Northern Ireland
Assembly

COMMITTEE FOR HEALTH, SOCIAL SERVICES AND PUBLIC SAFETY

OFFICIAL REPORT
(Hansard)

Programme for Government End-year Delivery Report

24 September 2009

NORTHERN IRELAND ASSEMBLY

_____

COMMITTEE FOR HEALTH, SOCIAL SERVICES AND PUBLIC SAFETY

_____

Programme for Government End-year Delivery Report

_____

24 September 2009

Members present for all or part of the proceedings:
Mr Jim Wells (Chairperson)
Mrs Michelle O'Neill (Deputy Chairperson)
Dr Kieran Deeny
Mr Alex Easton
Mr Sam Gardiner
Mr John McCallister
Ms Sue Ramsey
Mrs Iris Robinson

Witnesses:
Mr Fergal Bradley)
Mr Naresh Chada) Department of Health, Social Services and Public Safety
Mr Andrew Elliott)
Mr Dean Sullivan)

The Chairperson (Mr Wells):

I welcome the four representatives from the Department. We are slightly ahead of schedule, so I am prepared to let this evidence session run over. It is very important that we receive the maximum amount of information on what is a very important issue. Members have been provided with a briefing paper, which the Committee Clerk wrote, and a copy of the Programme

for Government end-year delivery report.

The report reminds me of that famous snooker commentary in which the television presenter told his audience that for the benefit of those who were watching in black and white, the green ball was behind the pink. Given the tone of the paper, we can follow what is marked red, amber or green, and, as the presentation proceeds, we will pick up on which targets are of concern and which are going well. The Department has tabled a briefing paper for Committee members' information.

I welcome Mr Dean Sullivan, assistant secretary and director of the planning and performance management directorate. That sounds as if it is a very important position. I also welcome Mr Andrew Elliott, assistant secretary and director of the population health directorate; Mr Fergal Bradley, senior principal in the child care policy directorate; and Dr Naresh Chada, senior medical officer.

I invite you to make your presentation, after which members will ask questions.

Mr Dean Sullivan (Department of Health, Social Services and Public Safety):
We have also struggled with the red, amber and green colours, especially since the Department of Finance and Personnel (DFP) and the Office of the First Minister and deputy First Minister (OFMDFM) introduced their green/amber rating, which has been difficult to find on our Excel spreadsheets.

The Chairperson:
They appear to be politically correct colours.

Mr Sullivan:
I will begin by setting the scene for members and giving an overview of our performance across the Programme for Government requirements. I will leave as much time as possible for questions from members.

Our purpose today is to update the Committee on our performance position, on the basis of the published delivery report, against the Programme for Government indicators as at the end of March 2009. Members will know that the Programme for Government sets out the strategic

priorities, plans and targets for the Executive for the three years from 2008 to 2011. The delivery report records progress at the end of year one of three.

The Department of Health, Social Services and Public Safety (DHSSPS) leads on seven of the key goals in the document, which sit under priority 2, which is to promote tolerance, inclusion and health and well-being. We also lead on three of the public service agreements (PSAs) in the document: PSA 6, children and family; and PSA 8, promoting health and addressing health inequalities; and PSA 18, delivering high-quality health and social care services. In addition, we have joint responsibility for capital PSA 16, investing in health and education estates. We have a support role in relation to six other PSAs: PSA 7; PSA 10; PSA 12; PSA 20; PSA 21; and PSA 22. That outlines the scope of our defined roles and responsibilities, and in each of those PSAs, as members will know, there are a number of indicators on which the delivery report records our performance, in addition to performance against the goals.

We have to monitor and manage our performance. Members will be aware of the significant strides that have been made in recent years to improve performance across a range of health and social care services. As recently as 2007, we had patients waiting several years in some specialities just to see a consultant following their referral by a GP. At the beginning of 2006, we had 180,000 patients in Northern Ireland waiting for a first outpatient appointment, 74,000 of whom had been waiting for six months.

Today, we are in a better position than that, although we still have a way to go. The vast majority of patients now gets an outpatient assessment within nine weeks, a diagnostic test within nine weeks and surgery, if required, within 13 weeks. There has also been good progress across a range of public health indicators, as is outlined in the delivery report.

A key element of the improvements that have been secured came about as a result of the arrangements that the Department has put in place for performance management services, both for Michael McGimpsey's targets that appear in our priorities for action document and for relevant targets in the Programme for Government. We have, as appropriate, daily, weekly or monthly monitoring arrangements that allow us to track progress and to ensure that that is satisfactory.

Before April 2009, responsibility for the performance management function, and its practical

delivery, sat with the Department. With the review of public administration (RPA) changes that were made on 1 April 2009, that role and responsibility passed across to the newly established health and social care boards supported by the Public Health Agency, the focus of which is to progress the range of issues under the public health agenda.

In addition to the existing performance management arrangements that the Department had in place anyway, which are linked to the Executive's requirements under the Programme for Government, the Department has established delivery boards for the delivery of PSA 6 and PSA 8. The purpose of those boards is to ensure effective cross-departmental working for both of those public service agreements.

Finally, and as the Committee would expect, the Department continues to keep a very close watch on performance management through the work of my own directorate. That is notwithstanding the fact that the day-to-day responsibility for that is carried out on the Department's behalf by the board, with support from the Public Health Agency. However, my directorate in turns ensures that the Minister and the departmental board are briefed on an ongoing basis.

The Committee will have read the delivery report on the Department's performance to date. I hope that members will have seen the briefing paper, which the Department has provided. That briefing sought to target those elements of the Programme for Government that are relevant to DHSSPS, and, through it, the Committee will have realised that the Department's performance against the majority of goals and indicators is generally strong. Across the seven goals that the Department leads on, three were assessed in the delivery report as being on track for achievement, three were assessed as being amber and one as being red. However, most of those goals that were assessed as being amber were simply the result of the timing of monitoring information, rather than fundamental concerns about the progress that has been made. Furthermore, across the 54 PSA indicators that the Department leads on — excluding those that deal with capital — the majority is deemed to be on track for achievement, and 42 indicators, or 78%, were assessed as being already achieved or on track for achievement.

In conclusion, the performance in the first year has been generally strong, but it remains the case, as we will no doubt discuss today, that there are areas in which further improvements can and should be secured. As part of my introduction, I do not propose to advise members of

particular actions that are being taken to tackle areas in which performance is less than the Department desires. However, my colleagues and I are happy to take any questions that members may have in that respect.

The Chairperson:

Thank you, Mr Sullivan. On a point of procedure, the Department's paper was not received by the Committee until Tuesday, which meant that it was given to members only today. It was e-mailed, but the Committee would appreciate more time to consider any documents that you might send to it in future. This evidence session is the most important aspect of today's meeting, and it is a problem if members receive reports late.

That aside, the Committee wishes to record that, on many of the indicators, considerable progress has been made, but there are a few with which it is not absolutely happy. First, the indicators only record progress made up to March 2009.

Mr Sullivan:

The indicators in the Programme for Government typically run to March 2011.

The Chairperson:

Yes, but the figures that the Department has supplied to the Committee run up to only March 2009.

Mr Sullivan:

The delivery report was based on what the Department's performance was at the end of March 2009.

The Chairperson:

That was six months ago. How have things panned out in the intervening six months? Have more reds or ambers appeared against the targets? What has been the trend?

Mr Sullivan:

One more return has been made to OFMDFM and DFP in the intervening period, as they collect performance information quarterly from the Department. That information was collected in July for the period ending in June, and it will be collected again in October for the period ending in

September; therefore, one more quarter's worth of information has been collected. Some targets have slipped in that period, and I am happy to brief the Committee, or provide briefing notes, on the areas in which performance has slipped.

The latest performance information shows that one area that has slipped is smoking prevalence, which has gone from 23% to 24%, and the Department is examining that area very closely to try to understand better why that figure has deteriorated. There has been a substantial shift in some areas from the previous report; while there have also been some slight changes at the margins in others.

However, as one would expect across such a large number of indicators and targets, there is one more quarter's worth of information, and I am happy to provide a briefing that sets out the latest position, if that would be helpful.

Mr Andrew Elliott (Department of Health, Social Services and Public Safety):
In some of those areas, the shorter the period, the less likely it is that the change will be statistically significant. For example, it is very difficult to be sure whether anything is really happening with the shift in the smoking figures from 24% to 23% until one has more time to examine the longer-term trend.

The Chairperson:
There is also a great deal of concern about the target to reduce the number of suicides by 15%. Clearly, that will not be achieved. That is a concern, and suicide is a huge issue of concern, particularly in my constituency, and in those of North and West Belfast, obviously. Why has the Department fallen so far short on that target?

Mr A Elliott:
Northern Ireland has a higher incidence of mental-health problems generally, and has had for a long time. There is no doubt that suicide figures have been on the increase in recent years. It is also true to say, however, that the figures on undetermined causes of death have been falling, and there is much more certainty about the figures now than there was several years ago, partly as a result of changes to the how the Coroner's Office operates.

We tend to find, as in so many areas, that the work that we are doing now on population health

will influence the figures down the line. However, it is like steering a ship — it is very difficult to get an immediate response to the work that is being done. However, the Department has committed a significant sum over the past few years to suicide prevention, and it has worked closely with community groups and others to try to address the issue. It is an area in which we would hope to bear fruit in due course, and hopefully quickly, because suicide is a dreadful problem for certain communities.

The Chairperson:

I would normally now invite the Deputy Chairperson to speak. However, as we are discussing suicide, I will ask Sue Ramsey to speak at this stage, because suicide is particularly a problem in north and west Belfast.

Ms S Ramsey:

I accept that suicide is on the increase, and I take on board the issue about recording and reporting suicide. The Committee has had presentations on suicide from families, the community and voluntary sector, and health professionals, and one of the main complaints that I am hearing, and, I am sure, others are hearing, is that the money that was provided, although welcome, is less than what was expected by the time it reaches the ground. Therefore, if one considers 'Protect Life' and all the policies that are in place to deal with suicide-related issues — it is about being proactive when people get to that point — one of the best comments that I heard in Committee last year was that suicide is a long-term solution to a short-term problem. We need to ensure that the money that is provided to deal with that issue goes to where it should be going. Some families and groups are critical of the fact that that is not happening.

Mr A Elliott:

We must keep monitoring those things and try to ensure that the money is as well spent as possible. The Department has to hold some of the money at a regional level for, for example, promotional campaigns, which are an important component of the work and tend to be expensive. However, we are also trying to push out as much money as we can, and to give a significant degree of control to communities over how the money is used, for example, through the suicide strategy implementation body (SSIB) and its operation..

The Department received a valuable report from the Committee for Health, Social Services and Public Safety on that very subject, and it contributed enormously to our thinking. We

continue to work on evaluating and reviewing various aspects of the suicide programme, and we will keep doing that. It is a very important area of work for the Department and will remain so.

The Chairperson:

Do members have any others questions specifically about suicide and the failure to meet that target. No? OK, I invite the Deputy Chairperson to speak.

Mrs O'Neill:

I share your concerns that progress on that target is in the red category, especially given the Committee's 'Report on the Inquiry into the Prevention of Suicide and Self Harm' and the Department's strategy. There are a few areas that I wanted to ask you about. I know that many of the targets under PSA 8 deal with health issues and addressing health inequalities. Some of the targets that are showing up as amber are to do with obesity. For example, the aim is to

"halt the decline in adult participation in sport and physical recreation"

by 2011. Another target is to halt the rise in obesity. Given that we hope to finalise our report on obesity in the next few weeks, have those moved to red? I feel that this report is out of date; it provides figures for March, yet we are discussing it six months later. I read somewhere in the report that monitoring arrangements are now in place and performance information to date will be available in October. That will have been with the Department for six months before the Committee receives it. We are dealing with an out-of-date report, and we are not going to get anywhere unless you go through each target individually and tell us whether progress has moved up or down on the scale.

Mr A Elliott:

Gathering information is one of the real challenges. It is often done through surveys, which are expensive. There are certain moments in time when information becomes available. That information should be shared with everyone quickly, and I see no reason for the Department to sit on it. The Committee should receive information very quickly, and we can try to ensure that that happens in future.

Mr Sullivan:

I was not proposing to go through where changes have occurred in performance since the June report, but I will go through a handful of areas in order to avoid any unnecessary concerns that we

are merely looking at the tip of an iceberg.

The Chairperson:

Perhaps you will flag up any areas about which we would have reason to be concerned.

Mr Sullivan:

Smoking prevalence among the entire population was at 23%, but the most recent information shows that that has increased to 24%. Progress on that target is rated worse than previously, because the nice downward curve has headed north again. Although, as Andrew rightly pointed out, we must be careful not to draw too many conclusions on the basis of data for just one period. The prevalence of smoking among manual workers has stopped reducing and stayed level at 30%, so we have moved that across the four bandings. The target to reduce smoking prevalence among manual workers to 25% appears to be levelling out at around 30%. That is raising alarm bells, because the nice downward curve has levelled out.

There had been big improvements in the data on births to teenage mothers, but that also appears to be levelling out. It would be rash to draw conclusions on the basis of one quarter's worth of data, but there is no fluffy or cuddly rating arrangement. We rate the data based on the best conclusion that one can reach at the time. However, we need to increase our effort and focus to try to return the data for births to teenage mothers to the trajectory that it was on. Those are the PSA 8 indicators that have slipped slightly from what is shown in the report that you have.

The elective care performance under PSA 18 describes performance where targets were substantially achieved at the end of the year. As you may be aware, there have been breaches of targets at some trusts at the end of the month. A greater number of patients now waits longer than the Minister's minimum standards of 9%, 9% and 13%, and performance has been poor on that target since the end of March. Performance on the target for all inpatient fractures to be treated within two days was poorer at the time that the report went to OFMDFM and DFP in June than it was at the end of March. However, ironically, on the basis of the information for the end of August, that situation has now improved again. Therefore, these things change over time.

We will be happy to get the information to the Committee in the best way possible and in a way that does not overburden you. There is a huge volume of relevant data, and I will be happy to respond to any of the Committee's information needs. There was slippage on the 62-day

cancer target between the end of March and the end of June, but it is on an upward curve. The absence of urological surgical capacity, particularly in Belfast, had been a key factor. The Minister recently announced that there will be investment in that, which we hope will be very beneficial.

That is it; it is no more than that. Of the 54 goals and objectives, perhaps half a dozen have moved slightly, and one of those has moved back up again. It is a moving feast: I know that that is not ideal for today's purposes, but the March report is a broadly fair reflection of our position relative to each of the three-year targets in the Programme for Government.

Mr McCallister:

Mrs O'Neill asked about the targets to reduce the number of children at risk from parental alcohol and/or drug dependency. What plans are in place to address those targets that are not going well and get them back on track? I am concerned about the slippage to amber or red and how we get back on track. Have the policies been reviewed to determine what is working? We started the discussion on the issue of suicide, and, as you know, the Committee has conducted inquiries into suicide and obesity. How quickly can you get back on track? Are the mechanisms in place?

Mr Sullivan:

I will make a start on that, and then I will hand over to Andrew. A huge range of actions is in place to tackle alcohol abuse, and Andrew will talk about those. The reason that that particular issue is rated amber is because there is a challenge to come up with an effective proxy measure for what we are trying to get at; that is, the children who are at risk of abuse by parents who might be abusing alcohol. As members will appreciate, that is not an easy thing to try to get at. The Department has done a huge amount of work with information colleagues to try to get at something that reasonably reflects the issue.

Mr A Elliott:

Mr McCallister asked what is being done to address those areas in which there are possible and real concerns. To take one example, Michelle talked about reducing smoking among manual workers. In percentage terms, that is a particularly difficult group to get to. For that reason, there has been a focus on that issue as part of the review of the Department's tobacco action plan. More research will have to be done in order to determine why that group of people is of particular concern, and to feed those results into other research. We set a priorities for action target for the

health and social care sector to focus on that group, and work in schools, factories and other locations to try to reach the people that we need to reach. The health and social care boards and the Public Health Agency will work on those matters because they are priorities for action.

Dr Naresh Chada (Department of Health, Social Services and Public Safety):

I chair the regional smoking cessation group, and I am intimately involved with the next phase of the tobacco action plan. I want to reinforce what Andrew said: we have always found it difficult to try to cut smoking rates, particularly in certain socio-economic groups. It is always relatively easy to make inroads into the higher socio-economic groups to start with, but that is why we set a challenging target for manual workers. There are also definitional issues, such as what constitutes a manual worker. We have had to do a little bit of work with the people who provide smoking cessation services in order to clarify that. We want to focus on that group of people in particular, and we are keen to see an improved performance towards the target.

Mr McCallister:

I was most alarmed about the issue of children who are at risk from parents who abuse alcohol or drugs. We want to see significant progress on that target. For an issue as serious as that to be marked red is alarming.

Mr A Elliott:

We are working on a measure for that issue, which is often referred to as "hidden harm". The clue as to why no measures have been put in place is the word "hidden". It is a challenge to know accurately how many children are at risk in Northern Ireland from people who are misusing substances such as alcohol or other kinds of drugs. We are finding a way forward in that regard. We also have to find the information in a way that provides value for money. What is important is that it has not prevented the Department from pressing on with a hidden harm action plan, which it is already being put in place.

We will be able to measure the success of that action plan in due course. However, we are still nailing down the proxy measures that we will use to try to estimate how many children are at risk at any point. We will have that information in due course; much work is ongoing in that area.

Dr Deeny:

When I see a health document with PSA written on it, I immediately think of the blood test for prostate cancer. I am too old for all these abbreviations, of which there are so many.

My question concerns amber ranking. It seems unsatisfactory. Dean said that an amber ranking results from a timing problem or a lack of information. What measures have been taken to address that and to reduce the number of amber rankings in future? Given that the report covers only until the end of March 2009 — six months ago — I am concerned about two groups that are ranked amber: people with mental-health problems or learning disabilities. The target is to ensure that they are promptly and suitably treated in the community and that no one remains unnecessarily in hospital by 2013. Moreover, it aims to help people with chronic illnesses to live more active lives by reducing unplanned hospital admissions by 50% by 2013. Can you provide an update from the past six months, because the situation is confusing? It is not satisfactory.

Mr Sullivan:

I said that one reason that an indicator might be rated as amber is because of the absence of information arrangements. It does not mean that all targets that are rated as amber have no information in place. I want to be clear about that.

Kieran flagged up two issues. He asked about the 2013 goal whereby anyone with a mental-health problem or a learning disability is promptly and suitably treated in the community and no one remains unnecessarily in hospital. That is not rated amber because of current performance. Current performance is strong, and we have already met the PSA mental-health target for resettling patients by 2011. We made excellent progress on the learning disability resettlement target for 2011 and hit all our milestones during the past two years. At the end of 2008, we substantially achieved our targets to discharge patients from hospitals that help with learning disabilities or mental-health problems; that is, 75% have been discharged within seven days, and all have been discharged within 90 days, except for in exceptional circumstances.

That target is rated amber because we do not know how the financial climate will be at the end of the current comprehensive spending review (CSR) period. Members will be aware of the significant costs that are associated with the resettlement of patients. Those costs are borne by our Department and by the Department for Social Development (DSD), which addresses the need for additional supported housing. That amber rating is in no way a reflection on performance. As

I said earlier, the curve for that target is strong at the minute and has been since 2008. The issue is about the ability of the Department and the Executive to continue to provide the level of investment that is required to maintain that performance. However, current performance is strong.

I will do my best to explain the other target that Kieran mentioned, but it is slightly complicated. That target aims to reduce avoidable hospital admissions. As the Committee will be aware, we put patients with chronic illnesses on care management, which includes arrangements to monitor their condition at home, and see how it affects the number of admissions to hospital. Now, this is the complex part: in year nought, we assess the patients who are not on care management and who have been admitted to hospital at least twice. In year one, we put them on care management, and in year two we monitor their progress. I hope that that makes some sense. The first cohort of 5,000 patients was identified in 2008-09. Those patients were not on care management in 2008-09 but had two or more admissions. We have put them on care management for 2009-2010 and will monitor the number of admissions. However, the information for the first cohort will not be available until June 2010.

I know what has happened to those patients in the first year, and the outcome was better than we thought it would be. Even though some of them were added to care management towards the end of the year, it has had a very material reduction — a double-digit reduction — in admissions for that population of patients. However, we want to run over the full year to see what the impact was for those patients. Nothing is lacking; it is just a natural fallout from that fact that the measurement period for that first cohort of patients runs until March 2010, and we will not have those results until June 2010. However, I know what the position is for 2008-09, and it is encouraging.

Dr Deeny:

Are you saying that progress has been made for those two important groups?

Mr Sullivan:

Absolutely. We are in the process of identifying the second 2,000 patients to put on to care management this year — if that makes sense — and we will identify another 2,000 patients next year. It will have a series of parallel runs, and, in each case, the block of patients are those who have had two or more admissions. Those patients will be put on to care management, and the

following year we will examine what that has done to reduce the number of admissions.

The Chairperson:

I promised to let Sue ask a general question, apart from on suicide.

Ms S Ramsey:

The point that we are missing is that we need to show the naysayers that devolution is working. The report demonstrates that we are not making a positive impact in people's lives. We are talking about the most vulnerable people in our society: those who are ill and those who have other issues. I do not know whether you were listening when we debated the Programme for Government, but people raised concerns as to whether some of the targets produced by many of the Departments were achievable. Some of the targets may not have been achievable, and Departments may have just put them in for the sake of it.

Some good work is being done — that cannot be denied. Nevertheless, we put commitments into a programme that was signed off by all Executive Ministers, yet now we are saying that we will not be able to achieve them. We need to look at that situation. We need a fool's guide, instead of all the paperwork. For example, we need to examine a target, see whether it was achieved and if not, why not, and find out when it will be achieved. That bring me back to the point that Mr Sullivan made earlier when he suggested that one target would not be achieved, but that the statistics for this month show that it might be achieved. We need to see the targets and have them updated regularly.

We have a duty to our constituents. We also have a duty to ensure that we have all the relevant information so that we can sell issues to our constituents, and so that we can be aware of what is happening in the Departments that we are supposed to be scrutinising.

Why are you producing reports if there are no statistics available? I may be the only person picking that up, but I assume that other members are thinking along the same lines. You mentioned on a few occasions that you did not have information on certain issues. We need to be careful that we are not just producing reports for the sake of it.

I want to concentrate on the specifics around children and young people, and I am glad that Fergal is here. You are not referring to big targets, but it is a big issue for individuals. The 50%

increase in care leavers and in educational training or employment is not only a DHSSPS target but the Department for Employment and Learning (DEL) has a part to play and, possibly the Department of Education. We have debated the issue of how many young people are not in education, employment or training on a number of occasions. How will everything that was said in those debates by the Ministers concerned show whether we will reach that target?

We need to be the voice for the most vulnerable people, including children and young people in vulnerable settings. I am shocked at the amount of money that DHSSPS is receiving from the Budget, and Departments brought those targets forward before the Budget was signed off. I want to know why we are not meeting those targets. Is it about money, or were the targets just put in regardless? I am glad that you said it is not about money, because everything else seems to be about money. Were those targets put in for the sake of being put in? Why are we not achieving them? There may be reasonable answers to those questions, but if it is not about money, I want the Department to say that it is not.

Mr Sullivan:

I will give a general overview of the target-setting and monitoring process. Fergal Bradley will talk about children's issues. I would not like to think that any of our targets is not important to people. It is important to people how long they have to wait to see a GP or to have a fracture treated. It is important to people that they are not kept inappropriately in a learning-disability facility or mental-health hospital. I am confident that all or most targets are in the right areas.

There is a different question, which is the one that Ms Ramsey is getting at, and that is how we set the targets correctly. We do our best at the time, on the basis of the available information and on affordability and achievability. It would be easy to set targets that were less of a stretch, but then we might miss something. Although it does not reflect well on the Department to be missing targets, I would rather set them at the margins of achievability, in order to get the best possible improvements that we can, than set much more conservative targets and not secure the necessary benefits for patients. However, I accept the point fully. It is clear that, when we look across the piece, and when we arrive at the next CSR period, we will have to ensure that we have set our targets correctly.

Ms S Ramsey:

With respect, Mr Sullivan needs to tell us why the Department is not meeting those targets. That

is the key. Is it down to another Department, or is it down to money? If there were bigger targets —

Mr Sullivan:

There are different reasons for different targets. I am happy to answer specific questions, but the reasons vary across the piece. The progress of targets that have been set for tackling the prevalence of smoking among manual workers, for instance, is not for the lack of effort. We must redouble those efforts to continue to drive that percentage down. That is not necessarily a money issue; there are other targets, the achievability of which may involve financial issues at the margins. There are variations, and we would almost have to go through them target by target.

We tried as far as possible to make the report to the Committee as clear as we could, but, unfortunately, we are not in a position in which we can say that a target has been achieved or not achieved, because we are looking over a three-year period. We will not know until March 2011 whether the targets have been achieved, and in some cases we will not know until a year after that, because of a lag in the reporting period. If there is more that we can do to make that clear, we are happy to do it.

I may not have made myself clear on the general point. On the matter of the reports that we are producing, our requirements for OFMDFM and DFP and, in turn, their requirement to inform the Executive and the Assembly as to what progress looks like, it is simply a fact that, in some areas, we have taken longer than is ideal to get the performance monitoring arrangements in place. In part, that is simply down to having finite information teams. We will prioritise those targets where there is an immediate requirement for tighter monitoring while letting others slip into year two, as we have done. However, there are now monitoring arrangements in place across all the targets. To update things on a positive note, the range of targets that we were talking about earlier that had amber ratings, and that did not have monitoring arrangements in place, now have green ratings in place or will do next month.

Mr Fergal Bradley (Department of Health, Social Services and Public Safety):

Would Ms Ramsey like me to talk about that specific target?

Ms S Ramsey:

Yes.

Mr F Bradley:

The reason that that target is marked amber is that the regular monitoring arrangements are not in place. Ms Ramsey asked whether the Department made resources available for that target. DEL, the Department of Education and DSD have done so. Much very good work is being done by those Departments, in conjunction with the voluntary sector, and there is a range of different strands to that work. Trusts employ a large number of people in their own right; for example, they are engaging in various training schemes provided by DEL so that the trusts can provide training places for young people for DEL schemes exclusively for young people coming from care. The South Eastern Health and Social Care Trust funds private apprenticeship places specifically for looked-after children in the trusts.

Trusts are doing things such as working with contractors and suppliers to get them to offer training places exclusively and specifically for young people from a care background. There is a whole range of initiatives on housing and the locations where young people live. Evidence shows that young people living somewhere safe and with a responsible adult are much more likely to stay in education and employment.

Universities are doing things. The University of Ulster has just been accredited according to a national scheme called the Frank Buttle Trust. Young people in care experience very different circumstances to other young people. Have they somewhere to go home to, outside term time? How do they fill in forms that require information on parental income? Under the Frank Buttle Trust, the universities have in place dedicated people who have been trained to understand the care experience and who know that those young people do not relate to university in the same way in which other young people do.

We fund young people to continue living with foster carers until they are 21 years of age, so that even young people who are away — for example, in the army or in higher education — have somewhere to come home to outside of term.

There is a whole range of different work going on. Much work is done with the Department of Education to improve educational outcomes. We have many initiatives that target numeracy and literacy at primary school age. We have just completed a great deal of work with the Department of Education on GCSEs over the past couple of years, and statistics should begin to improve over the next couple of years.

Members do not at present see the statistical information that follows from that work, but over the next year, they should start to see significant improvements. All those Departments and the voluntary sector work closely together. As has been said, this is a small population, so it is almost a test case for us. If we cannot do something for this group of young people, it is difficult to see how we can do anything for a wider population. We know who these young people are and where they are. Effectively the Department is the parent and has been for years. Much work is under way on this, resources have been deployed and people are working together.

Ms S Ramsey:

As I said, I am aware that much good work is under way. It is only because I asked about it that that is made public. This will not necessarily be a failed target, but progress has slipped a bit. That is why we need the fool's guide. If the target is not achieved by the specified date, when will it be achieved? It may be only three months down the line, but at least we are aware that it is not completely off the radar.

Mr F Bradley:

I am happy to provide a list of actions and of who is doing what to achieve some of those targets. However, sometimes Departments are criticised for providing information about inputs, as opposed to outputs.

Ms S Ramsey:

I am asking for a fool's guide, however.

Mr F Bradley:

I will provide one especially for you.

The Chairperson:

This Committee is completely bereft of fools. This is a high-powered Committee. We are interested only in a guide to the red- and amber-light targets. There are many targets for which we need no explanation.

Can such a guide be made? For the red-light targets and those on which we are moving in the wrong direction, it would be useful to have a layman's guide. The Committee may not have

agreed with all that you have said, but you have not been able to explain the reason behind the drift in each target. If the information is there, it might be useful for us to have it. It might also be useful if you would flag up where things are starting to go very astray between reporting stages. We would need to know that, where it is practical for you to provide the information.

Mr Sullivan:

All things are achievable. We may have to "suck it and see". We could provide something and see whether it is closer to meeting the Committee's needs than what we have provided. The Chairperson makes an important point about highlighting the green-light targets. There is much good news that we have not focused on today. Three quarters of targets are on track for a change.

The Chairperson:

The public does not knock on our doors to say that the Department is wonderful, or look at all the green-light targets. Most of the 54 targets are ignored; the ones that we hear about are the half a dozen difficult targets.

Mr Sullivan:

In order that I am clear about this, it would be helpful if we provided more detail about those aspects on which we are off-target?

The Chairperson:

Yes.

Mrs I Robinson:

I refer to another amber-light target, one in which I and other members have a keen interest. That is the target for reduction of clostridium difficile and MRSA cases. I am concerned that this target is still at amber, in view of the amount of money that the Department was given to improve hygiene, education and the screening of elderly patients on admission to hospital, particularly if they have been in nursing homes.

As clostridium difficile has gone off the radar and is no longer receiving much publicity, it is important that we keep focusing on it. I want to hear what is being done to tackle clostridium difficile, because it is not a news item at the moment, and I hope that it will not be. Given that we have an ageing population, that we are entering the winter period and that we are losing hospital

beds hand over fist, I am concerned that there will be so much pressure on the Health Service in the winter period that cases of the infection will rise. Will you talk me through the failure to meet the target for clostridium difficile?

Mr A Elliott:

The key contributor to the failure to meet that target was the outbreak in the Northern Trust, which significantly added to the figures and required a massive response by both the Department and the health and social care bodies. As the Committee probably knows, the Regulation and Quality Improvement Authority (RQIA) quickly commissioned a report, which provided 56 recommendations. Those recommendations are being taken forward and managed by the Department. In addition, an inquiry has been established to see if we can add further to the learning from the outbreak in the Northern Trust to ensure that a similar one cannot easily happen again.

As we all know from the outbreak of swine flu, we can never say never with communicable diseases. However, we can significantly reduce the risks by bearing down on the various areas of importance that were outlined in the Changing the Culture strategy. That strategy has been updated and developed, and the action is ongoing in the areas that it outlines, such as making sure that our pharmaceutical policy is right; that the cleaning is right; and that the regime for managing wards is as good as it possibly can be.

There is a large package of measures to tackle clostridium difficile, which I can go through with the Committee if it is helpful to do so. Much work is under way to tackle clostridium difficile.

Mrs I Robinson:

I have had occasion to be in nursing homes and hospitals, and my mother, who is 89, has had various problems connected with MRSA and clostridium difficile. I have noticed that even the warning signs about washing hands are coming off the walls and that in many cases there is no disinfectant gel in the dispensers. I feel that standards may slip. I have been in a number of hospitals and have found that the measures to tackle clostridium difficile are not as prominent as they were when it first hit the headlines.

Mr A Elliott:

That is an important point for us to push again, because rigour is key to success in this area. If a slip starts to happen, we are inviting more problems.

Mr Sullivan:

As Andrew said, there is much work ongoing to tackle clostridium difficile. The PSA target for March 2009 was rated amber, because we were meant to achieve a 20% reduction but only achieved 10%. The Minister set a new target for 2009-2010 across the three infections — clostridium difficile, MRSA and MSSA — to reduce the number of infections by 35% compared with 2007-08.

We are on track to achieve the target for clostridium difficile and MRSA. I base that statement on up-to-date performance information up to the end of August this year. MSSA is going a strange way for us, and we are not on track to achieve our target. However, the rates of the MRSA and clostridium difficile, which are the two big ones that we are most familiar with, are both heading south. As Andrew said, there is a need to redouble efforts, but the data indicate that the five trusts are making very good progress this year.

The Chairperson:

That is very interesting, but we would not have known that had you not just said it. That goes to show that there is some interesting material behind the statistics, which could also be included in our very-wise-Health-Committee-members' guide to the issue.

Mr Easton:

How does the Department compare with other Departments in its meeting of Programme for Government performance targets?

Mr Sullivan:

I am glad that you asked that, because I wrote that down on the back of an envelope before I arrived. *[Laughter.]*

We are broadly on track to achieve 78% of our indicators. On the basis of the summary at the front of the delivery report, the average across all Departments is 72%. We are ahead of the average. We are not complacent, but we are doing OK. An action to do something is counted as

one indicator that might have been achieved; we might have an indicator for healthcare infections, which requires a massive effort across five huge organisations in order to deliver an objective. There is a degree to which we are comparing apples with pears, but notwithstanding that, we are doing OK in comparison with other Departments.

The Chairperson:

When can we expect to receive some information on the progress of PSA 16, "Investing in the Health and Education Estates"?

Mr Sullivan:

There is no difficulty in giving you that information, Chairperson. That simply was not requested as part of the delivery return. We have it, we collect it and we report its progress against each of the capital schemes to our departmental board quarterly. What you have received is the version that all MLAs have received. We will be happy to provide you with a more user-friendly version, which would be more tailored to your needs, and which covers the full range of PSAs.

The Chairperson:

Thank you very much. I want to put on record our congratulations for the achievements that have been made. We have dealt entirely on the negative aspects of the report, but it is obvious that some good work has been going on up to the end of March.