

## AGENDA

**73<sup>rd</sup> Meeting of the Public Health Agency board to be held on  
Thursday 19 February 2015, at 1.30pm,  
Fifth Floor Meeting Room, 12/22 Linenhall Street  
Belfast, BT2 8BS**

No	Time	Item	Paper	Sponsor
1.	1.30	Welcome and Apologies		Chair
2.	1.30	Declaration of Interests		Chair
3.	1.30	Minutes of the PHA board Meeting held on 22 January 2015		Chair
4.	1.35	Matters Arising		Chair
5.	1.35	Chair's Business		Chair
6.	1.40	Chief Executive's Business		Chief Executive
7.	1.45	Finance Update <ul style="list-style-type: none"> <li>• PHA Financial Performance Report</li> </ul>	<b>PHA/01/02/15 (for Noting)</b>	Chief Executive
8.	1.55	Performance Management Report – Corporate Business Plan and Commissioning Plan Directions Targets for Period Ending 31 December 2014	<b>PHA/02/02/15 (for Noting)</b>	Mr McClean
9.	2.05	Six Monthly Overview Report on Progress on the Implementation of RQIA Report Recommendations for the period ending 30 September 2014	<b>PHA/03/02/15 (for Noting)</b>	Dr Harper

10. 2.15 Update on Community Planning  
(Verbal)

Mr McClean

11. 2.25 Any Other Business

12. **Date, Time and Venue of Next Meeting**

Thursday 19 March 2015

1:30pm

Conference Rooms 3+4

12/22 Linenhall Street

Belfast

BT2 8BS

## MINUTES

**Minutes of the 72<sup>nd</sup> Meeting of the Public Health Agency board  
held on Thursday 22 January at 1:30pm,  
in Conference Room, 18 Ormeau Avenue,  
Belfast, BT2 8HS**

**PRESENT:**

Mrs Julie Erskine	- Acting Chair
Dr Eddie Rooney	- Chief Executive
Mrs Pat Cullen	- Director of Nursing and Allied Health Professionals
Dr Carolyn Harper	- Director of Public Health/Medical Director
Mr Edmond McClean	- Director of Operations
Councillor William Ashe	- Non-Executive Director
Dr Jeremy Harbison	- Non-Executive Director
Mrs Miriam Karp	- Non-Executive Director
Mr Thomas Mahaffy	- Non-Executive Director
Alderman Paul Porter	- Non-Executive Director

**IN ATTENDANCE:**

Mr Paul Cummings	- Director of Finance, HSCB
Mrs Joanne McKissick	- External Relations Manager, Patient Client Council
Mr Robert Graham	- Secretariat

**APOLOGIES:**

Mr Brian Coulter	- Non-Executive Director
Mrs Fionnuala McAndrew	- Director of Social Services, HSCB

		<b>Action</b>
<b>1/15</b>	<b>Item 1 – Welcome and Apologies</b>	
1/15.1	The Chair welcomed everyone to the meeting and noted apologies from Mr Brian Coulter and Mrs Fionnuala McAndrew.	
<b>2/15</b>	<b>Item 2 - Declaration of Interests</b>	
2/15.1	The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.	

**3/15 Item 3 – Minutes of the PHA Board Meeting held on 18 December 2014**

- 3/15.1 The minutes of the previous meeting, held on 18 December 2014, were approved as an accurate record of the meeting, subject to one amendment, “Alderman Ashe” should be replaced with “Councillor Ashe”.

**4/15 Item 4 – Matters Arising**

*171/14.6 R&D*

- 4/15.1 Dr Harbison asked if there was any update in the recruitment of a Director of R&D. The Chief Executive advised that an advertisement for this post would be placed in the local press in early February.

**5/15 Item 5 – Chair’s Business**

- 5/15.1 The Chair circulated to members a report of the meetings she had attended since the last meeting.

**6/15 Item 6 – Chief Executive’s Business**

- 6/15.1 The Chief Executive informed members that he had met with the new Chief Executive of the NHS Blood and Transplant.
- 6/15.2 The Chief Executive said that he had attended an event in the Long Gallery which was part of the PHA review of special educational needs. He said that it was an excellent event and commended the work of PHA staff in this area.
- 6/15.3 The Chief Executive advised that he had met with former Belfast Lord Mayor, Máirtín Ó Muilleoir, regarding Ciclavia, an initiative which would look at closing roads in Belfast for the sole use of cyclists on Sunday mornings. He said that it is hoped to get this initiative up and running by June.

**7/15 Item 7 – Finance Update  
PHA Financial Performance Report (PHA/01/01/15)**

- 7/15.1 Mr Cummings presented the Finance Report to the Board and advised that there was a year to date surplus of £2.2m. He

noted that the expenditure patterns over the last two months had showed a wide variation between budgeted and actual, but taken collectively, the difference wasn't as high. He suggested that the new approach of forecasting monthly costs was no more reliable than spreading the budget equally over 12 months.

- 7/15.2 Mr Cummings said that, despite the projected surplus, he was confident that all expenditure commitments would be realised. He pointed out that PHA had also had to find additional funds to cover the costs of initiatives that were due to be funded by OFMDFM.
- 7/15.3 Alderman Porter sought assurance that the differences between forecast and actual expenditure were solely due to timing issues. Mr Cummings said that commitments had been made and it was a matter of when these commitments would be honoured. Alderman Porter asked whether the funds which had not been honoured by OFMDFM had been covered by DHSSPS. Mr Cummings said that this had not been the case, and that between the use of slippage and delaying other projects, the funding had become available. Mr McClean added that this was set out in the Investment Plan update paper which had been tabled at the last meeting.
- 7/15.4 The Chair advised members that she had met with Simon Christie in connection with the report and thanked him and his staff for their work.
- 7/15.5 Given the wide variations in spend between profiled and actual expenditure identified by Mr Cummings, Dr Harbison asked whether the Board would be receiving PEMS reports again in the future. Mr McClean explained that the staff who prepared the PEMS reports were now supporting procurement work, plus he felt that the more up to date information in Finance Reports had increasingly displaced the need for monthly PEMS. Dr Harbison suggested that the decision to stand down the PEMS report was one for the Board to consider in light of the variations in profile and spend identified in the Finance Report.
- 7/15.6 Members said that they found the PEMS report helpful. The Chief Executive agreed to take forward the views of the Board in the development of a type of report that would be meaningful for members.

Chief  
Executive

7/15.7 Members noted the Finance Update.

**8/15 Item 8 – Revised Draft Commissioning Plan 2014/15  
(PHA/02/01/15)**

*At this point Mr Dean Sullivan joined the meeting.*

8/15.1 The Chief Executive reminded members that in March 2014, a draft Commissioning Plan had been approved by the PHA Board, but that there was a shortfall of £160m. He said that the draft Plan had been further revised and that the Plan which was being brought for approval today is an alternative Plan which is in financial balance. He added that he had discussed the amended Plan with Mr Sullivan and the Chief Executive of HSCB.

8/15.2 The Chief Executive advised members that, in terms of the development of the Commissioning Plan for 2015/16, he would expect that many of the areas not covered in 2014/15 would feature in 2015/16, and that from a PHA perspective, it was essential to ensure there would be an appropriate distribution of resources. He noted that the work required to take forward Transforming Your Care is complex and requires resources, but he would ensure that there would be sufficient scrutiny of the Plan by PHA staff.

8/15.3 Mr Sullivan reiterated the points made by the Chief Executive, saying that the draft Plan was submitted to DHSSPS as an appropriate response to the Commissioning Plan Directions. In the period since the draft Plan was submitted DHSSPS has worked with HSCB to finalise the Plan, and an extra £75m of funding was made available, however many new service developments were not taken forward, and some short-term contingency measures were needed. He said that, subject to the approval of the PHA Board, this amended Plan would be sent to DHSSPS.

8/15.4 Alderman Porter sought clarity that many of the initiatives not taken forward in 2014/15 were being deferred until 2015/16, but that there was no confirmation that they could be funded in 2015/16. Mr Sullivan said that this was an issue but it was anticipated that from 2015/16, there would be a Plan that would be in balance and where these initiatives could be funded

recurrently. He confirmed that there would be no funding for new service developments in 2015/16.

8/15.5 Alderman Porter asked about the overall Commissioning process in terms of the financial resources required. Mr Sullivan explained that each year there are approximately 6.5% pressures, whether this is cost increases due to inflation, or efficiency savings. He said that each year DHSSPS will make a submission to DFP for the funds required, however the budget for health was short of what DHSSPS had requested. Alderman Porter queried why a Plan was developed if it was known to be unaffordable, but Mr Sullivan said that it is up to DHSSPS to issue a Commissioning Direction that is affordable.

8/15.6 Mr Mahaffy said that the draft Plan was an attempt to balance the books, rather than driven by an assessment of need. He added that if PHA's role is tackling health inequalities, then this did not adequately feature in the draft Plan. The Chief Executive acknowledged the point made in terms of health inequalities and responded by saying that the draft Plan was compiled with PHA input, based on the best evidence available, and that he would receive assurances that PHA's input has been taken into account. This would be even more critical in the development of the 2015/16 Plan. He added that as part of the PHA Board away day, members had discussed PHA input to the Plan and also the turnaround in completing the Plan.

8/15.7 Mr Cummings said that an assessment of need had been undertaken, and he pointed out where £51m had been set aside for service developments. He said that following the assessment of need, the additional £160m funding need had been identified.

8/15.8 Mrs McKissick noted that a need had been identified regarding endometriosis, and she was pleased to report that this had been taken forward during 2014/15. Mr Sullivan confirmed that the Belfast Trust was developing a business case.

8/15.9 Dr Harbison said that, although the PHA Board was approving the Commissioning Plan for 2014/15, there were serious issues to be taken forward into 2015/16, for example, patient safety, elective care, waiting times and emergency departments. He emphasised that patient safety was an important issue for 2015/16 and he proposed that there should be a joint meeting of

the HSCB and PHA Boards as soon as possible to discuss the draft Plan for 2015/16. The Chair undertook to write to the HSCB to put forward this suggestion on behalf of the PHA Board.

Chair

8/15.10 Members approved the Commissioning Plan for 2014/15 with the exception of Mr Mahaffy.

**9/15 Item 9 – PHA Board Members Register of Interests (PHA/03/01/15)**

9/15.1 The Chair requested that members ensure that their entry in the Register of Interests is up to date and to advise the Secretariat of any changes.

9/15.2 Members noted the Register of Interests.

**10/15 Item 10 – Any Other Business**

10/15.1 There was no other business.

**11/15 Item 11 – Date and Time of Next Meeting**

Date: Thursday 19 February 2015  
Time: 1:30pm  
Venue: 5<sup>th</sup> Floor Meeting Room  
12/22 Linenhall Street  
Belfast  
BT2 8BS

Signed by Chair: \_\_\_\_\_

Date: \_\_\_\_\_



# **PHA Board Report**

**December 2014**



## Summary Position

<b>Income</b>	<u>Page Reference</u>	<b>Annual £000s</b>	<b>Year to Date £000s</b>
Department Allocation*		100,460	71,694
Income from Other Sources		1,062	859
<b>Total Income</b>		<b>101,521</b>	<b>72,553</b>
<b>Expenditure</b>			
Non-Trust Programme	2	46,140	30,434
Trusts	3	34,858	26,009
PHA Administration (inc. BSO)	4	20,523	14,802
<b>Total Expenditure</b>		<b>101,522</b>	<b>71,245</b>
<b>Surplus/(Deficit)</b>		<b>0</b>	<b>1,308</b>

\*Includes assumed allocations of £134k for Clinical Excellence Awards, £200k for ISCYP and £354k from HSCB re Accommodation charges.

### **Position Synopsis:**

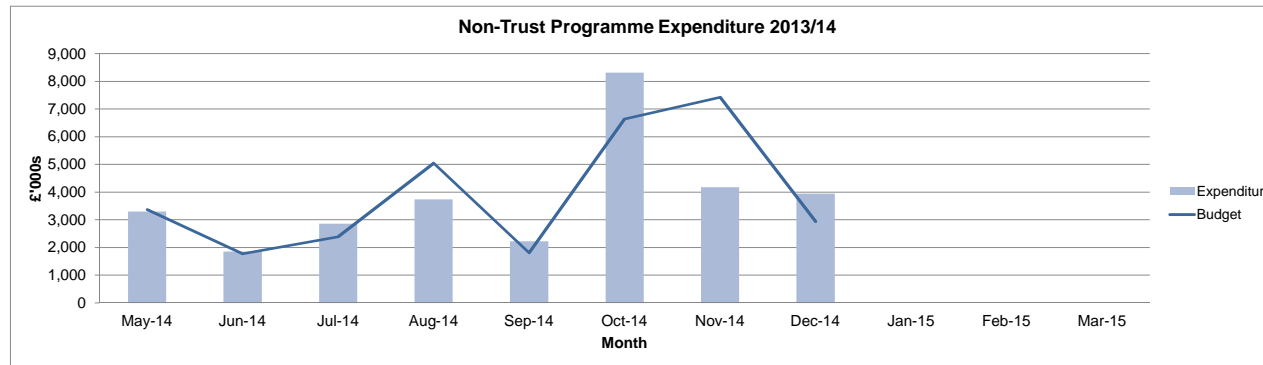
Year to date the financial position shows a surplus of £1.3m against profiled budgets which relates to the non Trust Programme budget underspend of £1.0m and Management and Administration budgets underspend of £0.3m.

The net retraction from the DHSSPS of £1.5m, highlighted on the last report, has been factored into the financial position for December.

Subsequent to covering the retraction and the pressure relating to assumed income, there is approximately £0.3m remaining to be allocated, largely due to a change in the projected year-end position for the Lifeline Contract. The PHA are planning to fully utilise these resources by the year end

Taking all known factors into account, the PHA continues to predict break even at the year end. However, a significant proportion of the non-Trust Programme funding remains to be spent in the last quarter, and should be closely monitored to ensure the required expenditure is achieved.

Non-Trust Programme Spend



	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Total
Budget	3,368	1,769	2,389	5,051	1,804	6,639	7,432	2,944				31,395
Expenditure	3,299	1,858	2,865	3,744	2,231	8,313	4,174	3,950				30,434
2013-14 Expenditure for Comparison	3,543	1,979	1,109	2,470	4,523	4,250	4,670	3,337				25,881
Surplus/(Deficit)	69	(89)	(476)	1,307	(427)	(1,674)	3,258	(1,007)	0	0	0	961

**Surplus/(Deficit) made up as follows:**

	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Total
Health Improvement - Belfast LCG	87	2	(42)	283	22	(743)	423	37				69
Health Improvement - South East LCG	(137)	(158)	312	(271)	(302)	394	511	(102)				248
Health Improvement - North LCG	(88)	67	(305)	420	(43)	(451)	521	18				139
Health Improvement - South LCG	135	(54)	79	(90)	300	122	39	(251)				280
Health Improvement - West LCG	249	(146)	(200)	290	21	(505)	652	(193)				167
Health Improvement - Lifeline Contract	(137)	14	11	(36)	(12)	12	71	29				(48)
Health Improvement - Smoking Cessation	0	0	0	22	15	4	6	16				63
Health Protection	(60)	(12)	(482)	459	1	(18)	62	(164)				(214)
Service Development & Screening	115	65	38	(212)	(20)	3	98	8				95
Research & Development	29	(28)	71	707	(601)	(482)	683	(383)				(4)
Campaigns	(96)	17	(50)	(73)	16	(21)	115	52				(40)
Nursing & AHP	(3)	8	5	(6)	21	(29)	(2)	4				(2)
Health Improvement - Regional Projects	(25)	136	87	(186)	(4)	52	72	78				210
In year opportunities- held for Lifeline	0	0	0	0	159	(12)	7	(154)				0

**Position Synopsis:**

The current position shows an underspend of £1.0m at the end of December 2014, based on profiles shared by budget managers and the PEM system used by PHA to plan commitments. It is still anticipated that these budgets will breakeven at the end of the financial year and the Financial Management team continue to meet with Budget Managers to review budgets, profiles and assumptions regarding expenditure. These budgets have been updated in relation to the financial plan to manage the £1.5m retraction and the pressure relating to assumed income of £0.2m now not being allocated by NEMDEM.

The Financial Management team are being regularly briefed on the Lifeline Contract to allow an assessment of the potential financial impact that any pressure may have on the year end financial position. The latest activity reports show a significant decrease in the forecast deficit, and a breakeven outturn is now expected although this should be closely monitored.

The total expenditure on non-Trust Programme to date is £30.4m, which represents 66% of the annual budget of £46.1m. This means 34% of the budget, or £15.7m, remains to be spent in the last quarter. This should be closely monitored to ensure the required expenditure in the last quarter is achieved.

## Revenue Resource Limits (RRLs) to Trusts

December 2014

	Annual Budget (per revised SBAs) £'000s	Annual Budget to Date £'000s	Variance from Annual Budget £'000s	<u>Main Reasons for Increase in Funding</u>
Western Trust	5,113	6,176	1,063	
Northern Trust	6,129	7,253	1,124	
Belfast Trust	11,178	12,249	1,071	
South Eastern Trust	2,889	3,533	644	
Southern Trust	4,595	5,469	874	
Funds identified to Trusts in Budget Paper but not yet allocated	4,751	180	(4,571)	
<b>Total</b>	<b>34,655</b>	<b>34,858</b>	<b>203</b>	The funds shown against specific Trusts have been notified via Service & Budget Agreements and additional adjustments have been made in year. PHA are expecting to fully utilise the funds which have not yet been allocated prior to the end of the financial year.

	<b>Total Budget</b> <u>£'000's</u>	<b>Budget</b> <u>£'000's</u>	<b>Current Month Expenditure</b> <u>£'000's</u>	<b>Variance</b> <u>£'000's</u>	<b>Budget</b> <u>£'000's</u>	<b>Year to Date Expenditure</b> <u>£'000's</u>	<b>Variance</b> <u>£'000's</u>
Salaries	17,744	1,521	1,447	74	13,121	12,758	363
Goods & Services	2,585	267	182	85	1,882	1,530	352
DHSSPS Retraction	(465)	(39)	0	(39)	(349)	0	(349)
<b>Sub-Total Administration</b>	<b>19,864</b>	<b>1,750</b>	<b>1,629</b>	<b>120</b>	<b>14,654</b>	<b>14,288</b>	<b>366</b>
BSO	659	55	52	3	494	513	(19)
<b>Total Administration</b>	<b>20,523</b>	<b>1,805</b>	<b>1,681</b>	<b>123</b>	<b>15,149</b>	<b>14,802</b>	<b>347</b>

***Position Synopsis:***

An overall management and administration surplus of £347k is reported at the end of December 2014 against the profiled budget (increase of £127k since November 2014). This includes ringfenced slippage of 173k relating to Centre for Connected Health which is expected to be retracted by the DHSSPS, the balance of £174k will be recycled in delivering the revised financial plan.

The DHSSPS retracted £465k from PHA's Management and Administration budget for 2014-15 during September 2014. This has been profiled and shown separately in the table above.

**Prompt Payment Statistics**

	<b>December 2014 Value £'000</b>	<b>December 2014 Volume of Invoices</b>	<b>Cumulative position as at 31/12/14 £'000</b>	<b>Cumulative position as at 31/12/14 Volume of Invoices</b>
Total bills paid (relating to Prompt Payment target)	2,956	702	23,301	6,618
Total bills paid on time (within 30 days or under other agreed terms)	2,828	633	21,738	5,868
<b>Percentage of bills paid on time</b>	<b>95.7%</b>	<b>90.2%</b>	<b>93.3%</b>	<b>88.7%</b>


The BSO has not yet been able to provide a comprehensive prompt payment report which is accurate for PHA but the importance of providing this continues to be pressed at the BSO Customer Forum meetings. In the interim HSCB finance, on behalf of PHA, continue to generate a prompt payment report based on the audited method which was used to provide the Annual Accounts figures. This will ensure consistency of information reported to PHA on a monthly basis, while BSO work to produce a meaningful report.

PHA staff continue to work steadily on the finance systems to clear invoices promptly, with December performance similar to the position reported in November. The December 30 day performance was 90.2% (92.2% November) by volume, and 95.7% (97.3% November) by value of all undisputed invoices paid within 30 days of receipt. In addition, the overall 10 day performance is now 74.3% by volume for the year to date.

However, the cumulative month 9 position both by volume of invoices (88.7%) and by value (93.3%) remains short of the 95% DHSSPS target.

<b>Date of Meeting</b>	19 February 2015
<b>Title of Paper</b>	Performance Management Report – Corporate Business Plan and Commissioning Plan Directions Targets for Period Ending 31 December 2014
<b>Agenda Item</b>	8
<b>Reference</b>	PHA/02/02/15
<b>Summary</b>	
<p>This report provides an update on achievement of the targets identified for the PHA in the Commissioning Plan Directions (Northern Ireland) 2014 and in the PHA Corporate Business Plan 2014-15.</p> <p>The updates provided are for the period ending 31<sup>st</sup> December 2014. This is the third update for this year.</p> <p>The update includes SIX of the SEVEN Commissioning Plan Direction targets which are highlighted and a further 79 key targets from the Corporate Business Plan. These updates on progress toward achievement of the targets were provided by the Lead Officers responsible for each target. Monthly updates on the Commissioning Plan Direction targets are provided to the DHSSPS.</p> <p>There are a total of <b>85 targets</b>.</p> <p>Of these: <b>65</b> are coded as green for achievability, <b>16</b> as amber and <b>2</b> as red. Two targets have no RAG status recorded as the PHA is not in a position to take forward the actions outlined.</p> <p>Two targets (1.1 and 2.3) have moved from green to amber and one from amber to green (5.6)</p> <p>The “Red” targets are:</p> <ul style="list-style-type: none"> <li>• 2.8 : 100% compliance with pre-school child health protection programme (CHPP). No change in status since first quarter. (Page 10)</li> <li>• 6.17 : Facilities management. Moved from Amber to Red in Quarter 2 to reflect lack of suitable alternative accommodation in Belfast. (Page 48)</li> </ul>	
<b>Equality Screening / Equality Impact Assessment</b>	N/A
<b>Audit Trail</b>	This report was approved by AMT on 10 February.



<b>Recommendation / Resolution</b>	For Noting
<b>Director's Signature</b>	
<b>Title</b>	Director of Operations
<b>Date</b>	10 February 2015



# **PERFORMANCE MANAGEMENT REPORT**

## **Monitoring of Targets Identified in The Commissioning Plan Directions & Corporate Business Plan 2014 - 2015**

**Update for Period Ending 31<sup>st</sup> December 2014**

## Overview

This report provides an update on achievement of the targets identified for the PHA in the Commissioning Plan Directions (Northern Ireland) 2014 and in the PHA Corporate Business Plan 2014-15.

The updates provided are for the period ending 31<sup>st</sup> December 2014. This is the third update for this year.

The update includes SIX of the SEVEN Commissioning Plan Direction targets which are highlighted and a further 79 key targets from the Corporate Business Plan. These updates on progress toward achievement of the targets were provided by the Lead Officers responsible for each target. Monthly updates on the Commissioning Plan Direction targets are provided to the DHSSPS.

There are a total of **85 targets**.

Of these: **65** are coded as green for achievability, **16** as amber and **2** as red. Two targets have no RAG status recorded as the PHA is not in a position to take forward the actions outlined.

Two targets (1.1 and 2.3) have moved from green to amber and one from amber to green (5.6)

The “Red” targets are:

- 2.8 : 100% compliance with pre-school child health protection programme (CHPP). No change in status since first quarter. (Page 10)
- 6.17 : Facilities management. Moved from Amber to Red in Quarter 2 to reflect lack of suitable alternative accommodation in Belfast. (Page 48)

## 1. PROTECTING HEALTH

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		Jun	Sep	Dec	Mar	
1.1) 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	Detailed planning is on-going with all the Trusts and Integrated care for the primary care aspects. Additional staff have been appointed by Trusts, the Child Health Computer system has been updated. Training was organised for primary care and school health staff over the summer, over 1000 staff attended around 30 training events. Arrangements have been put in place for distribution of vaccine to schools. A launch for the school based programme took place in early September and for the primary care based programme at the beginning of October. Specific leaflets have been produced for the different groups. Vaccination has started in both schools and primary care, but it is too early for any uptake figures as yet.	G	G	A		The target for primary school children has been exceeded and final uptake figures will be approx. 79%. For pre-school children aged 2 years and over the final uptake will be approx. 55% - falling just short of the target of 60%. In addition to the previous actions reported, in early November those practices with particularly low uptake were identified and were contacted by integrated care staff pointing out that they had a low uptake and asking for action to be taken to address it. A letter was sent to all GPs in early December pointing out that uptake was a bit low and requesting efforts to improve it and a further reminder letter was sent in January. Press releases have also been issued urging those who have yet had the vaccine to get it. Although it is unlikely that the target of 60% will be achieved, Northern Ireland has nevertheless achieved the highest uptake in the UK, with figures well above the UK average. The latest figures from England for example show an uptake of 36% in the 2-4 year age group."

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		Jun	Sep	Dec	Mar	
<p>1.2) <b>Secure a further reduction of 9% in the total of in-patient episodes of Clostridium difficile infection in patients aged 2 years and over and of in-patient episodes of MRSA bloodstream infection compared to 2013/14.</b></p> <p><b>(DHSSPS Commissioning Directions target)</b></p>	<p>This HCAI reduction target is a composite target comprising individual Trust reductions in MRSA and CDI cases to be delivered during 2014-15.</p> <p>The regional MRSA position is above trajectory for delivery at 31st Dec - 47 cases have been reported compared to an upper trajectory limit of 37 cases. Within this regional position one Trust (South-Eastern) is on or below its individual trajectory limits. Two Trusts (Belfast and Southern) have now breached their individual MRSA target for 2014-15.</p> <p>The regional CDI target has been breached at 31st Dec – 291 cases have been reported compared to an annual target of 288 cases. Within this regional position one Trust (Southern) is below its individual trajectory limit. Two Trusts (Belfast and Southern) have now breached their individual CDI target for 2014-15.</p>	A	A	A		<p>PHA is leading a short-study of MRSA across all Trusts. This work is identifying areas for focus and targeted improvement going forward (focusing particularly on MRSA colonisation). Learning/findings were presented to HCAI &amp; AMRS Project Board on 10<sup>th</sup> Oct and to DHSSPS on 23<sup>rd</sup> Oct. The report of this study is at final draft stage and is expected to be shared with DHSSPS in January 2015.</p> <p>DH (London) published updated policy guidance on modified admission MRSA screening in Aug 14. A CMO letter to HSC service is planned to be issued in January 2015. PHA is likely to chair/lead the implementation group progressing recommendations arising from the local study and refreshed DH(L) guidance. PHA circulated an alert/learning note on the <i>C. difficile</i> position to Trusts on 8<sup>th</sup> Sept (signalling that regional CDI position has moved above trajectory). Included recommendation for Lead HCAI Director, Lead IPC Dr &amp; Nurse in each Trust to review current position to reinforce key improvement messages and actions. PHA (through Lead HP Consultant) circulated an alert/learning note to Belfast Trust highlighting both <i>C. difficile</i> and MRSA position on 20<sup>th</sup> Oct. Included recommendation for Trust to also review in detail MRSA position – also to reinforce key improvement messages and actions.</p>

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		Jun	Sep	Dec	Mar	
1.3) 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.	Testing and servicing arrangements to respond to emergencies is a continuing on-going process. PHA are participating in a DoH led national pandemic exercise and as such work has been on-going to review our arrangements for pandemic response. A group has been set up under the new Joint Emergency Preparedness Team (JEP Team) to take this specific work forward.	G	G	G		

## 2. IMPROVING HEALTH AND WELLBEING & TACKLING HEALTH INEQUALITIES

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		Jun	Sep	Dec	Mar	
2.1) 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.)	<p>DHSSPS wrote to PHA asking for Regional Project Board to be established after the summer. Meetings have been held with District Council Chief Executives.</p> <p>Project Manager has been recruited</p> <p>The first meeting of the Regional Project Board took place in October 2014.</p>	G	A	A		<p>The strategic framework document wasn't published until 29<sup>th</sup> July. Action is progressing in line with revised timescale.</p> <p>A workshop is planned for May 2015.</p>
2.2) 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 NI 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.	Report submitted to DHSSPS in July 2014.	G	G	G		



Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		Jun	Sep	Dec	Mar	
2.3) 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.	Since the publication of the strategy, the DHSSPS has continued to meet with the implementation steering group, which includes HSCB and PHA members, to develop the implementation plan for the strategy. A formal launch of the Implementation Plan was due to take place in January 2015 but the DHSSPS advised on 15 <sup>th</sup> January 2015 that this would no longer take place and instead, the implementation plan and related documents will be launched on the DHSSPS website in the coming weeks, and details provided to stakeholders in due course. After this documentation is made available by DHSSPS, the PHA and HSCB will then agree an action plan against their lead areas of responsibility.	G	G	A		Awaiting the launch of the Implementation Plan by DHSSPS.
2.4) 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.	The PHA and HSCB have established the Health + Pharmacy Alliance. A second phase of training is being delivered to pharmacists and health advisers. An accreditation process has been drafted and agreed. However, there remains disagreement about the measurement framework. A number of pharmacy representative organisations have challenged restrictions of retail merchandising in spite of contravening NICE guidance.	A	A	A		A paper outlining the position with a number of options was prepared and considered by the senior management teams of HSCB and PHA and an agreed position has been communicated to all members of the Alliance. Further discussion with the Alliance has indicated support for the agreed position but not by all members. It is hoped that this matter will be resolved by February 2015. Accreditation scheme has been finalised and support promotional materials developed.

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		Jun	Sep	Dec	Mar	
2.5) 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.	<p>Criminal Justice sector based proposal continues to progress.</p> <p>Acute hospital based service development proposal agreed 'in principle' by Hospitals Related Commissioning Group. Awaiting decision regarding potential additional funding – 2 year incremental service development proposal agreed to build upon existing services already in place within Trusts.</p> <p>Continuation of this enhanced model is dependent upon resources being identified within 2015/16.</p> <p>There has been difficulty securing an additional setting outside of HSC due to poor evidence base in other settings and competing pressures, due to the need to implement commissioning framework. (Additional setting may not be secured for 14/15).</p>	A	A	A		<p>Criminal Justice Setting on track for delivery. Tender specification has been issued. Work to begin in quarter 4.</p> <p>Non recurrent, fixed term, funding has been identified to enable service provision from Jan-March 2015 period.</p> <p>IPTs have been prepared and forwarded to Trusts (Dec 14) – HSC Trusts have started to return completed IPTs (Jan 15).</p> <p>Subsequent to approval of completed IPTs, it is anticipated that enhanced liaison service provision will be initiated, in particular, to provide a 7 day service model.</p>
2.6) 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.	Report has been provided to the Department.	A	G	G		

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		Jun	Sep	Dec	Mar	
<b>Give Every Child the Best Start in Life</b>						
2.7) 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.	<p>The Northern and South Eastern Trusts are in the preparatory phase for the establishment of two new Family Nurse Partnership Teams. Both Trusts have arranged staff awareness information days. The Trusts are also establishing their local Family Advisory Boards and the first meetings of this local stakeholder forums will be in September. When Trusts receive financial allocation letters, team recruitment can begin.</p> <p>Recruitment process for the Supervisors and Family Nurses has commenced to allow the teams to attend the training</p> <p>The information system is in the final stages of development. The system is live and all the Family Nurses are using either the desktop or tablet version. The development of the reports is currently underway. Hewitt Packard have raised concerns about their capacity to finish the project within the current resource. Additional Resources is required to finish the database .</p>	A	A	A		<p>Additional resources are required for the two sites and discussions are underway with HSCB Director of Finance and Director of Commissioning regarding the need for FNP to be prioritised. The HSC have agreed to fund the 2 new sites following departmental approval .</p> <p>Discussions with Hewlett Packard are underway to understand the issues and agree a solution . An action plan has been developed and agreement on the priority areas need agreed and resources to finish the database and work will be completed as resources become available .</p>
2.8) 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.	<p>100% compliance with CHPP will not be achieved this year. Improved compliance is expected year on year against DHSSPS IoP. Work force planning issues affecting capacity are being addressed, including the recruitment of 61 Student Health Visitors and permanent Health Visitors into all funded vacancies with the exception of three posts in the Western Trust.</p> <p>First set of regional data in relation to IoPA28 received Dec 31st and indicates small improvement.</p>	R	R	R		<p>Compliance with CHPP is on HSC Trust Risk Registers; Discussions with DHSSPS,HSCB&amp;PHA colleagues to secure additional funding as outlined in Pressures funding applications in order to improve CHPP compliance;</p> <p>Assurances to be sought from Directors of Children's Services at Bi-monthly monitoring meeting (Chairperson: Michael Bloomfield); Standing item on Healthy Futures Programme Board meetings</p>

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		Jun	Sep	Dec	Mar	
2.9) 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	<p>PHA AD Public Health Nursing &amp;, Nurse Consultants working with Trusts to ensure that plans are in place including the recruitment into permanent vacancies using all available Student Health Visitors on this year's course into permanent posts.</p> <p>Regional guidance being developed regarding competencies for Band 5 Public Health Nurses to support the health visiting workforce.</p> <p>All students who have completed the course (Sept / Oct 2014) have been recruited onto permanent contracts.</p> <p>All permanent funded vacancies filled with exception of two posts in Western HSCT (unable to recruit).</p>	A	A	A		<p>Recruitment of Health Visitors and School Nurses and vacancy levels will continue to be monitored;</p> <p>Information software is being developed that will support caseload management, performance monitoring and commissioning against Healthy Futures.</p> <p>60 Student Health Visitors will complete course Oct 2015.</p> <p>Information received from HSCTs regarding predicted retirements / resignations over the next three years for planning purposes and the high number (n=50) will need to be taken into consideration in future planning.</p> <p>Regional workforce planning meetings with Trusts to commence.</p>
2.10) Support implementation of the Early Intervention Transformation programme and parenting programs under Delivering Social Change (DSC).	<p>Approval in principle has been secured from EITP programme Board.</p> <p>Procurement process instigated December 2014.</p> <p>Centre for effective services undertook review of parenting programmes and produced recommendations for commissioning and development (November 2014)</p> <p>PHA have and will meet service pressure for 2014-15.</p>	G	G	G		

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		Jun	Sep	Dec	Mar	
2.11) Roll out of Infant Mental Health training to HSC and early year's workforce.	370 staff from HSC and early year's sector undertaking IMH training commissioned by PHA. IMH regional planning event undertaken September 2014. Final plan for service development and workforce training approved by PHA (November 2014). Plan subject to public consultation (January - March 2015).	G	G	G		
2.12) Coordinate implementation of the Breastfeeding Strategy for Northern Ireland.	Continuous progress being made via the work strands of Breastfeeding Strategy Implementation Steering Group (meeting held in November 2014). Action plan updated and progress continues through the workstrands.	G	G	G		
<b>Ensure a Decent Standard of Living</b>						
2.13) 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.	Locality contracts for poverty programmes in place with locality teams. MARA project progressing as planned with all locality offices now engaged. Pilot Urban Maximising Access to Benefits in the West Belfast area completed. Health intelligence engaged on pilot findings and 100 household visits completed.	G	G	G		

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		Jun	Sep	Dec	Mar	
2.14) Support the Building Shared Communities programme of DSD and the associated work in 6 pilot sites.	PHA is participating in the Building Successful Communities Programme Board and has engaged with the six local areas, five of which are located in Belfast. A workshop held on 17 September facilitated communities sharing developments at local level. Action plans have been agreed in all six local areas and PHA has ensured linkage to the quality of life objective with improving health and wellbeing alongside improvements to physical infrastructure, in particular housing.	G	G	G		
<b>Build Sustainable Communities</b>						
2.15) 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.	Representatives of Operations and Health Improvement completed a series of meetings with colleagues from HSCB, BSO, Trusts and DHSSPS to discuss a co-ordinated approach to social clauses / social considerations.	A	A	A		A guidance paper has now been issued by HSCB. Guidance now specifically precludes PHA from developing skills and capacity with regard to procurement, but there are opportunities to work with Councils in this regard, and this may be taken forward through the new working arrangements with the new councils.
2.16) 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.	Each locality is working with LCGs and Trusts to agree a shared model and investment programme aimed at reducing social isolation. All localities are delivering falls prevention programmes that meet NICE guidelines and continue to influence the development of age friendly communities. Work continues to advance at regional level and each locality has engaged with [local] councils in relation to the Age Friendly initiative. Age Friendly has been highlighted in the public health strategic framework 'Making Life Better'.	G	G	G		

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		Jun	Sep	Dec	Mar	
2.17) 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.	Further to Q2 update, the Regional Health and Social Wellbeing Improvement Forum (one of three work-streams of the Regional Learning Disability Health Care and Improvement Steering Group) has developed a two year work-plan to deliver and implement the Health and Social Wellbeing Improvement recommendations and actions contained in the regional Learning Disability Health Care and Improvement Steering Group's Action Plan. The Regional Health and Social Wellbeing Improvement Forum Action Plan was approved by the Regional Learning Disability Health Care and Improvement Steering Group. All actions are currently on track for achievement by 31 March 2015.	G	G	G		
2.18) Implement the DARD Farm Family Check scheme to meet the needs of farmers and their families in rural areas.	From 1 October until 31 December 2014, 620 clients reported for a health check. Of those clients 323 (52%) were advised to see their GP, 33 clients referred to the MARA project and 87 clients expressed an interest in attending a farm safety course. A business case was approved by PHA AMT for a further years funding and is currently with DARD for consideration.	G	G	G		

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		Jun	Sep	Dec	Mar	
<b>Make Healthier Choices Easier</b>						
2.19) 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	<p>Commissioning Framework Consultation completed. Actions being taken forward to implement the framework include;</p> <ol style="list-style-type: none"> <li>1. Business cases and service specifications currently being developed for AMT approval. New contracts to be in place by 1<sup>st</sup> April 2015</li> <li>2. Review of Tier 4 in-patient services completed, including public consultation. HSC Board endorsed revised proposals based upon a 3 site/30 bed arrangement – aim to initiate new regional Network process early 2015.</li> <li>3. A review of Tier 3 (community based) specialist services is being initiated – progress to be updated later in 2014.</li> <li>4. Acute hospital based service development proposal agreed ‘in principle’ by Hospitals Related Commissioning Group. Awaiting decision re potential additional funding – 2yr incremental service development proposal agreed to build upon existing services already in place within Trusts</li> </ol>	G	G	G		
2.20) Develop and implement the Hidden Harm Action Plan.	Regional and local delivery remains on track.	G	G	G		



Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		Jun	Sep	Dec	Mar	
2.21) Implement the DHSSPS Tobacco Strategy including Brief Intervention Training, smoking cessation services, enforcement control and public information.	<p>Implementation of tobacco strategy progressing with oversight of TSISG. Annual progress report has been developed and sent to CMO.</p> <p>The business case for next Public Information Campaign will be tabled for AMT approval before implementation. The Public Health Agency re-run Make them Proud (Why strand) and Stop for Good (How strand) on TV from 1-31 October and Google Search (PPC activity). Other media will run from December to March 2015.</p> <p>All work is on target, however, the monitoring return timeframe for tobacco differs and Quarter 3 data will be signed off by TSISG on 20<sup>th</sup> April 2015.</p>	G	G	G		
2.22) 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.	<p>Implementation being taken forward through the Regional Obesity Prevention Implementation Group (RPOIG).</p> <p>Tendering process being progressed for community based weight management programmes in children. Pilot programme for pregnant women is operational. Review of weight management programmes in adults in final draft. Plans to address wider physical activity issues are being explored, incorporating Physical Activity Referral Programmes.</p> <p>Year one programme of 'Active Travel' has been delivered, and schools recruited for year two (led by Sustrans).</p> <p>Further in year advertising of the 'Choose to Live Better' campaign is ongoing.</p>	G	G	G		

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		Jun	Sep	Dec	Mar	
2.23) Develop a commissioning plan with agreed standards and commission a range of mental health promotion and suicide prevention services.	Commissioning plan progressing in line with procurement protocols. Standards complete. Timetable remains uncertain and progress slower than anticipated due to delays in the procurement process.	A	A	A		Procurement timescales for completion of tenders being reviewed on a regular basis.

### 3. IMPROVING THE QUALITY OF HSC SERVICES

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		Jun	Sep	Dec	Mar	
<p>3.1) 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.</p>	<p>The first HSCB and PHA Annual Quality report was submitted to the Dept. on 29<sup>th</sup> September. In line with recommendations from the Dept. it was formally launched on world Quality day 13<sup>th</sup> November and placed on the website. It has been circulated to HSCB and PHA chief executives and directors for dissemination to staff.</p> <p>Action Completed work will begin on Annual Quality report for 2014/15 in February.</p>	G	G	G		

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		Jun	Sep	Dec	Mar	
<p>3.2) Continue to lead and monitor the programme of work, and delivery of care, to develop and implement Normative Nurse Staffing including:</p> <ul style="list-style-type: none"> <li>•develop normative staffing ranges for district/community nursing with minimum data sets and monitoring arrangements developed</li> <li>•apply the Normative Nurse Staffing Tool to all inpatient and specialist adult hospital medical and surgical care settings</li> <li>•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. (DHSSPS Commissioning Directions target)</li> </ul>	<p><b>Phase 1 – Acute Medical and Surgical wards</b> Final launch date to be agreed with DHSSPS for Delivery Care documents. HSCB &amp; PHA officers have progressed the monitoring of Phase 1 implementation as follows:</p> <ul style="list-style-type: none"> <li>• Communication update sent to CNO &amp; Permanent Secretary (Dec 2014)</li> <li>• Target position from 12/13 submissions finalised</li> <li>• Financial allocation made to HSCTs to progress implementation of Phase 1 (£9M N/R) 2014/15</li> <li>• KPI development underway</li> </ul> <p><b>Phase 2 – ED</b> Following training and peer auditing of BEST across 8 out of 9 ED sites, an evaluative teleconference was held between stakeholders in November 2014. It was considered that BEST could be used as a workforce utilisation tool as part of a utility for triangulation but would not meet the current N.I terms of reference to identify normative nursing staffing ranges in EDs. Correspondence has been sent on behalf of the Working Group to RCN to raise issues re access to retrospective data and resourcing &amp; limitations for its use in N.I. The efficacy of the RCN Baseline Emergency Staffing Tool (BEST) has taken place in N.I. BEST has proved problematic to administer within N.I as a region.</p> <p><b>Phase 3 – District Nursing</b> A series of meetings were held over the Summer 2014 to agree core definitions of district nursing activity. This work was presented to the Steering</p>	A	A	A		<ul style="list-style-type: none"> <li>➤ Recurrent position will be secured through IPT processes at Director level in 2015/16</li> <li>➤ A series of 1-1 meetings to be held with Trust Directors in January 2015</li> <li>➤ Monitoring dates will be agreed bi-annually</li> </ul> <p>The Working Group have agreed that the production of a literature review would support the selection of an appropriate tool to measure workforce capacity that is required to match the current workload in ED. This will be progressed by PHA in the next few weeks.</p> <p>Discussions will follow regarding potential pilot sites as part of the Delivery Care Project. Expert Reference Group for district nursing input postponed until Spring 2015 to allow testing of current</p>



Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		Jun	Sep	Dec	Mar	
3.3) 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.	The Regional eHealth and Care Strategy consultation will complete on 23/1/15. A response document and implementation plan will be presented by end of March 2015. Mobile working for community nursing and midwifery staff is currently being piloted in the NHSCT and progress on an electronic multiprofessional patient record is being made through a regional "pathway to paperless" project involving all trusts.	G	G	G		
3.4) <b>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. (DHSSPS Commissioning Directions target)</b>	At the end of December 2014 a total of 373,078 Monitored Patient Days have been delivered to 2,119 patients.  It is anticipated that the target will be achieved this year.	G	G	G		
3.5) <b>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. (DHSSPS Commissioning Directions target)</b>	At the end of December 2014 a total of 733,854 Monitored Patient Days have been delivered to 3,402 patients.  We are on target to exceed MPD target by year end and have already exceeded indicative patient numbers	G	G	G		

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		Jun	Sep	Dec	Mar	
3.6) Support the development of a highly trained professional workforce with adherence to appropriate standards and robust accountability arrangements	<p>PHA supports fully the development of a highly trained professional workforce. Specifically, PHA Medical Director/DPH and the Director of Nursing and AHPs meet regularly with professional colleagues in DHSSPS, Trusts, under and post graduate training bodies, professional organisations and RQIA as the regulator. Related work is proceeding through a range of mechanisms, notably the implementation arrangements for Q2020.</p> <p>Under Q2020, a Leadership Attributes Framework has been developed and will be launched on 12 November to coincide with World Quality Day. It will be rolled out across HSC organisations.</p> <p>Annual quality reports from ALBs will be launched formally in November 2014.</p>	G	G	G		
3.7) 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.	<p>Draft PEWS agreed and being tested by Trust teams</p> <p>There has been regional agreement on 4 age bracketed Paediatric Early Warning Score charts and an escalation protocol. Following preliminary testing some minor amendments were made to charts and these are currently with medical illustration.</p>	G	G	G		

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		Jun	Sep	Dec	Mar	
3.8) 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.	Draft report written regarding Safety Forum's role in VTE risk assessment which finished in 2012. Will finalise and share before sending to Department	G	G	G		
3.9) <b>Assist the Department to deliver a regional survey of inpatient and A&amp;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 (DHSSPS Commissioning Directions target)</b>	<p>The DHSSPS, working in conjunction with the PHA and Health &amp; Social Care Trusts, have carried out the Inpatient Patient Experience Survey. This has been fed back to the Regional Patient Experience Steering Group and the findings will be incorporated in to the 2015/16 patient experience work plan.</p> <p>In addition, the PHA has worked with HSC Trusts to develop a comprehensive improvement patient experience programme of work for 2014/15 to complement and support the DHSSPS regional survey.</p> <p>At this time we believe the target will be achieved.</p>	G	G	G		



Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		Jun	Sep	Dec	Mar	
3.10) 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.	<p>The first phase of 10'000 Voices, which focused on unscheduled care, has been completed.</p> <p>Annual report and public facing report on phase one have been compiled, and presented at SMT/AMT, HSCB and PHA Boards.</p> <p>Phase 1 unscheduled care Phase 2 care in your own home Nursing and Midwifery KPI survey in conjunction with phases 1 &amp; 2.</p> <p>In year funding (April 2014 – M arch 2015) was approved extended to March 2015.</p> <p>Business case for recurrent funding was approved in principle awaiting allocation by HSCB.</p> <p>The Analysis and Evaluation of the 'nursing KPIs', 'care in your own home' and 'NIAS' reports to be complete by March 2015. Regional survey in unscheduled care recommenced January 2015 and staff survey commenced January 2015.</p> <p>At this time we believe the target will be achieved.</p>	G	G	G		

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		Jun	Sep	Dec	Mar	
3.11) 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	<p>Process established with HSC Trusts to monitor and demonstrate improvement outcomes based on the four key regional priorities identified in the Public Health Agency Annual report (2013/14). Trusts have indicated they will achieve these targets.</p> <p>Update received from Trusts regarding the four regional priorities in November 2015.</p> <p>At this time we believe the target will be achieved</p>	G	G	G		
3.12) 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	<p>A regional policy statement has been developed in conjunction with the DHSSPS; this is currently in draft and will be issued to HSC Trusts. An assurance template for scoping the management of mixed gender accommodation has been agreed and is due to be issued to Trust.</p> <p>At this time we believe the target will be achieved</p> <p>A baseline survey has been developed in conjunction with the DHSSPS and is currently with the DHSSPS for approval prior to dissemination for completion by the Trusts.</p>	G	G	G		

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		Jun	Sep	Dec	Mar	
<p>3.13) 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.</p>	<ul style="list-style-type: none"> <li>Promoting Good Nutrition Regional Steering Group meet regularly</li> <li>Work plan is well underway and will have a focus on protected mealtimes and food first</li> <li>Promoting Good Nutrition will continue to link with the specialist services team members to progress the regional model for parenteral nutrition.</li> <li>Trusts continue to implement the 10 key characteristics across services</li> <li>A scoping exercise of progress of implementation of the 10 key characteristics across all Trusts and representative organisations has been completed.</li> <li>Regular meetings have been held with CNO regarding the three strands of Promoting Good Nutrition. In addition, further meetings between PHA and CNO have been arranged to discuss progress and how to advance this work.</li> </ul> <p>This is part of the nursing care plan and will be identified as part of the new regional nursing documentation.</p> <p>The PHA is developing a Key Performance Indicator (KPI) as part of the Regional KPI nursing group work to be agreed by end of March 2015, this will identify the % of patients who have nutritional screening undertaken within 24 hours of admission to hospital across all Trusts.</p>	G	G	G		

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		Jun	Sep	Dec	Mar	
3.14) Continue to work with NIPEC and Trusts to agree and monitor key KPIs for nursing	The Public Health Agency and DHSSPS Chief Nursing Officer (CNO), through the Regional Nursing KPI Steering Group, is agreeing indicators for 2014 – 2016. Work in ongoing to develop a suite of KPIs with senior Trust colleagues and the CNO. There is agreement that the Trusts will report quarterly through the PHA.	G	G	G		
3.15) Ensure adherence to statutory midwifery supervision	NMC/Mott Mac identified PHA LSA Northern Ireland regional annual review toolkit for supervision of midwives as notable practice. <a href="http://nmc2.mottmac.com/Newsletter/Oct14/index.html">http://nmc2.mottmac.com/Newsletter/Oct14/index.html</a>  LSAMO continues: <ul style="list-style-type: none"> <li>• Annual LSA Conference planned for 30 January 2015; theme practice, evidence and toolkits.</li> <li>• Quarterly returns to NMC/Mott MacDonald</li> <li>• LSA communication with NMC FtP and registration as needed.</li> <li>• Provision of monthly LSA Briefings for SoMs</li> <li>• Maintenance of LSADB for ItP management – preparation for annual ItP upload to NMC</li> <li>• Follow up of recommendations from NMC review</li> <li>• Communication with SoMs, senior teams in Trusts and Education re updates on the NMC</li> </ul>	G	G	G		

	<p>and supervision</p> <ul style="list-style-type: none"><li>• SoM investigations instigated , LSA action plans and practice programmes put in place as required,</li><li>• Contribute to the Kings Fund work for their report on Supervision of Midwives for the NMC</li><li>• Feedback on the NMC's review of Guernsey maternity services.</li><li>• Follow up on legislative requirements for registration (with RQIA) for independent midwives</li><li>• LSA audits to take place in March 2015</li><li>• Improving knowledge and practice - LSAMO concluded the multidisciplinary work with NIPEC around 'Midwives and Medicines' interactive, online pdf toolkit, maternity kardex. Now CEC running on-going awareness sessions for midwives: <a href="http://www.nipec.hscni.net/MidwivesandMedicines/NIMidwives&amp;Medicines.pdf">http://www.nipec.hscni.net/MidwivesandMedicines/NIMidwives&amp;Medicines.pdf</a></li></ul>					
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Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		Jun	Sep	Dec	Mar	
3.16) Lead on phase 2 of the review of AHP support for Children with statements of Special Educational Needs within Special Schools and Mainstream Education	<p>Phase 2 focusing on AHP support for children with statements of SEN enrolled in mainstream schools is underway.</p> <p>Letters communicating the commencement of phase 2 have been sent from the Chair of the Project Board to Trust Chief Executives and ELB Chief Executives. A letter communicating the commencement of phase 2 has also been issued to mainstream schools from the Permanent Secretary for the Department of Education.</p> <p>The Project Initiation Document and Engagement plan for phase 2 have been signed off by the project board and are now available online.</p> <p>A summary report on the emerging themes from phase 1 has also been signed off and is now available online.</p> <p>A midway workshop/conference event is being planned to take place in the Long Gallery, Stormont on the 15<sup>th</sup> January 2015, for all key stakeholders in order to continue with the process of engagement and consultation. This will allow the findings of phase 1 to be shared with all stakeholders and discussion can take place on how to proceed.</p> <p>Questionnaires have been devised to hear views of children, parents/carers, AHPs and Teachers in phase 2 of the review. These are currently being tested by users and any adjustments will be made accordingly.</p> <p>A data template to gather data on AHP staff working with these children has been developed and is also undergoing testing with AHPs. This template will be adjusted if required following comments.</p>	G	G	G		

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		Jun	Sep	Dec	Mar	
3.17) 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.	<p>The Department established the RLS Steering Group to review arrangements for monitoring and learning from AI and SAIs. A pilot was established to scope the regional processes: completion October 2014. Staff hosted by PHA.</p> <p>The PHA work closely with the HSCB to continue to implement arrangements to support learning from SAIs throughout the region. This is done in a variety of ways for example learning letters, learning matters newsletter and bi-annual learning report.</p> <p>The report from the RLS review is due to be issued by the DHSSPS in early February 2015 any agreed actions for implementation will be considered and action plan put in place following publication of this.</p>	G	G	G		
3.18) Take forward a program of quality improvement work including Safety Forum initiatives and Quality Improvement Plans.	<p>All SF work streams progressing satisfactorily except Primary care work which has exhausted the non-recurrent funding for GP 1 day/week. All work streams beginning to suffer due to dramatically expanded workload over period 2011-2014 but no increase in resource.</p>	A	A	A		<p>Improved resource by PH Registrar (2/5) has improved general situation of resource v workload. GP funding remains allocated on a non-recurrent basis to take forward programme.</p>

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		Jun	Sep	Dec	Mar	
3.19) With HSCB, support the implementation of the Northern Ireland Maternity Strategy, including promoting safe and effective care.	<p><i>Community Maternity Care Project</i> - a very well-attended workshop took place in November 2014 to draft a pathway for antenatal care for the straightforward pregnancy. A draft report for review by the Project Steering group has been produced summarising the findings of the engagement activities with women, midwives, obstetricians and GPs. In addition, a Self-Referral letter for use by women to access midwifery services in the early stages of pregnancy is currently being considered by the Trusts.</p> <p><i>Electronic Referral</i> - this relates to the creation of a standard referral letter from primary care to secondary care for antenatal care that could be used within existing Primary Care electronic referral processes. Initial contact with NIGPC representative and HSCB e-Health team has been made to develop this; further work to be undertaken as part of the CMCP.</p> <p><i>Maternity Quality Improvement Collaborative</i> – The most recent learning session was held on 14th October. Sessions included learning from a serious adverse incident, Dashboard data, Obstetric Early Warning Score (OEWS) audit and feedback, Neonatal Network and the Women’s Health and Patient Safety Expert Group. All Trusts working on Sepsis 6 in the Maternity setting; all Trusts are running, or are developing, “birth choice” clinics.</p> <p><i>Regional Maternity Dashboard</i> – agreement has been reached with Trusts that they will share their data with each other and a regional QA process and data access agreement has been developed for consideration by MSIG in January 2015.</p> <p><i>NIMATs</i> - the working group has agreed updates to all</p>	G	G	G		



	<p>drop-down menus within the antenatal, intrapartum and postnatal menus. The implementation of these changes is on-going.</p> <p>There is now facility to get information on Robson Criteria and VBAC from NIMATs. The Social Factors Screen on NIMATs has been amended to incorporate more detailed questions on smoking (including CO monitoring), alcohol and recreational drug use.</p> <p><i>Maternity Strategy Implementation Group (MSIG)</i> – the group has now met twice and the first regional newsletter to provide regular updates on the implementation of the Strategy has also been issued. Maternity Services Liaison Committees are attended regularly by a project team member on behalf of MSIG, and a regional meeting of these groups is planned for January 2015.</p> <p><i>Multiple Pregnancy</i> – a draft Commissioning Specification has been developed and issued to Trusts and is to be considered for funding in 2015/16. Funds not yet in place.</p> <p><i>Regional Review of Imaging</i> – work is ongoing by the obstetric imaging review subgroup around information gathering on existing services. Multidisciplinary visits to each of the Trusts are continuing. A paper setting out the findings, the standards and guidelines which are relevant to obstetric imaging provision and a gap analysis between them is in development and will be submitted to the Imaging Review Board in the near future.</p> <p><i>Booking Scans</i> – a small team, working closely with the obstetric strand of the Regional Review of Imaging has had an initial meeting with key professionals from each Trust to discuss provision of booking scans in non-acute</p>					
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	<p>hospital and community settings. Follow up site visits to each Trust commenced in December 2014.</p> <p><i>Review of Antenatal Education</i> - a report into the findings from a set of focus groups has now been published and disseminated. The Review Group has expanded its membership and will soon survey women in the late antenatal and early postnatal periods. The Early Intervention Transformation Programme and the Antenatal Education Group will work together to ensure all women receive the same information.</p> <p><i>10,000 Voices</i> - has received a large number of responses in relation to maternity services, 96% of which have been very positive, with key themes including women saying they felt safe, had confidence in the skills of midwives, that there was good communication with them and their partners and that they received compassionate care.</p> <p><i>Northern Ireland Maternity Survey</i> - will start in January 2015 and will run until June 2015. All mothers who gave birth between 1 October to 31 December 2014 will be invited to respond and will be sent the survey in the post.</p> <p><i>Guidelines and Audit Implementation Network (GAIN) Regional Guidelines for Admission to and Transfer from Midwife-led Care</i> – work is progressing well by this team and draft guidelines are now in discussion with key stakeholders.</p>					
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Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		Jun	Sep	Dec	Mar	
3.20) Commission patient and carer education programmes for people with long term conditions, subject to funding.	Draft tender documentation drafted for generic self-management programs.	G	A	A		Additional recurring funding has been confirmed for the CAWT project "CHOICE" which provides structured patient education (SPE) to children with diabetes and their families. This investment will ensure all children and their families are enrolled in an SPE program after diagnosis and will receive annual updates thereafter.
3.21) Work with HSCB to take forward implementation of Service Frameworks specifically for cardiovascular, respiratory and cancer, where the PHA has the lead role.	<p><b>Service Framework for Cardiovascular Health and Wellbeing</b> – The implementation plan for Cardiovascular Service Frameworks was approved at the Service Framework Programme Board (SFPB) on the 19 June 2014. Implementation of the Framework has commenced. A further detailed implementation plan was issued to the Department on the 19 December 2014 which will be discussed at the SFPB on the 19 February.</p> <p><b>Revised Service Framework for Respiratory Health and Wellbeing</b> – The Respiratory Service Framework is currently out for consultation.</p> <p><b>Service Framework for Cancer Prevention, Treatment and Care</b> – The Cancer Service Framework is undergoing a fundamental review. The review plan was approved at the SFPB on the 31 October. The review will be taken forward as per the plan and a revised framework will be brought to the PHA and HSCB Board meetings in September 2015.</p>	G	G	G		

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		Jun	Sep	Dec	Mar	
3.22) Work with HSCB to take forward relevant recommendations from the Hyponatraemia Inquiry Report and Francis Inquiry.	<p>The report of the Hyponatraemia Inquiry has not yet been published.</p> <p><b>NO STATUS RECORDED AS REPORT NOT PUBLISHED</b></p>					
3.23) 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.)	<p><b>NO RAG STATUS TO BE RECORDED</b></p> <p><b>THIS IS RESPONSIBILITY OF HSCB</b></p>					

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		Jun	Sep	Dec	Mar	
<p>3.24) Take forward the implementation of independent prescribing within podiatry and physiotherapy, through the working group, agreeing the action plan and commencing implementation.</p>	<p>Communication has been received from the Department that the legislative framework is now in place to allow the PHA to take forward the implementation of independent prescribing for podiatry and physiotherapy. The PHA has set up a regional implementation group which has met twice in 2015. Terms of reference and an action plan have been agreed to support implementation. The group has representation from all trusts. The PHA will seek formal assurance from Trusts in the next number of months that all governance processes are in place.</p>	A	A	A		<p>Nominations from HSC Trusts have been sought for the Regional Non Prescribing Working Group. The first meeting of this group is planned for January 2015.</p>

## 4. IMPROVING THE EARLY DETECTION OF ILLNESS

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		Jun	Sep	Dec	Mar	
4.1) Continue to improve informed choice in cancer screening (particularly amongst groups in greatest need.	Good progress being made on implementing the Informed Choice Action Plan.	G	G	G		
4.2) <b>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. (DHSSPS Commissioning Directions target)</b>	<p>Age extension was introduced from 1st April 2014. 36.11% of the eligible population were invited to participate in screening April – December 2014.</p> <p>Uptake is measured at 12 weeks and 6 months after the issue of an invite. The 12 week uptake for Northern Ireland April – Sept 2014 is 53.79%</p> <p>Quarter 2 uptake (Jul – Sept) by trust is as follows:                      Belfast: 52.29%                      Northern: 61.20%                      South Eastern: 52.07%                      Southern: 54.11%                      Western: 54.91%</p>	G	G	G		
4.3) Complete the roll out of digital mammography.	Roll out of digital mammography on course to be completed by end of September 2014.	G	G	G		

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		Jun	Sep	Dec	Mar	
4.4) Lead the implementation of the new UK New-born Blood Spot Screening Programme standards.	Progressing developments to adopt revised UKNSPC standards	G	G	G		
4.5) 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.	<p>In 2014/15 the planned work program is</p> <ol style="list-style-type: none"> <li>1. Immunisation schedule updated.</li> <li>2. The electronic interface with the Department of Education is being actively discussed with a view to testing and implementation being complete by September 2015. Not in a position to confirm whether this will be completed by 1<sup>st</sup> September 2015.</li> <li>3. Amend CHS software so that records of children who are adopted can be retired and information transferred to new record with new health and care number - Business Case being prepared.</li> <li>4. Test electronic interface between CHS and laboratory for bloodspot screening - testing is underway.</li> <li>5. Put CHS in the Data warehouse starting with Modules 1 and 3 - this should take place in-year.</li> </ol>	G	G	G		

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		Jun	Sep	Dec	Mar	
4.6) Implement actions allocated to the PHA arising from the agreed Community Resuscitation Strategy for Northern Ireland.	<p>An IPT for in-year investment in Community Resuscitation (CR) has been sent to the Ambulance service asking them to be the single provider of community resuscitation services.</p> <p>PHA will participate in regional group to be convened by NIAS to oversee developments in CR.</p> <p>PHA will work with PMSI to develop a dataset using existing information systems to monitor outcomes of Out of Hospital Cardiac Arrest OHCA).</p> <p>First meeting of Implementation Group scheduled for 2<sup>nd</sup> February 2015 and a scoping exercise is planned to take place thereafter.</p>	G	G	G		



## 5. USING EVIDENCE, FOSTERING INNOVATION AND REFORM

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		Jun	Sep	Dec	Mar	
5.1) Publish the new HSC R&D Strategy and its implementation plan including metrics to assess success of implementation.	DHSSPS has received consultation responses (40) – awaiting completion of updated strategy document	A	A	A		Awaiting completion of updated strategy document
5.2) 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.	HSC R&D Division has on-going input on the Honest Broker Governance Board & the ADRC Steering Group	G	G	G		
5.3) Support researchers to secure research funding from external sources including NIHR evaluation, trials & studies co-ordinating centre (NETSCC), Horizon 2020 & US Ireland Partnership.	NETSCC Workshops scheduled on 26/27 Feb – NETSCC representatives to present and support	G	G	G		

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		Jun	Sep	Dec	Mar	
5.4) Work with HSCB to promote a research culture in Social Care and work towards commissioning a call in Social Care Research.	Further workshop scheduled for 9 February 2015	G	G	G		
5.5) Work with stakeholders to explore themes for a potential call in obesity research.	Continued liaison with PHA colleagues with one Enabling application on Obesity being funded by Health Improvement in line with the PHA Action Plan	G	G	G		
5.6) Work with stakeholders to explore themes for a potential call in Suicide research.	Suicide Phase III studies due to complete in 2014-15 – launch events to be scheduled	G	A	G		
5.7) Ensure the delivery of a commissioned research to evaluate Telemonitoring NI.	Project is progressing on schedule within the revised timeframe	G	G	G		

## 6. DEVELOPING OUR STAFF AND ENSURING EFFECTIVE PROCESSES

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		Jun	Sep	Dec	Mar	
6.1) Review the existing PHA Corporate Strategy and develop a new PHA Corporate Strategy for the next 4 years.	While the publication of the next PHA Corporate Strategy will be put back to align with NI Executive timescales (as per DHSSPS advice), work has commenced on the development of the PHA corporate priorities and subsequent development of the corporate strategy (2016 – 2020). The project board has met on a monthly basis since June 2014. A board workshop was held in September 2014. A staff workshop was held on 9 <sup>th</sup> December 2014 and an external engagement event has been organised for March 2015.	G	G	G		
6.2) 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.	Team meetings, Team development events, OWD working group, dissemination of information via Connect, E-learning and bespoke training developed and implemented. Health & Well-being Group and internal communications sub group established. Involvement of staff in development of Annual Business Plan, and the Corporate Strategy (workshop for all staff held December 2014)	G	G	G		
6.3) Ensure that by 30th June 2014 90% of staff will have had an annual appraisal of their performance during 2013/14.	As at June 30 <sup>th</sup> 2014 approximately 95% of PHA had received their annual appraisal for 2013/2014.	G	G	G		

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		Jun	Sep	Dec	Mar	
6.4) Ensure that by 31 March 2015 100% of doctors working in PHA have been subject to an annual appraisal.	On target. All doctors in PHA undergo annual appraisal every year in line with DHSSPS guidance.	G	G	G		
6.5) Reduce or maintain staff absence rates to 3.75%	The cumulative staff absence rate for the PHA for the period April – August 2014 was 2.20%  A further update is pending from HR	G	G	G		
6.6) 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.	Work is moving forward through a Regional clinical noting group that has been set up by the eHealth and Care Directorate, HSCB. PHA representative on this group is working collaboratively with Trusts and NIPEC <i>Recording Care</i> group to ensure requirements for nursing and midwifery are included in ICT developments. Within Nursing and Midwifery an eRecord Steering Group will be set up by NIPEC before end of February 2015.	G	G	G		

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		Jun	Sep	Dec	Mar	
<p>6.7) 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.</p>	<p>The PHA continues to provide leadership on the implementation of PPI policy across HSC, primarily through work with the Regional HSC PPI Forum. A number of work streams are being progressed including:</p> <ul style="list-style-type: none"> <li>• PPI Training – Design &amp; development of a HSC wide generic PPI training programme has been commissioned and is currently being piloted. An e-learning component is also being developed.</li> <li>• Forum Action Plan. This is focused on the work of the 4 sub-groups, training, standards, monitoring &amp; communications. Work is progressing well across these areas.</li> <li>• Report and Research – the PHA has commissioned research into the identification of barriers to involvement and ways of overcoming these. This has been done in partnership with the PCC and R&amp;D colleagues in the PHA. The research team have commenced their work, but there were delays in securing ethics and governance approvals with a knock on effect for completion of the research and the subsequent compilation of the report. This has been notified to the DHSSPS and an extension secured.</li> </ul>	G	G	G		

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		Jun	Sep	Dec	Mar	
6.8) Pilot a model to monitor PPI compliance across HSC in accordance with the agreed PPI Standards	<p>The PHA, working through the Regional HSC PPI Forum has led on the development of PPI Standards with associated KPIs. These have been approved by the Forum and PHA Management.</p> <p>The Standards have been endorsed by the DHSSPS and will be launched in March 2015. The PPI Standards form the basis of the Monitoring and Performance Management Templates and processes for both internal and external monitoring.</p> <p><u>Internal</u> The internal monitoring of PPI in the PHA has commenced, with each Division tasked with completing a monitoring template by mid-February.</p> <p><u>External</u> The external monitoring of PPI with HSC Trusts has commenced in line with Departmental agreement. The monitoring template is to be completed by the end of January, with verification visits thereafter and final reports to be completed for the next round of accountability meetings in June 2015.</p>	G	G	G		
6.9) Achieve substantive compliance with the information management controls assurance standard.	Following the assessment of the information management CAS for 2013/14 (substantive compliance), an action plan is in place to further develop this work and improve the score for 2014/15.	G	G	G		

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		Jun	Sep	Dec	Mar	
6.10) Carry out an independent evaluation of the Board governance arrangements in line with DHSSPS requirements.	The PHA Board self-assessment was audited by Internal Audit in 2013/14. DHSSPS have confirmed that this satisfies the independent evaluation requirement. PHA will complete the 2014/15 self-assessment in quarter four.	G	G	G		
6.11) Test and review the PHA business continuity management plan to ensure arrangements to maintain services to a pre-defined level through a business disruption.	The PHA Business Continuity Plan has been updated in line with the new International Standard (ISO 22301). A test of this plan, in conjunction with HSCB, is planned for 31 March 2015.	G	G	G		
6.12) 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.	Updated and revised business case guidance was brought to AMT 20 May 2014 and subsequently issued to staff and placed on the Connect, reminding them of the correct processes. Assurance is provided to the board through the corporate monitoring process. Advice continues to be provided by Finance and Operations Directorates.	G	G	G		

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		Jun	Sep	Dec	Mar	
6.13) 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.	The PHA SFI set out the required processes for procurement. The SODA was updated in 13/14, and the e-procurement system ensures that only authorised staff can order and approve. Single Tender Actions must be approved by the Chief Executive or Director of Operations, following PALS advice; monitoring reports on STAs are brought to GAC. Social care procurement continues to be developed, with reporting to the PHA procurement board. Reports on progress against the procurement plan are also brought to the PHA Board and the next update is due to be considered by PHA Board in April 2015.	G	G	G		
6.14) Prepare and submit a Property Asset Management Plan, in line with Department requirements.	The PAM plan was approved by AMT (6 <sup>th</sup> May 2014) and submitted to DHSSPS in line with the required timescales. Following DHSSPS queries, a revised plan was submitted in July 2014 and again 24 September 2014	G	G	G		
6.15) Prepare and submit a Sustainable Development Report, in line with Department requirements.	A sustainable development report, in line with Department requirements was submitted to the DHSSPS within the required timescales	G	G	G		




Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		Jun	Sep	Dec	Mar	
6.16) Continue to implement the PHA Procurement Plan.	<p>PHA continues to work with PALS and Legal Services to progress the procurement plan in line with the relevant regulations.</p> <p>Tenders for RSE, Drugs &amp; Alcohol and Mental Health have been issued. New contracts will be awarded from 1<sup>st</sup> April 2015. Preparation for the next phase of tenders in Mental Health and Obesity is progressing.</p> <p>The procurement plan will continue to be updated to reflect priorities and requirements.</p>	A	A	G		PHA continues to liaise closely with both PALS and DLS, to progress queries, and ensure that the PHA is applying appropriate processes.
6.17) 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	<p>Anderson House lease reviewed, SOC prepared and preferred option to retain agreed by Agency management Team given pressures in Gransha Park.</p> <p>On advice of DHSSPS LPS have been asked to negotiate lease terms with the landlord, before DHSSPS will consider the SOC.</p> <p>On advice of DHSSPS a condition report has been requested.</p> <p>PHA is working with other regional organisations to procure a new facilities management contract for all Belfast properties.</p> <p>As the preferred option for new accommodation has now been withdrawn by the landlord, the PHA is liaising with DHSSPS to seek their advice and approval to identify and consider alternative options. New and appropriate accommodation will therefore not be available for PHA Belfast based staff in 2014/15.</p>	A	R	R		<p>PHA is currently liaising with LPS to identify proposed new rental terms for Anderson House, prior to resubmitting for DHSSPS approval.</p> <p>PHA has been, and continues to be, in communication with DHSSPS and Health Estates to seek an urgent way forward to identify and acquire suitable alternative/additional accommodation for Belfast based PHA staff.</p>

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		Jun	Sep	Dec	Mar	
6.18) Develop and agree a new Internal communications strategy to ensure PHA business is supported by efficient and effective internal communication systems.	The internal communications audit has now been completed (by 215 members of staff) and will help influence the development of the internal communications strategy and action plan Analysis of the Audit results has been completed and a draft Action Plan presented to OWDG and at the Ops Managers Meeting. All Directorates have had input into the filtering of recommendations and a draft strategy/action plan will be circulated shortly.	G	G	G		
6.19) 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.	Corporate and Public Affairs has increased its use of social media channels for disseminating and sharing information, engaging with groups and individuals, and highlighting key issues. Bespoke rich content has been developed to enhance digital communications, such as 'infographics' and video and online output is used to complement more traditional communications methods such as the issuing of news releases. This has helped the PHA reach new audiences in a targeted, efficient and economical way.	G	G	G		

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		Jun	Sep	Dec	Mar	
6.20) 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.	Development of public information campaigns (smoking, obesity, mental health, organ donation, flu, bowel cancer screening, sexual health and cancer awareness. Mass media advertising key component of integrated communications mix which includes development/refresh of health topic websites, PR and social media). Campaigns approved by DHSSPS/NI Executive and assigned a budgetary ceiling. Planning and development for all underway. Web editor recruited from agency to manage health topic websites in support of campaigns.	G	G	G		
6.21) 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.	Financial forecasts are in line with best practice and kept under continuous review to ensure effective & consistent with best practice. This is especially important in light of new finance systems and Shared Services implementation by BSO. In 2014/15 a focus will be maintained on the development of the new Collaborative Planning (CP) budgetary control system.	G	G	G		

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		Jun	Sep	Dec	Mar	
6.22) Ensure the prompt payment of invoices in line with Departmental standards and timescales.	Significant work has taken place to ensure PHA staff are able to expedite clearance of invoices on the FPM system. Training and user guides have been delivered and regular follow-ups have been made at the staff / Director & AMT level and follow-ups will continue in 2014-15. While payment of 95% of all undisputed invoices within 30 days will remain a challenge in 2014-15 (month 9 year to date position is 88.7% by volume of invoices), PHA is able to pay 74.3% of undisputed invoices within 10 days. Key to achieving this target is the embedding of effective processes & controls by Shared Services (BSO), which is kept under continuous monitoring.	A	A	A		Efforts continue to ensure payment of undisputed invoices within 30 days but achievement of the 95% target in 2014-15 will be a challenge The 50% target in 2014/15 of paying undisputed invoices within 10 days is being achieved.

**PUBLIC HEALTH AGENCY BOARD PAPER**

<b>Date of Meeting</b>	19 February 2015
<b>Title of Paper</b>	6 Monthly Overview Report on Progress on the Implementation of RQIA Report Recommendations for the period ending 30 September 2014
<b>Agenda Item</b>	9
<b>Reference</b>	PHA/03/02/15
<b>Summary</b>	
<p><b>Background</b></p> <p>During 2013/14, the HSCB/PHA introduced a system via the Safety and Quality Alerts Team (SQAT) to provide the appropriate assurance mechanism that all HSCB/PHA actions contained within RQIA reports are implemented.</p> <p><b>Process</b></p> <p>This system of assurance takes the form of a 6 monthly report which details the progress on implementation of RQIA recommendations.</p> <p>The attached report is for the period ending 30 September 2014 and includes a summary of progress, key issues/risks, and key next steps.</p>	
<b>Equality Screening / Equality Impact Assessment</b>	N/A
<b>Audit Trail</b>	This report was considered by AMT on 13 January, and by the Governance and Audit Committee of HSCB on 29 January.
<b>Recommendation / Resolution</b>	For Noting
<b>Director's Signature</b>	
<b>Title</b>	Director of Public Health
<b>Date</b>	10 February 2015

**Summary of Progress on Implementation of RQIA Report Recommendations**  
**6 Monthly Progress Report for the period ending 30 September 2014**

**Introduction**

This is a summary of progress on implementation of RQIA report recommendations for the period ending 30 September 2014. It has been prepared through the HSCB/PHA Safety Quality Alerts Team (SQAT).

RQIA Report	Date Published	HSCB/PHA Lead	Progress, Material Risks to Progress, Key Next Steps	RAG Status (Delete as appropriate)
RQIA Report on Implementation of the Respiratory Service Framework	March 2014	Dr Carolyn Harper, PHA	<p><b>Progress</b></p> <ul style="list-style-type: none"> <li>• Recommendations 1: partially implemented (A nominated person has been identified to provide information support for the Framework implementation process). HSCB commissioning support for the implementation and monitoring of the framework and dedicated administrative support to support the framework is to be identified.</li> <li>• Recommendations 3, 4 and 5 fully implemented</li> <li>• Recommendation 2: Partially implemented (networks/forums in place for 6 out of 7 Service Frameworks). Forum to be established for Older People Service Framework.</li> <li>• Recommendation 6: Not implemented. Work is progressing through the HSCB Online Project.</li> </ul> <p><b>Material Risks to Progress</b></p> <ul style="list-style-type: none"> <li>• HSCB Commissioning and administrative support not yet identified.</li> </ul> <p><b>Key Next Steps/Actions</b></p> <ul style="list-style-type: none"> <li>• Establishment of forum for Older People Service Frameworks by December 2014.</li> <li>• Directory of Services will provide a solution to recommendation 6. Work to progress pending discussions with NI Direct and DHSSPS.</li> <li>• Keep open.</li> </ul>	● R

RQIA Report	Date Published	HSCB/PHA Lead	Progress, Material Risks to Progress, Key Next Steps	RAG Status (Delete as appropriate)
RQIA Review of Fostering Services	December 2013	Fionnuala McAndrew, HSCB	<p><b>Progress</b></p> <ul style="list-style-type: none"> <li>Action plan developed and being progressed via Delegated Statutory Functions Regional Adoption and Fostering Taskforce (RAFT). DHSSPS have also been involved in some discussions.</li> </ul> <p><b>Material Risks to Progress</b></p> <ul style="list-style-type: none"> <li>Relevance/applicability of some recommendations.</li> <li>Scale of some tasks.</li> </ul> <p><b>Key Next Steps/Actions</b></p> <ul style="list-style-type: none"> <li>Next update due end November 2014.</li> <li>Keep open.</li> </ul>	● A
Review of Specialist Sexual Health Services in Northern Ireland	October 2013	Dr L Herron, PHA with support from C Cullen, HSCB	<p><b>Progress</b></p> <ul style="list-style-type: none"> <li>Proposed reporting structure for the Specialist Sexual Health Trust Liaison Group agreed with HRSCG.</li> <li>Trust nominations received from most Trusts (clinical and management) and first meeting will be early 2015. This meeting will be a joint meeting with this group and HSCB / LCG group (Commissioning Group) to explore current structures, review relevant Trust Action Plans, consider evidence and determine the way forward.</li> <li>HSCB / LCG (Commissioning Group) held their first meeting in 2014.</li> </ul> <p><b>Material Risks to Progress</b></p> <ul style="list-style-type: none"> <li>Potential resource implications arising from some recommendations. These will be identified and managed through normal commissioning processes.</li> </ul> <p><b>Key Next Steps/Actions</b></p> <ul style="list-style-type: none"> <li>Establish Regional Specialist Sexual Health Trust Liaison Group to share local actions and co-ordinate regional approach.</li> <li>Keep open.</li> </ul>	● A

RQIA Report	Date Published	HSCB/PHA Lead	Progress, Material Risks to Progress, Key Next Steps	RAG Status (Delete as appropriate)
A Baseline Assessment and Review of Community Services for Adults with a Learning Disability	August 2013	Aidan Murray, HSCB	<p><b>Progress</b></p> <ul style="list-style-type: none"> <li>• Draft specification for essential Learning Disability Services prepared.</li> <li>• Relative learning disability shares of Trust expenditure analysis completed.</li> </ul> <p><b>Material Risks to Progress</b></p> <ul style="list-style-type: none"> <li>• Necessity to redress some imbalances in services through additional resources which are not currently available.</li> </ul> <p><b>Key Next Steps/Actions</b></p> <ul style="list-style-type: none"> <li>• Agree Learning Disability Service Specification with service users/carers and providers.</li> <li>• Keep open.</li> </ul>	● A
A Baseline Assessment and Review of Community Services for Children with a Disability	August 2013	Tony Rodgers, HSCB	<p><b>Progress</b></p> <ul style="list-style-type: none"> <li>• The significant proportion of the recommendations were either completed or in train at the time of issue of this review. One recommendation to the HSCB in respect of training and employment relates to DEL and not HSC. The HSCB is working with Trusts via the Children's Services Improvement Board (CSIB) Children with Disabilities (CWD) subgroup to provide a composite response and the HSCB has shared a template with Trust for completion.</li> </ul> <p><b>Material Risks to Progress</b></p> <ul style="list-style-type: none"> <li>• There are a significant number of recommendations to other bodies and agencies contained within the Review and are outside the scope of HSC for example ELB and DEL.</li> <li>• The reference to implementation of service frameworks is difficult as the Children Service Framework has still not been issued by DHSSPS.</li> <li>• The review makes reference to a review of financial investment and data responses in line with the adult review but does not consider the distinct legislative and service models within children's services which can be provided by an overlay from adult learning disability services.</li> </ul>	● A



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			<p><b>Key Next Steps/Actions</b></p> <ul style="list-style-type: none"> <li>• Template issued to Trusts via CSIB CWD group to ensure collaborative approach and coordinated response</li> <li>• Keep open.</li> </ul>	
NICE Guidance: Baseline Review of the Implementation Process in Health and Social Care (HSC) Organisations	July 2013	Cara Anderson, HSCB	<p><b>Progress</b></p> <ul style="list-style-type: none"> <li>• 8/12 recommendations have direct implications for HSCB / PHA.</li> <li>• 6/8 recommendations were completed by HSCB/PHA prior to the current reporting period with two recommendations requiring further action.</li> <li>• The two remaining recommendations were completed during the current reporting period: <ol style="list-style-type: none"> <li>1. A series of workshops were organised in June 2014 to offer training in the use of NICE tools and advice regarding the role of HSCB/PHA in the implementation of NICE guidance. The workshops were well received by the 35 staff (approximately) who attended from both HSCB and PHA.</li> <li>2. Arrangements are now in place to ensure risks associated with implementation of NICE are recorded and escalated through the appropriate risk registers.</li> </ol> </li> </ul> <p><b>Material Risks to Progress</b></p> <ul style="list-style-type: none"> <li>• None.</li> </ul> <p><b>Key Next Steps/Actions</b></p> <ul style="list-style-type: none"> <li>• All eight recommendations relevant to HSCB/PHA have now been completed.</li> <li>• No further action required.</li> <li>• Close.</li> </ul>	● G
Independent Review of the Dental Hospital	July 2013	Michael Donaldson, HSCB	<p><b>Progress :</b></p> <ul style="list-style-type: none"> <li>• The DHSSPS issued the dental hospital inquiry action plan in July 2013; actions were RAG scored. In relation to the July 2013 action plan:</li> </ul>	● A

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			<ul style="list-style-type: none"> <li>• 5 actions in which HSCB have lead/joint-lead role: <ul style="list-style-type: none"> <li>○ 3 coded green</li> <li>○ 2 coded amber</li> </ul> </li> <li>• 6 actions where HSCB has a supporting role <ul style="list-style-type: none"> <li>○ 4 coded green</li> <li>○ 2 coded amber</li> </ul> </li> </ul> <p>Since then, CMO has commissioned RQIA to produce a report detailing the progress of HSCB and BHSCT against the actions which have been attributed to them. The Phase 1 report was scheduled to be completed by the end of May 2014 but has not yet been issued by RQIA.</p> <p><b>Material Risks to Progress</b></p> <ul style="list-style-type: none"> <li>• Several of the actions attributed to the HSCB are dependent on the publication of the DHSSPS's Report of the Regional Review of Consultant-led Hospital Dental Services (RRCLHDS) which was due to be published by September 2013. This Report has not been issued and no revised publication date has been advised. This limits HSCB's ability to change the status of the amber actions to green.</li> <li>• When RQIA publish the commissioned report this will provide an external assurance of the HSCB's progress on the actions.</li> </ul> <p><b>Key Next Steps/Actions</b></p> <ul style="list-style-type: none"> <li>• The HSCB provided the BHSCT with a recurrent allocation in March 2014 for an additional oral medicine consultant and support staff. However, BHSCT have yet to advertise this post. The vacant joint appointment oral medicine post has also not been advertised by QUB/BHSCT. The Director of Commissioning has written to BHSCT requesting an update on the Trust's recruitment timetable for both of these posts.</li> <li>• Await the publication of the RQIA Review of the Implementation of the Dental Hospital Inquiry Action Plan and act on any recommendations which are attributed to the HSCB from this report. Most recent advice from RQIA is that some outstanding DHSSPS queries need to be addressed by BHSCT and the review team;</li> </ul>	

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			RQIA hope to publish the report in October 2014. <ul style="list-style-type: none"> <li>Keep open.</li> </ul>	
RQIA Review of Hospitals at Nights and Weekends	July 2013	Dr G Lavery, PHA	<p><b>Progress</b></p> <ul style="list-style-type: none"> <li>Trust update in August 2014 shows progress from previous report in terms of increased number of Trust actions graded green (now the majority).</li> <li>DHSSPS has clarified the lead responsibilities for the recommendations.</li> </ul> <p><b>Material Risks to Progress</b></p> <ul style="list-style-type: none"> <li>None.</li> </ul> <p><b>Key Next Steps/Actions</b></p> <ul style="list-style-type: none"> <li>Progress actions produced by meeting with BLG Focus Group - especially need to establish the "H@N Champion" role for member of Consultant Medical staff in each Trust.</li> <li>Exploration with some Trusts re two recommendations which are graded red.</li> <li>Keep open.</li> </ul>	● A
Safeguarding of Children and Vulnerable Adults in Mental Health and Learning Disability Hospitals in Northern Ireland - Overview Report	February 2013	Mrs F McAndrew, HSCB	<p><b>Progress</b></p> <ul style="list-style-type: none"> <li>Progress reports received from Trusts.</li> <li>Trusts making substantial progress towards full implementation of all recommendations.</li> <li>3rd Progress report to be submitted to DHSSPS.</li> </ul> <p><b>Material Risks to Progress</b></p> <ul style="list-style-type: none"> <li>None.</li> </ul> <p><b>Key Next Steps/Actions</b></p> <ul style="list-style-type: none"> <li>Next return due in February 2015.</li> <li>Keep open.</li> </ul>	● A

RQIA Report	Date Published	HSCB/PHA Lead	Progress, Material Risks to Progress, Key Next Steps	RAG Status (Delete as appropriate)
Baseline Assessment of the Care of Children Under 18 Admitted to Adult Wards in Northern Ireland	December 2012	Dr J McClean, PHA	<p><b>Progress</b></p> <ul style="list-style-type: none"> <li>All Trusts have completed action plans – no material concerns.</li> <li>DHSSPS Review of Paediatrics published for consultation in November 2013 includes minimum upper age limit for paediatric care. Strategy likely to issue in 2015.</li> <li>Joint commissioning plan sets out HSCB/PHA intention to increase and harmonise age limits for paediatric care to 16th birthday.</li> <li>Regional PHA workshop on adolescent inpatient care held in November 2013. Representatives from PHA/HSCB/Trusts/RQIA/NIPEC/NIMDTA/QUB.</li> <li>Joint Ulster Paediatric Society / PHA adolescent health day took place in June 2014.</li> </ul> <p><b>Material Risks to Progress</b></p> <ul style="list-style-type: none"> <li>None but awaiting publication of DHSSPS Strategy for confirmation of upper age limit policy.</li> </ul> <p><b>Key Next Steps/Actions</b></p> <ul style="list-style-type: none"> <li>Continue to implement recommendations and undertake detailed scoping of implications of increasing age limits for paediatric settings.</li> <li>Keep open.</li> </ul>	● G
Independent Review of the Implementation of the Cardiovascular Service Framework	November 2012	Dr L Herron, PHA	<p><b>Progress</b></p> <ul style="list-style-type: none"> <li>DHSSPS issued revised Cardiovascular Service Framework (CVSFW) Framework in April 2014.</li> <li>Detailed Implementation Plan on track to be submitted to DHSSPS by December 2014.</li> <li>Lead Professional identified, and structures established.</li> <li>Inaugural meeting of CVSFW Implementation Group (which includes key stakeholders) held in September 2014.</li> <li>Information Officer from PMSI identified and information requirements involved in</li> </ul>	● G

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			<p>monitoring progress being reviewed.</p> <p><b>Material Risks to Progress</b></p> <ul style="list-style-type: none"> <li>Financial constraints limit ability to invest in service developments related to the Framework.</li> </ul> <p><b>Key Next Steps/Actions</b></p> <ul style="list-style-type: none"> <li>CVSFW Implementation Group to meet 3-4 times per year to oversee CVSFW implementation.</li> <li>Keep open.</li> </ul>	
Review of the Implementation of the Northern Ireland Single Assessment Tool Stage Two: Carer's Support and Needs Assessment Tool - Overview Report	November 2012	Mrs F McAndrew, HSCB	<p><b>Progress</b></p> <ul style="list-style-type: none"> <li>First draft of an updated Carers' Support and Needs Assessment has been produced and shared in first instance with the Short Break Development Group's Personalisation Workstream.</li> </ul> <p><b>Material Risks to Progress</b></p> <ul style="list-style-type: none"> <li>Carers Strategy Implementation Group meeting was postponed and re-scheduled for November; draft action plan, including work to improve information flow to carers, has to be ratified by this and milestones set for this work.</li> </ul> <p><b>Key Next Steps/Actions</b></p> <ul style="list-style-type: none"> <li>Consultation on the Support and Needs Assessment and Development of a plan of implementation and roll-out will be presented to Northern Ireland Single Assessment Tool (NISAT) Project Team for possible recommendation to DHSSPS.</li> <li>Keep open.</li> </ul>	● A
Independent Review of the Western Health and Social Care Trust Safeguarding	October 2012	Mrs F McAndrew, HSCB	<p><b>Progress</b></p> <ul style="list-style-type: none"> <li>Adult safeguarding investigation complete and relevant reports submitted to Western Trust; HSCB and DHSSPS.</li> </ul>	● G

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Arrangements for Ralphps Close Residential Care Home			<ul style="list-style-type: none"> <li>• RQIA have concluded monitoring process.</li> </ul> <p><b>Material Risks to Progress</b></p> <ul style="list-style-type: none"> <li>• None.</li> </ul> <p><b>Key Next Steps/Actions</b></p> <ul style="list-style-type: none"> <li>• Close.</li> </ul>	
Review of Mixed Gender Accommodation in Hospitals - Overview Report & Individual Reports on each Trust	August 2012	Mrs P Cullen, PHA	<p><b>Progress</b></p> <ul style="list-style-type: none"> <li>• The PHA has developed a Regional Policy statement which is with the Department for comment.</li> <li>• Baseline audit questionnaire developed, which will form the basis for regular monitoring. Questionnaire has been quality assured by Health Intelligence.</li> <li>• Trusts provided assurance that all local recommendations have been implemented.</li> </ul> <p><b>Material Risks to Progress</b></p> <ul style="list-style-type: none"> <li>• None identified by Trusts.</li> </ul> <p><b>Key Next Steps/Actions</b></p> <ul style="list-style-type: none"> <li>• Agree future monitoring and completion of audit by Trust.</li> <li>• Keep open.</li> </ul>	● G
Independent Review of Pseudomonas Interim & Final Reports	March & May 2012	Mr D Sullivan, HSCB	<p><b>Progress</b></p> <ul style="list-style-type: none"> <li>• Post Project Evaluations (PPE) issued to 4 Trusts for return by mid November 2014. PPE for BHSCT will be issued in March 2015.</li> </ul> <p><b>Material Risks to Progress</b></p> <ul style="list-style-type: none"> <li>• None at this point in time.</li> </ul>	● G

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			<p><b>Key Next Steps/Actions</b></p> <ul style="list-style-type: none"> <li>• Pseudomonas Working Group to review all Trusts' PPEs once received.</li> <li>• Close action by April 2015.</li> </ul>	
RQIA Independent Review of Reporting Arrangements for Radiological Investigations - Phase 2 Report	May 2012	Mr M Bloomfield, HSCB	<p><b>Progress</b></p> <ul style="list-style-type: none"> <li>• Trust Actions: Trusts provided assurance that Phase 2 recommendations (2/3/4/5/6/10/11/12/13) are implemented.</li> <li>• DHSSPS Actions: The DHSSPS Review of Imaging Services has commenced. Workstreams are established - the review will focus around production of four key stage papers: <ul style="list-style-type: none"> <li>○ Paper 1: Current context / where we are now. September 14 (complete)</li> <li>○ Paper 2: Where do want to get to. December 2014</li> <li>○ Paper 2: Gap Analysis - how do we get there. March 2015</li> <li>○ Paper 4: Blue Sky Thinking for the best possible service</li> </ul> </li> </ul> <p><b>Material Risks to Progress</b></p> <ul style="list-style-type: none"> <li>• All chest plain films are reported by radiologists. Due to the level of vacant consultant radiologist posts (21wte), this may impact on ability to report other plain films. Investment has been approved to address key areas of pressure and to provide backfill to facilitate radiographer reporting of plain films where it is clinically safe and effective to do so.</li> </ul> <p><b>Key Next Steps/Actions</b></p> <ul style="list-style-type: none"> <li>• All recommendations in Phase 2 where signed off as closed in Jan 2014, with the exception of RQIA2 (2). <ul style="list-style-type: none"> <li>○ The element of RQIA2 (2) relating to reporting of chest x-rays is achieved. The element relating to standardised reporting will be addressed as part of the Imaging Review, and is within the remit of the Radiology Workstream</li> </ul> </li> <li>• Keep open.</li> </ul>	● G

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<p>RQIA Independent Review Reducing the Risk of Hyponatraemia when Administering Intravenous Infusions to Children</p>	<p>May 2010</p>	<p>Mrs H Reid, PHA</p>	<p><b>Progress</b></p> <ul style="list-style-type: none"> <li>• Further review of competency framework undertaken in October 2014 in light of updated regional IV fluid charts and prescribing wall chart.</li> <li>• Case studies to further support knowledge and competency in this area completed and updated to take account of regional IV fluid charts and updated wall chart.</li> <li>• Work currently being finalised to transfer case studies onto an e-learning resource.</li> </ul> <p><b>Material Risks to Progress</b></p> <ul style="list-style-type: none"> <li>• None identified.</li> </ul> <p><b>Key Next Steps/Actions</b></p> <ul style="list-style-type: none"> <li>• Finalise the e-learning module post-testing.</li> <li>• Keep open.</li> </ul>	<p style="text-align: center;">● G</p>
<p>Review of Theatre Practice in Acute Hospitals</p>	<p>June 2014</p>	<p>Dr J McCall, PHA</p>	<p><b>Progress</b></p> <ul style="list-style-type: none"> <li>• Recommendations 7 and 9 fully implemented. Recommendations 2,3,4,5,8,10,11 are in progress.</li> </ul> <p><b>Material Risks to Progress</b></p> <ul style="list-style-type: none"> <li>• NICE CG65 Inadvertent perioperative hypothermia: The management of inadvertent perioperative hypothermia in adults' is currently under review.</li> </ul> <p><b>Key Next Steps/Actions</b></p> <ul style="list-style-type: none"> <li>• Need to get WHO checklist compliance included as core element on RQIA unannounced inspections at hospitals.</li> <li>• Regular audits of compliance of consent, VTE risk assessment, SSI care bundle.</li> <li>• Stakeholder group to be established to address recommendations 10 and 11.</li> <li>• Keep open.</li> </ul>	<p style="text-align: center;">● G</p>



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RQIA Review of the Implementation of NICE CG42 Dementia	June 2014	Seamus McErlean, HSCB & Eleanor Ross, PHA	<p><b>Progress</b></p> <ul style="list-style-type: none"> <li>The review report was published in June 2014. All 5 Trusts have established steering groups to take forward the review's recommendations.</li> <li>Progress / implementation to date is varied but steady.</li> <li>The regional Dementia Strategy Implementation Group (DSIG) and the cross-Trust dementia workstream will provide opportunities for shared learning, support, monitoring and compliance.</li> </ul> <p><b>Material Risks to Progress</b></p> <ul style="list-style-type: none"> <li>This is the first report from Trusts to the Governance Committee via DSIG and will be used as a baseline - obstacles / risks to progress may be more clearly identified as the process is bedded in.</li> <li>Some initial risks relate to resources / capacity however, these may be overcome with the roll out of the 3 year Dementia Signature Project which will focus on (i) awareness raising, information and support, (ii) training and (iii) short breaks, respite and support to carers.</li> </ul> <p><b>Key Next Steps/Actions</b></p> <ul style="list-style-type: none"> <li>This matter will be listed as a standing item on the DSIG and cross-Trust dementia workstream agendas.</li> <li>Keep open.</li> </ul>	● G
RQIA Oversight of Patients Finances in Residential Settings Report	June 2014	Joyce McKee, HSCB	<p><b>Progress</b></p> <ul style="list-style-type: none"> <li>DHSSPS have established and Chair an oversight group to ensure implementation of all recommendations. Group included representatives from HSCB and Trusts. To date all actions lie with Trusts or DHSSPS.</li> </ul> <p><b>Material Risks to Progress</b></p> <ul style="list-style-type: none"> <li>None</li> </ul>	● A

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			<p><b>Key Next Steps/Actions</b></p> <ul style="list-style-type: none"> <li>• Participation in DHSSPS-led implementation group and implementation of any future actions for HSCB/PHA that may arise from the work of that group.</li> <li>• Keep open.</li> </ul>	
RQIA Independent Review of Cherry Tree House, Carrickfergus	July 2014	Kevin Keenan, HSCB	<p><b>Progress</b></p> <ul style="list-style-type: none"> <li>• DHSSPS leading on implementation process.</li> <li>• HSCB assigned responsibility for monitoring of 5 recommendations.</li> <li>• Process for scrutinising HSC Trust responses established.</li> <li>• First progress reports received from each HSC Trust.</li> <li>• Progress report submitted to DHSSPS.</li> </ul> <p><b>Material Risks to Progress</b></p> <ul style="list-style-type: none"> <li>• Failure to agree new regional contract for residential and nursing home care.</li> </ul> <p><b>Key Next Steps/Actions</b></p> <ul style="list-style-type: none"> <li>• Keep open.</li> </ul>	● A
Final Report on the Inspection of Unscheduled Care in the BHSCT	April 2014	Robert Sowney, HSCB	<p><b>Progress</b></p> <ul style="list-style-type: none"> <li>• Progress against actions to address recommendations in this report is monitored by DHSSPS with HSCB and PHA in attendance. Last meeting took place 17 October 2014.</li> </ul> <p><b>Material Risks to Progress</b></p> <ul style="list-style-type: none"> <li>• A number of actions were identified on which limited progress had been made. The Trust indicated that progress has since been made and this will continue to be monitored through the DHSSPS-led arrangements.</li> </ul> <p><b>Key Next Steps/Actions</b></p> <ul style="list-style-type: none"> <li>• Keep open.</li> </ul>	● R

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RQIA Report on arrangements for management and co-ordination of unscheduled care in the Belfast Trust and related regional considerations	July 2014	Robert Sowney, HSCB	<p><b>Progress</b></p> <ul style="list-style-type: none"> <li>Progress against actions to address recommendations in this report is monitored by DHSSPS with HSCB and PHA in attendance. Last meeting took place 17 October 2014.</li> </ul> <p><b>Material Risks to Progress</b></p> <ul style="list-style-type: none"> <li>A number of actions were identified on which limited progress had been made. The Trust indicated that progress has since been made and this will continue to be monitored through the DHSSPS-led arrangements.</li> </ul> <p><b>Key Next Steps/Actions</b></p> <ul style="list-style-type: none"> <li>Keep open.</li> </ul>	● R
RQIA Review of actions taken in response to HSCB report on Respite Support (Dec 2010) and of the development of future respite care/short break provision in NI	August 2014	Joyce McKee, HSCB	<p><b>Progress</b></p> <ul style="list-style-type: none"> <li>Process for ensuring implementation established.</li> </ul> <p><b>Material Risks to Progress</b></p> <ul style="list-style-type: none"> <li>None identified at this stage.</li> </ul> <p><b>Key Next Steps/Actions</b></p> <ul style="list-style-type: none"> <li>Establish monitoring process.</li> <li>Keep open.</li> </ul>	● G
RQIA Report: Access to Evidence Based Psychological Therapies for Adults who Subsequently Complete Suicide	December 2013	Rodney Morton, HSCB	<p><b>Progress</b></p> <ul style="list-style-type: none"> <li>The HSCB through its Psychological Therapies Training Funding is Making available additional Training in Evidence Based Therapies for Mental Health staff in Trusts. PHA is also tendering for community based psychological therapy services for people who self harm. The Lifeline service currently offers therapies to people who self refer in a crisis.</li> <li>PHA have developed training programmes for GPs and Emergency Departments to</li> </ul>	● A

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			<p>raise awareness of NICE guidance and pathways to accessing services.</p> <p><b>Material Risks to Progress</b></p> <ul style="list-style-type: none"> <li>• Currently some Trusts due to travel restriction are unable to release staff for training.</li> <li>• Limited uptake of training by GPs.</li> </ul> <p><b>Key Next Steps/Actions</b></p> <ul style="list-style-type: none"> <li>• The recommendations will continue to be progressed through the PHA and HSCB Self Harm Regional Implementation Group. In addition as part of the HSCB/PHA care pathway programme the recommendation are and will be embedded into these pathways.</li> <li>• Keep open.</li> </ul>	

**RAG Status Key:**

Red ● = High risk or fundamental to progress

Amber ● = Caution that some adjustment may be required to bring progress back on track

Green ● = On track