

CORPORATE PLAN

2007 - 2008

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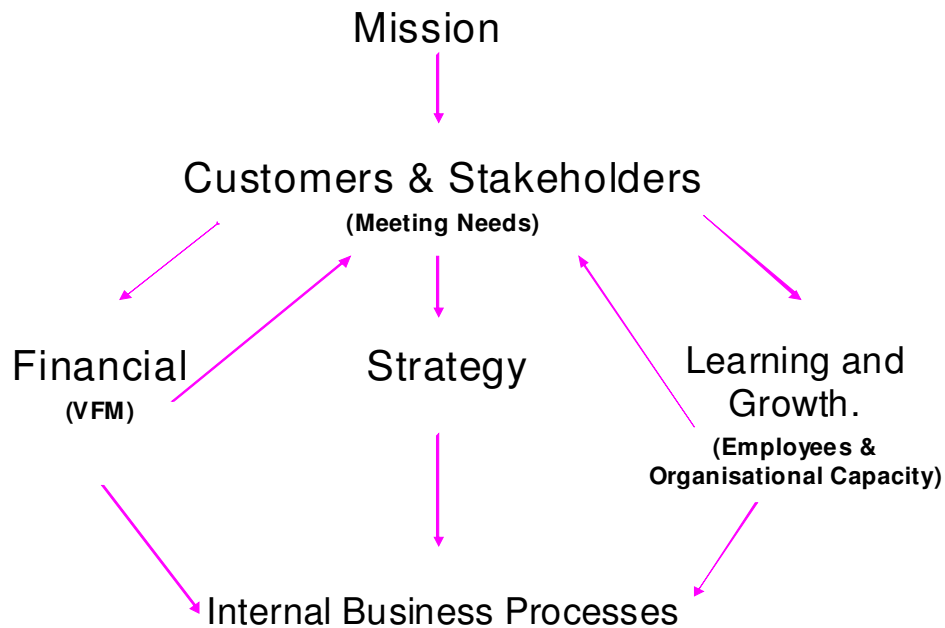
Introduction

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 2007/08 which will clearly describe the key priorities for the year ahead. In order to assist with this process and to ensure that due regard is given to the representation of an appropriate range of priorities a Balanced Scorecard approach has been used to establish the goals.

The Balanced Scorecard is an agreed set of measures that provide managers with a comprehensive view of the organisation's performance. A Balanced Scorecard approach is designed to assist measurement across different perspectives to ensure that performance management is focused on more than purely financial measurements.

The four inter related perspectives used in the Balanced Scorecard approach are that of the customer and stakeholder; learning and growth; financial performance and internal business processes.



The goals 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 programme in order to inform identification of care priorities and investment decisions.
- 1.2 To promote user involvement by continuing to develop the role of the User Panel and planning for its integration 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 effective inter-agency Partnership working through Trauma Advisory Panel, Area Child Protection Committee, Children's Services Planning, Northern Childcare Partnership and Northern Area Supporting People Partnership.
- 1.7 Achieve PFA targets relating to the commissioning of children's services in line with corporate objectives.
- 1.8 To continue to move away from long stay institutional care and help people with learning disabilities to become fully integrated into society.

1.9 To continue to take forward the reform and modernisation of mental health services in the community.

1.10 To continue to increase the uptake of Direct Payments.

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 develop a service framework for Autistic Spectrum Disorder
- 2.5 To ensure appropriate arrangements are in place for the management and control of communicable diseases and emergency incidents.
- 2.6 Produce Implementation/Action Plans in relation to Social Services Inspection Reports in conjunction with other relevant interests and ensure its effective implementation.

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 Develop benchmarking systems for GMS practices based on information flows from the GMS Contract.
- 3.8 To review and update the "Commissioning Quality Services report" detailing both the Board's commitment to quality and the ongoing monitoring of services delivered.
- 3.9 To develop an action plan to address recommendations from the RQIA review in 2006/07 and ensure preparations are in place for the 2007/08 review.
- 3.10 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 and Trust.

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

2007 - 2008

	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 programme in order to inform identification of care priorities and investment decisions.	Needs Assessments	100% Completed & actions identified.	See Appendix 1
		1.2	To promote user involvement by continuing to develop the role of the User Panel and planning for its integration 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.	Annual Review Development Plan
		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.	Enhanced Services Annual Report (2006/07)
		1.6	Lead and contribute to effective inter-agency partnership working through: Trauma Advisory Panel	Second Review of the Northern Area Trauma Advisory Panel.	Second review produced by October 2007	

	Goal		Strategies / Objectives	Measure	Target	Key Activities
			Supporting People	5 year Capital Development Plan	5 year Capital Development Plan produced by November 2007 outlining accommodation to be built over the next 5 years which will be funded by DSD	Business Cases for accommodation options to be produced and approved by Northern Area Supporting People Partnership.
			Area Child Protection Committee			
			Children's Services Planning	To provide and set out the strategic inter-agency direction for services for vulnerable children in the Northern area	As outlined in the NACYPC Workplan 2007/08	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 are set up to work specific time bound objectives and locality groups who assess need in geographical areas.
			Northern Childcare Partnership			
		1.7	Achieve PFA Targets relating to the commissioning of children's services in line with the Corporate Objectives	Increase number of foster care placements	Priorities for Action 2007-08: by 31 March 2008 Boards and Trust should have additional 175 foster carers in place across NI.	

	Goal		Strategies / Objectives	Measure	Target	Key Activities
				<p>% of young people coming into care who have had a family group conference.</p>	<p>Priorities for Action 2007-08: Boards and Trusts should ensure that 50 % of all young people coming into care throughout 2007-08 participate in a family group conference to try to identify alternative kinship / familial fostered living arrangements.</p>	
				<p>Number of young people aged 18-20 who have left care and are living with former carers under the Children and Young People's Fund Scheme.</p>	<p>Priorities for Action 2007-08 Boards and Trusts should ensure that 150 young people aged 18-20, who have left care, should be living with former carers by September 2007.</p>	
					<p>By September 2007 a regional recruitment, marketing and training team for foster care has been put in place, together with round the clock support service for foster carers</p> <p>By March 2008 all relevant recommendations of the Child Protection Overview Report have been implemented.</p>	

Goal		Strategies / Objectives	Measure	Target	Key Activities
	1.8	To continue to move away from long stay institutional care and help people with learning disabilities to become fully integrated into society	Resettlement of people currently cared for in Learning Disability Hospital.	<p>PFA 2007-08 by March 2008, Boards and Trusts should have resettled 40 people currently being cared for in Learning Disability Hospitals to appropriate places in the community.</p> <p>Boards and Trusts should ensure that, from April 2007, all patients being admitted for assessment and treatment are discharged when treatment is complete, according to the care plan created for each new patient on admission.</p>	Work with Trust colleagues and NIHE to secure appropriate care and supported living placements.
	1.9	To continue to take forward the reform and modernisation of mental health services in the community	Modernisation of Community Mental Health Teams	By March 2008 Boards and Trusts should ensure that Community Mental Health and Learning Disability Services are further developed, augmenting existing Community Teams (including an additional 25 staff for crisis response, home treatment and assertive outreach teams and 25 community learning	Take forward Action Plan Phase I

	Goal		Strategies / Objectives	Measure	Target	Key Activities
					<p>disability staff), to provide appropriate, responsive services, promote access to round-the-clock and reduce waiting times.</p> <p>By March 2008, specialist eating disorder posts are created in each area (12 across the region) to facilitate early detection and intervention of children and young people</p>	
				Improved Services / Interface Primary Care	Boards and Trusts should submit to the Department, for approval and monitoring, proposed targets and associated reform plans for improving the response to, and support for, people with mental health problems presenting at primary care level.	
		1.9	To continue to increase the uptake of Direct Payments	Update Reports on Direct Payments	Increase the number of direct payments across the region by 750.	<p>PfA monitoring</p> <p>Quarterly meeting of Area Policy Group</p> <p>Implementation of Regional Training Strategy</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 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 2008, smoking prevalence by Board area should be reduced by 7% across Northern Ireland to 24%</p> <p>By March 2008, Boards and Trusts should reduce the percentage of adult drinkers who binge drink to 30% in the Board area.</p> <p>By March 2008 reduce by 10% the rate of births to mothers under 17 years of age.</p>	<p>Implement a programme of smoking cessation services under the remit of the Tobacco Control Group.</p> <p>Support the delivery of the Northern Drugs & Alcohol Co-ordination Team's (NDACT) Local Action Plan and continue to sustain a range of Board-wide services; facilitate a public awareness campaign about the dangers of binge-drinking and a small grants programme.</p> <p>PfA Monitoring</p>

	Goal		Strategies / Objectives	Measure	Target	Key Activities
					By March 2008, Boards and Trusts should reduce the incidence of illicit drug taking among 15-64 year olds, to 5.9% in the Board area.	Continue to sustain Board-wide services; implement NDACT local area plan and facilitate grant scheme.
					From September 2007, Boards and Trusts should collect and record BMI measurements through the School Nursing Service, which will offer to record the height and weight of all year 8/9 pupils.	NHSSB with School Nursing will develop and implement system enabling recording of this information to take place.
					By March 2008, Boards should ensure each GP practice has an appropriate professional trained in depression awareness suicide awareness in line with the Suicide Prevention Strategy.	
		2.2	To promote Health and Well Being through partnership working.	Implementation of I NNHAZ Action Plan/Strategic Plan 2006-2008	To reduce health inequalities and improve the health and social wellbeing of residents and communities living in 14 areas of high social and economic deprivation within the NHSSB area.	Develop, implement and review 14 Community Action Plans with Local Community/ Interagency Partnerships Develop and implement special initiative programmes focusing on reducing obesity levels and increasing levels of physical activity,

	Goal		Strategies / Objectives	Measure	Target	Key Activities
						<p>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 NNHAZ website, production of communication resources to share learning and good practice, co-ordination of annual conference and events.</p>
		2.3	To target specific areas identified in Priorities for Action relating to health improvement.	<p>Increase in the total number of patients with severe inflammatory arthritis being treated with biologic therapies</p> <p>Waiting List for patients with MS.</p>	<p>By March 2008, all patients with severe inflammatory arthritis who at 31 March 2006, were on the waiting list for treatment with biologic therapies, have commenced their treatment</p> <p>By 31 March 08, no patient with MS who has been assessed as eligible for disease modifying treatment under ABN guidelines should wait more than 13 weeks to start treatment.</p>	<p>.</p> <p>Agree with Royal Group of Hospital Trusts the Business Case and implementation plan for commencement of new treatments over the next 2 years.</p>

	Goal		Strategies / Objectives	Measure	Target	Key Activities
				DHSSPS uptake rates in MMR	By March 2008, achieve 92% Uptake rate for MMR vaccine with efforts to increase uptake rates focused on identified socially excluded groups and communities with high deprivation indices.	
				Diabetic retinopathy screening programme	Boards and Trusts should begin rolling out a diabetic retinopathy screening programme with full coverage being achieved by March 2008.	
					By September 2007 arrangements are in place to learn from at least 3 major interventions which, based on international evidence, are known to save lives. By December 2007 systems are in place for the post discharge surveillance of surgical site infections following caesarean section. By March 2008 there is full implementation of the relevant recommendations in <i>Improving</i>	

	Goal		Strategies / Objectives	Measure	Target	Key Activities
					<i>Patient Safety, Building Public Confidence</i> (the NI response to Shipman).	
		2.4	Develop a Service Framework for Autistic Spectrum Disorder.	Board and Trust should ensure that services for people with Autism continue to be developed reflecting, in due course, the recommendations of the review of autism services to be completed by September 2007. Production and distribution of framework to Service Users and a range of multi-agencies	Gather and collate information on local demographics and prevalence on ASD in the Board's area To identify clear pathways from childhood into adulthood Develop key recommendations and priorities to formulate an Action Plan	Work group established, involving multi-disciplinary professionals from the Trust to include voluntary agencies. Consultation exercise which involved total range of multi-agency/multi-disciplinary staff, to collate views on how to develop the service framework and utilise potential funding.
		2.5	To ensure appropriate arrangements are in place for the management and control of communicable diseases and.	A 24 hour infection control service for the Board area.	Provision of a 24 hour infection control services involving the services of a specialist infection control team.	Continuing participation in Project Board Group and Sub Groups

	Goal		Strategies / Objectives	Measure	Target	Key Activities
			emergency incidents			Board Emergency Planning Group instituted to progress work
				Compliance with the Civil Contingencies Framework and the	By March 2008, self assessments have been completed against the	
				Emergency Planning functions Directorate.	emergency planning controls assurance standard and moderate compliance attained with both the Civil Contingencies Framework and the Emergency Planning Functions Directions!	
		2.6	Produce an Implementation Plan in relation to the Social Services Inspectorate Inspection of Child Protection Services,- Our Children and Young People – Our Shared Responsibility – an Overview Report.	Regular (6 monthly) updates to the Board.	Achieve recommendations as outlined in the Overview Report – 6 – Board 21 – Board/Trust 31 – Trust 1 – DE 1 – Education 9 – DHSSPS 1 – NIO 3 – PSNI RQIA - 4	Progress recommendations on Northern area basis Review progress via Project Board Identify resources and target implications as appropriate Work in partnership with other relevant agencies.

	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	<p>Reduction in unnecessary hospital admissions/re-admissions.</p> <p>Reduction in length of stay in hospital.</p> <p>Reduction in waiting times for permanent care, domiciliary care and rehabilitation.</p>	<p>From April 2007, 50% of complex discharges from an acute setting should take place within 72 hours of the patient's being declared medically fit, rising to 100% by March 2008. From April 2007, all other discharges should take place within 12 hours reducing to 6 hours by March 2008.</p> <p>Increased no. of patients with chronic diseases who will be managed in the community.</p> <p>By March 2008, older people with continuing care needs should wait no longer than 8 weeks for assessment to be completed and should have the main components of their care needs met within a further 12 weeks.</p> <p>By March 2008, 43% of people receiving care-managed support receive it in their own homes.</p>	<p>Work with Homefirst, United and Causeway to implement the Flagship programme.</p> <p>Implement the aims of the CHECRS project to re-configure services for the Elderly in Homefirst and United, in line with DBS.</p> <p>Performance monitoring of Trusts through Service and Budget Agreements and Service Performance Reports.</p> <p>Performance Monitoring of PFA within DHSSPS requirements.</p>

	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	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.	<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>By March 2008, at least 98% of patients diagnosed with cancer should commence treatment 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>From April 2007, no patient should wait longer than 12 hours in A&E and, by March 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>Where Trusts fail to meet their agreed capacity, ensure patients and funding are transferred to another provider, through NIPOC.</p>

	Goal		Strategies / Objectives	Measure	Target	Key Activities
					<p>From April 2007, all breast referrals deemed urgent according to regionally agreed guidelines for suspected breast cancer should be seen within 14 days of the receipt of the GP referral</p> <p>By September 2007, the capacity of paediatric and neonatal intensive care is increased by one cot and one bed.</p> <p>By March 2008, all patients assessed as clinically urgent are able to access specialist Genito-Urinary Medicine/Sexual Health services within two working days.</p>	
				Reduce waiting times for access to Fracture treatments	By March 2008, at least 75% of patients should, where clinically appropriate, wait no longer than 48 hours for inpatient fracture treatment (increasing to 98% by March 2009).	Work with SDU, the Ambulance service and community Trusts to develop sufficient capacity and an appropriate patient pathway

	Goal		Strategies / Objectives	Measure	Target	Key Activities
				Access to Primary Care	From April 2007, 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.	<p>Length of time from referral to assessment .</p> <p>Length of time from referral to treatment commences.</p>	By May 2007, Boards and Trusts must submit to the Department, for approval and monitoring proposed targets and associated reform plans for March 2008 and beyond	<p>Validation of waiting lists.</p> <p>Two categories of referral.</p> <p>Take patients off waiting lists in chronological order.</p> <p>Process mapping and identify bottlenecks.</p> <p>Agree access / DNA / Discharge policies.</p> <p>Develop skills mix profile.</p>
		3.4	Secure sufficient capacity to provide renal care.	Increase the capacity of Haemodialysis and Peritoneal Dialysis in line with the Renal Review	Patients have timely access to renal dialysis services, three times weekly, with overall capacity being increased by 10% year on year March 2008, in line with expected growth in	Work with United to open new stations at Antrim and bring forward the Business Case for an extension to the renal unit. Work with Causeway to bring forward a Business case for a new renal unit.

	Goal		Strategies / Objectives	Measure	Target	Key Activities
					demand as outlined in the Renal Services Review 2002	
		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	PFA 2007 – 08 NIAS should respond to an average of 65% Category A calls within 8 minutes, improving to 70% by March 2008.	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.	Board share of Regional savings target of £2.5M 2007/09.	Project management approach to regionalisation of OOHs services.
		3.7	Develop benchmarking systems for GMS practices based on information flows from the GMS Contract.	GMS (SFE) (NI) 2005/06	QOF targets in the 10 clinical areas in nationally agreed quality and outcomes framework.	QOF Annual Report (2005/06)

	Goal		Strategies / Objectives	Measure	Target	Key Activities
		3.8	Review and update the Commissioning Quality Services report detailing both the Board's commitment to quality and the ongoing monitoring of services delivered	Production of CiS Number of Monitoring activities outlined.	December 2007	Review of Monitoring Activity Consultation and Preparation for CQS
		3.9	To develop an action plan to address recommendations from the RQIA review in 2006/07 and ensure preparations are in place for the 2007/08 review care quality for services commissioned by the Board.	Development an Action Plan. Completion of self assessment for quality standards 07/08. March 2007.	September 2007 (Action Plan) December 2007 (Self Assessments)	Check draft report for accuracy Completion of Action Plan. Preparation of assessment for next RQIA review.
		3.10	Promote and monitor the effective discharge of statutory functions in social care to develop and	Provide summary report to the Board upon completion of Case Management Review(s).	Ongoing / as and when	As prescribed in Regulation and Guidance legislation / documentation

	Goal		Strategies / Objectives	Measure	Target	Key Activities
			maintain service quality and minimise risk			
				Monitoring Delegated Statutory Functions Annual Report 1 April 2006 – 31 March 2007	September 2007	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 in place to minimize 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 08.	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 and Trusts.	A Regional Audit on secure accommodation.	Work collaboratively to produce a Regional Audit.	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 economic appraisal	Business case/ financial evaluation (FE) assessment processes	Affordability Value for money	Evaluation of Business Cases/FE forms

	Goal		Strategies / Objectives	Measure	Target	Key Activities
			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. Development of these procedures as necessary.	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 2007/08 – PSS Training Strategy and Children Order Training 2007/08	October 2007 April 2008	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.



**NORTHERN HEALTH AND
SOCIAL SERVICES BOARD**

**NEEDS ASSESSMENT
PROGRAMME
2007/2008**

CRITERIA FOR NEEDS ASSESSMENT

DEFINITION

“The process of estimating the needs of a given population in order to improve strategic allocation of resources” (Scottish Social Services Inspectorate, 1996).

ELEMENTS

Needs Assessments have a people focus and usually contain two or more of the following elements:-

- Views of existing and potential service users. (eg surveys, etc...)
- Views of staff with regard to the needs of existing or potential service users. (eg surveys, focus groups, etc....)
- General Population profile. (eg Census, Prevalence data, regional/national survey data).
- Secondary service user information. (eg information from existing systems such as SOS CARE, Child Health).
- Consultation with voluntary/community/advocacy groups. (eg Seminars, workshops, etc...)
- Service Data/Models of good practice. (eg Mapping of Existing Services, Literature Search).

NEED FOR ETHICAL APPROVAL

When undertaking Research involving Health and Social Services patients, their family, carers, Health and Social Services Staff, Health and Social Services facilities and resources, clinical trials, site specific assessments, and multi-site assessments, there will be an onus on the Principal Investigator to seek **Ethical Approval** from the Office of Research Ethics (Northern Ireland): This need for approval will also apply:

- To ensure Research is ethically sound.
- Where service is being changed radically or where a new service is to be introduced.
- Where accruing dataset dealing with specific individual(s).
- Each time dataset is accessed.

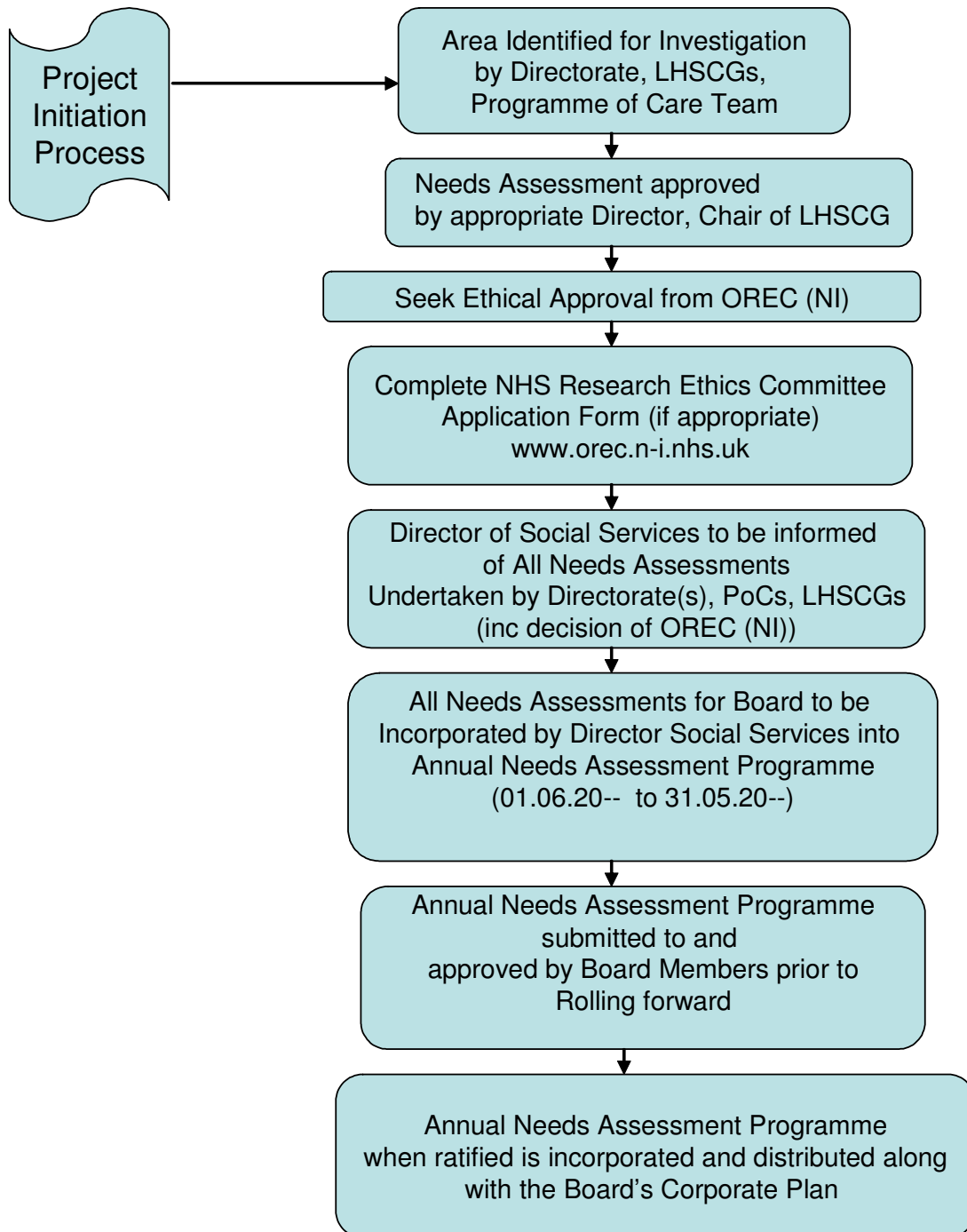
ANNUAL NEEDS ASSESSMENT PROGRAMME

The Needs Assessment Programme is produced annually and contains the following detail about each project:-

Title	Self explanatory.
Description:	Brief description of what methodology will be used, who will be consulted, etc.....
Context:	What triggered the project eg legislation, identified through another process.
Outcome/Output:	This column tries to capture the potential outcomes for the population whose needs are being assessed.
Ethical Approval:	Applicants must satisfy the requirements of OREC(NI) regarding ethical approval for research. NOTE: Where parties are unsure if a project is Research or Audit the Project Lead should air on the side of caution and seek advice from OREC (NI).
Completion Date:	As accurate as possible but may be changed.

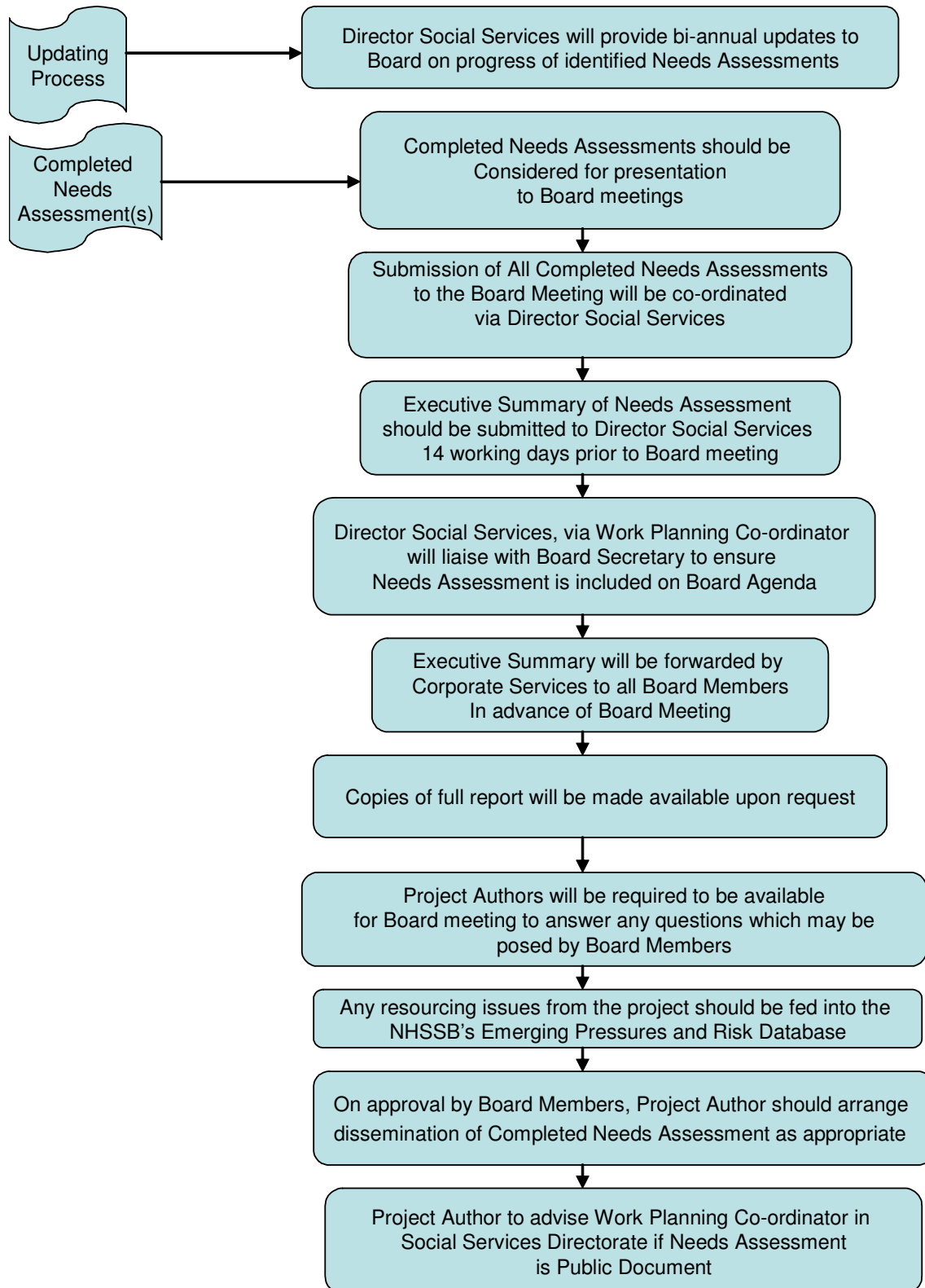
The process is described in the following diagram:-

Needs Assessment Process
Directorate Lead: Social Services



NEEDS ASSESSMENT PROCESS (Stage 2)

Directorate Lead: Social Services



**NORTHERN HEALTH AND SOCIAL SERVICES BOARD
NEEDS ASSESSMENT PROGRAMME 2007 to 2008**

TITLE (to include General Topic areas)	CONTEXT	DESCRIPTION	OUTCOME/ OUTPUT	ETHICAL APPROVAL	COMPLETION DATE	LEAD DIRECTORATE	UPDATE
Investing for Health: Community Involvement Programme	Investing for health aims to improve health and social wellbeing and reduce health inequalities through partnership working and community involvement.	Assess the health and wellbeing improvement needs of local communities in two urban and two rural areas: Ballymena North; Newtownabbey (Glen-village and Rathfern); Mid-Glens and Loughshore (Arboe and Pomeroy) using both quantitative and qualitative methods.	Baseline information on health and wellbeing needs from which to identify priority action areas to be addressed by the CIP.		December 2007	Public Health Medicine (Mrs Elaine O'Doherty)	

TITLE (to include General Topic areas)	CONTEXT	DESCRIPTION	OUTCOME/ OUTPUT	ETHICAL APPROVAL	COMPLETION DATE	LEAD DIRECTORATE	UPDATE
Supported Living: Ongoing Assessment with other agencies of care needs of those in Supported Living	Supporting People	Qualitative and quantitative methods.	Information regarding range and quantity of care and support needs.		Ongoing	Social Services (Mr Kevin Keenan)	
Trauma of the Troubles: Regional Needs Assessment	Regional Needs Assessment (This will be deferred pending the appointment of the Commissioner for Victims and Survivors)	This is under the direction of the DHSS&PS who have produced an outline overview for the Regional Needs Assessment, which has been the subject of consultation.	DHSS&PS will compile and agree the Action Plan for implementation of the Needs Assessment profile across Northern Ireland.		2007/2008	Social Services (Ms Sheelagh Sheerin)	
Trauma of the Troubles: Primary Care Link Worker	NI Victims' Strategy Reshape, Rebuild, Achieve. Equality and Inequality in Social Services in NI.	Look at most appropriate services for people affected by the Troubles through evaluation of Service Developments.	Production of final evaluation report.		July 2007	Social Services (Ms Sheelagh Sheerin)	

TITLE (to include General Topic areas)	CONTEXT	DESCRIPTION	OUTCOME/ OUTPUT	ETHICAL APPROVAL	COMPLETION DATE	LEAD DIRECTORATE	UPDATE
Children's Services Planning: Mental Health Needs of Children with a Learning Disability	To undertake a survey of the mental health needs of children with a learning disability across 8 special schools in the Northern Board's area.	The survey will collect information from up to 400 young people across 8 special schools and map services across agencies.	Identify areas of need, produce report with recommendations/ action plan to NACYPC.		August 2007	Social Services (Mrs Anne Hardy)	
Learning Disability: Service Framework for Autistic Spectrum Disorder		Development of the Service Framework.	Have in place a Service Framework which will inform a Regional Strategy.	Yes	September 2007	Social Services (Mr Brian Mullin (Mrs Amanda Weightman)	

TITLE (to include General Topic areas)	CONTEXT	DESCRIPTION	OUTCOME/ OUTPUT	ETHICAL APPROVAL	COMPLETION DATE	LEAD DIRECTORATE	UPDATE
Trauma of the Troubles: Psychological Interventions	This project has been funded by OFMDFM Victims' Unit (2yr tenure).	This project was set up focusing on providing psychological interventions to those diagnosed with a severe mental illness and who had a history of trauma.	Produce final report which will evaluate the level of effectiveness of early intervention processes in treating the impact of traumatic experiences for people with an existing mental health problem.		October 2007	Social Services (Ms Sheelagh Sheerin)	
Community Care: Pilot of Assessment Tool	Regional Community Care Finance Group	80 assessments completed Regionally – 20 within the Northern Board area.	Analysis of validity and sensitivity of tool to assess need appropriately.	Not required	December 2007	Social Services (Mr Seamus Logan)	
Vulnerable Adults: Review of Services for Victims of Sexual Violence	Draft Regional Strategy	Review being undertaken by Vanguard Consulting Ireland Limited.	Presentation to key Board and Regional staff.	Not required	August 2008	Social Services (Mr Seamus Logan)	

TITLE (to include General Topic areas)	CONTEXT	DESCRIPTION	OUTCOME/ OUTPUT	ETHICAL APPROVAL	COMPLETION DATE	LEAD DIRECTORATE	UPDATE
Ethnic Minorities: Needs Assessment of Ethnic Minorities	Human Rights & Equality	Assessment of the Needs of Ethnic Minorities living in the Northern Board area with particular reference to Migrant Workers.	Production of Needs Assessment Report.	Not required	December 2008	Social Services (Mr Brian Mullin)	

Monthly Board Calendar

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 2007	Financial Outturn Report	Service Performance Report Review of Equity Strategy Annual Review of progress to the Equality Commission Corporate Parenting Returns 1 st October 2006 to 31 st March 2007
September 2007	Financial Outturn Report Annual Report Regionalisation of Out Of Hours services Service Framework for Autistic Spectrum Disorder	Service Performance Report Midwifery Report Report on user / carer involvement activity Case Management Reviews – produce summary report on completion of Case Management Reviews Board arrangements for monitoring Discharge of Delegated Statutory Functions - Delegated Statutory Functions Annual Report 1 st April 2006 – 31 st March 2007

APPENDIX 2

Month	Board Approval	Board Information
October 2007	<p>Financial Outturn Report</p> <p>NHSSB Corporate Risk Report and Action Plan</p>	<p>Service Performance Report</p> <p>Enhanced Services Annual Report (06/07)</p> <p>QOF & GS Clinical Governance Annual Report 06/07</p> <p>Second Annual Review of Northern Area Trauma Advisory Panel</p>
November 2007	<p>Financial Outturn Report</p>	<p>Service Performance Report</p> <p>Equal Opportunities Monitoring Report</p> <p>Report on Employment Law Cases</p>
December 2007	<p>Financial Outturn Report</p> <p>Probity Programme for Family Practitioner Services</p> <p>Commissioning Quality Services</p>	<p>Service Performance Report</p> <p>Director of Public Health Annual Report</p> <p>HIV/Aids Report</p> <p>Needs Assessment Programme 2007/08 1st Update</p> <p>Northern Area Child Protection Committee Annual Report 2006/07</p>

APPENDIX 2

Month	Board Approval	Board Information
January 2008	Financial Outturn Report	Corporate Parenting Returns – 1 st April 2007 to 30 th September 2007 Service Performance Report
February 2008	Financial Outturn Report Voluntary / Community Funding Programme	Service Performance Report Secure Accommodation Audit Report
March 2008	Financial Outturn Report Corporate Risk Register and Action Plans Corporate Communications and PR Strategy Inspection of Child Protection Services – Our Children and Young People – Our Shared Responsibility – Update Implementation Plan	Service Performance Report CSCG Development Plan and Annual Report
April 2008	Financial Outturn Report Northern Area Children and Young People's Committee - 3 Year Children's Services Plan for Northern area 2008-2011	Service Performance Report

APPENDIX 2

Month	Board Approval	Board Information
May 2008	<p>Financial Outturn Report</p> <p>Northern Childcare Partnership – Annual Review of Childcare Plan 2007/08</p> <p>Health and Well Being Investment Plan</p> <p>Annual Financial Strategy</p>	<p>Service Performance Report</p> <p>Report on Handling of Professional Negligence Cases</p> <p>Northern Neighbourhood Health Action Zone Operational Plan</p> <p>Needs Assessment Programme 2007/08 – 2nd Update</p>
June 2008	<p>Financial Outturn Report</p> <p>Health Improvement Plan</p> <p>Corporate Risk Report and Action Plans</p> <p>Final Accounts</p>	<p>Service Performance Report</p> <p>Complaints Report</p> <p>GMS Clinical Governance Report 07/08</p>

As at July 2007