

**DHSSPS  
BUSINESS PLAN  
2007-08**

**March 2007**

**DRAFT DHSSPS BUSINESS PLAN 2007-08**

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## **CHAPTER 1 – BACKGROUND**

### **INTRODUCTION**

The Department of Health, Social Services and Public Safety is one of 11 Northern Ireland Departments created in 1999 as part of the Northern Ireland Executive by the Northern Ireland Act 1998 and the Departments (Northern Ireland) Order 1999.

This business plan outlines the Department's main responsibilities and structure, and contains a detailed schedule of the main actions to be carried out in pursuit of the Minister's objectives. As the Comprehensive Spending Review covering the years 2008-09 to 2010-11 will not be settled until December 2007, the Plan's horizon is limited to the 2007-08 financial year. In brief, the Plan:

- describes how the Department will contribute to its PSA commitments and the Priorities for Action and other targets that underpin them.
- generally sets the agenda for planning and associated risk management activity throughout the Department, aligning the detailed plans produced by individual business areas with the tasks to be performed if corporate aims and objectives, PSA commitments and corporate key challenges are to be met.

### **MISSION STATEMENT**

The Department's mission is to improve the health and social well-being of the people of Northern Ireland. It endeavours to do so by ensuring the provision of appropriate health and social care services, both in clinical settings such as hospitals and GPs' surgeries, and in the community through nursing, social work and other professional services. It also leads a major programme of cross-government action to improve the health and well-being of the population

and reduce health inequalities. This includes interventions involving health promotion and education to encourage people to adopt activities, behaviours and attitudes which lead to better health and well-being. The aim is a population which is much more engaged in ensuring its own health and well-being.

## **THE DEPARTMENT'S RESPONSIBILITIES**

The Department has three main business responsibilities:

- **Health and Social Care (HSC)**, which includes policy and legislation for hospitals, family practitioner services and community health and personal social services;
- **Public Health**, which covers policy, legislation and administrative action to promote and protect the health and well-being of the population; and
- **Public Safety**, which covers policy and legislation for fire and rescue services.

## **THE DEPARTMENT'S STRUCTURE**

The Permanent Secretary, Dr Andrew McCormick, is also Chief Executive of the Health and Social Care system, as well as Principal Accounting Officer for all the Department's responsibilities. Within the Department, the key business groups are the Resources and Performance Management Group, the Healthcare Policy Group, the Social Policy Group and the Office of the Chief Medical Officer. The Department also has a Modernisation Directorate and a Human Resources Directorate. The Department has one executive agency, the Northern Ireland Health and Social Services Estate Agency (known as Health Estates). Additionally, until the necessary legislation is passed, the Health and Social Care Authority (designate) is located within the Department.

## THE DEPARTMENT'S ASSOCIATED BODIES

Beyond the Department are various organisations charged with taking forward specific operational aspects of DHSSPS business:

Health and Social Services Boards (4)	<ul style="list-style-type: none"> <li>• Commission health and personal social services for their resident populations from providers including HSS Trusts, and voluntary and private sector bodies</li> </ul>
Health and Social Care Trusts (6)	<ul style="list-style-type: none"> <li>• Main providers of health and personal social services as commissioned by the HSS Boards</li> <li>• Management of staff and services of hospitals and other health and personal social services establishments</li> <li>• Managerially independent but accountable to the Minister</li> <li>• Five Trusts provide hospital, community and personal social services; the NI Ambulance Service Trust provides ambulance services for the whole of Northern Ireland</li> </ul>
Health and Social Services Councils (4)	<ul style="list-style-type: none"> <li>• Statutory bodies, Departmentally funded and independent of the HSS Boards</li> <li>• Represent the interests of the public and users of health and social services</li> </ul>
Central Services Agency	<ul style="list-style-type: none"> <li>• Provides support for the health and social care system through Corporate Human Resource and Finance Services, Family Practitioner Services, Legal Services, Regional Supplies, Research and Development, and Fraud Investigation</li> </ul>
Employment Medical Advisory Service	<ul style="list-style-type: none"> <li>• Part of the Health and Safety Executive for NI</li> <li>• Provides occupational medical advice to the wider business community</li> </ul>
Health Promotion Agency	<ul style="list-style-type: none"> <li>• Advice to the Department on health promotion matters</li> <li>• Research, evaluation &amp; training in health promotion</li> <li>• Takes the lead in regional health promotion campaigns</li> </ul>
NI Blood Transfusion Agency	<ul style="list-style-type: none"> <li>• Supply of blood and blood products and related clinical services to all hospital and clinical units</li> </ul>
NI Regional Medical Physics Agency	<ul style="list-style-type: none"> <li>• Scientific, technical and clinical support in the application of physics and engineering to the care provided by HSC bodies</li> </ul>
NI Guardian Ad Litem	<ul style="list-style-type: none"> <li>• Establishes and maintains a panel of</li> </ul>

Agency	guardians appointed by the courts to safeguard the interests of children in proceedings under the Children (NI) Order 1995 and the Adoption (NI) Order 1987
Mental Health Commission for NI	<ul style="list-style-type: none"> <li>• Independent body drawn from lay people and the legal, medical, nursing, social work and psychology professions</li> <li>• Reviews the care and treatment of persons suffering from mental disorder</li> </ul>
NI Medical and Dental Training Agency	<ul style="list-style-type: none"> <li>• Oversees the postgraduate and medical and dental education of doctors and dentists</li> <li>• Development and delivery of vocational training and continuing medical education for General Practitioners and General Dental Practitioners</li> </ul>
The Regulation and Quality Improvement Authority	<ul style="list-style-type: none"> <li>• a key role in protecting service users, including children and vulnerable adults, by regulating a wide range of services and by inspecting services against minimum standards of care.</li> </ul>
Northern Ireland Fire and Rescue Service	<ul style="list-style-type: none"> <li>• Provision of regional fire and rescue services which meet national performance standards</li> <li>• Implementation of the Department's fire safety policies</li> </ul>
NI Social Care Council	<ul style="list-style-type: none"> <li>• Development, promotion and regulation of social work and social care education and training</li> <li>• Regulation of the social care workforce</li> </ul>
NI Practice and Education Council for Nursing and Midwifery	<ul style="list-style-type: none"> <li>• Supports the professional development of the nursing and midwifery professions in areas of best practice, education and performance.</li> </ul>
Food Safety Promotion Board	<ul style="list-style-type: none"> <li>• Promotes food safety – through public campaigns, conferences, training and advising professionals and the general public.</li> <li>• Supports North/South scientific co-operation, and links between institutions working in the field of food safety – laboratories, statutory food safety enforcement agencies, and international and domestic research bodies.</li> </ul>
Institute of Public Health in Ireland	<ul style="list-style-type: none"> <li>• To support health improvement on the island of Ireland by working to combat health inequalities and influence public policies in favour of health.</li> </ul>

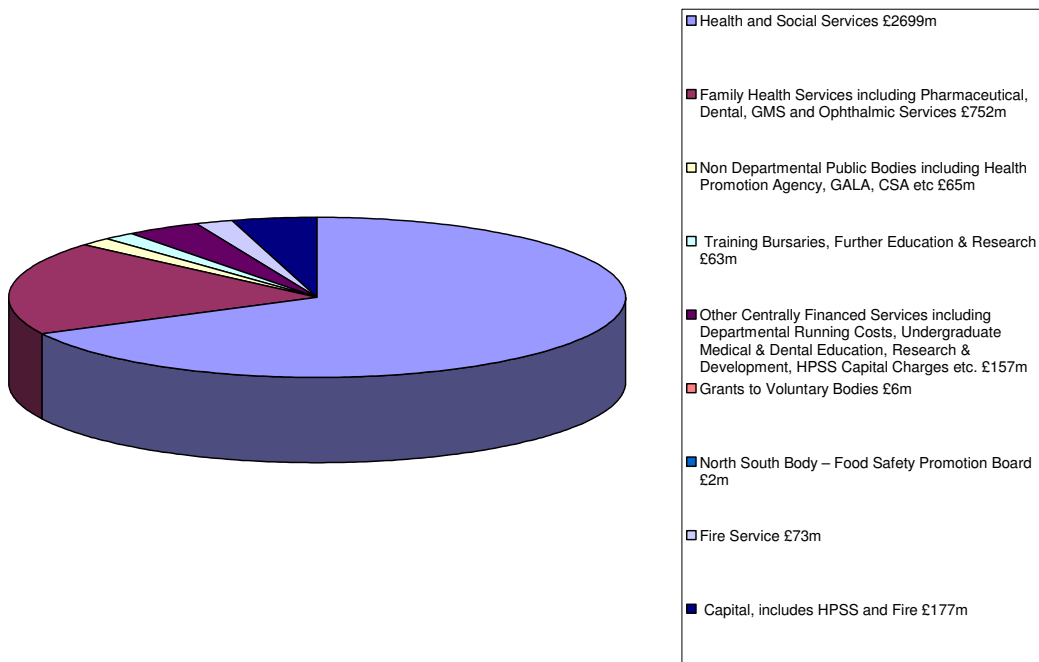
## RESOURCES

- **Our Staff**

The Department directly employs some 1,000 staff. The Northern Ireland Fire and Rescue Service employs approximately 2,000 people, while around 77,000 people work in the health and social care system. The Department is committed to continuing its support for the development and management of its staff so that they can effectively contribute to the achievement of Departmental and their own personal objectives.

- **Funding**

The Department's budget for the 2007-08 financial year is £4.0 billion. The distribution of this money between the main Departmental budget headings is shown in the pie chart below.



## **CHAPTER 2 - STRATEGIC CONTEXT**

### **PLANNING ARRANGEMENTS**

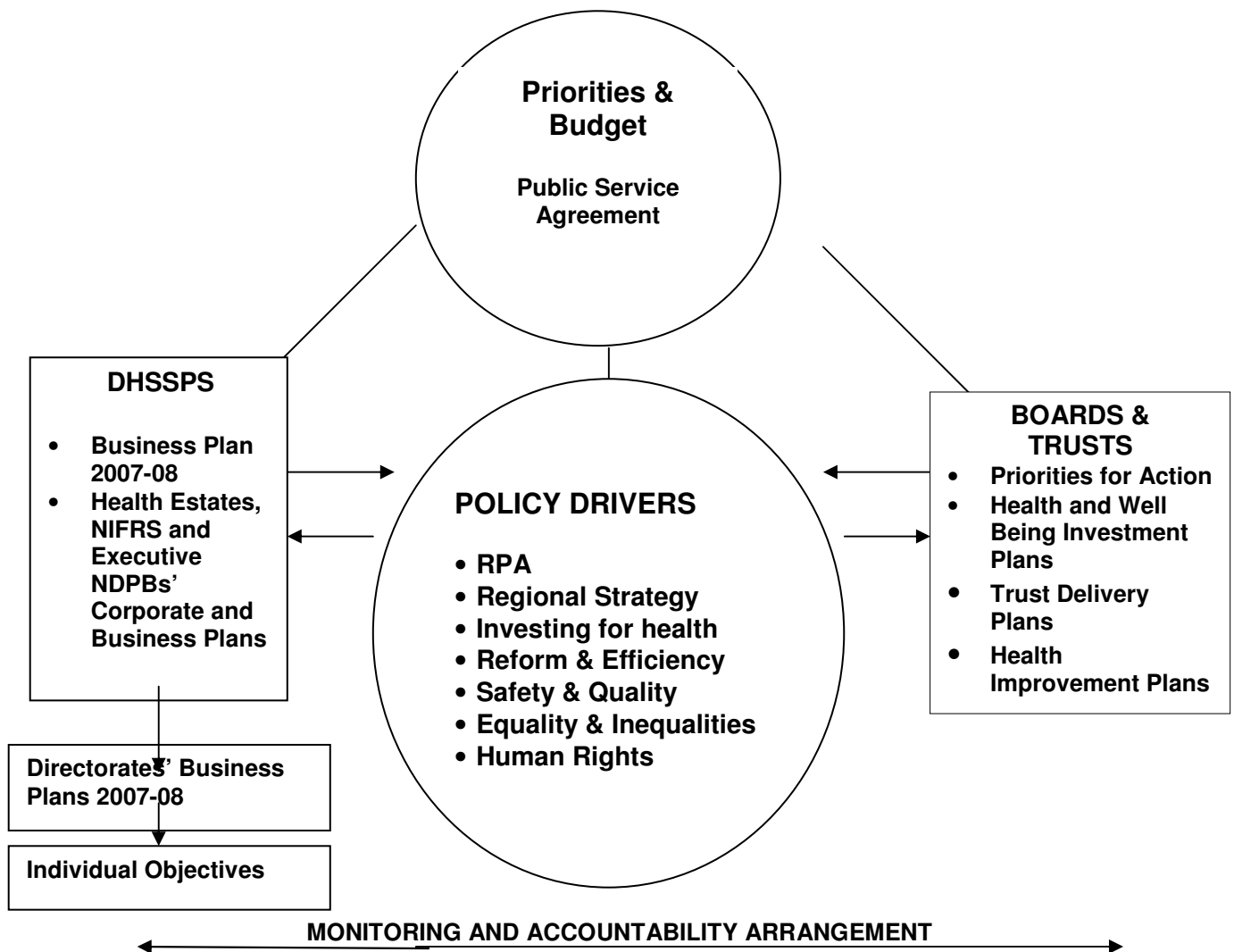
The financial and policy context for the Department's work next year is described in the paragraphs below. Before considering those matters, however, it is important to bear in mind that 2007-08 will see decisions taken on the longer term funding of DHSSPS and its associated bodies.

Next year, a significant part of the work of many in the Department – and of administrators in our partner bodies (NDPBs and Health and Social Care organizations) – will be undertaken in response to the requirements and repercussions of the national Comprehensive Spending Review, which will set resource parameters for the Northern Ireland public sector for the period 2008-09 to 2010-11. The CSR settlement will, in turn, influence the content of the Programme for Government, the attendant Public Service Agreement outcomes, the budget settlement for each Northern Ireland department and, in the case of DHSSPS, the priorities to be pursued by the Department, the HSCA, the Trusts and other bodies. So far as the Department is concerned, it is vital that the Minister receives proper support throughout 2007-08 in gaining recognition of the health and social care priority.

Reverting to operational issues, this document has been prepared in the context of the Secretary of State's *Priorities and Budget 2006-08* and the budgetary settlement for 2007-08. In addition to the framework thereby established, it takes account of the following policy drivers:

- Regional Strategy 2005-2025
- Reform (how and where services are delivered) and Efficiency
- Investing for Health
- Safety & Quality
- Review of Public Administration
- Equality & Inequalities
- Human Rights

The diagram below outlines the relationship between these policy drivers and the planning documents.



### Priorities and Budget 2006-08

Since 2000, the Government has produced a written contract with the people of Northern Ireland setting out, within the limits of the financial resources available, the plans and priorities for tackling problems and improving public services. The current document, *Priorities and Budget 2006-2008*, can be regarded as the fourth in the “Programme for Government” series.

Each of the “Programme for Government” documents has been based on the same five priority areas:

- Growing as a Community

- Working for a Healthier people
- Investing in Education and Skills
- Securing a Competitive Economy
- Developing North/ South, East/West and International Relations

While the Department has an important role to play and a contribution to make in each area, our major contribution is under Working for a Healthier People, focusing on the following priority outcomes for the citizen:

- Reduction in preventable deaths, diseases, and injuries
- More responsive hospital services
- An accessible and effective primary care service
- Improvements in the quality of health and social care provided
- Better support for those who need it in the community
- Better life chances for children
- Safeguarding rights and interests of children

OFMDFM is taking lead responsibility for the last outcome, but with considerable DHSSPS help both in drawing up the strategy and in its implementation.

## **Regional Strategy**

The Department's regional strategy is set out in *A Healthier Future – A Twenty Year Vision for Health and Well-being in Northern Ireland*.

The strategy is built around five crosscutting themes:

- Investing for health and well-being
- Involving people
- Responsive integrated services
- Teams which deliver
- Improving quality

The intention behind *A Healthier Future* is to provide an overall strategic vision and framework for the development of health and social services in Northern Ireland over the 20-year period 2005-2025. The framework harnesses related strategies and actions in a way that will help to deliver the overall strategic vision of *A Healthier Future*. A number of strategies which contribute to this vision have already been developed. For example, the Department's primary care strategy *Caring for People Beyond Tomorrow* has been developed as an integral component of *A Healthier Future*, and will promote the overall development of health and social care across Northern Ireland.

The decisions on foot of the Review of Public Administration about the organisational framework for the delivery of health and social care will clearly influence the implementation of *A Healthier Future*. The Department confers with the new bodies and other interested parties and stakeholders in considering how the regional strategy can best be taken forward in the new organizational context.

### **Reform and Efficiency**

DHSSPS is currently engaged in a major programme of reform in pursuit of the Regional Strategy, and to ensure that the structural changes in the RPA have the best possible effects in improving health and well-being. The reform programme includes reforming hospital services under *Developing Better Services*, enhancing community care services, ensuring that more services are provided more accessibly and responsively in the primary/community setting, modernising the delivery of mental health and learning disability services, improving the safety, quality and governance of services, promoting the health status of the population under *Investing for Health*, harnessing new technology under the HSC Information and Communication Technologies Strategy and modernising Northern Ireland's Fire and Rescue Service.

Addressing Boards and Trusts in his foreword to the 2007-08 *Priorities for Action*, the Minister emphasised the importance of the three themes of the HSC reform programme:

- Managing the demand on hospital services by promoting healthier ways of living, and by providing more responsive and accessible alternative services in the community so as to prevent unnecessary hospital admissions and facilitate prompt discharge;
- Managing patient flows within a safe hospital system, to allow for swifter and more effective access to services; and
- Improving outcomes for all children who are, or have been, in public care.

The central thrust of the reform agenda is to bear down on future demand through the implementation of preventative measures and strategies, a concerted focus on early intervention, and the proactive case management of people at risk of undue dependence on HSC services. Much of this can be achieved in the community. A concomitant strand of reform activity is, therefore, to expand and develop the range of services that can be provided in that setting, closer to people's homes, so helping to avoid inappropriate hospital admissions and facilitating earlier discharge from hospital.

The Department is leading a series of actions to take reform further by:

- designing aspects of the new arrangements for commissioning, performance management and financial management to promote the aims of the 20-year strategy and help secure better outcomes for patients; and
- enhancing the capability and capacity of leadership throughout the HSC system, with significant proposed investments in leadership development, commissioner development and provider development.

These tasks are also part of the work programme underlying this Business Plan.

At the same time other drivers for change, born of the need for safe, sustainable, services, point to a requirement for larger professional teams and a higher degree of centralization. These factors are influential in shaping the future profile of hospital services. In addition to such strategic shifts, the Department is pressing forward with Boards and Trusts on a major programme of improvements to the responsiveness of hospital services, redesigning their core business processes. This has already led to significant reductions in waiting times, and it will continue to support the delivery of challenging access targets.

Underlying the business re-engineering changes – and, indeed, the reform agenda as a whole - is the implementation of a series of long-planned pay and service delivery reforms:

- The *Agenda for Change* reforms that will modernize the working practices of almost all HSC staff (apart from medical and dental staff, where separate initiatives apply);
- The consultants' contract to modernise the way these professionals plan and deliver their work; and
- The new GMS contract, paving the way for far-reaching changes in the way primary care is delivered.

As well as more effective services, reform is essential to an efficient HSC system. The Northern Ireland Budget requires the Department, like all other parts of the public sector, to achieve cumulative efficiency gains of at least 2.5% per year over the 2005-06/2007-08 planning period. At least half of these gains must release resources to frontline services. For 2007-08, the £124.2m of 'resource releasing' efficiencies anticipated in the Budget have already been identified and removed from planned allocations, with £115m to be found as

'non-resource releasing' efficiencies. The latter will come from greater activity and effectiveness, concentrating on two key areas:

- improving health and social well-being and reducing reliance on hospital services; and
- improving patient flows and throughput in the hospital sector.

The reform agenda also includes a series of key civil service-wide projects which will modernise the way the Department works: changes in the management of HR, finance, records, ICT and training, and a radical change in the accommodation under Workplace 2010, will all make important differences, and the Business Plan allows for the need to manage the implementation of these programmes.

### **Investing for Health**

The *Investing for Health* strategy aims to move from the traditional view of health policy as being essentially about treatment of ill-health, concerting cross-Government action to tackle the factors that adversely affect health in the first place. It also aims to reduce health inequalities within the population. The strategy involves partnership working amongst Government departments, local authorities, other public bodies and local communities. As well as working to generate the maximum impact from the public sector as a whole, there is a critical task to be undertaken in ensuring that all parts of the HSC itself – with their unique access to the population – place due emphasis on health improvement.

### **Quality and Safety**

Underpinning the Reform, Modernisation and Efficiency agenda is the promotion of safe and effective care and continuous quality improvement in health and social care.

Improvements in the quality and safety of local services flow through five broad channels:

- improvements in governance arrangements within the HSC system
- the setting of standards against which service providers can be measured
- new arrangements for the regulation, inspection and review of services
- improved performance management and accountability arrangements
- linking with national standard setting and patient safety bodies

### **Review of Public Administration**

On 22 November 2005 the Government announced decisions on the reform of health and social services in Northern Ireland as part of the Review of Public Administration (RPA). The rationale for these decisions was to create structures which will deliver more effective and efficient services.

When fully in place, in April 2008, the new organizational structure will comprise:

- a Health and Social Care Authority (HSCA);
- seven Local Commissioning Groups;
- six Trusts (the Ambulance Trust will remain);
- one Patient and Client Council; and
- a considerably smaller Government Department.

For the system as a whole, the RPA decisions will be implemented on a phased basis to April 2008, assisting the Department in achieving its mission to improve the health and social well-being of the people in Northern Ireland and ultimately Government, through the plans and priorities highlighted in *Priorities*

*and Budget 2006-08, particularly the priority area Working for a Healthier People.*

As of April 2007, five new Health and Social Care Trusts take over from 18 of the former Trusts responsibility for delivering the full range of health and social care. The RPA decisions are designed to impact positively on service delivery to the people of Northern Ireland by promoting more accountable and integrated services and by reducing bureaucracy. The rationalisation of Trusts is the first in a series of measures designed to put in place structures which are patient-led, (here the term 'patient' is shorthand for patient, client and service user) patient-centred and patient-responsive, and which will free resources for investment in front line health and social services. The main benefits of fewer, larger, fully integrated Trusts will be:

- to strengthen existing links between hospital and community-based services which, in turn, will facilitate the development of seamless services for patients and clients; and
- to deploy the associated savings so as to further enhance health and social care and ultimately deliver real and tangible benefits for everyone.

In addition, a statutory Joint Committee has been established between the four HSS Boards and the Department for the purposes of taking forward commissioning arrangements across the four Board areas. Seven Local Commissioning Groups, coterminous with the planned Councils, will also be in place at April 2007 and will, with the Joint Committee, be ready to take forward the detailed planning of services for 2008-09 onwards.

### **Equality and Inequalities**

Addressing inequalities has long been integral to the business of the Department and its associated bodies. Section 75 of the Northern Ireland Act 1998 creates specific duties for the Department, Boards, Trusts and executive Non-Departmental Public Bodies (NDPBs) and other HSC bodies with regard to

equality and good relations, including the production of Equality Schemes. This business plan should be read alongside the Department's Equality Scheme.

The main purpose of the statutory equality duties is to bring equality considerations into mainstream policy-making processes, in order to eliminate or minimise any unintentional adverse consequences of policy decisions and to ensure that health and social care is accessible to the whole community. It remains the Department's policy, however, under the capitation and local equity arrangements, to target resources more effectively to those most in need.

## **Human Rights**

The Human Rights Act provides additional focus and emphasis on the rights and freedoms of individuals guaranteed under the European Convention on Human Rights. The Act requires legislation, wherever enacted, to be interpreted as far as possible in a way which is compatible with the Convention rights and makes it unlawful for a public authority to act incompatibly with those rights. The Department duly aims to ensure that its policies are compatible with the Human Rights Act and that staff are adequately trained in its implications for the development and implementation of policy.

### **CHAPTER 3 – 2007-08 BUSINESS PLAN OBJECTIVES**

The Departmental business plan for 2007-08 is designed to meet the same ten objectives that the Minister has set for the health and social care system in his *Priorities for Action 2007-08*. In addition, the Department collaborates with the Northern Ireland Fire & Rescue Service to help it meet its public safety objective, and has its own organizational objective (covering issues such as the RPA, human resources and equality) to meet.

This chapter therefore comprises the work to be undertaken within the Department to achieve 12 business objectives. Each of these is analysed in terms of:

- a definition of the objective itself ie its essential goals;
- the principal or Ministerial targets (in the case of the health and social care objectives, taken from the PfA) which will make a critical contribution towards the meeting of the objective in 2007-08;
- a note of some other 2007-08 targets which it is important should be met;
- the 'key actions' in support of the objective that fall to the Department – or, more precisely, to a specified Directorate. In some cases, action will be undertaken by several directorates working jointly or in parallel; and
- the date by which each action should be carried out.

While, as noted in chapter 1, this plan is limited to the 2007-08 financial year, the nature of the Department's business is such that it operates to longer term goals. As regards performance, output and outcomes, those goals are primarily to be found in the DHSSPS Public Service Agreement published in *Priorities & Budget 2006-2008*. In the introductory section to each objective there are cross-references between the relevant targets and those PSA targets that extend to March 2008 and beyond. One overall measurement of success will be PSA target 13, to "increase the proportion of the public who are satisfied or very satisfied with health and social care in Northern Ireland from 78% in April 2004 to 80% in March 2008".

# 1. IMPROVING HEALTH AND WELL-BEING

## **Objective:**

To promote good health and well-being, the prevention of illness and injury, early intervention and good long term care, and to address unacceptable inequalities in health

## **Principal Target:**

**Smoking prevalence:** by March 2008, smoking prevalence by Board area should be reduced by 7% across Northern Ireland to 24% [PSA 3]

Other targets include increasing overall life expectancy for both men and women [PSA 1], reducing the gap in life expectancy between those living in the fifth most deprived electoral wards and the Northern Ireland average [PSA 2], halting the increase in childhood obesity [PSA 4], reducing the rate of births to teenage mothers [PSA 6], the percentage of adult drinkers who binge drink, reducing illicit drug taking, introducing the diabetic retinopathy screening programme, providing suicide awareness etc training for each GP practice [PSA 5], reducing the differential levels of dental decay among five-year olds [PSA 10],and improving MMR uptake

## **Key Actions:**

- By April 2007, enact the Smoking (NI) Order [**Public Health Group**]
- By June 2007, develop the nursing response for the support of children with complex health needs [**Nursing & Midwifery Directorate**]
- By October 2007, develop guidance on the rôle of the school nurse in supporting Healthy Schools [**Nursing & Midwifery Directorate**]
- By November 2007, plan the process for the mid-term review of the *Investing for Health* strategy [**Public Health Group**]
- By December 2007, develop policy on local implementation of Human Papilloma Virus Vaccination [**Public Health Group**]
- By December 2007, develop a rolling programme of population health surveys for the next 10 years in order to source data for public health targets relating to smoking, breastfeeding, diet and nutrition, sexual health, illegal drug use and drinking [**Information Analysis Directorate**]
- By March 2008, carry out those identified actions and responsibilities associated with the *Investing for Health* strategy including mental and sexual health strategies, tobacco action plan, *Fit Futures: focus on food, activity and young people*, a wider population approach to obesity prevention and the New Strategic Direction for Alcohol and Drugs. [**Public Health Group/Pharmaceutical Directorate**]
- By March 2008, develop policy for further strengthening pandemic influenza and seasonal influenza preparedness [**Public Health Group**]
- By March 2008, review Northern Ireland's public health legislation on communicable disease control and international health regulation to meet local and international requirements [**Public Health Group**]

- By March 2008, develop policy on local implementation of bowel cancer screening and aortic aneurysm screening [*Public Health Group*]
- By March 2008, publish an annual report on the state of the population's health [*Public Health Group*]
- By March 2008, develop an action plan for initiatives in community pharmacy [*Pharmaceutical Directorate*]
- By March 2008, review the current status of pharmacist supplementary and independent prescribing and recommend actions for the future [*Pharmaceutical Directorate*]
- To March 2008, monitor and manage performance to ensure achievement of Ministerial targets and provide support to Trusts with reform agenda [*Performance Management Directorate*]

## 2. SAFER, BETTER QUALITY SERVICES

### Objective:

To improve health outcomes, deliver a quality service, with patient safety coming first, and to deliver continuous, measurable improvement in health and social care, based on the principles of professional excellence, the management of risk and evidence-based interventions that are known to save lives

### Principal Target:

**Health care associated infection:** by May 2007, Trusts must submit to the Department, for approval and monitoring, Infection Reduction Plans that include Trust-specific targets for prevention and control of health care associated infection. Progress in meeting these targets must be robustly monitored and reported monthly by the Infection Prevention and Control lead to the Trust Board [PSA 11]

Other targets include training in infection prevention and control, and implementation of recommendations in response to Shipman

### Key Actions:

- By June 2007, produce a policy paper on improving services for major trauma [*Secondary Care Directorate*]
- By September 2007, finalize plans for implementing the findings of the review of pathology services [*Secondary Care Directorate*]

- By October 2007, examine the outcomes of the RQIA HSC governance reviews and develop an action plan for implementation of agreed recommendations for improving service delivery and regional learning [*Safety, Quality & Standards Directorate*]
- By December 2007, help improve delivery of, and access to, cancer services by issuing a strategic framework for the future delivery of such services [*Secondary Care Directorate*]
- By December 2007, evaluate options for the long-term provision of paediatric cardiac services for babies and children in Northern Ireland and bring forward recommendations on the preferred model [*Secondary Care Directorate*]
- By March 2008, finalize a plan to implement quality standards for inpatient medical services [*Secondary Care Directorate*]
- By March 2008, ensure that each HSC Trust has systems in place to demonstrate measurable improvement in three major life-saving interventions [*Safety, Quality & Standards Directorate*] through:
  - Establishing and supporting a Safety Forum, by April 2007, to co-ordinate action and share learning regionally
  - Requiring Trusts to have selected their three interventions, by May 2007, and to have established baselines and action plans on current performance in these areas by September 2007
  - Introduce changes and re-measure performance for the first time by January 2008
- By March 2008, take forward Departmental action to implement DHSSPS/HSC response to Shipman *Learning from Tragedy* and *Safeguarding Patients* reports and to participate in national groups to develop policy to enhance governance and regulation locally [*Safety, Quality & Standards Directorate/Pharmaceutical Directorate – see also Workforce key action on page 35*]
- By March 2008, evaluate and refine the process to review the applicability of NICE guidance to the HSC system including technology appraisals, clinical guidelines and public health guidance [*Safety, Quality & Standards Directorate*]
- By March 2008, progress the development of service frameworks [*Safety, Quality & Standards Directorate*] through:
  - By June 2007, starting to develop frameworks for cancer treatment and care, mental health, and learning disability (part of the first wave of frameworks, along with CVD and respiratory disease)
  - By October 2007, select other topics for the second wave of service framework development
  - By March 2008, completing public consultation on a draft service framework for cardiovascular health and well-being, and

starting consultation on a draft framework for respiratory health and well-being

- To March 2008, ensure the implementation of the recommendations of the Renal Review consistent with ensuring continuity of adequate and effective renal services in Northern Ireland [*Secondary Care Directorate*]
- To March 2008, enhance paediatric/neo-natal critical care services and ensure the development of a dedicated transport service [*Secondary Care Directorate*]
- To March 2008, take forward work on a contract to procure a new fully integrated Picture Archiving, Communications and Information System for the Imaging Service throughout the HSC [*Directorate Information Systems*]

### 3. REDUCTIONS IN HOSPITAL WAITING TIMES

**Objective:**

To build on the progress made over the last year, with new standards for inpatient, day case and outpatient access, and more exacting standards for life-threatening conditions where speed is of the essence

**Principal Targets:**

**Elective care (consultant-led):** by March 2008, no patient should wait longer than 13 weeks for a first outpatient appointment, 13 weeks for a diagnostic test, and 21 weeks for inpatient or day case treatment [PSA 12]

**Elective care (AHP):** by May 2007, with a view to improving access to AHP services, Boards and Trusts must submit to the Department, for approval and monitoring, proposed targets and associated reform plans for March 2008 and beyond

**Cancer:** by March 2008, at least 98% of patients diagnosed with cancer should commence treatment within 31 days of the decision to treat, and at least 75% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days (increasing to 95% by March 2009) [PSA 11]

Other targets include an increase in paediatric and neo-natal intensive care capacity and reduced waiting times for breast cancer referrals and GUM/sexual health services

**Key Actions:**

- By October 2007, prepare plans to improve access to symptomatic colo-rectal services in preparation for introduction of bowel cancer screening in Northern Ireland [*Secondary Care Directorate*]
- By March 2008, develop, test and quality assure a patient-level system to monitor inpatient/day case waiting lists [*Information Analysis Directorate*]
- By March 2008, ensure the completion of an action plan for the delivery of a more timely and effective service across all of Northern Ireland to reduce waiting times for GUM services [*Secondary Care Directorate*]
- To March 2008, monitor and manage performance to ensure achievement of Ministerial targets and provide support to Trusts with reform agenda [*Performance Management Directorate*]
- To March 2008, continue to roll out the Integrated Medicines Management programme in secondary care thereby increasing bed availability through reduction of hospital length of stay [*Pharmaceutical Directorate*]
- To March 2008, in conjunction with Regional Oncology Drug and Therapeutics Committee, establish a programme for the introduction of new specialist cancer treatments through business case evaluation and prioritisation [*Pharmaceutical Directorate*]

## 4. SIGNIFICANT IMPROVEMENTS IN EMERGENCY CARE

### Objective:

To improve emergency access and smooth the overall patient journey

### Principal Targets:

**A&E:** from April 2007, no patient should wait longer than 12 hours in A&E and, by March 2008, 95% of patients who attend A&E should be either treated and discharged home, or admitted within four hours of their arrival in the department.

**Fractures:** by March 2008, at least 75% of patients should, where clinically appropriate, wait no longer than 48 hours for inpatient fracture treatment (increasing to 98% by March 2009).

**Ambulance services:** for 2007-08, the Northern Ireland Ambulance Service should respond to an average of 65% of Category A (life-threatening) calls within eight minutes, with performance improving to 70% for the month of March 2008.

### Key Actions:

- By June 2007, ensure the introduction of mobile data and automatic vehicle location systems to help improve the Service's emergency response times (*Equality & Public Safety Directorate*)
- By September 2007, publish proposals to reduce inappropriate utilization of A&E services [*Secondary Care Directorate*]

- By September 2007, introduce a quarterly audit improvement programme across all A&E departments to review the appropriateness of all hospital admissions [*Performance Management Directorate*]
- By December 2007, finalise with NIAS and the Strategic Investment Board the estate and fleet configurations necessary to implement a high performance ambulance service in Northern Ireland by 2010 [*Equality & Public Safety Directorate*]
- By March 2008, agree with NIAS and the commissioners the location of additional A&E ambulance deployment points to support the introduction of a dynamic deployment strategy which will help improve the service's emergency response times [*Equality & Public Safety Directorate*]
- To March 2008, monitor and manage performance to ensure achievement of Ministerial targets and provide support to Trusts with reform agenda [*Performance Management Directorate*]

## 5. FULLY INTEGRATED CARE AND SUPPORT IN THE COMMUNITY

### Objective:

To develop fully integrated primary and community care, focussing on people most at risk and providing alternative services and ways of delivering services that help ensure that they can live independently at home for as long as possible

### Principal Targets:

**Timely discharge:** from April 2007, 50% of complex discharges from an acute setting should take place within 72 hours of the patient's being declared medically fit, rising to 100% by March 2008. From April 2007, all other discharges should take place within 12 hours, reducing to six hours by March 2008

**Primary care access:** from April 2007, Boards should ensure that all patients have 48-hour access to a GP or other appropriate practice-based primary care practitioner. In cases where the patient has an acute condition (including exacerbation of an existing condition), access must be within 24 hours [PSA 7]

**Elderly:** by March 2008, older people with continuing care needs should wait no longer than eight weeks for assessment to be completed and should have the main components of their care needs met within a further 12 weeks [PSA 9]

Other targets include new arrangements for out-of-hours services and better access to care managed support in one's home [PSA 8]

**Key Actions:**

- By June 2007, review access criteria for domiciliary care to ensure equity of access [*Primary & Community Care Directorate*]
- By July 2007, finalize proposals for a new integrated computer system for Community Care, with a view to starting the roll-out to Trusts of the new system within three months of the award of contract [*Directorate Information Systems*]
- By September 2007, issue further guidance to ensure that carers have the support they need to continue in their caring role [*Primary & Community Care Directorate*]
- By September 2007, review hospital discharge protocols to accelerate the discharge process [*Primary & Community Care Directorate / Performance Management Directorate*]
- By December 2007, develop older people policy proposals on day care services, aimed at fully integrating day care into the broader spectrum of services supporting older people to live independent lives [*Primary & Community Care Directorate*]
- By December 2007, develop a common assessment process for older people with long-term health and social care needs, underpinned by a single assessment tool for use by all HSS professionals [*Primary & Community Care Directorate*]
- By March 2008, implement new arrangements for out-of-hours service, ensuring a coherent regional response to demand [*Primary & Community Care Directorate*]
- By March 2008, review proposals for future of statutory residential care, and introduce new arrangements which improve outcomes in terms both of quality and value for money [*Primary & Community Care Directorate*]

- By March 2008, implement General Medical Services Information System, providing patient-specific data for local and regional healthcare planning purposes [*Primary & Community Care Directorate/Performance Management Directorate*]
- By March 2008, introduce a ‘managing your medicines’ scheme to support patients on multiple therapy, particularly those at risk from non- or inappropriate compliance and where frequent monitoring is required [*Primary & Community Care Directorate*]
- By March 2008, agree a new dental contract with the British Dental Association, with a view to piloting in 2008-09 [*Primary & Community Care Directorate*]
- By March 2008, agree a new contract with the Pharmaceutical Contractors Committee, with a view to staged implementation in 2008-09 [*Primary & Community Care Directorate*]
- To March 2008, monitor and manage performance to ensure achievement of Ministerial targets and provide support to Trusts with reform agenda [*Performance Management Directorate*]
- Implementation of the Primary & Community Care reform and modernisation programme (Enhancing Primary & Community Care) [*Primary & Community Care Directorate*]:
  - By September 2007, promote implementation of self-care/self-management schemes for people with chronic conditions
  - By October 2007, issue further guidance to the HSC on intermediate care
  - By December 2007, develop/redesign service for supportive and palliative care
  - By March 2008, through guidance to the HSC, promote the introduction of case management consistently across Northern Ireland



## 6. IMPROVEMENTS IN CHILDREN'S SERVICES

### **Objective:**

To reform front line child protection services in order that social services staff can more effectively identify and respond to cases of abuse or neglect of children and to provide a better start in life for each looked-after child by preventing children and young people in care undergoing multiple placements with different foster carers and different residential homes, or leaving care to live alone in isolated placements without family support

### **Principal Target:**

By March 2008, an additional 175 foster carers (as compared to the March 2006 total) should be in place across Northern Ireland [PSA 15]

Other targets include ensuring that a multi-disciplinary common assessment framework for children in need is in use across all Trusts.

### **Key Actions:**

- By September 2007, issue new guidance and requirements to fast track approval of extended family foster carers [*Child Care Directorate*]

- By September 2007, introduce a regional system of payments to foster carers to simplify processes [*Child Care Directorate*]
- By October 2008, regionally implement a multi-disciplinary assessment framework for use in identifying the needs of children in Northern Ireland [*Child Care Directorate*]
- By March 2008, have in place primary legislation for Adoption Services which, putting the child at the centre of the process, establishes a full range of options for permanent placement [*Child Care Directorate*]
- To March 2008, monitor and manage performance to ensure achievement of Ministerial target and provide support to Trusts with reform agenda [*Performance Management Directorate*]
- Implementation of the Reform Programme for Child Protection Services [*Child Care Directorate*], including:
  - By September 2007 issue new guidance covering the use of the common assessment framework, risk assessment and thresholds for interventions along with standards for recording information and supervision of child protection staff
  - By March 2008, establish a Regional Safeguarding Board to co-ordinate the rôles of all relevant organizations in safeguarding children
  - By March 2008, issue new child protection guidance re-iterating to professionals and carers the safeguarding children dimension of their work
  - By June 2007, issue a Child Death Review Protocol which introduces a uniform procedure for use by all relevant professionals when recording information on the death of a child
  - By December 2007, commence the accreditation scheme for voluntary organisations working with children safeguarding vulnerable groups

## 7. BETTER MENTAL HEALTH AND DISABILITY SERVICES

### **Objective:**

To reform and modernize mental health and disability services, including mental health promotion and suicide prevention, involving service users, carers and the voluntary sector as much as possible

### **Principal Target:**

**Mental health:** by July 2007, with a view to improving regional access to mental health services on foot of the Bamford Review, Boards and Trusts should submit to the Department, for approval and monitoring, proposed targets and associated reform plans for improving the response to, and support for, people with mental health problems presenting at primary care level

**Learning Disability:** by March 2008, Boards and Trusts should have resettled 40 people currently being cared for in learning disability hospitals to appropriate places in the community. In addition, Boards and Trusts should ensure that, from April 2007, all patients admitted for assessment and treatment are discharged when treatment is complete, in accordance with the care plan created for each patient on admission

Other targets include continued re-settlement of long stay patients from mental health and learning disability hospitals, improved levels of staffing in community mental health and learning disability teams, and improved services for autism and eating disorders

**Key Actions:**

- By July 2007, commence development of service frameworks that will set standards and improvement targets for mental health and learning disability health and well being [*Safety, Quality & Standards Directorate/ Mental Health & Disability Services Directorate*]
- By October 2007, complete a review of autism service provision in Northern Ireland, with associated action plans agreed and issued for consultation [*Mental Health & Disability Services Directorate*]
- By December 2007, complete the first annual review of the Department's Suicide Prevention Strategy and implementation plan [*Public Health Group*]
- By December 2007, develop a strategy for modernising practice in Mental Health and Learning Disability Nursing [*Nursing & Midwifery Group*]
- By February 2008, finalise strategies and associated action plans for the reform, modernisation and improvement of mental health and learning disability services, taking into account the Bamford Report recommendations eg strengthening of primary care and community services, realignment of inpatient assessment and treatment facilities, development of personality disorder services and improved access to psychotherapies [*Mental Health & Disability Services Directorate*]
- By March 2008, develop and issue for consultation a physical and sensory disability strategy to reshape and modernise services for people of all ages with a physical or sensory disability, thereby enabling them to live as independently as possible in the community [*Mental Health & Disability Services Directorate*]

- By March 2008, review the provision of wheelchair services in Northern Ireland, with recommendations and an action plan to reduce waiting times and improve services [*Mental Health & Disability Services Directorate*]
- To March 2008, monitor and manage performance to ensure achievement of mental health and learning disability Ministerial targets and provide support to Trusts with reform agenda [*Performance Management Directorate*]

## 8. EFFECTIVE FINANCIAL CONTROL AND IMPROVED EFFICIENCY

### Objective:

To maximise the resources available to DHSSPS and to maintain throughout 2007-08 the financial control and stability that is integral to the HSC's proper provision of health and social care, and to ensure the delivery of planned efficiency savings

### Principal Target:

**Finance:** the Department and all HSC organisations should live within the resources allocated and achieve financial balance

Other targets include the achievement of efficiency gains specified in the Budget and by the Department [PSA 14]

### Key Actions:

- By March 2008, realize £55m savings through continued implementation of the Pharmaceutical Services Improvement Programme and formulate a pharmaceutical clinical effectiveness plan to realise the efficiencies required in the period to 2010-11 [*Pharmaceutical Directorate*]
- By March 2008 implement a new finance regime which supports and incentivizes reform and greater efficiency [*Finance Directorate*]

- To March 2008, perform detailed monthly monitoring of the financial performance of all HSC bodies to ensure that financial break-even is achieved [*HSCA-Designate*]
- To March 2008, perform quarterly monitoring of the achievement of planned efficiency savings and ensure that corrective action is taken [*Finance Directorate*]
- To March 2008, produce quarterly management accounts to inform the production of the quarterly financial report to the Board [*Finance Directorate*]
- To March 2008, maximise the resources available to the Department and its associated bodies through fully justified and well-informed bids in support of Department priorities [*Finance Directorate*]
- To March 2008, ensure that plans are fully developed to achieve the required efficiency savings across the CSR 07 period [*Finance Directorate*]
- To March 2008, ensure that the Departmental VFM audit programme is implemented in 2007-08 [*Finance Directorate*]
- To March 2008, ensure that all Appleby recommendations are achieved [*Finance and other relevant Directorates*]

## 9. REFORMING THE WORKFORCE

### **Objective:**

To sustain investment in the education and training of the future HSC workforce, with continuous professional development of the existing teams, to ensure that patients and other service users benefit to the full from *Agenda for Change* and the other reforms in HSC terms and conditions

### **Principal Target:**

**Productivity:** by May 2007, Trusts must submit to the Department, for approval and monitoring, productivity improvement plans to meet the requirements set out in the Department's guidance on HSC productivity

Other targets include reductions in the cost of locum staff and in absenteeism rates and other modernisation and reform of the HSC workforce, and professional regulation.

### **Key Actions:**

- By September 2007, set targets for Trusts' labour productivity and ensure that they are met, as demonstrated in the bi-annual workforce monitoring reports to be compiled by the Department [*Human Resources Directorate/Information Analysis Directorate*]

- By September 2007, carry out reviews and report recommendations on reforms [*Human Resource Directorate*] to :
  - the existing nursing bursary system
  - the arrangements for student support payments to Allied Health Profession undergraduates
- By March 2008, through continuing policy development take forward the aims of the European Working Time Directive and Modernising Medical Careers [*OCMO/Human Resources Directorate*]
- By March 2008, complete the implementation of the *Agenda for Change* reforms and work with HSC employers on implementation of the benefits realisation framework [*Human Resources Directorate*]
- To March 2008, work with other UK health departments towards introduction of revised arrangements for the regulation of medical and non-medical professionals, in light of the White Paper on the regulation of health professionals in the 21<sup>st</sup> century and of the Government response to the fifth report of the Shipman Inquiry [*Human Resources Directorate*]
- To March 2008, put in place commissioning plans that reflect service needs and priorities, including the effect of the Bamford Review of mental health and learning disability [*Human Resources Directorate*]

## 10. INFRASTRUCTURE INVESTMENT

### **Objective:**

To deliver the necessary infrastructure investment to underpin and help deliver reform and modernisation of the Health and Social Care system

### **Target**

To March 2008, ensure that the infrastructure programme is delivered as planned

### **Key Actions:**

- By May 2007, establish revised capital programme management arrangements [*Investment Directorate*]
- By July 2007, commence implementation of the Asset Strategy to ensure the efficient and effective use of all land and property vested in the Department and its HSC associated bodies [*Investment Directorate*]
- By August 2007, initiate procurement and secure a shortlist of bidders for the Omagh Local Hospital [*Investment Directorate*]
- By September 2007, establish Primary & Community Care Infrastructure procurement delivery arrangements [*Investment*]

*Directorate]*

- By October 2007, secure a preferred bidder for the South West Hospital PFI investment project [*Investment Directorate*]
- By October 2007, review the Department's infrastructure plans as part of the formal review of the Investment Strategy for Northern Ireland [*Investment Directorate*]
- To March 2008, lead a medicines management technology investment programme in secondary care pharmacy to establish a new IT system and robotic dispensing systems [*Pharmaceutical Directorate*]

## 11. Public Safety (NIFRS)

### **Objective:**

To create a safer environment for the community by providing an effective fire fighting, rescue and fire safety service

### **Target:**

To ensure that the Northern Ireland Fire & Rescue Service (NIFRS) meets the Northern Ireland Emergency Response Standards (which set the target times for response to emergency calls) and, by March 2008, achieves a 10% reduction (compared to the 2006-07 figure) in the number of dwelling fires [PSA 16]

### **Key Actions:**

- By June 2007 agree, in consultation with NIFRS, specific actions to implement the Integrated Risk Management Plan 2007-08, which is the national formula for assessing risk of fire and determining the appropriate response to that risk [*Public Safety Directorate*]
- By August 2007, agree with the Welsh Assembly a protocol for support in the event of a major incident in Northern Ireland which NIFRS cannot handle within its own resources [*Public Health Group*]

- By September 2007, prepare legislation, in line with that in England, which will make owners of commercial premises responsible for complying with new fire safety guidance. *[Public Safety Directorate]*
- By December 2007, have in place a NIFRS procurement strategy for estate, fleet and technology, to enhance and deliver the full range of fire and rescue services *[Public Safety Directorate]*

## 12. Corporate Objectives

### Objective:

#### (a) NICS-wide Reform Agenda

To ensure that NICS-wide reform considerations and aims are fully integrated into standard, mainstream Departmental objectives.

### Key Actions:

- To March 2008, coordinate the NICS-wide reform programme across the Department to ensure its implementation in line with agreed deadlines:
  - Records NI – By November 2007, complete implementation of the Electronic Document and Records Management system [*Personnel & Corporate Services Directorate*]
  - Account NI – In line with central timeframes, prepare for migration to Accounts NI systems [*Finance Directorate*]
  - Workplace 2010 – Ensure compliance with the timescales of the WP2010 programme throughout the year [*Personnel & Corporate Services Directorate*]
  - Centre for Applied Learning – Ensure provision of training to CAL in line with service level agreement [*Personnel &*

***Corporate Services Directorate]***

- HRConnect – Complete the roll-out of each phase of HRConnect to all staff [***Personnel & Corporate Services Directorate]***
- ICT rationalization/Network NI – Ensure Departmental compliance with the activities and timescales of the ICT rationalization and Network NI programmes throughout the year [***Directorate Information Systems]***

## 12. Corporate Objectives

### Objective:

#### **(b) Equality/Human Rights**

Policies and strategies should reflect human rights and equality legislation

### Key Actions:

- By September 2007, produce a second edition of the 2003 *Good Practice Guide – Racial Equality in Health and Social Care [Equality & Public Safety Directorate]*
- By September 2007, produce an action plan to address racism in the HSC *[Equality & Public Safety Directorate]*
- By January 2008, implement a new capitation formula that incorporates research and consultation responses *[Finance Directorate]*

## 12. Corporate Objectives

### Objective:

#### **(c) Human Resources (inc. repercussions for DHSSPS staff of RPA)**

To ensure that the Department has the staff and skills to meet its aims and objectives of improving the health and well-being of the people of Northern Ireland

### Key Actions:

- To March 2008, provide managers and staff with appropriate personnel systems and support to enable the Department to function effectively [*Personnel & Corporate Services Directorate*]
- To March 2008, manage the staffing implications of Departmental restructuring arising from the RPA, the NICS reform initiatives, and other major changes [*Personnel & Corporate Services Directorate*]
- To March 2008, coordinate the training and development of staff in line with the business needs of the Department [*Personnel & Corporate Services Directorate*]

- To March 2008, monitor and re-prioritise as appropriate the Department's administrative budget, taking into account changing business priorities and the financial constraints applied by the 2004 Spending Review [*Personnel & Corporate Services Directorate*]
- To March 2008, provide appropriate support services in security, records management (including FoI), accommodation, library services and travel [*Personnel & Corporate Services Directorate*]
- To March 2008, provide appropriate Ministerial support including timely and accurate responses to PQs and/or AQs and Ministerial correspondence, policy analysis and advice, briefing for debates and meetings etc [*all directorates*]
- To March 2008, promote awareness within the Department of the need to minimize regulatory burdens on business, the voluntary/community sector etc [*OPS*]
- To March 2008, ensure delivery of the Department's legislative programme, including timely passage of the following bills:
  - By August 2007, the Health (Miscellaneous Provisions) Bill [*Primary & Community Care Directorate*]
  - By October 2007, the Safeguarding Vulnerable Groups Bill [*Child Care Directorate*]
  - By November 2007, the Safeguarding Board Bill [*Child Care Directorate*]
  - By March 2008, the Adoption and Children Bill [*Child Care Directorate*]
  - By March 2008, the Health and Social Services (Reform) Bill [*Modernisation Directorate*]

## 12. Corporate Objectives

### Objective:

#### (d) Review of Public Administration

To put in place structures which are patient-led, patient-centred and patient-responsive, and which will help deliver more effective and efficient health and social care

### Key Actions:

- By April 2007, complete consultation on primary legislation (the Draft Health & Social Services (Reform) NI Order) *[Modernisation Directorate]*
- By April 2007, submit to DFP the draft outline business case on the Health and Social Care Authority *[Modernisation Directorate]*
- By May 2007, submit to DFP the draft outline business case on the Patient and Client Council (PCC) *[Modernisation Directorate]*
- By July 2007, complete public consultation on proposals for shared services *[Finance Directorate]*
- By March 2008, have in place the primary and subordinate legislation needed to underpin the RPA-related changes to the health and social care system *[Modernisation Directorate]*

- By March 2008, gain DFP approval to all RPA-related business cases regarding the HSCA and PCC [*Modernisation Directorate*]
- By March 2008, ensure that HR policies and protocols are in place to facilitate the orderly transition of staff to the new organisations [*Human Resources Directorate*]
- By March 2008, put in place systems to modernize managerial and administrative structures, in order to free resources for front line care [*Human Resources Directorate*]
- To March 2008, provide financial advice and guidance to the RPA implementation process [*Finance Directorate*]
- To March 2008, to ensure that, on its establishment in April 2008, the HSCA has the capacity, capability, systems and relationships to effectively carry out its functions [*HSCA-Designate*]
- To March 2008, design and implement effective devolved commissioning arrangements in respect of 2008-09 onwards [*HSCA-Designate*]

## **CHAPTER 4: PRINCIPAL RISKS TO BUSINESS OBJECTIVES**

The identification, assessment, management and monitoring of risk is integral to the achievement of business objectives. The process is also essential to the proper performance of the rôle of the Departmental Board.

The Department maintains a register of residual risks that records their source, nature, existing controls, assessment of consequences and likelihood of occurrence, action necessary to manage them, person responsible for management, and completion dates for action. The following principal risks have been identified as potentially impacting on the Department's principal business objectives for 2007-08. The action taken to mitigate their effects will be set out in the Departmental risk register

### **Corporate and HSC strategic risks**

Of the following risks, the first group comprises those 'corporate' risks that carry possible threats to the range of Departmental business, with several of them having repercussions for frontline service delivery. Among them are two which relate to activities undertaken by the Department to directly support or provide services to patients and clients and to the public as a whole. The second group of 'health and social care strategic risks' relates to operational objectives that are primarily the responsibility of Boards, Trusts and other service providers. Since, however, it is the Department's statutory duty to ensure the delivery of the health and social care necessary to improve the health and well-being of the population, all such risks must come under central notice. Those listed at 10-16 below are the salient operational risks requiring Departmental attention.

### **Corporate risks**

1. Loss of focus and momentum, and/or reduction in deployable capacity, because of the demands and preoccupations of the RPA and devolution.
2. Loss of key personnel through RPA-related changes and re-organizations.
3. Failure to re-prioritize activity in the face of resource constraints.
4. Possible change of policy direction by the Assembly/new Ministerial team
5. Failure to ensure that Departmental staff are properly trained and equipped to respond to the demands of reform or seize its opportunities.
6. Failure of those 'mission-critical' ICT systems in the HSC that are the responsibility of the Department.
7. Inadequate response to emergencies such as pandemic 'flu, and failure to maintain essential services during such an emergency.

8. Failure to sustain market interest and confidence in the HSC capital investment programme.
9. Failure to appropriately fund modernization and reform of the HSC

### **HSC strategic risks**

10. Failure of commercial interests and the general public to comply with new smoking regulations
11. Failure of the HSC to make the cultural changes necessary to put safety first
12. Sub-optimal performance in the delivery of health and social care
13. Inappropriate response by the population to evidence-based public health strategies and initiatives
14. Public resistance to the change in service profiles necessary to underpin safe, sustainable services
15. Failure by the HSC to manage effectively the increased demand associated with demographic trends and levels of chronic disease
16. Failure to discharge statutory responsibilities to children and families.