

CORPORATE PLAN

2008 - 2009

Table of Contents

Item Number	Title	Page Number
1.	Introduction	3 – 5
2.	Outline of Goals and Strategies/ Objectives	6 – 11
3.	Action Plan with Measures and Targets	12 – 47
 Appendices		
1.	Monthly Board Calendar	48 - 51

Introduction

Over the next year the Board continues to face a challenging agenda particularly as the new structures heralded by the Review of Public Administration become established. In such a changing environment especially with staff moving to positions within the new structures, it is critical that the Board remains focused on its overall responsibilities. These include improving health and well-being, reducing health inequalities and ensuring effective health and social services within the resources available to it. This focus must be set against an ever increasing spotlight as illustrated in the Priorities for Action targets, on reform and modernisation and performance management as key drivers of the commissioning role.

In light of the above the Board has decided to produce a succinct Corporate Plan for 2008/09 which will clearly describe the key priorities for the year ahead.

The overarching goals remain unchanged from previous years and as illustrated below in a balanced scorecard format are derived from the Board's overall commissioning responsibilities as reflected in the mission statement:

“To promote the health and well-being of the Board's resident population and secure a balanced range of health and social care services to the highest standards within available resources taking account of professional guidance on best practice to meet the specific needs of the population.

The Board will, in taking this forward, inform local people of the challenges and issues that the HPSS has to face in the maintenance and development of services and the allocation of resources. We will involve local people in discussion on health and social services matters so that their views can be taken into account when its policy and planning decisions are made.”

<p><u>Customers & Stakeholders Goals</u></p> <ol style="list-style-type: none"> 1. Commissioning: commission evidence based health & social care which meets needs & engage with communities to plan locally based services. 2. Health and Well-Being: to promote health and well-being, tackle health inequalities & safeguard children and vulnerable adults. 3. Performance Management: to drive quantified improvements in access to appropriate care. 	<p><u>Learning and Growth Goals</u></p> <ol style="list-style-type: none"> 1. Organisational Development: to develop the Board and its staff to ensure continuous improvements in performance during a period of organisational change.
<p><u>Financial Management Goals</u></p> <ol style="list-style-type: none"> 1. Financial: to ensure effective stewardship of the Board's financial resources. 	<p><u>Internal Business Goals</u></p> <ol style="list-style-type: none"> 1. Corporate Governance: to ensure sound governance arrangements underpin our actions.

Directorates have been asked to submit for inclusion in the Corporate Plan those key objectives which will drive forward the business of the Board in the coming year. These objectives which relate to the wider goals, are presented along with clear measures and targets which will enable a defined and expected level of performance to be evaluated. The choice of objectives reflects strategic drivers such as Priorities for Action targets, risk management, financial performance and reform and modernisation initiatives as well as the overall commissioning responsibilities of the Board in the promotion of health and well-being and the protection of vulnerable adults and children. While it must be emphasised that work to meet these objectives crosses the various Board Directorates and Programme of Care teams, a lead Director has been identified for each of the objectives to ensure accountability for achieving the targets.

Monitoring of the targets will be an ongoing process throughout the year with regular reports to SMT and to the Board as to progress towards the achievement of the targets.

There are many other areas of work which the Board continues to progress and which contribute to the complexities of the commissioning process, many of which are statutory or mandatory requirements. These are presented in the Corporate Calendar which indicates the name of the report to go to the Board, which month and whether this is for approval or for information.

OUTLINE OF GOALS AND STRATEGIES / OBJECTIVES

GOAL 1

To commission evidence based health and social care which meets needs and engage with communities to plan locally based services.

STRATEGIES/OBJECTIVES

- 1.1 Undertake needs assessment activities in order to inform identification of care priorities and investment decisions.
- 1.2 To promote user involvement by planning for the integration of the User Panel into any future commissioning structures.
- 1.3 Secure equitable access to services across programmes and localities.
- 1.4 To contribute to development and implementation of Departmental Revised Capitation Formula.
- 1.5 Contribute to reform and modernisation of services through a range of enhanced services in primary care.
- 1.6 Lead and contribute to transition planning to ensure effective inter-agency Partnership working through the Northern Area Trauma Advisory Panel, Northern Area Supporting People Partnership, Northern Area Child Protection Committee, Northern Children and Young People's Committee (Children's Services Planning) and Northern Childcare Partnership.
- 1.7 Achieve PFA targets relating to the commissioning of adult and children's services in line with corporate objectives.

GOAL 2

To promote health and well-being, tackle health inequalities and safeguard children and vulnerable adults.

STRATEGIES/OBJECTIVES

- 2.1 To take forward the implementation of the Investing for Health Strategy.
- 2.2 To promote Health and Well-being through partnership working.
- 2.3 To target specific areas identified in PFA relating to health improvement.
- 2.4 To ensure appropriate arrangements are in place for the management and control of communicable diseases and emergency incidents.
- 2.5 Respond and co-operate with any relevant Inspection Reports/Audits.

GOAL 3

To drive quantified improvements in access to appropriate care.

STRATEGIES/OBJECTIVES

- 3.1 To secure the agreed outputs of the Board's Modernisation Plan for Acute and Elderly services.
- 3.2 To secure the Board's contribution to Regional Access targets in PFA and as agreed with the Service Delivery Unit in DHSSPS.
- 3.3 To improve access to therapy services.
- 3.4 Secure sufficient capacity to provide renal care.
- 3.5 Secure high performance from the NI Ambulance Service.
- 3.6 Focus on delivery of efficiency savings through harmonisation of GMS Out of Hours provider models of care.
- 3.7 Review and update the "Commissioning Quality Services report" detailing both the Board's commitment to quality and the ongoing monitoring of services delivered.
- 3.8 Ensure safer better quality services in keeping with the reviews undertaken by RQIA.
- 3.9 Promote and monitor the effective discharge of statutory functions in social care to develop and maintain service quality and minimise risk.

GOAL 4

To ensure sound Governance arrangements underpin our activities.

STRATEGIES/OBJECTIVES

- 4.1 Ensure robust Control Systems are in place to minimize risk to Board objectives and activities.
- 4.2 Undertake Probity programme for Family Practitioner Services.
- 4.3 To implement clinical and social care governance arrangements.
- 4.4 Develop and improve existing governance arrangements in respect of reporting, risk management and effective communication/exchange of information between the Board, Trust and DHSSPS.

GOAL 5

To ensure effective stewardship of the Board's financial resources.

STRATEGIES/OBJECTIVES

- 5.1 To meet the key financial statutory target of a breakeven resource position.
- 5.2 To agree with Trusts and Programme of Care (PoC) teams the overall core resources, service developments and reform modernisation investments to produce Health and Well-being Investment Plans (HWIP) financial planning framework.
- 5.3 Take forward and lead on the financial framework ensuring robust economic appraisal principles and green book guidelines are applied to the investment and planning/business case processes.
- 5.4 To develop, implement and monitor annual financial strategy plan.
- 5.5 Ensure compliance with procedures developed by the Board for the funding of voluntary bodies and other partnership bodies.

GOAL 6

To develop the Board and its staff to ensure continuous improvement in performance during a period of organisational change.

STRATEGIES/OBJECTIVES

- 6.1 To assist in shaping the development of future HPSS structures.
- 6.2 To manage the transition arrangements to the new commissioning organisation in keeping with HPSS change management programme.
- 6.3 Ensure that the targets and objectives of the Training Strategy for Personal Social Services are achieved, in addition to the promotion and development of professional and vocational training.

CORPORATE PLAN

2008 - 2009

	Goal		Strategies / Objectives	Measure	Target	Key Activities
1.	Commissioning To commission evidence based health and social care which meets needs and engage with communities to plan locally based services.	1.1	Undertake needs assessment activities in order to inform identification of care priorities and investment decisions.	Needs Assessments	100% completed & actions identified.	
		1.2	To promote user involvement by planning for the integration of the User Panel into any future commissioning structures.	% of projects/pieces of work undertaken by the Board that involve users	Maintain and if possible Increase activity of panel during transition period.	
		1.3	Secure Equitable access to services across programmes and localities.	Annual Equity review	Equitable Distribution of resources in line with Equity Strategy	Strategic Resource Framework Capitation formula updates Annual Equity review Implementation plans of Equity Strategy

	Goal		Strategies / Objectives	Measure	Target	Key Activities
		1.4	To contribute to development and implementation of Departmental Revised Capitation Formula.	Dedicated input into regional capitation formula group and its implementation fairer/equitable share of regional resources	Completing project work programme in line with Departmental timescale	Key Activities as defined by Project Plan
		1.5	Contribute to reform and modernisation of services through a range of enhanced services in primary care.	GMS (SFE) Directions (NI) + PMS (DES) Directions (NI) and PfA targets	As specified in Directions and Service Specification	
		1.6	Lead and contribute to transition planning to ensure effective inter-agency partnership working through: Northern Area Trauma Advisory Panel	Second Review of the Northern Area Trauma Advisory Panel	Second review to be produced by November 2008	

	Goal		Strategies / Objectives	Measure	Target	Key Activities
			Northern Area Supporting People Partnership	5 year Capital Development Plan	Rolling Capital Development Plan will be finalised by June 2008.	Business Cases for accommodation options to be produced and approved by Northern Area Supporting People Partnership.
			Northern Area Child Protection Committee	Case Management Reviews	Carry out Case Management Reviews as appropriate	Production of Annual Report, Business Plan for signing off and handover purposes.
				Establishing Safeguarding Boards	Effect transition of new Safeguarding Boards	Transition plan to be agreed with DHSS&PS
			Northern Area Children and Young People's Committee (Children's Services Planning)	To provide and set out the strategic inter-agency direction for services for vulnerable children in the Northern area	Regional Children's Services Plan 2008-2011 to be finalised June 2008	Work of the NACYPC is taken forward by a number of sub-groups which focus on particular groups of children in need, task groups which area set up to work specific time bound objectives and locality groups who assess need in geographical areas.
			Northern Childcare Partnership	Transfer to financial arrangements, transfer of personnel and transfer of responsibility for relevant products	Effect transfer of Northern Childcare Partnership function to Department of Education (DE) by March 2009	Progress meetings with DE to manage transition process

	Goal		Strategies / Objectives	Measure	Target	Key Activities
	MH = Mental Health LD = Learning Disability	1.7	Achieve PFA Targets relating to the commissioning of adult and children's services in line with the Corporate Objectives	Adult: Increase the number of Direct Payments	Boards and Trusts should ensure that by March 2009 the number of Direct Payment cases increases to 1,000. (Rising to 1,500 by March 2011)	
				Adult: % of people in care management have their assessed care needs met in a domiciliary setting	Ensure by March 2009, 44% of people in care management have their assessed care needs met in domiciliary setting	
				Adult: Care Standards for delivery of residential, domiciliary and day care	Ensure that by March 2009, delivery of residential, domiciliary and day care is compliant with care standards, as evidenced by RQIA inspections	
				Adult: % reduction in the 2008 suicide rate compared with the 2006 year.	By September 2008, Board and Trusts, 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 5% reduction in the suicide rate by March 2009	

	Goal		Strategies / Objectives	Measure	Target	Key Activities
				Adult: Suicide prevention action plans.	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	
				Adult: % of patients admitted for assessment and treatment are discharged within 7 days of the decision to discharge. (MH, LD)	By March 2009 75% of patients admitted for assessment and treatment are discharged within 7 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	
				Adult: Specialised seats/wheelchairs	By March 2009, 35 additional specialised seats/wheelchairs	

	Goal		Strategies / Objectives	Measure	Target	Key Activities
					have been provided compared to the position at March 2008	
				Adult: Increase respite care packages.	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)	
				Adult: Increase respite care packages.	By March 2009, access to learning disability care is improved by providing an additional 50 respite packages a year. (Increasing to 200 by March 2011)	
				Adult: Resettle patients from hospital to appropriate places in the community. (MH)	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)	
				Adult: Waiting times for assessment and treatment.	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	
				Adult: Increase	By March 2009, provide an	

	Goal		Strategies / Objectives	Measure	Target	Key Activities
				dementia respite places.	additional 500 dementia respite places a year. (Increase to 2,000 by March 2011)	
				Adult: Resettlement of patients from hospital to the community. (LD)	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)	
			To continue to take forward the reform and modernisation of mental health services in the community	Modernisation of Community Mental Health Teams	<p>By March 2011, 50 additional staff into adult mental health teams</p> <p>Recruit and train and extend the role of clinical staff to deliver the psychotherapies recommendations of the Bamford review and the Welfare Green paper.</p> <p>Increase the choice of evidence-based psychological therapies for people with mild to moderate depression and other mental health issues</p> <p>Strengthen Personality Disorder Services by March 2010.</p>	See under PFAs 2008/09

	Goal		Strategies / Objectives	Measure	Target	Key Activities
				Reduction in admissions Eating Disorders	By March 2011 reduce admissions to hospital by 10% From April 2008 begin to develop an eating disorders unit	
				Children: Record and collect BMI measurements through the School Nursing Service of year 8/9 pupils.	From April 2008 Boards should ensure that 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 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)	
				Children: Develop action plan to support the Department's regional Hidden Harm Action Plan.	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.	

	Goal		Strategies / Objectives	Measure	Target	Key Activities
				Children: % reduction on the number of children in care.	By March 2009, the number of children in care should be reduced by 3% in comparison with the figure at March 2008. (Increasing to 12% by March 2011)	
				Children: Ensure that children and young people whose assessed need is on level 1, 2 or 3 have participated in a Family Group Conference.	By June 2008 Boards must have agreed Regional guidance to use Family Group Conferencing so that by March 2009 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	
				Children: Independent birth parent mediation service available to all birth parents where adoption is the plan.	By December 2008, Trusts must 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 post-adoption contact mediation and facilitation service and a therapeutic support service	
				Children: Provision of Family Support packages.	By March 2009 provide family support packages to 1,000 vulnerable young people as	

	Goal		Strategies / Objectives	Measure	Target	Key Activities
					<p>part of new Family Support Services. (Increasing to 3,500 by 2011)</p> <p>Have in place a dedicated outreach programme targeted at young people aged 18 and under who are homeless or at risk of homelessness</p>	
				Children: Resettlement of children from learning disability hospitals.	Trusts should ensure that by March 2009, all children are resettled from learning disability hospitals to appropriate places in the community	
				Children: Commissioning Family Support Services.	By June 2008 develop detailed plans through the Children's Services Planning process for the long-term commissioning of the Family Support Services	
				Children: All eligible, relevant and former relevant young people have pathway plans and personal advisors in place.	By September 2008 all eligible, relevant and former relevant young people have pathway plans and personal advisors in place, in line with statutory requirements and Departmental guidance	
				Children: Therapeutic support scheme in two intensive support residential children's	Have established by September 2008, a 6 month pilot therapeutic support scheme in two intensive	

	Goal		Strategies / Objectives	Measure	Target	Key Activities
				homes.	support children's homes, with a full scheme operational by April 2010 in at least 10 residential homes across NI	
				Children: Increase number of foster carers.	<p>Develop a plan by September 2008 setting out how to achieve an increase by 31 March 2010 of 300 foster carers across Northern Ireland from March 2006 total.</p> <p>By March 2009 have agreed regionally a priority salaried foster care initiative targeted at older young people in care</p>	
				Children: Support to young people aged 16-17 in care to engage in part-time and full-time employment.	<p>Have in place by December 2008 regionally agreed guidance and arrangements to support young people aged 16-17 years in care to engage in part-time and full-time employment.</p> <p>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</p>	

	Goal		Strategies / Objectives	Measure	Target	Key Activities
2	<p>Health and Well Being</p> <p>To promote health and well-being, tackle health inequalities & safeguard children and vulnerable adults</p>	2.1	<p>To take forward the implementation of the Investing for Health Strategy.</p> <p>Implementation of a range of Health and Well Being strategies such as:</p> <p>Alcohol and Drugs</p> <p>Smoking</p> <p>Physical Activity</p> <p>Mental Health Promotion</p> <p>Suicide</p> <p>Home Accident Prevention</p> <p>Sexual Health</p> <p>Teenage Pregnancy</p> <p>Food and Nutrition</p>	<p>Implementation of the Health Improvement Plan actions where NHSSB has a lead responsibility.</p> <p>Implementation of Health and Well-Being Strategy Action Plans.</p>	<p>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.</p> <p>By March 2011, reduce to 21% and 25% respectively the proportion of adults and manual worker subset who smoke.</p> <p>By March 2011, halt the rise in obesity.</p> <p>By March 2010, ensure a 5% reduction in the proportion of adults who binge drink.</p> <p>By March 2010, ensure a 10% reduction in the proportion of young people who drink and who report getting drunk.</p> <p>By March 2010, ensure a 5% reduction in the proportion of</p>	

					<p>young adults taking illegal drugs.</p> <p>By March 2011, ensure a 10% reduction in the number of children at risk from parental alcohol and/or drug dependency.</p> <p>By March 2011 achieve a reduction of at least 15% in the suicide rate.</p> <p>By 31 March 2010, achieve a 40% reduction the rate of births to mothers under 17.</p>	
		2.2	To promote Health and Well-Being through partnership working.	Implementation of NNHAZ Action Plan/Strategic Plan	<p>To reduce health inequalities and improve the health and social well-being of residents and communities living in 14 areas of high social and economic deprivation within the NHSSB area.</p>	<p>Develop, implement and review 14 Community Action Plans with Local Community/ Interagency Partnerships</p> <p>Develop and implement special initiative programmes focusing on reducing obesity levels and increasing levels of physical activity, improving mental health and wellbeing, reducing social isolation in the elderly, improving access to opportunities for education and empowerment.</p> <p>Implementation of Communications Strategy; including revision of</p>

						NNHAZ website, production of communication resources to share learning and good practice, co-ordination of annual conference and events.
	Goal		Strategies / Objectives	Measure	Target	Key Activities
		2.3	To target specific areas identified in Priorities for Action relating to health improvement.	Screening for Abdominal Aortic Aneurysm	By March 2010 establish screening arrangements for abdominal aortic aneurysm	Regional guidance awaited
				Introduction of HPV immunisation	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	Regional guidance awaited
				Extend breast screening programme	By March 2009, extend the regional breast cancer screening programme to cover those aged 65-70	Regional guidance awaited
				Bowel Screening	From 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.	Regional guidance awaited

			New arrangements for ante-natal screening	Make arrangements to extend the scope of ante-natal screening for foetal abnormalities	Regional guidance awaited	
	Goal		Strategies / Objectives	Measure	Target	Key Activities
		2.4	To ensure appropriate arrangements are in place for the management and control of communicable diseases and emergency incidents.	A 24 hour infection control service for the Board area. Compliance with the Civil Contingencies Framework and the Emergency Planning functions Directorate	Provision of a 24 hour infection control service involving the services of a specialist infection control team.	Continuing participation in Project Board Group and Sub Groups Board Emergency Planning Group instituted to progress work
		2.5	Respond and co-operate with any relevant Inspection Reports/Audits. Ongoing implementation of the recommendations	Annual update	Work to continue to implement residual recommendations (19)	Progress recommendations on Northern are basis via Project Management Board and Project Management Team

			as outlined in the Overview Report – “Our Children and Young People – Our Shared Responsibility” (January 2007).			
--	--	--	--	--	--	--

	Goal		Strategies / Objectives	Measure	Target	Key Activities
3.	<p>Performance Management</p> <p>To drive quantified improvements in access to appropriate care</p>	3.1	To secure the agreed outputs of the Board's Modernisation Plan for Acute and Elderly services.	Cardiovascular Services	<p>A cumulative additional 700 cardiac surgery procedures/cardiological interventions etc are provided by March 2011.</p> <p>From April 2009, implementation of actions to achieve the service-related targets in the Cardiovascular Service Framework.</p> <p>Improved services for patients with heart failure, including the appointment from April 2009 of heart failure nurses across Northern Ireland.</p> <p>Improved capacity for diagnostic angiography over the CSR period to achieve and maintain maximum waiting times.</p> <p>Improved community rehabilitation services so that all patients with heart disease, who could benefit from rehabilitation, have the</p>	

				<p>Stroke Services</p> <p>opportunity to participate in a suitable programme.</p> <p>By March 2011, ensure a 10% reduction in mortality and disability from stroke.</p> <p>By March 2013, everyone who suffers a stroke is assessed within 90 minutes for suitability for Thrombolysis and that stroke mortality rates are reduced by 15%.</p> <p>The timely provision of access to 24/7 CT scanning and interpretation to inform the appropriate use of thrombolysis.</p> <p>Timely provision of the additional staffing infrastructure necessary to support early diagnosis of stroke.</p> <p>Timely recruitment of additional appropriately skilled staff, including AHPs for stroke rehabilitation.</p>	
				<p>Elderly Services</p> <p>From April 2008, no older person with continuing care needs will wait more than eight</p>	

				<p>weeks for a completed assessment, with the main components of care met within a further 12 weeks.</p> <p>By 2010, 45% of people with assessed community care needs supported at home.</p> <p>From April 2008, 90% of patients with continuing complex care needs will be discharged from acute setting within 48 hours of being declared medically fit and no complex discharge will take longer than 7 days – in all cases with appropriate community support.</p> <p>Boards should ensure that, by March 2009, they have (i) – 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: (ii) – established, in collaboration (as necessary) with the European Centre for Connected Health, these patients on a case-management programme; (iii)</p>	
			Long Term Conditions		

				<p>– identified the anticipated on-flow during this period; (iv) – reduced the unplanned admissions of these case managed patients by 10%.</p> <p>Board and Trust plans are expected to include proposals in relation to the immediate strengthening of specialist community services and palliative care.</p> <p>From June 2009, implementation of actions to achieve the service-related targets in the Respiratory Service Framework.</p> <p>By March 2011, ensure a 21 week waiting time for drug therapies for the treatment of severe arthritis</p> <p>By June 2008, ensure that comprehensive plans are in place for the immediate development of services to preserve the sight of people affected by the age-related macular degeneration, consistent with the emerging evidence base for treatment of this condition.</p>	
--	--	--	--	--	--

					Introduce new drug therapies for which there is evidence of effectiveness as determined by the relevant expert national bodies.	
	Goal		Strategies / Objectives	Measure	Target	Key Activities
		3.2	To secure the Board's contribution to Regional Access targets in PFA and as agreed with the Service Delivery Unit in DHSSPS.	Reduce waiting times for elective treatment	<p>Meet PFA targets that states that no patient should be waiting 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.</p> <p>By March 2009, all urgent diagnostic tests should be reported on within 2 days of the test being undertaken, with 75% of all routine tests being reported on within 2 weeks and all routine tests within 4 weeks.</p>	<p>Scrutinize Trusts' Business Cases for meeting the PFA target and amend the Board's Financial Strategy as necessary to meet demand in excess of Trust capacity.</p> <p>Assess growth in waiting list demand and Trusts' capacity and where necessary, introduce arrangements for re-directing GP referrals to alternative providers where capacity has been secured.</p> <p>Where Trusts fail to meet their agreed capacity, ensure patients and funding are transferred to another provider, through NIPOC.</p>
					From April 2008, 98% of patients diagnosed with cancer should commence treatment	

				<p>within 31 days of the decision to treat, and at least 75% of patients urgently referred with suspected cancer should begin their first definitive treatment within 62 days (increasing to 95% by March 2009)</p> <p>All urgent GP referrals for breast cancer should be seen within 14 days of the receipt of referral, with all urgent breast cancer referrals being seen within 14 days by March 2009</p> <p>From April 2008, 95% of patients who attend A&E should either be treated and discharged home, or admitted within 4 hours of their arrival in the department.</p> <p>All non-complex discharges should take place within a maximum of 6 hours</p> <p>By 2011, 50% reduction in unplanned hospital admissions for case management patients with severe chronic diseases.</p>	
--	--	--	--	--	--

	Goal		Strategies / Objectives	Measure	Target	Key Activities
				Reduce waiting times for access to Fracture treatments	From April 2008, 75% of patients should, where clinically appropriate, wait no longer than 48 hours for inpatient fracture treatment (increasing to 95% by March 2009).	Work with SDU, the Ambulance service and community Trusts to develop sufficient capacity and an appropriate patient pathway
				Access to Primary Care	From April 2008, Boards should ensure that all patients have 48 hour access to a GP or other appropriate practice based primary care practitioner. In cases where the patient has an acute condition, access must be within 24 hours.	
		3.3	To improve access to therapy services.	Length of time from referral to assessment Length of time from referral to treatment commences	From April 2008, no patient should wait longer than 26 weeks from referral to commencement of AHP treatment, reducing to 13 weeks by March 2009	Validation of waiting lists Two categories of referral Take patients off waiting lists in chronological order Process mapping and identify bottlenecks Agree access/DNA/Discharge policies Develop skills mix profile

		3.4	Secure sufficient capacity to provide renal care.	Increase the capacity of Haemodialysis and Peritoneal Dialysis in line with the Renal Review	<p>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.</p> <p>By 2009, at least 50% of patients (rising to 60%) should receive dialysis via fistula and no patient should wait longer than 9 months for a live donor transplant(reducing to 6 months) by 2010.</p> <p>By March 2011, provide capacity for an additional 20 transplant procedures per year to be undertaken.</p>	Work with NHSCT to open new stations at Antrim and bring forward the Business Case for an extension to the renal unit and a Business case for a new renal unit at Causeway Hospital.

	Goal		Strategies / Objectives	Measure	Target	Key Activities
		3.5	Secure high performance from the NI Ambulance Service	Meet the targets set for them in PSA and as a result of the DHSSPS Benchmarking Exercise	<p>From April 2008,NIAS should respond to an average of 70% Category A calls within 8 minutes, improving to 62% by March 2009.</p> <p>By March 2011, NIAS to respond to 75% of life-threatening calls within 8 minutes.</p> <p>Boards and NIAS should ensure that paramedic-administered thrombolysis is available throughout NI by March 2009</p>	Work with NIAS and DHSSPS to take forward the recommendations of the Benchmarking study
		3.6	Focus on delivery of efficiency savings through harmonisation of GMS out of hours provider models of care.	Financial savings.		Project management approach to regionalisation of OOHs services.
		3.7	Review and update the Commissioning Quality Services report detailing both the Board's commitment to	<p>Production of CQS</p> <p>Number of Monitoring activities outlined.</p>	December 2008	<p>Review of Monitoring Activity</p> <p>Consultation and Preparation for CQS</p>

			quality and the ongoing monitoring of services delivered.			
		3.8	Ensure safer better quality services in keeping with the reviews undertaken by RQIA.		Improvement plans should be in place to implement the recommendations arising from the governance and thematic reviews undertaken by RQIA	
		3.9	Promote and monitor the effective discharge of statutory functions in social care to develop and maintain service quality and minimise risk.	Monitoring Delegated Statutory Functions Annual Report 1 April 2007 – 31 March 2008	September 2008	Annual statement of report Analysis of reports

	Goal		Strategies / Objectives	Measure	Target	Key Activities
4.	Corporate Governance To ensure sound Governance arrangements underpin our activities	4.1	Ensure robust Control Systems are in place to minimise risk to Board objectives and activities.	Compliance with Controls Assurance standards	100% compliance with applicable standards requiring substantive compliance 100% compliance with applicable standards requiring Moderate compliance	Management and monitoring of Controls Assurance to enable sign off by the Chief Executive and meet requirements of the Auditors
				Identification and treatment of Corporate Risks	Number of Corporate Risks where the category of risk has been reduced Number of Serious Adverse Incidents investigated and appropriate action taken.	Board approval of the Tri-annual Corporate Risk And Assurance Report Regular monitoring and action on risks to services and users identified by providers.
				Security of ICT systems	No incidents of breaches of security 100% coverage of Asset Register within the Board & GP Practices.	Compliance with ICT Security Policy

	Goal		Strategies / Objectives	Measure	Target	Key Activities
				Meet statutory standards for Information Governance	Data Protection incidents – 100% dealt with within 40 days Freedom of Information and Environmental Information Requests dealt with within the standards – 100% dealt with within 20 working days	Dealing with Fol and EIR requests Maintain an up to date annual notification
		4.2	Undertake Probity Programme for Family Practitioner Services.	Compliance with current DHSSPS Circulars :- Ophthalmic Practitioners and Suppliers Circular HSS(F) 43/2001 General Dental Practitioners Circular HSS (F) 41/2005 General Medical Practitioners Circular HSS (F) 22/2006 Positive Annual Internal and External Audit Reports on general Probity Function and Special Investigation work	To have carried out the required number of practice visits to Dentists, Doctors and Opticians by 31 March each year and finalised all correspondence in terms of reports etc and recoveries of monies including taking disciplinary / civil /criminal action where appropriate.	Submission of annual probity work programme to Board Audit Committee for approval. Submission of regular progress reports against annual probity work programme to Board Audit Committee for information. Ensure actions agreed at Regional Probity & Counter Fraud Steering Group are implemented within the NHSSB area.

	Goal		Strategies / Objectives	Measure	Target	Key Activities
		4.3	To implement clinical & social care governance arrangements.	HPSS Quality Standards.	A completed CSCG Annual Report by March 2009.	Representation at Regional 4 Board Governance Group. Implement CSCG Action Plan by progressing identified projects.
		4.4	Develop and improve existing governance arrangements in respect of reporting, risk management and effective communication/ exchange of information between the Board, Trusts and DHSSPS.	A Regional Audit on secure accommodation.	Work collaboratively to produce a Regional Audit. Regional Audit on Secure Accommodation to be finalised in June 2008	Consultants Engaged Produce an agreed report to be shared with the Board and DHSSPS Identify service implications

	Goal		Strategies / Objectives	Measure	Target	Key Activities
5.	Finance To ensure effective stewardship of the Board's financial resources	5.1	To meet the key financial statutory target of a breakeven resource position.	Financial Strategy Monthly Mandatory financial reports to Board & Dept Final Accounts	The Board will operate within its allocation limit	Monthly monitoring Agreeing contingency plans Perform efficiency reviews Monitor slippage
		5.2	To agree with Trusts and POC teams the overall core resources, service developments and reform modernisation investments to produce Health & Well-Being Investment Plans (HWIP) financial planning framework.	FP forms complete by designated date Reconciliation with provider TDP's In year monitoring	To maintain a balanced funding position and undertake corrective action where necessary	Negotiate with Providers Monitor the financial performance of internal and external providers overall, but especially delivering on ring fenced allocation and cash efficiency programmes Facilitate service change programme with Providers Liaising with DHSSPS
		5.3	Take forward and lead on the financial framework ensuring robust	Business case/ financial evaluation (FE) assessment processes	Affordability Value for money	Evaluation of Business Cases/FE forms

			economic appraisal principles and green book guidelines are applied to the investment planning and business case processes.			
		5.4	To develop, implement and monitor annual financial strategy plan.	Complete financial strategy document detailing core and new resources investment plan	Produce annual financial strategy plan and in year review by designated date	Provide regular financial management information to Board Detailed in year progress review Monthly financial outturn reports to Board
		5.5	Ensure compliance with procedures developed by the Board for the funding of voluntary bodies and other partnership bodies.	Performance monitoring reports Financial monitoring reports Audit reports	Ensure Board resources are used for purpose for which intended in an efficient manner	Regular performance monitoring Risk based financial monitoring Coverage in audit plan

	Goal		Strategies / Objectives	Measure	Target	Key Activities
6.	Organisational Development					
	To develop the Board and its staff to ensure continuous improvement in performance during a period of organisational change	6.1	To assist in shaping the development of future HPSS structures.	Board Officers fully involved in contributing to the design of future structures.	New arrangements put in place as per timescales set out by DHSSPS project plan.	Contribution to DHSSPS workstream and project groups.
		6.2	To manage the transition arrangements to the new commissioning organisation in keeping with HPSS change management programme.	New commissioning arrangements are implemented according to project plan.	Vacancies are controlled in keeping with Vacancy Control Policy. Regular (monthly) staff briefings Website used to brief staff Questions and answers facility established on website	
		6.3	Ensure that the targets and objectives of the Training Strategy for Personal Social Services are achieved, in	Secure the Objectives 2008/09 – PSS Training Strategy and Children Order Training 2008/09	October 2008 April 2009	Regular monitoring of progress in conjunction with Trusts. Regular monitoring reports to DHSSPS Providing accountability reports re

	Goal		Strategies / Objectives	Measure	Target	Key Activities
			addition to the promotion and development of professional and vocational training.			achievement of training targets.

Monthly Board Calendar June 2008 – May 2009

The Monthly Board Calendar sets out the items which, at this stage in the year, it is possible to identify as requiring to be submitted to the Board. The Calendar indicates the particular item, which month it is likely to go and whether formal Board approval is required or whether it is to go for information.

The items listed may not be identified separately in the Corporate Plan as they are regular items of business which take forward the work of the Board. While many of the items have not been identified in the Corporate Plan as key objectives for the year ahead, nevertheless it is important to emphasise that they provide an important foundation for the corporate work of the Board.

Monthly Board Calendar

Month	Board Approval	Board Information
August 2008	<p>Financial Outturn Report</p> <p>Northern Area Children and Young People's Committee – 3 Year Children's Services Plan for Northern area 2008 - 2011</p> <p>Annual Report</p>	<p>Service Performance Report</p> <p>Corporate Parenting Returns 1st October 2007 to 31st March 2008 (updates on the residual recommendations from the Overview Inspection – "Our Children and Young people – Our Shared Responsibility" will be provided alongside Corporate Parenting Reporting).</p>
September 2008	<p>Financial Outturn Report</p> <p>Board arrangements for monitoring Discharge of Delegated Statutory Functions – Delegated Statutory Functions Annual Report 1 April 2007 – 31 March 2008</p>	<p>Service Performance Report</p> <p>Report on user / carer involvement activity</p>
October 2008	<p>Financial Outturn Report</p> <p>NHSSB Corporate Risk Report and Action Plan</p>	<p>Service Performance Report</p> <p>Annual Review of progress to the Equality Commission</p> <p>Update on Regionalisation of Out of Hours Service</p>
November 2008	<p>Financial Outturn Report</p>	<p>Service Performance Report</p> <p>Equal Opportunities Monitoring Report</p>

APPENDIX 1

Month	Board Approval	Board Information
		<p>Report on Employment Law Cases</p> <p>Second Annual Review of the Northern Area Trauma Advisory Panel</p> <p>Northern Area Child Protection Committee Annual Report 2007/08</p>
December 2008	<p>Financial Outturn Report</p> <p>Commissioning Quality Services</p>	<p>Case Management Reviews – produce summary report on completion of Case Management Reviews</p> <p>Service Performance Report</p>
January 2009	<p>Financial Outturn Report</p>	<p>Corporate Parenting Returns – 1st April 2008 to 30th September 2008 (updates on the residual recommendations from the Overview Inspection – “Our Children and Young People – Our Shared Responsibility” will be provided alongside Corporate Parenting Reporting).</p> <p>Service Performance Report</p>
February 2009	<p>Financial Outturn Report</p> <p>Voluntary / Community Funding Programme</p>	<p>Service Performance Report</p>

APPENDIX 1

Month	Board Approval	Board Information
March 2009	Financial Outturn Report Corporate Risk Register and Action Plans Outline Annual Report – Controls Assurance Corporate Communications and PR Strategy	Service Performance Report CSCG Development Plan and Annual Report
April 2009 *	Financial Outturn Report	Service Performance Report
May 2009 *	Financial Outturn Report Health and Well Being Investment Plan Annual Financial Strategy – Prepared and Approved by RHSCB/RAPHSW Final Accounts – approved by RHSCB	Service Performance Report Report on Handling of Professional Negligence Cases
June 2009 *	Financial Outturn Report Health Improvement Plan Corporate Risk Report and Action Plans	Service Performance Report Complaints Report

As at June 2008

* At this stage the new structures will be in place and therefore this part of the calendar may be subject to change.