

ANNUAL BUSINESS PLAN



2014–2015

Approved by the PHA Board 23rd January 2014
Approved by DHSSPS 26th March 2014

Purpose, vision and values

During 2014/15 the PHA will continue to work and be guided by our purpose, vision and values.

Our purpose

To protect and improve the health and social wellbeing of the people of Northern Ireland and to reduce health inequalities through strong partnerships with individuals, communities and key public, private and voluntary organisations.

Our vision

That all people in Northern Ireland can achieve their full health and wellbeing potential.

Our values

- Improving the health and social wellbeing of the community we serve will be at the heart of everything we do.
- In conducting our business, we will act with openness and honesty, treating all with dignity and respect.
- We will work in partnership to improve the quality of life of those we serve.
- We will value and develop our staff and strive for excellence in all we do.

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Introduction

The Public Health Agency (PHA) *Annual Business Plan 2014–2015* details how we will make best use of our resources to achieve our core goals, as set out in our *Corporate Strategy 2011–2015*. These are:

- Protecting health
- Improving health and wellbeing and tackling health inequalities
- Improving the quality of health and social care services
- Improving early detection of illness

It also details how we plan to improve how we work by:

- Using evidence, fostering innovation and reform
- Developing our staff and ensuring effective processes

This plan focuses on significant new initiatives for 2014/15 and incorporating Departmental requirements, and is not intended to cover every aspect of the PHA's planned work.

It will provide a basis for staff objectives and training and is a core accountability tool for the Department of Health, Social Services and Public Safety (DHSSPS).

Strategic context

The PHA has been in operation since April 2009 and over this time we have moved from establishment, to consolidating our position, developing our work and its impact, as well as strengthening the partnerships and links we have with communities, groups and organizations.

There have been significant developments in recent years in terms of interventions and programmes to improve and protect health and well-being, reducing health inequalities, as well as in modernising and developing the range and quality of care services. This provides no basis for complacency as there are, for example, currently 4,000 premature deaths per year and 61,000 potential years of life lost through preventable illnesses. Loss to the local economy as a result of obesity alone is estimated at £500 million, with 59% of the population being either overweight or obese and the impact of the misuse of alcohol on the health and social care system is estimated at some £250 million.

We recognise that reducing health inequalities is also central to ensuring economic and social progress. Reducing entrenched health inequalities is not something that the PHA alone can achieve, nor will it be easily measured on an annual basis. Accordingly working effectively with communities, organisations and groups is at the heart of what we do. Looking to 2014/15, under Programme for Government (PfG) the PHA will receive a further increase in its budget to take its work forward. This is especially welcome in a period of continued public expenditure constraint. It also places additional responsibility on PHA to deliver and deliver well.

The PHA will respond to the confidence placed in its work by the Executive, through further developing innovative programmes and targeted use of the resources available. We are confident that investment by the PHA in health and wellbeing interventions, programmes and campaigns will, if sustained, result in significant benefits in terms of lives saved and years of life gained as well as to the wider economic development of our community.

Our last Business Plan contained approximately 100 targets including those set for it in the DHSSPS Commissioning Plan Directions and Departmental Objectives. These targets covered every facet of our work with the vast majority, over 80%, completed on time with the remainder on track for completion, albeit slightly delayed. These stretching targets reflected areas identified as having the biggest potential impact on improving levels of health and social wellbeing, protecting the health of the community, and ensuring patients continue to receive high quality and safe treatment and care services.

As this Annual Business Plan focuses on the final year of the current *2011-2015 Corporate Strategy* it is appropriate to review progress to date as part of informing our priorities for 2014/15. During the first three years of the *Corporate Strategy* the PHA has delivered against its *core goals*, including by:

- supporting a wide range of actions to improve and protect public health and wellbeing and targeting the major causes of poor health, allocating resources to those who need them most;

- providing investment and professional leadership to implement specific services and initiatives, as well as influencing and shaping wider processes and budgets of partners to promote health and wellbeing outcomes;
- generating, disseminating and applying information and knowledge on needs and effectiveness of interventions, services and programmes as well as trying to better understand the health status and needs of our population;
- playing a full and effective role in shaping the delivery of care services through working with HSCB in its commissioning role;
- striving to ensure that every opportunity has been taken to address the root causes of poor health and wellbeing as well as securing high quality safe services that meet patient and client needs;
- putting in place seasonal flu response plans and seasonal influenza vaccine provision supported by public information campaigns;
- maintaining and building on very high vaccine uptake levels for example childhood and influenza vaccines;
- working with multi-agency partners to ensure effective public health emergency preparedness in the areas of disease surveillance and outbreak response, environmental health and food safety, healthcare capacity, mass casualty preparedness, and, chemical and radiation hazards incidents, for example during an E.coli outbreak in Belfast and as a result of adverse weather conditions;
- investing additional funds to tackle obesity;
- making substantial progress in meeting the UNICEF Baby Friendly Initiative standards to support breastfeeding, including training for key staff who have primary responsibility for breastfeeding mothers and babies;
- developing a maternal obesity pilot programme across all five HSCTs which provides enhanced support to all pregnant women with a Body Mass Index of over 40;
- publishing updated nutritional standards for the early years, to support and assist those caring for young children;
- implementing the MARA project with other organizations to increase access to services, grants and benefits for disadvantaged rural dwellers;
- Progressing key areas of the action plan to meet the Needs of Travellers in line with the All-Ireland Traveller health study, not least in increased cancer screening;
- expanding capacity in contraceptive and sexual health services specifically those tailored to the needs of young people, and for groups at high risk of HIV and STIs;
- making progress in the area of suicide prevention, with local and regional integrated action plans in place and training plans progressing to promote mental health and wellbeing and help prevent suicide;
- developing a range of public information campaigns, including those focused on flu, obesity, smoking, mental health, stroke and bowel cancer screening;
- identifying and disseminating learning from Serious Adverse Incidents (SAIs);
- making progress in addressing the important area of prisoners' health needs and wellbeing - mental, emotional, physical and social;
- developing and implementing regional standards and Key Performance Indicators (KPIs) for nursing, midwifery, and allied health profession services;

- taking forward the Quality 2020 implementation plan to raise standards in nursing and midwifery services through transformation of the ward sister and first line nurse manager role in all care settings;
- implementing the regional speech, language and communication therapy action plan for children and young people including scoping of speech and language therapy (SLT) services in Northern Ireland;
- commissioning and quality assuring population screening including introduction of abdominal aortic aneurysm (AAA) and bowel cancer screening;
- refining performance management systems with further development of the Programme Expenditure Monitoring System (PEMS). Financial monitoring reporting has also been further developed;
- working closely with the BSO and the Business Services Transformation Project (BSTP) to implement new finance (FPL) and human resources (HRPTS) systems;
- supporting staff to develop their capacity and skills through access to appropriate training and career development opportunities including development and introduction of new e-learning programmes.

In planning our work for 2014/15 the PHA must take account of the regulatory and strategic environment in which we operate. In particular we will take forward actions to reflect:

- Programme for Government 2012–2015
- DHSSPS policy priorities
- Partnership working
- Personal and public involvement

Programme for Government 2011–2015

Through the Programme for Government (PfG) 2011–2015, the fundamental importance of reducing health inequalities and improving long-term public health was recognised by a commitment to invest an additional £10m in public health initiatives over the lifetime of the programme. Specifically PFG set out the importance of tackling obesity.

During 2014/15 the PHA will continue to invest the additional budget in key public health areas, including specific programmes to tackle obesity, as set out in the following sections of this Plan.

The PHA will also continue to work with the HSCB and other Health and Social Care (HSC) bodies during 2014/15 to achieve other relevant PfG targets, including:

- offering people who have chronic conditions the opportunity to participate in a dedicated chronic condition management programme;
- introducing a package of measures aimed at improving safeguarding for children and vulnerable adults;
- improving patient and client outcomes and access to new treatments and services;
- reconfiguring, reforming and modernising the delivery of HSC services to improve the quality of patient care;

DHSSPS policy priorities

The DHSSPS has set the PHA a range of priorities for 2014/15, encompassing programme delivery and organisational objectives.

A key DHSSPS priority for 2014/15 is the implementation of the Public Health Strategic Framework for Northern Ireland, which sets out an updated strategic direction for public health for the next ten years. The PHA will take an active role in this, working with the DHSSPS and other partners.

During 2014/15, the PHA will also have joint responsibility with the Health and Social Care Board (HSCB) for the implementation of *Quality 2020: A 10-Year Strategy to Protect and Improve Quality in Health and Social Care in Northern Ireland*. The goals of the strategy will be the delivery of high quality services and for Northern Ireland to be recognised locally and internationally as a leader for excellence in health and social care.

We will also continue to work with the HSCB to implement *Transforming Your Care: A Review of Health and Social Care*, published by the Minister in December 2011.

Partnership working

The PHA has a statutory responsibility to work closely with partners in the community, the voluntary sector, health and social care, local government and the statutory sector. We will continue to do this in 2014/15.

Much of our partnership working will continue to be through providing funding and professional leadership to implement specific programmes and initiatives. In other instances it will be through influencing and shaping the priorities, processes and budgets of partners to improve longer-term health outcomes.

We will continue to work closely with Local Government during a period of significant transformation, as their boundaries change and new councils enter a shadow year with additional powers and responsibilities.

Personal and public involvement

Personal and public involvement (PPI) is a statutory responsibility for all HSC organisations. PPI requires the PHA to involve and consult service users and carers in the planning and development of services. Involvement is again the focus of one of the Ministerial Priorities as set out in the Commissioning Plan Directions.

In keeping with our *PPI strategy and action plan, "Valuing People, Valuing their Participation"*, the PHA will continue to work to embed PPI into the culture and practice of the organisation. The PHA has additional regional leadership responsibilities for PPI. This includes:

- Leading the implementation of PPI policy across the HSC;
- Ensuring Trusts meet their PPI responsibilities;
- the chairing of the regional HSC PPI forum;

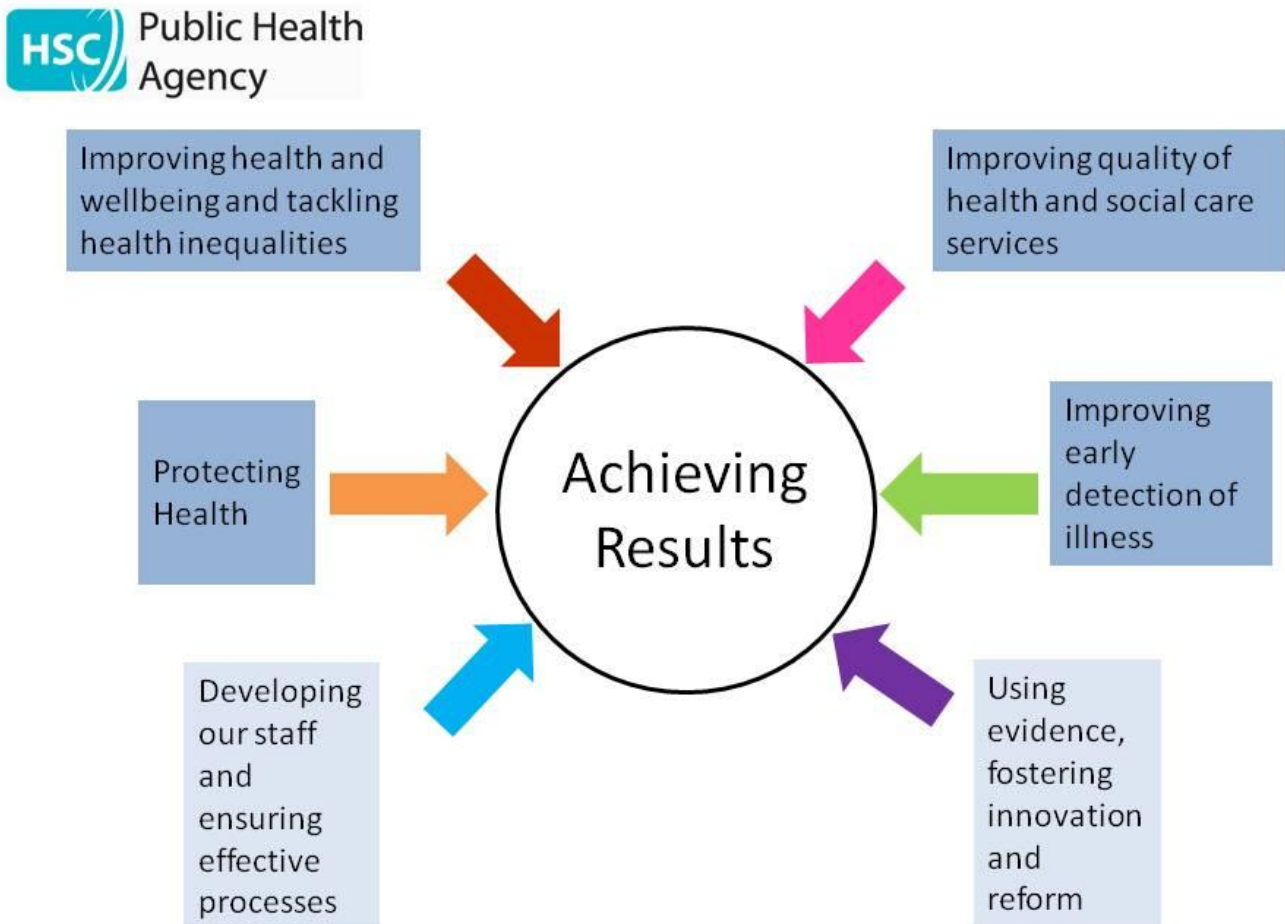
- the sharing of PPI best practice and promoting consistency of approach;
- the establishment of robust PPI monitoring arrangements;
- raising awareness of and understanding PPI through capacity building and commissioning of training.

2014/15 will be significant for the PHA. As we come to the end of our current Corporate Strategy, we will take the opportunity to review our achievements and, scanning the future environment, devise our strategic direction and produce a new corporate strategy for the next period.

Plans are also being advanced which will see the PHA reduce the number of rental offices it has and acquiring more suitable premises near to our existing base. This will bring many advantages in supporting our staff through improved working conditions and enabling greater efficiencies in how we operate.

Our work in 2014/15

In 2014/15 we will continue to focus on our six core areas of work, as illustrated in the diagram below:



The following sections of this business plan break each of these areas down into key actions to be led by specific PHA executive directors, recognizing that many of them will involve input and work across several Directorates.

Reports on the progress against each of these actions will be submitted on a regular basis to the PHA board. This will be supplemented by in-depth reporting on progress on specific issues as summarised in Appendix 1.

More detailed implementation plans for key actions will be presented to and considered by the PHA board. These will form the basis of monitoring and reporting of progress and achievements.

Following the introductory narrative in the following sections of this Plan, a table is presented setting out Key Actions in 2014/15. Those coloured pink relate to Commissioning Priorities; those coloured peach relate to Departmental Objectives.

Protecting health

The Health Protection Service within the PHA is responsible for the prevention and control of communicable disease and environmental hazards and provides the acute response function to major issues in these areas, such as outbreaks of infectious disease. The PHA Health Protection Duty Room, located in Linenhall Street at PHA headquarters, is the first point of call for all acute issues in relation to infectious disease incidents and for notifications of infectious diseases.

The Health Protection Service has a number of work programmes in key areas with regional consultant leads for each area. These include areas such as healthcare associated infections, immunisation, health protection emergency preparedness, gastrointestinal infections, sexually transmitted infections, influenza, and tuberculosis. Immunisation programmes are one of the most successful public health programmes in existence, protecting the population of Northern Ireland against serious diseases. It is thus important that we sustain our work to maintain high rates of immunisation uptake here. The need to tackle the problem of increasing resistance of microbes to our arsenal of antimicrobial treatments is acknowledged as a global public health priority. More work is needed in this area across the HSC sector and in partnership with a range of external stakeholders.

During 2014/15, the PHA will continue to lead and provide the acute health protection response to incidents, outbreaks and the wide range of issues reported to the Health Protection Duty Room. We will ensure our protocols are fully up to date and further strengthen our service through continuous learning and development.

Priority actions for 2014/15 are:

- take forward work on antimicrobial resistance, within available resources;
- continue to extend flu immunisation programmes to children in the age groups identified in DHSSPS guidance;
- take forward the delivery of existing and new immunisation programmes and maintain high immunisation uptake targets across all programmes;
- ensure PHA is fully prepared to respond effectively to a range of health protection threats.

Protecting health

Key actions for 2014/15

	Action	Lead director	Timescale for completion
1.	Successfully implement the 2nd phase of the children's seasonal flu immunisation programme by achieving a 60% uptake rate for all pre-school children aged 2 years old and over and a 75% uptake rate for all primary school children	Medical Director/Director of Public Health	By 31 March 2015
2.	Secure a further reduction of 9% in the total of in-patient episodes of <i>Clostridium difficile</i> infection in patients aged 2 years and over and of in-patient episodes of MRSA bloodstream infection compared to 2013/14.	Medical Director/Director of Public Health	By 31 March 2015
3.	Test and review arrangements to maintain the required standard of emergency preparedness to respond safely and effectively to a range of threats, hazards and disruptive events.	Medical Director/Director of Public Health	During 2014/15

Improving health and wellbeing and tackling health inequalities

Our work to improve health and wellbeing and to reduce health inequalities across the population, including with particular communities and groups known to be at increased risk of poorer health, reflects four key objectives:

- to give every child the best start in life;
- to ensure a decent standard of living for all;
- to build sustainable communities;
- to make healthier choices easier.

During 2014/15 the PHA will take forward the implementation of the new Public Health Framework for Northern Ireland, which seeks to ensure cross-government action to improve health and wellbeing and reduce inequalities.

In 2014/15 we will advance the early year's intervention agenda with a wide range of stakeholders. We will continue to work with communities and organisations to tackle poverty, improve employability and social and economic development. We will work with partners and ensure the active engagement of communities wherever possible.

In addition, we will focus on a number of specific public health issues:

- breastfeeding;
- obesity prevention;
- tobacco control;
- alcohol and drugs;
- sexual health;
- skin cancer;
- home accidents;
- mental health and wellbeing;
- suicide prevention;
- Child health promotion.

Other important areas for action in 2014/15 include schools programmes such as working with the Department of Regional Development (DRD) to support the delivery of Active School Travel, and with the education sector to support the Pupils Emotional Health and Wellbeing Programme (1 matter) and other specific programmes such as Roots of Empathy which is now active in 1 in 7 primary schools in Northern Ireland.

We will also be taking forward a programme to support the active engagement of older people to improve their health and wellbeing, building on four key areas of action: promoting active citizenship and positive ageing environments; improving access to and uptake of health and wellbeing programmes; supporting local approaches to include older people in issues that affect

their health and wellbeing; and promoting befriending and support for older people and their carers.

Obesity remains a priority for the Agency. Action in 2014/15 will focus on preventative programmes across a wide range of settings, including promoting physical activity with partners in local government, food standards in school meals, developing and implementing common standards for the Physical Activity Referral programmes as well as developing specific interventions such as weight management programmes for pregnant women, children and adults.

A significant area of work this year will be the procurement of services including mental health and suicide prevention as well as alcohol and drug misuse. Preparation for this has included extensive engagement with community and voluntary sector partners in developing agreed standards for services. These processes aim to secure the best possible outcomes for the public.

**Improving health and wellbeing
and tackling health inequalities
Key actions for 2014/15**

	Action	Lead director	Timescale for completion
1.	Develop a strategic level implementation plan supported and agreed by a Regional Project Board and local strategic partnerships, to take forward implementation of the Public Health Strategic framework (Making Life Better.)	Medical Director/Director of Public Health	By 30 June 2014
2.	Provide a summary report of how the PHA have used the NICE public health guidance published up to end March 2014 to improve the health of the population of Northern Ireland through its health improvement, health protection and service development functions. Following the establishment of a Regional endorsement process the PHA will also highlight for priority endorsement those pieces of recent guidance which have already been published.	Medical Director/Director of Public Health & Director of Nursing and AHPs	By 30 June 2014
3.	With the HSCB, (a) make an action plan and (b) deliver on the outcomes in the implementation plan for the 'Making it Better Through Pharmacy Services in the Community' Strategy.	Medical Director/Director of Public Health	(a) 30 June 2014 (b) June 2014 - March 2015
4.	Work with the HSCB to progress the programme of training and accreditation for health plus pharmacies during 2014/15 and agree priorities for commissioning public health services through these pharmacies during 2015/16.	Medical Director/Director of Public Health	During 2014/15
5.	Pilot and monitor the roll-out of two brief alcohol intervention programmes in two different settings outside the health and social care sector, with appropriate arrangements in place for subsequent evaluation.	Medical Director/Director of Public Health	By 31 March 2015
6.	Provide the Department with a written progress report on the implementation of the recommendations arising from the National Confidential Inquiry into Suicide and Homicide (NCISH) report on its longitudinal study into suicide in Northern Ireland.	Medical Director/Director of Public Health	By 30 June 2014
	Give every child the best start in life		
7.	Improve long-term outcomes for the children of teenage mothers by continuing to roll out the Family Nurse Partnership Programme, by expanding to the two remaining Trusts and rolling out the new Information System.	Director of Nursing and AHPs	By 31 March 2015

8.	Ensure that the rate for each core contract within the pre-school child health promotion programme offered and recorded by Health Visitors is 100% and that universal services are offered to all preschool children and their families.	Director of Nursing and AHPs	By 31 March 2015
9.	Take forward the commissioning of health visiting services within Trusts, to ensure that the services in place reflect the model of service detailed within the Departmental Strategy, 'Health Futures'	Director of Nursing and AHPs	By 31 March 2015
10.	Support implementation of the Early Intervention Transformation programme and parenting programs under Delivering Social Change (DSC).	Medical Director/Director of Public Health & Director of Nursing and AHPs	By 31 March 2015
11.	Roll out of Infant Mental Health training to HSC and early years workforce.	Medical Director/Director of Public Health	By 31 March 2015
12.	Coordinate implementation of the Breastfeeding Strategy for Northern Ireland.	Medical Director/Director of Public Health & Director of Nursing and AHPs	By 31 March 2015
Ensure a Decent Standard of Living			
13.	Develop and implement programmes which tackle poverty (including fuel poverty) and maximise access to benefits, grants and a range of services, including delivery of the detailed action plan for the MARA programme.	Medical Director/Director of Public Health	By 31 March 2015
14.	Support the Building Shared Communities programme of DSD and the associated work in 6 pilot sites.	Medical Director/Director of Public Health	By 31 March 2015
Build Sustainable Communities			
15.	Develop the skills and capacity of social enterprises and communities to respond to HSC procurement opportunities, including exploration of social clauses and community benefit plans.	Medical Director/Director of Public Health	By 31 March 2015
16.	Take forward with partners the PHA approach to healthy ageing including: reducing isolation; signposting and referral to services; falls prevention; and health and wellbeing improvement programmes	Medical Director/Director of Public Health & Director of Nursing and AHPs	By 31 March 2015

17.	Contribute to the implementation of the Learning Disability Healthcare and Improvement action plan. The PHA will also establish and lead a new Regional Learning Disability Health Care and Improvement Steering Group to progress the impact of the Directly Enhanced Service (DES) providing for an annual health screening for every person with a learning disability. This group will ensure the application of evidenced based care, oversee the standardisation of practice across all providers and evaluate progress being made.	Director of Nursing and AHPs & Medical Director/Director of Public Health	By 31 March 2015
18.	Implement the DARD Farm Family Check scheme to meet the needs of farmers and their families in rural areas.	Medical Director/Director of Public Health	By 31 March 2015
Make Healthy Choices Easier			
19.	Commission drug and alcohol services across all 4 tiers of provision to support implementation of the New Strategic Direction on Alcohol and Drugs 2011-16 and the PHA/HSCB Drug and Alcohol Commissioning Framework 2013-16	Medical Director/Director of Public Health	By 31 March 2015
20.	Develop and implement the Hidden Harm Action Plan.	Medical Director/Director of Public Health	By 31 March 2015
21.	Implement the DHSSPS Tobacco Strategy including Brief Intervention Training, smoking cessation services, enforcement control and public information.	Medical Director/Director of Public Health	By 31 March 2015
22.	Implement the DHSSPS Obesity Strategy including, weight management programmes for children, adults, and pregnant women; development of a common regional Physical Activity Referral programme; implementation of Active Travel programme in schools; and public information.	Medical Director/Director of Public Health	By 31 March 2015
23.	Develop a commissioning plan with agreed standards and commission a range of mental health promotion and suicide prevention services.	Medical Director/Director of Public Health	By 31 March 2015

Improving the quality of HSC services

The PHA is committed to ensuring safe, effective and high quality care for the population of Northern Ireland and to continually improving services by horizon scanning and developing learning systems to maximise the potential within organisations.

In pursuit of this culture the PHA will continue, through membership of HSCB commissioning groups to provide regional direction and professional expertise to HSC bodies and Local Commissioning Groups in the commissioning of HSC services and associated performance monitoring to ensure that patients are treated at all times with compassion, dignity and respect. In particular significant contribution will be made to the preparation of the annual Commissioning Plan prior to its approval by both the Board of the PHA and the Board of the HSCB. PHA staff will continue to work throughout the year with HSCB colleagues on the commissioning teams to progress agreed investments.

We will also work with the HSCB in line with the DHSSPS circular HSC(SQSD) 2/13 to introduce National Institute for Health and Clinical Excellence (NICE) Technology Appraisals and will reflect NICE Clinical Guidelines in commissioning, taking account of available resources and DHSSPS priorities.

During 2014/15 we will continue to implement service frameworks and develop patient pathways to improve quality of services for patients and clients. We will also continue to engage with the range of clinical networks and other clinical fora.

The PHA will also continue to lead on a number of strategies including, but not limited to, the Mental Health Nursing Framework, AHP Strategy and Maternity Strategy.

PHA consultants will continue to support the HSCB process of approving individual funding requests for treatments not routinely commissioned and for the approval of extra contractual referrals for procedures not routinely available. In many cases these relate to complex and life-long care.

Support for the recently revised process of Serious Adverse Incidents will continue to be an important area of work, with a number of staff providing the Designated Review Officer (DRO) function and also on occasions supporting Trusts when look back exercises are required in respect of certain incidents.

The PHA will continue to lead the Quality 2020 Implementation Team, working with the HSCB, HSC Trusts and the post graduate training bodies for medicine, nursing and social work. The PHA will also work with RQIA and the PCC who are designing an engagement process to involve the public and service users in the development and review of actions to take Quality 2020 forward. We will also continue to support and progress the Quality agenda through a number of work

streams, including the Safety Quality Alerts Team (SQAT) and the Quality Safety and Experience Group.

The PHA continues to support the promotion of Organ Donation. During 2013/14 the PHA led the work on preparing for a public campaign on Organ Donation as requested by the Minister for Health; it is anticipated that this campaign will be re-run in 2014/15. The PHA has a responsibility to work with the DHSSPS, HSCB, five HSC Trusts and NIBTS to ensure services are in place to allow for the timely retrieval and transplantation of organs as well as to meet the needs of those waiting for a transplant and those who have received a transplant. We will continue to support the live donor transplant programme and work to maintain Northern Ireland's position with the highest live kidney donor rates in the UK.

**Improving the quality
of HSC services
Key actions for 2014/15**

	Action	Lead director	Timescale for completion
1.	Implement the Quality 2020 Strategy across the agreed work streams and publish both a PHA Annual Quality Report for 2013/14 and, with HSCB, a 2013/14 Annual Quality Report for the HSC sector.	Director of Nursing and AHPs	By 30 September 2014
2.	Continue to lead and monitor the programme of work, and delivery of care, to develop and implement Normative Nurse Staffing including: <ul style="list-style-type: none"> develop normative staffing ranges for district/community nursing with minimum data sets and monitoring arrangements developed apply the Normative Nurse Staffing Tool to all inpatient and specialist adult hospital medical and surgical care settings develop and introduce Normative staffing ranges for Health Visiting within a range which secures the delivery of the service model detailed within the Departmental Strategy Healthy Futures. 	Director of Nursing and AHPs	By 31 March 2015 From April 2014 By 31 March 2015
3.	Develop, with the HSCB, the regional e-health and care strategy to support transitional change in how and where care is delivered reflecting public health, nursing and other priorities.	Director of Nursing and AHPs & Medical Director/Director of Public Health & Programme Director CCHSC	By 31 March 2015
4.	Deliver 500,000 Telehealth Monitored Patient Days (equivalent to approximately 2,800 patients) from the provision of remote telemonitoring services through the Telemonitoring NI contract.	Programme Director CCHSC	By 31 March 2015
5.	Deliver 800,000 Telecare Monitored Patient Days (equivalent to approximately 2,300 patients) from the provision of remote telecare services including those provided through the Telemonitoring NI contract.	Programme Director CCHSC	By 31 March 2015
6.	Support the development of a highly trained professional workforce with adherence to appropriate standards and robust accountability arrangements	Director of Nursing and AHPs & Medical Director/Director of Public Health	By 31 March 2015
7.	Promote the use of PEWS across Paediatric settings and provide a report to the Department on progress towards agreed regional system(s) in paediatric settings.	Director of Nursing and AHPs	By 31 March 2015

	Action	Lead director	Timescale for completion
8.	Produce a report assessing the impact of the work undertaken by the Safety Forum to promote and ensure compliance with the use of VTE risk assessment in hospitalised patients and report to the Department.	Director of Nursing and AHPs	By 31 December 2014
9.	Assist the Department to deliver a regional survey of inpatient and A&E patient experience during 2014/15, in order to baseline the position regarding patient experience and put in place a programme of work to secure improvements	Director of Nursing and AHPs	By 31 March 2015
10.	Continue the roll out and implementation of the 10,000 Voices Project, providing strategic direction, collaborating with HSC Trusts regarding implementation of outcomes and producing an Annual report.	Director of Nursing and AHPs	By 31 March 2015
11.	Establish a process to monitor and demonstrate improved outcomes based on the four key regional priorities identified in the Public Health Agency Annual report (2013/14) Patient Experience Standards	Director of Nursing and AHPs	By 31 March 2015
12.	Take forward the Mixed Gender Accommodation work which provides assurance of gender segregation in inpatient accommodation based on an agreed regional policy statement on gender segregation / gender appropriate accommodation which will be developed in partnership with DHSSPS	Director of Nursing and AHPs	By 31 March 2015
13.	Lead the Regional implementation of the DHSSPS Promoting Good Nutrition Strategy and lead a process across Trusts to identify the percentage of patients who have nutritional screening undertaken within 24 hours of admission to hospital.	Director of Nursing and AHPs	By 31 March 2015
14.	Continue to work with NIPEC and Trusts to agree and monitor key KPIs for nursing	Director of Nursing and AHPs	By 31 March 2015
15.	Ensure adherence to statutory midwifery supervision	Director of Nursing and AHPs	During 2014/15
16.	Lead on phase 2 of the review of AHP support for Children with statements of Special Educational Needs within Special Schools and Mainstream Education	Director of Nursing and AHPs	On-going from 2013 By 31 March 2015

	Action	Lead director	Timescale for completion
17.	Take forward any DHSSPS agreed actions for implementation within the Regional Learning System and continue to implement arrangements to support learning from SAIs throughout the region.	Director of Nursing and AHPs	By 31 March 2015
18.	Take forward a program of quality improvement work including Safety Forum initiatives and Quality Improvement Plans.	Director of Nursing and AHPs	By 31 March 2015
19.	With HSCB, support the implementation of the Northern Ireland Maternity Strategy, including promoting safe and effective care.	Director of Nursing and AHPs & Medical Director/Director of Public Health	During 2014/15
20.	Commission patient and carer education programmes for people with long term conditions, subject to funding.	Medical Director/Director of Public Health	By 31 March 2015
21.	Work with HSCB to take forward implementation of Service Frameworks specifically for cardiovascular, respiratory and cancer, where the PHA has the lead role.	Medical Director/Director of Public Health	By 31 March 2015
22.	Work with HSCB to take forward relevant recommendations from the Hyponatraemia Inquiry Report and Francis Inquiry.	Medical Director/Director of Public Health & Director of Nursing and AHPs	By 31 March 2015
23.	Take forward the introduction of self-referral physiotherapy in South Eastern Trust as an early implementer, and assess the outcomes of early implementation to inform a decision on whether and how to roll out self-referral physiotherapy to all Trusts. (This will be dependent on improved performance, on the basis of current access arrangements, against the 9 week target.)	Director of Nursing and AHPs	By 31 March 2015
24.	Take forward the implementation of independent prescribing within podiatry and physiotherapy, through the working group, agreeing the action plan and commencing implementation.	Director of Nursing and AHPs	By 31 March 2015

Early detection and treatment can result in better outcomes for some conditions. Screening involves inviting people who have no symptoms of a particular disease, to be tested to see if they have the disease, or are at risk of getting it. As a result they can then be offered appropriate further investigation and treatment. It is recognised that screening programmes can do harm as well as good, so it is important that all those invited for further screening make a fully informed decision as to whether they wish to participate. The PHA is working to promote informed choice for those invited for cancer screening.

During 2014/15 the PHA will continue to commission and quality assure screening programmes for breast, bowel and cervical cancers as well as non-cancer screening programmes including: antenatal infections screening; newborn bloodspot and hearing screening; diabetic retinopathy screening; and screening for abdominal aortic aneurysm (AAA.)

In particular the PHA will consolidate a programme of surveillance of women at high (x8) risk of breast cancer and will take forward work to consolidate quality assurance processes for antenatal, abdominal aortic aneurysm, diabetic retinopathy, and the newborn hearing and bloodspot screening programmes. Investment will be required however to ensure the compliance of the laboratories to deliver agreed standards for newborn blood spot testing.

There will be ongoing monitoring of the diabetic retinopathy programme to assist and ensure that the screening interval and grading of results is delivered in a timely fashion, and we will work with the Belfast HSC Trust to secure the investment required to support the service.

Other important areas of work during 2014/15 will include:

- implementing agreed actions from the Community Resuscitation Strategy for Northern Ireland;
- completing the roll out of digital mammography;
- extending the Bowel Cancer Screening programme to invite people up to the age of 74.

Improving the early detection of illness
Key actions for 2014/15

	Action	Lead director	Timescale for completion
1.	Continue to improve informed choice in cancer screening (particularly amongst groups in greatest need.)	Medical Director/Director of Public Health	By 31 March 2015
2.	Introduce the extension of the Bowel Cancer Screening Programme to invite people up to the age of 74 years with a screening uptake of at least 55% in those invited.	Medical Director/Director of Public Health	By 31 March 2015
3.	Complete the roll out of digital mammography.	Medical Director/Director of Public Health	By 31 March 2015
4.	Lead the implementation of the new UK Newborn Blood Spot Screening Programme standards.	Medical Director/Director of Public Health	By 31 March 2015
5.	Develop, in conjunction with the BSO and Trusts, the Child Health System (CHS) to a level where it can comprehensively report on activity across the Child Health Promotion programme (0-19 years). In addition, put in place mechanisms to ensure timely and continuous update to the CHS to reflect changes within the child health promotion programme.	Medical Director/Director of Public Health	By 31 March 2015
6.	Implement actions allocated to the PHA arising from the agreed Community Resuscitation Strategy for Northern Ireland.	Medical Director/Director of Public Health	During 2014/15

Using evidence, fostering innovation and reform

The PHA is committed to using and promoting, whenever possible, the latest guidance and good practice when developing or delivering programmes to improve and protect health and wellbeing. The promotion of and investment in research and development is fundamental to this.

During 2014/15 the PHA will work with the DHSSPS on the development of a new HSC R&D Strategy, especially assisting in public consultation, issuing an implementation plan for the strategy and taking forward initial work.

An evaluation of the health and economic impact of HSC R&D (*Evaluation of the Impact of HSC R&D Funding in Northern Ireland, including benchmarking with other countries, June 2012*) highlighted the value of this work, finding that a return of £4.41 additional external research funding could be expected for every £1 invested from the HSC R&D fund. As a result the DHSSPS invested additional funds to allow access to the National Institute for Health Research (NIHR) evaluations, Trials and Studies (NETS) funded programmes. There is evidence of uptake of the opportunity to lead on funding applications, with early indications suggesting that the proportion of funding secured for projects involving NI researchers is higher than the national average. This is a very positive outcome, and the research has the potential to develop new diagnostics, treatments and services for the benefit of service users in Northern Ireland and beyond.

The PHA continues to support health and social care research in its widest sense, throughout the HSC and the wider HSC R&D community, as a means of securing lasting improvements in the health and wellbeing of the population of Northern Ireland. We continually explore mechanisms to enhance research activity in Northern Ireland via the Northern Ireland Public Health Network (NIPHRN), the Northern Ireland Clinical Research Network (NICRN) and the Northern Ireland Cancer Trials Network (NICTN).

During 2014/15 we will continue to build on previous successes in securing external funding for HSC R&D, working with the HSC R&D community to facilitate access to UK and international funding, including the NETS programmes, Horizon 2020 and other EU initiatives.

During 2014/15 the PHA will use evidence and foster innovation and reform by:

- Promoting and supporting the accessibility of health and social care data for research purposes;
- Commissioning research calls in areas of health and social care priorities;
- Facilitating the development of evidence-based health and social care, through effective knowledge exchange.

We will also continue to develop and improve our health intelligence function during 2014/15, providing support across all PHA directorates through supplying and assisting in the use of health intelligence particularly in the form of research, evidence reviews, data analysis and evaluations.

Using evidence, fostering innovation and reform
Key actions for 2014/15

	Actions	Lead director	Timescale for completion
1.	Publish the new HSC R&D Strategy and its implementation plan including metrics to assess success of implementation.	Medical Director/Director of Public Health	By 30 June 2014
2.	Consolidate the infrastructure for accessibility of routinely collated datasets and support the establishment of the Administrative Data Research Centre & Honest Broker service for HSC research purposes.	Medical Director/Director of Public Health	During 2014/15
3.	Support researchers to secure research funding from external sources including NIHR evaluation, trials & studies co-ordinating centre (NETSCC), Horizon 2020 & US Ireland Partnership.	Medical Director/Director of Public Health	During 2014/15
4.	Work with HSCB to promote a research culture in Social Care and work towards commissioning a call in Social Care Research.	Medical Director/Director of Public Health and Director of Social Care	By 31 March 2015
5.	Work with stakeholders to explore themes for a potential call in obesity research.	Medical Director/Director of Public Health	By 31 March 2015
6.	Work with stakeholders to explore themes for a potential call in Suicide research.	Medical Director/Director of Public Health	By 31 March 2015
7.	Ensure the delivery of a commissioned research to evaluate Telemonitoring NI.	Programme Director CCHSC	By 31 March 2015

Developing our staff and ensuring effective processes

The PHA recognises that its staff are the organisation's greatest resource and the promotion of a safe, productive and fair work environment where all staff are respected and also understand their personal responsibilities and accountability is paramount. During 2014/15 we will continue to prioritise the 'Emphasis' programme, through the work of the Organisational Workforce Development Group. This will include the further roll out of the learning and development programme, to enhance and expand the knowledge base and skillset of individual staff and the organisation as a whole. It is also anticipated that the proposed move to new accommodation in Belfast will provide a positive environment for staff, enhancing morale and enabling modern working practices and improved communications.

As the current PHA Corporate Strategy enters its final year, we will take the opportunity during 2014/15 to review our purpose, vision and values along with our core goals and objectives, reflecting the experience of the early years of the PHA and looking to the future, as we develop a new PHA corporate strategy for 2015 and beyond.

During 2014/15 the PHA will build on its existing good governance arrangements, continuing to ensure that these are embedded within the organisation and further developed in line with best practice, and Departmental guidance. This will include meeting key Departmental requirements including preparing a Governance Statement and Mid-Year Assurance Statement, compliance with the NAO Audit Committee Checklist, completing ALB board self-assessment tool, mid and end year accountability meetings, meeting Controls Assurance Standards and associated self-assessments, preparing our Annual Business Plan within the specified timescales and requirements and complying with procurement and financial regulations.

The PHA will continue to provide the Department with information pertaining to its performance management and reporting requirements in an accurate and timely manner.

Developing our staff and ensuring effective processes

Key actions for 2014/15

	Actions	Lead director	Timescale for Completion
1.	Review the existing PHA Corporate Strategy and develop a new PHA Corporate Strategy for the next 4 years.	Director of Operations	By 31 March 2015
2.	Continue to take forward actions to embed a culture which places value on staff, ensures clear and known organizational priorities and establishes a clear, transparent leadership and accountability framework.	All Directors with Director of Human Resources	By 31 March 2015
3.	Ensure that by 30 th June 2014 90% of staff will have had an annual appraisal of their performance during 2013/14.	All Directors	By 30 June 2014
4.	Ensure that by 31 March 2015 100% of doctors working in PHA have been subject to an annual appraisal.	Medical Director/Director of Public Health	By 31 March 2015
5.	Reduce or maintain staff absence rates to 3.75%	All Directors	By 31 March 2015
6.	Work through the ICT programme board (in conjunction with NIPEC) to meet the recording care requirements for nurses and midwives to work effectively within the integrated system of care.	Director of Nursing and AHPs	By 31 March 2015
7.	Continue to lead on the implementation of PPI policy across the HSC and produce a report summarising best practice in PPI across all HSC bodies, as well as identifying any barriers to effective personal and public involvement and means of overcoming same.	Director of Nursing and AHPs	By 31 March 2015
8.	Pilot a model to monitor PPI compliance across HSC in accordance with the agreed PPI Standards	Director of Nursing and AHPs	By 31 March 2015
9.	Achieve substantive compliance with the information management controls assurance standard.	Director of Operations	By 31 March 2015
10.	Carry out an independent evaluation of the Board governance arrangements in line with DHSSPS requirements.	Director of Operations	By 31 March 2015
11.	Test and review the PHA business continuity management plan to ensure arrangements to maintain services to a pre-defined level through a business disruption.	Director of Operations	By 31 March 2015
12.	Continue to ensure that business cases are prepared for capital/revenue/external consultancy expenditure in line with Departmental guidance, and approved within the Agency structures or submitted to the Department where appropriate in line with delegated limits, on a timely basis. An annual assurance that effective processes are in place for the production of business cases will be brought to the PHA Board.	Director of Operations	During 2014/15

	Actions	Lead director	Timescale for Completion
13.	Establish a process by June 2014 to provide assurance to the PHA board that the PHA has adopted and maintained good procurement practice in line with DHSSPS requirements, and report to the board accordingly in September 2014 and March 2015.	Director of Operations	By 31 March 2015
14.	Prepare and submit a Property Asset Management Plan, in line with Department requirements.	Director of Operations	By 30 April 2014
15.	Prepare and submit a Sustainable Development Report, in line with Department requirements.	Director of Operations	By 30 April 2014
16.	Continue to implement the PHA Procurement Plan.	Director of Operations	During 2014/15
17.	Continue to manage and review PHA facilities, in particular ensuring arrangements are in place to manage the end of the lease for Anderson House, and to put appropriate arrangements in place for the management of 21 Linenhall street	Director of Operations	During 2014/15
18.	Develop and agree a new Internal communications strategy to ensure PHA business is supported by efficient and effective internal communication systems.	Director of Operations	By 30 Sept 2014
19.	Develop the PHA external communications mix to ensure that PHA digital communications and social media channels are further enhanced to reach new audiences and maximise the delivery of key messages to the public.	Director of Operations	By 31 March 2015
20.	Develop and deliver a range of integrated communication solutions to target audiences in line with key PHA priorities. Public Information Campaigns to include smoking cessation, mental health promotion, obesity prevention, seasonal flu, cancer awareness, organ donation, sexual health and bowel cancer screening programme subject to DHSSPS approval, will be taken forward.	Director of Operations	By 31 March 2015
21.	Ensure effective finance systems, processes and forecasts are in place, consistent with best practice and agreed Departmental requirements and timescales. These will take into account savings delivery plans where appropriate.	HSCB Director of Finance	During 2014/15
22.	Ensure the prompt payment of invoices in line with Departmental standards and timescales.	HSCB Director of Finance	During 2014/15

Programme budgets

During 2014/15, the PHA will invest £72.4m of programme funds and PfG funding as shown in the tables below.

Area of Spend	Budget	% of Budget
Health Improvement	£34.5m	47.6%
Health Protection	£7.7m	10.6%
Nursing, AHP and PPI	£3.4m	4.7%
Screening and Service Development	£12.5m	17.3%
Research and Development	£10.5m	14.5%
CCHSC	£2.8m	3.9%
Campaigns	£1.0m	1.4%
Total	£72.4m	100%

Appendix 1

PHA board Framework for Monitoring Performance

Area of focus	Proposed Timelines for Monitoring			
	Monthly	Quarterly	Biannual	Annual
General				
Corporate Strategy / Outcomes Framework				Green
Commissioning Development Plan targets		Red		
Corporate Business Plan Targets		Red	Yellow	
Programme for Government Monitoring				
PHA Annual Report				Green
DPH Annual Report				Green
Programme Expenditure Monitoring Report	Blue			
Financial Performance Report	Blue			
Health Improvement / Inequalities*	Blue			
Obesity (inc Physical Activity / Food and Nutrition / Breastfeeding)				
Smoking Cessation				
Suicide / Mental Health Promotion incl Self harm / One Stop Shops / Lifeline				
Marginalised Groups (inc Travellers / Prisoners / ethnic)				
Poverty (inc MARA / Fuel Poverty)				
Building Sustainable Communities				
Teenage Pregnancy / Sexual Health				
Drugs and Alcohol				
Early Years Interventions - Roots of Empathy				
Screening and Service Development				
Bowel Cancer Screening		Red		
Abdominal Aortic Aneurysm Screening		Red		
Breast Screening				Green
Cervical Screening				Green
New Born Screening				Green
Diabetic Retinopathy Screening				Green
Health Protection				
Immunisation and vaccination Programmes				Green
HCAI		Red		
HIV				Green
Seasonal Flu			Yellow	
Nursing and AHP				
Family Nurse Partnerships			Yellow	
Connected Health			Yellow	
Ward Sister Initiative				Green
Quality and Safety (in line with assurance framework schedule)		Red		
PPI			Yellow	
Research and Development				
Campaign evaluations				Green

*Once a month over the course of 2014/15 each of the health improvement/inequalities topics will be addressed in a performance briefing

Appendix 2

Table of directors

	Director title	Name
1.	Chief Executive	Dr Eddie Rooney, Public Health Agency
2.	Acting Director of Nursing and Allied Health Professions (AHP)	Pat Cullen, Public Health Agency
3.	Director of Operations	Ed McClean, Public Health Agency
4.	Medical Director/ Director of Public Health	Dr Carolyn Harper, Public Health Agency
5.	Director of Finance	Paul Cummings, Health and Social Care Board
6.	Director of Human Resources	Hugh McPoland, Business Services Organisation
7.	Director of Social Care and Children's Services	Fionnuala McAndrew, Health and Social Care Board



Abbreviations

AAA	Abdominal Aortic Aneurysm
A&E	Accident & Emergency
AHP	Allied Health Professions
BFI	Baby Friendly Initiative
BMI	Body mass index
BSO	Business Services Organisation
CCHSC	Centre for Connected Health and Social Care
DARD	Department of Agriculture & Rural Development
DHSSPS	Department of Health, Social Services and Public Safety
DRSP	Diabetic Retinopathy Screening Programme
DSD	Department of Social Development
EU	European Union
HSC	Health and Social Care
HSCB	Health and Social Care Board
HSC R&D	Health and Social Care Research and Development Division
HSCT	Health and Social Care Trust
HSWI	Health and Social Wellbeing Improvement
KPI	Key Performance Indicator
MARA	Maximising Access in Rural Areas
MPD	Monitored Patient Days
MRSA	Methicillin resistant staphylococcus aureus; a bacterium with antibiotic resistance
NAO	National Audit Office
NIBTS	Northern Ireland Blood Transfusion Service
NICE	National Institute for Health and Clinical Excellence
NICRN	Northern Ireland Clinical Research Network
NICTN	Northern Ireland Cancer Trial Network
NIPHRN	Northern Ireland Public Health Research Network
PCC	Patient and Client Council
PEWS	Pediatric Early Warning System
PfG	Programme for Government
PH	Public Health
PHA	Public Health Agency
PPI	Personal and Public Involvement
PYLL	Potential Years of Life Lost
QIP	Quality Improvement Plan
RQIA	Regulation and Quality Improvement Authority
SAI	Serious Adverse Incident
TYC	Transforming Your Care
UNICEF	United Nations International Children's Emergency Fund; charity
VTE	Venous Thromboembolism



Alternative formats

The PHA is committed to making information as accessible as possible and to promoting meaningful engagement with those who use our services.

This document can be made available on request and where reasonably practicable in an alternative format.

Should you wish to request a copy of this document in an alternative format please contact:

Robert Graham
Chief Executive's Office/Committee Manager
Public Health Agency
12 – 22 Linenhall Street
Belfast
BT2 8BS
Tel: 02890321313
Email: Robert.graham@hscni.net