

## **CHECK AGAINST DELIVERY**

### **Ministerial Keynote Speech**

**26 June 2006**

### **MODERNISING SERVICES**

Good morning Ladies and Gentlemen. Thank you all very much for coming today. I am well aware of the value of your time and I very much appreciate your attendance here this morning.

It is a tremendous privilege for me to have been appointed to serve as Minister for Health and Social Services in Northern Ireland.

I've been here almost two months now. In that time I have managed to visit and talk to a range of people at the front line. And what has struck me most, from the big hospitals to the small rural centres, from Fermanagh to Kilkeel, is the dedication and commitment of all staff to do what is best for people in their care.

What you do affects every single person in Northern Ireland at some time in their lives. You help people to live better. You help them to cope better. And when their time comes, you help them to die better. You should be immensely proud of the job you do.

I know as professionals, you strive to provide the very best service you can for your patients and clients. As your Minister, I want to help you do that. Not by prescription, not by central edict, but by helping to create an environment which allows your skills and innovation, your commitment and creativity to flourish, so that people in need, in our hospitals and in our communities have access to the excellent service that each and every one of our families aspire to.

So today I want to set out my vision of where we need to go if we are to meet the aspirations of the people we are here to serve. To give a clear sense of direction of what has to be done if we are effectively to meet that challenge.

But first let me pause for a moment and reflect on where you have come from.

### **Where you have come from**

Not so very long ago this marvellous service that is the HPSS was, by any reasonable measure of performance, failing to meet the needs of our local population. Waiting lists were going through the roof, many of our Trusts were drifting into financial crises. Our primary and community care services were overwhelmed by the demands placed on them. Staff morale was at a low ebb and the public and their representatives were questioning whether further investment in our health and social care services was in effect the equivalent of throwing good money after bad. Just look at some of the statistics. Four years ago people needing a hip replacement could be waiting for as long as 7 years; and people who needed cardiac surgery or a cataract operation could be waiting 5 years. Over 60,000 were waiting for an inpatient or day case procedure and 15,000 of those were waiting over 12 months, almost 10,000 over 18 months – and financially Trusts were collectively overspending to the tune of £20m per year.

But that was then.

Today virtually no patient is waiting longer than 12 months for any treatment. The books are balanced. Right across the service new approaches to old problems are being tried. There is a new emphasis on quality and safety, a willingness to learn from mistakes and I believe a genuine desire to deliver a service to which our communities can be proud. That is an amazing achievement. Yes, things have been difficult. No one said it would be easy. Change never is. But what you have demonstrated over the last year or so more than anything else is that you are up to the challenge. That when the

going gets tough, you have the resilience, the commitment and the dedication to turn things round. To make a new start.

And that is what you have done – made a start, a fantastic start so congratulations; we do not celebrate your successes enough and I genuinely want to put on record my deep appreciation for the way you and your colleagues from all disciplines, clinicians and managers, have responded to the agenda over the last year or so.

But we must not be complacent. Yes you have done well in moving a way from where you were. You have begun to turn the ship round. But it is only a start. Much more is needed. The hard work must continue.

### **THE NEED FOR REFORM**

And I need to emphasise from the outset that the changes necessary are not about money. By and large you already have had that – a 35% increase in your budget over the last 3 years. We are now spending some £3.8bn per year compared to £2.8bn 3 years ago. £10m every single day of the year. A massive sum, paid by the tax payer, by the service user.

The time has come to demonstrate that this is money well spent – not for more of the same, but for new approaches, different more flexible ways of working. Modernising the way services are organised, working across boundaries and harnessing the totality of resources to provide better higher quality responses to people in need.

I said earlier that I wanted to help you improve services, by creating an environment which allowed your skills to flourish. Well, I have already started. The environment is already changing. For too long the HPSS has been blighted by bureaucracy, by too many organisations, too many boundaries. Money spent on bureaucracy that could be directed to patient care. I have begun to sweep that bureaucracy away. I have pressed the ‘go’ button for the

reforms under the Review of Public Administration and the new structures will soon begin to take shape.

I have appointed the Chairs for the 5 new Trusts. I wish Pat McCartan, Jim Stewart, Denise Fitzsimons, Anne Balmer and Gerry Guckian every success in their new roles – they will give the service the leadership that it needs to embrace the challenges of the future.

As a result of these changes and as we develop new more effective ways of delivering support services I will expect savings of up to £30m per year to be released to front line services. New ways of working providing additional investment in new services.

And I am also pleased to be able to announce today the appointment of David Sissling as Chief Executive Designate of the new Health and Social Services Authority. David comes to us with a wealth of experience from the NHS in England, where he has previously been Chief Executive of a major hospital Trust, a Health Authority and most recently of Leicester, Northamptonshire and Rutland Strategic Health Authority. David I congratulate you on your appointment and I look forward to working with you as you oversee the development and delivery of the service in what will be a period of major change and modernisation.

So we are on our way. A new future beckons. New structures fit for purpose, are being put in place bringing together our community and hospital delivery services into single organisations and allowing us to exploit the potential of our integrated health and social care services. And at the same time providing a better focus for the planning and commissioning of our services, providing for these to be designed around the needs of individual patients, and for their subsequent delivery to be performance managed by the new Authority.

And we are improving the physical environment too.

The Investment Strategy for Northern Ireland, published last December, gave a commitment to a £2.9 billion investment programme over the next 10 years, to modernise our hospitals and primary & community care infrastructure.

This investment is already delivering a range of new facilities:

- Increased hospital ward capacity, additional renal capacity and expansion of Magnetic Resonance Imaging, to be available at all main hospitals;
- A new Acquired Brain Injury service;
- A programme of new residential childcare facilities.
- Modernisation of the main hospital block at Altnagelvin Hospital in Derry at a cost of just over £100 million along with a PFI investment of £15 million for Laboratories and Pharmacies facilities;
- A new Cancer Centre just opened at the Belfast City Hospital at a cost of £57 million;
- Investment of almost £60 million in a new local hospital at Downpatrick;
- A £340m strategic investment at the Ulster Hospital at Dundonald;
- A new acute hospital at Enniskillen for the South-west area costing some £240 million; and
- Investment of around £150 million in a new local hospital for Omagh.

But we are not stopping there. We're investing in ambulances too.

I am pleased to announce today that I will be spending £2m on twenty new A&E ambulances to replace some of the existing ageing fleet.

We need to get to the scene of incidents faster. I expect to see improvement in the vital area of ambulance response times.

Hospitals tend to grab the headlines of course. But as you will see I want to see investment in a much more central role for primary and community care services.

Our future plans provide for an investment of some £500 million over time in the primary and community care infrastructure. We have plans to build over 40 Health and Care Centres, and a range of other facilities to care for older people, and for people with mental health problems or learning disabilities. Designed to ensure that people receive the best possible care, by highly trained medical staff in a local setting. Most importantly, minimising the need to go into hospital.

These Health and Care Centres will in most cases provide GP practices, nurse-led consultation space, diagnostic and treatment rooms for specialist services, dental clinics, accommodation for visiting practitioners including hospital consultants, allied health professionals and social care professionals, and a community pharmacy. A single point of contact in the community. It is the future. A one stop shop.

We already have working examples of the first of these Health and Care Centres – The Arches Centre and Bradbury Centre in Belfast, and the Kilkeel Primary Care Centre, which I opened just last week. These are among the first of their kind in the UK to bring community health and social care services together under one roof at a location in the heart of the community. So I am honouring my commitment to create the right environment for you – and I will continue to do so.

But all this investment will come to nought if it is not accompanied by major change and reform in the way our services are delivered. This is my major message to you this morning. For too long we have been delivering services

in a way which suits our service providers rather than designing them round the needs of individual patients. For too long we have tolerated the constraints and bottlenecks that interrupt the patient's journey through our services causing delays in access to services and discharge from services – silting up our capacity rather than exploiting it to better meet the needs of our patients and service users. Well the public has only so much tolerance, I too have only so much tolerance. We must change. And the time for that change is now.

## **REFORMING AND MODERNISING OUR SERVICES**

So what will I expect? What more importantly will the public expect?

Well let me deal first with our elective care reform programme. No surprises here. No let up. Twelve months is still much too long for anyone to wait for treatment. Waiting times must reduce further and I will ensure that this happens.

We have set a target that, by March 2007, no patient should wait more than six months for any inpatient or daycase treatment. For my part I am making over £30m of new money available this year for that to happen. And now it's over to you.

Because this is not simply about money. Money alone will not address the problems. You will. Through reform. Through change. By modernising even further the way you do things.

Make no mistake, I won't tolerate failure in this. If you fail to honour your commitment to patients, I'll step in. Where necessary, I'll continue to transfer patients to other providers. With the full costs being met by the original Trust which hasn't treated patients within the timeframe.

I want to get to a place where people are genuinely surprised at how quickly the system responds to their needs.

And that means tackling Outpatients where our current waiting times are horrendous – simply horrendous.

Currently over 180,000 patients are waiting for a first outpatient appointment in Northern Ireland. One in nine people in Northern Ireland. One in nine! And nearly half of them for over six months. This cannot continue. I won't let it. That is why I personally have set a target that, by March 2007, no patient should be waiting more than six months for a first outpatient appointment, reducing to 13 weeks by March 2008.

I know this is a tremendous challenge – and it won't be achieved through simply pushing more patients through our existing systems. What is needed is a fundamental redesign of those systems, harnessing the skills and competencies of the whole system – primary care practitioners, community nurses and allied health professionals, and our hospital specialists working together, collectively, to meet the needs of those who need their expertise and care.

The solution, of course, emerges once we place the patient at the centre of our thinking. Many people referred to outpatients do not actually need to see a consultant. Only 1 in 4 outpatients go on to require day case or inpatient treatment. So why are we sending all these patients to consultants? Why create a bottleneck when we can develop alternative pathways? And that is what we are doing. Plans are in place to develop a whole new range of Integrated Clinical Assessment and Treatment Services (ICATS) in the community, closer to people's homes offering streamlined pathways through the system resulting in more timely and appropriate assessment treatment and backed up by a new information system which will ensure that each individual patient will be advised of the next step in their care process within 5 days of the original visit to their GP – transforming the current patient experience.

That is what I mean by Reform and Modernisation, making the system respond to the patient, rather than the patient to the system. And it is that type of innovation and creativity that I want to see applied throughout our health and social services.

And one place that it is really needed is in our A&E services.

All of you will be aware of the shocking stories of patients lying on trolleys in A&E – often for many hours – before they can be moved to a hospital ward.

It cannot be right that almost one hundred and forty people per week are lying in trolleys in our hospitals for more than twelve hours!

Many of these patients are frail and elderly and in pain. At their most vulnerable. Sometimes being cared for in corridors.

This situation is intolerable.

I don't expect the public to accept it. I am not going to accept it.

Just one example of what comes through my in-tray. I quote:

"I was taken to a waiting area, and put onto a trolley in a cubicle until a bed was available in the ward. I was informed that there were 29 patients waiting for admission and I would probably not get a bed until the morning.

"Under the circumstances, 24 hours is a very long time to wait for a decision to be made whether or not one is going to receive any further treatment.

"While I accept that the number of 'trolley waits' can fluctuate from day to day in any hospital, I was told a 94 year old lady along the corridor had been waiting for 2 nights. Is there any justification for this? Who accepts responsibility? The buck must stop somewhere!"

It does. It stops here. With me. That is why I am pledging today to eliminate trolley waits in the next two years. Let me repeat that. In less than two years' time there will be no more trolley waits in Northern Ireland.

To this end I am announcing today a new target to the effect that by March 2008, patients attending an A&E department will either be treated and discharged or admitted to a hospital ward within four hours. Only where there are strong clinical reasons will a wait of more than 4 hours be permitted.

I do not underestimate the scale of the challenge. We will need to fundamentally review and redesign our hospital processes to deliver this, and we will need to draw on the support of our staff in the community – but I am confident that by placing the patient at the heart of our thinking we will succeed.

We are already transforming waiting times for elective care. My announcement today will begin the process of transforming the patient experience in A&E. We are building real momentum with our hospital reform programme and I would like again to express my sincere thanks to all of the doctors and nurses, managers and administrators for their continued efforts. Our aim is to develop a health and social care service fit for the 21<sup>st</sup> century, a service that is world class, a service that we can all be proud of. I am absolutely committed to securing such a service for the people of Northern Ireland.

## **REFORM OF PREVENTATIVE AND PRIMARY CARE**

But it's not only our hospital services which need to be reformed. Hospitals are only part of the picture – an essential part yes, but still only a part. By far the greater proportion of our health and social care needs are met by our primary and community services – by our family doctor, the district nurse, the local dentist and pharmacist, the social worker or health therapist.

This year will see the completion of family practitioner contracts so that we can ensure consistency of service across Northern Ireland, making sure

everyone has access to the same high standard of service across the board. I am keen to see the pharmacists' and dentists' contract negotiations undertaken and completed as soon as possible.

These new contracts will help us deal with the major issues we will need to tackle over the coming years. These include:

- meeting the needs of an ageing population (the over 65 population will rise by one third and the over 85 population will double over the next 20 years)
- a better informed population with higher expectations
- increasing incidence of life style disease such as diabetes unless current trends are arrested and reversed
- technological and therapeutic advances in medicine increasing the systems capacity to treat, cure, or prevent disease
- a more mobile and open population which in turn is subject to global threats.

These themes and issues all point in the same direction, indicating a need for “upstream intervention” in the care pathway, away from the hospital sector – managing disease in the community through self help programmes and through the expertise of more highly skilled practitioners operating in the community, preventing crises and exacerbations of disease which would otherwise require intensive intervention in the acute hospital sector.

However not only will care intervention have to be more upstream, but proactive robust programmes of disease prevention and health promotion will be required if the services of the future are not to be overwhelmed by the consequences of chronic life-style disease.

The future will therefore require a much greater emphasis on ‘demand management’ whether this is secured through public engagement to change lifestyles, thus reducing future total demands, or whether it results in a shift in

the locus of care, to the community or to family support and early years interventions helping to avoid hospital admissions and social crises.

What is clear is that the agenda will lead to a much greater need to engage with the population about their health and well-being and about how services are best orientated and designed to meet their emerging needs early. A real opportunity exists to ensure that the patient or client is central to health and social care planning considerations, in which public health interventions and service delivery is designed around their needs rather than provider policies, processes and institutions.

John Appleby has suggested that the appropriate implementation of public health initiatives and promotion of healthier lifestyles could save the taxpayer £400m between now and 2022. This is a prize worth reaching for. And we have made a good start with our Investing for Health strategy.

But we need to get better at user engagement and in developing multi-sectoral cross-government approaches to improve the health status of our population and reduce health inequalities. This will be a key role for the new Health and Social Service Authority working through the new Local Commissioning Groups in the future. The bottom line is that we need to help people live healthier lifestyles. And I will do my bit too.

Making sure the smoking ban, announced by Shaun Woodward, comes into place. That will save many lives. Prevent many illnesses.

Delivering the ban is demanding, though. The legislative timetable is really tight. There is much work to do. But I pledge today that Northern Ireland will see smoke free public places and work places in April 2007.

But that is but one part of our strategy. We must win the prize of preventing illness across the board. We have to start early.

One in four girls and one in five boys are either overweight or obese by the time they start school. How do we get them to eat healthier and exercise more? It's a challenge for Government. The Fit Futures Taskforce have made a number of recommendations. I am determined to see them through. I will be working very closely with Ministerial colleagues to ensure that healthy food in schools becomes more and more the norm.

Turning to those now who are currently in our care I would pose these questions:

Is it right that so many people in their twilight years end up in institutional care, breaking their ties with home and family?

Is it right that people with chronic disease are time after time rushed to hospital simply because there is no-one to support them through it at home?

Is it right, in this day and age, that so many people are condemned to live in Victorian style long-stay dormitories in hospital, with little dignity or privacy?

Is this really the best we can do?

Can you honestly say we are using the resources we have in the most effective way? Are we really making the best of our integrated health and social services – a feature which is the envy of your colleagues across the water? Have we really asked the hard question “What if we were to do this in a different way”?

Those questions have already been answered for our mental health and learning disability services by the Bamford Review – and its findings to date make for sobering reading.

We are too reliant on hospital services. Too many people are institutionalised. We are too dependent on the statutory sector. Our services

in the community are underdeveloped. And we are failing to respond appropriately to the needs of some of the most vulnerable people in our society – including our children. Traditional services failing in a modern world.

The final Reports from the Bamford Review are expected in the early Autumn. I am determined that this Review will not suffer the same fate as many others. Gathering dust on a shelf. This will be a catalyst for change, for improvement, for modernisation.

The despair when we don't do things right and the joy when we do, was vividly brought home to me last week when Catherine from MENCAP called in to see me. Catherine is a young woman. She has a learning disability. She described her horror at being placed in an old people's home. No one believed she could manage. A MENCAP Local Adviser fought her cause. Eventually she got to live independently. Is learning to cook. Her radiant smile lit up my room. But how many more Catherines are there that are not being listened to?

And where people need to live in a hospital, to ensure the accommodation is fit for purpose. I was delighted to recently open the Lakeview Hospital in Londonderry, providing specialist assessment and treatment to some of the most vulnerable people in the local community.

I will therefore ensure that the Department's response to the Review is available, together with an action plan by the end of this year. And to make sure the necessary reforms are implemented I will ensure that commitment given by my predecessor to appoint a Northern Ireland Director for Mental Health and Learning Disability is taken forward as soon as possible.

And for our other care programmes, for Care of the Elderly, or those with a sensory or physical disability the message is equally clear. Just as with hospitals, we must reform and modernise the way we deliver our services in the community. We need high quality services close to home. Available when

we need them so we can lead independent lives for as long as possible. With our families. In our communities.

But it's not all bad news!

There are many examples across Northern Ireland of staff working together across professional and organisational boundaries to provide truly integrated services. The difference they can make to people's lives is remarkable:

Dealing with episodes without the need for hospital admissions;

Providing alternatives to residential or nursing home care;

Promoting people's confidence in living independently for longer.

In Homefirst Trust, for example, they have introduced a Case Management approach for people with chronic diseases and redesigned their health and social care teams to manage people's care better. They've introduced a new role of Continuing Care Nurse and personalised care plans for patients. They've saved over 3,500 bed days and patients and their relatives are saying "We've never had a service like this before – this is just what we need!"

The problem is, services like this are available to some people, but not to all. The real challenge for us is to roll best practice out, right across the HPSS to ensure that people get the right treatment, the right care, when they need it and where they need it – more often in their own homes.

I want to see examples of good practice like this being the norm, not the exception. And I want to see it happen as quickly as possible. There is no reason why it shouldn't.

So I am asking the commissioners and the Trusts to work together to develop fully integrated primary and community care services for their area.

Focussing on people at greatest risk. Supporting them to live independent lives for as long as reasonably possible.

I expect this to take the form of a comprehensive reform and service improvement programme that will cover the following areas:

- the development of a range of intermediate care services, designed to bridge the gap between hospital care and continuing health and social care in the community. For example, community rehabilitation, so that decisions about longer-term care needs can be taken in the most appropriate setting – calmly in the community after a period of support, and not in hospital when people are at their most vulnerable
- nurse-led discharge: Too many people are still waiting in hospital after they are fit to go home – between two and three hundred on any given day. Waiting in limbo for a slot in a busy consultant's day, or delayed for want of a community support package. Occupying a hospital bed that could be better used for others. Just as trolley waits are unacceptable at the front end of the hospital, so too are delayed discharges at the back end.

So today I am setting another target that by March 2008, no-one will remain in an acute hospital bed longer than 72 hours after they are declared fit for discharge. Most people will be discharged considerably more quickly than that. Nurse-led discharge within strict and agreed protocols, is an important step towards achieving this target. Making the most of our skills. Applying them in different ways. And once again transforming the user experience

- For people with chronic conditions, such as asthma or diabetes, I want to see case management with personalized care plans, so that they can be provided with the least invasive care in the least intensive settings – usually their own homes. Bringing pro-active

care to people, better management of conditions, doing more in the community, reducing avoidable hospital admissions.

- I want to see integrated working by co-ordinated multi-disciplinary teams. For patients, this will mean continuity in the staff they deal with, ease of access to services, and a holistic approach to meeting need. We need to get away from numerous people making numerous separate assessments on people. Integrated teamworking and a single assessment process is required.

Of course working across professions will mean moving out of comfort zones for some people. But professionals who have experienced this type of working arrangement become enthusiastic converts when they see the benefits to patients.

- And finally I would like to see much wider development of non-medical prescribing – district nurses and community pharmacists providing prompt and effective treatment for a range of ailments or conditions.

I will expect the commissioners and the Trusts to bring forward plans for delivery in all these areas by 31 March 2007.

Looking further ahead, I want people with long term needs to have more control over their own treatment and care. At the very least we should be providing them with information and help on how best to look after themselves. Building their confidence. Securing their independence. In fact giving them control over their own lives.

Direct Payments will help do this. Giving people or their families the power to take control of their own social services, such as home helps and personal care. People don't want to be put to bed at six-thirty in the evening, well before Coronation Street comes on, just because the care worker goes off duty at seven! They want the flexibility to make local arrangements, when

and where they want them. And at no additional cost than what already exists. Only a few hundred people receive Direct Payments, out of the 20,000-plus people who are care-managed. My ultimate aim is that Direct Payments should be offered to everyone as a starting point, with care being provided only where local arrangements have failed or are for some reason impractical.

And the money for all of this?

A shift from the hospital sector into primary and community care. I think we need to look carefully at where the balance of advantage lies for future investments. In the context of rising demands from an increasingly elderly population, this has to be in the community, closer to people's homes and reducing reliance on the expensive hospital sector.

Indeed we need to go further. We need to ask the hard questions about whether we need all the existing beds in our hospitals or places in residential care if we believe in supporting people to live at home. These are the difficult issues, which commissioners of the future will need to address.

But I can say to you now that for my part I am prepared to live with the emotive and sometimes easy media headlines of 'bed closures', if in fact it means that people are not lying lonely in dormitories but tucked up in their own beds, cared for properly, and where they want to be.

Before we leave the Reform agenda, I want to say something about our children's services.

### **Children's Services**

"Suffer the little children" a biblical term with which we are all familiar meaning –"allow", "enable" "encourage". But today too many of our children are really

suffering – from lack of opportunity, from abuse, from the sheer stress of responding to the modern world. The world that stretches before them to-day is a much riskier place

Alcohol, drugs and substance abuse, domestic violence, sexual abuse are all sadly too prevalent in our current society. The internet and the increasingly mobile world population means that those who pose a risk to children operate across jurisdictional boundaries.

To counter this, in co-operation with the other UK countries, we will introduce new safeguarding legislation. In effect it will mean a common approach to vetting, sharing information and identifying individuals. In NI we will introduce a single regional safeguarding board. It will strengthen and improve inter-agency co-operation in protecting children here. We will also continue to work with the Republic of Ireland to strengthen child protection on both sides of the border. I look forward to the North/South seminar this autumn.

Where children cannot live with their birth parents, we have a shared responsibility to make sure they can enjoy the kind of loving family life most of us take for granted. Adoption has a good record in delivering stable, permanent new families for children. Research shows that children who are adopted generally make very good progress through their childhood and into adulthood. So I want to see reform here too and I will be shortly presenting my proposals in this regard.

And for those children and their parents who rely on our core services such as speech and language therapy, or our mental health and learning disability services, I have this message. I am listening. I know we are not meeting your expectations – but I will ensure that through our reform and modernisation programme that things will get better.

For children in care and leaving care, we will continue to invest significantly in residential care, foster care and leaving care to improve their lives and future prospects. One of the first things I did on coming to Northern Ireland was host

a fun day for foster families. I was humbled and heartened by the effort they put in to give a bright future to the kids. We will recruit more and better supported foster carers, so that we can significantly reduce the number of placements young people experience whilst in care. An extra £4 million is being made available into foster care in the next two years.

For those leaving care we will take steps to provide more support for them into early adulthood. Everyone will get a personal adviser. Many will get financial support to continue living with their carers until they are twenty one. So my message this morning is a simple one. Reform and Change. Yes we do need to modernise.

But we must always do what is right. Sometimes this will involve difficult decisions, leading to change in the profile of much cherished local services. But at the heart of all our services must be quality and safety. There is no point in making big improvements in the performance of the system if they are not underpinned by high quality standards. We look after the most vulnerable people in society. We treat the vast majority effectively and successfully back to fitness and health. I am deeply enthused by the innovative work done locally to promote quality. I encourage this innovation.

But we cannot guarantee absolute patient safety. Mistakes will be made. That is inevitable when, literally, life and death decisions often have to be taken. It doesn't stop us, though, feeling the heavy burden of sorrow. My heart goes out to those who have lost loved ones. And to them, I offer my deepest condolences.

And when things go wrong, the public rightly expects that failings will be addressed. Incidents fully investigated. Lessons learned.

We must always listen to the public's concern. We must always listen to our staff. We must encourage a culture where staff are not only allowed to say when things go wrong, but are encouraged to do so.

Considerable work has been done to make our services safe. We have issued a range of standards. We will be publishing further care standards later in the year.

I now pledge to strengthen that. I am pleased to announce today that I am establishing a formal link with NICE – the National Institute for Health and Clinical Excellence. We will now be applying, as appropriate, NICE guidance, renowned for having the best available research evidence, to Northern Ireland.

We have also established the Regulation and Quality Improvement Authority. It has been involved in a number of investigations and reviews. Today I am asking it to go out and review Boards and Trusts against two quality standards:

- leadership and accountability; and
- safe and effective care.

I know you will take this review seriously.

I also want to see the public complaints system improved. I want to see it more open, more independent, speedier and clearer. I will shortly be putting out for public consultation a new complaints procedure.

In essence, I am pledging a better, more open and honest relationship with patients and clients.

## **IMPROVED ACCOUNTABILITY AND PERFORMANCE MANAGEMENT**

So the direction of travel is clear – Reform and more Reform.

I make no apologies for that. It is what our public expects – the application of modern thinking and practice to old problems. Not just for the sake of

change. But because it works. We have seen that already – You have proved it.

When we put the patient and service user at the heart of our thinking, we unlock the door of change – It unites the professional and managerial agenda – More responsive streamlined services lead to better value for money, better quality, greater efficiency and effectiveness. This is the focus of performance management. We have seen the benefits of clearer accountability and more focussed performance management in your success with waiting lists. It is a key aspect of our Elective Reform Programme and I will want to see it extended into other areas of activity. This is a key role for the new Authority – and is the transition period for my Department.

The service you provide is the Government's top priority – over 40% of the Northern Ireland Budget. But with all this money come immense responsibilities.

I would like to pay tribute to all of you who have broken even each year for the last four years. That is quite an achievement, given the unremitting demand you face.

But we need to find better ways to use our resources to incentivise improved performance, so that success is rewarded. I want to see a strong link between the way we allocate money and the performance delivered by Trusts.

I will therefore introduce a tariff-based system, designed to ensure a better quality service, when allocating funds, in April 2008.

## **THE WORKFORCE**

And a final word about our workforce. First of all Thank you – for your commitment and for your dedication – and for your care. I know only too well the stresses you face in your daily working lives. I have experienced them.

Without you none of the reforms and changes I have been talking about would be possible. In my visits around the Province I sense a great desire for change, that you are up for the challenge, that you want to demonstrate how you can make a difference – whether you work in a support function or on the front line.

Now is the time to step forward. The taxpayer has made a huge investment in you. New contracts of employment, better conditions, higher pay. Your value has been recognised. Now let your contribution, in return, be seen.

I want to unleash your talents, create the environment where those skills are not fettered by bureaucracy, or by working systems that belong to a bygone age. I want to see your motivation and commitment bear fruit. I want to see you succeed, and I will use all of my energy to help you achieve your goals. Working together we can provide a patient centred health service that is the envy of the world.