

**PRIORITIES FOR ACTION 2004/05 MONITORING**

.....HEALTH AND SOCIAL SERVICES BOARD/TRUST

ACTION	REPORT				
	Baseline @ 1/4/04	Achievability Status			Comments, including progress on baseline/level of achievement to date
		Sept 04	Dec 04	Mar 05	
<b>3. HEALTH DEVELOPMENT</b>					
3.1 Boards will engage with their Investing for Health Partnerships in order to develop specific proposals as to the allocation of Investing for Health Partnership resources aimed at improving the health status of their local communities and reducing health inequalities with a view to achieving the <i>Investing for Health</i> targets by 2010. Detailed proposals with specific outcome measures should be submitted to the Department by 30 September 2004.					
3.2 In working towards increasing the proportion of the adult population who do not smoke to 75% by 2006/07, Boards should continue to include anti-smoking policies in their commissioning programmes for 2004/05 and					

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continue to develop smoking cessation services (brief and specialist) with particular focus on the priority groups highlighted in the Tobacco Action Plan and other Departmental guidance.					
3.3 By 31 March 2005 neonatal hearing screening should be provided for all newborn babies.					
3.4 Board Chief Executives working through Directors of Public Health and all other staff with Emergency Planning responsibilities in the HPSS and the emergency services, including GPs, should by March 2005 have in place enhanced procedures and arrangements agreed with the Department to allow an integrated and rapid response to any emergency situation including SARS and other infectious disease scenarios and possible Chemical, Biological, Radiological and Nuclear threats.					
3.5 By 30 September 2004, Boards will report on the deployment of					

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<p>POC 8 baseline funds in order to ensure that the Department's health development priorities, as set out in <i>Investing for Health</i> and related strategies, are being appropriately targeted.</p>					
<b>4. PRIMARY CARE</b>					
<p>4.1 By 30 September 2004, subject to resource availability, each Board should provide for improved patient care by commissioning at least 2 National Enhanced Services and at least 1 Local Enhanced Service under the new GMS Contract.</p>					
<p>4.2 By 31 December 2004, Boards should have in place a safe, comprehensive and effective Out of Hours primary care service, which should facilitate GPs exercising their ability to opt out of such services under the terms of the new GMS contract</p>					
<p>4.3 By 31 March 2005, improve access to primary care services by ensuring that 90% of patients</p>					

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<p>who request a clinical appointment, for other than emergencies, will be able to see a General Practitioner or an appropriate primary care professional within the practice or provided by the practice within 2 working days.</p>					
<p>4.4 By 31 March 2005, Boards should provide for improved outcomes for people with diabetes by taking forward prioritised recommendations of the CREST taskforce on the prevention and treatment of diabetes within a framework agreed with the Department by 28 May 2004.</p>					
<p>4.5 By 30 June 2004, LHSCGs and Boards should, in liaison with primary, secondary and community care providers, develop and agree with the Department, plans aimed at securing more effective integrated care across sectors. This plan should identify existing intermediate and ambulatory care</p>					

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<p>activity and planned new developments, quantifying the target numbers of service users who will benefit from these arrangements in 2004/05 and the consequential impact on the secondary sector. (HWIPs should contain indicative expenditure proposals to be approved in the normal way).</p>					
<p>4.6 Boards and LHSCGs should work together to develop a framework that will facilitate the future commissioning role of LHSCGs, paying due regard to formal accountability arrangements and submit this to the Department by 30 September 2004. The framework should provide for a primary care centred approach to commissioning involving a lead role for LHSCGs in commissioning by 31 March 2005 of at least some 20% (by value) of secondary, community and/or intermediate care service, if possible encompassing at least</p>					

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2 programmes of care.					
4.7 All general practitioners should participate in annual appraisal by 31 March 2005. HPSS Boards, working with GPs, and Local Appraisal Groups should facilitate implementation of the Appraisal Scheme and promote local quality assurance processes..					
4.8 Boards and Trusts should continue to work towards increasing the % of 0-2 year old children, and the % of 3-5 year old children, living in the 20% most deprived wards, registering with general dental practitioners, from the level at September 2003 to the NI average target of 30% and 68% respectively by 31 March 2005.					
4.9 Boards and Trusts should, by 2006, reduce the difference in dental decay levels between 5 year old children living in the 20% most deprived wards and the NI average by 5%; and by 2010 increase the percentage of 5 year					

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old children with no decay experience to 50% and reduce the difference in decay levels between the 20% most deprived wards and the NI average by 20%.					
4.10 Working together, Board and Trusts should have implemented an evidence-based caries reduction programme amongst pre-school children by 31 March 2005.					
<b>5. COMMUNITY CARE</b>					
5.1 Boards and Trusts should continue to invest in community services and staff infrastructure to support an additional 400 people in settings in the community which focus on sustaining independence, providing rehabilitation services and reducing the need for long-term hospital, residential and nursing home care.					

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5.2 Boards and Trusts should ensure that by 31 March 2005 at least 39% of all people who receive care-managed community services and that at least 88% of all people aged 75 or over are supported, as necessary, in their own homes.					
5.3 By 31 March 2005 Boards and Trusts should ensure that 85% of all people who are medically fit for discharge from hospital but who require access to community support to facilitate their discharge should wait no more than 8 weeks for such services to be provided.					
5.4 To ensure an integrated approach to Forensic Mental Health Service, Boards and Trusts should establish specific Community Forensic Mental Health Services prior to the opening of the Regional Secure Unit in January 2005 to provide specialist support for some 80 people with forensic mental health needs. Boards should					

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submit final figures for 2004/05 in their September progress reports.					
5.5 Boards and Trusts should continue to develop community services to provide alternatives to acute admissions such as home treatment or crises resolution services. This should enable at least a further 100 people with severe mental health problems to be looked after in the community by 31 March 2005. Boards should submit final figures for 2004/05 in their September progress reports.					
5.6 Boards and Trusts should collaborate in beginning to implement the recommendations of the Eating Disorders Working Group with regard to the development of an integrated regional and local eating disorder service thereby providing for improved outcomes for some 150 children and adults . Boards					

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should submit final figures for 2004/05 in their September progress reports.					
5.7 Boards and Trusts should continue to implement their programmes for long-stay patients by providing for at least a further 50 patients to be resettled from specialist learning disability hospitals by 31 March 2005.					
5.8 By 31 March 2005, Boards and Trusts should develop the range of community learning disability services, with particular emphasis on community support teams, community based treatment services to prevent inappropriate hospital admissions, community placements, and day and respite care provision to support those living in the community. This should provide for at least a further 80 people to be looked after in the community by 31 March 2005. Boards and Trusts should also ensure no new long stay admissions. to specialist					

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learning disability hospitals					
5.9 Boards and Trusts should collaborate with Green Park Trust to develop the range of prosthetics available. In particular, this should include wider provision of an improved range of prosthetics for some 125 users by 31 March 2005. Boards should submit final figures for 2004/05 in their September progress reports.					
5.10 Boards and Trusts should provide the necessary additional staff and digital hearing aids to provide for an efficient and modern audiology service, supplying 5000 digital hearing aids per annum by 31 March 2005.					

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<b>6. SECONDARY CARE</b>					
<p>6.1 Boards and Trusts should submit proposals to the Department by 31 August 2004 on the streamlining of processes relating to emergency patient flows at all hospitals so that, by 31 March 2005:</p> <p>a. the number of patients waiting more than two hours in an Accident and Emergency department between the clinician's decision to admit and admission to a ward is reduced by one third compared to 2003/04 levels; and</p> <p>b. the number of delayed discharge days is reduced by 10% compared to 2003/04 levels.</p>					

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<p>6.2 Boards and Trusts should ensure that, by 31 March 2005:</p> <ul style="list-style-type: none"> <li>a 95% of patients requiring hospital inpatient or day case treatment are admitted within 12 months of being placed on a waiting list;</li> <li>b. other than in exceptional circumstances, no patient is waiting for inpatient or day case treatment for more than 18 months and by 31 March 2006 no patient is waiting for inpatient or day case treatment for more than 15 months;</li> <li>c. elective activity levels compared with year ended March 2003 are increased by 3%;</li> <li>d. 100 more patients have access to anti-TNF drugs compared to the quarter to</li> </ul>					

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March 2004.					
6.3 Boards and Trusts should review the effectiveness of plans for dealing with increased pressure on services during the winter of 2003/04 and should submit plans for winter 2004/05 by 31 August 2004.					
6.4 Boards, Trusts and the Blood Transfusion Service should continue to work together to improve blood safety and achieve a 5% reduction in annual blood usage by 31 March 2005 compared to levels used in 2003/04.					
<b>7 FAMILY AND CHILDREN (Incl CHILD HEALTH)</b>					
7.1 In support of the PSA target of increasing the rate of children adopted to 7% of the looked after population in each HSS Trust by 31 March 2006, up from 4.1% in					

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<p>2002, the Trusts must by 31 March 2005:</p> <ul style="list-style-type: none"> <li>a. have arrangements in place so that all looked after children have a plan to secure permanence by the time of their first 3 month statutory looked after children (LAC) review;</li> <li>b. have at least 5% of their foster carers dually approved for fostering and adoption; and</li> <li>c. have arrangements in place to monitor the care plans of children who have experienced more than 2 care moves in any 12 month period, excluding children who are living at home who receive respite care for example disabled children and children with challenging behaviour.</li> </ul>					

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7.2 By 30 September 2004 Trusts must have identified their current starting position and prepare an action plan designed to achieve the PSA target that by September 2007, Looked After Children, attend school for at least 85% of the days they are required to attend.					
7.3 By 30 September 2004 all Trusts must act so that all young people aged 16 or over who meet the criteria of the Children (Leaving Care) Act (NI) 2002 have a “pathway” plan and a personal adviser.					
7.4 By 31 March 2005, Boards and Trusts should establish multidisciplinary diagnostic, assessment and early intervention teams to provide for improved life outcomes for around 200 children and young people with autism per year.					

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7.5 By 31 March 2005, Boards and Trusts should enhance inpatient and /or community services to provide for improved life outcomes for at least 165 children and adolescents with mental health problems.					
<b>8. AMBULANCE SERVICES</b>					
8.1 By 31 March 2005, to have rolled out the Medical Priority System across all four Health Board areas, supporting targeted responses to emergency calls on the basis of clinical urgency.					
8.2 By 31 March 2005, to have made demonstrable progress towards achieving the strategic target of a 75% response rate within 8 minutes across all Board areas by 2007.					

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<b>9. WORKFORCE</b>					
9.1 HPSS employers should seek to maximise the benefits delivered from the new consultants contract through implementing new consultant job plans that will deliver more direct clinical contact, within agreed cost constraints, by 31 March 2005.					
9.2 HPSS employers should, in light of Departmental workforce reviews, produce plans, approved by their boards, by 31 December 2004 to address retention issues in areas of workforce shortages					
9.3 All HPSS employers should work to achieve the individual targets for the reduction of sickness related absenteeism set by the Department.					
9.4 All HPSS employers must work towards 100% compliance with European Working Time Directive as it applies to doctors in training from August 2004.					

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<b>10 BETTER GOVERNANCE, QUALITY AND PERFORMANCE IMPROVEMENT</b>					
<p>10.1 HPSS bodies should, in accordance with Departmental guidance, consolidate “substantive” levels of compliance with the core controls assurance standards for risk management, governance and financial management and work towards achievement of the required levels of compliance for other controls assurance standards formally issued for 2004/05.</p>					
<p>10.2 All HPSS organisations should ensure that where action has been identified through review of clinical and social care governance/baseline assessments, organisations should work with the Clinical and Social Care Governance Support Team, to complete action by March 2005, or where appropriate and subject to available resources, have an implementation plan in place.</p>					

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10.3 Within the framework to be prescribed by the Department, Boards should agree action plans with Trusts by 30 June 2004 to achieve targeted efficiency savings of 2%.					
10.4 Boards and the Central Services Agency should take steps to reduce the estimated patient exemption fraud in primary care to 45% of the 1999/00 level by 31 March 2005 in working towards a 50% reduction by 31 March 2006 through the continued implementation of the Family Practitioner Services Fraud Action Plan.					
10.5 All doctors, employed by HPSS organisations, should participate in annual appraisal by 31 March 2005.					
10.6 By 1 January 2005 systems, procedures and training should be in place within all HPSS bodies to ensure compliance with the provisions of the Freedom of Information Act 2000 and be able to meet the 20-day time limit for					

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compliance with a request for information.					
<b>11 INFORMATION AND COMMUNICATION TECHNOLOGY</b>					
11.1 HPSS bodies should work with the regional H+C No project towards successful implementation of the new identifier. By 31 March 2005, 200 GP practices should be linked to the new GP network (all by December 2005). All Trusts should by 31 December 2004 have agreed plans to introduce the HCN to their Patient Administration Systems. Specific individual targets for 2004/05 are being established as part of the overall implementation programme.					
11.2 Trusts providing community services should have implementation plans and structures in place and agreed with the Department by 31 March 2005 to meet PCIS readiness criteria.					

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11.3 HPSS bodies should collaborate with GP practices to improve the quality of patient information through the introduction of new ICT services for GPs – including pathology and radiology results reporting and access to patient administration systems in hospitals by 31 March 2005.					
11.4 By end October 2004 all HPSS bodies should be providing key service information to the public by maintaining the mandatory elements of the HPSS Internet web site, for example: location; access and contact details; information for service users and visitors; and information about services provided.					
11.5 HPSS bodies should work with the regional Server Consolidation project to secure migration of existing services to the central configuration. Specific individual targets are being agreed as part of the regional implementation plan. All HPSS bodies should have agreed firm implementation dates					

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for all systems by 31 December 2004.					
<b>12 NEW TSN, EQUALITY AND HUMAN RIGHTS</b>					
12.1 At 30 September 2004 and 31 March 2005, each HPSS organisation should report on progress in implementing the guidance issued on the basis of the four Equality Good Practice Reviews on: access to information, the handling of complaints, service user involvement and promoting positive staff attitudes to diversity. This report should make specific reference to the numbers of people trained in diversity.					
12.2 By 31 December 2004, HSS Boards should consider the impact of the results of the 4 <sup>th</sup> Report from the Capitation Formula Review Group on their equity strategies. By 31 March 2005, Boards should have revised their plans for implementation of these strategies in 2005/06.					

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<b>13 CAPITAL INVESTMENT AND ESTATE</b>					
<p>13.1 All Trusts and Agencies must submit updated Estate Control Plans, together with their rolled forward capital investment plans, by 29 October 2004. While elements of the Estate Control Plans will remain provisional in light of service developments and resource availability, they must be completed in line with realistic possible planning scenarios and identify all surplus land and property for disposal. Particular attention should be given to plans for reducing the total estate backlogs of statutory and other standards, including health &amp; safety, fire safety; physical condition; replacement of ageing equipment and compliance with decontamination policy and standards.</p>					

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<p>13.2 Boards, Trusts and Agencies, having completed access audits of their premises by March 2004, identifying essential remedial work and having factored this into planned maintenance schedules, should by 30 June 2004 indicate how they have addressed fully their statutory obligations to meet the conditions of the Disability Discrimination Act (DDA) which comes into force on 1 October 2004. They should include in this report their plans for responding speedily to complaints and problems related to the DDA.</p>					