

# **PRIORITIES FOR ACTION 2002/2003**

**Planning Priorities and Actions  
for the  
Health and Personal Social Services**

Department of Health, Social Services and Public Safety  
An Roinn Sláinte, Seirbhísí Sóisialta agus Sábháilteachta Poiblí

March 2002

## PRIORITIES FOR ACTION 2002/03

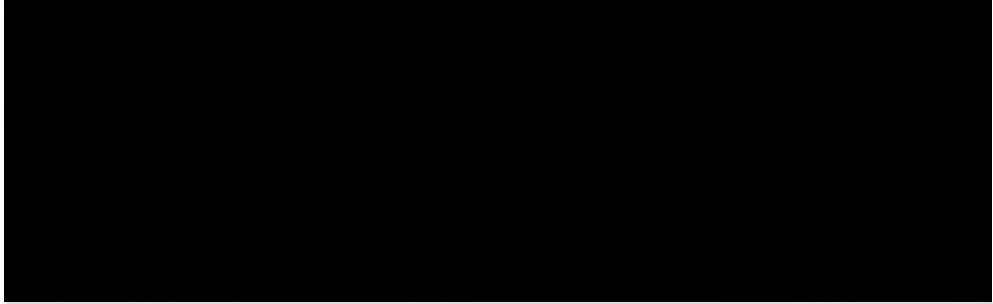
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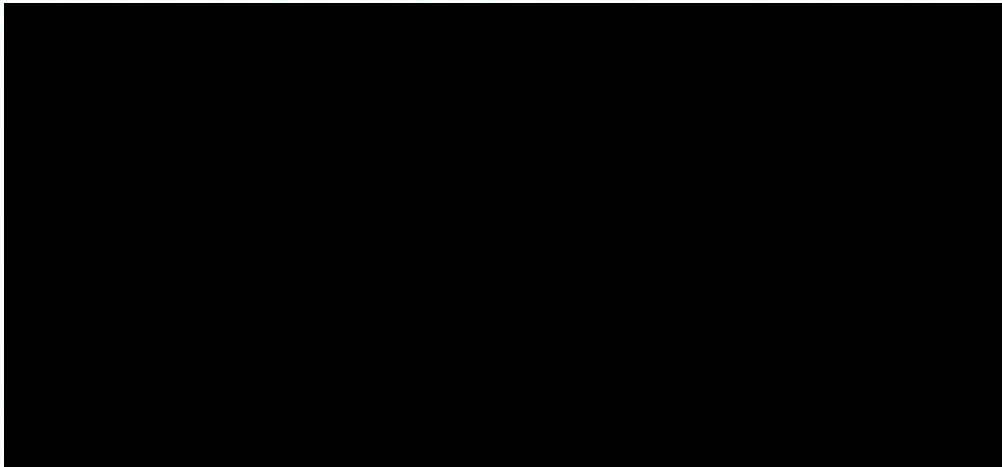


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## **INTRODUCTION**

This document sets out the Minister's expectations for the Health and Personal Social Services in the context of the Programme for Government and Budget agreed by the Assembly for 2002/2003. It identifies the Minister's overall planning goals for 2002/2003 and the key actions to secure their achievement. It builds upon radical changes to the arrangements for service and financial planning introduced in 2001/02 and takes forward the introduction of Health and Wellbeing Investment Plans as the core vehicles for planning and accountability within the HPSS. The key aim of these developments remains the promotion of the stability and partnership in the HPSS that is necessary to produce gain for the local community.

### **Programme for Government**

The Programme for Government identifies "Working for a Healthier People" as one of its five priorities. Within this priority the Programme focuses on:

- improving the health of all our people and reducing health inequalities;
- ensuring an environment that supports healthy living and the safe production of food;
- promoting public safety by reducing the numbers of injuries and deaths caused in the home, at work and on the roads;
- modernising and improving hospital and primary care services to ensure more timely and effective care and treatment for patients; and
- enabling those with disability, mental health difficulties, chronic illness or terminal illness to achieve the highest possible standard of living and to be fully integrated within our society.

The HPSS has a lead role to play in tackling these areas. It is clear however that the HPSS will also have a contribution to make in the other four priority areas;

- Growing as a Community (particularly in respect of children);
- Investing in Education and Skills;
- Securing a Competitive Economy; and
- Developing North/South, East/West and International Relations.

The Programme for Government also identifies a number of key themes that should be incorporated at all stages in the development, improvement and evaluation of policies and procedures for the provision of services.

### **Equality**

The statutory duty arising from Section 75 of the Northern Ireland Act 1998 makes equality central to the whole range of public policy decision-making. The equality perspective must be incorporated in all policies at all levels and at all stages. The key change for the HPSS is that instead of reacting to identified problems in the area of equality it must have due regard to the need to promote equality of opportunity and develop mechanisms for ensuring that policy makers consider equality implications as an integral part of policy development. All public authorities are also required to have regard to the desirability of promoting good relations between persons of different religious beliefs, political opinions or racial groups.

HPSS organisations must ensure that there is commitment to the equality agenda from the highest level; that the necessary resources and training are made available for implementation; that there are clear lines of responsibility; and that there is an effective system for monitoring and reviewing progress. The statutory duties will assist the HPSS to address issues of equality, target disadvantage and social need and promote social inclusion.

### **Human Rights**

The Human Rights Act, which came fully into effect on 2 October 2000, brings in new rights and responsibilities. The Act gives further effect in law to the rights and freedoms guaranteed under the European Convention on Human Rights. It requires that legislation, whenever enacted, should be interpreted as far as possible in a way that is compatible with the Convention rights. It also makes it unlawful for a public authority to act incompatibly with the Convention rights. The Act is likely to have a significant impact on the work of the Department and its associated bodies. The HPSS will need to ensure that, in taking forward the Minister's priorities, policies and procedures are in line with Convention rights.

### **New Targeting Social Need**

The New Targeting Social Need initiative is designed to address the connection between poverty and unemployment and poor health and social wellbeing by skewing Government and departmental resources towards those in greatest need. New TSN also aims to promote social inclusion. This will involve the Department and the HPSS working with partners outside Government to tackle issues such as deprivation and disadvantage, which can contribute to the exclusion of groups or individuals within our society. The Minister expects action on taking forward New TSN to give real help and generate fresh hope for groups and individuals in the most disadvantaged areas.

## PLANNING GOALS

The Minister wishes to take forward the Programme for Government by focusing on the following planning goals for the HPSS in the next financial year:

1. to issue, and put in place the supporting structures for, the Investing for Health Strategy;
2. to implement the new arrangements in primary care, including the development of Local Health and Social Care Groups;
3. to improve access to hospital and community services, expanding capacity in key areas, thereby reducing the length of time that people have to wait for treatment, care or support, minimising unnecessary hospital admissions and facilitating prompt discharge into the community;
4. to further develop the linkage and coordination between the primary, secondary and community care sectors to improve overall system capacity to manage periods of peak demand;
5. to improve the population access to key regional services and maintain vulnerable specialties pending the Executive's decisions on the pattern and profile of acute hospitals;
6. to provide the trained workforce necessary to deliver planned improvements in residential care provision;
7. to consolidate and improve adoption and fostering services;
8. to improve the community infrastructure to support long-term care of vulnerable groups in the most appropriate community setting, to reduce admission to and facilitate further discharges from, long stay institutions;
9. to tackle shortages of skilled staff, particularly in hard-pressed specialised areas, by improving the recruitment and retention of staff within the HPSS.

In working to deliver on these key goals the HPSS will also be expected to focus on:

- continuing to improve co-operation in the planning and delivery of services within the HPSS, particularly within local care systems ;
- continuing to develop links with other statutory and voluntary agencies in the development of Health and Wellbeing Investment Plans;
- giving local communities a greater say in shaping and planning services; and
- developing greater North/South collaboration in accident and emergency, planning for major emergencies, high technology equipment, cancer research and health promotion.

## **DETAILED PRIORITIES AND ACTIONS**

The detailed priorities and actions for Programmes of Care and other areas, against which the performance of the HPSS will be assessed in 2002/2003, are set out later in this document. They have been determined in the context of the overall resources made available to the HPSS by the Executive, through the Department, and voted for by the Assembly. The HPSS will be expected to live within those resources.

The priorities and actions must inform the development of Health and Wellbeing Investment Plans for 2002/03. Delivery on the actions will form the basis of the Accountability and Progress Review processes for 2002/2003 and the Department's reports to the Executive on progress against the Programme for Government.

## **HEALTH DEVELOPMENT**

### **Strategic Context**

Too many of us die young and suffer from years of debilitating illness and disability for reasons that are largely preventable. In addition, there are substantial inequalities in health that are totally unacceptable. As the factors that impact on health span all Government Departments, this situation can only be addressed through a programme of cross-departmental action. A wide range of bodies have a role to play in enabling, encouraging and supporting individuals to lead healthier lives. The "Investing for Health" Strategy, to be published at the end of March 2002, sets out the Executive's views on how the state of health here can be improved and how health inequalities can be reduced and all Ministers are committed to it. The Strategy has been developed by the Ministerial Group on Public Health, comprising senior officials from all Departments to reflect the cross-cutting nature of public health and following a widespread public consultation last year. Central to the aims of "Investing for Health" is the need to engage local communities fully in identifying and addressing their own health needs, and for all Departments and their agencies to work in partnership with community and voluntary organisations.

The role of the health and social services is not only to provide treatment and care, but also to protect and promote positive good health. It is critical that the Boards and Trusts make rapid progress in identifying and tackling key areas for health improvement in their respective areas in partnership with the key statutory, community and voluntary sector and business organisations and that everyone in the health and social services workforce contributes as fully as practicable to improving the health of their local population by adopting a proactive, holistic approach to their work.

Action to promote good health and prevent illness should have the same priority as treatment and care. Boards and Trusts should work with their statutory, community and voluntary partners to improve the living and working conditions which help determine people's health; help people to make healthier lifestyle choices; and encourage people to take up immunisation and screening opportunities.

### **Priorities**

To improve the health of the local population and reduce health inequalities by working with partner organisations to implement the "Investing for Health" agenda, including the associated strategies on smoking, physical activity, mental health, breastfeeding, nutrition, accidents and other issues.

To protect health by increasing participation in immunisation, vaccination and screening programmes.

To implement the Drug and Alcohol Strategies.

### **Actions**

1. Boards should have inter-agency Investing for Health Partnerships established and operating in accordance with guidelines to be provided by the Department by 30 June 2002.
2. Boards should draw up health improvement plans, setting out their long term strategies to improve the health and wellbeing and reduce health inequalities of their local populations, so that they can be reflected in 2003/04 HWIPs by 31 March 2003.
3. Boards should include anti-smoking policies in their commissioning programmes for 2002/03 and should continue to develop smoking cessation services (brief and specialist) in line with departmental guidance.
4. Boards and Trusts should have in place, by 31 March 2003, arrangements to implement the Teenage Parenthood Strategy and Action Plan, due to be published by 30 June 2002.
5. Boards and Trust, in implementing the Breastfeeding Strategy and reducing inequalities in breastfeeding rates, should document baseline data on breastfeeding rates by electoral ward and measure progress against this baseline by 31 March 2003.
6. Boards and Trusts should implement screening programmes in line with departmental guidance and in accordance with National Screening Committee standards. In particular:
  - a. Boards and Trusts should ensure that all pregnant women are offered and recommended antenatal hepatitis B and syphilis testing in each pregnancy.
  - b. Boards, Trusts and primary care professionals should co-operate to increase the uptake rates for breast screening from 73% in 1999 to 75% by 31 March 2003.
  - c. Boards, Trusts and primary care professionals should co-operate to increase the coverage rates for cervical screening from 68% in 1999 to 72% by 31 March 2003 and 75% by 31 March 2004.
7. Boards and Trusts should implement immunisation programmes in line with departmental guidance and in accordance with the recommendations of the Joint Committee on Vaccination and Immunisation. During 2002/03 Boards, Trusts and primary care professionals should continue efforts to maintain high immunisation uptake rates. Specific action required in this area is as follows:
  - a. Boards, Trusts and primary care professionals should work to achieve/maintain a 96% uptake rate for all primary immunisations at 12 months.
  - b. Boards, in conjunction with Trusts and primary care professionals, should work to achieve/maintain a 92% uptake level of MMR at 24 months.
  - c. Boards and Trusts should achieve, as part of their flu immunisation programme, 70% uptake of flu immunisation among the 65 years plus population and 60%



uptake among those under 65 with specific medical indications for flu immunisation.

8. The Department's 3-year Antimicrobial Resistance Action Plan (AMRAP) was issued in January 2002. Boards, Trusts and primary care professionals will be required to commence implementation of the recommendations of this plan by 1 June 2002.
9. Boards and Trusts should carry out an audit of the effectiveness of Community Addiction Teams by 31 December 2002.
10. Boards and Trusts should ensure that a return is made to the Drug Misuse Database for all problem drug users presenting to dedicated addiction services and those services in their area signed up to the database.

## **PRIMARY CARE**

### **Strategic Context**

Next year will see a period of significant change in primary care with the creation of new Local Health and Social Care Groups. This will present many challenges, with complex issues needing to be addressed as the new Groups develop and consolidate. The establishment of Local Health and Social Care Groups will represent an important step in taking forward the development of a primary care centred service. They are designed to change the context within which primary care operates, creating a framework which will support primary care professionals to work more closely together and with other parts of the health and social services in order to improve services for the populations they serve. In addition, they will create opportunities for primary care to link with other statutory, community and voluntary agencies. The challenge to all concerned, including Boards, Trusts and Family Health Services Practitioners and their staff, will be to work together to realise the potential offered by the Groups to improve services at a local level and ultimately to improve health and wellbeing.

The coming year will see other significant changes in primary care. The negotiation of a new contract for the provision of General Medical Services could potentially alter the whole landscape of primary care. This process is being taken forward in negotiations between the NHS Confederation, representing the four Health Departments, and the General Practitioners Committee of the BMA. The final outcome of the negotiations will probably become known during the course of 2002/2003, following which all parties will have to start making preparations for the introduction of the new contract. It is likely too that 2002/2003 will see important developments in the areas of GP appraisal and the strengthening arrangements for managing under-performance of general practitioners. Boards and general practitioners will work, in conjunction with the Department, to develop structures and processes to facilitate the introduction of these new arrangements.

The Department has committed itself in its Corporate Plan 2001/2004 to initiate work on a new Community Pharmacy Strategy, which will explore ways in which community pharmacists can use their particular skills to enhance their contribution to improving health and wellbeing. The mid-term evaluation of the Department's Oral Health Strategy, published during 2001, recommended a number of measures that should be taken by the HPSS to improve oral health, and this work will continue to be taken forward during 2002/2003. The further development of the nurse prescribing initiative will take place during 2002/2003.

In order to secure the most appropriate use of scarce resources in the HPSS, efforts will continue to promote probity and to prevent, detect and investigate fraud in the use of Family Health Services resources.

### **Priorities**

To establish 15 new Local Health and Social Care Groups to contribute to the planning and commissioning of Health and Social Services. The new Groups, which are based around GP Practices and represent natural communities, will enable local GPs and other primary care

professionals to work in partnership with Boards, Trusts and local people to improve health and social services for the whole community.

To improve and expand primary care services to local communities and pursue opportunities to make full use of the skills of the whole primary care team through, for example, the development of collaborative partnerships between general practitioners and community pharmacists and the role of nurse practitioners and nurse prescribers.

To develop and implement an appraisal process, which meets the needs of all general practitioners.

To develop a structured and coherent approach to the prevention, detection and management of underperformance of general practitioners.

To promote the oral health of the population by taking forward the recommendations arising from the mid-term evaluation of the Oral Health Strategy.

To invest in the use of information and communications technology in primary care in order to support the work of primary care professionals and enhance services for service users.

#### **Actions**

1. Boards should establish Local Health and Social Care Groups in April 2002 and, during 2002-2003 they should ensure the Groups' development to facilitate their future role in commissioning of health and social services.
2. Boards and GP fundholders should oversee the production and closure of all GP fundholders' final accounts by 31 October 2002.
3. Boards, Local Health and Social Care Groups and GPs should collaborate with the Department in the development and implementation of an appraisal process by 31 March 2003.
4. Boards, Local Health and Social Care Groups and GPs should work together to establish systems, by 31 March 2003, for the management of under-performance, taking account of the recommendations made by the Working Group on the Prevention, Detection and Management of Under-Performance in General Practice.
5. Boards and Local Health and Social Care Groups should work to ensure that the percentage of GP practices using written protocols for repeat prescribing is maintained at 80%.
6. Boards and Local Health and Social Care Groups should continue to promote safe, cost-effective prescribing through a review of the use and appropriateness of benzodiazepine medication in general practice and the promotion of the use of protocols in general practice to monitor and review patients on antidepressant medication.

7. Boards and Local Health and Social Care Groups should continue to promote the appropriate use of ulcer healing drugs in primary care.
8. Boards and Local Health and Social Care Groups should work with primary care professionals to encourage a systematic approach to the identification of people at high risk of coronary heart disease, together with appropriate treatment, monitoring and follow-up.
9. Boards and Trusts should identify which nursing roles, and the numbers involved, they wish to nominate for extended prescribing within the statutory, voluntary and independent sectors and inform DHSSPS by 31 August 2002.
10. Boards and Trusts should work with community pharmacies to ensure that the community pharmacy medicines management initiative is delivered from at least 30% of community pharmacies by 31 March 2003.
11. Boards and Trusts should work with general dental practitioners towards a target of 30% of 2 year olds and 68% of 3-5 year olds being registered with general dental practitioners by 31 December 2003.
12. Boards should ensure the adoption of a consistent programme of School Dental Screening by 31 March 2003.
13. CSA and independent contractors should continue to work together to ensure that the appropriate assurances are available regarding the validation of expenditure on family health services.

## **WORKFORCE**

### **Strategic Context**

A skilled, trained, caring and dedicated workforce is the key to delivering the objectives contained in the Programme for Government and this Plan. The HPSS needs to have access to a highly skilled and motivated workforce if it is to deliver a high quality, effective and efficient service. The Department and HPSS employers have a responsibility to take appropriate action to ensure that we have the right numbers of staff in the workforce and that they are appropriately deployed and utilised. We need to develop a more flexible workforce that can respond to the changing needs of the service. A series of new pay and conditions of service agreements will enable employers to be more proactive in responding to service users needs. There needs, however, to be more capacity to manage change in the system. As employers face growing difficulties in recruiting and retaining staff, they must ensure that they take all reasonable steps to provide a good working environment for staff. This will help reduce turnover, improve morale and enhance quality to users. At the same time, attention must be paid to securing the appropriately qualified workforce linked to key service developments e.g. Children Matter. A Human Resources Strategy for the HPSS will be published during the course of the year. This will provide a policy framework within which employers will work to promote the HPSS as an employer of first choice. The initiative on workforce planning, which was launched in 2001/02, will start to produce findings that will impact on the recruitment and retention policies of HPSS employers.

### **Priorities**

To develop new harmonised HPSS-wide workforce plans that reflect service plans and priorities.

To continue to review the efficiency and effectiveness of the workforce with plans to improve performance and reduce costs.

To enhance capacity to introduce change to workforce practices. This is particularly important in light of current negotiations on Agenda for Change and the consultants' contract.

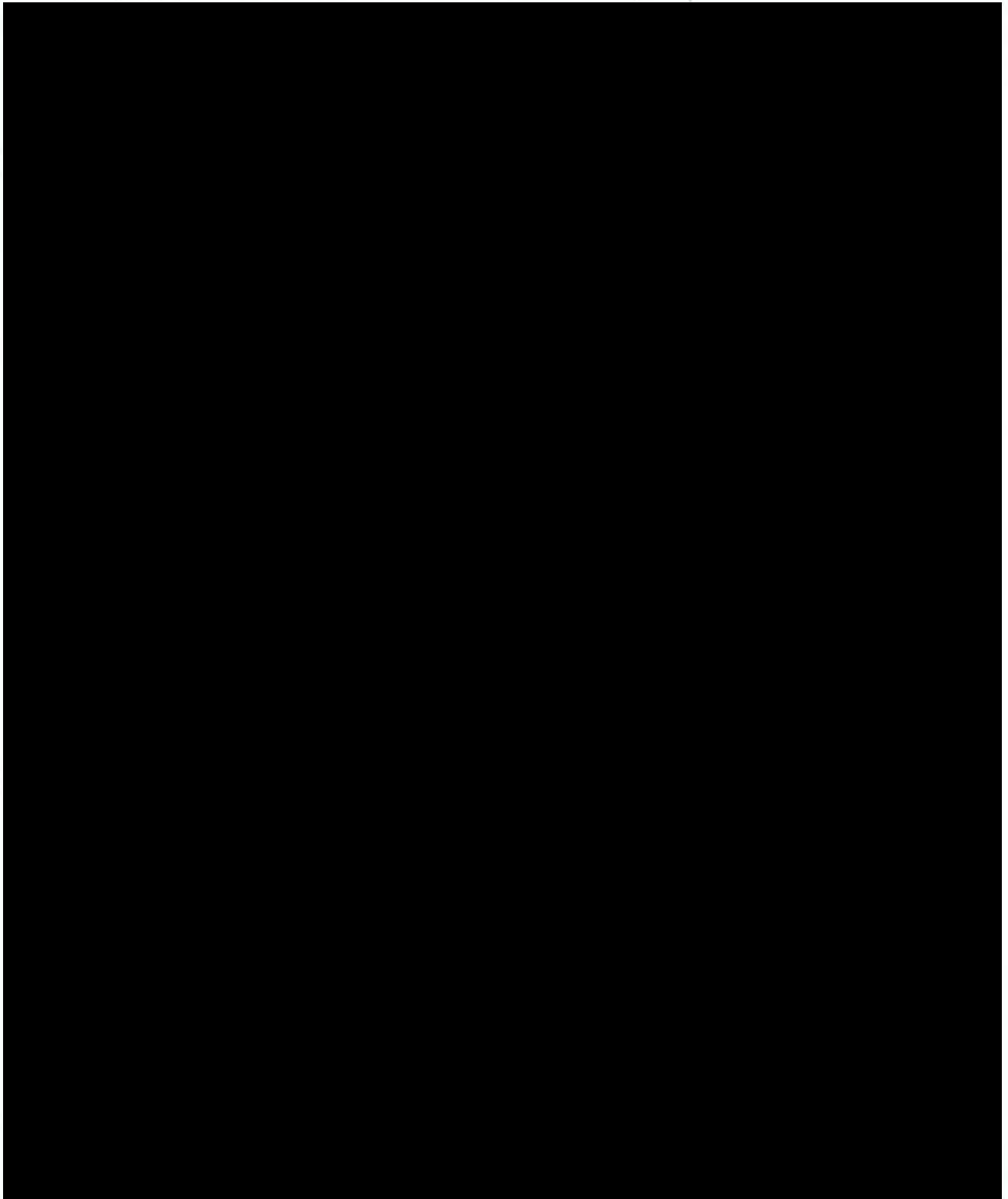
### **Actions**

1. Relevant HPSS employers should review their current workforce plans to ensure that they are harmonised with the new HPSS-wide plans and they should participate in the implementation of revised workforce planning guidelines, including initiatives on the recruitment and retention of staff.
2. Relevant HPSS employers should demonstrate sustainable progress in the implementation of the Junior Doctors New Deal. All PRHO posts to be compliant by 1 August 2002 and substantial progress on SHO posts by that date.
3. Boards and Trusts should collaborate with the Department to sustain the increase in the intake of student nurses to pre-registration education at 640 per annum; increase the number of junior doctor posts by 7 PRHOs and 23 SpRs and maintain the

increased intake of PAMs students. These numbers will be reviewed in year in the light of the findings of the nursing and midwifery workforce planning review.

4. Relevant HPSS employers should co-operate with the Department to support the HPSS vocational training infrastructure so as to enable at least 250 Healthcare Support workers to attain NVQ Level 3.
5. HPSS employers should set targets for the reduction of sickness related absenteeism and put strategies in place to achieve those targets.
6. HPSS employers should participate in a review of current job advertising practice and implement the recommendations.
7. HPSS employers should review their current security arrangement in the context of the zero tolerance policy guidelines on violence to staff.
8. Boards should commission an additional 15% practice placements above PSS and Children Order baselines to meet the needs of additional student Social Workers.

**WINTER PLANNING AND COMMUNITY CARE**







## **ACUTE HOSPITAL SERVICES**

### **Strategic Context**

Demand for acute hospital services remains high, with many hospitals now experiencing severe pressures almost all year round. Increased demand for emergency admissions, patients waiting on trolleys in accident and emergency departments and delayed discharges are increasingly common in many hospitals. These pressures have resulted in reductions in elective activity, thus adding to the size of waiting lists, which are already at an all-time high. Despite this, 3 out of 4 people receive the hospital treatment they need within 3 months and 9 out of every 10 people are treated within one year.

The Acute Hospitals Review Group, commissioned by the Minister to make recommendations about the future development of acute hospital services, reported in June 2001. An initial period of public consultation, which ended on 31 October 2001, was undertaken on the Review Group's Report. There has been a substantial volume of responses to the initial consultation. Following consideration of the outcome of the initial consultation and after discussion at the Executive, proposals on the way forward can be put out for consultation. It is hoped that final decisions can be reached in the course of 2002.

Pending those strategic decisions and given the current pressures on the system, the priority at present clearly needs to be the maintenance of existing services and the need to ensure that they are operating as efficiently as possible.

### **Priorities**

To improve the responsiveness of hospital services to demand.

To improve access to key regional hospital services.

To maintain vulnerable specialties pending the Executive's decisions on the pattern and profile of acute hospitals.

To increase the level of elective/day case work through the use of "protected" facilities.

To continue to ensure that 75% of people receive hospital treatment within 3 months and 90% within one year.

### **Actions**

1. Boards and Trusts should continue implementation of the action plan arising from the reviews of cardiac surgery and cardiology services, including sustaining access to cardiac surgery for an additional 150 people, over and above the original planned levels of provision for 2001/02, by 31 March 2003.

2. Boards and Trusts should ensure the provision of additional renal dialysis treatment in response to an expected 10% demographic increase, estimated to be at least an additional 45 patients above 2001/02 levels by 31 March 2003.
3. Boards and Trusts should ensure the development of a live donor transplant programme by 31 March 2003, allowing 10-12 people each year to return to full health.
4. Boards and Trusts should continue to take forward the recommendations of the Campbell Report including: development of the Cancer Centre and Cancer Units; the provision of MRI scanners in the cancer units; and the introduction of new drug therapies.
5. Boards should complete the establishment of a regional spinal surgery service at the Royal Victoria Hospital, delayed from 2001/02, by 30 September 2002.
6. Boards should complete the relocation and enhancement of the regional paediatric neuro-surgery services in the more appropriate setting of the Royal Belfast Hospital for Sick Children by 30 June 2002.
7. Boards and Trusts should collaborate to strengthen the inpatient fracture services and deliver consultant-led fracture clinics in each Board area with a view to progressing towards treating fracture patients within 48 hours of presentation.
8. Boards and Trusts should support the appointment of a further consultant, to enhance and sustain the regional plastic/maxillo-facial surgery service.
9. Boards and Trusts should increase investment in, and improve management arrangements for, the prescribing of expensive specialist medicines, including the introduction of the red/amber prescribing system.
10. Boards and Trusts should continue to take forward implementation of the recommendations in the Chief Medical Officer's Review of Intensive Care Services dated February 2000.
11. Boards and Trusts, in working to ensure that, by 31 March 2003, waiting lists are constrained within their levels at 31 March 2002, should submit proposals to enhance the level of elective/day case work, through the use of "protected" facilities, by 30 April 2002.
12. Boards and Trusts should identify and seek to address critical bed capacity problems, particularly where these are causing unacceptable waiting times for service users.
13. Boards and Trusts should co-operate in bringing into operation a common waiting listing management system in all acute hospitals by 30 September 2002.
14. Boards and Trusts should work together to maintain vulnerable specialties pending decisions of the Executive on the pattern and profile of acute hospitals.

15. Boards and Trusts should support the appointment of 2 additional neurologists as an initial step in implementing the recommendations of the Review of Adult Neurology Services by 31 March 2003.
16. Boards and Trusts should report their progress towards compliance with departmental guidance on the decontamination of re-usable medical devices and set out their action plans for further steps to be taken by 30 June 2002.
17. Boards and Trusts should co-operate with the Department in the development of appropriate standards for environmental cleanliness in acute hospitals and bring forward specific proposals for schemes to improve hospital cleanliness by 30 June 2002.
18. Boards and Trusts should consolidate arrangements for the NI Critical Care Transport Service to support the safe transfer of patients between ICU services in different acute hospitals.
19. Boards and Trusts should ensure, within available resources, the continued implementation of the regional palliative care strategy in line with the standards set out in *Partnerships in Caring* during 2002/03.
20. Boards and Trusts should ensure that action plans, approved by the Department, are in place to commence the implementation of the Review of Clinical Pharmacy Services by 30 June 2002. In developing action plans, account should be taken of the recent Audit Commission report "A Spoonful of Sugar – medicines management in NHS hospitals".
21. Boards and Trusts should identify which nursing roles, and the numbers involved, they wish to nominate for extended prescribing within the statutory, voluntary and independent sectors and inform DHSSPS by 31 August 2002.
22. Boards and Trusts should implement the Regional Guidelines for the Management of Patients with Gynaecological Cancer by 30 June 2002 and complete an audit of compliance by 31 March 2003.

## **MATERNITY AND CHILD HEALTH**

### **Strategic Context**

The provision of safe and effective maternity services remains a key priority. The Acute Hospitals Review Group indicated that, next to emergency care, what concerned people most was maternity services. The report submitted in June 2001 made a number of recommendations about the future development of maternity services and these are being considered along with the recommendations on the future of acute hospital services. Issues raised in the Report and the responses to the initial consultation will be considered very carefully.

The National Sentinel Caesarean Section Audit, which was established to determine accurately current caesarean section rates and to consider the factors associated with variation in the rate and quality of care, published its report in October 2001. On foot of that report, the National Institute for Clinical Excellence will be developing guidelines on caesarean section. The audit will also be used as the basis for development of continued local audit.

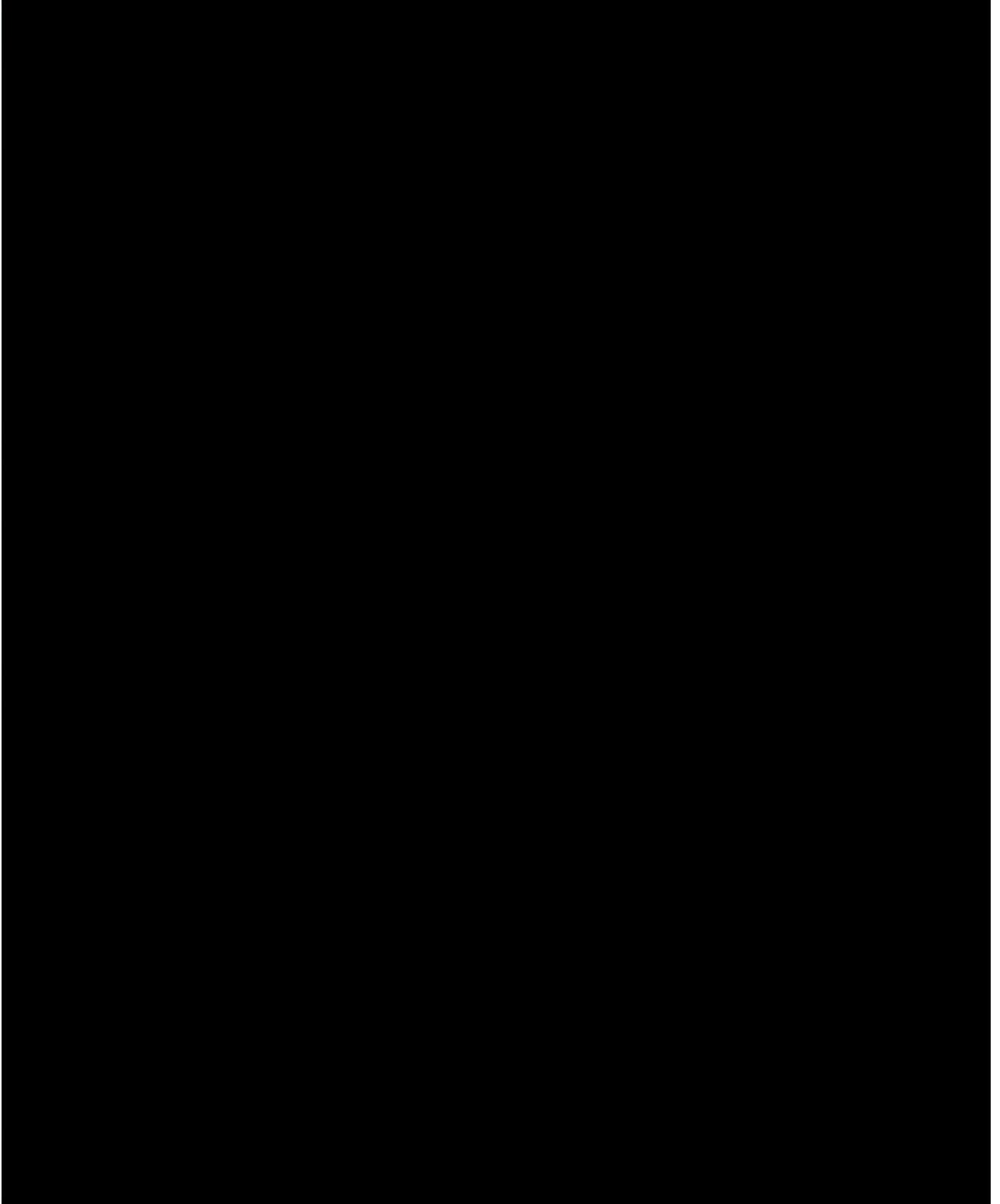
### **Priorities**

To do everything possible within the constraints of safety to sustain the existing profile of maternity services pending the Executive's decisions on the pattern of acute hospitals.

### **Actions**

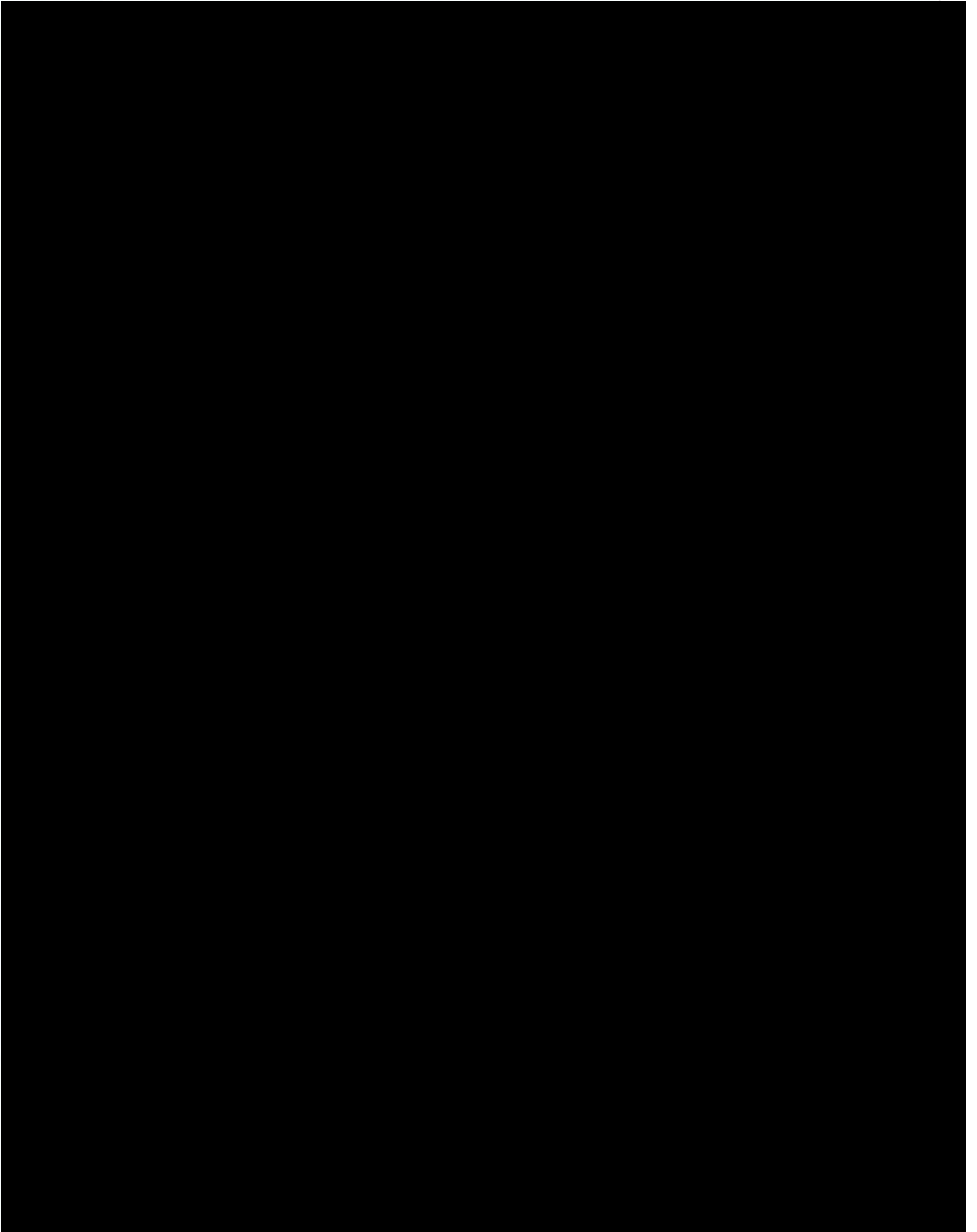
1. Boards and Trusts should ensure that appropriate arrangements are in place to monitor the safety and effectiveness of maternity services from 1 April 2002.
2. Boards and Trusts should work together to maintain existing maternity services pending decisions of the Executive on the pattern and profile of acute hospitals.
3. Boards and Trusts should, in line with the National Sentinel Caesarean Section Audit Report, establish local audit arrangements to monitor caesarean section rates by 31 March 2003.
4. Boards and Trusts should ensure the full development of the Regional Children's Palliative Care Teams by 31 March 2003.
5. Boards and Trusts should ensure that any child, under the age of 8 years, referred for dental extraction under general anaesthesia, should be treated within one week of referral.

AMBULANCE SERVICE





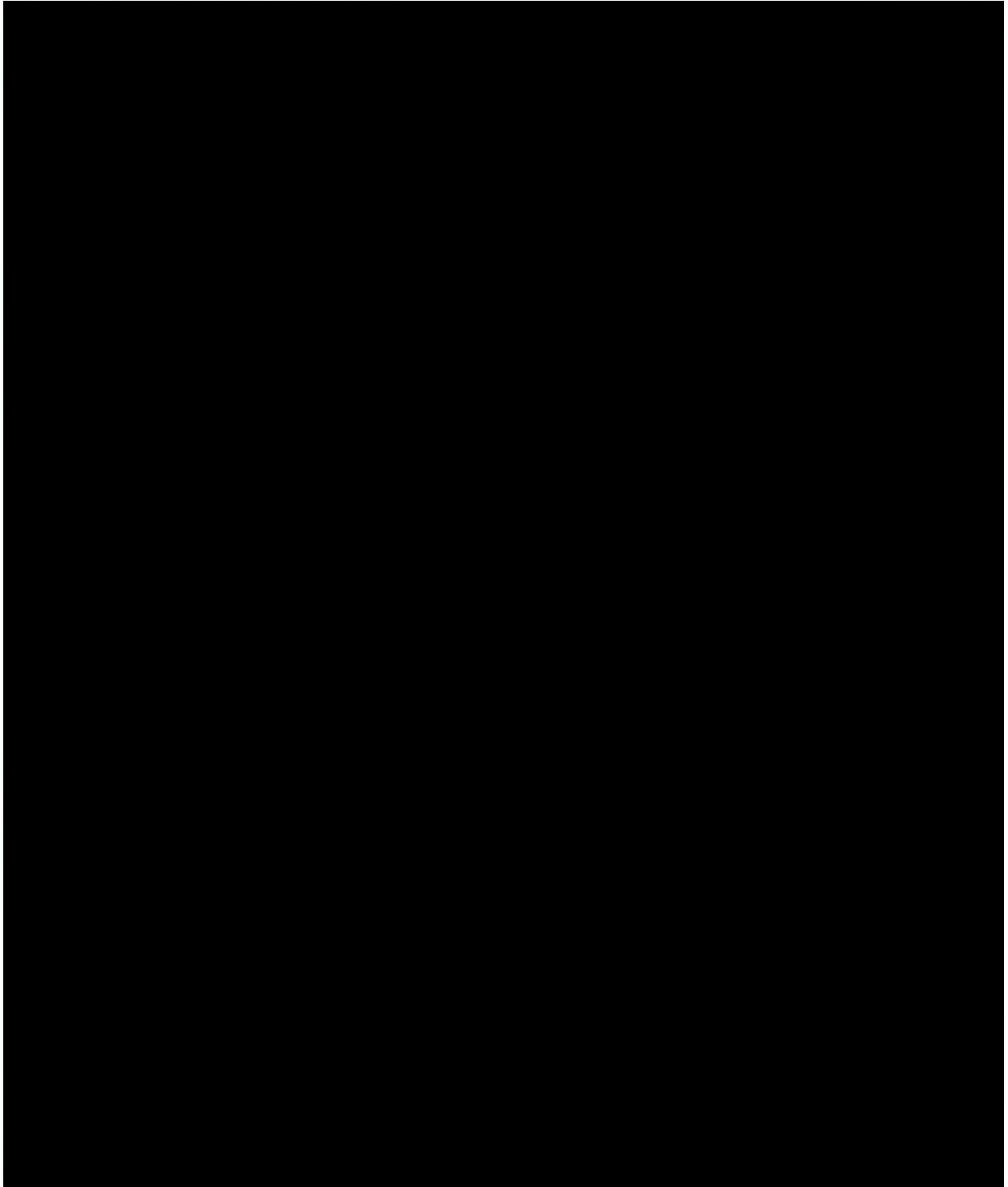
**FAMILY AND CHILD CARE**

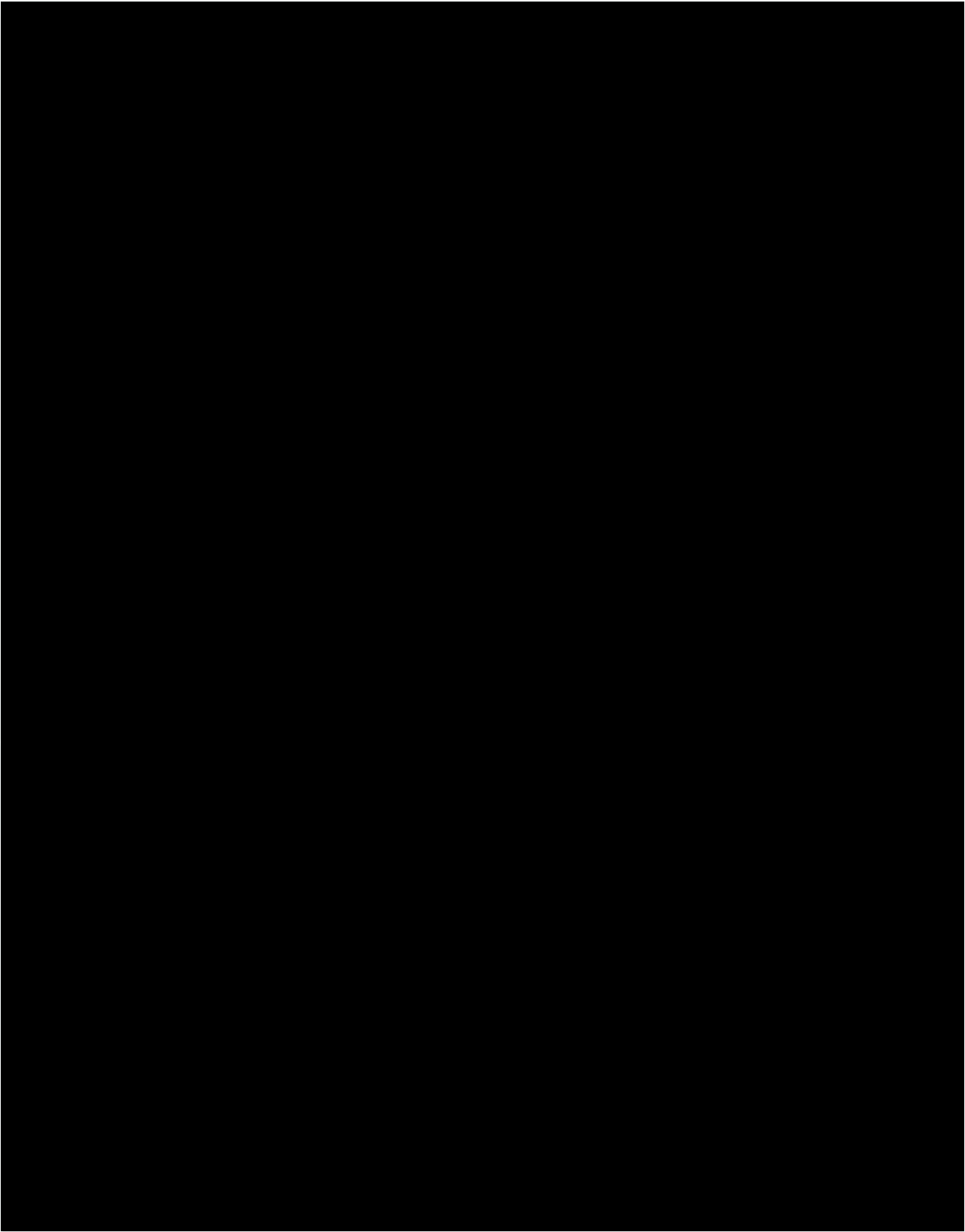




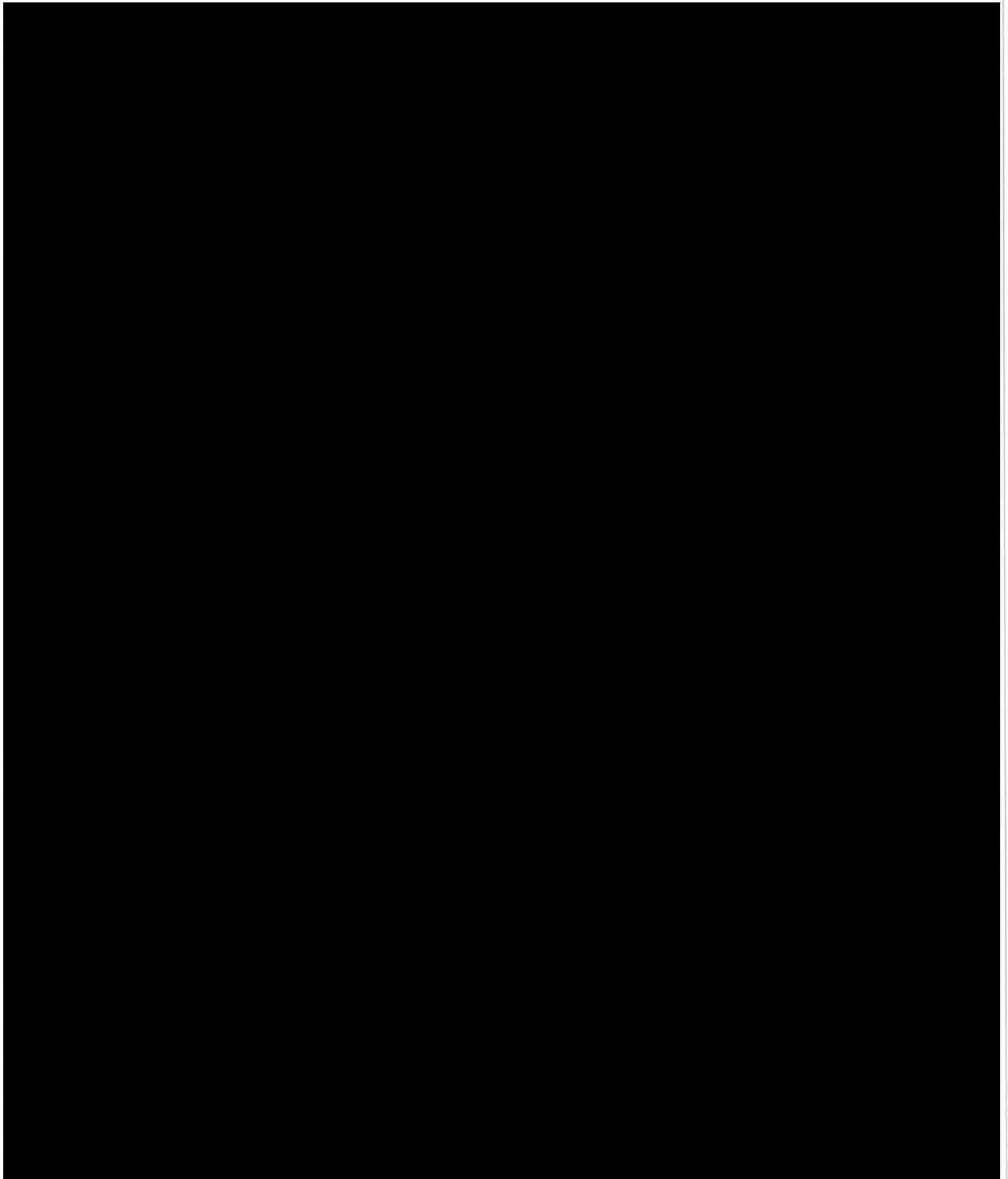


**CARE OF OLDER PEOPLE**



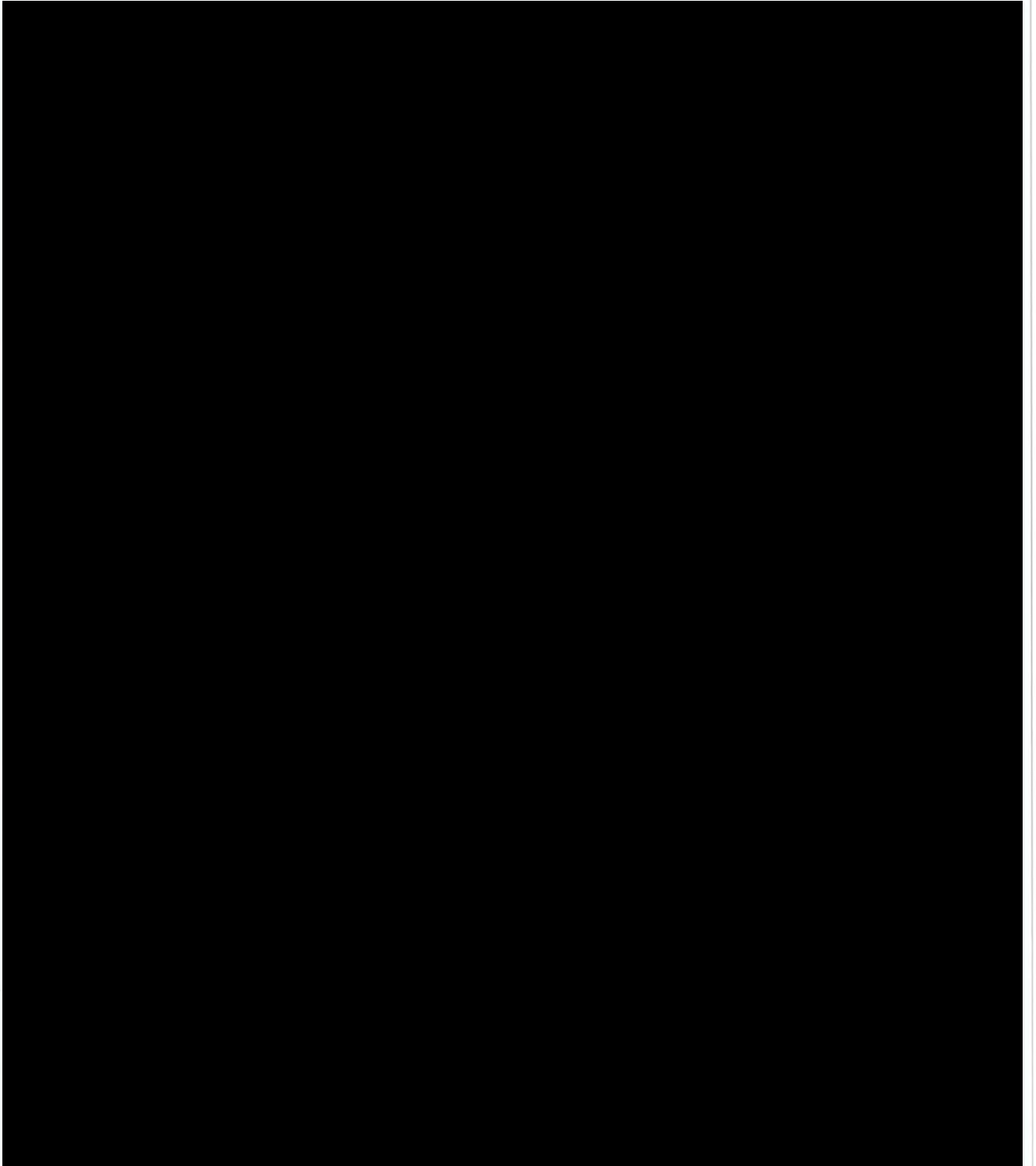


**MENTAL HEALTH**

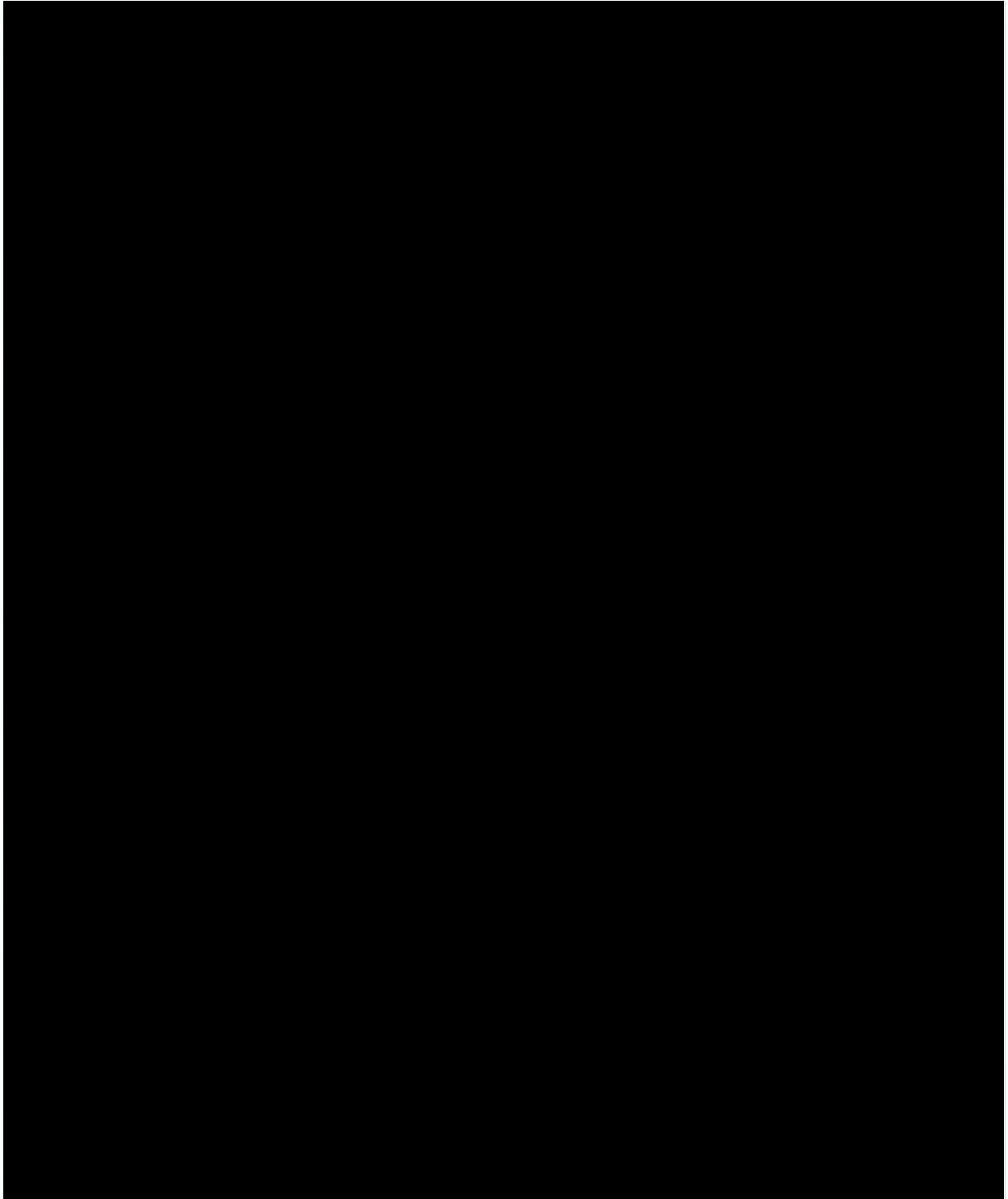




**LEARNING DISABILITY**



**PHYSICAL AND SENSORY DISABILITY**



## **QUALITY AND PERFORMANCE IMPROVEMENT**

### **Strategic Context**

The HPSS must demonstrate that resources are used in the most effective and efficient way in pursuit of the objectives in the Assembly's Programme for Government. This not only fulfils the proper accountability to the public purse but also provides a sound basis for bids in respect of service expansion or development. It is therefore incumbent upon all HPSS bodies to take appropriate steps to test the value for money in all aspects of the services they provide.

In her contribution to the Executive's Position Report to the Assembly for 2002/03, the Minister identified a number of areas where her Department planned to pursue options for efficiency improvements in the coming year. Work is already under way on a number of fronts and the HPSS is committed to further action in this and other sections of Priorities for Action. HPSS bodies should maximise co-operation across all sectors of our integrated service.

In the Programme for Government, the Executive has made a commitment to put in place a framework to raise the quality of services provided to the community and tackle issues of poor performance. The consultation document "Best Practice – Best Care" set out proposals to meet this commitment through:

- Setting clear standards for the HPSS;
- Securing local accountability for the delivery of services; and
- Improving monitoring and regulation of the services.

"Confidence in the Future", published in October 2000, set out proposals for the prevention, recognition and management of poor performance of doctors. Its primary aim is to ensure the quality of individual patient care. A key element in this process is the introduction of appraisal for medical staff. Since April 2001, annual consultant appraisal has become a contractual obligation.

### **Priorities**

To ensure that services are delivered in the most efficient and effective way, securing the maximum benefit for users from the resources invested.

To improve the quality of services delivered by the HPSS through the setting of clear consistent standards, a system of clinical and social care governance and improved monitoring and regulation.

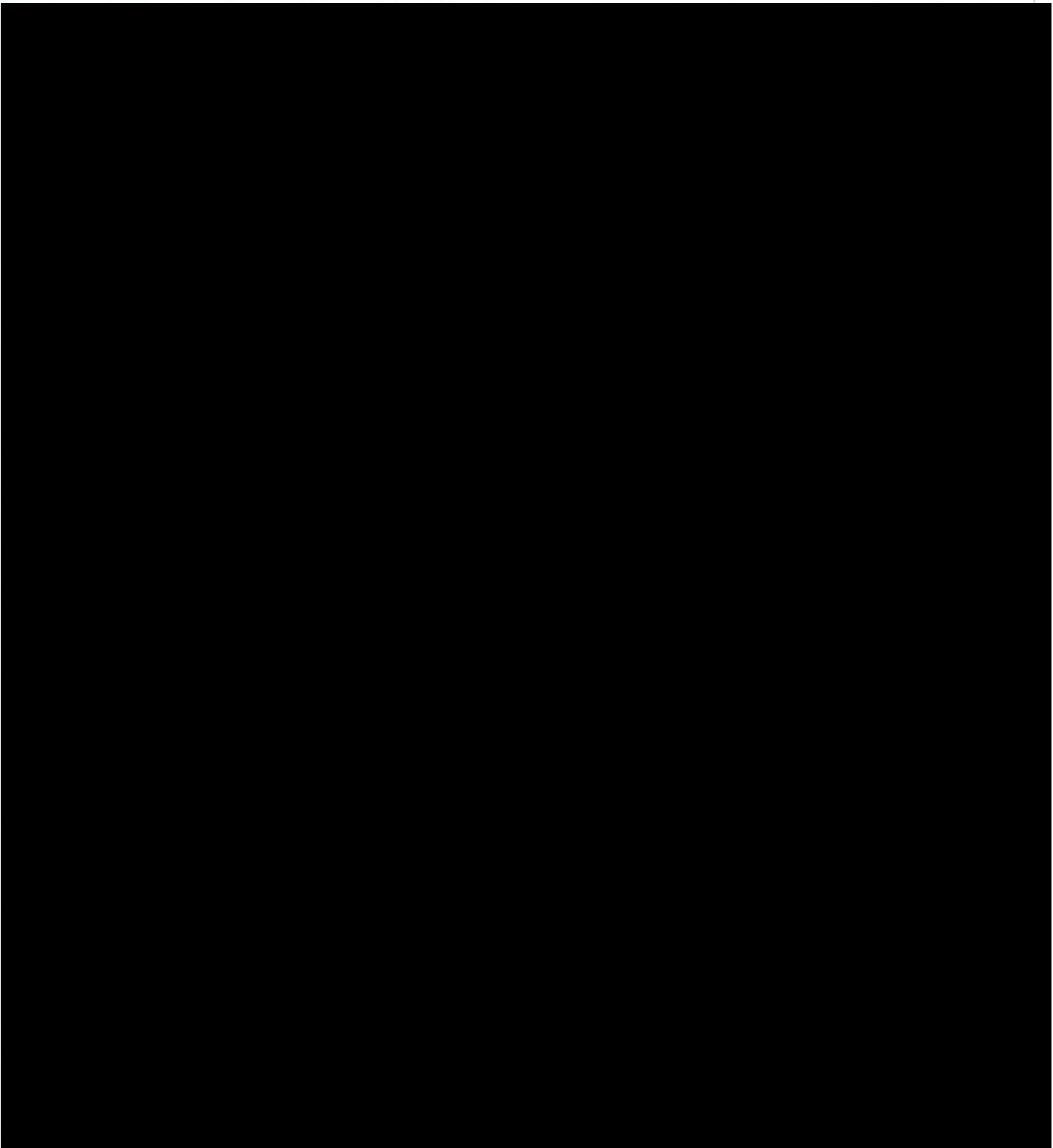
To tackle areas of poor performance through the provision of support and training for staff and ensuring the safety of patients and users.

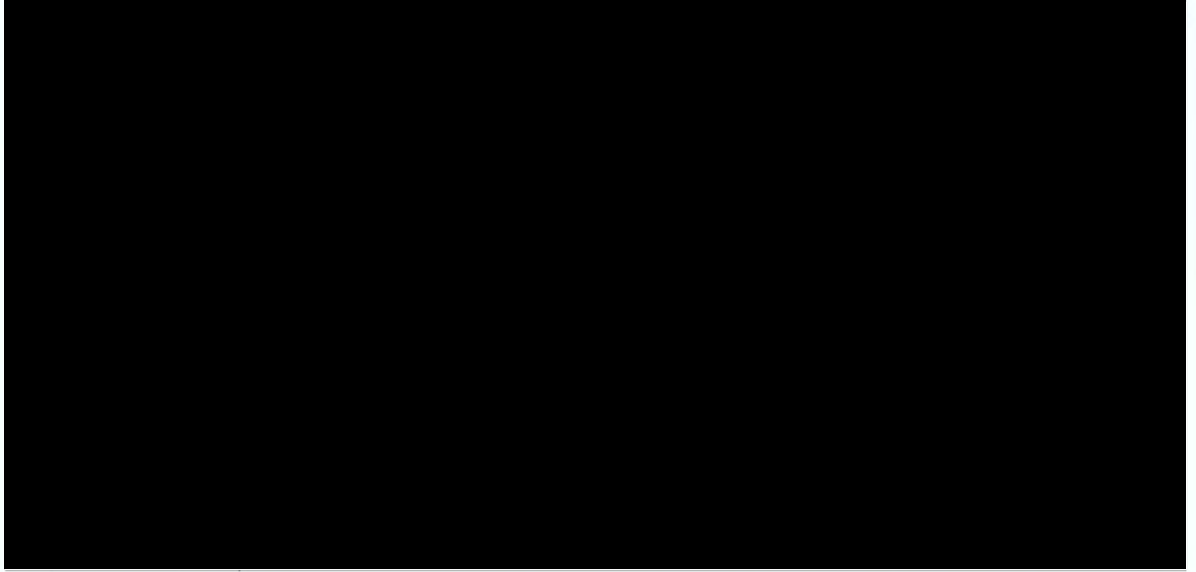
### **Actions**

1. Boards and Trusts should collaborate to benchmark performance in key areas of service delivery, explore the reasons for differences and develop strategies for continuous improvement.
2. Boards and Trusts should continue to co-operate with the Department to expand the development of reference costs/community indicators, with a view to publishing agreed reference costs for a range of acute and community services by 31 March 2003.
3. Boards and the Central Services Agency should take steps to reduce the estimated patient exemption fraud in primary care to 50% of the 1999/00 level by 31 March 2004 through the continued implementation of the Family Practitioner Services Fraud Action Plan.
4. Boards and Trusts should work in collaboration with the Department to take forward the proposals outlined in "Best Practice – Best Care" and "Confidence in the Future".
5. Boards, Trusts, Agencies and Family Health Services should make preparatory arrangements for the introduction of clinical and social care governance systems.
6. Boards and Trusts should ensure the full implementation of the consultant appraisal arrangements with effect from 1 April 2002.
7. Boards, Trusts and Local Health and Social Care Groups should, as a pilot exercise for the development of Regional Service Development Frameworks, review stroke services in their area in the context of the Stroke Services Strategy to identify:
  - a. gaps in local services, especially in relation to prevention of strokes and the availability of dedicated Stroke Units in hospital; and
  - b. opportunities to implement the other aspects of best practice outlined in the Strategy, which can be put in place even in the absence of additional resources.

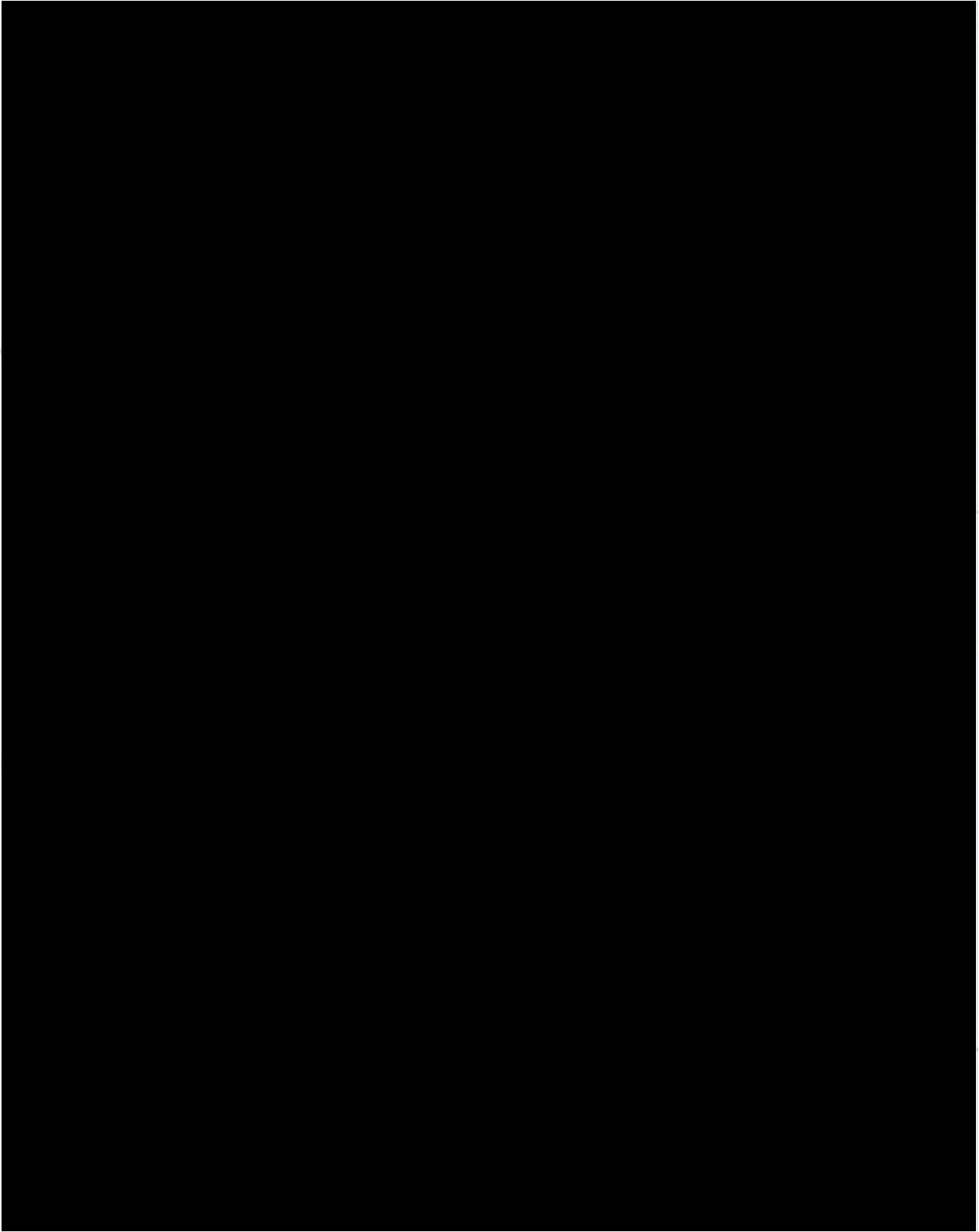


**CAPITAL INVESTMENT AND ESTATE**



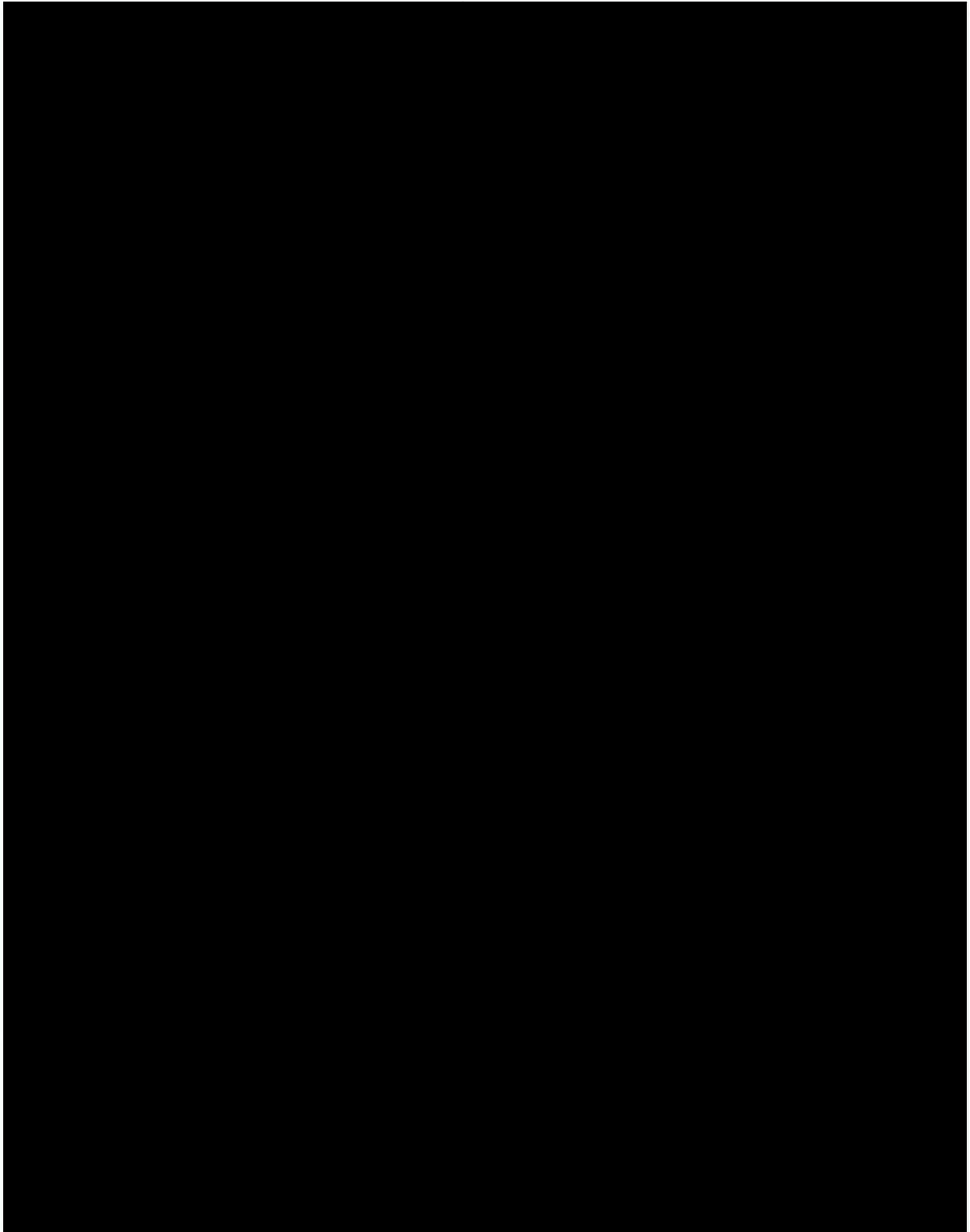


**INFORMATION AND COMMUNICATIONS TECHNOLOGIES**



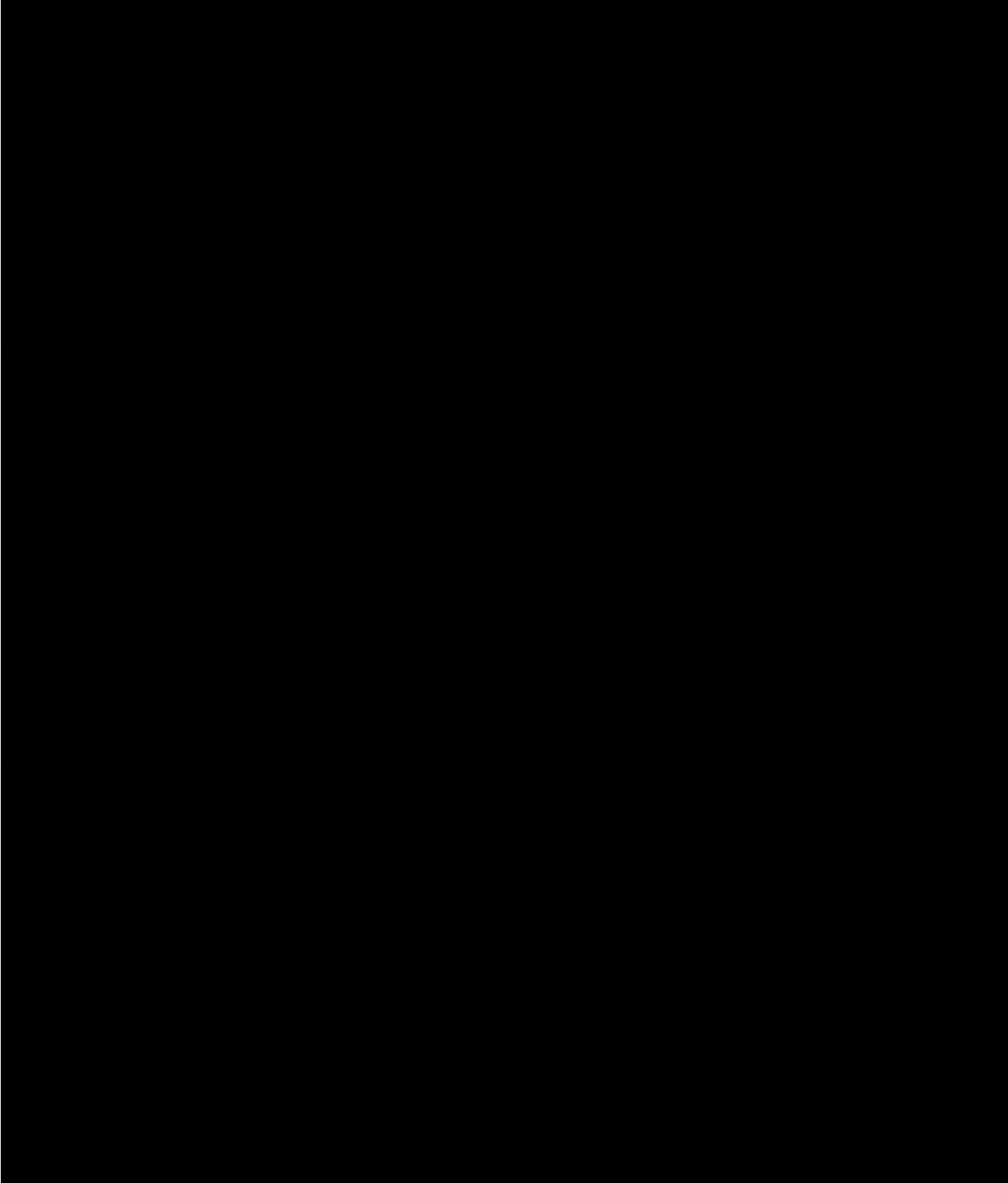


**EQUALITY**





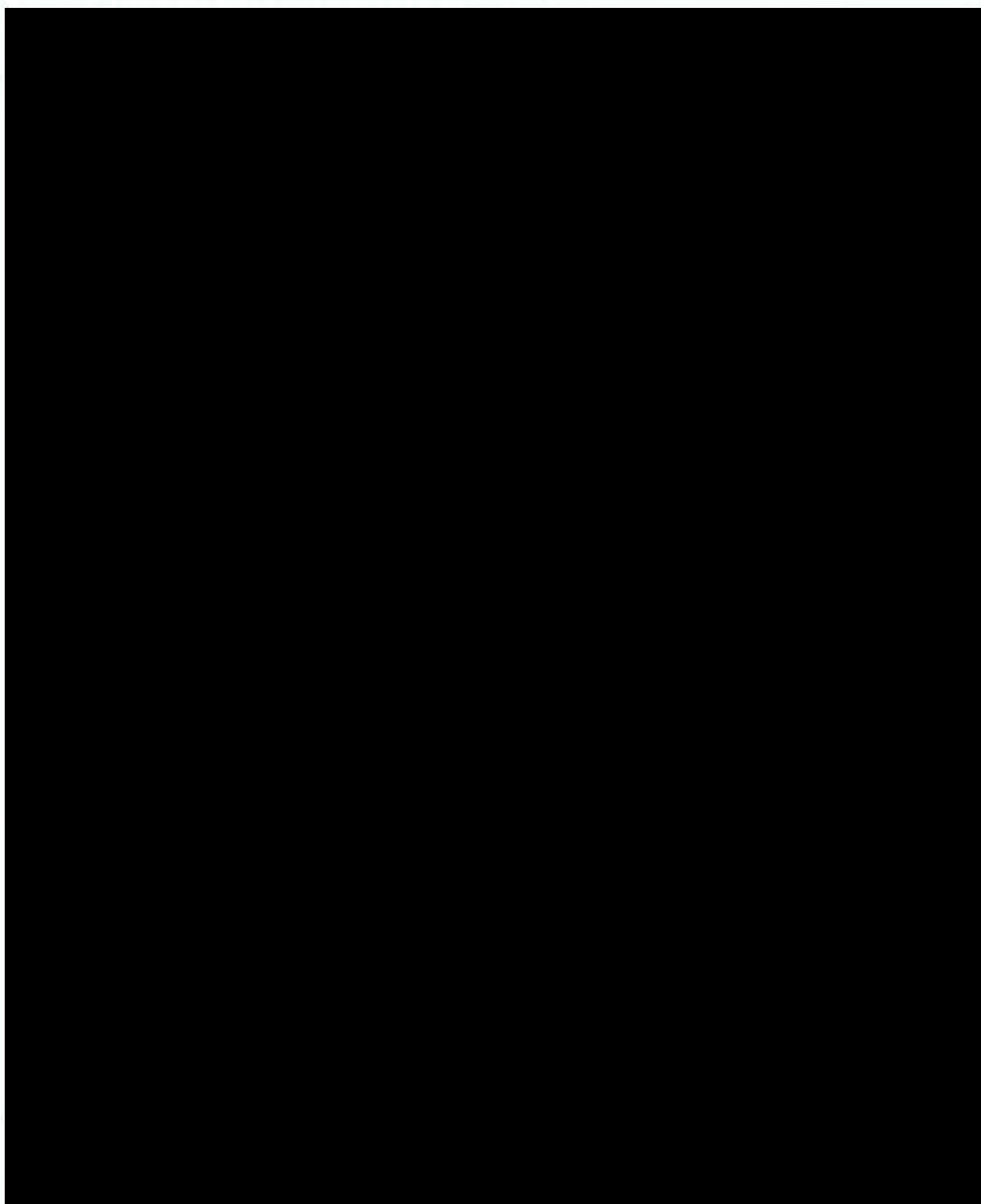
**NEW TARGETING SOCIAL NEED**

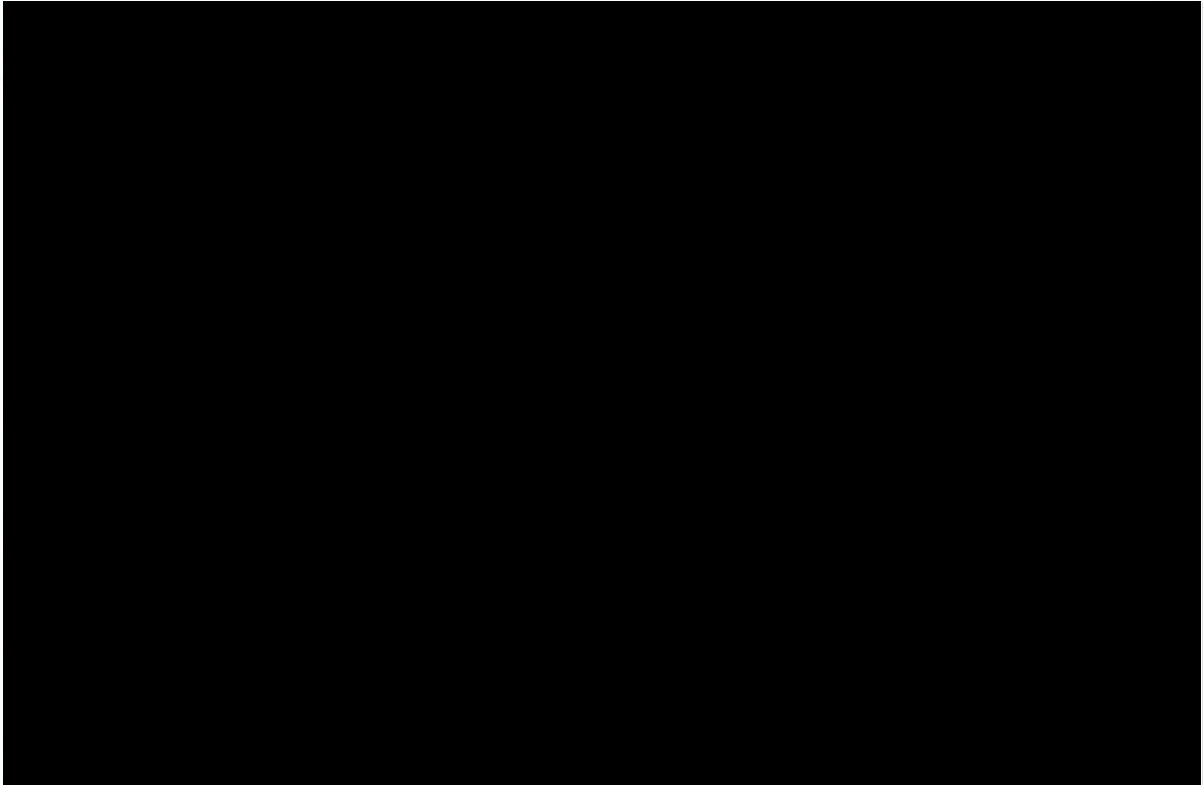




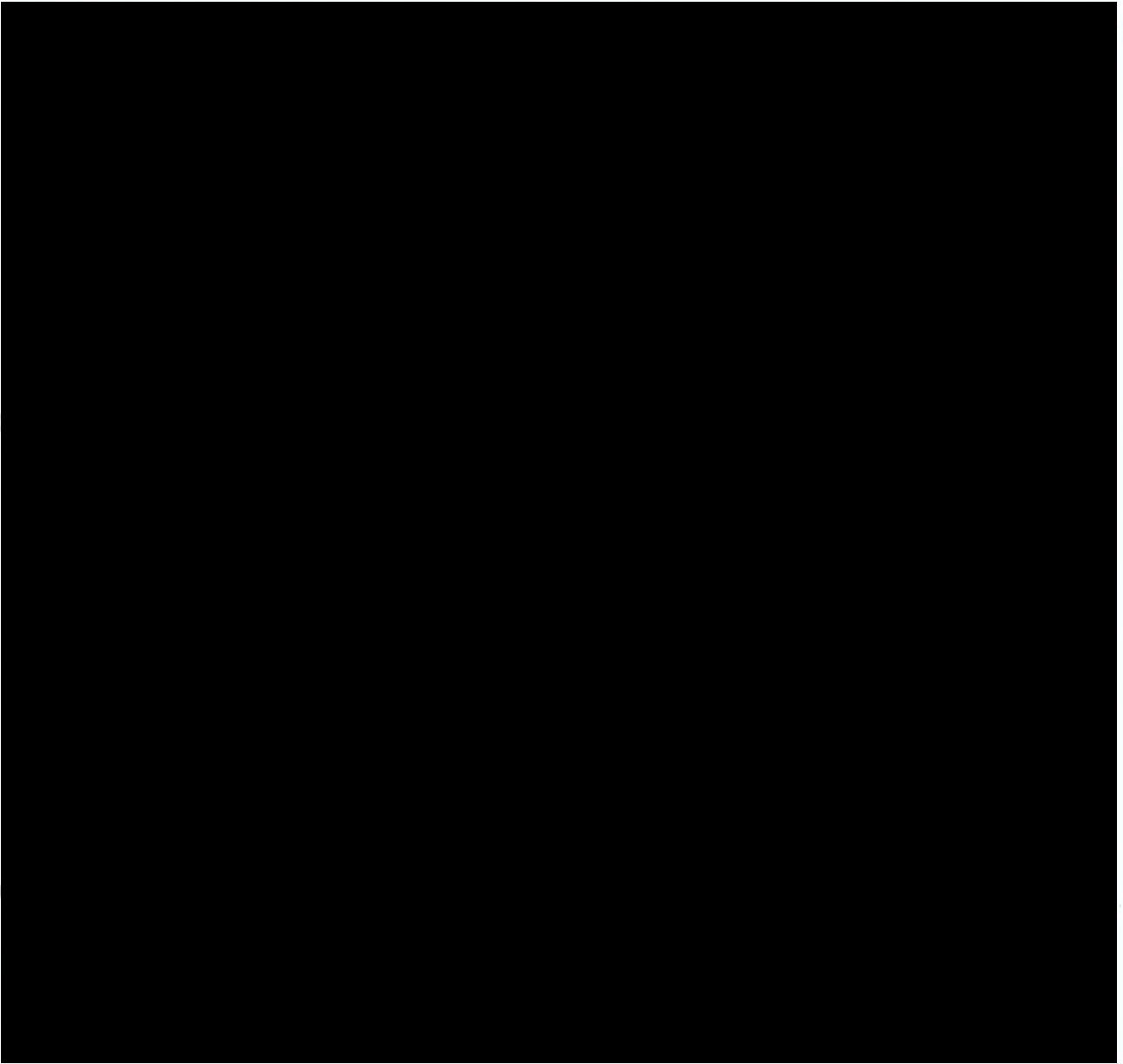


**NEW TSN - PROMOTING SOCIAL INCLUSION**





**HUMAN RIGHTS**



**CROSS BORDER CO-OPERATION AND JOINT WORKING**

