, easy-read?

If there are potential access problems, contact the person in advance and discuss what can be done. Do everything you can to remove any barriers that might reduce the effectiveness of our service for people with disabilities. Managers and Supervisors should ensure that all aids (text phone, loop systems) are working, that all relevant staff know how to use them and that training is provided for all staff, including newly appointed staff.

Try to allow people enough time when checking or taking their details. A person with a learning disability may need more time. If you work in A&E reception, make sure you are aware of the 'fast track' arrangement for people with behavioural difficulties. And always, always, be discreet.

Try to be as helpful as possible to everyone. If a patient is very anxious, can you help in some way? Are the toilet areas clearly signposted? Be aware – and be discreet.

Remember, someone who has a hearing disability may not hear their name being called and people with visual disabilities may not be able to clearly see information they need, or find the seating area. If possible, seat visually and hearing impaired patients near and facing reception desks, to help reassure them that they won't be forgotten. If necessary, physically go to them to tell them when it is their time to be seen.

In waiting areas occasionally and discreetly check the comfort of requirements of service users with disabilities. If in doubt, it's always best to ask. If a person has a sight or hearing disability, keep them informed about what is happening.

Initial assessment or treatment areas

➢ At this stage you should already be aware if a patient has a disability. Bear in mind the following:

➢ Check how the patient wishes to be examined, for example, remaining in a wheelchair.

➢ Ensure that assistance, equipment and hoists are available and that you know how to use them.

➢ Avoid using complicated language or jargon when giving a diagnosis or explaining a treatment procedure and take time to explain it. Use plain English. Remember the patient's right to consent on his/her own behalf.

➢ Parents/carers of children/people with disabilities have useful knowledge and expertise about the child/person, as well as the patient him or herself. Listen to them and use that expertise to improve the care provided.

➢ If someone has to be left for any length of time, make sure they know why and occasionally check out if they are still ok. For example, check if they need a change of posture or personal care, or whether they are experiencing any anxiety – and do what you can to help.

Referral on to wards and other treatment/ diagnostic areas:

➢ Ensure that a person's requirements are passed on between departments. For example, information about a patient's personal preferences and any insight gained through earlier examination processes should be shared between departments in advance.

➢ It's important that the patient is kept fully informed of why and to where they are being sent, and how long they can expect to be there. Always let patients know about facilities such as nearby toilets.

➢ Ask if the patient would like someone to escort them to the next department.

➢ If they are going alone, ask if they want you to describe or write down locations and, if they do, use clear and straightforward language – avoid "up there" or "the next block".

➢ Avoid creating additional barriers for disabled service users. For example, a badly placed IV drip can prevent someone using sign language.

➢ Check that a patient's auxiliary aids are within reach.

At discharge

When a patient is sent home after treatment, discharge arrangements normally follow a standard procedure that may have to be amended to take account of the needs of a person who is disabled. For example, consider how a new mother who is a wheelchair user will change her baby, or if the patient needs you to book a taxi or needs help to the bus stop, etc. If a patient has a hearing disability, have a sign language interpreter available when they are being discharged so that there is clarity about medication, wound care, and follow-up care. Information on how to book Sign Language interpreters can be obtained from your Line Manager, Head of Department or Belfast Trust Hub.

Job interviews for people with disabilities

➢ With reasonable adjustments in place, if required, proceed with the interview process in the positive and friendly manner in which you would for all candidates. Please also refer to the Trust's Policy on the Employment of People with Disabilities and the Reasonable Adjustment Guidelines for Managers which provides further detailed guidance.

➢ Focus on the person's abilities, achievements and qualities against the tasks and the genuine requirements of the job. Remember that skills and abilities may have been acquired outside the working environment.

➢ Remember that questions about an interviewee's disability should be restricted to those relevant to work and should be asked positively in the context of 'reasonable adjustment'. Before asking a question about a person's life outside work, ask yourself whether you would put this question to any other interviewee.

➢ Do not make assumptions about an individual's ability to perform certain tasks. People with disabilities often develop innovative solutions to everyday challenges, with or without technical aids or personal support.

➢ Form your own opinions from discussion with the person, as you would with any interviewee.

➢ If a handwritten application form is required, ask the Recruitment and Selection Department on 028 950 49133 if it is necessary. Some people may need someone else to fill it in, or may need to use a computer or tape.

8. Towards a better service

These suggestions are just some of the approaches that will help you to improve the overall experience of patients who are disabled, their families, visitors and staff. They will help you comply with the relevant legislation. But most of all, they are, quite simply, about removing barriers and treating people equally.

Please note that in addition to this Disability Etiquette booklet the HSC Trusts have also developed guidance for staff on providing accessible information entitled "Making Communication Accessible for all". This guidance has been produced for HSC staff so that they can communicate effectively with people who may have a disability. This guidance is also available on the Intranet.

9. Useful Contacts

Improving Working Lives/ Employment Equality
4th Floor McKinney House
Musgrave Park Hospital
Belfast
BT9 7JB

(028) 950 48913
(028) 950 48667

Health and Social Inequalities
Graham House
Knockbracken Healthcare Park
Belfast

(028) 90 960070

Equality Commission for NI
Equality House
7-9 Shaftsbury Square
BELFAST
BT2 7DP

Phone: 028 9050 0600   Fax: 028 9032 8970
Email: information@equalityni.org
Website: www.equalityni.org

Disablement Advisory Service
Department for Employment & Learning
Gloucester House
Chichester Street
Belfast
BT1 4RA

Phone: 028 9025 2206   Fax: 028 9025 2213

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Text phone: 028 9025 2363
Website: www.delni.gov.uk

Employers for Disability
Banbridge Enterprise Centre
Scarva Road Industrial Estate
Banbridge
BT32 3QD

Phone: 028 4062 4562   Fax: 028 4066 9665
Email: info@efdni.org
Website: www.efdni.org

Disability Action
Portside Business Park
189 Airport Road West
Belfast
BT3 9ED
Phone: 028 9029 7882   Fax: 028 9029 7881
Textphone: 028 9029 7882
Email: hq@disabilityaction.org
Website: www.disabilityaction.org

Belfast Health and Social Care Trust

REASONABLE ADJUSTMENT

GUIDELINES FOR MANAGERS

April 2011

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This document can be made available on request in alternative formats, e.g. plain English, Braille, disc, audiocassette and in other languages to meet the needs of those who are not fluent in English

1. INTRODUCTION

The Belfast Health and Social Care Trust has in place a Policy on the Employment of People with Disabilities that should be read in conjunction with these Reasonable Adjustment Guidelines for Managers.

The Trust is committed to Equal Opportunities for applicants and employees with disabilities. The Disability Discrimination Act 1995 (as amended) (DDA) states that an employer has a statutory duty to make reasonable adjustments to prevent their practices or arrangements discriminating against a person with a disability. This duty is ongoing and reasonable adjustments should be reviewed on a regular basis to ensure they are effective.

Facts

- 21% of the Northern Ireland adult population has a disability.
- 1 in 4 families in Northern Ireland is directly affected by disability.
- A person with a disability is more likely:
  - To be unemployed – 66% of people with disabilities are unable to access employment opportunities
  - To have no qualifications
  - To have to live on, or below, the poverty line as a person without a disability
- Benefits make up two-thirds of the total income of people with disabilities, compared to just over a fifth for the general population.
- Around half have difficulty using everyday services like going to the cinema, eating out or going shopping.
- Of those, 4 in 10 have problems getting there.
- Of those who find shopping difficult, 1 in 3 has problems getting around the shops.
- 80% of people with disabilities who encounter difficulties are offered no help by service providers.

- Disability should not be confused with illness. The general health of many people with disabilities is as good as that of anyone else.

- Mental Health disability affects 1 in 4 of the population in some form in a person's lifetime.

- In NI 1 in 7 people has a hearing impairment.

- Less than 5% of people with physical disabilities are wheelchair users

- A sighted person is about four times more likely to be employed than a blind person is.

- It is estimated that 2% of the population or over 33,000 people in NI has a learning disability. These figures are people known to Social Services.

- 70% of people acquire disability during their working life.

- People who have a mental health disability or a learning disability are five times more likely to be unemployed than people without these disabilities.

Sources: NI Survey of people with Activity Limitations and Disabilities; NI Census; Mental Health Foundation; Employer's for Disability NI.

2.   DEFINITION OF DISABILITY

The DDA defines disability as "a physical or mental impairment which has a **substantial** and **long term adverse effect** on a person's ability to carry out normal **day-to-day activities**".

What about people who have recovered from a disability?

People who have had a disability within the definition are protected from discrimination even if they have since recovered.

What does "impairment" cover?

It covers physical or mental impairments; this includes sensory impairments, such as those affecting sight or hearing.

Are all mental impairments covered?

The term "mental impairment" is intended to cover a wide range of impairments relating to mental functioning, including what are often known as learning disabilities. There is no longer a requirement that a mental health condition is 'clinically well recognised' before it can count as an impairment under disability discrimination law.

Substantial: a substantial adverse effect is something which is more than a minor or trivial effect. The requirement that an effect must be substantial reflects the general understanding of disability as a limitation going beyond the normal differences in ability which might exist among people.

Long-term adverse effect: a long term effect of an impairment is one:

- which has lasted at least 12 months; or
- where the total period for which it lasts is likely to be at least 12 months; or
- which is likely to last for the rest of the life of the person affected.

What if the effects come and go over a period of time?

If an impairment has had a substantial adverse effect on normal day to day activities but that effect ceases, the substantial effect is treated as continuing if it is likely to recur: that is if it is more probable than not that the effect will recur.

Normal day to day activity: this is something which is carried out by most people on a fairly regular and frequent basis, such as washing, eating, catching a bus or turning on a television. It does not mean something so individual as playing a musical instrument to a professional standard or doing everything involved in a particular job.

The test of whether an impairment affects normal day to day activities is whether it affects one or more of the broad categories below:

- mobility
- manual dexterity

- physical co-ordination
- continence
- ability to lift, carry or otherwise move everyday objects
- speech, hearing or eyesight
- memory or ability to concentrate, learn or understand, or
- perception of the risk of physical danger

What about treatment?

Broadly speaking, the effects that matter are those that would be present if there was no medication or treatment taking place. The exception is people who wear spectacles or contact lenses when what matters are the effects that remain while the spectacles or contact lenses are being used.

Are there any types of condition covered by special provisions in the DDA?

Yes, because some people with particular conditions might otherwise not be counted as having a disability. These are provisions covering:

- recurring or fluctuating conditions such as arthritis, where the effects can sometimes be less than substantial, which are treated as continuing to have a substantial adverse effect so long as that effect is likely to recur.
- conditions which progressively deteriorate, such as motor neuron disease, which count as having a substantial adverse effect from the first time they have any effect at all on ability to carry out normal day to day activities even if it is not substantial, so long as there is eventually likely to be a substantial adverse effect.
- severe disfigurements which are treated as having substantial adverse effects on ability to carry out normal day to day activities, even if they have no actual effect at all.
- people with cancer, HIV, or multiple sclerosis are deemed to be disabled from the point of diagnosis, regardless of whether or not they have any symptoms.

Are any conditions not covered?

Yes, the following conditions specifically do not count as impairments:

- addiction to or dependency on alcohol, nicotine or any other substance (unless resulting from the substance being medically prescribed);
- seasonal allergic rhinitis (e.g. hay fever) unless it aggravates the effect of another condition;
- tendency to set fires, or steal, or physically or sexually abuse other persons;
- exhibitionism and voyeurism;
- disfigurements consisting of tattoos, non-medical body piercing or attachments to such piercing are not treated as having substantial adverse effects.

A person with an excluded condition may nevertheless be protected as a person with a disability if he or she has an accompanying impairment which meets the requirements of the definition. For example, a person who is addicted to a substance such as alcohol may also have depression, or a physical impairment such as liver damage, arising from the alcohol addiction. While this person would not meet the definition simply on the basis of having an addiction, he or she may still meet the definition as a result of the effects of the depression or the liver damage.

What is Discrimination?

The DDA describes five types of discrimination:

- Direct Discrimination
- Disability Related Discrimination
- Failure to make reasonable adjustments
- Victimisation
- Harassment.

3. WHAT ARE REASONABLE ADJUSTMENTS?

The DDA says that one way discrimination can occur is when an employer fails to comply with a duty of reasonable adjustment in relation to a person with a disability.

Reasonable adjustments are practical ways to remove certain disadvantages faced by a person with a disability and enable them to carry out the duties of their job. The DDA says that the duty to make reasonable adjustments applies where any physical feature of the employer's premises, or any practices, policies or criteria made by the employer, place a person with a disability at a substantial disadvantage compared to a person without a disability.

Each case will be individually assessed and reasonable adjustments made as appropriate. Failure to make reasonable adjustments is discrimination that can never be justified.

When to Make Reasonable Adjustments?

All employees who have a responsibility for staff management have a duty to make Reasonable Adjustments as soon as they know that someone defined as having a disability may need them. Not asking whether something is needed is no defence for not knowing, and it is your duty to take reasonable steps to find out whether adjustments are needed. Employers should not only seek reasonable adjustment information through formal processes e.g. Occupational Health, but also be alert to signs and symptoms that could have reasonably lead them to suspect that an individual may have a disability which they have not disclosed or which has not yet been diagnosed.

Any necessary adjustments should be implemented in a timely fashion, and it may also be necessary for an employer to make more than one adjustment. It is advisable to agree any proposed adjustments with the person with the disability in question before they are made.

Why Carry Out Reasonable Adjustments?

Carrying out reasonable adjustments is a legislative duty on employers under the DDA. Common misconceptions held about this requirement consider that measures are likely to be expensive and inconvenient, but this is not true. Often a very simple adjustment can make a huge difference to an individual and consequently enables them to remain in work, carrying out their job.

Aside from adhering to legislative requirements and duties placed under the legislation, there is a valid business case attached to accommodating and being proactive in the provision of reasonable adjustments. Often they are not costly to the organisation but can save a great deal by preventing a staff member needing to go off on long-term sickness. Also, taking this proactive approach will undoubtedly assist how staff carry out their duties and encourage positive morale in the workplace, as they will feel that their interests and well being are accommodated. Results can be the saving of money incurred through sickness pay and cover arrangements, as well as ensuring productivity and satisfaction.

4. REASONABLE ADJUSTMENTS IN RECRUITMENT AND SELECTION

In recruitment and selection it is unlawful to discriminate against a person with a disability in the arrangements for deciding who should get the job. All staff involved in recruitment and selection should undergo the Trust's Recruitment and Selection training course. Reasonable adjustments to the recruitment process may be required to enable an individual with a disability to compete on an equal basis and demonstrate their ability to do the job. Reasonable adjustments may be required at any stage of the recruitment and selection process.

Job Description and Personnel Specification

The job description should accurately reflect the duties and responsibilities of the job and the personnel specification must only contain criteria which is job related and can be fully justified.

However in the instance of a disabled applicant who indicates their need for a reasonable adjustment, the employer will be required to give such requests due consideration which may include provision for accepting a lesser level of qualification and/or experience unless such can be demonstrated as an element of the criteria which cannot be adjusted for justifiable reasons (for example if the qualification is required to practice). Panels should always seek advice from the Recruitment and Selection Department in such circumstances.

Disclosure of Disability on Application Form

Application forms contain a question on whether the candidate requires a reasonable adjustment for reasons related to a disability to allow them to attend for interview and undertake the duties of the post if successful. Where an applicant has indicated on the application form that they require a reasonable adjustment(s) the Human Resources Department (Recruitment Section) will contact the applicant and arrange for the appropriate adjustments to be put in place.

Examples of adjustments could include:

- A sign language interpreter at interview.
- Extended time to prepare a presentation.
- Interviews conducted in an accessible venue.
- Parking provided near the interview location.
- Criteria are reviewed for disabled candidates.
- A Support Worker can accompany the candidate to interview

Application forms will be made available on request in alternative formats.

Interviews/Tests and Assessments

It is necessary to prepare in advance for interviews. Applicants are given the opportunity to indicate in advance if they require reasonable adjustments and suggest adjustments to help overcome the disadvantage. The Chairperson should be aware of the situation and the panel members should also be briefed and consideration should then be given to individual cases and any advice received from the Recruitment & Selection Department.

It is important not to make assumptions about what a person with a disability can and cannot do. The majority of people with a disability need little or no special support for an interview and their disability may be irrelevant to their ability to do this job.

Interviews should be specific, examining the skills; training, experience and ability of the interviewees and questions should never focus on the details of the disability and instead should focus on how it affects ability to do the job.

Any tests/assessments should be relevant to the post and examples of reasonable adjustments required include; changes to the format, allowing a support worker to be present or allowing additional time to be given to complete the test.

Conditional Offer

As with all Trust appointments, the offer of employment will be conditional upon meeting all of the necessary pre-employment checks. In the instance of an appointee with a disability who has indicated their need for reasonable adjustment, this will incorporate a meeting to ensure that the individual's requirements are fully understood and to allow an assessment to ensure that their requirements can be met. The appointee will be invited to attend a meeting with the relevant line manager and Occupational Health Department and, where appropriate/necessary, a representative from the Equality/Improving Working Lives Section of HR. This will be co-ordinated through the Recruitment and Selection Team. Where reasonable adjustments are identified, an action plan for implementation will be agreed prior to the agreed commencement date.

5.   REASONABLE ADJUSTMENTS IN EMPLOYMENT

It is the duty of the employer to make adjustments for employees with disabilities to the physical features of their premises or to any provisions, criteria or practice made by the employer. The duty of reasonable adjustment also applies to people with disabilities on work experience, work placement and vocational training.

Examples of Reasonable Adjustments include:

Work Environment

(1)   Altering the height of a computer workstation so that an employee with a neck injury can work without aggravating the injury.

(2)   Providing a stair lift to enable a wheelchair user to remain part of the team and enable them to get to their office on an upper floor or relocate them to a ground floor office.

(3)   A consultant appoints a new secretary who is visually impaired. It would be an appropriate reasonable adjustment to paint part of an interior in contrasting colours to help the visually impaired person find their way around.

It is important that the work environment is considered when planning new services/builds and access audits are an important way of ensuring current premises are accessible.

Re-allocation of Duties

Re-allocating some of the duties carried out by the person with a disability to another employee. For example:

(1)   A Clerical Officer with arthritis whose job may occasionally involve filing or photocopying. A possible reasonable adjustment might be to reallocate these duties to another member of staff.

(2)   An employee who is deaf may be unable to use the phone could take on different duties while their colleagues have responsibility for answering all phone calls.

Job Transfer

For example, an employee who is no longer able to drive could be reallocated to a desk job or any other role where they are not required to drive. In these circumstances an employee does not need to undergo the interview process. However, redeployment should only take place when there are no more reasonable adjustments that can be made to an employee's existing role. Note that retraining may be required as a reasonable adjustment to facilitate redeployment.

Altering Hours of Work or Training

For example, an employee who has arthritis may find the effects of the condition are worse in the mornings, the Trust may allocate shifts that start later in the day. It could also include different working hours to avoid the need to travel in the rush hour if this is a problem related to impairment. A phased return to work with a gradual build-up of hours might also be appropriate in some circumstances.

Assigning a Disabled Employee to a Different Place of Work or Training

For example, this may include transferring to an existing vacancy. It could also include moving the employee to a ground floor office, or a different building depending on the nature of their disability. It could also mean moving an employee to a location closer to home or working from home. For example, an employee with Crohn's disease may find traveling for long periods difficult.

Time Off for Rehabilitation, Assessment or Treatment

For example, an employee who is undertaking a course of treatment for cancer may need to adjust their working hours to attend hospital appointments.

Providing Training or Mentoring

This may be linked to one of the other reasonable adjustments made for the employee.

For example, an employee who has been redeployed to an existing vacancy may require training to help them carry out that role. Another employee could act as a mentor to talk about aspects of the work, work patterns and work load and provide advice to the employee.

Additional support/supervision could be given to an employee with a learning disability via peer support or coaching.

Alternatively an employee who has been provided with a piece of equipment, for example voice recognition software, may also need to be trained in how to use it.

Refresher training may be necessary if the employee returns to work after a long period of absence.

A visually impaired person attending computer training may require the computer to have speech output software.

All staff should attend disability awareness training.

Acquiring or Modifying Equipment

For example:

(1)   An employee who has dyslexia may benefit from voice-activated software, a spell checker or a Dictaphone to help record minutes or reports.
(2)   An employee who is deaf may find a telephone with text display to be a useful aide

Modifying Instructions or Reference Manuals

For example:

(1)   An employee with a learning disability may require their daily tasking to be repeated slowly in order for them to write them out, or they may require them to be provided in a written format by the line manager.
(2)   An employee, suffering from a degenerative eye condition that leads to a sight-disability may benefit from the employer providing written materials in an enlarged format.

Modifying Procedures for Testing or Assessment

This could involve ensuring that particular tests do not adversely affect people with particular types of disability. For example, a person with

restricted manual dexterity would be disadvantaged by a written test, so the employer gives that person an oral test instead.

Providing a Reader or Interpreter

A colleague reads mail to a person with a visual impairment at particular times during the working day. Alternatively, the employer might hire a reader or sign language interpreter.

Providing Supervision/Other Support

An example of this is an employee who returns to work following a period of absence due to a disability such as clinical depression may need additional guidance and supervision especially in the short term to help them recover their skills and confidence. The Trust may seek support from Community and Voluntary organisation to provide support to the individual.

The Disablement Advisory Service programmes and services can also provide support to individuals who become disabled whilst in employment – please refer to the Trust's Policy on the Employment of People with Disabilities.

This list is not intended to be a comprehensive list of examples. There will be situations where adjustments can be made which do not fall under any of the above headings. The important point is to consider the requirements of the individual (which are best identified by consulting the employee concerned) in line with the needs of the service.

The DDA lists a number of factors, which may have a bearing on whether it will be reasonable for the Trust to have to make a particular adjustment. These are:

- The effectiveness of the particular adjustment in preventing the disadvantage
- The practicability of the adjustment.
- The financial and other costs of the adjustments and the extent of any disruption caused.

- The extent of the employer's financial or other resources
- The availability to the employer of financial or other assistance to help make an adjustment
- The nature of the employer's activities, and the size of its undertaking:
- In relation to private households, the extent to which taking the step would disrupt the household or disturb any person residing there.

The Trust must prove that it has explored all avenues and must present justifiable reasoning why a measure could not be taken, for example, a valid business reason or health and safety (this supersedes all else as the duty of care). The key word is reasonable. Stereotypical assumptions about the health and safety implications of disability should be avoided. Less favourable treatment based on such assumptions may itself amount to direct discrimination.

44% of Reasonable Adjustments cost less than £50 to implement (Source: Integrating Disabled Employees, Department for Education & Employment Research – Report 56). The employer's duty to make reasonable adjustments is ongoing. All arrangements should be monitored and reviewed regularly as it may be necessary to consider further or alternative adjustments.

Phased Return Guidance from the Chartered Institute of Personnel and Development (CIPD)

- Easier to retain through proactive recovery or retention schemes than waiting for long term sick to occur.
- Longer someone off, less likely to return. Rehabilitation should be initiated as soon as possible. This also sends positive messages and people appreciate being cared about.
- Effective case management for employees who require retention and rehabilitation, CIPD recommends dedicated case manager.
- Active involvement of supervisor/manager from beginning of recovery process.
- Mentoring to provide support on daily basis.
- Welcome person on their first day back to work – investment in this can reap huge returns.

- Set realistic targets for the rehabilitation programme, to get workers commitment to them. Consultation with worker imperative in discussion of options.
- Invite in to meet for coffee or outside work with colleagues to make the first day less daunting.

Please also refer to Appendix 1 for further guidance from the Central London Law Centre.

6. STEPS TO TAKE FOR APPLICANTS WITH A DISABILITY

Step 1

If applicant has stated on their application form that they require reasonable adjustment, consult with the applicant and ensure that reasonable adjustments are in place.

Step 2

If applicant is successful at interview, refer to Occupational Health for pre-employment medical assessment (as standard for all Trust employees).

Step 3

Where reasonable adjustments are required, a meeting should be arranged between, Human Resources, Occupational Health, line manager, new employee. This meeting will determine the necessary reasonable adjustments and action plan for implementation of same prior to commencement.

Step 4

If necessary, the new employee and Human Resources will meet with the Disablement Advisory Service (DAS) to further discuss reasonable adjustments to the workplace. The DAS provides advice, guidance, training and a placing service for people with disabilities and health issues. Community and voluntary organisations and Supported Employment organisations can also provide support and guidance to

people with disabilities in employment – please refer to the Trust's Policy on the Employment of People with Disabilities.

Step 5

Human Resources will advise new employee that they may contact them for help and support throughout the course of their employment with the Trust. It may be necessary for reasonable adjustments to be made to the new employee's induction to the Trust/Department. The Trust's Policy on the Employment of People with Disabilities recognises its ongoing duty with regard to reasonable adjustments.

7.   STEPS TO TAKE IF AN EMPLOYEE DEVELOPS A DISABILITY

These are general principles. The position in any individual case will depend on the precise facts. Advice and guidance should always be sought from the Human Resources Department.

Step 1 – Gathering Information

An employer who becomes aware of an employee's disability or has reason to believe an employee may have a disability should **first discuss the situation with the employee**. Together the employer and the employee should agree a plan of action that could include conducting a risk assessment, obtaining medical reports and identifying reasonable adjustments.

Step 2 – Refer to Occupational Health

Refer employee to the Occupational Health Department if appropriate. Occupational Health will provide advice to management on the person's fitness for work, functional capabilities and on any adjustments which could be considered for example to premises or working duties/arrangements. If referral to Occupational Health is not appropriate go to step 3.

Some examples of when this may be appropriate include:

- suitable adjustments are difficult to identify or hard to provide

- a person has recently acquired the disability or has a fluctuating / progressive condition and is not sure what impact this may have or what would help them do the job
- you need to establish whether an underlying medical condition is the cause of workplace problems
- a medical opinion is required to ensure a safe and healthy working environment.

Provide Occupational Health with:

(a) objective and quantitative information about the employees job, for example:
- working hours/shift patterns
- job title, location and duties
- travel involved as part of their duties in work
- physical requirements of the job
- working environment
- intellectual and emotional demands.

(b) other relevant information which may include:
- records of sickness absence, time keeping
- details of adjustments that you may be considering or that are already in place
- any concerns you may have.

NB:
- managers do not need to know the medical diagnosis but should focus on the impact on the job and adjustments required
- further specialist medical advice may be appropriate
- Occupational Health must report back on any adverse constraints which could affect capacity to work.

Once the report is received back from Occupational Health the Manager and a representative from Human Resources should meet with the employee to determine course of action.

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Step 3 – Reasonable Adjustments

Investigate and implement any reasonable adjustments in a timely manner. Where appropriate seek additional information and advice from statutory and voluntary bodies. It may be appropriate to contact Employers for Disability (EFD), the Disablement Employment Adviser, based at Jobs and Benefits Offices or JobCentres. The DAS provides advice, guidance and training for those who wish to obtain or retain employment. They also offer a range of practical and financial support to employers recruiting and retaining disabled employees.

Step 4 – Alternative Employment

Where no adjustment is possible to enable the employee to continue in their position redeployment should be considered in conjunction with the Human Resources Department and the individual. It is important to note that you should consider all available opportunities i.e. both redeployment opportunities where reasonable adjustments are not required and where reasonable adjustments are required.

At this point the individual's qualifications or relevant experience should be assessed and the Recruitment Section contacted to determine any suitable vacancies/redeployment opportunities.

NB: It is important to remember that a post cannot be created to accommodate a member of staff with a disability. Duty of care and providing employment will override, as the tribunal would pronounce the individual should be trained up for a role and slotted in. The Trust will seek in the first instance to redeploy an employee with a disability to a post at the same level.

Once a suitable vacancy has been determined, employees should meet with the appropriate manager and Human Resources to investigate the need for further reasonable adjustments in the workplace.

Step 5 – Where no adjustment or alternative employment is possible

If neither reasonable adjustments nor redeployment is possible, then retirement/termination on ill health grounds may be considered as the most appropriate course of action.

Step 6 – Monitoring

The Trust's Human Resources Department will monitor all known cases on an on-going basis, in conjunction with the employee, line manager, Occupational Health, the DAS and other relevant voluntary agencies, if appropriate.

8. AVAILABLE ASSISTANCE FOR DISABLED EMPLOYEES

Human Resources provide advice to both staff and management on statutory recommendations and best practice guidelines. They will ensure Trust compliance under the DDA and promote equality of access to employment opportunities throughout the Trust.

The Trust works in conjunction with the DAS within the Department of Education and Learning, which is a statutory body established to meet the needs of employees with disabilities to either secure employment or continue and develop within their current workplace. The DAS can provide financial assistance in the procurement of support and equipment and also, offer impartial advice to both employers and individual employees.

The Trust will also work in partnership with community and voluntary organisations i.e. Supported Employment organisations to provide assistance and support to people with disabilities and the Trust to access and maintain employment.

Definition of Equipment

The Trust defines equipment as any support or special equipment acquired specifically to assist a person with a disability to carry out their job. Special support is any item that a person with a disability needs to do a job that a person without a disability would not need to do that job. The list can include:

- Wheelchair
- Hearing aid
- Computer equipment
- Specialist chair
- Text Telephone
- Magnifying equipment
- Support worker

Contributions towards the cost of aids and equipment

Generally, when support and equipment are required for an employee to use in the workplace, the Access to Work Scheme will request that the Trust agree to contribute towards the costs. In certain cases the Access to Work Scheme will specify the required amount they wish the Trust to contribute i.e. first £500 of cost and 20% of remaining sum.

9.   FURTHER INFORMATION

If you have a query on any aspect of this policy or require guidance, please contact:

Employment Equality Department/Improving Working Lives on (028) 90636105

Occupational Health Department on (028) 631300

Appendix 1

Central London Law Centre Good Practice to Consider in Policy and Management

- Before disciplining/dismissing consider if reasonable adjustments have been considered/exhausted (remember dismissal legislation and procedures too have impact on this area if avenue must be taken).
- Ensure staff understand meaning of disability.
- Counting days as sickness absence can have long-term repercussions – sick pay, bonuses, redundancy selection, capability, dismissal.
- Operations, regular medical checks and replacement of disability aids should not be taken as sickness absence or out of annual leave entitlements.
- Adjust appraisals and individual targets to take account of disability related leave.

Belfast Health and Social Care Trust — HSC
caring supporting improving together

Reference No: TP 25/09

Title:	**Work Life Balance Flexible Working Policies and Arrangements**
Policy Author(s)	Alison Kerr, Senior Human Resources Manager ████████████████████████████
Responsible Director:	Mrs Jacqui Kennedy, Director of Human Resources

Policy Type: (tick as appropriate)	*Directorate Specific ☐	Clinical Trust Wide ☐	Non Clinical Trust Wide ☒

If policy type is confirmed as ***Directorate Specific** please list the name and date of the local Committee/Group that policy was **approved**

Date:		

Approval process:	Trust Policy Committee Executive Team Meeting	**Approval date:**	08/10/2020 14/10/2020
Operational Date:	October 2020	**Review Date:**	October 2025
Version No.	9	**Supercedes**	V8 – January 2018 – January 2021
Key Words:	Application Form, Compressed Working Policy, Employment Break Policy, Flexi Time Policy, Flexible Retirement Policy, Guidelines for Managers and Staff, Home Working/Teleworking Policy, Information Pack, Job Sharing Policy, Part-Time Working, Term Time Policy		
Links to other policies	BHSCT Equality, Diversity and Inclusion Policy TP 03/08 (2018)		

Date	Version	Policy Author	Comments
19/12/2008	1	L Beckett A Kerr	Final BHSCT
09/06/2010	2	L Beckett A Kerr	Final BHSCT
25/02/2011	3	L Beckett A Kerr	Amendment following legislative changes
20/06/2011	4	L Beckett A Kerr	Review of Employment Break Policy and Term Time Policy
21/05/2012	5	L Beckett A Kerr M Campbell C Crutchley	Review of Flexible Retirement Policy
18/09/2013	6	L Beckett A Kerr	Review following introduction of HRPTS
17/11/2014	7	J Crowe	Review of notice periods
15/11/2017	8	S Whann	Amendment following legislative changes. Review of Employment Break Policy and Term Time Policy.
08/10/2020	9	S Whann	Amendment following legislative changes. Review of Employment Break Policy, Flexible Retirement Policy and Term Time Policy.

1.0 INTRODUCTION / SUMMARY OF POLICY

1.1 Background
As part of its Improving Working Lives programme the Trust has developed a range of flexible working arrangements for which all staff, who meet the appropriate eligibility criteria, can apply. The policies reflect the requirements set out under the Agenda for Change Terms and Conditions of Service.

1.2 Purpose
To provide staff with a range of flexible working arrangements to enable them to balance both home and work commitments and improve their working lives. The Trust is committed to promoting equality and to attracting and retaining highly skilled and experienced staff and these policies will assist it in meeting this objective

1.3 Objectives
- To retain skills and experience and to attract staff from a wider recruitment pool.
- To facilitate staff who wish to continue working at the same time as meeting other commitments.
- To create new job opportunities in the Trust.
- To provide an opportunity for Employees to return to employment with the Trust on a flexible basis.

2.0 SCOPE OF THE POLICY

The Policies apply to all staff who meet the eligibility criteria.

3.0 ROLES AND RESPONSIBILITIES

The roles and responsibilities of Staff, Managers and Human Resources staff and are outlined in the Policies.

4.0 CONSULTATION

These policies have been subject to consultation with the NI Equality Commission, Staff side and Staff/Managers

5.0 POLICY STATEMENT/IMPLEMENTATION

5.1 Key Policy Statement(s)
The Belfast Trust is committed to Equality of Opportunity for all of its staff, and to attracting and retaining highly skilled and experienced staff. As part of that commitment the Trust recognizes that the provision of Flexible Working

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Arrangements can enable staff to balance both work and home commitments and improve their working lives.

1. The Policies outline the legislative context and responsibilities under the Employment order 2002.
2. It sets out the process and provides advice and guidance and on how to apply for a flexible working arrangement.
3. The Trust has a range of Flexible Working Arrangements in place and each policy should be read on an individual basis.

5.2   Dissemination
These policies should be disseminated throughout the Belfast Trust as they are open and available to all staff.

5.3   Resources
Details of the policies will be available via information and awareness sessions and Mandatory Equality training.

5.4   Exceptions
There are no exceptions as the policies are open to all staff within the Belfast Trust who meet the eligibility criteria.

6.0   MONITORING AND REVIEW

All work life balance policies are monitored and reported on a quarterly basis.

7.0   EVIDENCE BASE/REFERENCES

The policies comply with legislative requirements and good practice

8.0   APPENDICES

Appendix 1   Improving Working Lives - Work Life Balance - Flexible Working Policies and Arrangements information pack

9.0   NURSING AND MIDWIFERY STUDENTS

Nursing and/or Midwifery students on pre-registration education programmes, approved under relevant 2018/2019 NMC education standards, must be given the opportunity to have experience of and become proficient in **Work Life Balance Flexible Working Policies and Arrangements** where required by the student's programme. This experience must be under the appropriate supervision of a registered nurse, registered midwife or registered health and social care professional who is adequately experienced in this skill and who will be accountable for determining the required level of direct or indirect supervision and responsible for signing/countersigning documentation.

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If a full impact assessment is required, the Policy Author must carry out the process. They can contact colleagues in the Information Governance Department for advice on Tel: 028 950 46576

Completed Data Protection Impact Assessment forms must be returned to the Equality & Planning Team via the generic email address equalityscreenings@belfasttrust.hscni.net

The outcome of the Data Protection Impact Assessment screening for the policy is:

Not necessary – no personal data involved ☒
A full data protection impact assessment is required ☐
A full data protection impact assessment is not required ☐

Wording within this section must not be removed.

12.0   RURAL NEEDS IMPACT ASSESSMENT

The Trust has a legal responsibility to have due regard to rural needs when developing, adopting, implementing or revising policies, and when designing and delivering public services. A screening exercise should be carried out by the Policy Author to ascertain if the policy must be subject to a full assessment. Guidance is available on the Trust Intranet or via this link.

If a full assessment is required the Policy Author must complete the shortened rural needs assessment template on the Trust Intranet. Each Directorate has a Rural Needs Champion who can provide support/assistance.

Completed Rural Impact Assessment forms must be returned to the Equality & Planning Team via the generic email address equalityscreenings@belfasttrust.hscni.net

Wording within this section must not be removed.

13.0   REASONABLE ADJUSTMENT ASSESSMENT

Under the Disability Discrimination Act 1995 (as amended) (DDA), all staff/ service providers have a duty to make Reasonable Adjustments to any barrier a person with a disability faces when accessing or using goods, facilities and services, in order to remove or reduce such barriers. E.g. physical access, communicating with people who have a disability, producing information such as leaflets or letters in accessible alternative formats. E.g. easy read, braille, or audio or being flexible regarding appointments. This is a non-delegable duty.

The policy has been developed in accordance with the Trust's legal duty to consider the need to make reasonable adjustments under the DDA.

Wording within this section must not be removed.

SIGNATORIES

(Policy – Guidance should be signed off by the author of the policy and the identified responsible director).

_____   **Date:** _____

08/10/2020

Jacqui Kennedy
HR Director

_____   **Date:** _____

13/10/2020

Cathy Jack
Chief Executive

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NB: The Flexible Retirement Policy is now a stand-alone Policy available on the Improving Working Lives section of the HUB

IMPROVING WORKING LIVES

WORK LIFE BALANCE

FLEXIBLE WORKING POLICIES
AND ARRANGEMENTS

INFORMATION PACK

1.0   INTRODUCTION

The Belfast Trust is committed to Equality of Opportunity for all of its staff, and to attracting and retaining highly skilled and experienced staff. As part of that commitment the Trust recognizes that the provision of Flexible Working Arrangements can enable staff to balance both work and home commitments and improve their working lives.

As part of its Improving Working Lives programme the Trust has developed a range of flexible working arrangements for which all staff, who meet the appropriate eligibility criteria, can apply. The policies reflect the requirements set out under the Agenda for Change Terms and Conditions of Service and will be reviewed on a 3 yearly basis and as required to take account of legislative or terms and conditions requirements.

2.0   WHAT IS FLEXIBLE WORKING?

The Trust has a range of Flexible Working Arrangements in place to enable staff to balance their home and work commitments. These are:-

- Job Sharing
- Employment Break
- Part-Time Working
- Term-Time Working
- Flexi-Time Scheme
- Compressed Working
- Homeworking

In addition the Trust has a number of special leave arrangements to facilitate staff. These take account of statutory provisions:

- Carer's Leave
- Unpaid Leave
- Parental Leave
- Maternity/Paternity Leave
- Adoption Leave
- Trade union Leave
- Marriage/Civil Partnership Leave
- Bereavement Leave
- Jury Service

Further information on these arrangements is available in the Trust's Special Leave Information Pack.

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3.0   PURPOSE AND OBJECTIVES OF FLEXIBLE WORKING ARRANGEMENTS

The purpose of the Trust's Work Life Balance Flexible Working Policy and Arrangements is to enable staff to achieve a balance between their working and personal commitments and so improve their working lives. The objectives of the policy are:

- To retain skills and experience within the Trust and attract staff from a wider recruitment pool

- To facilitate staff who wish to continue working at the same time as meeting other commitments

- To create new job opportunities in the Trust

- To provide an opportunity for Employees to return to employment with the Trust on a flexible basis

- Flexible Working applications should not be used as a means to opt out of a rota or working pattern that has been implemented by management. Further guidance can be obtained from the Improving Working Lives Team.

4.0   SCOPE OF POLICY

The Trust believes that all jobs should be considered for flexible working unless there is a clear demonstrable operational reason why this is not practical and that all staff who meet the eligibility criteria can apply for flexible working. Each case will be considered on its individual merits taking into account the needs of the service.

5.0   GUIDANCE FOR MANAGERS AND STAFF ON FLEXIBLE WORKING ARRANGEMENTS

Guidelines have been developed to assist staff and Managers to enable them to address the key considerations and issues associated with flexible working applications and these are set out in this pack.

6.0   LEGISLATIVE FRAMEWORK

The legislative framework which governs the provision of work life balance schemes is:

- Employment (NI) Order 2002
- Flexible Working Regulations 2003
- Flexible Working Regulations (NI) 2010
- Sex discrimination (NI) Order 1986 (as amended)
- Section 75, Northern Ireland Act 1998

- Work and Families Act (NI)2015
- Health and Safety at Work (NI) Order 1978
- Agency Workers Regulations (NI) 2011

This list is not exhaustive.

7.0 REGULATIONS REGARDING THE STATUTORY RIGHT TO REQUEST TO WORK FLEXIBLY

In accordance with the Work and Families Act (NI) 2015 **all** employees have a statutory right to ask their employer for a change to their contractual terms and conditions of employment to work flexibly. The statutory right is a 'right to request' and not a "right to be granted" flexible working.

8.0 AGENCY WORKERS REGULATIONS (NI) 2011

In accordance with the Agency Workers Regulations (NI), following the completion of a 12 week qualifying period an agency worker i.e. someone who has an employment contract or relationship with an agency but are placed with the Trust to carry out work, will be entitled to apply to work flexibly.

9.0 HOW TO APPLY FOR A FLEXIBLE WORKING ARRANGEMENT

This section details how **all** applications for flexible working should be made. There is no restriction on the number of applications that an Employee can make under these arrangements in any given period.

9.1 All Employees who wish to participate in a flexible working arrangement must apply on line through Employee Self Service using the following steps:

Step1: Click "Life and Work Events" to access the Application Form;
Step 2: In the section "Additional Services" click "Flexible Working Requests"

Follow the instructions to complete your request.

An Employee who is on maternity leave or sick leave should complete the Application Form attached as Appendix 1 and submit to their line manager.

9.2 Application forms should be submitted either manually or electronically as appropriate to your Line Manager and will require the counter approval of the appropriate Head of Department.

9.3 A meeting within 28 days of the receipt of an application will be necessary to explore the desired work arrangement and how it can be accommodated. Alternative suitable arrangements should be explored if there are problems in accommodating the original request. Staff have the right to be accompanied at this meeting by a trade union or staff representative in line with the Trust procedures.

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9.4 Once the Line Manager has made a decision, the Employee will be notified in writing by their Line Manager of the outcome within 14 days of the meeting to discuss the request. It might not always be possible to give a final answer within the timescale and this should be fully explained to the Employee and an extended time period agreed. If the request cannot be facilitated, the Employee will be advised in writing as to the reason(s). It may not always be possible to grant the request due to the needs of the service and each application will be considered on the merits of the individual case. The guidance for Managers section of this pack provides useful advice in relation to the granting of requests and sets out the requirements under the statutory provisions. If the request is not granted, the Manager should advise the Employee of their right of appeal.

9.5 If the request is granted, the date of commencement of any new Working Arrangement and also the working pattern adopted will be decided and agreed by the Employee and the Line Manager. Consideration should be given to both the individual circumstances and the needs of the service in making these decisions.

9.6 If an employee is on sick/maternity leave, it is the responsibility of the Line Manager to forward a paper copy of the Employee's flexible working application form, whether approved or not to the Improving Working Lives section of the HR Department.

9.7 **In all instances the Line Manager should forward a Contractual Change Form via HRPTS for processing to ensure that appropriate changes are made to the Employee's salary and any related terms and conditions to avoid an overpayment.**

10.0 <u>APPEAL</u>

If the Employee is dissatisfied with the outcome, he/she may appeal against the decision in writing setting out the grounds for the appeal to the Improving Working Lives Section, within fourteen working days. A meeting to consider the appeal must be held within fourteen days of receipt of the appeal request. In such circumstances the appeal panel will be heard as a Stage 2 Grievance.

11.0 <u>PAY AND SUPERANNUATION</u>

Entitlement to continue in the HSC Pension Scheme remains unchanged; however, any reduction in salary will impact on pension benefits. It is therefore the Employee's responsibility to consult with Payroll Shared Services Centre to obtain information regarding the reduction in income and with HSC Pensions, Waterside House, 75 Duke Street Londonderry, telephone 028 7131 9111, regarding the pension implications.

Individual Employees should also check the potential impact on national insurance, contractual redundancy, maternity and sickness entitlements with the Pay & Conditions Team in Human Resources or the Payroll Shared Services Centre. Individual Employees will be responsible for contacting the

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Department of Health and Social Security to determine any possible benefit entitlements and the impact in relation to NI contributions.

12.0 ANNUAL LEAVE

Employees on flexible working accrue annual leave and statutory leave on a pro-rata basis where applicable in line with HSC Terms and Conditions of Service.

13.0 PROMOTION

Employees will be free to apply for promotional posts in the usual manner whilst participating in a flexible working arrangement. However, the promotional post would have to be accepted on the terms specified at the time of offer. Employees will not have the automatic right to work to the former flexible working arrangement in the new post. It is the responsibility of the Employee to advise their Line Manager of the need to receive information on job vacancies that may arise during their period of absence and they should notify their Line Manager of their forwarding address.

14.0 LEARNING AND DEVELOPMENT

14.1 Staff participating in a flexible working arrangement will have their learning and development needs assessed and delivered in the same manner as for other staff.

14.2 Part-time Employees will be entitled to receive time in lieu or be paid at the normal rate of pay for extra hours incurred through attendance at training events, considered necessary by the Belfast Trust and where such training cannot be made available during normal working hours.

15.0 DURATION / REVIEW OF FLEXIBLE WORKING ARRANGEMENTS

15.1 Flexible Working arrangements may be reviewed if service needs prevail or if staffing needs arise. Arrangements for duration/review are set out in each individual policy. Please take note of the information contained within each policy.

15.2 Where the Flexible Working arrangement is for a specified period only, any request to work beyond the specified end date must be made by submitting a new application.

15.3 In the event that the arrangement is not working satisfactorily or is being misused then the Manager has the right to suspend or withdraw the arrangement on a temporary or permanent basis. The Manager must liaise with the Improving Working Lives team in the Human Resources Department before taking this action.

15.4 In the unlikely/rare event, e.g. civil unrest or disturbance the Manager will have the right to temporarily cease the flexible arrangement, in the interest of staff

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safety, e.g. health visiting and home visits. It is envisaged that this will be very infrequent, but nevertheless is necessary for staff safety.

16.0 TERMINATION OF A FLEXIBLE WORKING ARRANGEMENT

16.1 If the Employee wishes to terminate a Flexible Working arrangement, to revert to the former pattern of working or a new pattern of working, the Head of Department/Line Manager must be notified in writing giving, at least three months notice.

16.2 There is no guarantee that an Employee will return to their former pattern of working. The Head of Department/Line Manager will however attempt to accommodate the Employee taking into consideration the needs of the service.

17.0 ADHERENCE TO POLICY

Throughout the duration of the flexible working arrangement both the Employee and the Manager must adhere to the terms and conditions of that particular policy.

18.0 CONDUCT

Employees availing of flexible working arrangements are subject to all the Trust's Policies, Procedures and Protocols regarding conduct and behaviour.

19.0 MONITORING

Applications for flexible working arrangements will be recorded and monitored quarterly throughout the year by the Improving Working Lives section of the Human Resources department. This information will be analysed and used to review and revise policies, procedures and guidelines to ensure their continuing effectiveness.

20.0 REVIEW OF THE FLEXIBLE WORKING POLICY

To ensure the ongoing effectiveness of the Flexible Working Arrangements Policies, a review will be undertaken at regular intervals.

21.0 GENERAL INFORMATION

This booklet sets out the Flexible Working arrangements available within the Belfast Trust. Any further information regarding Flexible Working may be obtained from: Improving Working Lives Team, Human Resources Department, 4th Floor McKinney House, Musgrave Park Hospital, Stockman's Lane, Belfast BT9 7JB. Telephone 9504 8554 or 9504 8913

This document can be made available on request in alternative formats, e.g. Plain English, Braille, Disc, Audio Cassette and in other languages to meet the needs of those who are not fluent in English.

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Application Form
If you are sick leave or maternity leave, please complete the details below.

Staff Number	
Employee Name	
Job Title and Band	
Directorate	
Location	
Contracted Hours	
Daytime Telephone Number	

The purpose of this form is to allow you to make a request for flexible working arrangements in accordance with Equality Legislation and Trust policy and practice. Please complete all sections of the form ensuring that you include any additional information to support your request within the Employee Comments section.

YOUR REQUEST
Proposed start date: Proposed end date:

Type of Work Life Balance Request

Compressed Working Hours	
Employment Break	
Flexi-Time Scheme	
Flexible Retirement	
Homeworking	
Job Share	
Term Time Working	
Voluntary Reduced Hours	

Proposed Working Pattern

Additional Information

SIGNED: _____   DATE: _____

** PLEASE PASS THIS FORM TO YOUR LINE MANAGER
To be completed by your Senior Manager/Head of Department

NB: You must meet with the Employee within 28 days of receipt of request to discuss this, unless otherwise agreed with the Employee, and respond to them within 14

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days following this meeting. Please forward a copy of the Flexible Working application form, whether approved or not to the Improving Working Lives section. Please also forward a staff amendment form if applicable to the aforementioned and this in turn will be forwarded to the Employment Relations section for processing. Please refer to the Work-Life Balance Improving Working Lives Arrangements Information Pack & Managers Guidance.

I do / do not* support this application (*please delete as appropriate)

If the request is not being approved please detail below the reasons for refusal. It should be noted that in relation to any application from staff with statutory rights then applications can only be refused where there is a clear business case as set out in the Guidance for Managers and Staff.

Burden of extra costs to the business	
Inability to meet patient/client demand	
Inability to organise work within available staffing	
Inability to Detrimental effect on performance	
Detrimental effect on quality	
Inability to find extra staff	
Insufficient work during the period the Employee proposes to work	
Planned structural changes	

SIGNATURE : _____Print Name:_____

DESIGNATION : _____

DEPARTMENT/LOCATION: _____

DATE: _____

* This application cannot be processed by Payroll without a staff amendment form. Please ensure staff amendment forms are completed by the Manager and returned with all applications.

Following the introduction of HRPTS applications must be made and processed electronically.

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Appendix 1

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Sample Letter 1 – arranging a meeting to discuss request

Enter name, grade, staff number, base address

Date _____

Dear_____

I refer to your application for (insert type of Flexible Working applied for) which I received on (date received) and I am writing to inform you that a meeting has been arranged to discuss your request.

The meeting will be held on (insert date) at (insert time) at (insert location). Staff have the right to be accompanied at this meeting by a trade union or staff representative in line with the Trust procedures.

Following the meeting you will be informed in writing of the decision as to whether or not your application has been approved within 14 days.

Yours sincerely

Manager's signature

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Sample letter 2 – informing staff that their application for Flexible Working has been approved.

Enter name, grade, staff number, base address

Date _____

Dear_____

I refer to your application for (Type of Flexible Working) and to our subsequent meeting held on (insert date of meeting). I am pleased to advise you that your request has been granted and will take effect from (insert effective date).

Your new working arrangements are outlined as follows:

Notification has been forwarded to the Human Resources Department along with a Contractual Change Form to ensure that appropriate changes are made to your salary and any related terms and conditions.

If you have any further queries please do not hesitate to contact me on (insert contact number).

Yours sincerely

Manager's signature

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**Belfast Health and
Social Care Trust**
HSC

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Sample letter 3 – informing staff that their application for Flexible Working has been approved (Term Time).

Enter name, grade, staff number, base address

Date _____

Dear_____

I refer to your application for Term Time Working and to our subsequent meeting held on (insert date of meeting). I am pleased to advise you that your request has been granted and will take effect from (insert effective date).
Your new working arrangements are outlined as follows:

In line with the Belfast Trust Policy, Term Time arrangements cannot exceed one calendar year in duration. The end date therefore for this application is (insert date). If you wish to avail of the Term Time scheme next year you must submit a new application.

Notification has been forwarded to the Human Resources Department along with a Contractual Change Form to ensure that appropriate changes are made to your salary and any related terms and conditions.

If you have any further queries please do not hesitate to contact me on (insert contact number).

Yours sincerely

Manager's Signature

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Sample letter 4 – informing staff that their application for Flexible Working has been approved (Employment Break).

Enter name, grade, staff number, base address

Date _____

Dear_____

I refer to your application for an Employment Break and to our subsequent meeting held on (insert date of meeting). I am pleased to advise you that your request has been granted and will take effect from (insert effective date) until (insert end date).

Notification has been forwarded to the Human Resources Department along with a Contractual Change Form to ensure that appropriate changes are made to your salary and any related terms and conditions.

May I take this opportunity to thank you for your service to date and look forward to hearing from you, and to your return to duty.

Yours sincerely

Manager's Signature

![HSC Belfast Health and Social Care Trust logo — caring supporting improving together]

Sample letter 5 – informing staff that their application for Flexible Working has been rejected.

Enter name, grade, staff number, base address

Date _____

Dear_____

I refer to your application for (Type of Flexible Working) and to our subsequent meeting held on (insert date of meeting). I wish to advise that unfortunately it is not possible to grant you (Insert type of flexible working) for the following reasons (insert reasons).

You have the right to appeal against the decision in writing setting out the grounds for the appeal to the Improving Working Lives Section, Human Resources, Musgrave Park Hospital within fourteen working days. A meeting to consider the appeal must be held within fourteen days of receipt of the appeal request. Please be aware that the appeal panel will be set at stage 2.

Yours sincerely

Manager's Signature

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WORKLIFE BALANCE

GUIDELINES FOR MANAGERS AND STAFF
ON
FLEXIBLE WORKING ARRANGEMENTS

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GUIDELINES FOR MANAGERS AND STAFF ON FLEXIBLE WORKING ARRANGEMENTS

1. **Introduction**

    The Belfast Trust is committed to Equality of Opportunity for all of its staff. As part of that commitment the Trust recognises that the provision of Flexible Working Arrangements can enable staff to balance both their home and work commitments and improve their working lives. Flexible Working Arrangements apply equally to all staff who meet the appropriate eligibility criteria. The Trust is committed to ensuring under its Harassment Policy that any staff applying for or availing of Flexible Working Arrangements are protected from harassment and victimisation.

2. **Guidance for Managers**

2.1 Managers must be seen to be fair and consistent to all staff and always apply the principles of equality legislation and best practice. They will need to understand how Flexible Working can benefit both the individual and the organisation and be clear about the options available as well as ensuring the needs of the service are met.

    Staff may wish to seek Flexible Working Arrangements on either a temporary or permanent basis as detailed in the Trust's Flexible Working Arrangements Information pack and associated policies and the applications may be for a range of reasons so managers need to be open minded and consistent.

    The following points should be considered:

    - Staff choosing to avail of a flexible working arrangement should be treated equally to all other employees.
    - Very few jobs cannot be undertaken in a different way, it may just require more lateral thinking.
    - Managers need to recognise that working in a less traditional manner may require a higher degree of organisational skills.
    - Whilst the needs of the service are paramount, remember that flexibility can pay dividends in terms of staff commitment, loyalty, morale and reduced absenteeism. Research has shown that where there are good relations between employee and employer, staff can and will respond through improved quality and productivity. However, this depends greatly on elements of fairness of treatment, trust and the availability and application of Trust Policies.

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2.2 Legislative Framework

The legislative framework which governs the provision of work life balance schemes is:
- Employment (NI) Order 2002
- Flexible Working Regulations 2003
- Flexible Working Regulations (NI) 2010
- Sex discrimination (NI) Order 1986 (as amended)
- Section 75, Northern Ireland Act 1998
- Work and Families (NI) Order 2006
- Health and Safety at Work (NI) Order 1978
- Disability Discrimination Act 1995
- Employment Equality (Age) Regulations 2006
- Agency Workers Regulations (NI) 2011

This list is not exhaustive.

2.3 Regulations Regarding the Statutory Right to Request to Work Flexibly

In accordance with the Work and Families Act (NI) 2015 and regulations made under it, **all** employees have a statutory right to ask their employer for a change to their contractual terms and conditions of employment to work flexibly. The statutory right is a 'right to request' and not a "right to be granted" flexible working.

2.4 Key Considerations when responding to a Request for Flexible Working Arrangements

- What type of arrangement is the individual seeking?
- Why is the arrangement being sought? Remember some of the reasons for an Employee requesting flexible working may relate to a sensitive or confidential situation and the Manager should respect this.
- Is the request for a temporary or permanent arrangement?
- Can this be accommodated/will it meet the needs of the service?
- How will the gap in time between part-time hours and full-time hours be met?
- What happens if the same flexible working arrangement is requested by a number of individuals within a department/section? Could you, as the Manager, decide and agree with the Employees to rotate/share this arrangement? Remember to involve your staff, very often they can, individually or collectively, come up with practical solutions and a compromise can be made.
- How will CPD and Professional Registration responsibilities be met?

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Guidance for Staff

2.5   In making an application for flexible working Employees need to carefully
        consider how they will ensure that they can fulfil the duties and responsibilities
        of their job role and how they will organise their work to meet such
        requirements. Employees should be prepared to be flexible and consider a trial
        period of the proposed working arrangement if appropriate. Employees should
        also consider the impact of their proposed working arrangement on the rest of
        their team and be aware that they may have to be prepared to compromise in
        relation to alternative working patterns or the start date, particularly if they work
        in a small Department.

2.6   **Key Considerations for Staff**

- Which type of arrangement would I like to apply for?
- Would this be on a temporary or permanent basis?
- If temporary how long for?
- How will my new way of working affect my pay, terms and conditions and superannuation?
- How will my new way of working affect my workload?
- How will I meet my CPD and Professional Registration requirements?

3   Considerations for Managers and Staff in Relation to Specific Policies

Job Sharing
- Can the duties and responsibilities be clearly defined and measured for each person?
- If the role requires a broad range of skills, would two people provide those skills between them?
- How will the hours for each partner be grouped? There are many variations such as:
  A. one week on, one week off;
  B. split each week with one partner working Monday, Tuesday and half day Wednesday and one partner working half day Wednesday, Thursday and Friday;
  C. split each day, with one working every morning and one working every afternoon.
- How will each partner communicate with the other to ensure a smooth transition in work?
- Two people sharing one job will affect managerial responsibilities.

Employment Break

- Can cover be provided during the employment break? Applications from Employees in scarcity grades will require careful consideration and release may depend on suitable replacements being available.
- Mechanisms will have to be put in place to ensure that the Manager and Employee keep in contact.
- How will CPD and Professional Registration responsibilities be met?

Term Time Working

- Which option is the most appropriate – 10 or 11 month or traditional term time
- Does the role lend itself to term-time work without an adverse effect on the needs of the service?
- Can the Trust accommodate or adapt to lengthy periods of absence, e.g. school holidays?
- How would cover be provided during the period of absence?
- If Term-Time Working is not an option, could other options be considered, for example, reduction in hours, or time off throughout the year rather than one block. The Trust operates Summer Schemes and this may assist employees who require time off during the summer months.
- What impact will this arrangement have on the other Employees within the department/section?

Part-Time Working on a Permanent Basis

- Will the Employee's request meet the needs of the service?
- How many hours per week does the Employee want to work?
- What will the working arrangement be? How should the hours be grouped? Each day, three days per week, etc.
- Does the agreement require flexibility in terms of days worked or is the requirement predictable for the longer term?
- What impact will this have on other members of the department?
- How will the gap of hours be filled or the workload managed? Will another part-time member of staff need to be employed to cover the gap/workload?
- Does the Employee understand the implications of the reduction in salary and have they been provided with the necessary support to consider the long term implication on pension and annual leave etc.

Part-Time Working on a Temporary Basis

- The issues to consider for this arrangement will be the same as the issues for part-time working on a permanent basis. However, the Employee and their Line Manager should discuss and agree the defined period of the arrangement.

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- Staff wishing to work under this arrangement should discuss the arrangement with Superannuation Branch to ascertain the arrangements which may be implemented in relation to making contributions to cover the temporary reduction in hours.

Flexi-Time Scheme
- Could a Flexi-Time Scheme be accommodated in the department taking into account the needs of the service?
- Managers should make arrangements as to how the recording of Flexi-Time is to be monitored and authorised within the department.
- What are the requirements of the department in terms of office cover and how will such duties be shared on an equitable basis?

Compressed Working
- Is it viable for a member of staff to work compressed hours within the department bearing in mind the needs of the service?
- Does the department operate a Flexi-Time Scheme? If so how will the needs of the service be met with both compressed working and flexi-time operational in the same department?
- What impact will this have on other members of the department?

Home Working
- Is Home Working suitable for this particular post? How much of the job can be done away from the base office?
- A full health and safety risk assessment must be carried out to determine what equipment will be provided to enable an Employee to homework.
- Will remote working suit the needs of the Employee and the Employer?
- How will management and supervision be undertaken?

4   Refusal of an Application

If the application is not viable the reasons for the refusal must be clear and fully explained to the Employee. The Manager can only refuse an application where there is a clear "business reason". These are specified and can only be for the following reasons:
- Burden of extra costs to the business
- Inability to meet patient/client demand
- Inability to organise work within available staffing
- Detrimental effect on performance
- Detrimental effect on quality
- Inability to find extra staff
- Insufficiency of work during the period the Employee proposes to work

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- Planned structural changes

Conclusion

Flexible working arrangements are becoming more popular and necessary as patterns of work in many organisations. These arrangements are a way in which an organisation can assist its staff in balancing work and home commitments and the provision of such arrangements can benefit both the Employee and the Trust.
In a competitive job market these flexible working arrangements can help both to attract and retain the skills and expertise of staff and so benefit patient and client care.

These guidelines highlight areas which Managers and Staff need to consider when applying for and responding to requests for flexible working arrangements. Every request will be different and needs to be considered on its individual merits.

Further advice on flexible working arrangements is available by contacting, the Improving Working Lives Team, Human Resources Department, 4th Floor McKinney House, Musgrave Park Hospital, Stockmans Lane, Belfast BT9 7JB.

The Improving Working Lives Team can be contacted on telephone 9504 9615 9615

This document can be made available on request in alternative formats, eg. Plain English, Braille, Disc, Audio Cassette and in other languages to meet the needs of those who are not fluent in English.

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COMPRESSED WORKING POLICY

COMPRESSED WORKING POLICY

1.Introduction

The Trust recognises the importance of attracting and retaining highly skilled and experienced staff. To assist in achieving this aim, the Trust has introduced Compressed Working to help staff balance their work and home commitments.

1.   What is Compressed Working

Compressed working is an agreed alternative shift or work pattern whereby staff can work the same number of hours but over fewer days or work a different pattern of hours. The standard working week is five days but compressed working will mean that a member of staff can continue to work their contracted hours but over less days.

2.   Eligibility

All employees may apply to have their working hours compressed

3.   Applications for Compressed Working

All applications should be made in line with the procedures set out in the information pack or Work Life Balance Flexible Working Arrangements and the specific guidance notes set out therein for managers and staff.

Applications will be facilitated whenever possible and will be considered on the merits of the individual case.
The employee should complete the Trust's Flexible Working Application Form under the Trust's Flexible Working Arrangements Procedure and forward this to his/her Line Manager for consideration.

The Line Manager will consider the applications in conjunction with the appropriate Head of Service. In the event that the application is not approved, the Line Manager will provide the employee with a written reason and advise of the right to invoke the Grievance Procedure.

4.   The Introduction of Compressed Working

4.1   It is acknowledged that compressed working may not be suitable for particular types of post and that it may be difficult to manage in some departments in the Trust. Compressed working should be arranged in such a way that hours are carried out when staff are required to be in the department and it should be explained to staff that they are expected to continue to work within the normal opening and closing hours of the department. Consequently in some

departments where flexi time is available there will be no advantage to working compressed hours.

4.2   Compressed working can be introduced on an individual or collective basis

4.3   In order to assess the suitability of this type of flexible working, it is recommended that each scheme be introduced initially as a pilot. Staff should be advised that the scheme will run for a <u>trial period</u> of 6 months, to assess whether or not compressed working can be introduced as a viable flexible working option.

Close monitoring should take place regularly throughout the trial period and consideration should be given to the following issues when a pilot is being developed.

➢ Numbers, Grades and types of staff taking part
➢ Impact on Service Delivery and Quality
➢ Impact on Employee performance, other staff and general morale
➢ Incidents/Accidents
➢ Absence Rates
➢ Supervised working arrangements

4.4   At the end of a pilot it will be the responsibility of the manager to initiate an evaluation. If it is decided that the compressed working is to be introduced, it is expected that it will need to be tailored specifically to the service needs in each department and again this should be outlined to staff.

5. Adherence to Policy

Each member of staff must be aware and comply with all Trust Policies in particular must be conversant with all Health and Safety policies, Lone Worker policy and Working Time Regulations compliance in relation to their compressed hours working arrangement.

6.   Review / Termination of Compressed Working

Compressed working should continue to be reviewed and like other flexible working arrangements, may not always be granted on a permanent basis. Where service needs or staffing issues arise, temporary compressed working arrangements may have to be reconsidered and managers should ensure that staff are given at least 1 month's notice if compressed working cannot continue.
.

7.   Promotion

Employees are free to apply for promotional posts in the usual manner whilst working compressed hours. However, they will not have the automatic right to

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continue with this pattern of working if it is not deemed suitable in the promotional post.

8.   Training and Development

Staff participating in a Compressed Working arrangement should have their training and development needs assessed and delivered in the same manner as for full-time staff.

9.   Review of the Compressed Working

To ensure the ongoing effectiveness of this policy reviews will be undertaken at regular intervals.

10.   General Information

Any further information regarding Compressed Working may be obtained from the Improving Working Lives Team, Human Resources Department, 4th Floor McKinney House, Musgrave Park Hospital, Stockman's Lane, Belfast BT9 7JB. Telephone 028 961 59615.

This document can be made available on request in alternative formats, e.g. Plain English, Braille, Disc, Audio Cassette and in other languages to meet the needs of those who are not fluent in English.

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EMPLOYMENT BREAK POLICY

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EMPLOYMENT BREAK POLICY

1.0 Introduction

An Employment Break is leave without pay for a specified period of time. It may be considered for primary reasons such as:

- Employees taking prime responsibility for dependents
- Employees adopting children
- Employees wishing to pursue further relevant education/professional development
- Other reasons will be considered on the merits of each application

The above is not an exhaustive list.

An employment break will not be allowed for the purpose of taking up alternative paid employment with another employer. Employment overseas may be permitted if it could broaden experience, however this should not be the primary reason for the application. Individuals may wish to supplement their income however through undertaking work such as:

- Agency
- Temporary
- Bank
- Holiday Relief

In such cases, written authority from the Trust is necessary.

2.0 Objectives

The objectives of the Employment Break Scheme are:

- To give staff the opportunity to leave their employment for a period of time, whilst enabling them to return at a later time
- To retain skills and expertise within the Trust
- To provide new job opportunities in the Trust

3.0 Eligibility

Staff must have one year's service with the Belfast Trust to apply for an employment break.

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4.0 Application for an Employment Break

All applications should be made in line with the procedures set out in the Work Life Balance Flexible Working Arrangements Pack. Arrangements and the specific guidance notes set out therein for managers and staff.

Applications will be facilitated whenever possible and will be considered on the merits of the individual case. However, it may not be possible to grant release in every case because of the needs of the Trust. Applications from employees in hard to fill grades will require careful consideration and release may depend on suitable replacements being available.

The employee should complete the Trust's Flexible Working Application Form under the Trust's Flexible Working Arrangements Procedure and forward this to his/her Line Manager for consideration.

The Line Manager will consider the applications in conjunction with the appropriate Head of Service. In the event that the application is not approved, the Line Manager will provide the employee with a written reason and advise of the right to invoke the Grievance Procedure.

The date on which an employment break begins will be a management decision taking into consideration the circumstances of the application and the likely time period in filling the vacancy. The Trust will seek to balance both the needs of the service and the individual's requirements in taking this decision.

5.0 Duration and Number of Employment Breaks

5.1 Special leave without pay for an employment break may be granted for a period of not less than three months and for any period in excess of three months up to a maximum of 5 years.

5.2 An employment break may be extended for a period of time suitable to both employee and manager provided that the total period does not exceed 5 years in all.

5.3 On return to work following an employment break, one additional employment break may be granted subject to the total maximum of 5 years, provided the period of service between the employment breaks is not less than the initial employment break (including any extensions i.e. a total of 2 employment breaks with a cumulative total of 5 years).

6.0 During Employment Breaks

6.1 During an employment break the employee will be expected to adhere to the terms of the Employment Break Policy and the contractual requirements concerning conduct and terms and conditions of service. Any breach of same may result in disciplinary action being considered.

6.2 During the employment break an employee is subject to all normal regulations in relation to the fundamental expressed or implied conditions of the contract of employment. A member of staff on an employment break must comply with the conditions of the scheme as set out in this agreement.

6.3 It is the responsibility of the individual staff member to ensure that while they have been on an Employment Break that they have followed the requirements of their profession with regard to registration and revalidation (where appropriate) and to ensure that they are registered on their return. Information on the requirements of registration / revalidation is available on the relevant profession website.
(Please also refer to the Trust's Registration and Verification Policy).

6.4 In accordance with their Contract of Employment and Professional Codes of Conduct it is the responsibility of the individual staff member to ensure they are registered at the date of their return. If registration has lapsed the employee's return date should be deferred until such time as the individual can furnish the Line Manager with evidence of registration. The individual will not receive any pay during this period until the evidence of registration and revalidation (where appropriate) has been received by the line Manager.

6.5 It will be the responsibility of the employee to inform the Line Manager and the Employment Relations Section of the Human Resources Department of any change in his/her circumstances, e.g. change of address.

7.0 HSC Pension Scheme

7.1 Employees who joined the HSC Superannuation Scheme on or before 31 March 2008 will be members of the 1995 Section of the Scheme unless they opted to transfer to the 2008 Scheme. An employee who undertakes an employment break must return to employment within 5 years in order to retain active membership of their original Pension Scheme or to retain the Final Salary link for 1995/2015 Transitional Scheme members. In some cases however it may not be possible to identify a suitable post and as a result the employment break may last longer than 5 years. Fully protected members should be aware that any break in membership of 5 years and over will result in an employee having to rejoin the 2015 Section of the HSC Pension Scheme rather than remain a member of the 1995 Section of the Scheme.

7.2 Changes to the HSC Pension Scheme now allow employees on an Employment Break to remain pensionable for a period of up to 24 months providing they continue to pay contributions to the scheme. If a member does not continue to pay contributions to maintain their Scheme membership during the period of absence, then the member is no longer in active scheme membership until they return to work and re-join the scheme. This rule is particularly important for members who may apply for consideration for Ill Health Retirement during an Employment Break. For further information please contact HSC Pensions on 028 7131 9111.

If you wish to continue contributing into the HSC Pension Scheme, it is your responsibility to make the necessary arrangements by contacting Pay and Conditions, Human Resources on 028 9615 9615 who will forward you a Pension Contribution Quotation Form. After completion of this form you should e-mail it to PSC HRProcess.ssc@hscni.net for contribution figures. Where practicable, this should be 3 months prior to the start date of the authorised leave. Please refer to the Flowchart contained within Appendix 1 of the Employment Break Policy.

- During the first six months of an Employment Break, the employee will be treated as any other active member of the scheme and the employee and employer contributions will be paid continuously throughout the six month period as usual.

- An employee who had paid contributions continuously during the first six months of their Employment Break can continue to remain pensionable for a further period of up to 18 months. The employee will however be responsible for both the employee and employer pension contributions during this period.

- It is your responsibility to cancel the payment arrangement when you no longer wish to pay contributions OR you return to work following your authorised leave/employment break. This can be done by simply not making a payment and the arrangement ceases. You do not need to inform anyone.

- **You are responsible for re-joining the HSC Pension Scheme when you return from an Employment Break. You must re-apply, you will not automatically be placed back into the HSC Pension Scheme.**

- Arrears cannot be allowed to accumulate and payment made on returning to the scheme.

For further information please contact HSC Pensions on 028 7131 9111 or there is a fact sheet available on the HSC Pensions website http://www.hscpensions.hscni.net/download/Employer-Factsheet-Authorised-Leave-Career-Breaks.pdf

8.0 Rehabilitation of Offenders (Exceptions) Order 1979

Under the Rehabilitation of Offenders (Exceptions) Order 1979 applicants to posts within the Health and Personal Social Services must disclose to their employer **any** criminal convictions, including cautions, which they have or have ever had on their record. For the purposes of the above Order criminal convictions are never considered spent. Any employee who fails to disclose a conviction may be dismissed from employment.

In addition you are required to **immediately** notify your Head of Department if you are subject to an investigation by the Police, cautioned or are convicted of a criminal offence whilst on an Employment Break in the employment of the Trust. Failure to do so will constitute a disciplinary offence.

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Your Head of Department will then consider how relevant the caution, investigation or criminal offence is to your duties at work and whether disciplinary action is required.

9.0 Terms & Conditions of Employment

Any outstanding arrangements such as lump sum payments in connection with car allowances, car loans, leasing of official vehicles, excess rent allowances etc., will need to be resolved by the employee before agreement can be given to a request for an employment break.

10.0 Continuity of Service

10.1 Periods of service before and after an employment break shall be treated as continuous for conditions of service purposes including statutory provisions as detailed in Employment Legislation. The break itself will not count for continuous service purposes. Neither will it count as reckonable service, e.g. incremental credit. However, any periods of refresher/updating with the Belfast Trust will count as reckonable service.

A period of absence on an employment break will not count for Superannuation purposes and employees are advised to consult either the Salaries and Wages Department or Superannuation Branch to establish the effect of the break on their Superannuable position.

It is the responsibility of individual employees on an employment break to contact the Department of Health and Social Services through their local Social Security Office and Inland Revenue to determine whether they are entitled to any benefits and to check the position with regard to National Insurance contributions.

10.2 Should an employee become pregnant whilst on an employment break, they may be entitled to maternity leave with pay, if they fulfill the eligibility criteria for maternity leave and pay as contained in the Agenda for Change Handbook. Further information is available from the Employment Relations Section of the Human Resources Department.

11.0 Access NI Checks

If the post the employee is returning to is a regulated activity post and requires an enhanced (with barred list) Access NI check the process will need to be carried out 6 weeks prior to their return. Failure to do so will result in the commencement being deferred. It is a criminal offence to allow individuals to engage in a regulated activity where they have been "barred" from such work by the Disclosure and Barring Service. An AccessNI check will reveal whether an individual is barred.

Before requiring a returning employee to apply for an AccessNI check they should be asked if they have been "barred" from working with children and/or adults in the intervening period since their previous employment, as it is also a criminal offence for an individual to apply to work in regulated activity if they are not allowed to do so.

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12.0 Return to Work

12.1 An employee is entitled to return to the same job as far (as reasonably practicable) provided they return to work within one year.

12.2 It should be noted that following any approved application for leave of duration of one year or more that no guarantee can be given that the employee will return to either their substantive post or within the same Service Directorate. However they may return to as similar a job as possible at the equivalent salary level, reflecting increases awarded during the break.

12.3 Employees who wish to return early from an employment break should contact their Line Manager and explain the circumstances relating to their request. While an early return cannot be guaranteed, requests will be considered sympathetically especially if there have been unforeseen changes in the circumstances which prompted the request for the break.

12.4 In reaching the decision on availability and suitability of a post, the following factors will be taken into account: -
   - There must normally be a vacancy at as similar a job as possible within a reasonable timescale.

   - If returning to a different post the person must meet the normal recruitment and selection criteria for the post.
   - The person must have met the updating criteria established with his/her Line Manager at the beginning of the employment break.

12.5 If prior to the commencement of an employment break an employee was working in a part-time/job sharing arrangement, every effort will be made to allow the employee to return on that basis. However, there is no guarantee that this will always be possible and in these circumstances employees may be offered a full-time post.

12.6 Employees on an employment break must contact their Line Manager and the Pay and Conditions team of the Human Resources Department two months before they are due to return if the break is less than a year, and six months before they are due to return if the break is more than a year to: -

   - Confirm that they intend to return on the due date
   - Apply for an extension of the Employment Break
   - Indicate that they wish to resign

12.7 Employees who take employment breaks of more than one year duration must contact their Line Manager at the end of each twelve month period to confirm their intention to return to their employment.

12.8 Employees returning from an employment break following a period of travelling abroad must contact Occupational Health to determine fitness to return to work.

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The Trust will take account of the duration of the break, the countries visited and whether or not the staff work in a clinical setting in enforcing this requirement.

12.9 Employees who are unable to resume duty on the due date because of illness will be required to produce supporting medical documentation.

12.10 Where a woman wishes to take an employment break immediately following a period of Maternity Leave there should be no need for her to return to work for three months in order to avoid having to repay occupational maternity pay. If, however, she resigns during the course of an employment break or fails to return at the end, she will have to repay occupational maternity pay.

13.0 Promotion

Employees will be free to apply for promotion during the employment break. However, they would have to accept the promotion at the time of offer and take up duties when required.

14.0 Review of Employment Break Policy

To ensure the ongoing effectiveness of this policy, reviews will be undertaken at regular intervals.

15.0 General Information

Any further information regarding the Employment Break Scheme may be obtained from the Improving Working Lives Team, Human Resources Department, 4th Floor McKinney House, Musgrave Park Hospital, Stockman's Lane, Belfast BT9 7JB. Telephone 028 961 59615.

This document can be made available on request in alternative formats, e.g. Plain English, Braille, Disc, Audio Cassette and in other languages to meet the needs of those who are not fluent in English.

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APPENDIX 1
**PAYMENT OF PENSION CONTRIBUTIONS DURING AUTHORISED LEAVE/
EMPLOYMENT BREAK**

```
┌─────────────────────────────┐
│ Your employment break/      │
│ authorised leave is approved│
└─────────────────────────────┘
              │
              ▼
┌─────────────────────────────┐        NO     ┌──────────────────┐
│ Are you a member of the HSC │ ─────────────▶ │ No further       │
│ Pension Scheme?             │                │ action required  │
└─────────────────────────────┘                └──────────────────┘
              │  YES
              ▼
┌─────────────────────────────┐        NO     ┌───────────────────────────────┐
│ Do you want to continue to  │ ─────────────▶ │ No further action required. You│
│ pay pension contributions?  │                │ will have to re-join the HSC   │
└─────────────────────────────┘                │ Pension Scheme on your return │
              │  YES                            │ from authorised leave/         │
              ▼                                 │ employment break.              │
                                                └───────────────────────────────┘
```

┌───┐
│ Complete Section A of the Pension Contribution Quotation Form   │
│ (Appendix 1) and email to HRProcess.ssc@hscni.net   │
└───┘
              │
              ▼
┌───┐
│ Payroll completes Section B and returns form via email to employee   │
└───┘

```
┌─────────────────────────────┐        NO     ┌───────────────────────────────┐
│ Do you want to continue to  │ ─────────────▶ │ No further action required. You│
│ pay pension contributions?  │                │ will have to re-join the HSC   │
└─────────────────────────────┘                │ Pension Scheme on your return │
                                                │ from authorised leave/         │
                                                │ employment break.              │
                                                └───────────────────────────────┘
```

┌───┐
│ Complete Section C of the Pension Contribution Quotation Form and   │
│ email to pensioncontributions.ssc@hscni.net. Bank details will then   │
│ be sent out to you.   │
└───┘
              │
              ▼
┌───┐
│ You make the necessary arrangements to pay your contributions in a   │
│ lump sum or monthly instalments, in line with the timescales and use │
│ the appropriate reference. If you are paying in monthly instalments, │
│ you can cancel the arrangement at any time.   │
└───┘
              │
              ▼
┌─────────────────────────────┐
│ End of process   │
└─────────────────────────────┘

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FLEXI TIME POLICY

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FLEXI-TIME POLICY

The Belfast Trust recognises the importance of attracting and retaining highly skilled and experienced staff. To assist in achieving this aim, the Trust has developed a Flexi Time scheme to further enhance the provisions currently within the Work Life Balance Flexible Working Arrangements.

In order to maintain the highest possible level of services, departments will have periods of time each day where it is essential that staff are present for duty e.g. "Core Periods". Outside such 'core' hours, however, it may be possible for staff to vary their arrival and departure times, or to extend their lunch breaks beyond their normal allocation. This must take account of service needs and be agreed with the Line Manager.

In addition, staff will be able to build up extra hours which can be taken off at mutually convenient times, but it does not entitle you to a regular pattern of working as the needs of the service are paramount. Flexi-Time will, where practicable, be available to both full-time and part-time staff, as well as to staff working within a job-share arrangement.

Objectives

The objectives of Flexi-Time are:

- To further develop the Belfast Trust's Flexible Working Arrangements and the promotion of work/life balance.
- To improve the retention of staff who desire to work in a flexible working environment.
- To greatly improve the efficiency of employees as they are more likely to continue working to complete a specific task knowing the time is "banked".
- To assist in the reduction or elimination of punctuality issues as the Employee is allowed a flexible start to the day, time-keeping issues are often reduced.
- To assist in reducing absenteeism as the improved flexibility can often lead to a reduction in absenteeism as flexible starting and finishing times allow for changes in personal circumstances to be accommodated.

1. **Eligibility**

   Flexi-Time is available to all staff, subject to feasibility of such an arrangement.

2. **Key Principles of the Flexible Working Hours Scheme**

   In the operation of Flexi-Time it is important to ensure that high standards of service are maintained in all areas. Any staff member's degree of participation in the scheme must relate to the requirements of their post and be approved by their Line Manager.
   Core-time limits and amount of credit and debit allowed are defined in this policy.

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Employee's Responsibilities

- Staff must be present for duty during their identified 'core' hours unless permission for absence has previously been sought from management. Core hours for each area will be agreed with the Line Manager taking account of the fact that adequate staff presence must be maintained in all offices, wards and other service areas.
- Attendance sheets must be completed on a daily basis.
- Staff working as a team must agree their methods of operating Flexi-Time in advance with their team and Line Manager to ensure that adequate cover is provided at all times. It does not mean a regular pattern of working for any particular staff member.
- Any individual or group of staff who abuse the provision of the scheme will be subject to the Disciplinary Procedure and may have the right to participate in the scheme withdrawn, either temporarily or indefinitely.

Manager's Responsibilities

- Managers should consider any requests for flexible working including flexi-time and ensure that an appropriate balance is struck between the needs of staff and the needs of the service they provide.
- Managers must ensure that sufficient work is provided for those members of staff who start early or finish late.
- Attendance sheets should be checked at least once per month.

Where service needs make the introduction of a complete Flexi-Time scheme unfeasible in any location, it may be possible to set up an amended scheme for selected grades or groups of staff. Any amended scheme should also be recorded in a similar way to that outlined below.

3.   **Applications for Flexi-Time**

All applications should be made in line with the procedures set out in the information pack or Work Life Balance Flexible Working Arrangements and the specific guidance notes set out therein for managers and staff.

Applications will be facilitated whenever possible and will be considered on the merits of the individual case. However, it may not be possible to grant Flexi-Time in every case because of the needs of the Trust.
The employee should complete the Trust's Flexible Working Application Form under the Trust's Flexible Working Arrangements Procedure and forward this to his/her Line Manager for consideration.

The Line Manager will consider the applications in conjunction with the appropriate Head of Service. In the event that the application is not approved, the Line Manager will provide the employee with a written reason and advise of the right to invoke the Grievance Procedure. In relation to the process to be followed please refer to paragraph 8 of the Flexible Working Policies and Arrangements Information Pack.

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4.   Hours of Attendance

Working hours will be divided into flexible and core time working bands. All staff, not on authorised absence, must be present during their agreed core time. Staff may vary their working hours within the flexible time band providing this is agreed in advance with line management.

An example of a working pattern is given below but this is not prescriptive. Other patterns may be agreed locally if appropriate.

Arrival	Flexible	08.00 – 10.00
	Core	**10.00 – 12.00**
Lunch	Flexible	12.00 – 14.00*
Departure	**Core**	**14.00 – 16.00**
	Flexible	16.00 – 18.00

*   At least 30 minutes lunch break **must** be taken by staff entitled to meal breaks.

5.   Accounting Period

- Flexi-Time totals should be recorded over a monthly accounting period for the purposes of calculating debit and credit of attendance.

- 'Standard working hours' are the number of hours an individual is contracted to work for any given day.

6.   Leave of Absence

- Statutory holidays, leave and sickness absence will be credited with the individual staff member's standard working day.

- As in the case of annual leave, the taking of Flexi-Leave will require the prior approval of the appropriate manager. . A maximum of one day per month can be taken off, however in exceptional circumstances 1 ½ days can be taken if this is agreed with the line manager in advance.

- For other absences credit time will be allowed only where this has been previously agreed with line management. Traffic delays must be seen as a normal hazard.

- Whenever possible appointments with doctors, dentists etc should be arranged outside core time. In all non-emergency cases, managers must

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be consulted before the making of such appointments to ensure that adequate staffing levels can be maintained during the period of absence.

7.   Credit and Debit Carry-Over

- A maximum **credit of 8 hours pro rata (if part time)** may be carried over between subsequent accounting periods. In exceptional circumstances 12 hours pro rata may be carried over if this is agreed with the Line Manager. Any hours credited in excess of the agreed maximum will be forfeited. This should not be a regular arrangement to supplement annual leave and any credit should be used over the relevant accounting period.

- A maximum **deficit of 4 hours** may be carried over between subsequent accounting periods. - (Where unavoidable circumstances prevent staff from reducing their deficit to this maximum, managers will assess each case on its merits, and may allow the excess debit to be carried over. Managers may recommend that the excess debit be deducted from the staff member's annual leave entitlement or be treated as special unpaid leave).

- Excess credit / deficit should be redressed as soon as possible so as to return the flexi total to within the regular limits.

8.   Overtime

- Overtime working will continue to be recorded separately, and will be paid for in accordance with existing arrangements. During periods of overtime working, the accounting period and other provisions of this scheme may be re-arranged by agreement.

- A member of staff's overtime working on any day will not begin until she/he is credited with standard working hours for that day.

- Members of staff working overtime will be expected to ensure that they have not accumulated more than 4 hours debit at the end of an accounting period, as the excess may be offset against overtime hours. This must be confirmed by your Line Manager.

9.   Termination

In the event that a flexi time arrangement becomes untenable from a Management or Service requirement perspective, full consultation will take place with the individuals concerned to review or terminate the arrangement. The Trust must give adequate notice of 3 months if Flexi Time cannot continue. The Head of Department/Line Manager will however attempt to accommodate the employees taking into consideration the needs of the service.

10.   Recording of Attendance

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- Each member of staff working Flexi-Time must complete an Attendance Record (Example provided in Appendix A) for each accounting period.

- Each member of staff will be personally responsible for recording daily, their time of arrival and departure (including meal breaks) and totaling the record (see Appendix A). These attendance records will be kept in an accessible position so that managers have an easy means of assessing the overall position when required.

- Times should be recorded, and calculations made to the nearest 5 minutes.

- Attendance records must be retained for at least 6 months in line with HPSS Records Disposal and Retention Schedule.

- Members of staff who opt to continue on set working hours, or for whom, after consultation with their manager, it is agreed that the operation of Flexi-Time would not fit in with the requirements of their post, need not complete an attendance record.

- Where a member of staff is travelling directly from their home to an assignment (without calling at their office), their starting time shall be deemed to be the later of the following:
  ➢ the time they leave home (where their home is closer to the assignment than their office is) OR;
  ➢ the time they pass the office if it is on their route. If the office does not lie on their route, they will have a notional starting time calculated by references to the time they left home, and adding to that time the time normally taken on their home-to-office journey.

- Finishing time will be similarly calculated.

- Where staff are entitled to meal breaks, they are required to take a break lasting a minimum of 30 minutes and a maximum of 2 hours, which must be taken within the break period specified for their working hours / shift pattern.

11. Adherence to the Policy

Each member of staff must be aware and conversant with all Health & Safety Policies along with the Lone Worker Policy

12. Monitoring of the Scheme

i. At the end of each accounting period, each manager will collect and examine for accuracy the attendance record forms that have been completed by their staff and sign off if satisfied with their accuracy.

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ii.   Managers should review the operation of the scheme annually to ensure that access to the scheme is fair and meets the needs of the service provided.

13.   Review of the Flexi Time Policy

To ensure the ongoing effectiveness of this policy, a review will be undertaken at regular intervals.

14.   General Information

Any further information regarding the Flexi Time Policy may be obtained from the Improving Working Lives Team, Human Resources Department, 4th Floor McKinney House, Musgrave Park Hospital, Stockman's Lane, Belfast BT9 7JB. Telephone 028 961 59615.

This document can be made available on request in alternative formats, e.g. Plain English, Braille, Disc, Audio Cassette and in other languages to meet the needs of those who are not fluent in English.

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Appendix A

FLEXI-TIME ATTENDANCE RECORD

NAME : _____   **DIRECTORATE :** _____

Month :_____   **Balance carried forward :** _____

Day / Date	Start Time	Finish Time	Meal Break	Hours Worked	Standard Hours	Variance	Balance Carried Forward

Balance carried forward to next month : _____

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FLEXIBLE RETIREMENT POLICY

FLEXIBLE RETIREMENT

This policy was reviewed in 2018 and is now a stand-alone policy available on the hub:

Contact Details

HSC Pension Service
Waterside House
75 Duke Street
Londonderry
BT47 6FP

Telephone : 028 7131 9111

Pay and Conditions
Human Resources
5th Floor: McKinney House
Musgrave Park Hospital
Stockman's Lane
Belfast
BT9 7JB

Telephone : 028 9615 9615

Improving Working Lives
Human Resources
4th Floor McKinney House
Musgrave Park Hospital
Stockman's Lane
Belfast BT9 7JB

Telephone: 0289615 9615

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HOMEWORKING / TELEWORKING POLICY

HOMEWORKING / Remote Working POLICY
THIS POLICY IS CURRENTLY UNDER REVIEW AND SUBJECT TO CHANGE
(October 2020)

Introduction

The Belfast Trust recognises the importance of attracting and retaining highly skilled and experienced staff. To assist in achieving this aim, the Trust has developed a Homeworking / Teleworking Policy to further enhance the provisions currently within the Work Life Balance Flexible Working Arrangements. This is in addition to occasional ad hoc situations where an Employee and Manager may agree that a particular piece of work may be completed at home. This would usually be for a specific number of hours and on an irregular basis, and the provisions contained within this policy would not apply. Nor do the provisions of this policy apply to clinical staff who may use computers whilst on-call negating the need to be physically present on Trust premises, for example, reading of X-rays.

Homeworking or Teleworking is a form of organising and/or performing work using information technology in the context of an employment contract, where work which could also be performed at the Employer's premises, is carried out away from those premises.

The benefits of Homeworking / Teleworking are:
- Modernises the way work is organized;
- Potential for increased quality and quantity of work eg. by allowing more time to be spent on key tasks without the level of distraction that may be found eg. in the normal office environment;
- Improved recruitment of staff from a wider work pool and retention of existing staff;
- Potential reduction in absenteeism;
- Better use of trust accommodation and facilities eg. allowing opportunities for use of desk shares;
- Can support environment and transport strategies by reducing home to work travel and therefore traffic congestion;
- Potential reduction of overheads eg. travel and accommodation costs;
- Extended hours of availability;
- Complies with AFC Handbook section 34 "Flexible Working Arrangements";

Appropriately used home working can have the following benefits for staff:
- Greater choice for Employees in how and where they work, leading to increased satisfaction and motivation;
- Greater flexibility for balancing work and domestic commitments;
- Greater work satisfaction from having quality dedicated time to spend on key tasks or projects

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1.   **Objectives**

The objectives of the Homeworking / Teleworking Policy are:

- To retain skills and experience within the Trust.

- To further develop the Belfast Trusts Employee friendly working opportunities and the promotion of work/life balance.

2.   **Eligibility**

All Employees who have satisfactorily completed their probationary period at the date of application.

3.   **Application to Participate in a Homeworking / Teleworking Arrangement**

Applications will be facilitated whenever possible and will be considered on the merits of the individual case. However, it may not be possible to grant release in every case because of the needs of the Trust.

The Employee should complete the Trust's flexible working application form under the Trust's flexible working arrangements procedure and forward this to his/her Line Manager for consideration.

The Line Manager will consider the application in conjunction with the appropriate Head of Service. In the event that the application is not approved, the Line Manager will provide the Employee with a written reason and advise of the right to invoke the Grievance procedure.

4.   **Principles**

The Trust recognises that many posts are not suitable for Homeworking / Teleworking, there are valid reasons as to why this is the case. The decision to approve a homeworking/teleworking arrangement remains with the Trust as the needs of the service remain paramount.

A Staff Checklist is available in Appendix 1 to assist staff in making decisions about whether homeworking/teleworking is an appropriate option for them.

A Managers Checklist is attached as Appendix 2 outlining the Manager / Service Directorate responsibilities when considering homeworking/teleworking applications.

Homeworking/Teleworking should not be used to address childcare responsibilities / eldercare responsibilities eg. where an Employee wishes to have direct childcare responsibilities/eldercare responsibilities during working hours.

Employees who have an arrangement for homeworking will be required to attend the workplace for appropriate meetings, supervision, training etc.

All Trust policies and procedures continue to apply in respect of all work conducted on behalf of the Trust whilst on a homeworking/teleworking arrangement. Any breaches will be dealt with under the Trusts Disciplinary Procedures.

Normal rules governing the management and reporting of sickness absence will apply for homeworking/teleworking arrangement.

Following a full Health & Safety Risk Assessment which will form part of the approval process the Trust will determine what equipment it will provide to enable the Employee to homework/telework. The Trust will maintain the equipment and the Employee will be expected to bring the equipment to work premises for maintenance.

Staff should collect stationary and other consumables required for business use from the Trust using the usual office requisitioning procedures.

5.   Consideration of Homeworking / Teleworking Arrangements

5.1 Only requests to work from home on a **regular** basis for either all or part of the working week or working day and which replace the existing work pattern can be considered under this policy.

5.2   Where an Employee expresses an interest in homeworking/teleworking both the job function and the Employee will be assessed by the Line Manager for suitability. The Employee must initially complete a Flexible Working Arrangement Application Form, which includes proposals as to how the arrangement might operate successfully in terms of carrying out the job. In so doing the Employee should consider the points as set out in Appendix One and the Manager consider the points contained in Appendix Two.

5.3 A Health and Safety Risk Assessment must be undertaken by the Employee and by the Trust and be deemed satisfactory before the decision can be made to agree/not agree to the homeworking/teleworking arrangement. (Refer to Appendix 3 and Appendix 4)

6.   Legal and Associated Issues

Before the decision to homework/telework can be confirmed, staff must ensure and provide evidence of the following:
*   No planning restrictions or restrictive covenants are contravened;
*   Confirm that insurance cover is not rendered invalid;
*   A health & Safety Risk Assessment has been undertaken by the Employee and by the Trust and deemed satisfactory (refer to Appendix 3 & Appendix 4);

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- Confirm that there are no Inland Revenue issues.

Staff are strongly advised to seek professional advice on the above and possible costs of working from home. Any expenditure incurred in so doing will be paid by the Employee. It should be noted that if a request is made as a reasonable adjustment under the Disability Discrimination Act 1995 then the Trust may incur these costs as a reasonable adjustment element.

7. Duration of Homeworking / Teleworking

It is not intended that homeworking/teleworking be considered a permanent arrangement. Neither is it intended to be a full-time arrangement, rather, it is envisaged that, where appropriate in order to meet their contractual responsibilities, staff may have the option to work part of the working week or working day at home, on an occasional or more regular basis.

8. Promotion

Homeworkers will be free to compete for promotional posts in the same way as other Employees. However, should they be successful they will have no automatic right to Homeworking.

9. Adherence to Policy

Throughout the duration of a Homeworking/Teleworking Scheme, both the Employees and the Manager must adhere to the terms of this Policy.

10. Data Protection / Encryption

The Trust's ICT Security Policy must be adhered to at all times with regard to data security and encryption

11. Removable Media

If official data has to be stored on removable media the following rules should be applied:

- Official data of any sort should not be stored on devices other than those provided by the Trust for that specific purpose (in other words, the use of personally-owned removable media is explicitly prohibited);
- If official data of a sensitive or personal nature needs to be stored on removable media of any sort this should not be removed from official premises and only the minimum amount of data should be transferred to the removable media, including laptops, that is necessary for the business purpose;

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- Removable media should be kept secure in the office and should not be left lying around on desks or in unlocked cabinets;
- If removable media are used for storing non-sensitive data great care should still be taken over the carrying, storage and disposal of them.

12. Push Email Devices (ie. Blackberry type devices)

Users of email devices, which by default store email messages for 30 Days, are encouraged to use the "Delete Prior" function to regularly remove messages received before a specified date. Removing messages in this way affects only the email device and does not delete the messages from the Outlook Inbox. Please refer to separate ICT Security Policy.

13. Termination

At six monthly intervals, or more frequently if deemed necessary, the Manager and Employee will review the homeworking/teleworking agreement to ensure that it continues to operate satisfactorily.

The Trust reserves the right to amend this policy at any time and to also request that an Employee returns to working within the Trust's premises. This may be as a result of changes in service delivery, as well as unsatisfactory performance. Such a move would not occur without full discussion with the Employee and all reasonable steps will be taken to give a minimum of three months notice of any change to working practices.

Following any termination of homeworking/teleworking, the Trust will require all office furniture, equipment etc purchased or expensed by the Trust to be returned.

14. Review of Homeworking / Teleworking Policy

To ensure the ongoing effectiveness of the policy a review will be undertaken at regular intervals.

15. Training and Development

Staff participating in a homeworking/teleworking arrangement should have their training and development needs assessed and delivered in the same manner as for all other staff, in accordance with the Trust's Personal Contribution Framework.

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16. General Information

Any further information regarding the Homeworking / Teleworking arrangement may be obtained from the Improving Working Lives Team, Human Resources Department, 4th Floor McKinney House, Musgrave Park Hospital, Stockman's Lane, Belfast, BT9 7JB. Telephone 961 59615.

This document can be made available on request in alternative formats, eg. Plain English, Braille, Disc, Audio Cassette and in other languages to meet the needs of those who are not fluent in English.

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Flowchart for applying for Homeworking / Teleworking

Employee completes Flexible Working
Application form from the Work-Life
Balance Information Pack
and submits to Line Manager
for consideration

Full Health and Safety Risk Assessment
to be carried out by Employee
(Appendix 3)

⇓

Is the application approved?

YES   NO

Action Plan to be completed by   Manager will provide a
Line Manager   written response detailing
                                          reason and will advise of right
                                          to invoke Grievance Procedure

Risk Assessment to be completed
by Line Manager (Appendix 4)

↓

Action Plan to be completed by
Line Manager

↓

Date for review of arrangement
to be agreed

Flowchart for applying for Homeworking / Teleworking

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Appendix 1

Staff Check List

Staff checklist which must be considered in deciding is homeworking / teleworking right for me?

What personal qualities should I have for working on my own?

- Self motivation – reasonably self starting with no high personal need for the continuing presence of co-workers. Able to work effectively without the benefits of group dynamics and office team working
- Ability to work without close supervision
- Good time management skills. May lead worker to work excessive hours unchecked by the cycle of the normal working day.
- Flexibility, resilience and self-reliance. May result in sense of isolation/loneliness
- Good communication skills – including skills of communicating across electronic networks
- Ability to cope with conflicting demands of home and work life, eg. may leave the worker vulnerable to assumptions that they are "on call" for family members, able to do household chores, care for children etc whatever the effect on their work
- May make children resentful if parents prioritize work and shut themselves away too much.

Stops the home from being a haven from work-related stress. Remote working, if not properly managed, can raise concerns about isolation and stress. It is neither acceptable nor compatible with the Trusts health and safety responsibilities, to expect Teleworkers to be available at all hours. Staff must not work themselves to exhaustion simply because they are always able to access an office computer remotely, or because they have an office phone at home.

Will remote working suit my circumstances?

How much of my job can really be done away from the base office?
- Do I need access to files that are still on paper
- Do I need access to equipment or systems that can only be used on site?
- Do I expect frequent deliveries
- Do chunks of my work mainly need quiet concentration or do I need to bounce ideas round colleagues all the time

Can my home be a workplace?
- Do I have sufficient working space and storage space
- Can I make space available that is "only for work"
- What is the opportunity cost of using this space
- Does it deprive me of a spare room or workshop
- Will it conflict with a partners workspace requirements

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- Will I disturb the activities of others in the household? Will they disturb me? Can I find a way of making it clear to others when I am working?

Additional information to be taken into account:

You should seek professional advice on the following uses and possible costs of working from home

Planning Issues
Restrictive covenants
Freehold covenants
Leasehold covenants
Business rates
Capital Gains Tax
Income Tax

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Appendix 2

Managing Homeworking / Teleworking Management Checklist

A checklist of questions which the Manager must consider in assessment of homeworking / teleworking request :-

1.   Job Function
What jobs or elements of jobs can be teleworked :

  ➢ As a rule all jobs that do not involve physical production, constant face to face Patient / Client contact or expensive specialist equipment can be teleworked. The tasks/jobs which have been most widely adopted to teleworking are those that involved mental rather than physical effort, those where work can most easily be measured, those that do not require extensive "hands on" oversight by Managers or constant intellectual/physical support of other team members.

What are the key issues around managing Teleworkers?

2.   Monitoring performance and productivity
Move to management by results, setting agreed and achievable targets for staff. Develop a relationship based on trust and agreed deliverables.

Provide feedback on performance

3.   Maintaining communication and feedback
Agree arrangements for day to day contact with staff. Consider regular times for telephone/email/video conferencing contact.

Teleworkers have the same rights as office based staff to be kept informed with information and news.

4.   Respect for out of hours privacy
Staff that are using their homes for working have a right to privacy out-of-hours and to be able to separate their working and home lives. Agree times when staff can and cannot be contacted on work issues. A separate work telephone line, which can be switched to record messages, can help in this.

Any home visits eg. for health and safety inspections should be arranged at times acceptable to the Teleworker.

5.   Training and development
Training needs should be identified in the Employee's Personal Development Plan and reviewed as part of the Personal Contribution Framework. The main

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skills and training required for teleworking are those needed for the generality of Trusts work in base offices. These include:

➢ Job related skills specific to the particular requirements of the job.

Generic skills, including competence in IT and the use of new communication methods (for example – Keyboard skills, use of modems, electronic mail, on-line discussion, effective use of web sites and use of software required for the work), report-writing and general telephone communication skills.

Familiarity with the general structure and culture of the organisation and with co-workers.

Familiarity with procedures including health and safety, data protection and how to get help and supplies.

Self-management skills, including training time in time management.

Ability to make judgments on whether to homework/telework.

Those managing Homeworkers/Teleworkers need to develop skills and competencies to cope with the key issues described above.

6. **Health and Safety**
A health and safety risk assessment must be undertaken by the individual Employee and also by a suitably qualified person from the Trust to consider the suitability of an Employee homeworking / teleworking.

Any equipment provided for the purposes of homeworking will meet health and safety standards

Standards will be maintained and reviewed on a regular basis.

7. **Confidentiality**
Employees should be reminded of confidentiality under their contract of employment and their responsibility for security of confidential information.

8. **Data Protection / Freedom of Information**
Employees must comply and management must be satisfied. There must be no breaches in respect of this legislation re homeworking/teleworking.

9. **Terms and conditions**
Normal terms and conditions apply as per Contract of Employment

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10. Equipment

Following a full Health and Safety risk assessment the Trust will determine what equipment / infrastructure the Trust will provide to enable the Employee to homework/telework.

Depending on the level of access and functionality required, the employee's Service Directorate will be expected to pay for all the capital and revenue costs of the connection. This will include equipment such as PCs/Laptops, USB memory keys and installation of any networking connections. Ongoing revenue costs are likely to include support and maintenance, broadband costs if appropriate and other consumable costs. This list is indicative only and each connection may have to be assessed individually.

11. Additional costs

Additional costs associated with homeworking/teleworking such as extra heating and lighting costs. There are also costs that will be avoided such as commuting costs on days when working from home. The Trust considers that these are broadly balancing costs and benefits and it will not offer allowances to cover heating and lighting etc.

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Appendix 3

Confidential
Step 1 Risk Assessment of the Proposed Homeworking Environment

Purpose : To establish if further action is required to provide a suitable and safe homeworking environment

(To be completed by the Homeworker and discussed with Line Manager)

Employee Name : _____

Department : _____

Base : _____

Date of Assessment : _____

No	Questions	Please provide relevant details
1	Length of time working in this role: (ie. months/years)	
2	Brief description of the proposed type of work undertaken at home (please include equipment to be used, any manual handling etc.)	
3	Details of proposed working hours under the homeworking arrangement (start/finish times)	
4	Details of other adults and children at home during proposed working hours	
5	Please describe the proposed location for your homeworking environment : you should include the following: * size of room * position of room within your home * numbers/position of available electrical sockets * type of ventilation * type of lighting, type/adequacy of heating * any security features (ie. blinds, lockable door/cabinet) * escape route * position of radiators in relation to (actual/required) cables and furniture * flooring * trailing cables (attach a "room layout" drawing if appropriate)	
6	Please describe any existing equipment/furniture (eg. desk size, stability lockable drawers, chair etc.) that you propose to use for furniture	

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No	Questions	Please provide relevant details
7	What additional equipment/furniture do you envisage that you will require to work from home (including display screen equipment)	
8a	On what date was your (office based) display screen equipment risk assessed/reviewed	
8b	Date of last eye sight/eye screening test	
9	Please describe the adjustable mechanisms (eg seat height, seat depth, backrest angle) and condition of chair that you intend to use at home	
10	Will your proposed work area be secure and free from interruptions? Please explain	
11a	How many smoke detectors do you have	
11b	Where are they positioned	
11c	How often do you test them	
12	Are there any potential hazards within your home environment? eg. the likelihood of pets chewing through cables or jumping onto or damaging equipment; children pulling cables; issues associated with lone working etc?	
13	What first aid provision do you have	
14	If applicable, are you familiar with the Trusts policy and procedural arrangements relating to New and Expectant Mothers and in what circumstance you are required to advise your Manager	
15	Are you familiar with the requirements of the Trusts Policy and Procedural arrangements relating to lone workers?	
16	Are there any other factors that you feel should be brought to the attention of your Line Manager	

Signature of Staff Member: _____   Date: _____

Signature of Line Manager: _____   Date: _____

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Step 2: Action Plan (to be completed by Line Manager)

Name of Homeworker : _____

Issues requiring action as identified during the initial (step 1) assessment	Remedial action required/agreed	Action by (whom)	Timescale	Date action completed

NOTE: Review if any changes occur to your homeworking environment or yearly

Signature of Line Manager : _____

Date : _____

Signature of Homeworker : _____

Date : _____

Date/s initial assessment discussed with proposed Homeworker : _____

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Appendix 4

Step 3 Risk Assessment of the proposed Homeworking Environment

Purpose: To establish if the homeworking environment has been set up correctly and appropriate training has been received to ensure that health & safety requirements are met

(To be completed by the Line Manager (in conjunction with the DSE Risk Assessor) prior to commencement of homeworking)

Name of staff: _____

Department: _____

Base: _____ Line Manager: _____

Date initial assessment (ie. step I) completed: _____

Brief description of the type of work undertaken at home: _____
_____
_____
_____

Details of working hours/days worked from home:

_____

_____

_____

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		YES	NO please explain
1	Has the agreed action plan agreed with the Line Manager, following the initial assessment (ie. step I) by the proposed Homeworker, been fully implemented?		
2	Is the workstation positioned to avoid the use of extension leads?		
3	Is the workstation positioned to avoid the use of adaptors?		
4	Is the heating, lighting and ventilation in the work area adequate?		
5	Is the room or work area free from tripping hazards?		
6	Is the environment suitable for the home working activity		
7	Is there sufficient circulation space in the area?		
8	Is the furniture in use suitable for the homeworking activity		
9	Is there a means of securing/protecting information & equipment		
10a	Can the chair in use be adjusted as follows: * Seat height * back rest – height & angle		
10b	* does it provide adequate support to the lower back		
10c	* does it have a 5 star base for stability		

11	Have arrangements been made for the maintenance (and PAT testing) of all Trust equipment		

12	Are there any moving and handling tasks that require further assessment		
13a	Does the member of staff need any training eg. in relation to equipment, software etc?		
13b	Does the member of staff need any training regarding the ergonomic layout of their display screen equipment workstation		
14	Is the member of staff aware of the following		
*	The importance of correct posture and adjusting the workstation accordingly		
*	Recommended breaks from DSE work		
*	Recommended products for cleaning computer equipment		
*	Reporting accidents/incident and near misses associated with the work activity		
*	Undertaking "user checks" on equipment		
*	Disposing/recycling of waste/confidential paper, cartridge etc (return to Trust)		

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*	Safely replacing printer cartridge and working with other relevant substances (refer to Departments COSHH Assessments)		
*	Reporting any changes to home, health etc		
*	Correct positioning when using a laptop		
15	In relation to the display screen equipment workstation:		
15a	Has the workstation been positioned to avoid glare and reflection on the screen		
15b	Is the screen at the correct height and position in relation to the user		
15c	Are the forearms roughly horizontal and the wrists straight whilst using the keyboard		
15d	Is there space in front of the keyboard to rest the wrists when not actively keying		
15e	Are the feet resting comfortably on the floor If no is a foot rest required		
15f	Are the characters on the monitor easy to read Has the brightness and contrast been properly adjusted		
15g	Are frequently used items within easy reach		
15h	Is the mouse positioned close to an at about the same level as the keyboard		
16	Details of any other issues not included in the initial assessment		

Signature of Staff Member : _____   Date : _____

Signature of Line Manager : _____   Date : _____

Date/s initial assessment discussed with proposed Homeworker : _____

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Step 4: Action Plan (to be completed by the Line Manager)

Name of Homeworker: _____

Issues requiring action as identified during the initial (step 1) assessment	Remedial action required/agreed	Action by (whom)	Timescale	Date action completed

NOTE: Review if any changes occur to your homeworking environment or yearly

Signature of Line Manager : _____

Date : _____

Signature of Homeworker : _____

Date : _____

Date/s initial assessment discussed with proposed Homeworker : _____

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Belfast Health and
Social Care Trust

caring supporting improving together

JOB SHARING POLICY

JOB SHARING POLICY

Job Sharing provides a flexible way of working for staff who choose not to work full time. It involves two people who share the duties and responsibilities of a full time post on a daily or weekly basis. The salary and terms and conditions of service are allocated on a pro rata basis to the hours worked.

1. Objectives

The objectives of the Job Sharing Policy are:

- To retain skills and experience within the Trust.

- To further develop the Belfast Trusts flexible working arrangements and the promotion of work/life balance.

2. Eligibility

All employees are eligible to apply for a Job Share Arrangement.

3. Application to Participate in a Job Share Arrangement

All applications should be made in line with the procedures set out in the information pack on Work Life Balance Flexible Working Arrangements and the specific guidance notes set out therein for Managers and staff. Applications will be facilitated whenever possible and will be considered on the merits of the individual case. However, it may not be possible to approve requests in every case because of the needs of the Trust.

The employee should complete the Trust's Flexible Working Application Form under the Trust's Flexible Working Arrangements Procedure and forward this to his/her Line Manager for consideration.

Joint applications for posts which have been identified as open to job share arrangements will be considered as a single application and will be judged on their collective merit.

The line Manager will consider the applications in conjunction with the appropriate Head of Service. In the event that the application is not approved, the Line Manager will provide the employee with a written reason and advise of the right to invoke the Grievance Procedure.

4. **Job Share Agreement**

A job share agreement should be made between the partners in conjunction with their line manager and this should be in writing with both parties and the

Manager as signatories. The job share agreement should cover the following points:

- The split of hours between the partners;
- The working pattern of both partners – this could be working alternate weeks, half or split weeks, morning/afternoon split or any other suitable alternative;
- The arrangements for handover periods;
- The allocation of duties and distribution of work and responsibilities;
- The arrangements for Performance Management and supervision requirements;
- Arrangements for annual leave.

5.   Terms and Conditions of Employment

Each job sharer will be issued with an individual Contract of Employment and a Job Description which clearly defines the duties and responsibilities of the post.

Where a post has been converted from full time to job share at the request of the existing post holder then an amendment to the contract of employment will be issued. Employment rights such as continuity of employment and employment protection will be unaffected.

Terms and Conditions of Employment will be applied on a pro-rata basis subject to individual eligibility. This will include:

- salary / wage
- statutory holidays
- annual / study leave
- Sick/Maternity Pay

The job sharers will be paid the appropriate pay band for the post calculated pro rata to the actual hours worked. The banding of a job share post will apply to both job sharers in the arrangement. Any review of banding will consider the whole of the post not the duties of an individual employed in part of the post.

Statutory holidays will be shared between job sharers on a pro rata basis to be agreed between the job sharers and their Line Manager.

Where a job sharer accepts the offer of a job share post in a location different from their current post he/she will not be entitled to payment of excess travelling expenses.

An employee who makes an application and is successful for a job share position through the normal recruitment process will be subject to the completion of a six month probationary period.

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Job sharers, as individual employees, will be subject to the Trust's Policies and Procedures relating to conduct, behavior and performance/capability.

Both managers and job sharers have a responsibility to ensure that an appropriate number of common hours are worked to exchange information and update each other on work issues.

6. Overtime

When job sharers work beyond their contractual hours but not outside the normal full-time hours of the post, they may take time off in lieu or be paid for the additional hours at plain time rate subject to agreement with line managers.

In the event that the hours worked exceed the normal full-time hours for the post, overtime rates will be paid in accordance with Terms and Conditions of Service unless time off in lieu is taken.

7. Duration of Job Sharing

In the event of one job sharer ceasing to continue in the job sharing arrangement the full time hours should be offered to the remaining job sharer. If the remaining job sharer is not interested in fulfilling the work on a full time basis then the vacant part of the job share will be advertised in accordance with the Trust's Recruitment and Selection Procedure. In the event that the post cannot be filled it may be necessary to redeploy the remaining job sharer to a suitable alternative post in the Trust or discuss alternative arrangements and advertise the original post as full time. Any such arrangements will be done in full consultation with the job sharer and full consideration of service needs.

8. Cover for Sharers

Where one job sharer is unable to work for a reason such as illness or maternity leave the partner may be offered the opportunity to cover the hours, on a full or part time basis, of the absent job sharer in the first instance. If the partner is unable or unwilling to cover those hours, management may seek to cover the post by employing a temporary person to share the post.

9. Promotion

Job Sharers will be free to compete for promotional posts in the same way as other employees on an individual basis. However, should they be successful they will have no automatic right to job share. If the job sharers apply to a post where the advert specifies "Job Share applicants will be considered", then both job sharers can be considered as a joint application.

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10. Adherence to Policy

Throughout the duration of a Job Sharing Scheme, both the employee and the manager must adhere to the terms of this Policy.

11. Review of Job Sharing Policy

To ensure the ongoing effectiveness of this policy, a review of the policy will be undertaken on a three yearly basis.

12. Training and Development

Staff participating in a Job Share arrangement should have their training and development needs assessed and delivered in the same manner as all other staff, in line with the Trust's Personal Contribution Framework.

13. General Information

Any further information regarding the Job Sharing Scheme may be obtained from the Improving Working Lives Team, Human Resources Department, 4th Floor McKinney House, Musgrave Park Hospital, Stockman's Lane, Belfast BT9 7JB. Telephone 028961 59615.

This document can be made available on request in alternative formats, eg. Plain English, Braille, Disc, Audio Cassette and in other languages to meet the needs of those who are not fluent in English.

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PART-TIME WORKING

PART TIME WORKING SCHEME

Part Time Working allows staff to reduce their full-time working hours and remuneration to less than their normal working week. This arrangement can be on a temporary or permanent basis, and will be subject to review as set out in paragraph 7. The work pattern and duration is agreed between employer and employee and may be half days, shorter days or a reduced number of full days. Salary, annual leave and statutory leave will be reduced on a pro rata basis.

For further information and an application form for Flexible Working Arrangements, please refer to the Work Life Balance, Flexible Working Arrangements Information Pack.

1.   **Objectives**

      The objectives of Part Time Working are:

      •   To retain skills and experience within the Trust.

      •   To facilitate staff who wish to continue working at the same time as meeting other personal commitments.

      •   To further develop the Belfast Trust's Flexible Working Arrangements and the promotion of work/life balance.

2.   **Eligibility**

      All Employees are eligible to apply for a Part-Time Working arrangement.

3.   **Application to participate in Part Time Working**

      Applications to participate in Part Time Working scheme can be made in one of two ways:

      Application to participate in a Part Time position that has been advertised by the Trust; any such applications will be conducted under the Trust's Recruitment and Selection Procedure.

      Application by a post-holder to have the post considered for part time by completing the Flexible Working Application form under the Trust's Flexible Working Arrangements Procedure and forwarding to his/her Line Manager for consideration.

      The line manager will consider the application in conjunction with the appropriate Head of Service. The application should set out the proposed working arrangements, patterns of working etc. In the event that it is not approved, the line manager will provide the member of staff with a written reason and advise of the right to invoke the Grievance procedure.

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4. Part Time Working on a Temporary Basis

4.1 Employees can request to work part time hours on either a permanent or temporary basis.

4.2 If more than one employee in a department requests part time working, then the line manager could agree a rotation or sharing of this arrangement. An employee can request a temporary reduction in working hours in the same manner as requesting a permanent reduction in hours.

4.3 A temporary reduction in hours, up to a maximum of 50%, can be granted for a specific period between 1 and 12 months, depending on the individual's circumstance, with the right to return to full time hours at the end of the agreed specified period. The time off may be taken either on a regular basis or by reducing the working day/week for a block of time in the year.

4.4 As with a permanent reduction in hours those interested in working part time hours for a temporary period must discuss this issue with their line manager. The employee and the line manager must decide and agree how the part time hours will be worked each week and how long this arrangement will last. The needs of the service must be taken into account in reaching this decision.

5. Pay and Superannuation

5.1 Entitlement to continue the Health and Personal Social Services Superannuation Scheme remains unchanged. However staff should be aware that a reduction in salary will impact on superannuation benefits.

5.2 It is the responsibility of an employee wishing to pursue Part Time working to consult Superannuation Branch, Waterside House, Londonderry, Telephone 02871319000 regarding the superannuation implications. Superannuation Branch will also advise on additional voluntary contributions.

6. Overtime / Additional Hours

When part time staff work beyond their contractual hours but not outside the normal full time hours of the post, they may take time off in lieu or be paid for the additional hours at normal rate subject to agreement with the line manager.

7. Review / termination of Part Time Working

7.1 If a temporary part time working arrangement is granted, this arrangement may be reviewed, at the discretion of the line manager, on a monthly basis.

7.2 Where service needs or staffing issues arise, temporary part time working may have to be reconsidered and managers should ensure that staff are given at least 1 month's notice if the arrangement cannot continue.

8. Promotion

Part Time staff will be free to compete for promotional posts in the same way as other Employees. However, should they be successful they will have no automatic right for their part time working arrangements to continue.

9. Adherence to Policy

Throughout the duration of a Part Time Working Scheme, both the employee and the manager must adhere to the terms of this policy.

10. Training and Development

Staff participating in a Part Time Working arrangement should have their training And development needs assessed and delivered in the same manner as for all other staff in line with the Trust's Personal Contribution Framework. The single overtime rate will apply for any Training and Development undertaken outside of the standard hours. Overtime will apply unless time off in lieu is taken in agreement with the employee's line manager.

11. Review of Part Time Working Policy

To ensure the ongoing effectiveness of this policy, a review will be undertaken at regular intervals.

12. General Information

Any further information regarding Part Time Working may be obtained from the Improving Working Lives Team, Human Resources Department, 4th Floor McKinney House, Musgrave Park Hospital, Stockman's Lane, Belfast BT9 7JB. Telephone 028961 59615.

This document can be made available on request in alternative formats, eg. Plain English, Braille, Disc, Audio Cassette and in other languages to meet the needs of those who are not fluent in English.

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Belfast Health and Social Care Trust

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TERM TIME POLICY

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TERM TIME SCHEME

1. Introduction

Term Time Working allows staff to remain on a permanent contract but gives them the right to unpaid leave of absence during the year. This is likely to be in order to take care of their children during school holidays but is not limited to this and all requests will be considered. As this leave is planned well in advance, the employee will continue to receive a regular wage each month/week, though at a reduced rate in line with their reduced hours. Annual leave will also be reduced on a pro rata basis.

The Term Time Policy intends to offer as much flexibility as possible. The maximum option available is working 9 months out of 12 months (39 weeks out of 52 weeks) which equates to 13 weeks leave. The minimum option available is working 11 months out of 12 months which equates to 4 weeks leave during the year. This leave can be taken at a time which is mutually agreeable between the manager and employee taking into account the needs of the service. These weeks are not limited to the main/peak holiday periods such as Easter, Christmas and the summer period.

It should be noted Term Time Working is only granted for one year and a new application is required for any future requests.

2. Objectives

The objectives of the Term Time Working Policy are:

- To facilitate staff who wish to continue working at the same time as meeting other personal commitments during their children's main/peak school holidays.

- To retain skills and experience within the Trust.

3. Eligibility

All employees are eligible to apply for a Term Time Working Arrangement.

In the event that the number of applications for term-time exceed the number of term-time arrangements that can be granted then consideration will be given to ways in which the Department/Directorate might facilitate requests taking into account the merits of the individual case. The Manager will consider in partnership with Trade Union colleagues a reasonable and fair approach.

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4.   Application to Participate in a Term Time Working Arrangement.

All applications should be made in line with the procedures set out in the information pack or Work Life Balance Flexible Working Arrangements and the specific guidance notes set out therein for managers and staff.
Completed applications should be sent to the Improving Working Lives Section of the Human Resources Department as soon as an application is made and no later 28 February of each year in order that the necessary arrangements can be made with Salaries and Wages in time for the new salary to become effective from 1 April.

Applications will be facilitated whenever possible and in consideration of the needs of the service (please refer to paragraph 3 eligibility).

The Employee should complete the Trust's flexible working application form under the Trust's Flexible Working Arrangements Procedure and forward this to his/her Line Manager for consideration.

The Line Manager will consider the applications in conjunction with the appropriate Head of Service. In the event that the application is not approved, the Line Manager will provide the employee with a written reason and advise of the right to invoke the Grievance Procedure.

5.   Terms and Conditions

5.1   Throughout the duration of the Term Time Working arrangement both the employee and the manager must adhere to the terms and conditions of this Policy.

5.2   Staff accessing this scheme will be required to agree a variation to their existing contract for a period of one full year. Accordingly the employees' salary will be paid over 52 weeks and the salary will be reduced by the number of weeks the employee takes as unpaid leave. Sick leave, maternity leave etc will be calculated on the reduced salary.

5.3   In the event of a period of sickness occurring during the agreed period of leave, the period of leave cannot be deferred to a later date.

5.4   Where appropriate, in line with section 13.9 of the NHS Agenda for Change Handbook, managers should process enhancements only for the annual leave component of the agreed term time. The weeks that are not identified as annual leave are classed as unpaid leave and no enhancement should be submitted for payment during those weeks.

5.5   Entitlement to continue in the Health and Personal Social Services Superannuation Scheme remains unchanged. However, staff should be aware that the reduction in service will impact on superannuation benefits. It is

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therefore the responsibility of an employee wishing to pursue a Term Time Working arrangement to consult with the Salaries and Wages Department to obtain information regarding the reduction in income and with the Superannuation Branch, Waterside House, Londonderry, telephone 028 7131 9000, regarding the superannuation implications. Superannuation Branch will also advise on additional voluntary contributions.

5.6 Staff on Term Time Working accrue annual leave and statutory leave on a pro-rata basis to the period of time that they work over the 12 month period. (Please see appendix A).

5.6   Employees on Term Time Working should use the majority of their annual leave against the time they are not working and this will reduce the impact on their salary. However, a reasonable amount of annual leave should be retained for use during working time. Individual arrangements should be discussed and agreed with your line manager. Please refer to Appendix A.

6.   Duration / Review of Term Time Working Arrangements

6.1   A Term-Time Working Arrangement cannot exceed one calendar year in duration.

6.2 Employees must submit a new application for the next year if they wish to avail of the term time scheme.

6.3   If Employees in a section or department request more Term Time Working than the manager can facilitate, then the line manager could agree a rotation or sharing of this arrangement.

7.   Promotion

Employees will be free to apply for promotional posts in the usual manner whilst participating in Term Time Working. However, they would have to accept the promotional post at the time of offer and take-up duties when required. They will not have the automatic right to return to their Term Time Working arrangement in the new post. This can be discussed with the line manager however and all requests can be considered.

8.   Training and Development

Staff participating in a Term Time Working arrangement should have their training and development needs assessed and delivered in the same manner as for all other staff in line with the Trust's Personal Contributions Framework.

9.   Keeping in Contact

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9.1 It will be the responsibility of the line manager to keep the employee informed of any developments, job opportunities, refresher/training courses and to agree appropriate updating arrangements (if necessary) with the employee in line with the Trust's Personal Contributions Framework.

9.2 It will be the responsibility of the employee to inform the line manager and the Human Resources Department of any change in his/her circumstances, e.g. change of address, and also for the employee to adhere to requirements of their professional regulatory body

10. Adherence to Policy

Throughout the duration of a Term Time Working Arrangement, both the employee and the manager must adhere to the terms of this policy.

11. Termination of a Term Time Working Arrangement

If approval has been granted within a department and unforeseen difficulties arise, advice may be sought by Human Resources regarding termination of the Term Time arrangement.

12. Review of the Term Time Working Policy

To ensure the ongoing effectiveness of this policy reviews will be undertaken at regular intervals.

13. General Information

Any further information regarding Term Time Working may be obtained from the Improving Working Lives Team, Human Resources Department, 4th Floor McKinney House, Musgrave Park Hospital, Stockman's Lane, Belfast BT9 7JB. Telephone. 028961 59615.

This document can be made available on request in alternative formats, e.g. Plain English, Braille, Disc, Audio Cassette and in other languages to meet the needs of those who are not fluent in English.

Annual Leave hours / 52 weeks X weeks to be paid =

Stat hours / 52 weeks X weeks to be paid =

Term Time Option (weeks) + Annual Leave to be used while on Term Time

Annual Leave + Stat Days - Annual Leave to be paid on Term Time = total / hours worked = weeks

TERM TIME OPTION	ANNUAL LEAVE PAID FOR WHILE ON TERM TIME	PAID BY SALARIES	UNDER 5 YEARS SERVICE A/L & STAT	OVER 5 YEARS SERVICE A/L & STAT	OVER 10 YEARS SERVICE A/L & STAT
13 wk option	plus 4 weeks =	43 weeks over 52 weeks	2.11 weeks	2.45 weeks	3.11 weeks
11 wk option	plus 4 weeks =	45 weeks over 52 weeks	2.40 weeks	2.75 weeks	3.44 weeks
9 wk option	plus 3 weeks =	46 weeks over 52 weeks	3.55 weeks	3.90 weeks	4.61 weeks
7 wk option	plus 3 weeks =	48 weeks over 52 weeks	3.83 weeks	4.20 weeks	4.94 weeks
4 wk option	N/A	48 weeks over 52 weeks	6.83 weeks	7.19 weeks	7.94 weeks

Title:	Special Leave Policy		
Policy Author(s)	Alison Kerr Senior Human Resources Manager ██████████████████		
Responsible Director:	Mrs Jacqui Kennedy, Director of Human Resources		
Policy Type: (tick as appropriate)	*Directorate Specific ☐	Clinical Trust Wide ☐	Non Clinical Trust Wide ☒
If policy type is confirmed as *Directorate Specific please list the name and date of the local Committee/Group that policy was approved Date:			
Approval process:	Trust Policy Committee Executive Team Meeting	Approval date:	08/10/2020 14/10/2020
Operational Date:	October 2020	Review Date:	October 2025
Version No.	5	Supercedes	V4 – June 2016 – June 2019
Key Words:	Special leave, Carers Leave, Unpaid Leave		
Links to other policies	AFC Terms and Conditions of Service		

Date	Version	Policy Author	Comments
12/01/2011	0.1	A Kerr	BHCST Draft
23/02/2011	1	A Kerr	Final BHSCT
18/09/2013	2	A Kerr L Beckett	Review following introduction of HRPTS
17/11/2014	3	J Crowe	Review of Parental Leave and inclusion of Time off for Public Duties
01/06/2016	4	J Crowe	Inclusion of Shared Parental Leave Amendment of Parental Leave following legislative changes. Review of Training for Reserve and Cadet Forces
08/10/2020	5	S Whann	Inclusion of Fertility Treatment leave, Supporting Premature babies and their families and Child Bereavement Leave. Review of unpaid leave; Training for Reserve and Cadet Forces and Attending Court as a witness.

1.0   INTRODUCTION / SUMMARY OF POLICY

1.1   Purpose
The Special Leave Policy recognises that, on occasions, employees may require special leave to undertake obligations or attend events outside of their working life. The use of annual leave or flexible leave may not be appropriate for these obligations or events therefore this Policy recognises those events which the Trust considers suitable for the authorisation of special leave

1.2   Objectives
To provide a mechanism to enable staff who need to undertake obligations or events outside of their working life, to do so with appropriate authorisation.

2.0   SCOPE OF THE POLICY

The Policies apply to all staff who meet the eligibility criteria.

3.0   ROLES AND RESPONSIBILITIES

The specific responsibilities of Staff, Managers and Human Resources Staff are outlined in the Policy.

4.0   CONSULTATION

Internal stakeholders such as Staff, Trade Unions and Professional Organisations were consulted in the development of this policy. The policy was tabled at the Policy Sub Committee involving Management Side and Trade Union Side representatives and approved.

5.0   POLICY STATEMENT/IMPLEMENTATION

5.1   Key Policy Statement(s)
The Special Leave Policy recognises that, on occasions, employees may require special leave to undertake obligations or attend events outside of their working life. The use of annual leave or flexible leave may not be appropriate for these obligations or events therefore this Policy recognises those events which the Trust considers suitable for the authorisation of special leave.

1. The Special leave Policy outlines those events that the Trust considers suitable for the authorisation of special leave.
2. The Policy outlines the process on how to apply for special leave.

5.2   Dissemination
This policy should be disseminated throughout the Trust as it applies to all Belfast Trust staff.

5.3 Resources

Training on the Special leave Policy will be provided via Information and Awareness sessions, Mandatory Equality training, training.

5.4 Exceptions

Policies are open to all staff within the Belfast Trust who meet the eligibility criteria.

6.0 MONITORING AND REVIEW

The Special leave Policy complies with legislative requirements and good practice.

7.0 EVIDENCE BASE/REFERENCES

The policies comply with legislative requirements and good practice.

8.0 APPENDICES

Appendix 1 Application Form for Special Leave
Appendix 2 Guidelines to assist Managers and staff with regards to the appropriateness of application for Carers Leave and to ensure consistency in considering applications for such leave.
Appendix 3 Application for paid time off to undertake Trade Union duties.

9.0 NURSING AND MIDWIFERY STUDENTS

Nursing and/or Midwifery students on pre-registration education programmes, approved under relevant 2018/2019 NMC education standards, must be given the opportunity to have experience of and become proficient in **Special Leave policy**, where required by the student's programme. This experience must be under the appropriate supervision of a registered nurse, registered midwife or registered health and social care professional who is adequately experienced in this skill and who will be accountable for determining the required level of direct or indirect supervision and responsible for signing/countersigning documentation.

Direct and indirect supervision
● Direct supervision means that the supervising registered nurse, registered midwife or registered health and social care professional is actually present and works alongside the student when they are undertaking a delegated role or activity.
● Indirect supervision occurs when the registered nurse, registered midwife or registered health and social care professional does not directly observe the student undertaking a delegated role or activity. (NIPEC, 2020)

This policy has been developed in accordance with the above statement.

Wording within this section must not be removed.

10.0 EQUALITY IMPACT ASSESSMENT

The Trust has legal responsibilities in terms of equality (Section 75 of the Northern Ireland Act 1998), disability discrimination and human rights to undertake a screening exercise to ascertain if the policy has potential impact and if it must be subject to a full impact assessment. The process is the responsibility of the Policy Author. The template to be complete by the Policy Author and guidance are available on the Trust Intranet or via this **link**.

All policies (apart from those regionally adopted) must complete the template and submit with a copy of the policy to the Equality & Planning Team via the generic email address equalityscreenings@belfasttrust.hscni.net

The outcome of the equality screening for the policy is:

Major impact ☐
Minor impact ☐
No impact ☐

Wording within this section must not be removed

11.0 DATA PROTECTION IMPACT ASSESSMENT

New activities involving collecting and using personal data can result in privacy risks. In line with requirements of the General Data Protection Regulation and the Data Protection Act 2018 the Trust considers the impact on the privacy of individuals and ways to militate against any risks. A screening exercise must be carried out by the Policy Author to ascertain if the policy must be subject to a full assessment. Guidance is available on the Trust Intranet or via this **link**.

If a full impact assessment is required, the Policy Author must carry out the process. They can contact colleagues in the Information Governance Department for advice on Tel: 028 950 46576

Completed Data Protection Impact Assessment forms must be returned to the Equality & Planning Team via the generic email address equalityscreenings@belfasttrust.hscni.net

The outcome of the Data Protection Impact Assessment screening for the policy is:

Not necessary – no personal data involved ☐
A full data protection impact assessment is required ☐

A full data protection impact assessment is not required ☐

Wording within this section must not be removed.

12.0 RURAL NEEDS IMPACT ASSESSMENT

The Trust has a legal responsibility to have due regard to rural needs when developing, adopting, implementing or revising policies, and when designing and delivering public services. A screening exercise should be carried out by the Policy Author to ascertain if the policy must be subject to a full assessment. Guidance is available on the Trust Intranet or via this link.

If a full assessment is required the Policy Author must complete the shortened rural needs assessment template on the Trust Intranet. Each Directorate has a Rural Needs Champion who can provide support/assistance.

Completed Rural Impact Assessment forms must be returned to the Equality & Planning Team via the generic email address equalityscreenings@belfasttrust.hscni.net

Wording within this section must not be removed.

13.0 REASONABLE ADJUSTMENT ASSESSMENT

Under the Disability Discrimination Act 1995 (as amended) (DDA), all staff/ service providers have a duty to make Reasonable Adjustments to any barrier a person with a disability faces when accessing or using goods, facilities and services, in order to remove or reduce such barriers. E.g. physical access, communicating with people who have a disability, producing information such as leaflets or letters in accessible alternative formats. E.g. easy read, braille, or audio or being flexible regarding appointments. This is a non-delegable duty.

The policy has been developed in accordance with the Trust's legal duty to consider the need to make reasonable adjustments under the DDA.

Wording within this section must not be removed.

SIGNATORIES
(Policy – Guidance should be signed off by the author of the policy and the identified responsible director).

_____   08/10/2020
                                   Date: _____
Jacqui Kennedy
HR Director

_____   13/10/2020
                                   Date: _____
Cathy Jack
Chief Executive

Belfast Health and Social Care Trust

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Special Leave Policy

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INTRODUCTION

The Trust recognises that, on occasions, employees may require special leave to undertake obligations or attend events outside of their working life. The use of annual leave or flexible leave may not be appropriate for these obligations or events therefore this Policy recognises those events which the Trust considers suitable for the authorisation of special leave.

Special Leave may be granted in respect of :-

Emergency Leave
     i)   Carers
     ii)   Domestic Emergency
Bereavement Leave
Marriage / Civil Partnership
Parental Leave
Shared Parental Leave
Unpaid Leave
Maternity Leave
Adoption Leave
Paternity Leave
Fertility Treatment Leave
Supporting Premature Babies and their Families
Child Bereavement Leave

> *Maternity Leave, Paternity Leave, Parental Leave, Shared Parental Leave and Adoption Leave Pay and Provisions and the procedures for applying can be found within the Trusts' Family Policy Pack.*

In addition to these provisions, Special Leave may also be made available in the following circumstances :-

- ➢ Jury Service;
- ➢ Attendance at Court as a witness;
- ➢ Training with the reserve and cadet forces;
- ➢ Undertaking Trade Union Duties / Training (see appendix 2)
- ➢ Participation in Sporting Events (National / International Level);

MAKING AN APPLICATION

Employees who wish to apply for
Special Leave must apply on line through Employee Self Service using the
following steps:

Step1: Click "Life and Work Events" to access the Application Form;
Step 2: In the section "Leave Request" click "Submit a Leave Request"

Follow the instructions to complete your request.

An Employee who is on maternity leave or sick leave should complete a paper copy
application form and submit to their Line Manager

All applications for Trade Union Leave should be made on the application form
(Appendix2) and forwarded directly to the Industrial Relations Section, 4th Floor
McKinney House.

Please note that all entitlements to Special Leave will be on a pro rata basis.

1.0 EMERGENCY LEAVE

1.1 <u>Carers Leave</u> is short-term paid leave to respond to immediate needs of carers arising from unplanned and unforeseen circumstances including :-

- ➢ Illness of a child / close relative;
- ➢ Breakdown of normal carer arrangements;
- ➢ Making arrangements to cope with a longer term care problem;
- ➢ Illness of an elderly dependent;

It is expected that staff will use annual leave for non-emergency scenarios

1.2 <u>Domestic Emergency leave</u> is to respond to immediate needs arising from unplanned and unforeseen circumstances for example:

- ➢ Burst Pipes/heating failure;
- ➢ Home broken into;
- ➢ Theft of mode of transport;

The repair or delivery of equipment, furniture or electrical goods does not fall under the scope of this Policy and requests for annual leave should be made in the normal way. It is the responsibility of Managers to approve / not approve. This leave and each application should be considered individually.

Availability will be as follows :-

- ➢ ½ - 12 days emergency leave per annual leave year with no leave period exceeding three consecutive working days

<u>The Procedure for Applying for Carers and Emergency Domestic Leave will be as follows</u> :-

a) The Employee should advise their Manager immediately of any difficulty in care arrangements and/or advise specifically what the domestic emergency is;

b) Contact should be made if possible within the first hour of when the Employee should have commenced duty or sooner to seek approval and agreement for an appropriate period of leave to cope with the difficulty;

c) In discussion with the Manager concerning the difficulty the Manager can suggest this type of leave as a solution;

Guidance on the operation of Carers Leave and Domestic Emergency Leave is attached at Appendix 1.

2.0 BEREAVEMENT LEAVE

The Trust has discretion to grant special leave with pay in cases of bereavement. As a normal rule, the period of absence authorised will not exceed three days, but since much may depend on individual circumstances the period may, on general and humanitarian grounds, be extended in cases of special hardship up to a further three days, ie. up to a maximum of six days in all.

Bereavement Leave is appropriate:

➢ In the case of the death of a spouse/partner, child, parent, brother, sister or grandparent; or

➢ In the case of the death of any other relative other than above where special circumstances exist leave may be granted as outlined above;

3.0 MARRIAGE / CIVIL PARTNERSHIP LEAVE

3.1 Marriage / Civil Partnership Leave is three days paid leave which may be taken by Employees at the time of their marriage / civil partnership and which is in addition to Annual Leave. Should a member of staff be married for a subsequent time, having been married during their employment previously, a further period of Marriage Leave can be applied for;

3.2 Marriage / Civil Partnership Leave cannot be included in Annual Leave or used at any other time.

4.0 PATERNITY LEAVE

4.1 The Employment Act 2002 has made it a statutory requirement for Employers to provide Paternity Leave following the birth or adoption of a child. Therefore, in recognition of the important role that parents play in the development of the child and the challenge it presents, the Trust has reviewed its paternity provisions to ensure adherence to the statutory regulations.

Paternity leave is available to:
➢ A biological father or adoptive father;
➢ A partner/husband that is not the baby's biological father;
➢ A female partner in a same sex couple;
➢ A nominated carer;
➢ Any other situations will be considered by the Trust.

4.2 Paternity Leave is paid/unpaid leave of absence and those with 12 months continuous NHS/HPSS service at the beginning of the week in which the baby is due will be entitled to two weeks leave of absence with full pay which must be taken within 56 days of the child's birth or adoption. Staff can choose to take one or two whole weeks leave within the 56 days of the child's birth or adoption;

4.3   Those with less than 12 months but more than 26 weeks continuous service will be entitled to two weeks leave paid at Statutory Paternity Pay (SPP) rate which is the same as the SMP rate;

4.4   Those with less than 26 weeks continuous service will not be entitled to two weeks unpaid leave;

4.5   Paternity leave cannot start until the birth of the baby / date of adoption. Paternity leave and pay will operate on a rolling week basis which allows leave to commence on any day of the week;

4.6   Appropriate paid time off to attend ante-natal classes will also be given;

4.7   If the baby is born earlier than it is due and if at the due date the Employee would have been continuously employed for the 12 months stated above, then the Employee will be deemed to have sufficient service;

4.8   An Employee who meets the service requirements set out above will be entitled to paid leave in the event of the baby being stillborn after 24 weeks of pregnancy;

4.9   In the case of multiple births resulting from the same pregnancy the entitlement remains the same as for a single birth;

5.0 SHARED PARENTAL LEAVE AND / OR PAY

5.1   With effect from April 2015 eligible employees have a new statutory entitlement to Shared Parental Leave and/or pay where their baby is due or where they have been matched for adoption **on or after 5 April 2015**.

5.2   Shared Parental Leave and/or pay cannot start until after the birth of the child or in the case of adoption the child has been placed for adoption.

5.3   Shared Parental Leave is designed to enable working parents to share leave and to take time off in a more flexible way. This will allow both eligible parents to be at home together if this is what they choose. The intention is to allow families more choice over how they look after their children in the first year.

5.4   Eligible mothers will be able to choose to end their maternity/ adoption leave early to create leave which they can share with their partner. This is known as Shared Parental Leave.

5.5   Shared Parental *Pay* will be payable where an eligible mother or adopter brings their maternity pay to an early end. Only the statutory payments can be shared; any entitlement to occupational payments will cease when the mother/adopter curtails their leave. The untaken statutory maternity pay will become available as Statutory Shared Parental Pay – up to a maximum of 37 weeks.

Full information on Shared Parental Leave and/or Pay and the procedures for applying can be found within the Trusts' Family Policy Pack.

6.0 PARENTAL LEAVE

6.1 Eligibility for Parental Leave is open to any Employee with 12 months continuous NHS/HPSS who have nominated parental responsibility, ie.

☐ is the parent (named on the birth certificate) of a child who is under 18 years old;

☐ has adopted a child under the age of 18;

☐ has acquired formal parental responsibility for a child;

6.2 Parental Leave is leave taken to look after a child or to make arrangements for the good of a child. The reasons for the leave need not be connected with a child's health, for example, a parent may wish to take parental leave to settle a child at a new play group;

6.3 Parental Leave is unpaid and staff who qualify will have the right to a total of 18 weeks unpaid leave per child. Entitlement will be pro rata for part-time staff.

A maximum of 4 weeks parental leave can be taken in any one year for each child.

6.4 In the case of multiple births there will be a separate entitlement for each child;

6.5 Periods of Parental Leave do not affect the employees normal annual leave entitlement;

6.6 Parental Leave can be taken in manageable blocks of one week, or in a minimum of half days at a time or in a pattern providing a reduced working week up to a maximum of four weeks per child in any given year. A week is based on the employee's working pattern. If the employee's working week varies, an average working week over a 52 week period is used.

Example:
- For a full time employee, the maximum entitlement will be 20 days per child in any given year.
- For a part-time employee who works 3 days per week, the maximum entitlement will be 12 days per child in any given year.

6.7 Where a request cannot be accommodated due to service needs Parental Leave can be postponed for up to 6 months but cannot be postponed so that the leave ends after the child's 18th birthday.

6.7 It is the responsibility of an Employee wishing to pursue Parental Leave to consult with
the Salaries and Wages Department regarding the reductions in his/her income and

any superannuation implications and to consult the local Social Security Office regarding National Insurance Contributions and any entitlements;

6.8   An Employee on Parental Leave will be eligible to apply for promotion in the normal way. It is the Employee's responsibility to ensure arrangements are in place to receive job advertisements, etc. and to advise his/her Line Manager and the Human Resources Department of any change in address;

6.9   In the event that both parents of a child are employed by the Trust, they are not entitled to transfer their entitlement one to the other. Both parents will have the right to access Parental Leave either simultaneously or subsequently subject to the needs of the service;

6.10   Following a period of Parental Leave the Employee will return to his/her former post or a post with the same terms and conditions and status. The Employee will not be disadvantaged by taking Parental Leave and in the event of a redeployment /redundancy situation he/she will be treated as if they were working normally.

6.11   In the event that an Employee leaves the Trust and then takes up appointment at a later date their qualifying service for entitlement to parental leave may need to be verified with their previous Employer.

6.12   Parental Leave taken with a previous Employer will be checked and verified for new employees once an application is made by the employee to ensure the appropriate entitlement is given.

6.13   Periods of Parental Leave will be treated as continuous service. Staff who fall sick during a period of Parental Leave who submit relevant medical notification in accordance with Trust Policy shall be entitled to payment under the Trust's Occupational Sick Pay Scheme. This period of medically certified sickness shall not count towards the parental leave taken.

7.0   FERTILITY TREATMENT LEAVE

7.1   You are asked, wherever possible, to arrange appointments outside of work. Where this is not possible, you will be granted up to a total of five working days of paid fertility leave, in a 12 months period in order to undertake fertility treatment and attend appointments specifically associated with the IVF process.

7.2   The leave can be taken to suit your needs i.e. five days in one block or taken on separate days or ½ days as required,

7.3   Partners who would like to attend appointments will be entitled to a maximum of two days paid leave in a 12 month period.

8.0   SUPPORTING PREMATURE BABIES AND THEIR FAMILIES

8.1   Where an employee's baby is born prematurely (before 37th week), the employee will be entitled to extended maternity leave at full pay, by the number of days the baby was born prior to the due date.

8.2   Employees/parents returning to work following the birth of a premature baby will be provided with Occupational Health support if necessary to meet their unique needs and in acknowledgement of the premature birth. This support will include the offer of counselling services.

8.3   Upon return to work from maternity leave, where an employee's baby is born prematurely as described above and has ongoing medical needs (for example, requiring regular hospital appointments and check-ups), the Trust will follow best practice guidance, consider formal and informal flexible working patterns where appropriate and consider offering additional paid or unpaid leave. Further support and guidance will be provided by the Improving Working Lives Team.

9.0   CHILD BEREAVEMENT LEAVE

9.1   Bereaved parents will be entitled to two weeks contractual child bereavement pay. Pay is calculated on the basis of what the individual would have received had he/she been in work.

9.2   A bereaved parent is anyone who had responsibility as the primary carer for a child who has now deceased. Within the Trust, there is no upper age limit of that child. This includs adoptive parents, legal guardians, individuals who are fostering to adopt, and any other parent/child relationship is deemed to be reasonable.

9.3   Bereaved parents do not have to take the two weeks of leave at the same time. The employee should agree with their employer the leave they wish to take. It is not compulsory for the employee to take child bereavement leave if they wish to return to work.

9.4   Bereaved parents may request to take child bereavement leave at any point up to 56 weeks following the death of their child. Should the parent wish to take child bereavement leave immediately following the death of a child they shall be able to do so upon information their employer that they will be absent from work for this purpose. Should the parent wish to take child bereavement leave at another time, after the initial period following the death, they should give their employer reasonable notice of their intention to take the leave at this time.

10.0 UNPAID LEAVE

Applications for Unpaid Special Leave for any other reason may be granted at the discretion of the Manager and are dependent on the needs pf the service, and the delivery of safe and effective patient care at the time of the application. The majority of annual leave should be exhausted before unpaid leave is awarded. Staff may be permitted to retain a maximum of five days annual leave.

It should be noted that unpaid leave is for periods of three months or less. Requests for more than three months should be made under the Trusts Employment Break Scheme found within the Work Life Balance Policy. On return from a period of unpaid leave, an employee will normally resume their former post.

Annual leave is not accrued during periods of unpaid leave.

11.0 UNDERTAKING TRADE UNION DUTIES / TRAINING

This section should be utilised by managers to give guidance regarding incidental trade union activity including Health and Safety and Union Learning Representatives. It is important to note that all trade union representatives should belong to a recognized NHS Union.

The arrangements for this leave are set out in the Agenda for Change Handbook at Section 25 and are repeated here for ease of reference.

11.1 **Leave of Absence**

- ➢ Local Absence from Work
  Absence from work on an hourly basis (normally appropriate for absence up to half a day) may be allowed for industrial relations activities with the agreement of local management, who shall not unreasonably withhold permission. Pay and allowances relating to pay will not be affected by such absence from work, but overtime rates will not be paid for absence during overtime periods.

- ➢ Paid Special Leave
  Where local leave of absence is not sufficient, paid special leave can be allowed for attendance:-

  i.   at joint meetings, between unions and management; and

  ii. at joint meetings on individual grievance, discipline (including dismissal) and premature retirement questions where the representative is assisting a member.

  Full normal pay will be granted but overtime payment shall not be made for the period of special leave.

> Paid special leave of up to two weeks leave in any period of 12 months shall be granted to accredited representatives or delegates of staff organisations to enable them to participate in recognised staff organisation activities such as attendance at Executive Council meeting or National or Regional Conferences arranged by those organisations. Members of staff organisations who are National Executive/Council representatives of these organisations may however be granted up to 25 days paid special leave in any period of 12 months for this purpose.

> In exceptional circumstances only, unpaid special leave can be allowed for absence in excess of the above provisions.

Managers should ensure that they keep an accurate record of time taken and that appropriate applications are made using form in (Appendix 3).

12.0 TRAINING FOR RESERVE AND CADET FORCES

The HSC supports employees who are members of, or wish to join the Reserve Forces, and acknowledges that the training undertaken by Reservists enables them to develop skills and abilities that are of benefit to the individual and to the HSC. The HSC is committed to granting three calendar week's additional paid leave specifically for professional development and training which includes attendance at annual camp in accordance with circular HSC (GEN) 1/2016.

Additional unpaid leave of up to 3 days will be granted for short periods of training provided adequate notice is given and where such training cannot be undertaken in off duty time. Attendance at weekend camps which cannot be undertaken during off-duty will be subject to the same arrangements.

These provisions apply to Employees who are members of the following Reserve Cadet Forces: - Maritime Reserves Royal Naval Reserves (RNR) and Royal Marines Reserves (RMR), Army Reserve and Royal Auxiliary Air Force.

13.0 JURY SERVICE/ATTENDANCE AT COURT AS A WITNESS

13.1 Staff who are required to undertake Jury Service must inform their Manager at the earliest opportunity. Jury Service Regulations will require an Employee to report to the Court over a set period of time, usually two weeks, to confirm whether or not the Employee is required to act as a Juror and this should be recorded on the application for Special leave.

Once the Employee is required to attend Court he/she must keep the Manager informed of the likely duration of their absence. In addition, if the Employee is required to report for Jury Service and is subsequently not required, it is expected that he/she will return to work. If the Employee is in any doubt about this, , for example due to the time of their release, then he/she should make contact with the Manager to agree the appropriate action.

13.2 Staff who are required to attend court as a witness in connection with the Trust i.e. in connection with a Trust case, will be provided with paid leave to attend all proceedings.

13.3 Staff who are required to attend court as a witness for any other reason should apply for annual leave or unpaid leave to do so.

13.4 As soon as the Employee receives the first notification from the Court Service he/she should advise their Manager of the dates required.

14.0 INDUSTRIAL / EMPLOYMENT TRIBUNAL

Employees who are listed witnesses at either an Employment or Industrial Tribunal will be permitted paid leave for the time they are required to attend to give evidence only.

As soon as the Employee receives the first notification from the Employment/Industrial Tribunal he/she should advise their Manager of the dates required.

15.0 TIME OFF FOR PUBLIC DUTIES

Employees who hold certain public positions will be permitted reasonable time off to perform the duties associated with them.

This applies to employees who are:

- Justices of the peace;
- Members of a district council;
- Members of district policing partnerships;
- Members of district policing partnerships;
- Member of any statutory tribunal;

- Members of a Health and Social Services Board established under the Health and personal Social Service (Northern Ireland) Order 1972;
- Members of an Education and Library Board established under the Education and Libraries (Northern Ireland) Order 1986;
- Members of any of the following (within the meaning of the Education and Libraries (Northern Ireland) Order 1986), namely:
  (i)   the board of Governors of a grant–aided school;
  (ii)   members of the governing body of an institution of further education (within the meaning of the Further Education (Northern Ireland) Order 1997); or
  (iii)   the managers of a college of education;
- Members of the Council for Catholic Maintained Schools established under the Education and Libraries (Northern Ireland) Order 1989;
- Members of the Northern Ireland Council for the Curriculum,
- Examinations and Assessment established under the Education and Libraries (Northern Ireland) Order 1993;
- Members of the General Teaching Council for Northern Ireland established under the Education (Northern Ireland) Order 1998;
- Members of a board of visitors appointed under the Prison Act (Northern Ireland) 1953; or
- members of a visiting committee appointed under the Treatment of Offenders Act (Northern Ireland) 1978.

What is reasonable time off?

The amount of time which an employee should be permitted to take off to perform these public duties is defined as that which is reasonable.

Payment for Time off

There is no payment for time off for public duties.

16.0 PARTICIPATION IN SPORTING EVENTS

If an Employee is selected to participate in a sporting event at national or International level as a representative of his/her country, additional annual leave as outlined below will be granted within an annual leave year. If further leave is required over and above this amount it can be taken as annual and/or unpaid leave, subject to the exigencies of the service.

This provision includes team Managers or coaches required to attend the event. It also includes time off for an Employee who is the parent/guardian of a child under the age of 16, and who is required to accompany the child while participating in the sporting event.
This provision will also apply to Employees who are required to attend the event as a carer or person accompanying a disabled participant. There is no age limit if required to accompany a disabled participant.

➢ National sporting events – where an Employee has received national recognition - up to 2.5 days paid leave and up to a further 7 days unpaid leave;

➢ International sporting event – where an Employee has achieved international recognition – up to 10 days paid leave and 30 days unpaid leave;

➢ Involvement in an official capacity at national or international sporting events – paid or unpaid leave;

APPEAL ARRANGEMENTS

In the event that an Employee's application for Special Leave is not approved he/she may appeal the decision directly to the next level of line manager who should respond to the employee in writing. Further to this the Trust Grievance procedure may be invoked where the Employee feels there is evidence that the decision has been unfair, not that the application was turned down. In such circumstances the appeal panel will be set at stage 2.

Appendix 1

The following Guidelines have been prepared to assist Managers and staff with regards to the appropriateness of application for Carers Leave and to ensure consistency in considering applications for such leave.

CARERS LEAVE

To ensure the success of the Policy it is important that the provision is applied consistently and fairly.

1.   The purpose of this provision is to help staff to meet short term carer's needs. It applies only in circumstances which are unforeseen or where there has been little or no notice of difficulty arising, e.g. a child, older person or close relative suddenly becomes ill or where staff are confronted with a childminding problem of which there has been little or no notice.

2.   Where such difficulties have been anticipated e.g. several days in advance, then staff would be expected to make alternative arrangements or apply for annual leave. In these circumstances Managers should give sympathetic consideration to the granting of annual leave.

3.   The provision allows for up to 3 consecutive days leave in any one period of carers leave, however in many circumstances a much shorter duration of leave will be appropriate. The purpose of the leave is primarily to allow staff to make alternative arrangements and there is no automatic entitlement to the full three days.

4.   Carer's wishing to be with their children or dependent relatives in times of illness will normally be expected to take annual leave. However, it may be appropriate to grant a short period of carers leave (e.g. ½ to one day) to make alternative care arrangements. Where there is an emergency situation eg. child or older person suddenly becomes ill or has an accident, then a longer period of carers leave may be appropriate.

5.   The provision allows up to a maximum of 12 days in any 12 month period. However this would be regarded as the exception not the norm. Staff experiencing persistent carer difficulties should be advised and counselled on the need to make reliable arrangements. This provision must not be viewed as an additional leave entitlement.

6.   Staff are expected to advise Managers immediately, i.e. within the first hour of duty. At this stage an agreement should be reached on the duration of the leave and/or any annual leave requirements.

The special leave application form must be completed on the Employee's return.

Appendix 2

APPLICATION FOR PAID TIME OFF TO UNDERTAKE TRADE UNION DUTIES / TRAINING

PLEASE NOTE: Paid time off will be granted **only** to accredited representatives of Recognised Trade Unions or Staff Associations.

NAME: _____

UNIT / BLOCK / _____

STAFF NUMBER: _____

DESIGNATION: _____

LOCATION:

_____

POSITION IN STAFF
ORGANISATION: _____

DETAILS OF COURSE:

_____

CONFERENCE ETC: _____

ORGANISING BODY: _____

DATES ON WHICH
LEAVE IS REQUIRED: From : _____   To : _____

START AND FINISH TIME: Start : _____   Finish : _____

VENUE:_____

_____

SIGNED : _____ DATE : _____

(Supplementary notification of nomination / allocation to be submitted with this application)

This Form, Must in the First Instance be Verified by a Local Authorised Union Signatory

TO BE COMPLETED BY LOCAL AUTHORISED UNION SIGNATORY (ie. Site Lead / Branch Secretary)

The reason for this time off is **valid / not valid** as a Trade Union representative / delegate.

SIGNED : _____ DATE :

PRINT NAME :_____

TO BE COMPLETED BY HEAD OF DEPARTMENT

Approval for release from duties for this Trade Union representative / delegate is **granted / not granted**. **If approval has not been granted please provide details:**

_____

SIGNED : _____ DATE : _____

PRINT NAME :_____

Completed forms to apply for <u>Paid Time off to Undertake Trade Union Duties</u> should be forwarded to Claire Nellis, Human Resources, 4th Floor, McKinney House, Musgrave Park Hospital, Belfast BT9 7JB. Telephone 028 9615 96