

PRIORITIES FOR ACTION

2008-09

APRIL 2008

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FOREWORD BY THE MINISTER

This is a time of momentous structural and service change for the health and social care system in Northern Ireland. And it is fitting that the people of Northern Ireland and their public representatives are leading this change. In addition to the benefits of local political direction, we are fortunate in being able to rely on the commitment, expertise and professionalism of those working in health and social care. In my Priorities for Action for 2008-09, and for the years ahead, I want us to capitalise on the current situation – of having our lives and our destiny in our own hands – to protect and dramatically improve the health and well-being of the whole population.

We have just had a Budget that lays the foundation for this improvement, and which will enable Boards and Trusts to plan and work with greater certainty in delivering it. This document describes the priority areas where I want to see improvement, and specifies the main standards and targets that we must reach if we are to repay the confidence of all the people who have helped us secure the Budget settlement. I would like to emphasise here some aspects of HSC service aspects where I expect to see particular improvement.

It is a stark fact that, 60 years after the creation of a national health service, health inequalities are still rife. People living in deprived areas, who are unemployed and with fewer educational qualifications, are demonstrably more likely to suffer ill health and to die young. They are also liable to experience higher suicide rates, to have much higher rates of teenage pregnancy, to be more obese and to exhibit higher levels of binge drinking. That is the unacceptable backdrop to the public health proposals which I launched earlier this year, and it is why I offer no apology for making 'Improving Health and Well-being' the first of my 10 Priorities for Action.

Other vulnerable groups have special need of the HSC's professional support and attention. It is imperative that the Service responds with maximum vigour and effectiveness to the recommendations of the Bamford review of mental health and learning disability. Central to this will be the strengthening of our community services so that people can be discharged from hospital in a timely fashion following completion of their treatment and that we continue to progress the resettlement of long-stay patients.

In a similar vein, there is much more that can be done to treat and care for people outside the acute hospital setting. Medical and technological developments mean that a range of chronic conditions like heart disease and stroke can now be managed by primary and community care professionals in, or closer to, people's homes. This is not only better for the individual patient; it will reduce a heavy and inappropriate financial burden on the HSC.

I want to stress that in each and every case the reason for setting a priority, a target or a standard is to secure real and lasting improvement in the service we provide. Nothing in this document should lead to any action that is not in the interests of the patient, client, carer or other person we are seeking to serve. In managing and monitoring the performance of the service, I, and all who act on my behalf, will promote good practice and high quality of service, and will never give precedence to artificial or false compliance with targets. There should never be a tension between action to meet the targets and the best interests of the patient or client, but in any case, the patient and client must always come first.

I have singled out these issues not just for their intrinsic importance. I am also focussing on them because we are at a point where a concerted effort is called for to effect a change of direction in the HSC. The potential for further improvement is enormous, but it needs a combination of ambition and commitment on all our parts if the people of Northern Ireland are to see real and tangible benefits. I am confident that we shall not fail them.

Michael McGimpsey

Minister of Health, Social Services & Public Safety.

1. INTRODUCTION

The overall aim of the Department of Health, Social Services and Public Safety is to improve the health and well-being of the people of Northern Ireland. In pursuing this aim through the health and social care (HSC) system, the key objective of the Department is to improve health and well-being outcomes through a reduction in preventable disease and ill-health by providing effective and high quality services, equitably and efficiently, to the whole population.

The Minister's expectation, for 2008-09 and beyond, is that the public will see continuing and substantial improvement to services in 10 priority areas, with resultant progress towards the objectives and targets set out in the Programme for Government (PfG) 2008-2011 and associated Public Service Agreements (PSAs). The 10 priority areas are as follows:

- Improving Health and well-being
- Ensuring safer, better quality services
- Improving acute services
- Ensuring fully integrated care and support in the community
- Improving children's services
- Improving mental health services
- Improving services for people with a disability
- Ensuring effective financial control and improved efficiency
- Improving productivity
- Modernising the infrastructure.

PSA Targets 2008-2011

The vast majority of the targets specified in PSA are to be achieved over a three-year timeframe i.e. by March 2011. It is essential that Boards and Trusts are able to demonstrate early and strong progress towards each PSA target, ensuring that the substantial additional development monies that have been made available through the Budget are translated as quickly as possible into additional services on the ground.

Performance focus for 2008-09

In addition to the three-year PSA targets, this PFA document specifies a number of areas with associated targets where the Minister requires particular focus is to be given to improving performance during the course of the 2008-09 performance year. In some cases, these additional Ministerial targets will specify for Boards and Trusts the interim annual milestones (ie March 2009 and/or March 2010) to be achieved if satisfactory progress is to be made towards the three-year PSA targets. Where the interim annual milestone for a particular PSA target is not specified by the Department, it will be for Boards and/or Trusts (as appropriate) to identify and agree the requisite milestones within their planning documents.

This PFA document also includes a number of associated Ministerial standards, targets and actions where performance improvement is required during 2008-09 but for which there is no equivalent PSA target.

It is recognised that improved performance and access to safe, high quality health and social care depends on collaboration between Boards, Trusts and other HSC organizations. But prime responsibility for meeting particular standards and targets generally rests with either commissioners or with providers, and the text accordingly seeks to assign that responsibility to the relevant bodies.

Taking account of the above, Board and Trust performance over the 12 months to March 2009 will be judged on the basis of:

1. Satisfactory progress towards each of the PSA targets for March 2011 and the associated local/ regional milestones for March 2009
2. Achievement of the associated Ministerial standards, targets and actions for 2008-09 detailed in this document.

In addition Boards and Trusts will be expected to put in place robust plans for and ensure the delivery of the various other Ministerial commitments specified in Annex A of the February 2008 Allocation Letter.

2. THREE-YEAR PSA TARGETS AND ASSOCIATED MINISTERIAL TARGETS FOR 2008-09

PRIORITY AREA 1: IMPROVING HEALTH AND WELL-BEING

Table 1: The Executive's Three-Year PSA Targets – Improving Health and Well-being

- 1.1 By March 2012, increase average life expectancy by 2 and 3 years for women and men respectively, and facilitate a 50% reduction in the life expectancy differential between the most disadvantaged areas and the NI average. **[Boards]**
- 1.2 By March 2011, reduce to 21% and 25% respectively the proportion of adults and manual worker subset who smoke. **[Boards]**
- 1.3 By March 2010, halt the rise in obesity. **[Boards]**
- 1.4 By March 2010, ensure a 5% reduction in the proportion of adults who binge drink. **[Boards]**
- 1.5 By March 2010, ensure a 10% reduction in the proportion of young people who drink and who report getting drunk. **[Boards]**
- 1.6 By March 2010, ensure a 5% reduction in the proportion of young adults taking illegal drugs. **[Boards]**
- 1.7 By March 2011, ensure a 10% reduction in the number of children at risk from parental alcohol and/ or drug dependency. **[Boards]**
- 1.8 By March 2011, achieve a reduction of at least 15% in the suicide rate. **[Boards]**
- 1.9 By March 2010, achieve a 40% reduction in the rate of births to mothers under 17. **[Boards]**
- 1.10 By September 2008, ensure that a comprehensive HPV immunisation programme is in place, with a view to achieving a long term reduction of 70% in incidence of cervical cancer. **[Trusts]**
- 1.11 By December 2009, ensure that a comprehensive bowel screening programme for those aged 60-69 is in place, with a view to achieving a 10% reduction in mortality from bowel cancer by 2011. **[Trusts]**
- 1.12 By March 2009, extend the regional breast cancer screening programme to cover those aged 65-70. **[Trusts]**

The 20-year strategy *A Healthier Future*, the organisational changes on foot of the Review of Public Administration and the detailed outworking of reform are all designed to change the nature of the health and social care system, to put first the aims of promoting good health and well-being, the prevention of illness and injury, early intervention and good long term care. It is estimated that preventable ill health accounts for over 6,500 avoidable deaths per annum in Northern Ireland. There are, moreover, unacceptable inequalities in health often associated with socio-economic status and disadvantaged areas. Addressing this, for example through the delivery of the *Investing for Health* strategy, remains a key priority for the Department and the HSC.

The central *Investing for Health* aims and objectives are encapsulated in several of the Department's PSA targets for 2011 established as part of the new Programme for Government. Board and Trust plans will be expected to contain annual milestones for the achievement of those targets.

The following PSA and Ministerial targets will be subject to intensive monitoring by the Department during 2008-09 to ensure satisfactory progress is made:

- **Suicide prevention (linked to PSA 1.8):** by September 2008, Boards – working with the relevant provider and commissioner should ensure that the regional suicide helpline is fully operational, accessible and integrated with relevant services across Northern Ireland, so as to contribute to a reduction of 5% in the suicide rate by March 2009 (consistent with the PSA target of a 15% reduction by March 2011).
- **Bowel cancer screening (PSA 1.11):** by December 2009, Trusts should have established a comprehensive bowel screening programme for those aged 60-69 (to include appropriate arrangements for follow-up treatment).

All of the remaining PSA targets from Table 1 together with the other Ministerial standards, targets and actions detailed below will be subject to at least quarterly monitoring by the Department during 2008-09:

- (linked to PSA 1.3) Boards should ensure that, from April 2008, arrangements continue to be in place for the collection and recording of BMI measurements through the School Nursing Service, to record the height and weight of all year 8/9 pupils (with analysis of the data being used to assess the need for further interventions, to be implemented within a public health model in partnership with relevant stakeholders).
- (linked to PSA 1.7) Boards should ensure that, by March 2009, a local action plan is in place in each Board area to support the Department's regional Hidden Harm Action Plan (due to be launched in June 2008).
- (linked to PSA 1.8) Boards should ensure that, from April 2008, local agreed suicide prevention action plans are in place and being implemented. These plans should be subject to review in February 2009, and revised as appropriate.

- (linked to PSA 1.10) Trusts should, by March 2009, ensure the delivery of the second dose of HPV vaccination to 90% of girls who are in Year 9 in 2008/09.
- (no PSA target) Trusts should, by March 2010, establish screening arrangements for abdominal aortic aneurysm.
- (no PSA target) Trusts should, by March 2010, make arrangements to extend the scope of antenatal screening for foetal anomalies.

PRIORITY AREA 2: ENSURING SAFER, BETTER QUALITY SERVICES

Table 2: The Executive's Three-Year PSA Target – Ensuring Safer, Better Quality Services

2.1 By 2009, ensure a 10% reduction in the number of hospital patients with staphylococcus aureus bloodstream infections (including MRSA), and a 20% reduction in cases of clostridium difficile infections.
[Trusts]

For 2008-9 the main focus in this priority will be on continuing to tackle healthcare associated infections and on improving quality in other specific identified areas. Trusts and Boards should continue to take forward appropriate actions at local level and, in support of these, a number of actions to be agreed regionally will also be pursued. The aim will be to build on progress made in 2007-08 in embedding international evidence-based methodologies and in raising each organisation's baseline performance. Support and advice for this work will be provided through the SDU, an expanded Safety Forum and a revised Clinical and Social Care Governance programme of work.

The following PSA and Ministerial targets will be subject to intensive monitoring by the Department during 2008-09 (at least monthly) to ensure satisfactory progress is made:

- **Healthcare associated infection (PSA 2.1):** by March 2009, Trusts should secure a 10% reduction in staphylococcus aureus blood stream infections (including MRSA), and a 20% reduction for clostridium difficile.
- **Other quality measures (no PSA Target):** by April 2008, Trusts must submit to the Department for approval and monitoring, quality improvement plans that include Trust-specific targets for: ventilator associated pneumonia; surgical site infection; central line infection; and the crash calls rate.

Trusts should ensure that their Trust Board receives a monthly report detailing performance against each of the HCAI targets and other quality measures detailed above.

The other Ministerial standards, targets and actions detailed below will be subject to at least quarterly monitoring by the Department during 2008-09:

- (no PSA target) all HSC organisations (Boards, Trusts, Agencies Family Practitioner Services & Out of Hours services) should ensure that, by June 2008, they have in place a plan for full implementation by January 2009 of the new HSC complaints procedure.
- (no PSA target) Boards, Trusts, the NI Blood Transfusion Service and the NI Regional Medical Physics Agency should ensure that, by September 2008, they have Improvement Plans in place to implement the recommendations arising from the governance and thematic reviews undertaken by RQIA in 2007-08.
- (no PSA target) Trusts should ensure that, by March 2009, their delivery of residential, domiciliary and day care is compliant with care standards, as evidenced by RQIA inspections.
- (no PSA target) Trusts must submit to the Department, by April 2008, for approval and monitoring, quality improvement plans that include Trust-specific targets for adherence to good practice on mental health inpatient care as regards risk assessment, inpatient review and discharge planning.

PRIORITY AREA 3: IMPROVING ACUTE SERVICES

Table 3: The Executive's Three-Year PSA Targets – Improving Acute Services

3.1 By March 2011, ensure a 21-week waiting time for drug therapies for treatment of severe arthritis.

Trusts]

3.2 By March 2009, no patient will wait longer than 9 weeks for a first outpatient appointment, 9 weeks for a diagnostic test, and 17 weeks¹ for inpatient or day case treatment. ***[Trusts]***

3.3 By March 2009, 95% of patients will, where clinically appropriate, wait no longer than 48 hours for inpatient fracture treatment. ***[Trusts]***

3.4 By March 2009, 98% of cancer patients will commence treatment within 31 days of decision to treat, and 95% of patients urgently referred with suspected cancer will begin treatment within 62 days. ***[Trusts]***

3.5 By March 2011, ensure a 10% reduction in mortality and disability from stroke. ***[Trusts]***

¹ The treatment target for 2008/09 has been tightened from 17 weeks to 13 weeks.

3.6 By March 2009, at least 50% of patients (rising to 60% by 2010) should receive dialysis via a fistula, and no patient should wait longer than nine months for a live donor transplant (six months by 2010). **[Trusts]**

3.7 By March 2011, NIAS to respond to 75% of life-threatening calls within eight minutes. **[NIAS]**

Waiting times for assessment and treatment continue to be a high priority for patients, who expect and are entitled to receive their required treatment with a minimum of delay. By the end of March 2008 only a handful of patients were waiting longer than 13 weeks for a first outpatient appointment or 21 weeks for treatment, and no patient was waiting longer than 13 weeks for a diagnostic test. Further improvement is required for 2008-09, coupled with continued exacting standards for life-threatening conditions where speed of access is of the essence. Achieving these targets will require Trusts to further embed the reform agenda, including the further improvement of hospital booking processes, reducing cancelled appointments and operations, and improving theatre utilisation through the introduction of robust pre-operative assessment and other measures.

In addition, maximum waiting time targets will continue to apply for access to services provided by Allied Health Professionals (AHPs) such as physiotherapy and occupational therapy.

Equivalent improvements have been achieved in access to emergency care, through a focussed effort on all parts of the emergency care pathway, beginning with the ambulance journey (if required), continuing through the emergency care department and the hospital system itself, and ending when the patient is discharged. This programme of reform needs to continue in 2008-09 to ensure that this enhancement of the patient experience is sustained in all A&E departments, and that all parts of the emergency care pathway operate efficiently.

The following PSA and Ministerial targets will be subject to intensive monitoring by the Department during 2008-09 (at least monthly) to ensure satisfactory progress is made:

- **Elective care (consultant-led) (PSA 3.2):** Trusts should ensure that, from April 2008, no patient waits longer than 13 weeks for a first outpatient appointment, 13 weeks for a diagnostic test, and 21 weeks for inpatient or day case treatment, reducing to 9 weeks for outpatients, 9 weeks for diagnostics and 13 weeks for treatment by March 2009. Commissioners

and providers should work towards a total journey time of 25 weeks or less by March 2011.

- **Elective care (AHP) (no PSA target):** Trusts should ensure that, from April 2008, no patient waits longer than 26 weeks from referral to commencement of AHP treatment, reducing to 13 weeks by March 2009.
- **Fractures (PSA 3.3):** Trusts should ensure that, from April 2008, 75% of patients wait, where clinically appropriate, no longer than 48 hours for inpatient fracture treatment, increasing to 95% by March 2009.
- **Cancer (PSA 3.4):** Trusts should ensure that, from April 2008, 98% of patients commence treatment within 31 days of the decision to treat; from April 2008, 75% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days, increasing to 95% by March 2009.
- **Ambulance services (PSA 3.7):** from April 2008, the Northern Ireland Ambulance Service should respond to an average of 70% of Category A (life-threatening) calls within eight minutes, with performance in individual Board areas being improved to at least 62.5% by March 2009.
- **A&E (No PSA target):** Trusts should ensure that, from April 2008, 95% of patients attending A&E are either treated and discharged home, or admitted within four hours of their arrival in the department; no patient should wait longer than 12 hours. By March 2009, Trusts should ensure that the 95% performance standard is achieved in individual hospital sites.

All of the remaining PSA targets from Table 3 together with the other Ministerial standards, targets and actions detailed below will be subject to at least quarterly monitoring by the Department during 2008-09:

- (linked to PSA 3.2) Trusts should ensure that, by March 2009, all urgent diagnostic tests are reported on within two days of the test being undertaken, with 75% of all routine tests being reported on within two weeks and all routine tests within four weeks.
- (linked to PSA 3.4) Trusts should ensure that, from April 2008, all urgent GP referrals for breast cancer are seen within 14 days of the receipt of the referral, with all urgent breast cancer referrals –from both GPs and other practitioners – being seen within 14 days by March 2009.

- (linked to PSA 3.5) the Northern Ireland Ambulance Service should ensure that, by March 2009, paramedic-administered thrombolysis is available throughout Northern Ireland.
- (linked to PSA 3.6) Trusts should, from 2008-09, provide capacity for an additional 40 patients per year to commence dialysis therapy (increasing by a further 40 patients in both 2009-10 and 2010-11).
- (no PSA target) Boards and Trusts should ensure that arrangements are in place to ensure the timely and effective implementation of the Department's cardiovascular service framework. An action plan should be developed, in conjunction with primary care, and submitted for Departmental approval by December 2008.
- (no PSA target) Trusts should ensure that, by June 2008, they have plans in place for the immediate development of services to preserve the sight of people affected by age-related macular degeneration, consistent with the emerging evidence base for treatment of this condition.
- (no PSA target) Trusts should ensure that, by March 2009, a dedicated paediatric and neo-natal intensive care transport service is in place on a 24/7 basis.

PRIORITY 4: ENSURING FULLY INTEGRATED CARE AND SUPPORT IN THE COMMUNITY

Table 4: The Executive's Three-Year PSA Targets – Ensuring Fully Integrated Care and Support in the Community

- 4.1 By 2010, 45% of people with assessed community care needs supported at home. **[Trusts]**
- 4.2 From April 2008, no older person with continuing care needs will wait more than eight weeks for a completed assessment, with the main components of care met within a further 12 weeks. **[Trusts]**
- 4.3 By 2011, 50% reduction in unplanned hospital admissions for case managed patients with severe chronic diseases (e.g. heart disease and respiratory conditions). **[Boards]**
- 4.4 From April 2008, 90% of patients with continuing complex care needs will be discharged from an acute setting within 48 hours of being declared medically fit, and no complex discharge will take longer than seven days – in all cases with appropriate community support. **[Trusts]**
- 4.5 All other patients will, from April 2008, be discharged from hospital within six hours of being declared medically fit. **[Trusts]**

We must build a continuum of integrated primary and community care services that focus on people at greatest risk by supporting them to live independent lives and

reducing unnecessary and inappropriate reliance on hospitals or other institutional care. The further development of intermediate care is crucial to the achievement of that objective, promoting rehabilitation and independent living in a way that will see a shift away from traditional residential and nursing home care towards flexible and responsive domiciliary care services. It is important that decisions about continuing health and social care needs are taken in the right environment and at the right time. That is why assessments of long term care needs – ideally the product of a single assessment process – should take place outside a hospital setting. They must take due account of the rôle of unpaid carers in supporting independent living; continuing implementation of the carers' strategy *Caring for Carers* is a key component of the vision for independent living.

In parallel, the HSC needs to identify people with long term health conditions and provide person-centred care plans tailored to individual needs that will obviate frequent, but often unnecessary, admissions to hospital. New technology will have an increasing part to play, with telehealth/monitoring offering new opportunities to support people with long term health conditions at home. Multi-disciplinary working, providing flexible and responsive services to meet person centred care plans, will be integral to this approach.

The following PSA and Ministerial targets will be subject to intensive monitoring by the Department during 2008-09 (at least monthly) to ensure satisfactory progress is made:

- **Elderly (PSA 4.2):** Trusts should ensure that, from April 2008, older people with continuing care needs wait no longer than eight weeks for assessment to be completed and have the main components of their care needs met within a further 12 weeks.
- **Complex discharges (PSA 4.4):** Trusts should ensure that, from April 2008, 90% of complex discharges take place within 48 hours, with no discharge taking longer than seven days.

All of the remaining PSA targets from Table 4 together with the other Ministerial standards, targets and actions detailed below will be subject to at least quarterly monitoring by the Department during 2008-09:

- (PSA 4.1) Trusts should ensure that, by March 2009, 44% of people in care management have their assessed care needs met in a domiciliary setting.
- (PSA 4.3) Boards should ensure that, by March 2009, they have:
 - identified at least 1,000 people who had unplanned admission to hospital on two or more occasions during 2007-08 due to a severe or complex chronic condition
 - established, in collaboration (as necessary) with the European Centre for Connected Health, these patients on a case-management programme
 - identified the anticipated on-flow during this period
 - reduced the unplanned admissions of these case managed patients by 10%.
- (PSA 4.5) Trusts should ensure that, from April 2008, all non-complex discharges take place within a maximum of six hours.
- (no PSA target) Trusts should ensure that, by March 2009, the number of direct payment cases increases to 1,000 (rising to 1,500 by March 2011)
- (no PSA target) Boards should ensure that, from April 2008, all patients continue to 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 continue to be within 24 hours.
- (no PSA target) Boards and Trusts should ensure that arrangements are in place to ensure the timely and effective implementation of the Department's respiratory service framework. Action plans should be developed, in conjunction with primary care, and submitted for Departmental approval by February 2009.

PRIORITY 5: IMPROVING CHILDREN'S SERVICES

Table 5: The Executive's Three-Year PSA Targets – Improving Children's Services

5.1 By 2011, reduce by 12% the number of children in care. **[Trusts]**

5.2 By 2011, provide family support interventions to 3,500 children in vulnerable families each year.
[Trusts]

5.3 By 2011, increase by 50% the proportion of care leavers in education, training, or employment at age 19. **[Trusts]**

5.4 By 2011, increase by 25% the number of care leavers aged 18-20 living with their former foster carers or supported family. **[Trusts]**

5.5 By 2011, reduce by 12% the number of children requiring to be placed on the child protection register who are looked after. **[Trusts]**

The policy emphasis is on earlier intervention to help families in need stay together and reduce the number of children who have to be taken into care. Trusts should make increased use of family-friendly approaches such as family group conferencing and mediation to determine families' needs and identify family-specific support packages. These services must be commissioned in partnership with other key stakeholders, such as the voluntary sector, on a planned basis.

But at the same time, many children do need to be in care, and there is a risk that some children in care could be removed from care – or others left at home – despite their assessed need or without an appropriate family support package in place. Trusts must put in place arrangements to prevent this happening and ensure that decisions to discharge from care or to maintain at home are based solely on the best interests of the individual child.

Trusts must achieve greater permanence for children in care – primarily through long-term foster/residential care, returning children home or through adoption. Regarding adoption, Trusts must eliminate unnecessary delay in progressing adoptions and provide better support to all parties involved including birth families, adopters and children and young people themselves. The Department also expects to see improvements in outcomes for children and young people in care or on leaving care. Trusts must take steps to ensure that all young people in care from age 13 are able to participate in an accredited preparation for adulthood programme and, working in partnership with other agencies such as the careers service, must encourage more young people in care and care leavers to seek and attain employment, education and training opportunities. They should also provide, for those young people who wish it, the opportunity to continue living in their foster home until they are aged at least 21 and take steps to improve therapeutic support to residential children's homes.

The following PSA target will be subject to intensive monitoring by the Department during 2008-09 (at least monthly) to ensure satisfactory progress is made:

- **Children (PSA 5.1):** Trusts should ensure that, by March 2009, the number of children in care is reduced by 3% in comparison with the figure at March 2008 (increasing to a 12% reduction by March 2011).

All of the remaining PSA targets from Table 5 together with the other Ministerial standards, targets and actions detailed below will be subject to at least quarterly monitoring by the Department during 2008-09:

- (PSA 5.1) Trusts should, by December 2008, have in place a regional, independent, birth parent mediation service available to all birth parents where adoption is the plan, and must have agreed a regional model for a post-adoption contact mediation and facilitation service and a therapeutic support service.
- (PSA 5.1 primarily) Trusts should, by March 2009, provide family support packages to 1,000 vulnerable young people each year (increasing to 3,500 each year by 2011) as part of new family support services, and have in place a dedicated outreach programmed targeted at young people aged 18 and under who are homeless or at risk of homelessness.
- (PSA 5.1 primarily) Boards should, by June 2008, have developed detailed plans through the children's services planning process for the long-term commissioning of the family support services.
- (PSA 5.1 primarily) Trusts should, by June 2008, have developed agreed regional guidance on the use of family group conferencing for children and young people and, by March 2009, ensure that at least 500 children and young people whose assessed need is on levels 1, 2 or 3 measured on the Hardiker model should have participated in a family group conference.
- (PSA 5.3) Trusts should, by September 2008, have established a 6-month pilot therapeutic support scheme in two intensive support residential children's homes.

- (PSA 5.3 primarily) Trusts should, by September 2008, have in place a plan setting out how they intend to achieve an increase by March 2010 of 300 foster carers across Northern Ireland from the March 2006 total and, by March 2009, have agreed regionally a priority salaried foster care initiative targeted at older young people in care.
- (PSA 5.3 primarily) Trusts should, by September 2008, confirm to the Department (via their respective Directors of Children's Services) that all eligible, relevant and former relevant young people have pathway plans and personal advisers in place, in line with statutory requirements and Departmental guidance.
- (PSA 5.3 primarily) Trusts should, by December 2008, have put in place the regionally agreed guidance and arrangements to support young people aged 16-17 in care to engage in part-time and full-time employment and, by March 2009, must have appointed dedicated development workers within transition teams as part of a training, education and employment support scheme for young people aged 16+ in care or who have left care.

PRIORITY 6: IMPROVING MENTAL HEALTH SERVICES

Table 6: The Executive's Three-Year PSA Targets – Improving Mental Health Services

- 6.1 By 2011, ensure a 10% reduction in admissions to mental health hospitals. *[Trusts]*
- 6.2 By 2011, ensure a 10% reduction in the number of long-stay patients in mental health hospitals. *[Trusts]*
- 6.3 By 2009, ensure a 13-week maximum waiting time for defined psychotherapy services. *[Trusts]*

For mental health, the objective for the HSC is to provide person-centred, seamless community-based services, informed by the views of service users and their carers and making prevention and early intervention key priorities. This must be achieved through a coherent approach that enhances people's ability to live full lives within their own community. Inappropriate admission to hospital must be prevented and, where admission is necessary, early discharge must be facilitated. The expansion of psychological therapies through primary care-oriented models will enable common, mild-to-moderate, mental health problems to be addressed in a timely and accessible manner. All of this accords with the vision set out by the Bamford Review for the reform and modernisation of mental health services, which will be reinforced in the Executive's response to the Review, due to issue for consultation in mid-2008.

The following PSA and Ministerial targets will be subject to intensive monitoring by the Department during 2008-09 (at least monthly) to ensure satisfactory progress is made:

- **Resettlement (PSA 6.2):** Trusts should, by March 2009, resettle 30 patients from hospital to appropriate places in the community compared to the March 2006 total (and a further 60 by March 2011).
- **Assessment and treatment (PSA 6.3):** Trusts should ensure that, from April 2008, no patient waits longer than 13 weeks from referral to assessment and commencement of treatment for mental health issues, other than psychological therapies where the 13-week maximum waiting time is to be achieved by March 2009.
- **Discharge (no PSA target):** Trusts should ensure that, by March 2009, 75% of patients admitted for assessment and treatment are discharged within seven days of the decision to discharge, with all other patients being discharged within a maximum of 90 days. In exceptional circumstances where patients are delayed in hospital beyond 90 days the Department will expect the relevant Trust to have robust plans in place to work towards the provision of appropriate care for the patient in a non-hospital setting, with that care plan beginning not later than 12 months after the original discharge date.

All of the remaining PSA targets from Table 6 together with the other Ministerial target detailed below will be subject to at least quarterly monitoring by the Department during 2008-09:

- (No PSA target) Trusts should, by March 2009, provide an additional 500 dementia respite places a year (increasing to 2,000 by March 2011).

PRIORITY 7: IMPROVING SERVICES FOR PEOPLE WITH A DISABILITY

Table 7: The Executive's Three-Year PSA Targets – Improving Services for People with a Disability

7.1 By 2011, ensure a 25% reduction in the number of long-stay patients in learning disability institutions.

[Trusts]

7.2 By 2011, improve access to physical/sensory disability care by providing an additional 200 respite packages a year. *[Trusts]*

7.3 By 2011, ensure a 13-week maximum waiting time for specialised wheelchairs. *[Trusts]*

For both learning and physical/sensory disability services the objective for the HSC is to provide person-centred, seamless community-based services, informed by the views of service users and their carers. It is vital that people are supported to live in the community and that inappropriate admission to hospital is avoided. Where admission is necessary, early discharge must be facilitated. Carers have an important rôle to play in providing community support. Increased respite provision will support them and help prevent care settings from breaking down. Local and fully inclusive access to services must also be increasingly available; people should be provided with services close to their own home and should not be excluded from mainstream services.

These principles accord also with the vision set out by the Bamford Review for the reform and modernisation of learning disability services, and will be echoed in the Executive's response to the Review.

The following PSA and Ministerial targets will be subject to intensive monitoring by the Department during 2008-09 (at least monthly) to ensure satisfactory progress is made:

- **Resettlement (PSA 7.1):** Trusts should, by March 2009, resettle 60 patients from hospital to appropriate places in the community compared to the March 2006 total (and a further 60 by March 2011).
- **Discharge (no PSA target):** Trusts should ensure that, by March 2009, 75% of patients admitted for assessment and treatment are discharged within seven days of the decision to discharge, with all other patients being discharged within a maximum of 90 days. In exceptional circumstances where patients are delayed in hospital beyond 90 days the Department will expect the relevant Trust to have robust plans in place to work towards the provision of appropriate care for the patient in a non-hospital setting, with that care plan beginning not later than 12 months after the original discharge date.

All of the remaining PSA targets from Table 7 together with the other Ministerial targets detailed below will be subject to at least quarterly monitoring by the Department during 2008-09:

- (PSA 7.2) Trusts should ensure that, by March 2009, access to physical/sensory disability care is improved by providing an additional 50 respite packages a year (increasing to 200 by March 2011).
- (PSA 7.3) Trusts should ensure that, by March 2009, 35 additional specialised seats/wheelchairs have been provided compared to the position at March 2008.
- (PSA 7.4) Trusts should ensure that, by March 2009, access to learning disability services is improved through the provision of an additional 50 respite packages a year (increasing to 200 by March 2011).
- (no PSA target) Trusts should ensure that, by March 2009, all children are resettled from hospital to appropriate places in the community.

PRIORITY 8: ENSURING EFFECTIVE FINANCIAL CONTROL AND IMPROVED EFFICIENCY

Table 8: The Executive's Three-Year PSA Targets – Effective Financial Control and Improved Efficiency

8.1 By 2011, reduce administration costs within the health and social care system by £53m a year. **[All HSC organisations]**

Making the best possible use of the finance available, and maintaining strong financial control are integral to the proper provision of health and social care. A weakening of such discipline would mean that the Minister's service priorities would become distorted, and the public would lack assurance that the most infirm and vulnerable were receiving their needful treatment. It is important that the existing degree of control (resulting in, among other things, the delivery of planned efficiency savings) continues into 2008-09 i.e. corrective action must be taken to resolve deficits in line with existing guidance. In addition, as the RPA changes take effect, Boards and Trusts are expected to provide realistic, timely and fully considered information on the resource implications of operating the new structures, ensure that properly resourced project management arrangements control all aspects of the restructuring process.

The following PSA and Ministerial targets will be subject to intensive monitoring by the Department during 2008-09 (at least monthly) to ensure satisfactory progress is made:

- **Finance (linked to PSA 8.1):** the Department and all HSC organisations should live within the resources allocated and achieve financial balance.
- **Timely implementation of service developments (no PSA target):** Boards and Trusts should ensure that not less than 90% of the monies – but ideally, of course, 100% – allocated for service developments in 2008-09 are expended during the course of the year in accordance with agreed commissioner and provider plans, and assuming full resources are required to deliver the targets and commitments. This aim will be kept under review between the Department, the Boards and the Trusts to secure the best available balance between the overriding aim of actually improving services and the need to secure economy, efficiency and effectiveness in the full and proper use of the money available.

The other Ministerial target detailed below will be subject to at least quarterly monitoring by the Department during 2008-09:

- (linked to PSA 8.1) Boards and Trusts should, during 2008-09, achieve the efficiency targets specified in the Department's financial allocation letter. As part of this, throughout the year Boards and Trusts should ensure that all initiatives within the Regional Pharmaceutical Clinical Effectiveness Programme are implemented to meet the targets set by the Department.

PRIORITY 9: IMPROVING PRODUCTIVITY

Table 9: The Executive's Three-Year PSA Targets – Improving Productivity

9.1 Improve productivity, efficiency and effectiveness in the HSC as measured by such indicators as:

- Patient throughput per bed
- Ratio of day cases to inpatient cases
- Use of more effective drug therapies
- Greater use of generic drugs
- Improved procurement practices
- Proportion of people with community care needs supported at home
- Staff absenteeism.

[Trusts]

The Executive has shown its commitment to the workforce and to service-users by significant funding injections for Agenda for Change, the consultant's contract and the new General Medical Services contract, modernizing their terms and conditions and increasing the numbers of frontline staff working in the HSC. It is expected that improvements in productivity, as expressed in both throughput and effectiveness of care, will result from the changed professional working practices, etc made possible by that investment.

As a result of work taken forward by the Productivity Working Group, the Department has identified a list of performance measures/productivity indicators for bi-annual monitoring. Targets have been set against a number of these.

The following PSA and Ministerial targets will be subject to intensive monitoring by the Department during 2008-09 to ensure satisfactory progress is made:

- **Hospital productivity (PSA 9.1):** each Trust will be expected to achieve a 3% improvement in hospital productivity, from its 2006-07 base year, for each year over the CSR period.
- **Cancelled operations (PSA 9.1)** Each Trust should ensure that, by March 2009, no more than 2% of operations are cancelled for non-clinical reasons on the day of admission or later.

All of the remaining elements of the PSA target – translated into Ministerial targets for March 2009 as detailed below – will be subject to quarterly or six-monthly monitoring by the Department during 2008-09:

- (PSA 9.1) Each Trust should ensure that, during 2008-09, levels of absenteeism are reduced to 10% below average 2007-08 levels, working towards a regional target of 5.2% in 2010-11.
- (PSA 9.1) Each Trust should ensure that, by March 2009, they meet their individual target set by the Department to achieve an overall reduction in the number of admin and clerical staff, as a proportion of all Trust staff, to 19.5%.

- (PSA 9.1) Each Trust should ensure that, by March 2009, they achieve a reduction of one point in the ratio of qualified to unqualified nurses
- (PSA 9.1) Each Trust should ensure that, by March 2009, they achieve a reduction of one point in the ratio of qualified to unqualified AHPs
- (PSA 9.1) Each Trust should ensure that, during 2008-09, staff turnover (excluding admin and clerical staff) is reduced by 5% compared to the position in 2007-08.

PRIORITY 10: MODERNISING THE INFRASTRUCTURE

Table 10: The Executive's Three-Year PSA Targets – Modernising the Infrastructure

10.1 Ensure the timely modernisation of the HSC infrastructure to include:

- By 2009, Downe Enhanced Local Hospital due to be completed
- By 2010, Ulster Hospital Phase A due to be completed.
- By 2011, first stage of Altnagelvin Phase 3 due to be completed.
- By 2011, Royal Phase 2 B due to be completed
- By 2008, Craigavon Crisis Resource Centre due to be completed
- By 2009, Castlereagh Community Treatment and Care Centre due to be completed
- By 2010, Portadown Health & Care Centre due to be completed
- By 2010, Gransha Mental Health Crisis Centre due to be completed
- By 2010, Regional Adolescent Psychiatric Unit & Child and Family Centre due to be completed
- By 2011, Health & Wellbeing Centres Phase 2 due to be completed
- By 2011, delivery of PACS to be completed.

[Trusts]

A high quality service demands modern, fit-for-purpose facilities and equipment. Action is underway to renew many of the key facilities for health and social care across Northern Ireland, rolling out the decisions taken in *Developing Better Services* and moving forward the planned programme of investment in primary and community care to support the strategy of *A Healthier Future* and *Caring for People Beyond Tomorrow*. To this end, Trusts will be required to comply with HSC-wide programme management requirements for infrastructure investment through the Strategic Investment Groups established for each Trust. These arrangements will include provision of timely and complete information on capital expenditure, business case development and production, project management and project resources. Trusts must engage effectively with the Department in their management of capital

budgets, post-approval monitoring, post-project evaluations, and implementation of the Department's Asset Management Strategy.

The following PSA and Ministerial targets will be subject to intensive monitoring by the Department during 2008-09 (at least monthly) to ensure satisfactory progress is made:

- **Investment programme (PSA 10.1):** Trusts should ensure that, throughout 2008-09, they comply with all agreed schedules for the completion of business cases, project procurement, and project delivery in respect of high priority, strategic projects,
- **Asset sales (no PSA target):** Trusts should ensure that, by December 2008, in line with the schedule agreed with the Department, they dispose of surplus assets to the value of at least £55m.