

NHSSB QUALITY & MODERNISATION FRAMEWORK

05/06

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CONTENTS

	<u>Page</u>
Executive Summary	5
<u>SECTION 1</u>	
Introduction	9
Implementing Improvement	13
<u>SECTION 2</u>	
Risk Management and Controls Assurance	19
Clinical and Social Care Governance	23
Financial Governance	29
Quality Standards and Professional Guidance	31
NHSSB Planning Documents	35
NHSSB Strategy Documents	39
Priorities for Action	41
DHSSPS Publications	43
DoH and Other UK Publications	45
GMS Contract / GP Appraisal	49
In Depth Monitoring / Needs Assessment / Audit	51
Complaints Monitoring / User Involvement	53
The Role of Staff in Health & Social Services	55

APPENDICES

Appendix A	Glossary of Abbreviations	57
Appendix B	Useful Websites	59
Appendix C	In-Depth Monitoring	61
Appendix D	Needs Assessment Programme	79

Executive Summary

The Northern Health and Social Services Board (NHSSB) is committed to ensuring that local residents receive services that are of the highest possible standard. There are many separate elements that must be integrated and co-ordinated to ensure that the Board is in a position to determine the standards of care that should be provided, develop improved services and monitor the quality and efficiency of the outcomes.

The 'Quality & Modernisation Framework' (QMF) aims to draw together the various processes often labelled as quality improvements, clinical and social care governance (CSCG), service improvements, modernisation or review and efficiency. It will document the various processes and the range of influences on the setting of quality standards and the monitoring and improvement of services. The Board is reviewing its programme of monitoring activity to ensure that it can maximise the impact of investments and assure the safety and quality of services commissioned. The QMF will be reviewed and updated annually to reflect these and other developments.

The objective of the QMF is to ensure that there is effective communication and co-operation between the Board and Trusts, resulting in an integrated approach to the provision of high quality, cost effective care. It will also outline to the wider public what the Board and Trusts have achieved, or are planning, in respect of the modernisation and quality improvement agenda and in particular the statutory duty of quality.

SECTION 1

- **INTRODUCTION**
- **IMPLEMENTING IMPROVEMENT**

Introduction

The Board's mission statement is "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 to meet the specific needs of the population."¹

For many years this objective of ensuring services met agreed standards within restricted budgets has been at the core of many commissioning decisions and would have been specifically stated in Service & Budget Agreements with the Trusts. In the past few years however, there has been an increasing national and international focus on improving health and social care provision, that demands a much more systematic and thorough approach. Organisations such as the 'Institute for Healthcare Improvement' and the 'Modernisation Agency' (now the 'NHS Institute for Innovation and Improvement') are recognised as leaders in this area. In Northern Ireland the Standards Development Task Group (SDTG) and the Health and Personal Social Services Regulation and Improvement Authority (HPSSRIA) will be responsible for developing quality standards and monitoring the quality of services commissioned and provided by Health and Personal Social Services (HPSS).

The new focus on quality can be labelled "quality improvement", "service improvement" or "modernisation". In reality however, the aims are the same: effective and efficient services that are timely, patient centred and safe. The 'Learning from Bristol'² report in 2001 is one of many to highlight the need for cultural change in health and social care for these aims to be achieved.

The NHSSB's 'Quality & Modernisation Framework' (QMF) is designed for two principle purposes. It will provide an overview of the many elements that contribute to the quality and service improvement agenda and will outline our plans for implementing this agenda. There are many distinct initiatives, from a wide range of sources, influencing the drive for improvement and it is crucial that these are co-ordinated to maximise the outcomes and produce the culture change required. Some examples of these drivers for improvement are:

- Quality Standards for Health and Social Care
- Controls Assurance Standards
- Clinical and Social Care Governance (CSCG)

¹ 'Building on Progress: Annual Report 2003/2004'. Published by the NHSSB October 2004.

² 'The Report of the Public Inquiry into Children's Heart Surgery at the Bristol Royal Infirmary 1984-1995: Learning From Bristol'. Published by the Stationery Office July 2001.

- Risk Management
- Quality Improvement Projects
- Service Improvement Projects
- Reform and Efficiency
- 'Developing Better Services' (DBS)³
- Independent inquiries

The HPSS (Quality, Improvement and Regulation) (NI) Order 2003 imposed a statutory duty of quality on all HPSS bodies. Whilst accountability for this may lie with individual Chief Executives, the delivery of quality and service improvements is dependant on all staff within the Board and Trusts. Chief Executives, Directors and senior managerial and clinical staff however must provide the leadership, vision and support for others to implement the changes necessary to improve services.

When the various strands of the commissioning process are examined it is possible to identify two principle areas on which the Board will focus to ensure that the services provided to the population are of a high standard and cost-effective. These illustrate how the various drivers for improvement can be combined and co-ordinated for best impact.

- Current services must be monitored to ensure that they are meeting the needs of the population and that the quality of service meets the standards that have been established. These standards can be drawn from several sources including regional or national strategies and guidance from professional bodies. The monitoring of these services can be difficult given the wide range of services provided by various organisations. However, a system of In-depth Monitoring is in place and staff from the Board, Trusts and other providers monitor services in a range of multi-organisational and multi-professional meetings. When services are not meeting quality or performance standards there must be a process that can be implemented to ensure that these are addressed.
- Service development is a core function for the Board and Trusts and in recent years there has been considerable investment in the commissioning of new or redesigned services. The various Directorates, Local Health and Social Care Groups (LHSCGs), Programme of Care (PoC) Teams and other commissioning groups have established processes for the allocation of resources for service

³ 'Developing Better Services'. Published by the DHSSPS June 2002.

developments. These should ensure that new services are designed to deliver high quality care and that it is possible to monitor outcomes.

Within the whole spectrum of current service delivery and development planning there is an increasing priority on the need for reform and efficiency. The Board is working with the DHSSPS, the other Boards and the Trusts in implementing the reform and efficiency agenda. This is linked in many ways to the quality of service provision and the principles of CSCG. The Reform Plan is reflected in many key strategic themes such as 'Developing Better Services' which is redefining how we deliver acute services and 'Agenda for Change'⁴ which introduces new opportunities for staff to change working practices.

The drive for greater efficiency in services is influenced by the report on the public sector by Sir Peter Gershon⁵. He identified six areas in which greater efficiency in current services would release resources for service development priorities. Whilst largely finance related, there is a strong link to quality and reform, particularly in the area of 'productive time' which focuses on a more effective use of the workforce through better use of Information and Communications Technology (ICT), greater flexibility and fundamental redesign of service delivery.

In implementing 'Developing Better Services', which primarily concerns new facilities and service structures, the Board is also addressing issues of modernisation and reform. The implementation process mirrors many elements of our 'Emergency Care Pathways Plan' which recommends the establishment of multi-disciplinary teams, the establishment of the Patient Flows and Access Group and the completion of process mapping exercises.

The DHSSPS, Boards and Trusts are working together to develop projects that will have specific outcomes designed to improve both the level and quality of service and how it is delivered. These projects incorporate themes that connect efficiency and quality:

- Improved ways of working – more productive use of staff time and more flexible utilisation of staff. Increased multi-disciplinary and multi-agency working. Reduced levels of absenteeism.
- Redesigned work flows and patient pathways to reduce service bottlenecks.

⁴ 'Agenda for Change'. Published by the NHS Staff Council Nov 2004.

⁵ 'Releasing Resources to the Front Line: Independent Review of Public Sector Efficiency'. Published by HM Treasury July 2004.

- Adoption of best practice and adherence to service standards to improve quality and outcomes.

The core principles of CSCG are now a fundamental part of health and social care and the Board seeks to ensure that they are inherent in all aspects of the commissioning process. There has been much discussion about the need for a culture change within the service. The principles of CSCG call for a culture of openness and safety and a shift away from the traditional culture of blame. Patient safety should be at the core of services and the Board has an important role to play in promoting culture change through the commissioning process.

Implementing Improvement

The introduction to this document highlighted the many strategic drivers for improving and modernising health and social care services. It also illustrated how standards and guidelines from various sources can be used to monitor current services or develop new services. Section 2 will examine both of these areas in greater detail.

Given the many strands of improvement, modernisation and efficiency, the Board is developing a co-ordinated approach in implementing these initiatives. If the various strands were allowed to develop independently it is likely that the impact on services overall would be reduced, that duplication of effort would occur and that the desired objectives may not be achieved. A co-ordinated, stream-lined process is required to ensure that the strategic aims and corporate objectives associated with the various improvement initiatives can be prioritised and focused into a deliverable and measurable framework.

This framework will detail the priorities being taken forward under the various initiatives:

- Service Improvement and Investment Plans
- Implementing DBS
- Emergency Care Pathway Plan
- CSCG Improvement Projects
- In-depth Monitoring

Focusing on these areas should ensure that there is effective communication and co-operation and an integrated approach involving Board and Trusts. The Board includes quality monitoring as part of its SBAs with Trusts and is currently exploring how best to monitor service improvement following investment. Improvements can be further maximised by ensuring that ideas developed and lessons learnt are shared within and between organisations. This framework for improvement and monitoring will be developed further during 2005/2006, but the initial steps have been taken through the establishment of the CSCG Forum, the re-design of the Board's In-depth Monitoring Programme and the review of our monitoring procedures.

Given the current strategic priorities, the focus for investment and reform in future years will probably be the community – acute interface. In particular schemes or projects will be targeted at three regional themes:

- Delivering care in the community and preventing unnecessary admissions – e.g. improved chronic disease management, rapid response teams and better medicines management.
- Improving patient flows within the system – e.g. changing working practice, better utilisation of theatres and improved information flow.
- Reducing delays in discharge and getting people back into the community – e.g. improved discharge planning, community rehabilitation teams and streamlined assessment processes.

Many projects have already commenced or have been planned and these are detailed in the QMF. For example, Board and Trust staff worked together during 2004/05 on projects led by the CSCG Support Team from the DHSSPS. These projects were targeted at reducing the number of delayed discharges in the NHSSB area. The Board has also led working groups with Trust, GP and user representatives to review specific local services. Recommendations have been made in relation to urology, dermatology, COPD in Causeway and diabetes. In addition, projects are under way in respect of rheumatology and neurology.

The Board and local Trusts worked together to develop modernisation and efficiency proposals for 2005 / 2006 and subsequent years in line with DHSSPS targets. United Hospitals Trust has established a Modernisation Steering Group with membership from the NHSSB and Homefirst Community Trust to assist in implementation of these proposals. Reform plans will address patient outcomes in terms of both quality of service and level of output. The latter relates to faster access, shorter waits and other measurable service improvements.

In specific terms, the Board is proposing to use its share of the Reform Fund within the acute sector only and to utilise capitation resources within the community and primary care sector. United Hospitals Trust's Urgent Care Pathway proposal for non complex discharges has four main components.

- (1) Physician of the Day will ensure a senior decision taker is available at all times in respect to the assessment and management of acute medical admissions.
- (2) Nurse Practitioners will enable speedy senior level clinical decisions to be made at the patient's bedside.
- (3) Additional radiology staff will improve the access to key diagnostic tests, as the current delays are a key bottleneck in the discharge process.
- (4) Additional bed capacity resulting from these three components will enable more elective activity to be performed.

The proposal is an integral part of separately funded services such as the Integrated Medicines Management scheme, Homefirst Trust's reform of community services and Emergency Care Compulsory Actions. These together with the reconfiguration of existing wards will change the entire pathway of care for medical and surgical patients with various conditions.

These plans should result in many more medical patients returning home directly from the Short Stay Ward without admission into the hospital and the length of stay for many medical patients could be reduced, thereby freeing up beds. As a result of the improved pathway, fewer medical outliers and fewer inter-ward transfers (which result in longer lengths of stay) more patients would also be treated. The number of patients treated will also increase as more work moves to day surgery. Improvements will also occur in the reporting of inpatient Ultrasound and Barium Enema tests and outpatient waiting times for tests.

Additional bed days will be saved in Antrim Hospital as a result of capitation investment in community services such as Unique Care, Acute Care at Home and Community Rehabilitation. Bed day savings will allow for the re-provision of care for many patients who needlessly wait an extra one or two months in hospital, and enable a programme of closures of those wards used at present to simply accommodate patients who could be at home.

SECTION 2

FORCES IMPACTING UPON QUALITY, SERVICE IMPROVEMENT AND MODERNISATION

Risk Management and Controls Assurance

Quality Improvement within the HPSS is about combining financial controls, risk management and quality controls into the broad term of quality management embracing Corporate Governance, Controls Assurance and Clinical and Social Care Governance.

Since April 2004 the Board's Chief Executive has been required to sign a Statement of Internal Control, which has been expanded to include non financial controls and is contained within the Board's audited accounts. This statement confirms to the public that the Board has in place and is constantly reviewing, a comprehensive risk management and control framework that is built on sound management practice and addresses the controls assurance standards.

A key element of this control framework is demonstrating compliance with the Controls Assurance Standards. Controls Assurance is the process that enables HPSS organisations to provide evidence that they are doing their reasonable best to manage themselves, meet their objectives and protect patients, clients, staff, the public and other stakeholders against risk of all kinds. All of the standards provide the focus for a common system of risk management across the HPSS. Assessment against these standards is also one of the principle factors against which HPSSRIA will measure achievement of quality standards.

The Board has a programme for self assessing the level of compliance with the controls assurance standards, as required by the DHSSPS, and has met the required levels of compliance with those standards applicable to the Board. The local Trusts also have to demonstrate compliance with these standards, of which there are currently eighteen:

- Buildings, Land, Plant and Non-Medical Equipment
- Decontamination of Re-usable Medical Devices
- Emergency Planning
- Environmental Management
- Fleet and Transport Management
- Financial Management
- Fire Safety
- Governance
- Health and Safety
- Human Resources
- Information and Communication Technology (ICT)

- Infection Control
- Management of Purchasing and Supply
- Medical Devices and Equipment
- Medicines Management
- Records Management
- Risk Management and
- Waste Management

Risk management within the NHSSB is an essential element of the Board's Corporate Governance arrangements, particularly in the context of the requirements of the controls assurance standards and forms an integral part of the Board's practice and business plans rather than viewed or practised as a separate programme.

Risk Management is the means by which risks that are present in the provision of health and social care are identified, analysed (in terms of their impact and likelihood) and controlled. An effective risk management process will proactively identify areas in which there may be a poor quality of service and hopefully implement measures to improve quality. Previously, these improvements may have only occurred after the reporting of an untoward event or the receipt of a complaint.

In line with departmental requirements the Board adopted the Australia / New Zealand Standard or AS/NZS 4360: 1999. This provides a generic model for identifying, prioritising and managing risks whether at local or strategic level.

A Risk Management and Clinical and Social Care Governance Committee has been established, which meets regularly, and is responsible for reviewing and reporting on the effectiveness of the organisation-wide systems and procedures, in place, for the co-ordination and prioritisation of risk management issues.

A NHSSB Risk Management Strategy was produced initially in 2002 and has now been revised and updated to incorporate CSCG and the evolving controls assurance agenda. The focus in recent years has been the co-ordination and implementation of our risk management processes ensuring they are fully integrated within the Board's corporate planning and decision-making processes; ultimately ensuring that initiatives taken to reduce risk have a positive impact upon the quality of services provided. To facilitate the integration of risk management within our corporate planning cycle, a corporate risk identification process was developed and agreed. This

process supports the identification of the principle risks, which threaten our core business objectives

In August 2003, the Board appointed a Risk Management Co-ordinator with responsibility for advising and supporting staff on the development of risk management methodologies and co-ordinating activities in line with the Board's risk management strategy and action plan. The Risk Management Co-ordinator is accountable to the Director of Information, Risk and Performance Management. A series of workshops and training and awareness sessions were held to ensure a consistent approach to the identification and scoring of risks, the application of our Corporate Risk Identification Process and the development of Directorate and Corporate Risk Registers and treatment plans. Risk management has now been included in the Board's staff induction programme.

At the heart of the risk management process is the Board's risk register. The risk register is a management tool, that enables the Board to understand its comprehensive risk profile and it is a repository for all risk information relating to the business objectives. The risks faced by the Board are many and varied and the Board has in place a two tiered process, involving local directorate based registers and a corporate register to reflect this risk profile. The aim of the two tier approach is to ensure that the strategic focus does not become blurred by the day-to-day management issues, which can be dealt with as a matter of course at local level, whilst still providing a route for significant local issues to influence the strategic risk profile.

Risk management is a dynamic and evolving process and the Board is committed to maintaining and developing this area of work to ensure continued effectiveness. The schedule of planned work in the coming year will include:

- progressing the Controls Assurance agenda in line with DHSSPS requirements;
- performing Controls Assurance self-assessments and reporting on compliance;
- reviewing and updating NHSSB Risk Management Strategy;
- review of the NHSSB Risk Management Action Plan for the period July 2005 – March 2006;
- production of the NHSSB Risk Management Action Plan for the period April 2006 – March 2007
- co-ordinating continued learning and development of risk management within NHSSB;
- further developing risk management policies and procedures;

- establishing interfaces with local Trusts to co-ordinate risk management arrangements;
- engaging with the HPSS Clinical and Social Care Governance Support Team to progress developments in risk management; and
- participating in both Regional and National Risk Management Networks.

Clinical and Social Care Governance

Clinical and Social Care Governance (CSCG) is now a major influence in the Health and Personal Social Services (HPSS). It has been defined as “a framework through which NHS organisations are accountable for continually improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.”⁶

‘Best Practice – Best Care’⁷ which was published during 2001, has led to a series of measures designed to underpin the introduction of Clinical and Social Care Governance. Included amongst these has been the establishment of several new groups:

- The Health and Personal Social Services Regulation and Improvement Authority (HPSSRIA) which is an independent body with overall responsibility for monitoring and regulating the quality of health and care services. It has powers to review and inspect the quality of services provided and evaluate CSCG arrangements within HPSS bodies.
- The Standards Development Task Group (SDTG) which will undertake the initial stages of preparing and publishing statements of minimum standards. Organisations and service users in the NHSSB area have been involved in the consultation process and development of these standards.
- The Clinical and Social Care Governance Support Team (CSCGST) which assists with the implementation of CSCG within HPSS organisations by building and developing knowledge and skills.

The DHSSPS published Circular HSS (PPM) 10/2002 ‘Governance in the HPSS – Clinical and Social Care Governance: Guidelines for Implementation’ in January 2003. This outlined the initial steps in the implementation process and provided specific deadlines. Since April 2004 all providers are expected to comply with CSCG principles as part of their service agreement.

The Board has developed a well defined CSCG implementation process. A lead officer for CSCG was appointed, baseline assessments completed and

⁶ G Scally & L J Donaldson (1998), ‘Clinical Governance and the Drive for Quality Improvement in the New NHS in England’. Published in British Medical Journal. BMJ 1998;317:61-65. Available at www.bmj.com

⁷ ‘Best practice – best Care’. Published by the DHSSPS in April 2001.

departmental CSCG Action Plans developed. Our initial baseline assessment in 2003 received very positive feedback from the CSCGST and an updated submission was made in August 2004. A regional review of governance procedures is envisioned in the near future. All senior staff have attended CSCG workshops and quality improvement training was provided for all staff by the Service Improvement Team from the DHSSPS. This training has focused on quality improvement methods, such as process mapping, which can be used to review and improve services and procedures. The Board has now also identified six voluntary Quality Improvement Advisors from within the Directorates, LHSCGs and NHSSC. These staff were trained in problem solving techniques and are tasked with facilitating quality improvement projects within the Board.

Given the close relationship between risk management and CSCG the NHSSB has established close working relationships between these two groups and has formed a Clinical and Social Care Governance / Risk Management Committee to oversee implementation. This Group has agreed a process that will involve the completion of specific quality improvement (QI) projects within the Board each year. The first topics selected in 2003 were: user involvement, the Board's Corporate Induction Programme and the commissioning process. The QI projects for 2004 included the completion of stage two of the 2003 programme, as well as new projects on In-depth Monitoring, the complaints procedure, sickness and absence monitoring, internal QI support and filing arrangements. In addition, each directorate has developed an annual programme of quality improvement projects designed to improve internal processes. All these projects are monitored by the CSCG group.

The QI Projects selected for 2005 also aimed to improve patient services. This was seen as an opportunity to initiate short-term projects, led by the Board's Programme of Care (PoC) Teams, which had clearly defined quality improvement outcomes. Such projects would integrate with the ongoing In-depth Monitoring (IDM) Programme and Service Improvement Projects. The selection criteria for undertaking these QI Projects would be similar to those for undertaking IDM (for example identified risks, pressures or areas of frequent complaints). Indeed the completion of an IDM report may itself be the initiating factor. In addition to the PoC Team projects, the CSCG Group also approved stage 2 or 3 of some of the initial projects and new projects in relation to user involvement, decision making and complaints monitoring.

Further Departmental guidance was issued in relation to Primary Care practitioners in February 2005. All Boards were required to carry out a

number of actions in relation to the GMS Contract which placed a duty on GP Practices to have effective governance systems in place. The following actions are required of Boards:

- Boards, working with GP Practices should help to establish the training needs of Practice staff to facilitate training provision.
- Boards should assess the effectiveness of Clinical and Social Care Governance and Practices by 31 March 2006. This is to be delivered through the assessment of a range of activities undertaken, including those described in the portfolio provided by the Northern Ireland Medical and Dental Training Agency (NIMDTA). The Board should measure and assess progress alongside each annual Contract review process. This should include a detailed assessment of the practice procedures for significant event auditing, including one audit involving a child's welfare. The event should be chosen because of its relevance to National Child Protection Guidance, Children Order – Guidance and Regulations Volume 6 “Co-operating to Protect Children”
- Boards should collaborate with appropriate stakeholders to develop a consistent approach to the assessment of practices by 30 September 2005.

As a result the Northern Board will be carrying out an assessment of the state of Clinical and Social Care Governance activity within all practices during visits to be undertaken as part of the annual Contract visits for 2005/06. Plans are being developed to form a group to support Clinical and Social Care Governance in practices and appoint appropriate personnel.

CSCG also stresses the importance of culture change in health and social care services. It encourages the development of a no-blame, questioning, learning culture with excellent leadership and an ethos where staff are valued and supported. The Board has introduced a performance review system to encourage staff development and aims to ensure that staff at all levels are involved in CSCG initiatives. The implementation of 'Agenda for Change' will further enhance this process.

The development of a no-blame culture is essential if progress is to be made on the wider issue of patient safety. A system of reporting of incidents and near misses is a crucial factor in learning from previous experience and an important element in risk management. The Board is seeking to strengthen its reporting systems in line with new guidance from the DHSSPS and will work with Trusts to improve these systems. Changing the culture of

organisations is a longer-term process, but one in which the Board is fully involved and which is being taken forward through several channels. For example, the Board's Department of Nursing and Consumer Services February 2005 conference aimed to encourage culture change and the development of reporting systems.

The culture of openness also refers to the sharing of best practice and the Board has established a Clinical and Social Care Governance Forum, which will include the CSCG leads from each Trust and LHSCG and the Northern Health and Social Services Council (NHSSC). The goals of the CSCG Forum are to:

- Share good practice in terms of what each organisation in the Forum is doing to strengthen CSCG arrangements and improve the quality of Clinical and Social Care
- Support each organisation in implementing the CSCG agenda by sharing ideas and lessons learned
- Agree an annual programme of Area-wide projects which would improve the quality of clinical and social care provided to patients
- Provide a Project-Board function to the Project Teams for Area-wide projects.

This 'Quality and Modernisation Framework' highlights many examples of how the Board is working successfully in partnership with Trusts, primary care practitioners, the DHSSPS and others to deliver improved services. A crucial aspect of this is the need to identify and spread innovative ideas. To this end the Board is seeking formal links to the national 'Agency Associates' network of local service improvers. This network helps deliver, encourage, support and facilitate local improvements. The Board is also now a member of the 'Centre for Competiveness' which is focused on continuous improvement through innovation, productivity and quality excellence.

The Board and Trusts also have a number of ongoing joint quality / service improvement projects that are a core element in CSCG planning. It is planned to develop these joint projects as a formal model for service improvements. By working collaboratively on specific projects it is hoped that clearly defined quality and service improvements can be achieved.

The DHSSPS Service Improvement Team has co-ordinated a series of Service Improvement Projects with Trusts in the NHSSB area and these act as a model for future joint Board-Trust projects. Details of these projects can be found on the DHSSPS website. Those projects undertaken by United, Homefirst and Causeway to date include:

- CINEMA Scope: Causeway 2002/03. Improvement in waiting time for Endoscopy examination
- Kickstart for Kids: Homefirst 2003/04. Paediatric Occupational Therapy Service project to reduce waiting times for children waiting assessment.
- From You to Us: Homefirst 2003/04. Improvements in the community equipment service.
- Protected Access Surgical Scheme: Causeway 2003/04. Improvements in waiting times for surgery.
- WHAT Suits You? : Causeway 2003/04. Increased efficiency in Outpatients through introduction of a partial booking system.
- Why Are We Weighting: United 2003/04. Improvements in Dietetic Service waiting times.
- SCOPER: Causeway 2004/05. Specialist nurse led review clinic for patients with inflammatory bowel disease.
- Speeding Non Invasive Ventilation at Every Level: Causeway 2004/05. Development of care pathway, improved access and wider training.
- Nurse Led Telephone Review: Causeway 2004/05. Improved service for Day Procedure Unit patients and better use of clinic time.
- Snappy Snaps: United 2004/05. Improved access to CT Scanning and more responsive delivery of results to patients.
- Help Organise My Exit: United 2004/05. Improving patient experience and outcomes in relation to timely effective discharge.
- Home to School: Homefirst 2004/05. Improved process to facilitate children with special needs in school.
- Development of Continence Services: Homefirst 2005/06. Improved patient pathway and integration of primary and secondary care.
- Alcohol Crisis and the A&E Department: United 2005/06. Improved collaboration between services for patients in alcohol crisis.
- Community Domiciliary Waiting List Initiative: Causeway 2005/06. Aim to improve communication, validate waiting lists, develop criteria for eligibility and a prioritisation tool and review clients more regularly.

Causeway HSS Trust has also been involved in the 'Northern Ireland Best Practice Scheme' which is sponsored by the Office of the First Minister and Deputy First Minister. The aim of this scheme is to highlight and share good practice within the public sector as part of the strategy for reform and modernisation. The Trust has worked in partnership with the Regional Supplies Service to develop an Electronic Materials Management system.

One of the key performance criteria analysed when assessing CSCG implementation is research and education. The latter is linked to the Knowledge and Skills Framework⁸ introduced as part of Agenda for Change. Crucial to the development of high quality services and meaningful, measurable standards is a programme of research within health and social services. The Board is involved with the Trusts and other organisations in a range of research projects. These are undertaken within the guidance in the DHSSPS 'Research Framework for Health and Social Care'. The outcomes of research locally, nationally and internationally will influence commissioning and service provision only if it is effectively communicated within and between organisations and professional groups.

⁸ 'The NHS Knowledge and Skills Framework and the Development Review Process'. Published by the Department of Health in October 2004.

Financial Governance

One of the core standards in controls assurance relates to financial management. The Finance Department has carried out an assessment against this standard which shows there is substantive compliance. Standards of financial management have been in place for many years and there are many regulations in place. HPSS organisations are accountable for the establishment of high standards of financial stewardship, probity and public accountability. In terms of governance, financial management is about safeguarding the organisation's assets from losses of all kinds, ensuring that value for money is achieved in the use of financial resources and ensuring funds are used for the purpose intended.

The Board's Chief Executive, as Responsible Officer, signs the Statement of Internal Control and the Board's Financial Accounts are audited each year and approved by the Board.

There are a wide range of statutory regulations and responsibilities in terms of financial management. Whilst these are largely outside the scope of this document, they have an important role in ensuring that funding can be targeted at delivering high quality, efficient services.

The key financial target for all HPSS organisations is to deliver a breakeven position on their final accounts. To achieve this performance outcome requires a framework incorporating, planning, regular monitoring and prudent monetary management. From the planning aspect the Board's Financial Strategy outlines the total revenue resources budget plan for the year. It contains the spending plan for Service and Budget Agreement Values with Providers; Board running costs; analysis of the investment in new resources and initial in-year slippage commitments.

In formulating the Strategy the Board often faces difficult prioritisation decisions, in that the demands for additional resources often exceed the available resources. The Strategy, when approved by the Board, forms the basis of the financial monitoring and control framework against which all actual expenditure is measured. This facilitates effective and efficient resource management during the year enabling corrective action to be taken when deviations from the development plan are noted. In addition, any further slippage on resources from monitoring processes can be identified and applied to dealing with emerging pressures.

The Fourth Review of the Regional Capitation Formula has now been completed and this along with the regional Strategic Resource Framework,

will impact upon future allocation of resources. As part of the regional drive to ensure equity of provision the NHSSB completed its 'Equity Strategy 2005-2010' in May 2005. This report builds on an earlier interim report and details the allocation of resources across localities, both at a cross-Board and internal level. Board officers will work to ensure that the issues highlighted in these reports are addressed in future commissioning decisions.

Quality Standards and Professional Guidance

When examining service developments and quality improvement, health and social care professionals must take account of guidance, recommendations and advice issued by a range of professional organisations, public inquiries and voluntary bodies. These are all closely intertwined with the Clinical and Social Care Governance agenda and are often reflected in government publications. Clinical and social care standards that are in existence will form a central element in NHSSB monitoring of the quality and effectiveness of services being delivered. Whilst there is an expectation that Trusts will comply with these guidelines and recommendations, there can occasionally be resource implications that prevent full implementation.

The passing of the HPSS (Quality, Improvement and Regulation) (NI) Order 2003 led to the establishment of a new Standards Development Task Group (SDTG) which will act as a single reference point for guidance, guidelines and standards for the HPSS. The SDTG will work closely with the Health and Personal Social Services Regulation and Improvement Authority (HPSSRIA) which has overall responsibility for monitoring and regulating the quality of health and care services. These new structures will incorporate the work of CREST and the Regional Multi-Professional Audit Group (RMAG) in Northern Ireland. HPSSRIA will also take over the role of the four Boards' Registration and Inspection (R&I) Units in ensuring that care homes meet the proper quality standards. The capacity of HPSSRIA to undertake this role will need to be developed and the roles of HPSSRIA, Boards and Trusts in monitoring the many aspects of service quality clearly defined. However, there is already a broad framework against which these quality standards can be monitored.

In Northern Ireland, the Clinical Resource Efficiency Support Team (CREST) has published a wide range of guidance since 1989. These publications include equipment surveys and protocols on the use of specific drugs, as well as guidelines for services such as:

- Guidelines on the Management of Cellulitis in Adults (2005)
- Guidelines for the Management of Obesity in Secondary Care (2005)
- Guidelines on the Management of Chronic Heart Failure in Northern Ireland (2005)
- Guidelines for the Management of Enteral Tube Feeding in Adults (2004)
- Management of Diabetes in Pregnancy (2001)
- Management of Severe Pre-Eclampsia and Eclampsia (2001)

- Consensus Guidance on the Management of Acute Stroke (1999)
- Guidelines for Wound Management in Northern Ireland (1998)
- Review of Adult Intensive Care Services in Northern Ireland (1998)

The Social Services Inspectorate (SSI) within the DHSSPS fulfils a similar role to SSI elsewhere in the United Kingdom. This role includes conducting inspections aimed at promoting quality standards, providing advice and promoting training. The SSI publishes a series of reports and standards for social care services that act as a framework for service provision and development. These include:

- Standards for the Inspection of Child Protection Service (2005)
- Regional Inspection of Services for Children with a Disability (2005)
- Challenge and Change – Inspection of Social Work and Related Services for Adults with Sensory Loss (June 2005)
- Standards for the Purpose of an Inspection of Social Work Services for People with a Sensory Impairment (Aug 2004)
- Inspection of Social Work in Mental Health Services (June 2004)
- Adopting Best Care (2002): Evaluation report on adoption services.
- From Dependence to Independence – Agenda for Action (2000): Standards for social work services for young disabled adults. Updated in 2003.
- Living with the Trauma of the Troubles (1998)

The establishment of the SDTG and HPSSRIA has led to the publication of a wide range of consultation documents aimed at establishing both specific care and general quality standards. The care standards, when completed, will relate to a range of Children's and Adult Services including adoption, family centres, respite, domiciliary care, residential / nursing homes and day care. Board staff and members of the Public Involvement Panel were involved in consultation both before and after the publication of 'Best Practice, Best Care - The Quality Standards for Health and Social Care'. The standards that are produced as a result of consultation will provide:

- A system of self-assessment.
- Benchmark indicators for quality improvement.
- Staff with information on what to expect from quality organisations.
- Information for those using services on what they can expect from the service provider.

HPSSRIA will link closely with the National Institute for Health and Clinical Excellence (NICE) and the Social Care Institute for Excellence (SCIE) in England. In this way quality improvements recommended in England can be incorporated into the HPSS and implemented by Trusts. This process will be

assisted in the future by the development of Service Development Frameworks similar to the National Service Frameworks (NSFs) in England.

Whilst usually not technically applicable to Northern Ireland the work of NICE in producing technology appraisals, clinical guidelines and interventional procedures provides a model for services to study. The clinical guidelines in areas such as diabetes, infection control, palliative care, head injury and cancer promote high quality services. NICE guidance on the use of new and existing medicines and treatments is crucial in promoting the culture of patient safety.

The DHSSPS has now signed a Service Level Agreement with SCIE to extend its services to Northern Ireland. The SCIE emphasises the identification, development and dissemination of good practice in respect of a range of social care services. This will be an important resource for the NHSSB in commissioning services.

Guidelines and recommendations on a wide range of issues are regularly published by all the relevant professional governing bodies, including the various Royal Colleges, Associations and advisory organisations. These publications provide a framework of protocols, quality indicators, standards, staffing levels, training requirements and other essential elements required to deliver a safe, high quality service. The models of care proposed by these professional bodies are seen as the ideal standard towards which services should be developed. In reality there may be factors such as cost and staff shortages that prevent the complete implementation of these standards.

In recent years, several highly public inquiries in both Northern Ireland and Great Britain have produced important quality improvement recommendations that need to be implemented by the DHSSPS, Boards and Trusts.

The public inquiry into the care of children receiving cardiac surgery at the Bristol Royal Infirmary between 1984 and 1995 was chaired by Professor Ian Kennedy. The subsequent report 'Learning from Bristol' (2001)⁹ made a range of recommendations, many of which were aimed at ensuring a change of culture in the NHS. The report made a total of 198 recommendations focusing on patient centred care, staff, leadership, systems and facilities, safety, learning and accountability.

⁹ 'The Report of the Public Inquiry into Children's Heart Surgery at the Bristol Royal Infirmary 1984-1995: Learning From Bristol'. Published by the Stationery Office July 2001.

The issue of child protection has been central in many public inquiries. The publication of 'Lost in Care'¹⁰, the report by the Waterhouse inquiry into abuse of children in care in North Wales, and the subsequent DoH response 'Learning the Lessons'¹¹ resulted in new guidelines and procedures. These were further reinforced when 'The Victoria Climbié Inquiry' (2003)¹² conducted by Lord Laming produced 108 recommendations targeted at Social Services, Health care professionals and the Police. These emphasise the importance of better education, training and quality monitoring. The DHSSPS audited local services to assess the degree to which lessons can be learned from the messages arising from the Laming Report. An analysis of the responses and recommendations for action have been produced and will be implemented by the NHSSB.

In Northern Ireland the publication of the 'Review of Health and Social Services in the Case of David and Samuel Briggs' (2003)¹³ highlighted a range of issues to be reviewed by the DHSSPS. The recommendations in the report included:

- More effective monitoring of standards and quality of services by the Boards.
- Improved communication, supervision and training.
- Introduction of quality assurance processes.
- Review of 'serious incident' reporting, investigation and learning.

The Shipman Inquiry, chaired by Dame Janet Smith, has published a series of reports between 2003 and 2005. The fifth report¹⁴ is particularly relevant to the HPSS as it focuses on quality and clinical governance standards, patient safety and improvements in the handling of complaints. The General Medical Council is the focus for several recommendations in relation to fitness to practice and revalidation.

¹⁰ 'Lost in Care – report of the Tribunal of Inquiry Into The Abuse of Children in Care in the Former County Council Areas of Gwynedd and Clwyd Since 1974'. Published February 2000. Available at DoH website.

¹¹ 'Learning the Lessons: The Government Response to Lost in Care'. Published June 2000. Available at DoH website.

¹² 'The Victoria Climbié Inquiry'. Report by Lord Laming published January 2003. Available from The Stationery Office or www.victoria-climbié-inquiry.org.uk

¹³ 'Review of Health and Social Services in the Case of David and Samuel Briggs'. Review led by R J Lewis published by the DHSSPS in June 2003.

¹⁴ 'Safeguarding Patients: Lessons from the Past – Proposals for the Future'. Shipman Inquiry led by Dame Janet Smith. Fifth Report published December 2004. Available at www.the-shipman-inquiry.org.uk

NHSSB Planning Documents

The provision of a quality service has been a major objective in the Northern Health and Social Services Board's (NHSSB) planning documents for many years. The Board has sought to ensure that the services it commissions have been of the highest possible standard. The Service & Budget Agreements (SBA) between the Board and the Trusts have historically been the framework within which many of the standards of care and quality have been defined. The format of the SBA will generally reflect the strategic requirement of the DHSSPS and performance indicators will likely form part of the SBA in coming years.

The main instrument for planning and accountability for the NHSSB and the four Local Health & Social Care Groups (LHSCGs) is now the 'Health and Wellbeing Investment Plan' (HWIP). This plan outlines investments for the forthcoming year and focuses on plans to deliver Programme for Government objectives, the Investing for Health Strategy and Priorities for Action (PfA) targets. All of these will feed into the quality agenda.

Following Ministerial decisions on 'Developing Better Services' (DBS) the Board has been focusing considerable planning resources on implementing the proposals on service configuration. Supporting this implementation plan is a programme of service modernisation that aims to develop a high quality network of services across our locality. The Board is examining the quality improvement opportunities offered by commissioning various models for its residents. Services at the acute and local hospitals will be designed to enhance the quality and safety of care experienced by patients through the removal of 'bottlenecks' in services, by redesigning roles and by improving systems in general. This process will be optimised by applying the lessons learnt from service improvement projects and from organisations such as the Modernisation Agency (now the NHS Institute for Innovation and Improvement). Plans to implement DBS integrate closely with reform and modernisation plans forwarded to the DHSSPS in the HWIP for 2005/06

Coupled with improved inpatient flow in hospital is a need for high quality multidisciplinary community and primary care services that help prevent admission and facilitate early discharge. For example, the Unique Care model for the management of long-term conditions and the 'Evercare' model developed in the United States of America and piloted in England. The HWIP for 2005/06 details how the Board and Trusts plan to utilise reform and modernisation funding to redesign acute and community services within the context of implementing DBS, working more efficiently and delivering high

quality, safe services. DBS planning also incorporates improvements in primary care that can bring more services to people in their own locality allowing easier access to specialist GPs, Allied Health Professionals and community services.

An important part of the HWIP is the 'Health Improvement Plan' (HIP) that is developed by the Investing for Health Partnership. The HIP sets out targets and actions for each of the partnership organisations that will improve standards in the five key areas of poverty, health & lifestyle, education and training and environmental health.

The Board also produces a Financial Strategy to support the HWIP. This report details all of the Board's financial allocations, including those identified for reform and modernisation. Within this, the inclusion of a 2% service improvement target has particular relevance for quality improvement. The reform and modernisation allocation also includes funding for changes resulting from Agenda for Change, the GMS Contract, the Consultant's New Contract and Junior Doctors' Contract. All of these have a specific impact on quality improvement through the introduction of new ways of working.

In the primary care sector, the creation of the LHSCGs has had, and will continue to have, a major impact upon the delivery of services. Each of the groups publishes its own 'Primary Care Investment Plan' (PCIP). These three-year plans outline the development of services and the local commissioning priorities. A crucial element of these will be quality improvements, community engagement and CSCG.

The implementation of the HWIP, HIP and PCIPs will be monitored and progress reported to the DHSSPS. This will form an important role in ensuring that relevant quality improvements are delivered.

The NHSSB also publishes 'A Framework for Improving Quality in Primary Care' which outlines the principal quality improvement initiatives in the areas of general medical practice, dentistry, pharmacy and ophthalmics. The Framework reflects many of the key factors highlighted for the HPSS in general, including workforce planning, professional development, reduction of inequalities, clinical governance, accessibility and patient involvement. The new GMS Contract provides an excellent vehicle for monitoring quality outcomes through the Quality and Outcomes Framework (QOF) and through audit and review activity requires as part of the specifications for the majority of Enhanced Services.

The Northern Neighbourhoods Health Action Zone (NNHAZ) has its own Strategic Plan that highlights three core themes: promotion of positive mental health, provision of opportunities for education and empowerment and improved access to services that have an impact on health and wellbeing.

The NHSSB has a statutory responsibility to establish an inter-agency forum for the joint commissioning of services to meet the needs of children identified through the Children's Services Planning process. The Area Children and Young People's Committee, led by the NHSSB is responsible for setting out a coherent strategic direction in relation to services for children in need, and their families based on shared objectives agreed by all participating agencies. The Committee produces a three year plan which provides a framework for participating agencies to work towards agreed objectives over a three year period. The Plan is based on three main themes:

- Outcomes based on needs and rights;
- The whole child; and
- Supporting families.

Led by the Northern Health and Social Services Board (NHSSB), the Northern Childcare Partnership is a partnership of voluntary and statutory agencies working together to help make local childcare provision more accessible, affordable and as high quality as possible. The Partnership has, or can influence the targeting of, wide range of funding streams to help achieve its objectives:

- New Opportunities Fund.
- Early Years Development Fund.
- EU Childhood Fund and Playcare Monies.
- Pre-school Expansion Plan Monies.
- DHSSPS Consolidation Fund Monies.

It also plays a key role in supporting and monitoring the five local Sure Start projects that provide a range of flexible and responsive services for children under the age of 4 and their families, aimed at ensuring children from deprived areas are ready to make a flying start when they begin school.

The Northern Childcare Partnership sets out its aims, objectives and workplans in 3 yearly Childcare Plans and Annual Reviews, details of which can be found on the Partnership's website: www.northernchildcare.com

NHSSB Strategy Documents

The NHSSB has published several major strategy documents as well as many reviews and papers that make recommendations aimed at improving the quality of health and social care provision. The major strategy documents in particular will have resulted from a long period of research and consultation and aim to highlight best practice, standards and protocols that should be widely adopted. Some of the recommendations have significant resource implications and will influence future NHSSB funding priorities. Others will place greater influence on improving procedures, better access to information and other areas that may have not have such significant resource implications and should be addressed by the Board and Trusts as quickly as possible.

Relevant major NHSSB strategies include:

- Ringing the Changes - A Strategy for Older People.
- New Directions : New Opportunities - A Strategy for Promoting the Wellbeing and Independence of People with a Physical Disability and/or Sensory Impairment.
- Children's Services Plan 2002-2005 and 2005-2008
- Promoting Ability – A Strategy for the Development of Care for People with a Learning Disability.
- Commissioning a Modern Mental Health Service.
- Childcare Plan 2000-2002 / 2003-2006

The Board's programme of care teams will monitor the implementation of strategy recommendations during regular planned meetings with the Trusts. The strategy implementation plan will also involve LHSCGs to ensure that local issues are highlighted and addressed. The Learning Disability Strategy has recently been reviewed and a report entitled 'Promoting Ability – Five Years On' issued.

Each year the Board also produces or commissions a wide range of reports that examine service performance, workforce issues, screening programmes, equality issues and other areas. These also make recommendations that are related to quality improvement. Many of these will result from or influence future quality improvement projects. Some recent examples include:

- Child and Adolescent Mental Health Services Commissioning Statement (2000)
- A Qualitative Study of Nurses Working in Holywell Hospital (2002)
- Reducing the Risk of Cervical Cancer – Northern Area Cervical Screening Co-ordinating Group Annual Report 2001/02. (2002)
- Comparative Review of Delayed Discharges from Acute Hospitals in the NHSSB Area (2003)
- Review of Community Based Rehabilitation for Adults with an Acquired Brain Injury in the NHSSB Area (2003)
- Urology Redesign and Investment Plan (2003)
- Dermatology Redesign and Investment Plan (2003)
- Review of NHSSB Community Equipment Services Using a Whole Systems Approach (2004)
- Causeway COPD Redesign and Investment Plan (2004)
- Review of Interpreting Service for Deaf People in the NHSSB (2004)

Priorities for Action

Each year the DHSSPS issues its 'Priorities for Action' (PfA) performance management guidelines to reflect the priorities identified in the Programme for Government. The strategic objectives and specific targets highlighted within PfA are selected following consultation between the DHSSPS and other HPSS organisations. The NHSSB has a responsibility to ensure that all the relevant objectives and targets included in this document are achieved and will regularly monitor progress toward this goal at both Board and Trust level.

Initially the PfA targets were designed to cover separate headings such as health development, primary care, community care, secondary care, family and children, workforce, information and communications technology (ICT), and quality. In 2005/06, however, the PfA document was subtitled 'A Planning Framework for Health and Personal Social Services 2005 – 2008' and the themes are more strategic and broad-based. The six sections cover:

- Efficiency
- Reform and modernisation
- Improving health and well-being and developing services to avoid undue reliance on the hospital sector.
- Improving patient flows within the hospital system.
- Creating a modern, reform-driven HPSS infrastructure.
- Equality, social inclusion and human rights.

The achievement of the PfA targets requires many actions that will result in improvements in service delivery, patient involvement and quality of service or which will assist in the identification of quality standards. Many of the targets will reflect quality improvements identified or recommended in other publications and the document has a specific funding allocation from the DHSSPS. Many quality improvements can be achieved through changes in culture or procedures, but funding is often essential to achieve the PfA service improvement targets. The Board's HWIP will reflect PfA issues in outlining how investment is to be targeted and the reform, modernisation and efficiency agenda taken forward. The Trust Delivery Plans (TDPs) will also illustrate how they plan to deliver services and meet these targets.

There is an agreed process for monitoring PfA implementation and the NHSSB and the local Trusts will meet regularly to assess performance in respect of the targets. PfA updates are regularly communicated at Board

meetings and achievements of the targets are included as part of the Board's Annual Report.

DHSSPS Publications

In addition to 'Priorities for Action', the DHSSPS produces many strategies, consultation documents, guidelines, circulars and other publications each year that form the basis for service development and quality improvement. Some of these are detailed in the 'Quality Standards and Professional Guidance' chapter of this framework as they are published by CREST or the Social Services Inspectorate.

Some of the other major publications that are of relevance include:

- Children First (1993) : Strategy for the development of Early Years Services in Northern Ireland.
- Code of Practice on Openness in the HPSS (1996) : Basic principles underlying public access to information.
- Children Matter (1998) : Strategy for the development of residential childcare services in Northern Ireland.
- Partnerships in Caring (2000): Produced recommendations on the future provision of palliative care services.
- Facing the Future (2000): Reviewed services' ability to cope with peak periods and set out programme of action to improve capacity and responsiveness.
- New Targeting Social Need Action Plan (2001) : Established health action zones and focused on promoting social inclusion.
- Best Practice - Best Care (2001): Focused on methods of improving quality in the HPSS and led to the increased focus on CSCG and the establishment of several new organisations.
- Building the Way Forward in Primary Care (2001): Established LHSCGs as the focus for improvements in the delivery of primary care services.
- Investing for Health (2002): Established multi-agency groups to improve health and social wellbeing, reduce health inequalities and implement key public health objectives.
- Developing Better Services (2002): Focused on modernising hospitals and reforming structures to ensure that services are delivered safely, effectively and efficiently.
- Valuing Carers (2002): Focused on the need to support carers, recognising them as partners in care provision and highlighting investment requirements.

- Review of Community Care - First Report (2002): Focused on implementation of policies to improve services and identified areas for improvement.
- Information and Communications Technology Strategy (2002) : Focused on ICT proposals to modernise and improve the quality of services.
- Review of Renal Services (2003): Produced recommendations for the development of renal services.
- Breaking Bad News (2003): Regional guidelines on how to break bad news to patients, family and carers.
- Caring for People Beyond Tomorrow (2004): Strategy framework for the development of primary health and social care.
- A Healthier Future – A Twenty Year Vision for Health & Wellbeing in Northern Ireland 2005-2025 (2004). Strategic context for the future development of the HPSS.
- Good Management, Good Records (2004). Guidelines for managing records in the HPSS.
- Lymphoedema Services – Report of the Lymphoedema Services Review Group (2005). Recommendations for the future development of services.
- A Strategic Framework for Adult Mental Health Services (2005). First report from the Review of Mental Health and Learning Disability (NI) Team setting out a vision and recommendations for the development of adult mental health services.
- Independent Review of Health and Social Care Services in Northern Ireland (2005) : Review carried out by Professor John Appleby, focusing on resourcing and performance management.

The implementation of recommendations from these strategies is incorporated into PfA targets, DHSSPS guidance and NHSSB planning. The Board will monitor service developments to ensure that anticipated quality improvements become apparent.

DoH and Other UK Publications

The Department of Health in London publishes a considerable number of strategies, reviews, guidelines and other material that impacts upon quality improvement planning in Northern Ireland. Whilst these publications may not relate specifically to the HPSS they are often incorporated into subsequent publications by the DHSSPS or reflected in standards and procedures adopted by Boards and Trusts.

Quality and patient safety are now core issues in the NHS and are reflected in many recent strategic documents such as:

- A First Class Service- Quality in the New NHS (July 1998): Led to the creation of the National Institute for Clinical Excellence (NICE) and Commission for Health Improvement (CHI), the formulation of National Service Frameworks (NSFs) and a greater emphasis on patient and public involvement.
- An Organisation with a Memory – Report of an Expert Group on Learning from Adverse Events in the NHS (June 2000) : Recommendations from the Chief Medical Officer in relation to changing organisational cultures, improving reporting systems and learning from incidents.
- NHS Plan (July 2000): A wide-ranging reform and investment plan to radically change the NHS. Included major investments in facilities and staffing, standards for care, changes in practice and guidelines for inspection. Led to the establishment of the NHS Modernisation Agency.
- Building a Safer NHS for Patients: Implementing an Organisation with a Memory (April 2001) : Established the National Patient Safety Agency and a new national system for reporting and learning from error and adverse events.
- Wanless Report – Securing Our Future Health: Taking a Long Term View (Treasury Report - April 2002). This provided a vision for the NHS in twenty years and an estimate of the resources that would be required.
- Raising Standards- Improving Performance in the NHS (May 2003): This provided an overview of quality improvements and outlined how the NHS could deliver this agenda.
- NHS Improvement Plan – Putting People at the Heart of Public Services (June 2004): Set out priorities for the next four years with a focus on high quality, patient driven services.

- Choosing Health: Making Health Choices Easier (Nov 2004) : New strategy for public health, focusing on informed choice, personalisation and working together.
- Creating a Patient Led NHS – Delivering the NHS Improvement Plan (March 2005) : How to make a patient-led NHS a reality in the design, securing and operation of services.

In addition, other organisations and NHS agencies have published reports that highlight new standards or improved ways of working that are important references for the HPSS in Northern Ireland. Such bodies include the National Patient Safety Agency (NPSA), the Healthcare Commission (formerly the Commission for Healthcare Improvement – CHI) and the Modernisation Agency, which has recently been renamed the NHS Institute for Innovation and Improvement. Some examples of such publications include:

- Creating the Virtuous Circle – Patient Safety, Accountability and an Open and Fair Culture. (The NHS Confederation, Sept 2003).
- Seven Steps to Patient Safety. (NPSA, April 2004).
- Ten High Impact Changes for Service Improvement and Delivery. (The Modernisation Agency, Sept 2004)
- Assessment for Improvement – Our Approach. (The Healthcare Commission, Nov 2004)
- Assessment for Improvement – The Annual Health Check – Criteria for Assessing Core Standards. (The Healthcare Commission, April 2005)
- Assessment for Improvement – The Annual Health Check – Measuring What Matters. (The Healthcare Commission, May 2005)
- Improvement Leaders' Guides. (The Modernisation Agency, May 2005)
- Building a Memory: Preventing Harm, Reducing Risk and Improving Patient Safety – The First Report of the National Reporting and Learning System and the Patient Safety Observatory. (NPSA, July 2005).

The devolved governments in Scotland and Wales have also produced their own strategies for their local health services. Whilst these will not apply directly to services in Northern Ireland they can often provide examples of good practice that can be accessed and adapted to suit the HPSS. For example, NHSScotland has produced 'Partnership for Care: Scotland's Health White Paper' (2003), which is quality focused and patient centred.

The NHS Plan highlighted the importance of developing National Service Frameworks as standards of best practice in care provision. These Frameworks can also be used as a basis for service development in the HPSS. For example the development of assertive outreach and crisis response services are key recommendations in the Mental Health NSF, and these are now operational locally. The NSF for Older People has models for the development of services such as stroke and specialist falls that have been used as the basis for NHSSB service development funding.

Progress on the development of the NSFs :

- Mental Health – Originally published September 1999. Five-year review published December 2004.
- Coronary Heart Disease – Published March 2000
- National Cancer Plan – Published September 2000. A three year progress report was published in 2003
- Older People – Published January 2002. Progress report released in 2003.
- Diabetes – Standards published December 2001 and delivery strategy published in November 2002.
- Childrens' Services – Complete document published in September 2004, following on from 'Standards for Hospital Services' (April 2003) and 'Emerging Findings' (May 2003).
- Renal Services – Part 1 on dialysis and transplantation published January 2004 and Part 2 on chronic kidney disease, acute renal failure and end of life care published February 2004.
- Long-term conditions - Published March 2005.

GMS Contract / GP Appraisal

Primary care services in general have seen a major emphasis being placed on the delivery of a quality service in recent years. The new GMS Contract^{15/16} and the introduction of GP Appraisal have been given a separate section in the QMF simply because it is difficult to emphasise their importance within any other context. Both reflect the ethos of CSCG and are highly influenced by professional guidance from the General Medical Council. The lessons learnt from the inquiry into the Shipman case¹⁷ are also clearly evident.

The DHSSPS has identified the aims of GP Appraisal as:

- To help the individual doctor to develop and improve.
- To contribute to the requirements of the General Medical Council's process of revalidation where a doctor will be required to demonstrate fitness to practice.
- To contribute to the promotion of quality throughout HPSS organisations.
- To help assure the public that general practitioners are engaged in professional development.
- To contribute to clinical and social care governance as a necessary requirement for all doctors.

The new GMS Contract which was implemented from April 2004 shifts much of the focus for payment away from quantity of service to quality. The provision of a quality service had always been a guiding principle for GPs, but the new contract has introduced a Quality and Outcomes Framework. This is designed to reward practices for achieving high quality standards that are measured against the best research available. The framework contains four domains, each of which has a range of quality indicators. Overall there are a total of 146 quality indicators. The four domains are:

- Clinical
- Organisational
- Additional services
- Patient experience.

¹⁵ 'Investing in General Practice: The New General Medical Services Contract'. Published by the Department of Health in February 2003.

¹⁶ 'Standard General Medical Services Contract'. Published by the Department of Health in October 2004.

¹⁷ 'The Shipman Inquiry'. Six reports from the Inquiry chaired by Dame Janet Smyth. Available at www.the-shipman-inquiry.org.uk

The Family Practitioner Unit, NHSSB, monitors on an ongoing basis individual practice performance against the Quality and Outcomes Framework. Details of the outcome of Year 1 on the QOF will be available by practice from mid September 2005, on the Department's website.

A fundamental part of the contract is a series of 25 Statutory & Contractual standards which all practices must meet when providing GMS services. These are detailed on Page 84, Annex B, of the New GMS Contract 2003 "Investing in General Practice".

The Board has developed three new Local Enhanced Services (LESs) for 2005/06:

- Implanon: Insertion & Removal
- Neonatal Examinations
- Extension of Near Patient Testing Disease Modifying Anti-Rheumatoid Drugs (DMARDs)

It is also worthwhile noting that there has been a significant expansion of the Minor Injuries Local LES.

The Board took over responsibility for the provision of Out of Hours (OOHs) services to its resident population from 1 January 2005. Regional standards are being developed for this key area which, when finalised, will be adopted by its provider Dalriada Urgent Care (DUC). The Board is also working with DUC on a number of service development issues. The DHSSPS and Boards are working towards the development of a regionally organised OOHs service while maintaining local delivery.

In Depth Monitoring, Needs Assessment and Audit

Each of the Trusts undertakes an extensive programme of audits, surveys and improvement projects every year. The audits undertaken can be local, regional (such as those undertaken in conjunction with RMAG) or national studies such as the National Sentinel Audit of Stroke. All of these have an important role in monitoring the quality of services and identifying areas of concern. Similarly, many patient or staff surveys are undertaken that can be utilised to highlight areas of both poor service and high quality.

The Trust quality improvement projects undertaken with The Service Improvement Team have already been highlighted, but it should be noted that Trust staff are also involved in a wide range of other improvement projects. The outcomes of these audits, surveys and projects are extremely important indicators of quality levels and the Trusts and Board must ensure that the issues being raised are appropriately communicated and addressed.

The NHSSB also endeavours to undertake its own monitoring and audit activity within limited resources. Each year the PoC teams and departments in the Board undertake a series of In-depth Monitoring (IDM) programmes. The process for selecting and undertaking the annual IDM programme is currently the subject on a QI project within the Board. This has identified several factors that influence selection:

- Statutory obligations – such as Childrens Services, screening programmes and the monitoring of communicable disease.
- Service pressures / Risk Registers – the identification by Trusts of services in which current funding is not efficient for the delivery of the highest standard of service.
- Service development outcomes – monitoring the outcomes of investments made after an initial period of service delivery.
- ‘Priorities for Action’ – areas identified as specific targets or as strategic objectives
- Complaints – monitoring may indicate specific areas of concern that need to be investigated
- Local issues – user involvement at LHSCG, Trust or Board level may identify specific issues in certain localities.

The IDM projects will assess services against a set of agreed standards or targets. Upon completion the outcomes will be reported to the relevant parties and may influence future decisions on funding or the identification of service improvement projects. The Board is currently reviewing its

monitoring processes and the current model of IDM may be revised during 2006.

Details of ongoing IDM projects are included in Appendix C. The Northern Health and Social Services Council (NHSSC) also has its own in depth monitoring and research projects.

The PoC teams and departments also agree a series of needs assessment exercises each year. These needs assessments are required to ensure that the Board is commissioning appropriate social care and personal social services for its resident population. Needs assessments are consumer driven and therefore should predominantly be 'people focused', taking into account the following elements:

- Views of existing and potential service users
- Views of staff with regard to the needs of users
- General population profile
- Secondary service user information (normally ICT based)
- Consultation with voluntary / community / advocacy groups
- Service data and models of good practice

Details of current needs assessments are included in Appendix D. A system for reporting on the outcomes of Needs Assessments has been established to ensure that the findings have been circulated and that any resource issues are fed into the commissioning process.

Both the In-depth Monitoring and Needs Assessment Programmes require a great deal of multi-disciplinary, multi-agency co-operation and input and are essential to the overarching aim of commissioning high quality services that meet local health and social care needs.

Complaints Monitoring / User Involvement

Patient centred care is now one of the key principles in health and social services and both the monitoring of complaints and user involvement are increasingly seen as being key elements in the improvement of HPSS services. At Trust level, user or patient involvement should lead to greater patient choice and participation in decisions on care. At a more strategic level, user or public involvement is about participation in planning and decision making. A central role for the service user is reflected in the CSCG agenda and in many of the publications from governmental, professional and other bodies. The DoH in London and NHSScotland have both engaged in consultation exercises to develop complaints handling and user involvement. In Northern Ireland the DHSSPS is involved in a similar exercise at present in respect of the complaints handling process.

As a commissioner of services the NHSSB has actively encouraged users of those services to make their views known. This has been achieved through the monitoring of complaints and by seeking user views on current services or before making key decisions.

The Board recognises the importance of effective complaints handling, not only as a mechanism to identify areas where quality improvement is needed but also as part of the process to ensure that individual or public confidence in the HPSS is restored. The Office of the Convenor routinely screens those complaints that have not been dealt with to a complainant's satisfaction by the service provider. An annual report is produced which details the number and type of complaints generated within the Board area. Trusts are also asked to report any changes in service delivery that have resulted from a complaint. This ongoing monitoring process ensures that issues are identified and addressed to prevent reoccurrence.

The Board's 'Policy for Public Involvement' lays out its principles for ensuring effective and meaningful involvement in all aspects of its role. A Public Panel has been developed in a bid to ensure a dedicated resource is at hand on an ongoing basis. The Board recognises and values the user contribution to the commissioning process. The benefits in terms of improved outcomes for patients, more appropriate use of services and the potential for greater cost effectiveness are substantial. The NHSSC also has an important role in representing the views of the public and the Board continues to work closely with the Council.

As part of the CSCG agenda, the Board intends strengthening the principles of openness, responsiveness and accountability. It is working with local Trusts to ensure that information is available to patients and carers in a wide range of formats. The Freedom of Information Act (2000), which aims to promote greater openness in the public sector, came into effect on 1st January 2005 and introduced the legislative changes required. A cultural change was already espoused in the 'Code of Practice on Openness in the HPSS'¹⁸ and is a central theme in CSCG.

Information on the complaints process and user involvement can be obtained by contacting the Board's Consumer Services Manager. Further details on the implementation of the Freedom of Information Act can be obtained from the Information Services Department.

¹⁸ 'Code of Practice on Openness in the HPSS'. Published by the HSS Executive, October 1996. Available to order at DHSSPS website.

The Role of Staff in Health and Social Services

Staff within the Board and Trusts are central to any quality improvement programme and are at the core of organisational development. The 'NHS Plan'¹⁹ recognised that service modernisation was dependent on staff resources and highlighted the need for organisations to provide all staff with opportunities for personal development and training. In Great Britain, considerable progress has been achieved through initiatives such as the Modernisation Agency and NHS Staff Partnering. The latter promotes best practice and development through secondments, mentoring, shadowing, job share and staff exchange. In Northern Ireland, the workforce section of PfA has reflected the strategic context of developments in Great Britain.

The baseline CSCG assessment also emphasised the importance of staff in developing a culture of quality with the HPSS. It is recognised that the development of individuals is interrelated with the development of organisations, and some of the key aims of CSCG have been identified as the recruitment of high quality staff and the development of staff in post.

'Agenda for Change'²⁰ is intended to reflect the central role of staff in improving the NHS and personal development planning is at the core of the new pay structure that is being introduced. Quality and personal development are stated to be core dimensions of the new 'NHS Knowledge and Skills Framework and the Development Review Process',²¹ commonly referred to as the KSF.

The Board is committed to a performance management process that ensures that all staff can participate in the achievement of our organisational objectives. A new performance review system has been implemented for all staff. This will compliment the existing individual performance review and performance related pay systems for senior staff. This new system will help ensure that all staff understand their role in meeting the Board's objectives, are motivated and given the opportunity for development and training. It will ultimately integrate with the new KSF under 'Agenda for Change'.

Many of the staff within the Board will also be subject to professional quality standards, in areas such as accountancy as well as health and social care.

¹⁹ 'The NHS Plan'. Published by the Department of Health in July 2000.

²⁰ 'Agenda for Change'. Published by the Department of Health in January 2005.

²¹ 'The NHS Knowledge and Skills Framework and the Development Review Process'. Published by the Department of Health in October 2004.

Those doctors employed by the NHSSB are required to undergo annual appraisal and revalidation by the GMC to assure the quality of their work.

Appendix A

Glossary of Abbreviations

CHI	Commission for Health Improvement
COPD	Chronic Obstructive Pulmonary Disease
CREST	Clinical Resource Efficiency Support Team
CSCG	Clinical & Social Care Governance
CSCGST	Clinical & Social Care Governance Support Team
DHSSPS	Dept of Health, Social Services and Public Safety
DoH	Department of Health
DUC	Dalriada Urgent Care
GMC	General Medical Council
GMS	General Medical Services
GP	General Practitioner
HIP	Health Improvement Plan
HPSS	Health & Personal Social Services
HPSSRIA	HPSS Regulation and Improvement Authority
HWIP	Health & Wellbeing Investment Plan
ICT	Information and Communications Technology
IDM	In-depth Monitoring
IfH	Investing for Health
KSF	Knowledge and Skills Framework
LES	Local Enhanced Service
LHSCG	Local Health & Social Care Group
NHS	National Health Service
NHSSB	Northern Health & Social Services Board
NHSSC	Northern Health & Social Services Council
NICE	National Institute for Health and Clinical Excellence (previously National Institute for Clinical Excellence)
NIMDTA	Northern Ireland Medical and Dental Training Agency
NNHAZ	Northern Neighbourhoods Health Action Zone
NSF	National Service Framework
OOH	Out of Hours
PCIP	Primary Care Investment Plan
PDSI	Physical Disability & Sensory Impairment
PfA	Priorities for Action
PoC	Programme of Care
QI	Quality Improvement
QIP	Quality Improvement Plan
QMF	Quality and Modernisation Framework

QOF	Quality Outcomes Framework
R&I	Registration and Inspection
RMAG	Regional Multi-professional Audit Group
RRI	Reinvestment and Reform Initiative
SBA	Service & Budget Agreement
SCIE	Social Care Institute for Excellence
SDTG	Standards Development Task Group
SSI	Social Services Inspectorate
TDP	Trust Delivery Plan

Appendix B

Useful Websites

Northern Ireland

Best Practice Scheme	www.bestpracticeni.gov.uk
NHSSB	www.nhssb.n-i.nhs.uk
DHSSPS	www.dhsspsni.gov.uk
CREST	www.crestni.org.uk

United Kingdom

Clinical Governance Support Team	www.cgsupport.nhs.uk
Department of Health	www.doh.gov.uk
Dr Foster	www.drfooster.com
Healthcare Commission (Previously CHI)	www.healthcarecommission.org.uk
Health Care Standards Unit	www.hcsu.org.uk
Institute for Innovation and Improvement (New site under development. Previously Modernisation Agency)	www.institute.nhs.uk
Kings Fund	www.kingsfund.org.uk
Modernisation Agency (Information up to 30/06/05)	www.modern.nhs.uk
National Patient Safety Agency	www.npsa.org.uk
National Institute for Health and Clinical Excellence	www.nice.org.uk

NHS Confederation	www.nhsconfed.org
NHSScotland	www.show.scot.nhs.uk
Safer Health Care	www.saferhealthcare.org.uk
Social Care Institute for Excellence	www.scie.org.uk

International

Agency for Healthcare Research And Quality	www.ahrq.gov
Institute for Healthcare Improvement	www.ihl.org
National Patient Safety Foundation	www.npsf.org
World Alliance for Patient Safety (World Health Organisation)	www.who.int/patientsafety

NB. Many of these websites, including the NICE website, contain very useful lists of links to other organizations and groups.

Appendix C - In Depth Monitoring Programme

NHSSB MONITORING PROGRAMME 2005-2006

**INDEPTH MONITORING,
STATUTORY MONITORING
AND CORE MONITORING
RESPONSIBILITIES.**

NORTHERN HEALTH AND SOCIAL SERVICES BOARD

**INDEPTH MONITORING
PROGRAMME 2005-2006**

Background

In-depth monitoring (IDM) is a central element of the Board's programme of quality improvement and modernisation. We have a statutory duty to ensure the delivery of quality services and IDM allows us to assess how specific services are being delivered by the providers.

The objective of IDM is to determine how a service is performing against agreed standards by undertaking a detailed examination of the service.

Given the limited resources available to the Board to monitor the services being provided to our residents, the IDM process can only cover a small proportion of these services. However, a great deal of work is also undertaken to improve services through other monitoring returns detailed later in this report. In addition Board staff participate in many projects which involve monitoring specific services as part of our modernisation and quality improvement agenda. These are detailed in the Board's 'Quality and Modernisation Framework'.

Selection Criteria

Those undertaking IDM will evaluate the various proposals for IDM projects arising from service pressures, risk registers, complaints monitoring, local consultation and other sources and prioritise which project(s) to undertake.

Once an area for IDM has been selected it will be necessary to identify the standards to be measured against. If suitable standards do not already exist it will be necessary to establish these with the service provider before the IDM project can commence.

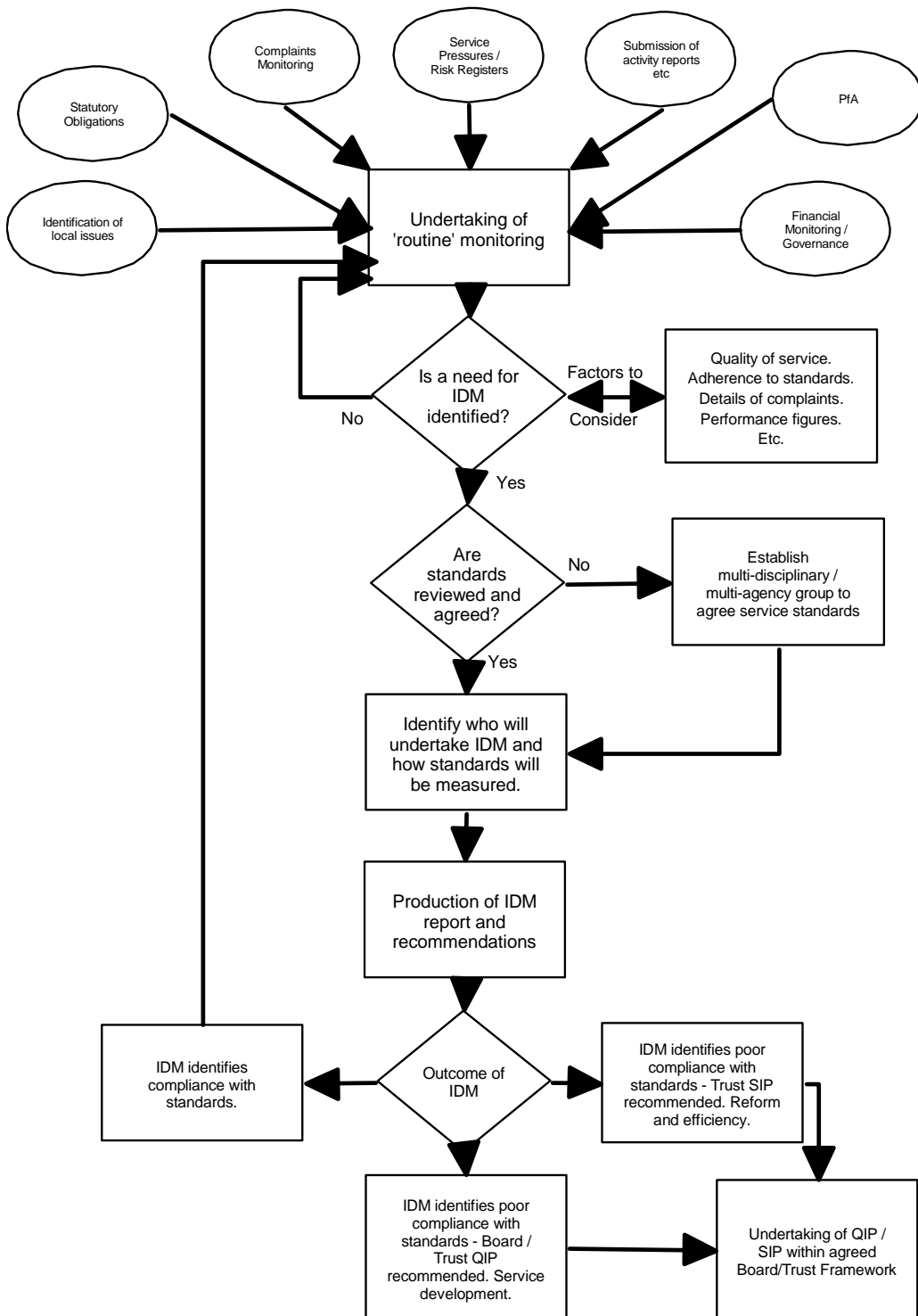
The appropriate organisations will be advised of all IDM projects identified to ensure that assistance is provided to complete the project.

Outputs

Upon completion of the IDM project a report will be prepared to detail compliance with and / or deviation from the agreed standards. This report should make recommendations on future action and in particular identify opportunities for service improvement through internal Trust action or area-wide projects.

A summary of IDM outcomes will be prepared for Board members each year and details included in the 'Quality and Modernisation Framework'.

In-depth Monitoring Process



Directorate /PoC	Project Title	Aim	How Was Project Identified? (Complaints, service pressures etc)	Rationale. Why Was This Service Prioritised for Monitoring?	Standards to be Measured Against	Completion Date
Nursing and Consumer Services Directorate	Nursing Handover: Study of Practice and Procedures in NHSSB Area	Improved handover process for nursing staff in NHSSB area.	Anecdotal. Concerns expressed by staff. Also topical issue in peer reviewed journals.	Relevant for patient safety, quality of service provision and tackling issues raised in complaints. Communication between staff continues to be an integral theme in complaints.	Good practice identified in literature and wider profession	March 2006

Directorate /PoC	Project Title	Aim	How Was Project Identified? (Complaints, service pressures etc)	Rationale. Why Was This Service Prioritised for Monitoring?	Standards to be Measured Against	Completion Date
Children's PoC Team	Services for disabled children in Antrim Area Hospital.	To improve services for disabled children in Antrim Area Hospital.	SSI report.	SSI Inspection identified gaps.	SSI standards.	March 2006.
Physical Disability and Sensory Impairment PoC Team	Provision of MS Nursing Service	Evaluation of current service and recommendations for future enhancement of MS service.	Financial monitoring. GMS Contract	High profile area following publication of NICE Guidance and NSF for Long Term Conditions. Recent investment in conjunction with MS Society in 2003/04. MS identified as area for possible enhanced service in GMS Contract.	NICE Guidance. NSF Long Term Conditions	March 2006

Directorate /PoC	Project Title	Aim	How Was Project Identified? (Complaints, service pressures etc)	Rationale. Why Was This Service Prioritised for Monitoring?	Standards to be Measured Against	Completion Date
Commissioning Team for Older People	Review of Palliative Care Strategy	To assess current services and make recommendations for improvement	Scheduled review of existing strategy. DHSSPS guidance	DHSSPS guidance on review of palliative service. Commenced 2004	NICE NSF DHSSPS	March 2006

Directorate /PoC	Project Title	Aim	How Was Project Identified? (Complaints, service pressures etc)	Rationale. Why Was This Service Prioritised for Monitoring?	Standards to be Measured Against	Completion Date
Learning Disability PoC Team	Audit of community services provided to people with a learning disability and a history of offending	To improve services for people with a learning disability who have offended.	Service pressure arising from reduction of inpatient bed numbers in new unit opened at Muckamore	Lack of service provision for this client group has been raised regionally. Patients being discharged from hospital to community.	Good practice identified in literature. Comparative levels of service provision in other regions of UK	March 2006
Mental Health PoC Team	Monitoring of use of adult mental health inpatient beds by patients aged under 16	Quantify the extent of the problem and identify issues / impacts on both CAMHS and adult mental health service	Untoward event monitoring and discussions with trusts re pressures	Recognised as potentially high risk in terms of effect on young people admitted and on adult inpatient service.	Royal College of Psychiatrists guidance and other appropriate standards	March 2006

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Directorate /PoC	Project Title	Aim	How Was Project Identified? (Complaints, service pressures etc)	Rationale. Why Was This Service Prioritised for Monitoring?	Standards to be Measured Against	Completion Date
Causeway LHSCG	Impact of 2 Junior Physiotherapists on Community Waiting Lists.	To reduce waiting lists and improve quality of services to the local population.	Public Consultation Workshops and services pressures.	In line with PFA requirements.	<p>PFA Standard.</p> <p>Section 8 Reform Strand 1 Pt 1.10</p> <p>Boards and Trusts should ensure that, by 31 March 2006, 85% of all people assessed as requiring care in the community should wait no more than three months for the main components of that care to be put in place.</p>	31 March 2006

NORTHERN HEALTH AND SOCIAL SERVICES BOARD

**STATUTORY MONITORING
PROGRAMME AND CORE
MONITORING RESPONSIBILITIES
2005 - 2006**

Background

The Board undertakes a great deal of monitoring of specific services each year. This can result from statutory obligations, DHSSPS guidance or organisational policy amongst other things.

The information gathered not only allows us to demonstrate our performance against set criteria, it can have a positive outcome on the quality of services delivered by highlighting areas of concern that can be targeted.

This monitoring activity is distinct from the Board's In-depth Monitoring (IDM) programme where the projects are generally short-term. IDM is focused on identifying services where concerns over quality have been raised, undertaking a detailed examination of this service against agreed standards and producing a report with recommendations. The identification of poor performance through statutory or 'routine' monitoring can therefore be seen as one possible trigger for an IDM project.

This template is designed to capture brief details of all statutory monitoring and other core monitoring responsibilities undertaken by the Board and will help us demonstrate our commitment to providing a high quality service to our residents. It will be included as part of the Board's 'Quality and Modernisation Framework' document.

A summary of the monitoring outcomes will be presented to Board members each year.

Directorate	Monitoring Undertaken	What Information is Gathered and How?	Rationale. Reason for Undertaking.	Outcome/Outputs What is Gained from the Monitoring?	Frequency of Report
Social Services	Evaluation of Trust Child Care Fieldwork Team Referrals	Details of compliance with Service Specification.	To monitor quality of front door Child Care services.	Compliance with good practice standards.	Quarterly
Social Services	Corporate Parenting Returns	Information and outcomes for Children via Trust and Soscare system.	To meet requirements of Department Circular CC3/02.	Directors informed about services and resources for Children in the area.	Bi-annual
Social Services	Direct Payments	Data on numbers and types of cases and training undertaken.	New policy initiative and PFA target.	Promotion of choices and independence.	Bi-annual

Directorate	Monitoring Undertaken	What Information is Gathered and How?	Rationale. Reason for Undertaking.	Outcome/Outputs What is Gained from the Monitoring?	Frequency of Report
Nursing & Consumer Services	Complaints	Number and type of complaints in Trusts and General Medical Services in NHSSB area. Returns from Trusts and practitioners.	Statutory requirement. To identify areas of risk.	Themes in complaints and areas for improvement.	Annual report to Board.
Nursing & Consumer Services	Supervision of midwives	Number of practicing midwives in NHSSB area. Individual forms submitted by midwives and collated for NMC.	Statutory requirement. Director is Local Supervising Authority.	Identification of resource issues and potential risk to safe service provision.	Annual report to NMC. (Monthly updates as necessary)

Directorate	Monitoring Undertaken	What Information is Gathered and How?	Rationale. Reason for Undertaking.	Outcome/Outputs What is Gained from the Monitoring?	Frequency of Report
Public Health	Cervical Screening Programme	Information on uptake rates and waiting times in relation to cervical screening services provided by QARC	Directorate responsibility to ensure high quality of service and maximise uptake rates.	Identification of action required to improve uptake rates and address incidence levels	Annual
Public Health	Breast Screening Programme	Information on uptake rates and waiting times in relation to breast screening services provided by QARC.	Directorate responsibility to ensure high quality of service and maximise uptake rates.	Identification of action required to improve uptake rates and address incidence levels	Annual
Public Health	Communicable Disease Control	Incidence of communicable diseases in NHSSB area provided by laboratories.	Statutory notification required.	Information used to identify, control and investigate outbreaks.	Monthly
Public Health	Vaccination Uptake	Information on uptake in relation to standardised immunisation programme. Statistics collated from General Medical Services and CHS.	Immunisation programme and monitoring requirement determined by DHSSPS	To maintain and promote vaccine uptake and prevent future occurrence of controllable illness.	Bi-Annual

Appendix C - Needs Assessment Programme



**NORTHERN HEALTH AND
SOCIAL SERVICES BOARD**

**NEEDS ASSESSMENT
PROGRAMME
2005/2006**

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

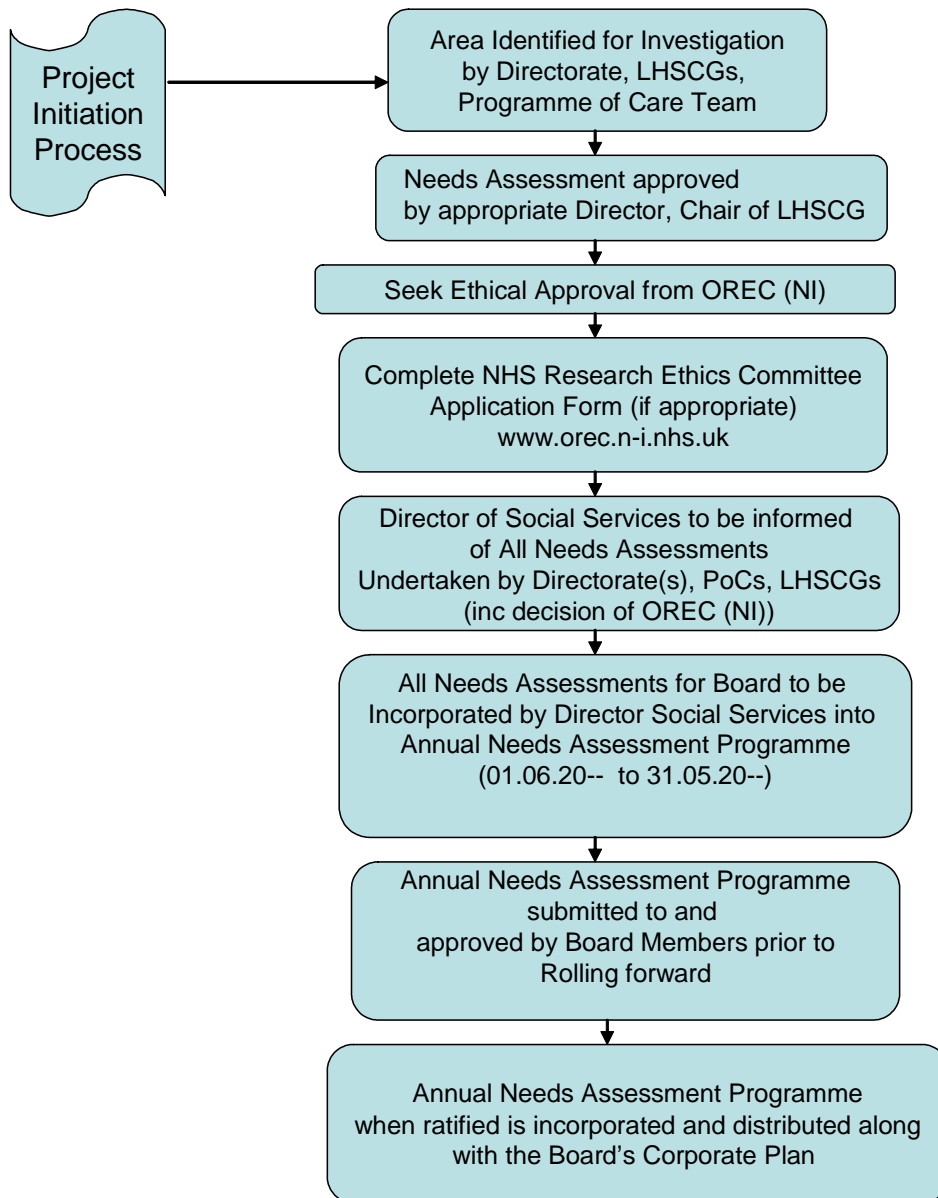
ANNUAL NEEDS ASSESSMENT PROGRAMME

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 e.g. 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.

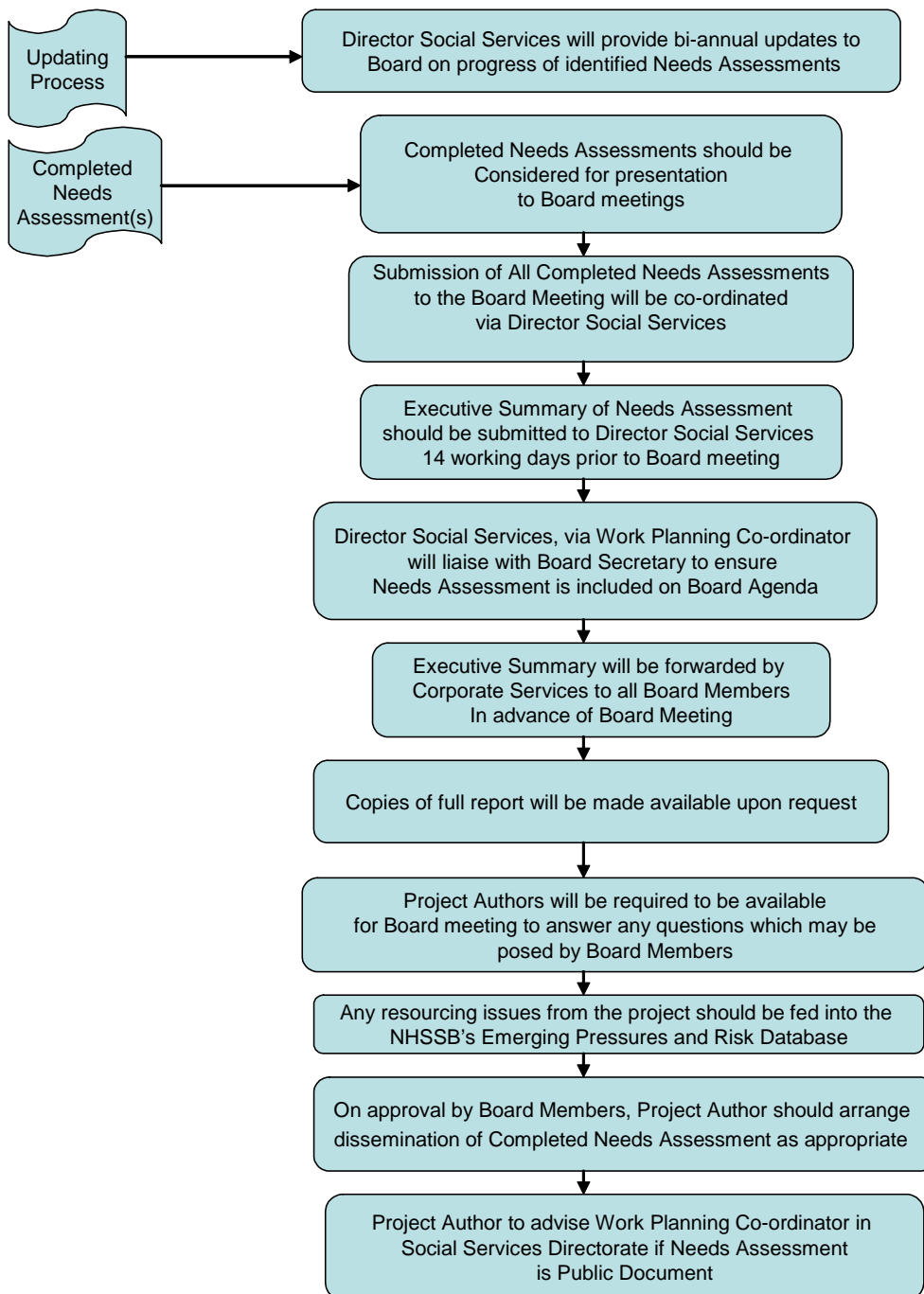
The process is described in the following diagram:-

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 2005 to 2006**

GENERAL TOPIC AREA	TITLE	CONTEXT	DESCRIPTION	OUTCOME/ OUTPUT	ETHICAL APPROVAL	COMPLETION DATE	LEAD DIRECTOR	SUBMIT TO SMT/ BOARD
Rheumatology services	Assess the demand for outpatient rheumatology services in NHSSB Trusts.	Long waiting times for rheumatology outpatient services.	Chair a multidisciplinary group to quantify current demand for outpatient services and how it should best be met.	Report that quantifies demand numerically and by case-mix & recommends the capacity options to meeting demand.	No	31 Dec 2005	Prof Watson Public Health Medicine	SMT
Neurology services	Assess the demand for outpatient neurology services in NHSSB Trusts.	Long waiting times for neurology outpatient services for NHSSB residents – worse than other Boards.	Chair a multidisciplinary group to quantify current demand for outpatient services and how it should best be met.	Report that quantifies demand numerically and by case-mix & recommends the capacity options to meeting demand.	No	31 Dec 2005	Prof Watson Public Health Medicine	SMT
Lymphoedema Service Provision	Assessment of the needs of NHSSB population for lymphoedema services.	Implementation of the report of the Lymphoedema Services Review Group.	Survey of professional groups followed by workshop including service users.	Report	Yes	March 2006	Prof Watson Public Health Medicine	SMT

GENERAL TOPIC AREA	TITLE	CONTEXT	DESCRIPTION	OUTCOME/ OUTPUT	ETHICAL APPROVAL	COMPLETION DATE	LEAD DIRECTOR	SUBMIT TO SMT/ BOARD
Children & Young People	Mapping Exercise in respect of Supply and Demand for Places in Secure Accommodation for Children and Young People.	Lack of secure accommodation. Features of Board Corporate Risk Register.	Mapping Exercise	Report	No	August 2005	Social Services (John Fenton)	
Children & Young People	Accommodation Needs of Care Leavers.	The need for this work has been identified by Regional Children Matter Task Group.	Needs Assessment to identify accommodation needs of care leavers.	Needs Assessment Report	To be determined	May 2006	Social Services (John Fenton)	
Children & Young People	An investigation into the protective factors which would prevent a looked after child (in residential care) becoming involved in the Criminal Justice System.	Children's Services Planning Objective.	The project will use quantitative and qualitative methods to examine this area. Fieldwork underway at present.	Report with recommendations for action	Not Applicable	March 2006	Social Services	Board

GENERAL TOPIC AREA	TITLE	CONTEXT	DESCRIPTION	OUTCOME/ OUTPUT	ETHICAL APPROVAL	COMPLETION DATE	LEAD DIRECTOR	SUBMIT TO SMT/ BOARD
Children & Young People	Family Support – Profile of the needs as identified by families and children in the Northern Board area in need of Family Support.	Children's Services Planning. Legislative requirement.	Survey of key stakeholders including providers of services, parents and young people.	Report detailing findings		December 2005	Social Services	Board
Ethnic Minorities, Migrant Workers, Asylum Seekers	Needs Assessment of Ethnic Minorities.	Human Rights and 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	September 2006	Social Services (Seamus Logan)	
Trauma of the Troubles	Service Needs – Final Report of Year 1 Evaluation – Primary Care Link Worker Interim Evaluation.	NI Victims' Strategy – Reshape, Rebuild, Achieve. Social Services Directorate Plan. Equality & Inequality in Social Services in	Look at most appropriate services for people affected by the Troubles through evaluation of Service Developments.	Inform future service provision. Final Report for Year 1 evaluation December 2005.		December 2005	Social Services (Seamus Logan)	SMT

GENERAL TOPIC AREA	TITLE	NI. CONTEXT	DESCRIPTION	OUTCOME/ OUTPUT	ETHICAL APPROVAL	COMPLETION DATE	LEAD DIRECTOR	SUBMIT TO SMT/ BOARD
Trauma of the Troubles	Information Needs.	NI Victims' Strategy – Reshape, Rebuild, Achieve. Social Services Directorate Plan. Equality & Inequality in Social Services in NI.	Evaluation of existing information formats and products.	Service Directory Information/ Resource Packs Interactive Website		December 2005	Social Services (Seamus Logan)	SMT
Trauma of the Troubles	Training Needs.	NI Victims' Strategy – Reshape, Rebuild, Achieve. Social Services Directorate Plan. Equality & Inequality in Social Services in NI.	Research & evaluation of training and skills programmes.	Awareness raising and skill based training programme for Primary Care Workers. Training Resource Packs.		December 2005	Social Services (Seamus Logan)	SMT
Adults - 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 (Kevin Keenan)	

GENERAL TOPIC AREA	TITLE	CONTEXT	DESCRIPTION	OUTCOME/ OUTPUT	ETHICAL APPROVAL	COMPLETION DATE	LEAD DIRECTOR	SUBMIT TO SMT/ BOARD
Respiratory Illness	Assessment of the needs of people with respiratory illness in the Antrim and Ballymena areas.	PFA Chronic Disease management targets. DHSS&PS Respiratory Illness Strategy.		Greater understanding of the needs of people with respiratory illness and any service development/modernization required in the Antrim and Ballymena areas.	N	November 2005	Mrs Liz McNabney LHSCG	Board Dec 2005
Stroke Care	Assessment of the needs of patients with stroke in Antrim and Ballymena area.	PFA objectives. Board review of stroke services. Eldercare Strategy.		Greater understanding of the needs of people with stroke and any service development/modernisation required in the Antrim and Ballymena areas.	N	March 2006	Mrs Liz McNabney A/B LHSCG	Board March 2006

GENERAL TOPIC AREA	TITLE	CONTEXT	DESCRIPTION	OUTCOME/ OUTPUT	ETHICAL APPROVAL	COMPLETION DATE	LEAD DIRECTOR	SUBMIT TO SMT/ BOARD
Carers	Assessment of the Needs of Carers of Young People with Dementia.	<p>Ascertain needs of carers within this client group.</p> <p>This is in accordance with Carers' Strategy.</p>	<p>Research to identify local needs of carers within the Causeway area.</p> <p>Project will be undertaken by Carers NI, at the request of Causeway LHSCG.</p> <p>Carers NI have identified a member of staff with a professional nursing background to undertake this project.</p>	Production of Needs Assessment report outlining conclusions and recommendations.	To be determined	March 2006	Mr Sam Vallely Causeway LHSCG	
Mental Health Services for Older People	Assessment of the needs of older people with mental illness.	Ongoing needs assessment work as agreed between CTOP, LHSCGs and the Board	To seek the views of existing service users/carers and consult with voluntary/ community/ advocacy groups.	Identification of the needs of older people with mental illness and how the services provided meet these needs.		March 2006	Mr Lindsay Gracey East Antrim LHSCG	

GENERAL TOPIC AREA	TITLE	CONTEXT	DESCRIPTION	OUTCOME/ OUTPUT	ETHICAL APPROVAL	COMPLETION DATE	LEAD DIRECTOR	SUBMIT TO SMT/ BOARD
Services for Older People	Assessment of admissions of over 65s to Acute Hospital.	Development of "Fall Prevention Schemes" in United and Homefirst Trusts.	To identify geographical 'hot spots' with particular reference to admissions due to falls.	Identification of geographical variances which will inform the operation and development of the Fall Prevention Services.		March 2006	Mr Lindsay Gracey East Antrim LHSCG	
Adult Palliative Care (PoC)	Assessment of the Needs of the NHSSB population for palliative care.	Palliative Care Implementation Plan November 1999.	Survey of professional groups, voluntary organisations, service users and carers.	Report		December 2005	Miss Liz McNair Nursing & Consumer Services	