



Department of  
**Health, Social Services  
and Public Safety**

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AN ROINN

**Sláinte, Seirbhísí Sóisialta  
agus Sábháilteachta Poiblí**

MÁNNYSTRIE O

**Poustie, Resydènter Heisin  
an Fowk Siccar**

## **HEALTH AND SOCIAL CARE REFORM**

### **DHSSPS**

#### **Modernisation and Improvement Programme Board (MIPB)**

**Scope of the new Performance Management and  
Service Improvement arrangements from  
April 2009**

**February 2009**

**MIPB 34/09**

## **Introduction**

This paper has been developed by the RHSCB Project working with the RAPHWS project.

It has been approved by the Modernisation and Improvement Programme Board and is now free for circulation to HSC staff and other relevant stakeholders. A copy of the paper will be placed on the Health and Social Care Reform section of the departmental website -

[www.dhsspsni.gov.uk/index/hss/rpa-home.htm](http://www.dhsspsni.gov.uk/index/hss/rpa-home.htm)

This paper sets out the scope of the issues / areas to which the methodology for the Regional Health and Social Care to discharge its statutory responsibility for performance management and service improvement will be applied. It identifies the existing performance management and service improvement functions of the DHSSPS and HSC Boards, and proposes where each should be performed from April 2009.

Further information on this document or the Regional Health and Social Care Board Project may be obtained from the Project Director, Ray Martin – [ray.martin@dhsspsni.gov.uk](mailto:ray.martin@dhsspsni.gov.uk) tel: 028 90523398

***Modernisation and Improvement Programme Board***

## **Scope of the new Performance Management and Service Improvement arrangements from April 2009**

### **Introduction**

1. Paper MIPB 177/08 describes the proposed performance management and service improvement arrangements to be implemented by the RHSCB and RAPHSW with Trusts and other providers.

### **Purpose**

2. This paper identifies the scope of the issues / areas to which the arrangements described in paper MIPB 177/08 are to be applied from April 2009. It identifies the existing performance management and service improvement functions of the Department and HSC Boards, and proposes where each should be performed within the new structures.

### **Existing PM&SI functions**

3. A scoping exercise has been undertaken by a group set up by the Performance Management and Service Improvement Workstream of the RHSCB Project Board to identify the extent of the wide range of existing performance management and service improvement functions currently carried out by the Department, the Service Delivery Unit and HSC Boards, including statutory responsibilities and Family Practitioner Services. This exercise identified a significant number of areas considered to be, or involve an element of, performance management and/ or service improvement. Each of these was considered in detail by the group to ensure the nature of the current role was fully understood. Members of the group are listed at Annex A.
4. From April 2009, the existing PM&SI functions identified through the above exercise can:

- Remain with the Department
- Transfer to the RHSCB (working in partnership with RAPHSW)
- Transfer to other organisations
- Cease to be performed

### **Principles to be applied to determine future location of existing PM&SI functions**

5. In determining which of the above options is appropriate for each function identified, the over-riding principle will be that unless there is a good reason to the contrary, all performance management and service improvement functions should be carried out by the RHSCB. The rationale for this principle is:
  - this is a core function of the RHSCB
  - to minimise the lines of accountability for providers
  - to maximise the breadth of sight – that RHSCB will be able to adopt a holistic view of performance taking account of all relevant factors.
6. Possible reasons for exceptions to this principle will be:
  - areas for which the RHSCB does not have lead responsibility
  - where there is likely to be significant interaction with other Government Departments, for example joint responsibility for the delivery of PSA targets (in which case the Department may take the lead on behalf of the health and social care sector).
7. As specified in paper MIPB 177/08, the RAPHSW will have lead responsibility for service improvement in the areas of health protection, health improvement and screening. The RHSCB and RAPHSW will work closely in the performance monitoring of these areas, and any escalation of performance risks in these areas will be jointly agreed by relevant RHSCB and RAPHSW staff.

## Proposed future location of existing PM&SI functions

8. The existing PM&SI functions identified have been assessed against the above principles by the group referred to in paragraph 3 to determine which organisations will assume responsibility for each from April 2009. As a result, the following is proposed:

- Supporting achievement of PSA and PfA targets – this is currently undertaken by the Department through the SDU. It is proposed that responsibility for service improvement to support the delivery of targets will transfer to the RAPHSW for those areas for which it has lead responsibility, and to the RHSCB for all other areas. In relation to the performance management of PSA targets, it is proposed that this will transfer to the RHSCB, working with the RAPHSW for those areas for which it has lead responsibility.
- Ensuring the implementation of RQIA and other independent review recommendations issued by DHSSPS - this role is currently undertaken by the Department. For recommendations relating to HSC providers, it is proposed that responsibility will transfer to the RHSCB, working closely with the RAPHSW as appropriate. For recommendations relating to organisations sponsored directly by the Department, responsibility will remain with the Department.
- Ensuring implementation of recommendations from Departmental policy and strategy documents and service reviews - this role is currently undertaken by the Department. It is proposed that it will transfer to the RHSCB, working closely with the RAPHSW as appropriate.
- Ensuring the implementation of NICE guidance technology appraisals and other guidance endorsed by DHSSPS - this role is currently undertaken by the Department. It is proposed that it will transfer to the RHSCB, working closely with the RAPHSW as appropriate.

- Ensuring implementation of Service Frameworks – the Department is currently responsible for ensuring the implementation of service frameworks including agreed performance indicators. It is proposed that it will transfer to the RHSCB, working closely with the RAPHSW as appropriate.
- Serious Adverse Incidents – the Department is currently responsible for ensuring effective arrangements are in place to report serious adverse incidents and that appropriate action is taken. A review of these arrangements is currently underway and this will inform where responsibility will lie from April 2009 onwards. While further detailed consideration has yet to be concluded, it is likely that the RAPHSW will assume the lead responsibility in managing the new system and ensuring that regional learning from adverse incidents is identified and disseminated. The RAPHSW would also support the performance management arrangements of the RHSCB in holding providers to account for their responsibilities in the new system; those will be defined clearly.
- Ensuring achievement of productivity and other HR-related targets - this role is currently undertaken by the Department. It is proposed that it will transfer to the RHSCB.
- Ensuring compliance with EWTD – responsibility for ensuring compliance with EWTD has recently transferred from the Department to the SDU. It is proposed that it will transfer to the RHSCB.
- Ensuring implementation of NIAO and PAC recommendations - this role is currently undertaken by the Department. Depending on the subject matter, it is proposed that responsibility will remain with the Department or in relation to service-specific issues be undertaken by the RHSCB. The Department will determine lead responsibility on a case by case basis.
- Ensuring capital programme is implemented on time and within budget - responsibility for the oversight, allocation and performance

management of the delivery of all capital expenditure will remain with the Department. This includes:

- Estates
- Equipment
- IM&T although the Board will play a key role in ensuring delivery of such projects.
- Ensuring adherence to appropriate standards for buildings and equipment - this role is currently undertaken by the Department. It is proposed that it will remain with the Department.
- Arms length bodies (excluding Trusts) – the Department is currently responsible for ensuring the achievement of agreed objectives. It is proposed that it will remain with the Department.
- Ensuring financial break-even and achievement of efficiency targets - this role is currently undertaken by the Department. The Department will maintain the overall policy role on financial breakeven, will approve the financial aspects of planning documents and monitor ongoing financial performance, taking corrective action as necessary. The RHSCB will support this role by monitoring performance against service and budget agreements to ensure the fulfillment of service agreements and securing value for money.
- Ensuring the effective management of baseline resources and the timely / effective use of service development monies - this role is currently undertaken by the Department and HSC Boards. It is proposed that it will transfer to the RHSCB.

It is recognised that the above list may not be exhaustive, but is intended to include the main performance management and service improvement functions.

## **Other performance related issues**

9. A number of other existing areas of work were identified through the scoping exercise which potentially involve elements of both performance management and service improvement, such as the monitoring of SBA contract volumes, managing FPS contracts, and statutory responsibilities. However these are integral parts of, for example, the commissioning process, and it is neither possible nor sensible to separate the tasks involved into those which are commissioning, and those which are performance management and service improvement.
  
10. It is therefore proposed that lead responsibility for such issues currently undertaken by the HSC Boards will rest with the relevant lead Directorate of the RHSCB (Commissioning, Finance, Social Care) with close co-operation and escalation as appropriate to the Performance Management and Service Improvement Directorate.

## **ANNEX A**

### **PERFORMANCE MANAGEMENT AND SERVICE IMPROVEMENT – PROJECT TEAM MEMBERS**

Michael Bloomfield (Project Lead)	Assistant Director of Performance Management, SDU
Jill Young (Project Manager)	Performance Manager, SDU
Michelle Irvine	Programme Lead for Reform of Scheduled Care Services, SDU
Robert Sowney	Programme Lead for Reform of Unscheduled Care Services, SDU
Dean Sullivan	Director of Planning and Performance, DHSSPS
Dr Jim Livingstone	Director of Safety, Quality and Standards, DHSSPS
Dr Hilary Harrison	Social Services Inspectorate, DHSSPS (Statutory Responsibilities)
Dr Stanton Adair	Medical Director of Primary Care, EHSSB / Family Practitioner Services
Dr David Stewart	Director of Service Improvement and Medical Director, RQIA (Public Health)
John Simpson	Director of Planning, Information and Performance Management, South Eastern HSCT

**Document History:**

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**This document required the following approvals**

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Modernisation and Improvement Programme Senior Responsible Owner (SRO) and Modernisation and Improvement Programme Board (MIPB) members	Dr Andrew McCormick, Permanent Secretary Linda Devlin Julie Thompson Sean Donaghy Michael McBride, David Bingham Hugh Mullen Linda Brown Sean Holland Colm Donaghy Karen Meehan Tom Creighton, Philip Robinson Ken Jarrold, Bernard Mitchell George O'Neill	19/02/09	1.0

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