

AGENDA

**70th Meeting of the Public Health Agency board to be held on
Thursday 20 November 2014, at 1.30pm,
Conference Rooms, 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 16 October 2014		Chair
4.	1.35	Matters Arising		Chair
5.	1.40	Chair's Business		Chair
6.	1.45	Chief Executive's Business		Chief Executive
7.	1.50	Presentation on CLARE Project		Dr Harper
8.	2.10	Finance Update <ul style="list-style-type: none"> • PHA Financial Performance Report 	PHA/01/11/14 (for Noting)	Mr Cummings
9.	2.20	Performance Management Report – Corporate Business Plan and Commissioning Plan Directions Targets for Period Ending 30 September 2014	PHA/02/11/14 (for Noting)	Mr McClean
10.	2.30	Northern Ireland Bowel Cancer Screening Programme: Inaugural Report April 2010-March 2013	PHA/03/11/14 (for Noting)	Dr Harper
11.	2.55	Update on Work of Centre for Connected Health and Social Care		Mr Ritson

12. 3.15 “Supporting the best start in life”
Infant Mental Health Framework
and Action Plan 2014-2017 **PHA/04/11/14**
(for Approval) Dr Harper
13. 3.25 Corporate Strategy Project Board
Report Dr Harbison
14. 3.55 Any Other Business
15. **Date, Time and Venue of Next Meeting**
Thursday 18 December 2014
1:30pm
Conference Rooms
12/22 Linenhall Street
Belfast
BT2 8BS

MINUTES

**Minutes of the 69th Meeting of the Public Health Agency board
held on Thursday 16 October 2014 at 1:30pm,
in East Belfast Network Centre,
Templemore Avenue, Belfast, BT5 4FP**

PRESENT:

Ms Mary McMahon	- 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
Alderman William Ashe	- Non-Executive Director
Mr Brian Coulter	- Non-Executive Director
Mrs Julie Erskine	- Non-Executive Director
Dr Jeremy Harbison	- Non-Executive Director
Mr Thomas Mahaffy	- Non-Executive Director
Alderman Paul Porter	- Non-Executive Director

IN ATTENDANCE:

Mr Paul Cummings	- Director of Finance, HSCB
Mr Robert Graham	- Secretariat

APOLOGIES:

Mrs Miriam Karp	- Non-Executive Director
Mrs Fionnuala McAndrew	- Director of Social Services, HSCB
Mrs Joanne McKissick	- External Relations Manager, Patient Client Council

		Action
132/14	Item 1 – Welcome and Apologies	
132/14.1	The Chair welcomed everyone to the meeting and noted apologies from Mrs Miriam Karp, Mrs Fionnuala McAndrew and Mrs Joanne McKissick.	
133/14	Item 2 - Declaration of Interests	
133/14.1	The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.	

134/14 Item 3 – Minutes of the PHA Board Meeting held on 18 September 2014

134/14.1 The minutes of the previous meeting, held on 18 September 2014, were approved as an accurate record of the meeting, subject to an amendment in paragraph 121/14.4, the paragraph should start, “The Chair informed...”

135/14 Item 4 – Matters Arising

117/14.2 Update on Accommodation

135/14.1 Dr Harbison asked if there was any further update on accommodation. Mr McClean advised that PHA had been contacted by Asset Management, DHSSPS regarding our requirements, and that although there were no further options at the moment, PHA would continue to look for possible locations.

136/14 Item 5 – Chair’s Business

136/14.1 The Chair apologised to members for missing the annual Board away day. She said that members would have the opportunity to reflect more on the workshop at the next meeting once the write-up has been completed.

136/14.2 The Chair advised members that the recruitment process for the appointment of a new Chair and members for PHA would not commence until November 2014 and may take up to four months to complete. She said that Julie Erskine had agreed to take on the role of Acting Chair until a new Chair had been appointed.

136/14.3 The Chair said that she, along with the Chief Executive, had met with the Chair and Chief Executive of RQIA.

136/14.4 The Chair informed members of her attendance at the eHealth conference, and said that there had been some excellent presentations. She said that she had also attended the Institute for Public Health conference, as well as the annual Bryson conference which was on the theme of young unemployment and the cycle of deprivation.

136/14.5 The Chair advised that she had attended a Healthy Hearts event in Carrickfergus, as well as the NHS Change Day.

137/14 Item 6 – Chief Executive’s Business

- 137/14.1 The Chief Executive said that he had twice met with Mervyn Storey, MLA, in the first instance with regard to the MAST Service, and subsequently when Mr Storey was appointed as Minister at DSD at the launch of the Ballysillan masterplan. He added that he had also visited a wind turbine farm in Killaloo and met with families concerned about the potential health impact of wind turbines.
- 137/14.2 The Chief Executive advised that he had attended a meeting of the Local Council Chief Executive’s Forum to deliver a presentation on Making Life Better.

138/14 Item 7 – Finance Update

- **PHA Financial Performance Report (PHA/01/10/14)**

- 138/14.1 Mr Cummings informed members that the financial situation in both HSCB and PHA will be impacted by the overall HSC financial situation and that comments were requested by DHSSPS today from HSCB outlining how savings could be made. He said that the additional £60m offered would not put the health budget into balance and that the last 48 hours had been spent finalising contingency plans. He explained that the likely impact on PHA would be a reduction of £1m-£1.5m in the revenue resource limit. However, he advised that PHA had a contingency of £600k already in place.
- 138/14.2 Mr Cummings moved onto the PHA Finance Report and said that PHA is currently reporting a surplus of £1m, but this is largely due to a timing issue with regard to the R&D budget. He said that the year-end projection is a surplus of £200k.
- 138/14.3 Alderman Porter expressed concern that if PHA is currently running with a financial underspend, that DHSSPS may seek to claw back additional monies. Mr Cummings said that DHSSPS would not have had information of this type as part of its decision making. The Chief Executive said that a baseline review of all of PHA’s programmes would be completed to see where additional savings can be found, if required.
- 138/14.4 Mr Mahaffy asked about the Trust delivery plans which had accompanied the Commissioning Plan. Mr Cummings advised

that the Commissioning Plan had not yet been approved, and that it would be unlikely that a revised Plan would be requested at this stage.

- 138/14.5 Mr Coulter asked if the contingency plans had been prepared for PHA. Mr Cummings explained that these are prepared by Trusts when they reach a point of knowing that they will not achieve financial balance. Dr Harper added that an exercise had taken place yesterday where HSCB was reviewing the contingency plans and PHA officers were providing professional input. She added that there are difficult options being considered which may impact on patient and client care.
- 138/14.6 Mr Cummings said that the HSCB has not yet held a Board meeting to discuss these proposals, but he pointed out that the contingency plans were not being considered against an approved Commissioning Plan. Dr Harper advised that the Plan has been sent to the DHSSPS as a “fit for purpose” response to the Commissioning Direction.
- 138/14.7 The Chair noted that the Commissioning Direction was issued by DHSSPS, and has not been amended, therefore consideration is being given to amending a Plan that does not currently have any status. The Chief Executive said that there are governance issues in implementing a Plan that has not been approved, but Mr Cummings said that many of the initiatives within the Plan had not yet commenced because the funding had not been approved.
- 138/14.8 Members raised a number of concerns around the governance aspects. The Chair said that when the Commissioning Plan was considered by the PHA Board, there was a shortfall of £160m already identified. Alderman Porter asked how Trusts could be in deficit if initiatives had not commenced that they had not received funding for. Mr Cummings said that Trust were in deficit as savings targets had not been achieved and costs incurred above what was initially projected and that the £160m also included an amount to recognise this.
- 138/14.9 Mr McClean commented that clarity was needed as to whether the Commissioning Planning process was now set to one side. He indicated that the legislation and HSC Framework set out the PHA’s input within the context of the Commissioning Plan. The Chief Executive noted this was a complex process and how the

PHA Board had spent time discussing the process at its last away day.

138/14.10 The Board noted the Finance Report.

139/14 Item 8 – Governance and Audit Committee update (PHA/02/10/14)

139/14.1 Mr Coulter updated members on the last meeting of the Governance and Audit Committee which had taken place on 8 October. He said that the Committee had met with David Bingham, Chief Executive and Paddy Anderson, Director of Finance from BSO to discuss the issues highlighted by both the Governance and Audit Committee and the Board with regard to the new financial systems.

139/14.2 Mr Coulter said that Mr Bingham began by apologising for the apparent failures in the new system, but pointed out that the system was less costly than comparative systems used in the public sector, however the running costs of the system had not been taken into account at the procurement stage.

139/14.3 Mr Coulter said that a new Customer Forum was being established, but it had not yet met given the recent change in Permanent Secretary. He said that it had been pointed out to the Committee that PHA had received an unqualified audit opinion on its accounts in each of the previous two years, but the Committee had said the key issues regarding the system related to efficiency and value for money and that PHA had received Priority One recommendations regarding the systems from both Internal and External Audit.

139/14.4 Mr Coulter advised members that there had been discussion about the status of the Service Level Agreement between PHA and BSO and also the issue of bridging finance. He said that there had been a full and frank exchange of all of the issues and that it had been a worthwhile meeting.

139/14.5 Mr Coulter said that the Committee had considered a PAC Report on AccountNI and it was available if members were interested.

139/14.6 The Chair asked about the SLA with BSO. Mr McClean said that

there is an SLA in place, and that it does include draft schedules in place for shared services, but that the metrics with regard to BSTP could not yet be agreed as this depends on further confirmation from BSO in due course.

139/14.7 Mr Coulter advised members that the Committee had also considered the Mid-Year Assurance Statement and that there were no significant issues. He said that the Corporate Risk Register had also been considered.

139/14.8 Members noted the update from the Committee Chair.

140/14 Item 9 – PHA Mid-Year Assurance Statement (PHA/03/10/14)

140/14.1 The Chief Executive presented the Mid-Year Assurance Statement which he said is a formal requirement to be submitted to DHSSPS.

140/14.2 Members APPROVED the Mid-Year Assurance Statement for submission to DHSSPS.

141/14 Item 10 – Second Annual International Family Nurse Partnership Report (PHA/04/10/14)

141/14.1 Mrs Cullen advised that there is a regional stakeholders group which is chaired by the Chief Executive of PHA and that Kate Billingham, Senior International Consultant for FNP had attended that meeting. Mrs Cullen invited Deirdre Webb to give members an overview of the Report.

141/14.2 Ms Webb advised members that there are currently three teams in Northern Ireland and that this is the Second Annual Report. She explained that the format of the Report is determined by the University of Colorado and outlined to members some of the key highlights within the Report, namely an increase in the percentage of mothers breastfeeding, increased engagement with fathers and increased numbers of young people returning to education and employment.

141/14.3 Ms Webb said that there remain a number of challenges. She noted that although the reporting of illegal drug use suggests that this is low, this is not reflective of the culture in Northern Ireland, but progress was being made. She added that a research

project was being considered in the area of domestic violence.

- 141/14.4 Ms Webb informed members that overall feedback on the programme from users and their wider families had been positive. She said that although the team is small, it is well-established and all members are aware of their roles and responsibilities.
- 141/14.5 Dr Harbison congratulated Ms Webb on what he said was an interesting, positive and optimistic report. He asked about the eligibility for mothers on the programme. Ms Webb outlined the role of the Research Officer who researches specific areas and studies a range of factor to select those eligible for the programme.
- 141/14.6 Dr Harbison asked how additional resources could be used if they were available. He asked about additional coverage. Ms Webb noted that teenage pregnancy rates had dropped, but she said that the size of the team would need to be doubled in order to cover the whole of Northern Ireland, particularly in areas where vulnerable families live and there is deprivation.
- 141/14.7 The Chief Executive said that his recollection was that at the outset of the programme, a pool of 2,000 was seen as the target. He said that although a significant number of mothers had benefitted from the programme, this did not represent total coverage.
- 141/14.8 Mr Cummings said that from an equity point of view, there would be implications in the future if the programme was not rolled out across all of the Trust areas. He felt that the levels of engagement with fathers were low. Ms Webb said that since the inception of the programme, there had been increased engagement with fathers, but that not all fathers were suitable to engage with the programme. Dr Harper noted that although it would be ideal to have the fathers involved, the prime relationship for any child is with its mother. Ms Webb said that information packs on the programme are given to fathers.
- 141/14.9 Dr Harper said that, in terms of numbers, the programme should move beyond teenage mothers and look at mothers in socially complex situations. She said that there is scope to engage with the national programme.

141/14.10 Mr Coulter asked about the data analyst. Ms Webb said that this was an important post as the range of data available is complex. In response to Mr Coulter's query, she said that the research plan had not yet commenced.

141/14.11 The Chair asked about illegal drug use, and whether this covered misuse of prescribed medication. Ms Webb confirmed that this was the case. The Chair asked whether there any lessons to be learnt from the drop in teenage pregnancies. Ms Webb said that this was as a result of a number of different strategies coming together.

141/14.12 Dr Harbison asked how success of the programme could be measured. Ms Webb said that there are three key aims of the programme, which are to ensure that children get improved parenting, children are more able to learn, and that families can move out of poverty. She said that this could be measured through an evaluation. Dr Harper suggested that that areas such as educational attainment and health behaviours e.g. alcohol, sexual practices and drug use could be measured as part of the research evaluation.

141/14.13 Members noted the Second Annual Family Nurse Partnership report.

142/14 Item 11 – Any Other Business

142/14.1 There was no other business.

143/14 Item 12 – Date and Time of Next Meeting

Date: Thursday 20 November 2014

Time: 1:30pm

Venue: Conference Rooms
12/22 Linenhall Street
Belfast
BT2 8BS

Signed by Chair: _____

Date: _____

PHA Board Report

September 2014

**Incorporating Mid-Year Balance Sheet (Statement of
Financial Position)**

Income

	<u>Page Reference</u>	Annual £000s	Year to Date £000s
Department Allocation*		98,882	40,979
Income from Other Sources		1,012	575
Total Income		99,894	41,554

Expenditure

Non-Trust Programme	2	44,117	13,997
Trusts	3	35,190	17,166
PHA Administration (inc. BSO)	4	20,396	9,765
Total Expenditure		99,703	40,928
Surplus/(Deficit)		191	626

*Includes assumed allocations of £797k for the Safeguarding Board for NI (SBNI), £134k for Clinical Excellence Awards, £250k for Research & Development projects from the Department for Social Development and £354k from HSCB re Accommodation charges.

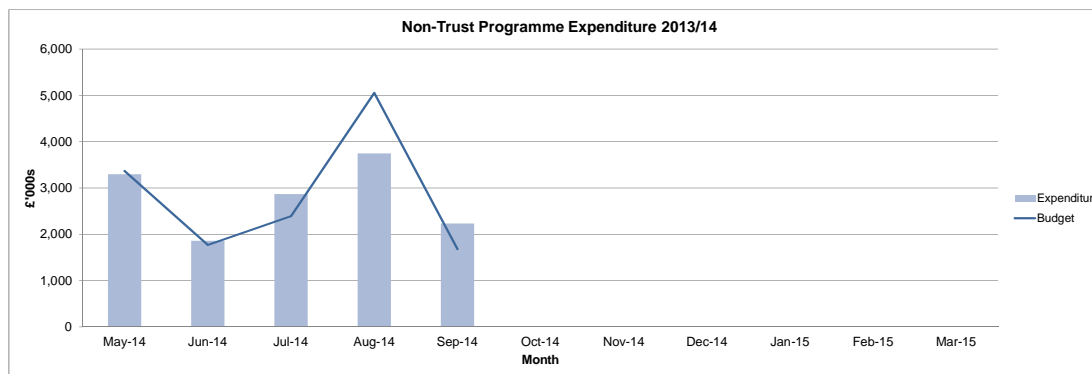
Position Synopsis:

Following a review of all budgets, PHA is predicting a surplus of £191k at the year end.

Year to date the financial position shows a surplus of £626k which has reduced by £452k since the last report. This surplus relates to the non Trust Programme budget of £259k and Management and Administration budgets of £367k.

The PHA had not fully committed funds of £1.1m full year effect (FYE) and £0.6m current year effect (CYE). This balance has reduced during September to £1.0m fye and £0.4m cye due to the budget for vaccinations not being included in the PHA commitments at the start of the financial year. The financial position above assumes that these resources will be fully expended within 2014/15.

Non-Trust Programme Spend



	£'000s	£'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	1,679								14,256
Expenditure	3,299	1,858	2,865	3,744	2,231								13,997
Surplus/(Deficit)	69	(89)	(476)	1,307	(552)	0	0	0	0	0	0	0	259

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							352
Health Improvement - South East LCG	(137)	(158)	312	(271)	(302)							(556)
Health Improvement - North LCG	(88)	67	(305)	420	(43)							51
Health Improvement - South LCG	135	(54)	79	(90)	300							369
Health Improvement - West LCG	249	(146)	(200)	290	21							215
Health Improvement - Lifeline Contract	(137)	14	11	(36)	(12)							(159)
Health Improvement - Smoking Cessation	0	0	0	22	15							37
Health Protection	(60)	(12)	(482)	459	1							(93)
Service Development & Screening	115	65	38	(212)	(20)							(14)
Research & Development	29	(28)	71	707	(726)							53
Campaigns	(96)	17	(50)	(73)	16							(187)
Nursing & AHP	(3)	8	5	(6)	21							25
Health Improvement - Regional Projects	(25)	136	87	(186)	(4)							8
In year opportunities- held for Lifeline	0	0	0	0	159							159

Position Synopsis:

The current position shows an underspend of £259k at the end of September 2014 based on profiles shared by budget managers and the PEM system used by PHA to plan commitments. The Financial Management team have continued to meet with Budget Managers to review budgets, profiles and assumptions regarding expenditure for 2014/15.

Although all the budgets are showing small surpluses and deficits, the main driver behind the large deficit in South Eastern Health Improvement is that the spend is ahead of the budget. The budget holder has agreed to review this position.

Budget Holders continue to anticipate that all approved budgets, with the exception of the Lifeline contract, will breakeven at year end.

PHA Management Team continues to scrutinise in detail the pressure with respect to the Lifeline Service and the demand management measures in place. HSCB Financial Management team are being regularly briefed in order to allow an assessment of the potential financial impact that the pressure may have on the year end financial position. In addition, a review of expenditure commitments has resulted in a release of accruals, as shown in the table above, which will be held to support the Lifeline cost pressure.

Revenue Resource Limits (RRLs) to Trusts

September 2

	Annual Budget (per revised SBAs) £'000s	Budget to Date £'000s	Variance from Annual Budget £'000s	<u>Main Reasons for Increase in Funding</u>
Western Trust	5,113	6,058	945	
Northern Trust	6,129	7,216	1,088	
Belfast Trust	11,178	12,153	975	The funds shown against specific Trusts have been notified via Service & Budget Agreements and additional adjustments have been made in year. The PHA are making good progress in issuing funds to the Trusts.
South Eastern Trust	2,889	3,563	674	
Southern Trust	4,595	5,412	817	
Funds identified to Trusts in Budget Paper but not yet allocated	4,751	787	(3,964)	
Total	34,655	35,190	535	

	Total Budget <u>£'000's</u>	Budget <u>£'000's</u>	Current Month Expenditure <u>£'000's</u>	Variance <u>£'000's</u>	Budget <u>£'000's</u>	Year to Date Expenditure <u>£'000's</u>	Variance <u>£'000's</u>
Salaries	17,650	1,441	1,386	55	8,733	8,446	287
Goods & Services	2,744	209	97	112	1,302	977	325
DHSSPS Retraction	(465)	(233)	0	(233)	(233)	0	(233)
Sub-Total Administration	19,929	1,417	1,483	(66)	9,802	9,423	379
BSO	659	67	49	18	330	342	(12)
Total Administration	20,588	1,484	1,532	(48)	10,132	9,765	367

Position Synopsis:

An overall management and administration surplus of £367k is reported at the end of September 2014 based on the budgetary profile.

The DHSSPS had retracted £465k from PHA's Management and Administration budget during September which is shown separately in the table above. Any remaining full year surplus will be used for other PHA priorities.

Prompt Payment Statistics

	September 2014 Value £'000	September 2014 Volume of Invoices	Cumulative position as at 30/09/14 £'000	Cumulative position as at 30/09/14 Volume of Invoices
Total bills paid (relating to Prompt Payment target)	2,544	700	13,996	4,496
Total bills paid on time (within 30 days or under other agreed terms)	2,434	591	12,758	3,958
Percentage of bills paid on time	95.7%	84.4%	91.2%	88.0%

The BSO has not yet been able to provide a comprehensive prompt payment report which is accurate for PHA. 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 works to produce a meaningful report.

While PHA staff continue to make progress utilising the new systems to clear invoices promptly, there was a slight decrease in performance with 67.1% (78.1% in August) of all undisputed invoices paid within 10 days of receipt in September. This has contributed to an overall 10 day performance of 73.3% year to date. In addition, the overall 30 day performance has slightly reduced for a second consecutive month with 84.4% (87.6% August) of all undisputed invoices paid within 30 days of receipt.


The cumulative position for 2014/15 by volume of invoices is 88.0% and by value 91.2%, which remains short of the 95% DHSSPS target.

PUBLIC HEALTH AGENCY

STATEMENT of FINANCIAL POSITION as at 30 SEPTEMBER 2014

	As at 30/9/2014 6MTHS	As at 31/3/2014 (full year) £
N.B. Comparative information full year effect.		
Non Current Assets		
Property, Plant and Equipment	389	460
Intangible Assets	10	60
Financial Assets	0	0
Trade and other Receivables	0	0
Other Current Assets	0	0
Total Non Current Assets	399	520
Current Assets		
Assets classified as held for sale	0	0
Inventories	0	0
Trade and other Receivables	546	698
Other Current Assets	48	388
Financial Assets	0	0
Cash and cash equivalents	201	217
Total Current Assets	795	1,303
Total Assets	1,194	1,823
Current Liabilities		
Trade and other Payables	(4,969)	(9,476)
Other Liabilities	0	0
Provisions	0	(10)
Total Current Liabilities	(4,969)	(9,486)
Non Current Assets plus/less Net Current Assets / Liabilities	(3,775)	(7,663)
Non Current liabilities		
Provisions	0	0
Other Payables > 1 year	0	0
Financial Liabilities	0	0
Total Non Current Liabilities	0	0
Assets less Liabilities	(3,775)	(7,663)
Taxpayers' equity		
Donated Asset Reserve	0	0
Revaluation Reserve	34	36
General Reserve	(3,809)	(7,699)
Taxpayers' equity Total	(3,775)	(7,663)

Date of Meeting	20 November 2014
Title of Paper	Performance Management Report – Corporate Business Plan and Commissioning Plan Directions Targets for Period Ending 30 September 2014
Agenda Item	9
Reference	PHA/02/11/14
Summary	
<p>This report provides an initial 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 30th September 2014. This is the second update for this year.</p> <p>There are a total of 85 targets.</p> <p>Of these 66 are coded as green for achievability, 16 as amber and 3 as red.</p> <p>The status of six targets has changed since the previous update. Targets 2.1, 3.20 and 5.6 moved from Green to Amber, target 3.23 moved from Green to Red, target 6.17 moved from Amber to Red and target 2.6 moved from Amber to Green.</p> <p>The “Red” targets are:</p> <ul style="list-style-type: none"> • 2.8 : 100% compliance with pre-school child health protection programme (CHPP). No change in status since first quarter. • 3.23 : Self referral physiotherapy in South East Trust. Moved from Green to Red due to funding issues. • 6.17 : Facilities management. Moved from Amber to Red to reflect lack of suitable alternative accommodation in Belfast. 	
Equality Screening / Equality Impact Assessment	N/A
Audit Trail	This report was approved by AMT on 11 November.

Recommendation / Resolution	For Noting
Director's Signature	
Title	Director of Operations
Date	12 November 2014



DRAFT

PERFORMANCE MANAGEMENT REPORT

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

September 2014

Overview

This report provides an initial 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 30th September 2014. This is the second 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 **66** are coded as green for achievability, **16** as amber and **3** as red.

The status of six targets has changed since the previous update. Targets 2.1, 3.20 and 5.6 moved from Green to Amber, target 3.23 moved from Green to Red, target 6.17 moved from Amber to Red and target 2.6 moved from Amber to Green.

The “Red” targets are:

- 2.8 : 100% compliance with pre-school child health protection programme (CHPP). No change in status since first quarter.
- 3.23 : Self referral physiotherapy in South East Trust. Moved from Green to Red due to funding issues.
- 6.17 : Facilities management. Moved from Amber to Red to reflect lack of suitable alternative accommodation in Belfast.

1. PROTECTING HEALTH

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		June	Sept	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			

<p>1.2) 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.</p> <p>(DHSSPS Commissioning Directions target)</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 CDI position is above trajectory for delivery at 30th Sept – 179 cases have been reported compared to an upper trajectory limit of 144 cases. Within this regional position all five Trusts are above their individual trajectory limits (each exceeding their individual limit by between 2 and 15 cases).</p> <p>The regional MRSA position is above trajectory for delivery at 30th Sept - 34 cases have been reported compared to an upper trajectory limit of 25 cases. Within this regional position one Trust (South-Eastern) is on or below their individual trajectory limits. The other four Trusts are above their individual trajectory limits – Belfast Trust 12 cases (limit = 8), Northern Trust 8 cases (limit = 6), Western Trust 6 cases (limit = 5) and Southern Trust 4 cases (limit = 3).</p>	<p>A</p>	<p>A</p>		<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 & AMRS Project Board on 10th Oct and to DHSSPS on 23rd Oct.</p> <p>DH (London) published updated policy guidance on modified admission MRSA screening in Aug 14. This has been shared with all Trusts. This was discussed with DHSSPS on 23rd Oct. A CMO letter to HSC service is planned to issue in Dec 14/Jan 15 – advising improvement focus and actions required following local MRSA study & refreshed ARHAI guidance. PHA is likely to chair/lead the implementation group progressing this improvement work. PHA (through Lead HP Consultant) circulated an alert/learning note on the <i>C. difficile</i> position to Trusts on 8th Sept (signalling that regional CDI position has moved above trajectory). Included recommendation for Lead HCAI Director, Lead IPC Dr & 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 20th Oct. Included recommendation for Trust to also review in detail MRSA position – also to reinforce key improvement messages and actions.</p>
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Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		June Mar	Sept	Dec		
<p>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.</p>	<p>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.</p>	G	G			

2. IMPROVING HEALTH AND WELLBEING & TACKLING HEALTH INEQUALITIES

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		June	Sept	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 has been arranged for Friday 24th October.</p>	G	A			Strategic framework document wasn't published until 29 th July, action is progressing in line with revised timescale
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			

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		June	Sept	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.	<p>DHSSPS has convened a meeting of the implementation steering group for 17 September '14, at which the action plan for the strategy will be discussed and agreed. After this, PHA and HSCB should be in a position to begin to consider the actions required and to agree the steps required for implementation and delivery of strategy.</p> <p>DHSSPS has been in the lead in development of an implementation action plan and the HSCB and PHA have been actively contributing to this. HSCB and PHA are seeking to agree the priority actions to be taken forward in the remainder of this year and the work plan for 15/16.</p>	G	G			
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. Despite initial agreement with these criteria a number of pharmacy representative organisations have challenged restrictions of retail merchandising in spite of contravening NICE guidance.	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. A meeting is planned for 22 October to consider future development plan with the Alliance.

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		June	Sept	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 progressing</p> <p>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.</p>	A	A			<p>Criminal Justice Setting on track for delivery.</p> <p>Difficulty in securing an additional setting outside of HSC due to poor evidence base in other settings and competing pressures due to need to implement commissioning framework. (2.19 target from business plan)</p> <p>Delivery of brief intervention programmes in acute hospitals dependant on funding being secured for expansion of existing service</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			

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		June	Sept	Dec	Mar	
Give Every Child the Best Start in Life						
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.	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. 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.	A	A			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. Discussions with Hewlett Packard are underway to understand the issues and agree a solution.
2.8) Ensure that the rate for each core contract within the pre-school child health promotion programme (CHPP) offered and recorded by Health Visitors is 100% and that universal services are offered to all preschool children and their families.	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.	R	R			Compliance with CHPP is on HSC Trust Risk Registers; Discussions with DHSSPS, HSCB&PHA colleagues to secure additional funding as outlined in Pressures funding applications in order to improve CHPP compliance; 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. Regional Guidance on the Submission of Information Data for the purpose of Child Health Promotion Programme Indicator of Performance (IoP A28) agreed with DHSSPS & RUAG

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		June	Sept	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 &, 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>	A	A			<p>Funding for backfill relating to additional student Health Visitor placements for 2014/15 course being negotiated; Recruitment of Health Visitors and School Nurses and vacancy levels will continue to be monitored; Information software is being developed that will support caseload management, performance monitoring and commissioning against Healthy Futures.</p> <p>Funding made available for 61 Student Health Visitors onto the 2014/2015 course.</p> <p>Information requested 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>
2.10) Support implementation of the Early Intervention Transformation programme and parenting programs under Delivering Social Change (DSC).	EIS proposals have been sought and secured from five Health and Social Care Trust localities and related stakeholder workshops have been organised.	G	G			

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		June	Sept	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 due November 2014.	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. Action plan updated. Next meeting scheduled for 3 November 2014.	G	G			
Ensure a Decent Standard of Living						
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.	G	G			
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 three of the six local areas and PHA seeks to link the quality of life objective with improving health and wellbeing alongside improvements to physical infrastructure, in particular housing.	G	G			

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		June	Sept	Dec	Mar	
Build Sustainable Communities						
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 have continued to meet with several colleagues from HSCB, BSO, Trusts and DHSSPS to discuss a coordinated approach to social clauses/social considerations.	A	A			A guidance paper will soon be issued, after approval from DHSSPS. New guidance now specifically precludes us from developing skills and capacity with regard to procurement, however there are new opportunities to work with Councils in this regard and this could 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 advancing at regional level and each locality has engaged with [local] councils in relation to Age Friendly initiative. Age Friendly has been highlighted in the public health strategic framework 'Making Life Better'.	G	G			

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		June	Sept	Dec	Mar	
<p>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.</p>	<p>The Regional Health and Social Wellbeing Improvement Forum (RHSWIF) and Regional Health Facilitator Forum (RHFF) have developed two-year work plans to deliver and implement the recommendations and actions contained in the regional learning disability Health Care and Improvement Steering Groups Action Plan.</p> <p>The Regional Learning Disability Healthcare and Improvement Steering Group has been established and led by the PHA to improve the health care and social wellbeing provided to people with learning difficulties across all areas of health and social care and to reduce inequalities for this client group. The Steering Group monitors implementation of the recommendations from the evaluation of the Directed Enhanced Service (DES) and provides strategic leadership to the work of three Forums which have been established.</p> <p>The three Forums are as follows:-</p> <ol style="list-style-type: none"> 1. Regional Health Facilitators; 2. Regional Health & Social Wellbeing Improvement; and; 3. Regional Contact with General Hospitals. <p>Number one and two Forums have membership established and a two year work plan developed. Forum three is developing a work plan for the beginning of November 2014.</p>	G	G			

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		June	Sept	Dec	Mar	
2.18) Implement the DARD Farm Family Check scheme to meet the needs of farmers and their families in rural areas.	Since 1 July – 30 September 2014, 773 clients have presented for a health check. Of those clients, 422 (54%) were advised to see their GP, 44 clients were referred to the MARA project and 99 clients expressed an interest in attending a farm safety course.	G	G			
Make Healthier Choices Easier						
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"> 1. Business cases and service specifications currently being developed for AMT approval. New contracts to be in place by 1st April 2015 2. Review of Tier 4 in-patient services completed, including public consultation (Jan 2014). HSC Board endorsed revised proposals based upon a 3 site/30 bed arrangement – aim to initiate new regional Network process early 2015. 3. A review of Tier 3 (community based) specialist services is being initiated – progress to be updated later in 2014. 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 	G	G			

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		June	Sept	Dec	Mar	
2.20) Develop and implement the Hidden Harm Action Plan.	Regional and local delivery on track.	G	G			
2.21) Implement the DHSSPS Tobacco Strategy including Brief Intervention Training, smoking cessation services, enforcement control and public information.	Implementation of Tobacco Strategy progressing with oversight of TSISG. The business case for next Public Information Campaign has been developed (integrating findings from the previous campaign) and now requires AMT approval before implementation. All work is on target, however, the monitoring return timeframe for tobacco differs and Quarter 2 data will be signed off by TSISG on 26 Jan 2015.	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.	Implementation being taken forward through the Regional Obesity Prevention Implementation Group (RPOIG). 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. Year one programme of 'Active Travel' has been delivered, and schools recruited for year two (led by Sustrans). Further in year advertising of the 'Choose to Live Better' campaign is planned.	G	G			

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		June	Sept	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 due to procurement process.	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
		June	Sept	Dec	Mar	
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>A draft annual quality report has been developed and will be ready to go to the Q2020 steering group and other relevant committees by September 2014</p> <p>The first HSCB and PHA Annual Quality report was submitted to the Dept. on 29th September. In line with recommendations from the Dept. it will be formally launched on world Quality day 13th November and placed on the website. It has been circulated to HSCB and PHA chief executives and directors for dissemination to staff.</p>	G	G			

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		June	Sept	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"> •develop normative staffing ranges for district/community nursing with minimum data sets and monitoring arrangements developed •apply the Normative Nurse Staffing Tool to all inpatient and specialist adult hospital medical and surgical care settings •develop and introduce Normative staffing ranges for Health Visiting within a range which secures the delivery of the service model detailed within the Departmental Strategy Healthy Futures. (DHSSPS Commissioning Directions target) 	<p><i>Phase 1 – Medical and Surgical wards</i> Still awaiting date of launch by CNO.HSCB finance staff continue to work with Trusts on their data returns in order to finalise funding requirements.</p> <p><i>Phase 2 – ED</i> A regional audit is planned for Oct 14 using the BEST tool. Training is being planned for Trust staff who will be involved in data collection.</p> <p><i>Phase 3 – District Nursing</i> Keith Hurst was invited to a second workshop in July. An option paper was presented to Steering Group in Aug and agreement was reached on a hybrid model using ECAT combined with K. Hurst tool. There will be cost implications associated with this model including IT resource which may impact on delivery to timescale.</p> <p><i>Phase 4 – HV</i> Discussions are continuing between PHA, HSCB and YARA Software company regarding preparation of a Business Case to develop the ECAT for use by HV. Funding implications may impact delivery of this strand to the timescale required.</p>	A	A			<p>Tabled for discussion at the Steering Group in August and a paper has been prepared for SMT to discuss the way forward.</p> <p>Discussions are underway with IT staff in HSCB regarding requirements for SMT paper.</p> <p><i>Health Visiting</i> Phase 4 Workshop with Heads of Service planned to take place in October 2014.</p> <p>Business plan being developed to extend eCATs to health visiting service and if approved will support this work.</p>

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		June	Sept	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 document was launched on 08/10/15. Consultation will run until January. A number of work streams, including mobile working for community nursing and midwifery staff and electronic noting are in progress.	G	G			
3.4) Deliver 500,000 Telehealth Monitored Patient Days (equivalent to approximately 2,800 patients) from the provision of remote telemonitoring services through the Telemonitoring NI contract. (DHSSPS Commissioning Directions target)	At the end of September 2014 a total of 250,538 Monitored Patient Days have been delivered to 1,857 patients. It is anticipated that the target will be achieved this year.	G	G			
3.5) Deliver 800,000 Telecare Monitored Patient Days (equivalent to approximately 2,300 patients) from the provision of remote telecare services including those provided through the Telemonitoring NI contract. (DHSSPS Commissioning Directions target)	At the end of September 2014 a total of 474,261 Monitored Patient Days have been delivered to 3,080 patients. We are on target to exceed MPD target by year end and have already exceeded indicative patient numbers.	G	G			

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		June	Sept	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			
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			

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		June	Sept	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			
3.9) Assist the Department to deliver a regional survey of inpatient and A&E patient experience during 2014/15, in order to baseline the position regarding patient experience and put in place a programme of work to secure improvements (DHSSPS Commissioning Directions target)	<p>The PHA has met with the DHSSPS and provided comments and assistance in relation to the development of the regional survey of inpatient and A&E patient experience. Throughout 2014/15 The PHA will continue to provide any assistance to the DHSSPS in relation to the analysis of the survey results.</p> <p>PHA contacted the Dept. in September to offer assistance and support and was advised that the survey is currently being analysed and cleansed. The Dept. will arrange a meeting to discuss the findings in November 2014.</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			

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		June	Sept	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 & 2.</p> <p>Business case due to be resubmitted in November to SMT/AMT for recurrent funding. Paper for in year funding (April 2014 – march 2015) to SMT in October.</p> <p>At this time we believe the target will be achieved.</p>	G	G			
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. Update due from Trusts October 2014</p> <p>At this time we believe the target will be achieved</p>	G	G			

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		June	Sept	Dec	Mar	
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.</p> <p>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			

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		June	Sept	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"> Promoting Good Nutrition Regional Steering Group meet regularly Work plan is well underway and will have a focus on protected mealtimes and food first Promoting Good Nutrition will continue to link with the specialist services team members to progress the regional model for parenteral nutrition. Trusts continue to implement the 10 key characteristics across services A scoping exercise of progress of implementation of the 10 key characteristics across all Trusts and representative organisations has been completed. 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. <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			

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		June	Sept	Dec	Mar	
3.14) Continue to work with NIPEC and Trusts to agree and monitor key KPIs for nursing	<p>The Public Health Agency and DHSSPS Chief Nursing Officer (CNO), through the Regional Nursing KPI Steering Group, has agreed those indicators on which Trusts will be required to report on in the coming year 2014/15; the purpose being to measure and monitor nurses contribution to the patient experience of care.</p> <p>These indicators have been developed using best evidence-based practice and research and agreed audit tools have been designed to measure compliance with processes indicating the level of outcomes achieved. It has been agreed that Trusts will report on compliance with the agreed regional KPIs to the PHA quarterly who will provide CNO with bi-annual reports.</p> <p>In addition a number of Key Performance Indicators for nursing and midwifery have been identified to assist us to measure, monitor and evidence the impact and contribution nursing</p>	G	G			

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		June	Sept	Dec	Mar	
3.15) Ensure adherence to statutory midwifery supervision	<p>Final report awaited from NMC for the Mott MacDonald review of the PHA in March 2014. Draft report - all standards passed, but with some areas for improvement. Facilitation of CPD for SoMs continues along with multidisciplinary work with NIPEC around a toolkit and DVD/app - Midwives and Medicines. LSAMO following up with RQIA on legislative requirements for independent midwives. Quarterly returns to NMC/Mott MacDonald, annual report to NMC being prepared (new format), communication with FtP and registration as needed.</p> <p>Final report received from NMC for the Mott MacDonald review of the PHA in March 2014. All standards passed, but with some areas for improvement. Facilitation of CPD for Supervisors of Midwives continues and the multidisciplinary work with NIPEC around a toolkit and DVD/app - Midwives and Medicines concluded in mid-October.</p> <p>LSAMO continues to follow up with RQIA on legislative requirements for independent midwives. Quarterly returns to NMC/Mott MacDonald, new format annual report to NMC submitted and to the PHA Board in August. LSA communication with NMC FtP and registration as needed.</p>	G	G			

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		June	Sept	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 are in the final draft stages and are waiting to be signed off by the project board.</p> <p>A summary report on the emerging themes from phase 1 is in the final draft stages and is waiting to be signed off by the project board.</p> <p>Once signed off by the Project Board this summary report will be presented to AMT and SMT for approval before onward progression to DHSSPSNI.</p> <p>A midway workshop/conference event is being planned to take place in the Long Gallery, Stormont on the 15th January 2015, for all key stakeholders in order to continue with the process of engagement and consultation.</p> <p>This will allow the findings of phase 1 to be shared with all stakeholders and discussion can take place on how to proceed.</p>	G	G			

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		June	Sept	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. Report from this pilot is due November 2014.</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>	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			<p>Primary care being continued using non recurrent funding (1day/week) General situation improved slightly by presence of intern (4 months) and PH registrar 2 day/week. A plan for enhancing resource in 2015 is underway with Director.</p>

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		June	Sept	Dec	Mar	
3.19) With HSCB, support the implementation of the Northern Ireland Maternity Strategy, including promoting safe and effective care.	<p>The Maternity Strategy Implementation Group (MSIG) has been established, co-chaired by Dr Carolyn Harper and Mrs Pat Cullen. The inaugural meeting was on 16 May 2014 (second meeting on 1 Oct 2014) and agreed a detailed action plan to implement the Maternity Strategy. Actions encompass the following activities.</p> <p>Trusts have submitted IPTs for investment to improve their compliance with the NICE Guidelines on Diabetes in Pregnancy. It is hoped that funding will be secured for these in the next financial year.</p> <p>Following a successful regional workshop in June 2014, a Commissioner Specification was issued to Trusts to promote compliance with NICE CG 129 on Multiple Pregnancy.</p> <p>Development work on NIMATS is continuing. Discussion with neonatal and anaesthetic colleagues around what changes are required to ensure better information in these fields has taken place. Regular newsletters for system users are now produced to keep users updated on changes to the system. Once all the drop-down menus have been updated work will continue on the other fields. Changes have been agreed to the fields for smoking, alcohol and drugs to ensure better information is asked of women regarding these.</p> <p>The Community Maternity Care Group survey for women and professionals closed on 30 September. All of the final survey responses will be analysed</p>	G	G			

	<p>and presented to the Steering Group. The Group has agreed to undertake the development of an antenatal pathway for straightforward pregnancy. The Group is developing a self-referral letter for women and a referral letter for use in electronic referrals for GPs. The Group is also reviewing data on the community midwifery workforce.</p> <p>The Scoping Report of Maternity Needs of Minority Ethnic and Migrant Women in Northern Ireland has now been sent to the CMO, Trusts and others.</p> <p>The Review of Antenatal Education has assessed current antenatal education and offered recommendations on how it could be improved. The final report was issued in July 2014.</p> <p>Monthly distribution of the Maternity Dashboard information continues and work is on-going to resolve any definitional issues that remain. Trusts have been asked to confirm their final position on sharing of data by early October 2014.</p> <p>The Maternity QI Collaborative met in August 2014. The Regional Obstetric Early Warning Score chart and escalation protocol has now been trialled for 10 months and an audit carried out in relation to these demonstrated very positive results. Antenatal CTG and Vaginal Examination Assessment stickers have been finalised and improvement work on maternal sepsis management carried out in Northern Trust has been shared with the region.</p> <p>A regional review of Imaging has commenced, which includes a focus on obstetric imaging. The</p>					
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	<p>sub-group for this area includes Jackie McGeagh, from PHA.</p> <p>The 10,000 Voices initiative has received a large number of responses in relation to maternity services, 97% of which have been very positive.</p> <p>It has been agreed that Northern Ireland will participate in the National Maternity Survey which will capture data on all births between October and December 2014 and be carried out in early 2015. An initial review of existing maternity service user engagement activities has been undertaken and options for continued engagement are to be considered by MSIG.</p> <p>Discussions have commenced with Health Improvement and Communications colleagues on developing public health messages to promote better pre-conceptual care.</p>					
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Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		June	Sept	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			This work is on hold until funding confirmed by DHSS&PS.
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>Service Framework for Cardiovascular Health and Wellbeing – 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.</p> <p>Revised Service Framework for Respiratory Health and Wellbeing – The Respiratory Service Framework is currently out for consultation.</p> <p>Service Framework for Cancer Prevention, Treatment and Care – 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			
3.22) Work with HSCB to take forward relevant recommendations from the Hyponatraemia Inquiry Report and Francis Inquiry.	The report of the Hyponatraemia Inquiry has not yet been published. Themes/recommendations from the Francis Inquiry are being prepared through PHA work to support improvements in the safety and quality of HSC services.	G	G			

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		June	Sept	Dec	Mar	
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.)	<ul style="list-style-type: none"> Project has been presented at SE LCG & received LCG support on 15th May IPT has been submitted to commissioning Board for approval. SET in state of readiness Awaiting allocation of TYC funding to enable Trust to recruit staff 	G	R			HSCB / PHA remain committed to test self-referral physiotherapy as per commissioning plan, however given the wider financial challenges faced by health and social care. HSCB has not agreed the funding required to bring the initiative forward until the AHP Demand and Capacity exercise is initiated.
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>Independent prescribing legislation for Allied Health Professions has not yet been signed off in Northern Ireland.</p> <p>The first cohort of students, previously trained in supplementary prescribing, has been recruited to the independent prescribing module at the University of Ulster which commenced in Sept 14.</p> <p>Operationally, HSC Trusts are ready to implement independent prescribing the required governance is in place.</p>	A	A			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.

4. IMPROVING THE EARLY DETECTION OF ILLNESS

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		June	Sept	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			
4.2) Introduce the extension of the Bowel Cancer Screening Programme to invite people up to the age of 74 years with a screening uptake of at least 55% in those invited. (DHSSPS Commissioning Directions target)	<p>Age extension was introduced from 1st April 2014.</p> <p>13.6% of the eligible population were invited to participate in screening during quarter 1 (April – June 2014).</p> <p>Uptake is measured at 12 weeks and 6 months after the issue of an invite. The 12 week uptake for quarter 4 of 2013/14 (Jan-Mar) by trust is as follows: Belfast: 53.58% Northern: 61.36% South Eastern: 63.44% Southern: 50.36% Western: 56.81% Northern Ireland: 58.26%</p>	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			

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		June	Sept	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			
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"> 1. Support changes to the immunisation schedule for influenza and HPV 2. Build an electronic interface with C2k in Department of Education and eliminate the need for manual data entry of school attended in P1 and Year 8. All pupils will be notified of this change via an information leaflet to be distributed via schools and a data sharing agreement between CHS systems and Education information system is being finalised 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 4. Test electronic interface between CHS and laboratory for bloodspot screening 5. Put CHS in the Data warehouse starting with Modules 1 and 3. 	G	G			

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		June	Sept	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>	G	G			

5. USING EVIDENCE, FOSTERING INNOVATION AND REFORM

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		June	Sept	Dec	Mar	
5.1) Publish the new HSC R&D Strategy and its implementation plan including metrics to assess success of implementation.		A	A			Strategy now issued for consultation on 29.09.14 with a close of 02.01.15. The implementation plan will be delayed as a consequence of this
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.	PHA has submitted a response to the consultation on a Proposal to Introduce Primary Legislation for the Use of Health and Social Care Service User Identifiable Information for Secondary Purposes in Controlled Circumstances	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.	On-going support and initiatives to improve applications and success rates	G	G			

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		June	Sept	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.	Commissioning a call for Social Work/Care is dependent on the development of a Social Work/Care Research Strategy which is currently being developed by HSCB. The PID for this Strategy has been approved and the call is on track.	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			
5.6) Work with stakeholders to explore themes for a potential call in Suicide research.	Active engagement with stakeholders in NI and national funding partners on-going	G	A			On-going engagement with all parties
5.7) Ensure the delivery of a commissioned research to evaluate Telemonitoring NI.	Project is progressing on schedule within the revised timeframe	G	G			

6. DEVELOPING OUR STAFF AND ENSURING EFFECTIVE PROCESSES

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		June	Sept	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 workshop for all PHA staff has been organised for December 2014, and plans are progressing in respect of external engagement.	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 being organised for December 2014)	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 th 2014 approximately 95% of PHA had received their annual appraisal for 2013/2014.	G	G			

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		June	Sept	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			
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%	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 from November 2014.	G	G			

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		June	Sept	Dec	Mar	
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>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"> • PPI Training – Design & development of a HSC wide generic PPI training programme has been commissioned and is currently being piloted. • Forum Action Plan. This is focused on the work of the 4 sub-groups, training, standards, monitoring & communications. Work is progressing well across these areas and is detailed in other parts of this return. In relation to communications, recent developments have included the development of a draft generic brand and strapline for PPI to increase awareness and recognition. • 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&D colleagues in the PHA. The cross sectoral research team was appointed in June and work is well underway, with an anticipated completion date of December/January. The information from the research will be utilised to produce the required report. 	G	G			

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		June	Sept	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. The Standards have been sent to the DHSSPS for their consideration. 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> Following on from a pilot monitoring exercise, the template and monitoring arrangements have been updated. AMT have been informed about progress in this area and authorisation is being sought to deploy from the Autumn of 2014</p> <p><u>External</u> Again following on from a pilot monitoring exercise, the final template and monitoring arrangements have been developed. These have been endorsed by PHA AMT and sent to the DHSSPS for consideration. Departmental endorsement and approval to issue to the HSC Trusts has been sought. Subject to approval, it is anticipated that the monitoring & performance programme will commence in Autumn 2014.</p>	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			

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		June	Sept	Dec	Mar	
6.10) Carry out an independent evaluation of the Board governance arrangements in line with DHSSPS requirements.	The PHA is awaiting guidance from the DHSSPS on the proposed independent evaluation of the Board governance arrangements. The PHA will comply with the guidance, working with the independent evaluators.	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 is currently updating the corporate business continuity plan in line with the new standards, and to ensure that it remains up to date. The BCP will be tested once the initial review is complete, with further refinement as necessary.	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			

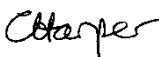
Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		June	Sept	Dec	Mar	
6.13) Establish a process by June 2014 to provide assurance to the PHA board that the PHA has adopted and maintained good procurement practice in line with DHSSPS requirements, and report to the board accordingly in September 2014 and March 2015.	Bespoke business case training was made available for all relevant staff at the end of 2013/14. New staff are encouraged to avail of the relevant training course at the HSC Leadership Centre. Individual guidance and support is provided by Finance and Operations	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 th 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			
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			
6.16) Continue to implement the PHA Procurement Plan.	PHA continues to work with PALS and Legal Services to progress the procurement plan in line with the relevant regulations. The first tender for RSE was advertised in August. Work is progressing with documentation including for drugs and alcohol (to be advertised October) and phase one mental health services. The procurement plan will continue to be updated to reflect priorities and requirements.	A	A			PHA continues to liaise closely with both PALS and DLS, to progress queries, and ensure that the PHA is applying appropriate processes.

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		June	Sept	Dec	Mar	
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>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			<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>
6.18) Develop and agree a new Internal communications strategy to ensure PHA business is supported by efficient and effective internal communication systems.	<p>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. Meetings with the other two Directorates to be organised and a further round of filtering and refining is required.</p>	G	G			

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		June	Sept	Dec	Mar	
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			
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			

Target from Corporate Business Plan	Progress	Achievability				Mitigating actions where performance is Amber / Red
		June	Sept	Dec	Mar	
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			
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 (current Year is 88.7%), PHA is able to pay 74% 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			Efforts continue to ensure payment of undisputed invoices within 30 days but achievement of the 95% target in 2014-15 will be a challenge

PUBLIC HEALTH AGENCY BOARD PAPER

Date of Meeting	20 November 2014
Title of Paper	Northern Ireland Bowel Cancer Screening Programme: Inaugural Report April 2010-March 2013
Agenda Item	10
Reference	PHA/03/11/14
Summary	
<p>This report describes the experience of the NI Bowel Cancer Screening Programme in its first three years of operation. It includes descriptions of the programme functions, developments introduced, measures of the quality of the service against key standards and the outcomes achieved.</p> <p>This report will form the basis of future annual reports for the programme. It has been already been approved by the Screening Programme Board.</p>	
Equality Screening / Equality Impact Assessment	N/A
Audit Trail	This report was considered by AMT on 28 October 2014.
Recommendation / Resolution	For noting
Director's Signature	
Title	Director of Public Health
Date	28 October 2014

Northern Ireland Bowel Cancer Screening Programme

Inaugural Report

April 2010 – March 2013

Draft 0.6 – October 2014

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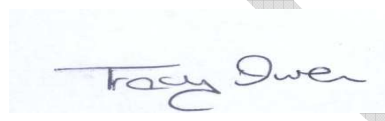
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Foreword

This report describes the experience of the Northern Ireland Bowel Cancer Screening Programme in its first three years of operation to end March 2013. It includes descriptions of how the programme functions, developments which have been introduced, measures of the quality of the service against key standards and reports on the outcomes achieved.

The success of the screening programme to date reflects the hard work and commitment of the many staff who have been involved in its development and operation. From those who answer the calls to the telephone helpline, to the lab technicians who process and report the test kits, to the expertise of the colonoscopy teams. All have embraced the programme with enthusiasm and have strived to provide a high quality service to all participants. Their efforts are also recognised in the positive feedback received from participants, many of whom have taken the time to write letters or send emails to express their thanks for an efficient and positive experience of the health service.

However, there are still challenges to meet as we move forward including how we improve participation rates in the programme through promotion of informed choice among the eligible population. Screening programmes never stand still and we will continue to monitor the quality of the service provided, ensuring that it is benchmarked against similar programmes elsewhere in the UK and adapting to and embracing change and service improvement where required.



Dr Tracy Owen
Consultant in Public Health Medicine,
Lead for NI Bowel Cancer Screening Programme

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1 Introduction

The Northern Ireland Bowel Cancer Screening Programme (BCSP) was launched in April 2010 with the aim of reducing the mortality and morbidity from colorectal cancer through early detection and treatment.

Colorectal (bowel) cancer is the second most common cause of cancer death in Northern Ireland. Each year almost 1,200 people are diagnosed with the disease and approximately 425 die from it. However, it is well recognised that when bowel cancer is detected at a very early stage there is a 90% chance of successful treatment.

The screening programme is aimed at people who do not have any symptoms and uses a home collection kit which is then analysed to detect traces of blood in the stools. This is called a guaiac faecal occult blood test (FOBT). The test is simple to do and the sample can be collected within the privacy of the participant's own home.

The presence of hidden blood in the stools is an indicator that further investigations are required as the participant may be at risk of bowel cancer. Those participants who have a positive screening result are offered a colonoscopy procedure to visualise the bowel.

This inaugural report describes the elements of the screening pathway and the monitoring and key performance data to end March 2013.

1.1 The target population and roll out

The screening programme started to issue invitations to the target population from April 2010. The initial eligible population were men and women aged 60-69 years who were registered with a General Practitioner (GP) within Northern Ireland. To participate in screening a participant must be invited by the programme. There is no facility at this time for individuals to self-refer.

A phased roll out was undertaken across Northern Ireland by Health and Social Care Trust area. This roll out was dependent on when each Trust was in a position to provide screening colonoscopy services. The timeline in which screening commenced in each Trust area is shown in Figure 1.

Figure 1: Timeline of phased roll out and significant developments in the NI BCSP

2010	April	screening commenced Northern and Western Trusts
	May	
	June	screening commenced South Eastern Trust
2011	July	
	August	
	September	
	October	
	November	
	December	
	January	
	February	
	March	
	April	high risk surveillance programme commenced
	May	
	June	
2012	July	
	August	
	September	
	October	
	November	screening commenced Belfast Trust
	December	
	January	screening commenced Southern Trust
	February	
	March	
	April	age extension introduced to include 60-71 year olds
May		
June		

Invitations for the first round of screening were based on an individual's birthday and the Health and Social Care Trust of their registered GP. Once screening commences in a Trust area, it takes up to two years to invite all of the eligible population in that Trust to participate. The Northern, Western and South Eastern Trusts completed their first round

of screening by March 2012. The Belfast and Southern Trusts completed their first rounds by end December 2013. At April 2012, the eligible age range to participate in the screening programme was extended to include men and women aged up to 71 years.

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2 Call recall

2.1 Call recall process

The call recall function of the BCSP is delivered by the Business Services Organisation (BSO) through a team based in Franklin Street, Belfast. The BCSP team are co-located with the Family Practitioner Services (FPS) staff and those who support the call recall function of the Northern Ireland Cervical Screening Programme.

The National Health Authority Information System (NHAIS) records the contact details of all persons registered with a GP in Northern Ireland and is the demographic source used to populate the Bowel Screening Information Management System (BSIMS). Weekly call schedules are set up to identify those eligible for screening and control the volume of participants invited at one time. Invitations and test kits are issued via a contract with a mailing and distribution company.

Once an individual is identified on a weekly call schedule, they commence upon the first of the screening pathways. The detail of the screening pathways can be found on the programme website (www.cancerscreening.hscni.net). The flowchart at Appendix 1 shows a simplified version of the entire screening pathway.

Invitation packs include a personalised invitation letter, a barcoded FOBt kit, six applicator sticks, a foil postage-paid return envelope, and two supporting information leaflets: '*Bowel cancer screening: the facts*' and '*Bowel cancer screening: how to take the test*'. The invitation letter and leaflets give a full written explanation of the screening process. The kit is completed at home and returned in the envelope provided for processing and reporting.

A free telephone helpline is also available to the public to provide them with further advice on completing their test kit if required. The helpline is operated by call recall administrative staff.

Reminder letters are issued to those who do not return a completed test kit within six weeks of the invitation. After a further six weeks the individual is considered a non-

responder and is returned to routine recall to be invited to participate again in two years' time. A letter is issued to the individual and their GP informing them of the process. Should a non-responder submit a completed test kit after twelve weeks their screening episode is reopened and they continue along the screening pathway.

The quality of the demographic data held on NHAIS was found to be poorer than anticipated, with address, name and date of birth discrepancies being discovered when mail was returned undelivered or individuals contacted the helpline. This has resulted in a significant amount of additional administrative work to investigate and correct any discrepancies. The co-location of the BCSP team with the FPS staff has been beneficial in helping to facilitate this process.

2.2 Invitations issued

The BCSP issued over 250,000 invitation packs to end March 2013. As some people are now in their second round of screening, this represents 203,427 individuals. Nearly 100,000 non-responder letters were issued to GPs during that time.

Figure 2: Number of letters issued, April 2010 – March 2013

	Letters issued [^]
Invitation Pack	250,557
Invite Reminder without kit	146,580
Final Non Responder GP Notification	99,397

[^] Letters issued include first and second round participants

2.3 Freephone Helpline

The freephone helpline is staffed from 9am to 5pm Monday to Friday, excluding public holidays. The helpline provides advice and reassurance for anxious participants and is a point of contact for general enquiries about the programme. Participants are able to

speak to a member of the call/recall team if they have any questions relating to the screening process, or to ascertain their eligibility for screening. The helpline is also used as the first point of contact for individuals who receive a positive screening test result.

The table below shows the volume of calls received in the last two quarters of 2012/13 and the percentage which were successfully answered. Call handling data is not available prior to October 2012.

Figure 3: Helpline data, October 2012 – March 2013

	Number of screening invitations issued	Number of helpline calls received	% of calls answered
Oct-12	11,275	1,614	92
Nov-12	9,059	1,350	94
Dec-12	9,608	1,048	92
Jan-13	10,555	1,870	90
Feb-13	9,965	1,673	87
Mar-13	10,962	1,531	87

An out of hours message advises callers of the opening times of the helpline. When the helpline was established, calls were directed to another available line, but the data above suggested that a proportion of calls were going unanswered when all the lines were busy. A call messaging service to advise callers that they are in a queue and can hold for an operator will be introduced in 2013/14 to improve this service.

3 Uptake

The method for calculating uptake is adapted from the other UK bowel cancer screening programmes to make the data more readily comparable. The formula used to calculate uptake is set out below.

$$\frac{\text{No. of people in the denominator with a complete screening test result } (\alpha) \text{ available}}{\text{No. of people invited } (\beta) \text{ in a specified period}} \times 100$$

α = FOBt negative, FOBt positive, FIT negative and FIT positive.

β = The number of people invited minus those who have emigrated or have no colon and those whose last kit is still within the compliance period or undelivered.

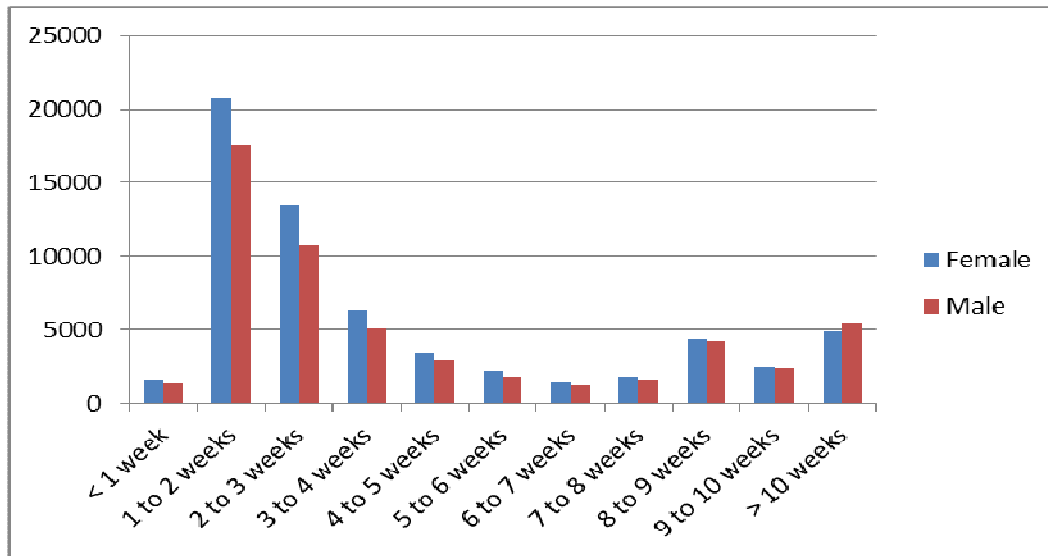
Analysis of uptake is run using a six month compliance period – i.e. the responder status six months after the initial invitation pack is issued.

3.1 Timing of return of kits

The majority of responders returned their test kit within the first few weeks of receiving it: 57% within three weeks and 72% within six weeks. The number of individuals returning kits each week decreased steadily until week seven to eight which coincides with the reminder letter issued at week six. This can be seen in Figure 4, which demonstrates that the reminder letter prompts the return of additional kits..

The vast majority of those who responded returned their test kit within six months from the date of receipt. There was approximately a 3% difference between uptake calculated using a twelve week compliance period and that using a six month compliance period. Kits returned after six months of issue, although processed and reported, were excluded from the uptake calculation.

Figure 4: Number of FOBt kits received by week from invite sent, April 2010 - March 2013



3.2 Uptake rate

DHSSPS Commissioning Directions target 2012/13: achieve uptake rate of 55%

Figure 5 shows uptake of the programme (six month compliance period) by financial year to end March 2013. This suggests there is a slow but upward trend in uptake rates as the programme has become more established in its three years of operation, with an improvement from 45.9% in year 1 to 49.8% in year 3.

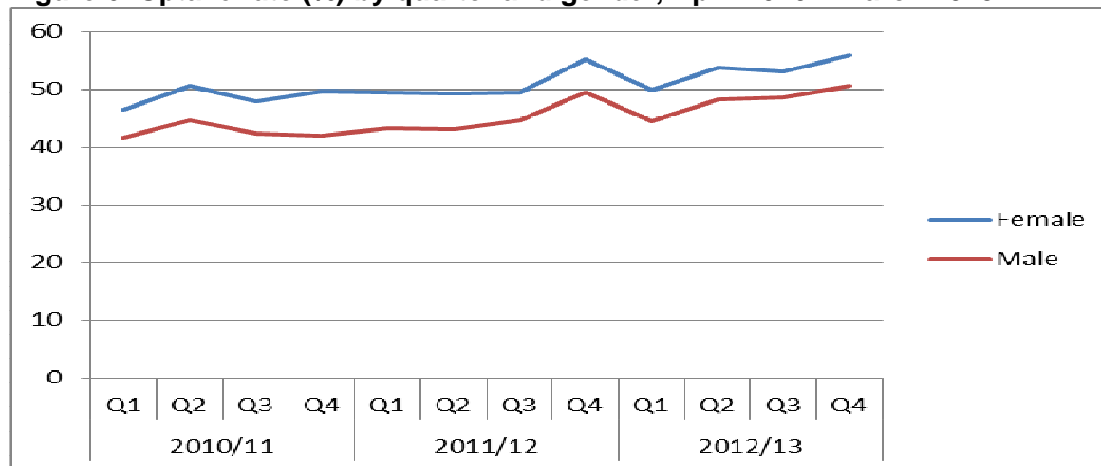
Figure 5: Northern Ireland uptake rate (%) for BCSP, by year

	Uptake rate (%)
April 2010 – end March 2011	45.87
April 2011 – end March 2012	48.30
April 2012 – end March 2013	49.79

3.3 Uptake by gender

Bowel cancer screening is the only cancer screening programme offered to both men and women. The pattern of uptake varies between genders (Figure 6).

Figure 6: Uptake rate (%) by quarter and gender, April 2010 – March 2013



There is a mean difference of 5.7% in uptake rates between genders, with uptake among women being higher. The noticeable peak in uptake rates in quarter 4 of 2011/12 coincides with the launch of a public information campaign to raise awareness of the programme.

3.4 Uptake by HSC Trust

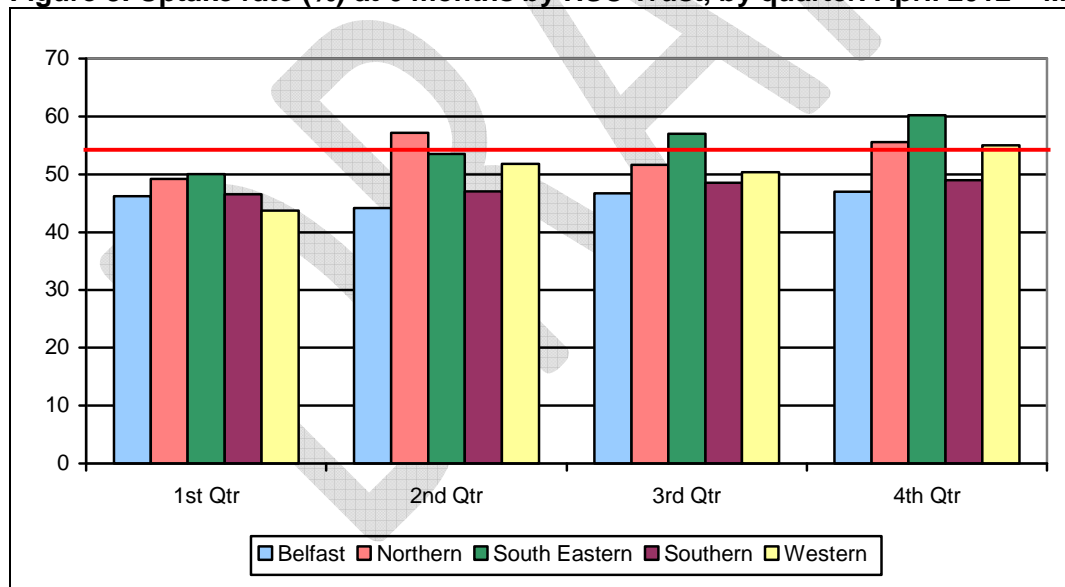
There have been differences in uptake rates between Health and Social Care Trusts. While the constant fluctuation in rates on a monthly basis makes it difficult to identify any sustainable trends, towards the end of 2012/13 uptake was lower in the Belfast and Southern HSC Trust areas. It should be noted that these were the last two Trusts to commence screening and at March 2013 were still in the first round of screening (prevalence round) for their populations.

Figure 7: Uptake rate (%) at 6 months by HSC Trust, by year.

	Belfast	Northern	South Eastern	Southern	Western
April 2010 – end March 2011	-	46.59	48.39	-	42.56
April 2011 – end March 2012	45.90	48.91	50.99	36.60	45.15
April 2012 – end March 2013	46.00	53.40	55.17	47.76	50.22

The Department of Health, Social Services and Public Safety applied a Commissioning Directions target of 55% uptake for the bowel cancer screening programme in 2012/13. At end quarter four of 2012/13, this target had been achieved across three of the five Trusts (Figure 8).

Figure 8: Uptake rate (%) at 6 months by HSC Trust, by quarter. April 2012 – March 2013



There is no published uptake data for the bowel cancer screening programme in England, and Scotland is not directly comparable as it offers screening from age 50.

However, published data for the first round of screening in Wales (Oct 2008 – Nov 2010) showed an overall uptake of 55.2% (female 58.8%, male 51.5%). It should be noted that Wales did not have a phased introduction and undertook a significant public information campaign to raise awareness of the programme before Bowel Screening Wales was launched.

3.5 Improving informed decision making

A number of initiatives were taken forward prior to March 2013 to raise awareness of the bowel cancer screening programme and to promote informed decision making:

- A public information campaign was launched by the Minister in February 2012 to promote the programme. It included television and radio advertising, as well as posters in washrooms and on buses. The campaign ran February/March 2012 and was repeated in 2012/13.
- BCSP was the chosen theme of the PHA stand at the Balmoral Show in May 2012 and PHA staff provided input to stands at other health related events.
- Opportunities were taken to promote the programme at key times, such as bowel cancer awareness month, through PHA media activity.
- Trust staff involved in the delivery of the programme undertook local initiatives to raise awareness, including displaying posters on Trust premises and organising promotional events at local shopping centres in the Western area.

Further work is on-going with the Women's Resource and Development Agency (WRDA) and Cancer Focus NI to promote the programme to population groups who are less likely to participate.

4 Screening Laboratory

4.1 Laboratory process

The screening laboratory is based on the Causeway Hospital site, Coleraine. The laboratory receives, processes and reports all the BCSP test kits for Northern Ireland.

Completed test kits are received by the screening laboratory and logged onto the Bowel Screening Information Management System (BSIMS) for testing. This is supported by the use of a personalised bar coding system to ensure the received test kit matches the details of the individual it was issued to.

The processing and reporting of the FOBt kits is a qualitative manual process which involves laboratory technicians looking for a colour change on the test card when a test solution is applied.

Testing determines one of four possible outcome reports:

Test result	Description
Negative result	0 of 6 wells contain traces of faecal occult blood
Equivocal (unclear) result	1 to 4 wells contain traces of faecal occult blood
Positive result	5 to 6 contain traces of faecal occult blood
Spoilt test kit	Samples not suitable for testing

Individuals with an equivocal or spoilt test result are sent a faecal immunochemical test (FIT) by the call/recall office to provide a further sample.

4.2 Laboratory workload and results

To end March 2013, a total of 116,979 FOBt and 9,620 FIT kits were received by the screening laboratory. Figure 9 describes the validated result for all FOBt kits reported to end March 2013.

Some participants will have more than one test kit result and some will be in their second round of screening. The majority of FOBt kits were reported as negative (91.2%) and these participants were returned to routine recall to be invited for FOBt screening two years from their last result. A small proportion (0.3%) were reported as positive while 8.5% were either equivocal or spoilt and required further definitive testing. Wales reported a 0.4% FOBt positive rate in their first round of screening.

Figure 9: Number of FOBt kits reported by screening laboratory, by result and year

FOBt	Negative	Equivocal	Positive	Spoilt	Total validated tests
2010/11	19,770	1,631	79	306	21,786
2011/12	33,733	2,819	107	380	37,039
2012/13	53,101	4,079	137	740	58,057
TOTALS	106,604	8,529	323	1,426	116,882
total (%)	91.21%	7.30%	0.28%	1.22%	100%

Those who receive an equivocal or spoilt result are issued with a FIT kit which requires further stool samples from the participant. FIT kits can only result in a positive, negative or spoilt outcome (Figure 10).

Figure 10: Number of FIT kits reported by result and year

FIT	Negative	Positive	Spoilt	Total validated tests
2010/11	1,215	543	38	1,796
2011/12	2,155	926	36	3,117
2012/13	3,264	1,376	62	4,702
TOTALS	6,634	2,845	136	9,615
total (%)	69.0%	29.59%	1.41%	100%

Sixty-nine percent of FIT kits were reported as negative with 29.6% producing a positive result. This compares to a FIT positive rate of 30.7% reported by Wales.

The positivity and equivocal rates of the test kits are monitored by the laboratory on an ongoing basis and can fluctuate slightly according to the LOT numbers of the kits being used. The screening laboratory is working closely with colleagues in Scotland and elsewhere to ensure that reported results remain within acceptable control parameters.

4.3 Spoilt kits

Any test kit which is unsuitable for testing is recorded as spoilt. For the period April 2010 to end March 2013 the overall spoilt rate was 1.2% of all kits received for testing. Therefore the vast majority of people who complete a test kit are able to do so to a satisfactory level by following the instructions provided. Participants whose FOBt kit is spoilt are subsequently asked to complete a FIT kit as this requires fewer samples to be collected.

Those whose FIT kit is spoilt will be sent further FIT kits until they submit a testable kit. The reasons recorded for spoilt test kits are described in Figure 11.

The most common reasons for a spoilt test result are that the name or other personal identifiers which the participant has completed on the submitted kit differ to those held on the demographic database (35.7% of cases). While the laboratory and call/recall office make every effort to validate any differences to allow the test to be reported, this is not always possible and the BCSP must ensure that the right result is issued to the right individual. A small number of individuals appear to have on-going problems completing the test kits and in these cases the call/recall staff will make efforts to contact the individual directly to talk through their difficulties and offer advice.

Figure 11: Reason for spoilt result by spoilt code, April 2010 – end March 2013

	Number of test kits	%
Name on kit different to bar code	120	7.7
No dates on samples (received outside 20 days)	85	5.5
No dates on samples (received within 20 days and no positive wells)	90	5.8
No name on kit	191	12.3
Other identifier incorrect (DOB, initials or incomplete name)	244	15.7
Quality Control fail	1	0.1
Returned unused test kit, participant closing episode	59	3.6
Sample not applied correctly	240	15.4
Samples not tested within 20 days of first sample date	142	9.1
Spoilt test kit result (1st) (ie. spoilt FOBt followed by spoilt FIT)	333	21.4
Spoilt test kit result (2nd) (ie. spoilt FOBt followed by 2 spoilt FITs)	5	0.3
Technical fail, kit damaged in lab. Not tested or testing not completed	11	0.7
Test kit expired	10	0.6
Unused kit (no sample), no reason given for not completing in BSIMS or a letter	25	1.6
TOTAL	1,556	100

4.4 Laboratory turnaround times

<p>NIBCSP standards:</p> <p>100% of all kits should be tested within two working days of receipt in the laboratory</p> <p>100% of positive results must be validated within one working day of being tested</p>

Figure 12 documents the turnaround times achieved within the screening laboratory, as the number of days from the kit being logged onto BSIMS to when it was tested. All samples are expected to be logged on BSIMS as received on the day they enter the laboratory. Only 0.02% of kits were not tested and validated within two days of receipt.

Figure 12: Working days between kit logged on BSIMS to report validated, April 2010 – March 2013

No. of days	Number of FOBt kits	Number of FIT kits	Total kits received and tested	Cumulative % of kits tested
0	110,551	9,349	119,900	95.56
1	5,243	156	5,399	99.86
2	142	7	149	99.98
3	16	1	17	99.99
4	8	0	8	100
5	0	1	1	100
6	1	0	1	100
7	1	0	1	100
Total	115,962	9,514	125,476	100

Once a kit is tested, the result is validated before a report is issued to the participant. The BCSP standard is that 100% of positive results must be validated within one working day of being tested. The turnaround times for validation of positive results are illustrated in Figure 13. The laboratory met this standard with 97.76% of all positive kits being tested and validated on the same working day and 100% within one working day.

Figure 13: Working days between test logged on BSIMS to report validated for all positive results (April 2010 – end March 2013)

No. of days	Number of positive FOBt kits	Number of positive FIT kits	Total kits with positive result	Cumulative % of positive kits validated
0	316	2,784	3,100	97.76
1	7	64	71	100
Total	323	2,848	3,171	100

4.5 Screening test positivity rate

The positivity rate of the screening test measures the number of participants with a positive result as a proportion of all participants with a completed screening test result (i.e. either a positive or negative final result).

Figure 14: Positivity rate for the screening test by HSC Trust, April 2010 - March 2013

Trust	Number of participants with completed test result	Number of positive results	Positivity rate (%)
Belfast	14,206	429	3.02
Northern	36,016	996	2.77
South Eastern	30,971	752	2.43
Southern	12,259	333	2.72
Western	22,945	657	2.86

The positivity rate of the screening test for Northern Ireland, for the period April 2010 to end March 2013 was 2.72%. This compares to an overall positivity rate of 2.8% reported by Wales for their first round of screening.

The screening test positivity rate varied slightly by Trust, with Belfast having the highest rate at 3.02% compared to the South Eastern Trust which had a rate of 2.43%. This may reflect the differing prevalence of colorectal disease in these populations, but may also be influenced by the fact that the second round of screening had commenced in the South Eastern Trust from April 2012. It would be expected that a test positivity rate would be lower in the incident rounds of screening (second round and above) compared to that seen in the prevalent round of screening (first invite).

5 Pre-assessment for colonoscopy

5.1 Pre-assessment process

Once the screening test result is validated on BSIMS a letter is generated and queued for printing and posting by the call/recall office.

Those participants who receive a positive FOBt or FIT result progress onto the next stage of the screening pathway. They receive notification of their result by letter and are advised to call the telephone helpline to make an appointment for pre-assessment for colonoscopy.

Each Trust has one nominated screening colonoscopy centre and the pre-assessment takes place on this site. Each of these endoscopy units required accreditation by the Joint Advisory Group on Gastrointestinal Endoscopy in order to be approved as a bowel screening centre. The screening centres are listed below.

HSC Trust	Screening colonoscopy centre
Belfast	Belfast City Hospital
Northern	Whiteabbey Hospital
South Eastern	Downe Hospital
Southern	Tyrone County Hospital from June 2012 (previously Craigavon Area Hospital)
Western	Altnagelvin Area Hospital

The pre-assessment is carried out by a Specialist Screening Practitioner (SSP): a registered nurse, who will assess the individual's suitability for colonoscopy based on their medical history and current health.

The SSP will take this opportunity to reassure the participant that a positive test kit result will not necessarily result in a diagnosis of cancer at colonoscopy. This is important as although this is addressed in the literature provided with the positive result letter, participants often tend to focus on the potential for negative outcomes. The time

between the participant calling the helpline and their first offered date for SSP appointment should not exceed two weeks.

At pre-assessment the SSP is responsible for relaying the appropriate information regarding screening and colonoscopy so that the participant can make an informed decision whether or not to continue with the screening process. This includes explaining the risks and benefits of screening and ensuring participants are provided with a colonoscopy information sheet (developed by the Northern Ireland Cancer Network: NICAN) to take home and review. Participants are able to withdraw from screening at any stage.

If a participant is determined unsuitable for colonoscopy they will be offered CT Colonography (CTC) as an alternative investigation, as appropriate. SSPs should ensure a request for a CTC is submitted to the radiology department within 24 hours of the pre-assessment appointment.

Both endoscopy and radiology investigations require the use of bowel preparation to evacuate the bowel prior to the procedure. Participants for either procedure will have the use of bowel preparation and how to take it explained to them by the SSP. Where possible they will be able to collect this from the pharmacy department on site.

It is the responsibility of the SSP to record the pre-assessment outcomes onto the correct pro-forma on BSIMS. It is also their responsibility to track the participant through their screening pathway and record the patient journey and management accurately onto BSIMS.

5.2 SSP activity

The activity associated with the SSP clinics is detailed in Figure 15 by Trust. Over 3,000 SSP pre-assessments were offered in the first three years of the programme with an overall DNA rate from SSP appointment of only 1.07%.

Figure 15: SSP activity by HSC Trusts, April 2010 – March 2013

	Belfast	Northern	South Eastern	Southern	Western	Northern Ireland
Number of participants offered SSP appointment	413	918	706	303	672	3,049
Number of SSP appointments attended	406	882	675	299	667	2,966
Number of participants who did not attend their SSP appointment	5	17	5	2	3	32
DNA rate (%)	1.23	1.89	0.74	0.67	0.45	1.07
Number of participants who declined an SSP appointment [^]	2	19	26	2	2	51
Declines as a % of total offered appointment	0.48	2.07	3.68	0.67	0.30	1.67

[^] Participants who originally declined SSP appointment and then changed their mind and attended SSP appointment have been excluded.

It is expected that some people who decline an SSP appointment will chose to have a colonoscopy or further investigation in the independent sector. These are undertaken outside the programme and the BCSP does not have any follow up or outcome data for these individuals. Anyone who declines an SSP appointment will remain within the screening pathway and will be invited to complete another FOBt in 2 years' time. They also have the opportunity to change their mind and progress with an SSP appointment at any time.

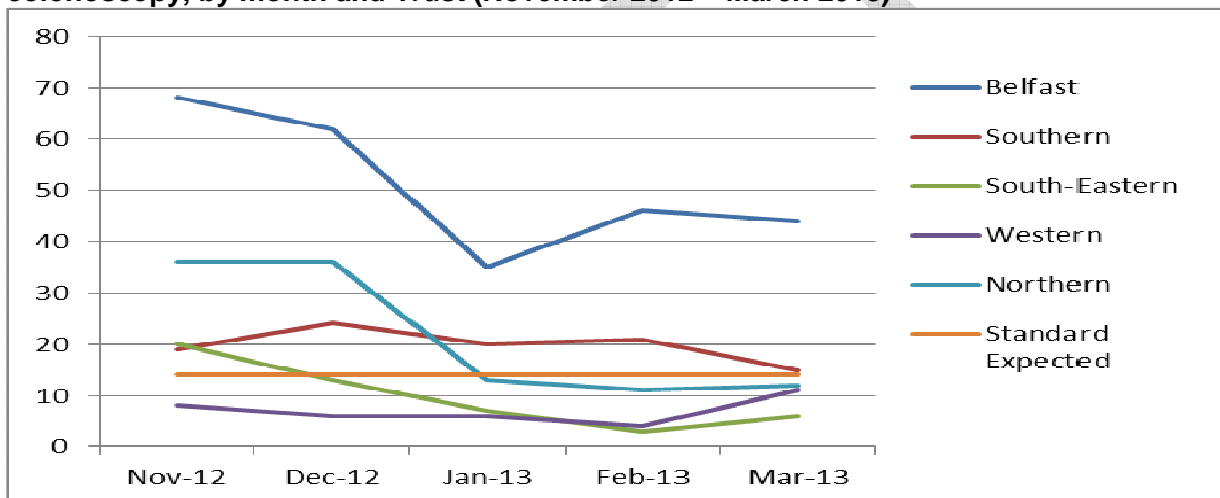
5.3 Waiting time to colonoscopy

NIBCSP Standard: In at least 95% of cases, the interval between the Specialist Screening Practitioner assessment appointment and the first date offered for colonoscopy is within 14 calendar days.

If determined fit for colonoscopy the SSP will immediately offer the participant a date for colonoscopy. This should be within two weeks of the pre-assessment clinic date.

The average number of days between the SSP clinic date and first offered date for colonoscopy is shown by Trust in Figure 16. This data is only available from November 2012. Although this information is captured by BSIMS it is currently not possible to extract it, so a manual recording method is being used as an interim solution.

Figure 16: Average number of days between SSP clinic and first offered date for colonoscopy, by month and Trust (November 2012 – March 2013)



At end March 2013, the average waiting time for screening colonoscopy in all Trusts, except Belfast, was within the 14 days.

5.4 Pre-assessment outcomes

Figure 17 shows the outcome for participants attending SSP pre-assessment clinics from November 2012 to end of March 2013. This data shows that 91.1% of participants attending for pre-assessment (first round and surveillance participants) were referred for colonoscopy. Ten patients (1.6%) decided not to continue on the screening pathway and declined any further investigation. A small but significant number of individuals (3.6%)

declined endoscopy but opted to have a CTC instead. This practice was particularly marked in the Western and Northern Trust areas. It is not recommended practice as CTC is a suboptimal investigation, does not facilitate biopsy and many of these patients are likely to still require endoscopy afterwards if any abnormality is noted at CTC. This has been highlighted to the Trusts and will continue to be monitored.

Figure 17: Outcome for participants attending SSP pre-assessment, Nov 2012 – Mar 2013

	Belfast	Northern	South Eastern	Southern	Western	Northern Ireland (%)
Accepted date for endoscopy	126	114	118	106	100	564 (91.1)
Unfit for endoscopy (referred for radiology)	3	3	2	2	8	18 (2.9)
Declined endoscopy (referred for radiology)	4	7	1	1	9	22 (3.6)
Declined further screening (return to routine recall)	3	2	4	0	1	10 (1.6)
Endoscopy not required at present (return to routine recall)	1	1	0	0	0	2 (0.3)
Temporary unfit (await outcome)	0	1	0	1	0	2 (0.3)
Ceased	1	0	0	0	0	1 (0.2)
Total participants pre-assessed	138	128	125	110	118	619 (100)

6 Screening colonoscopy

6.1 Screening colonoscopy process

The colonoscopy procedure is carried out in a nominated screening colonoscopy centre by an approved screening colonoscopist. This may be either a consultant or nurse endoscopist, who has completed the Northern Ireland 'Approval of Screening Colonoscopists' training course.

A full colonoscopy procedure visualises the entire large colon from rectum to caecum with the use of a colonoscope; a thin flexible tube with a tiny fibre-optic video camera at the end. Carbon dioxide is used to inflate the large colon to allow the colonoscope to pass through the bowel. The aim of the colonoscopy procedure is to visualise the colon wall to detect polyps. A polyp is an abnormal growth which can be either pedunculated or flat (sessile) against the colon wall. Some polyps can, if left in situ, develop into cancer.

Polyps detected at colonoscopy are excised and/or biopsies taken and submitted for histopathological assessment. There are three types of polyps:

- Benign – known as hyperplastic polyps these are no more likely than normal tissue to eventually become cancer
- Pre-malignant – known as adenomas and may develop into cancer
- Malignant

The pathology of the samples taken, along with their number and size, determine the participant's outcome and screening pathway. As per the guidelines of the British Society of Gastroenterology (BSG) the potential outcomes and further follow up from colonoscopy are:

- Normal colonoscopy (no histopathology taken or benign polyps only) – participant is returned to routine recall and will receive a FOBt kit two years from their last full screening colonoscopy.
- Low risk (1-2 small adenomas <10mm) – participant is returned to routine recall and will receive a FOBt kit two years from the participant’s last full screening colonoscopy.
- Intermediate risk (3-4 small adenomas or at least 1 adenoma ≥10mm) – repeat colonoscopy three years from the participant’s last full screening colonoscopy.
- High risk (5 or more adenomas or 3 adenomas with at least ≥10mm) – repeat colonoscopy one year from the participant’s last full screening colonoscopy.
- Screen detected cancer – participant is referred to the multi-disciplinary team and suspended from screening for five years.

6.2 Screening colonoscopy activity

There are several aspects of the colonoscopy process that are monitored for quality assurance purposes. Due to limitations with BSIMS, data is compiled from an on-going manual SSP audit and is only available in this format from January 2012 onwards.

Figure 18: Number of screening procedures carried out by Trust, Jan 2012 – March 2013

	Belfast	Northern	South Eastern	Southern	Western	Northern Ireland
Colonoscopy (including year 1 surveillance)	310	446	332	258	277	1623
Repeat Colonoscopy	5	34	13	20	13	85
Flexible Sigmoidoscopy	15	47	30	28	28	148
Non endoscopic polypectomy	0	3	2	2	8	15
CTC/barium enema	14	74	12	15	40	155
Totals	344	604	389	323	366	2026

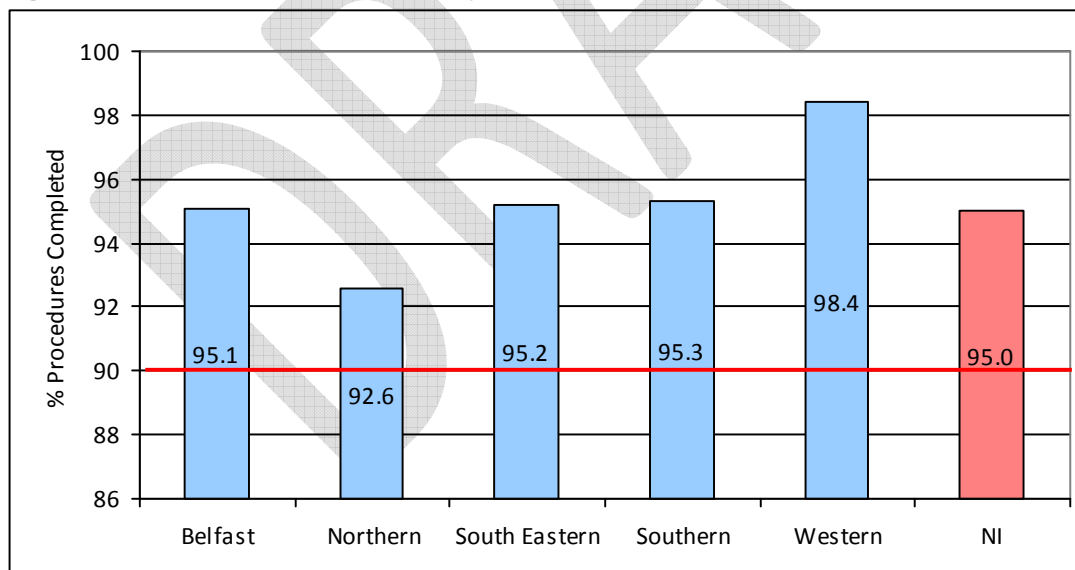
A total of 1,623 screening colonoscopies were undertaken during this period. In a small number of cases a repeat colonoscopy or an alternative flexible sigmoidoscopy may be required. This may occur where there are a large number of polyps involved or if polyps are incompletely excised during the first procedure. In 15 cases, at least one polyp of concern was inaccessible or irretrievable by conventional endoscopy and the participant proceeded to Endoscopic Mucosal Resection (EMR) or surgery to have it removed.

6.3 Caecal intubation rates

NIBCSP Standard: $\geq 90\%$ of colonoscopies should achieve caecal or ileal intubation

Complete examination of the colon is the fundamental objective of colonoscopy and a marker of the quality of colonoscopy.

Figure 19: Caecal intubation rate by Trust, Jan 2012 – March 2013



To ensure that the entire bowel is visualised the standard states that at least 90% of colonoscopies attempted should achieve caecal or ileal intubation. Figure 19 shows the

percentage of all colonoscopies (including surveillance and repeats) successfully achieving caecal or ileal intubation. All Trusts exceeded this standard within the BCSP.

6.4 Polyp retrieval rate

NIBCSP Standard: $\geq 90\%$ polypectomy specimens should be retrieved for histological analysis

The polyp retrieval rate is monitored by Trust and colonoscopist. At least 90% of polypectomy specimens should be retrieved for histological analysis.

Figure 20: Polyp retrieval rate by Trust, Jan 2012 – March 2013

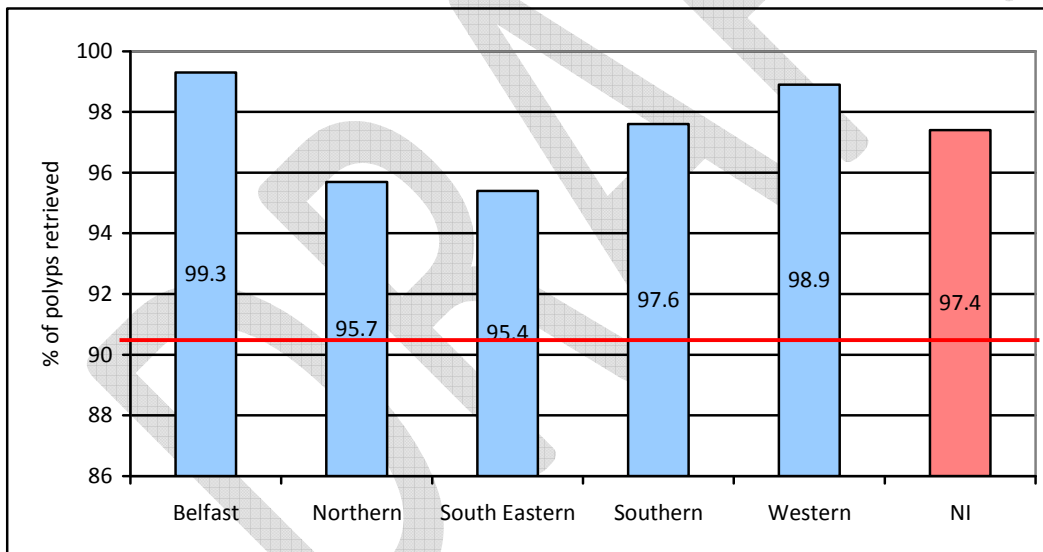


Figure 20 shows the retrieval rate of polyps excised by Trust. This has been calculated as the number of polyps retrieved for histological analysis as a percentage of the number of polyps which were excised. Polyps which were visualised during endoscopy but where excision was not attempted due to mitigating factors have not been included as such polyps would have been subsequently removed surgically and made available for

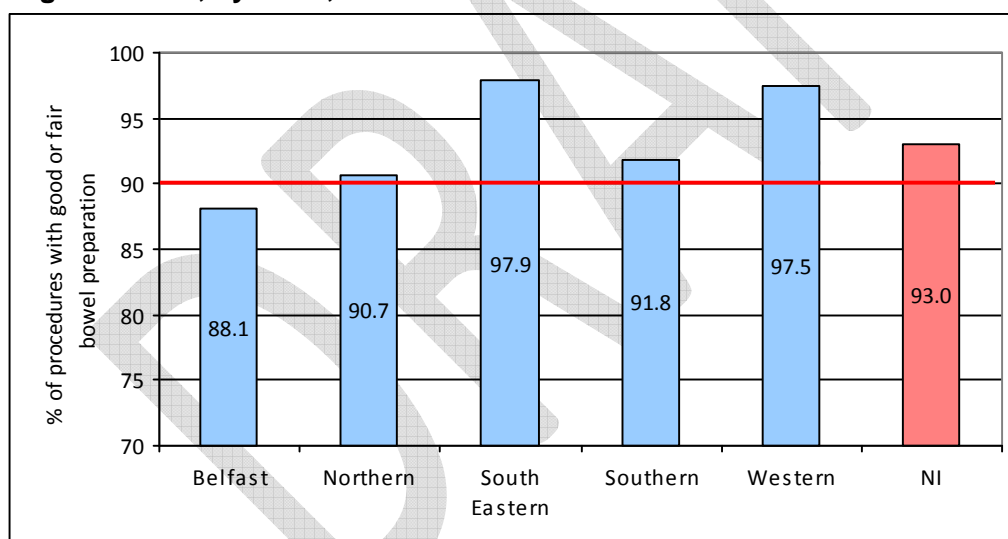
histological analysis by this means. All Trusts exceeded this standard for colonoscopies undertaken within the BCSP.

6.5 Bowel preparation

NIBCSP Standard: $\geq 90\%$ bowel preparation described as excellent or adequate

A key element in the ability to undertake a satisfactory colonoscopy is to ensure there is adequate bowel preparation or clearance. Adequate bowel preparation maximises pathology detection and minimises the need for repeat procedures.

Figure 21: Percentage of all screening procedures where bowel preparation is categorised as good or fair, by Trust, Jan 2012 – March 2013.



The adequacy of bowel preparation is currently categorised on a three point scale as good, fair or poor. The standard is that 90% or more should be described as excellent or adequate. For the purpose of monitoring against the standard, those categorised as good or fair are regarded as equivalent to excellent or adequate respectively.

The effectiveness of bowel preparation for all screening endoscopy procedures by Trust is shown in Figure 21. Overall, the BCSP met this standard, with Belfast HSC Trust being the only Trust which was slightly below the 90% target.

6.6 Recorded significant events or adverse outcomes

All screening programmes can do harm as well as good. This may be due to over-diagnosis of disease resulting in unnecessary investigations and treatments, or through adverse outcomes linked to the screening process itself.

Colonoscopy is an invasive procedure. It requires the participant to take bowel preparation solutions in advance, they may require minor sedation during the procedure, bleeding can happen at the site where a polyp is removed and on very rare occasions, adverse events such as perforation of the bowel or even death can occur. On occasion the colonoscopist may decide to abandon the procedure (e.g. if the patient is too distressed or uncomfortable) or the patient may request that the procedure is stopped before it is completed.

It is therefore important that the screening programme monitors any significant events or adverse outcomes which occur in screening participants so that we can learn from these in the future.

Figure 22: Number of significant events/adverse outcomes occurring at endoscopy, by Trust. January 2012 - March 2013

	Belfast	Northern	South Eastern	Southern	Western	Northern Ireland
Procedure abandoned - colonoscopist decision	12	25	10	8	4	59
Procedure abandoned – patient request	0	4	2	6	1	13
Bleeding prompting admission	1	3	0	3	0	7
Other	1	0	0	0	0	1
Total	14	32	12	17	5	80

To end March 2013 there were no deaths or bowel perforations associated with bowel cancer screening in Northern Ireland. Figure 22 shows the occurrence of the recorded significant events/adverse outcomes during endoscopy procedures within the screening programme. The data presented here was collated through the SSP colonoscopy audit. Only seven patients required an overnight hospital stay due to bleeding following polyp excision.

A more formal and robust process for recording, reporting and sharing the learning from significant events and adverse incidents across all disciplines within the screening programme was agreed in April 2013. Future reports should include greater detail relating to adverse incidents and learning events.

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7 Radiology

7.1 Radiology process

Participants unsuitable for colonoscopy are referred to radiology as appropriate for an alternative investigation. Not all individuals who are unfit for colonoscopy will necessarily be fit for CTC.

Participants should be referred to radiology on the same day they are deemed unsuitable for colonoscopy. They should be offered a date for radiological investigation within 14 calendar days of the clinician's decision that the participant is unfit for colonoscopy. The referrer must receive the results of all investigations within seven calendar days of the final procedure.

There is limited data on the radiology aspect of bowel screening at present. A new audit dataset has been developed and data started to be collected from May 2013. It is anticipated that more information will be available for future reports.

7.2 Radiology activity

A total of 155 radiological procedures were carried out in Northern Ireland as part of the BCSP between January 2012 and end March 2013 (Figure 23). The majority of these were CT Colonographies, with only three double contrast barium enemas being recorded.

Figure 23: Number of radiological procedures carried out, by Trust, Jan 2012 – March 2013

	Belfast	Northern	South Eastern	Southern	Western	NI
CT Colonography	14	74	9	15	40	152
Double Contrast Barium Enema	0	0	3	0	0	3

8 Histopathology

8.1 Histopathology process

Samples submitted for histopathological assessment are reported in accordance with the Royal College of Pathologists guidelines. Each Trust has one named laboratory to which BCSP specimens are sent. The Belfast laboratory also provides a service for the South Eastern Trust. Each laboratory has nominated staff to report on screening specimens.

A specific histopathology database has been developed to support the collection of standardised data on all specimens originating from the BCSP.

8.2 Laboratory turnaround times

NIBCSP Standard: Histopathology reports must be authorised and relayed to the referrer within seven days of receipt of the specimen in the laboratory.

Figure 24 documents the turnaround time of all cases recorded on the laboratory system, LabCentre, as bowel cancer screening specimens between April 2010 and end March 2013.

Figure 24: Number of days from specimen received in laboratory to histology report authorised, April 2010 – March 2013

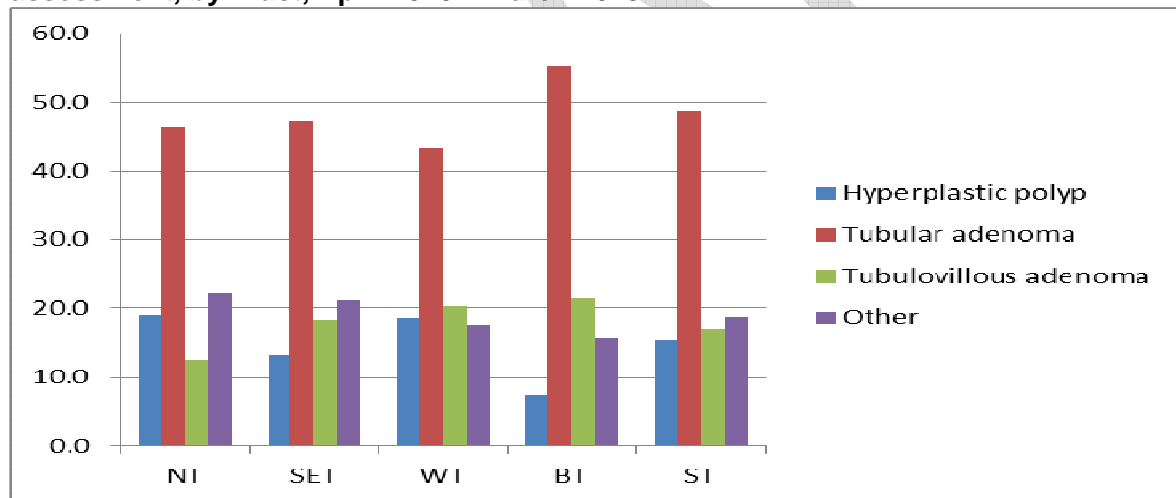
No. of Days	Belfast	Northern	South Eastern	Southern	Western	Northern Ireland	Cumulative %
0 – 7	202	457	490	253	242	1644	95.0
8 – 14	10	27	31	3	4	75	99.3
15 – 21	0	4	2	1	1	8	99.8
Over 21	0	4	0	0	0	4	100
Total	212	492	523	257	247	1731	100

Twelve cases were excluded from the analysis due to incomplete data. Overall, 95% of histology reports for the BCSP were authorised within seven days of the specimen being received in the laboratory.

8.3 Histological diagnosis

Histological analysis of BCSP specimens has uncovered many different diagnoses, including various types of adenomas, benign polyps and inflammation. Figure 25 shows the three most common diagnoses across each Trust, as a percentage of all specimens received for analysis; hyperplastic polyp, tubular adenoma and tubulovillous adenoma. All other diagnoses, including adenocarcinoma, are grouped as 'other'.

Figure 25: Histological diagnosis as a percentage of all specimens submitted for assessment, by Trust, April 2010 – March 2013



A total of 224 screen detected cancers were diagnosed in Northern Ireland from the launch of the programme in April 2010 to end March 2013.

9 Colonoscopy and CTC Outcomes

9.1 Colonoscopy and CTC outcomes

Across Northern Ireland 1,665 people underwent further investigations (colonoscopy or CTC) within the bowel cancer screening programme between January 2012 and end March 2013 and had a final outcome recorded. The outcomes following these procedures are set out below. Some participants who were under high risk surveillance may be included twice as the time period is more than one year.

Figure 26: Colonoscopy/CTC outcomes, by Trust, for procedures undertaken Jan 2012 – March 2013.

	Belfast	Northern	South Eastern	Southern	Western	NI	NI (%)
Cancer detected	26	42	24	26	21	139	8.3
High risk adenoma	22	47	31	37	60	197	11.8
Intermediate risk adenoma	74	124	99	36	74	407	24.4
Routine recall [^]	190	270	168	144	150	922	55.4
Totals	312	483	322	243	305	1665	100

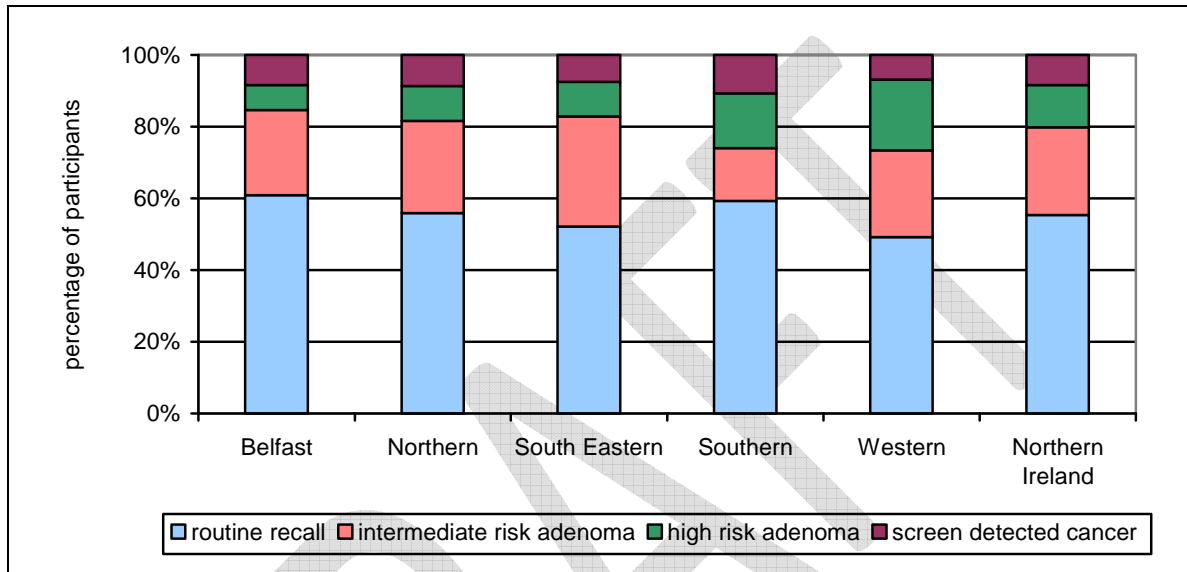
[^] Includes normal colonoscopies and low risk adenoma surveillance outcome

Some variation in outcomes is seen across Trusts:

- the Western Trust had the lowest proportion of procedures with a final outcome of screen detected cancer - 6.9% which compares to the highest rate of 10.7% in the Southern Trust.
- a higher proportion of procedures in the Western Trust had an outcome of high risk adenoma compared to elsewhere – 19.7% in Western Trust compared to the lowest rate of 7.0% in the Belfast Trust.

- the outcome of intermediate risk adenomas in the South Eastern Trust (30.8%) was more than twice the rate seen in the Southern Trust (14.8%).

Figure 27: Percentage of colonoscopy/CTC outcomes, by Trust, for procedures undertaken Jan 2012 – March 2013.



These data should be interpreted with caution as the numbers of participants included in the analysis is still small. The reason for the above variations is not clear but may include demographic differences in the populations or differences in operator or reporting practice for colonoscopy. As the programme develops, and more colonoscopies and CTCs are undertaken, more robust data will become available at individual operator level.

10 Screen detected cancers

10.1 Number of cancers detected

From the launch of the programme in April 2010 to end March 2013 there were 224 screen detected colorectal cancers in Northern Ireland. These are illustrated below by gender and HSC Trust where the diagnosis was made (Figure 28).

There was a notable difference between genders in the screen detected cancers with 67.9% of all cancers diagnosed in men.

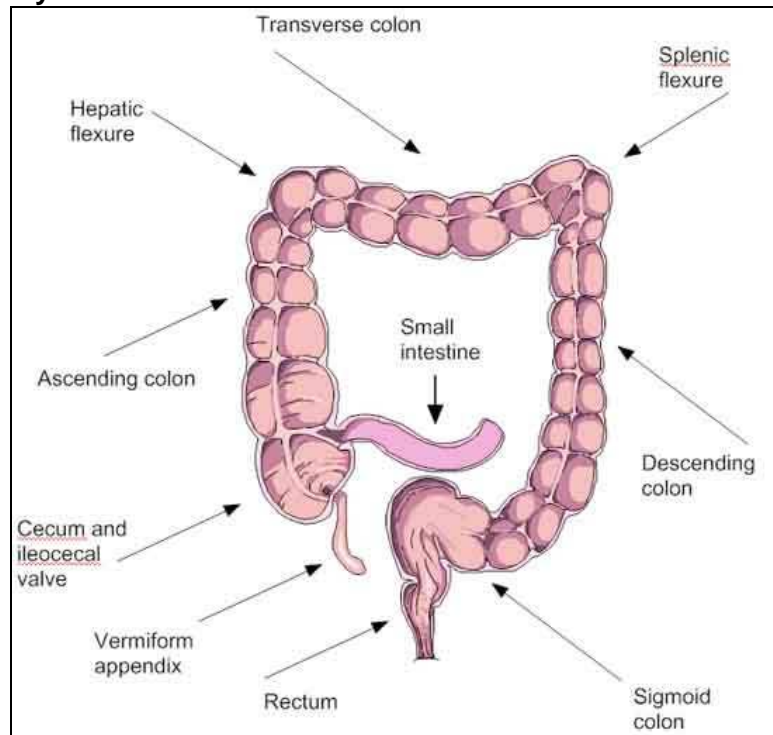
Figure 28: Number of screen detected cancers by Trust of diagnosis, April 2010 – March 2013

	Belfast	Northern	South Eastern	Southern	Western	Northern Ireland	<i>NI (%)</i>
Female	11	19	20	7	15	72	32.1
Male	13	51	39	13	36	152	67.9
Total	24	70	59	20	51	224	100

10.2 Site of screen detected cancers

Cancers can occur at any point along the length of the large bowel (colon) which is illustrated in Figure 29. The large bowel runs from the ileocaecal valve at the caecum to the rectum. However, cancers are generally more common in the rectum and sigmoid colon areas.

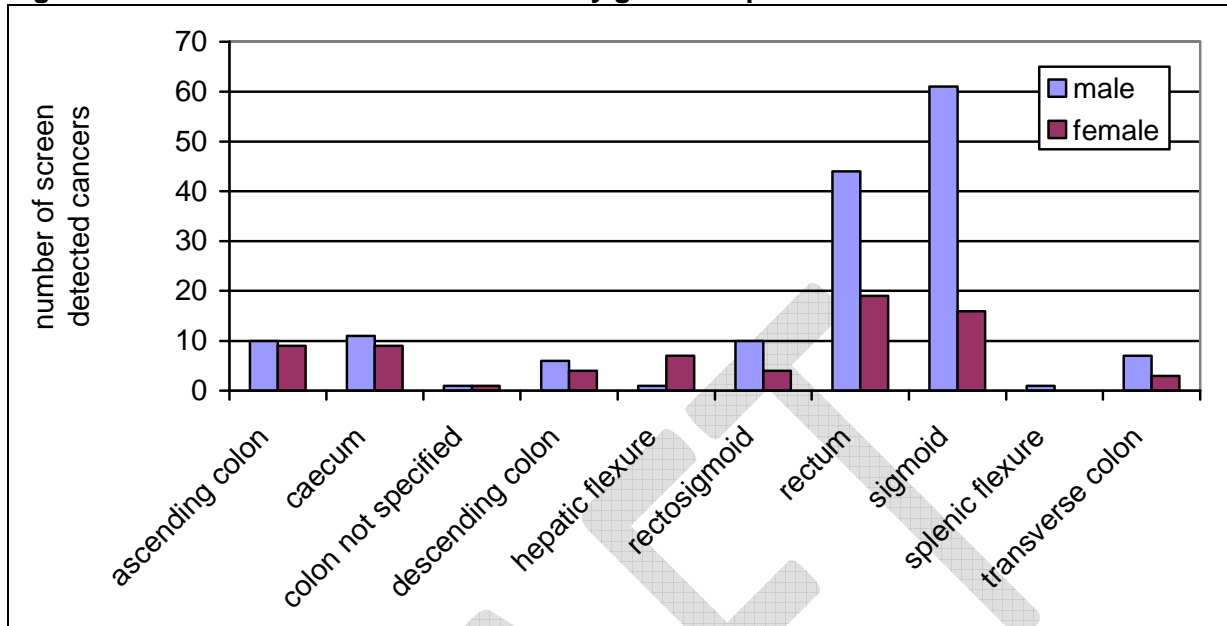
Figure 29: Anatomy of the colon



The site of each screen detected cancer has been recorded, with 68.8% located in the rectum or sigmoid colon (Figure 30).

Gender differences in the site of the screen detected cancers were noted. Men were more likely than women to have their cancer located in the sigmoid colon (40.1% vs 22.2%). While 34.7% of female cancers were detected in the proximal colon (ie. caecum, ascending colon or hepatic flexure) compared to only 14.5% of male cancers located in these sites.

Figure 30: Site of screen detected cancer by gender. April 2010 – March 2013



10.3 Staging

Participants whose sample detected cancer (adenocarcinoma) or adenocarcinoma limited to polyp are suspended from screening for five years and their care managed through the multi-disciplinary team within the Trust.

Bowel cancers are staged according to a classification scale called Dukes Staging. Very early stage cancers, where the disease is limited to a polyp are classified as Dukes A*. Dukes D is advanced disease with other organs involved.

Dukes A*	The cancer is located within the polyp and has not spread to the lining of the colon - no lymph nodes available for evaluation.
Dukes A	The cancer only affects the innermost lining of the colon – no node involvement or metastasis
Dukes B	The cancer has grown through the muscle layer of the colon – no node involvement or metastasis
Dukes C	The cancer has spread to at least one lymph node in the area no metastasis
Dukes D	The cancer has spread to somewhere else in the body

Not applicable (N/A)	Early staged cancers with a Tumour stage of 0 which cannot be graded using Dukes staging method. Cancer has not grown beyond the inner lining of the colon.
Not graded	Dukes staging is undetermined as the participant has been unfit for surgical resection or surgery has been delayed

Of the screen detected cancers in Northern Ireland which were staged, 46.7% of them were considered as early stage bowel cancers at diagnosis – these include Dukes A*, Dukes A and those specimens recorded as staging not applicable (N/A). Only 2.3% of the screen detected cancers were classified as Dukes stage D.

Figure 31: Dukes Staging of screen detected cancers, April 2010 – March 2013

Dukes stage	Female		Male		Total	
	No.	%	No.	%	No.	%
N/A	2	2.9	6	4.2	8	3.7
A*	6	8.6	26	18.1	32	15.0
A	21	30.0	39	27.1	60	28.0
B	26	37.1	35	24.3	61	28.5
C	15	21.4	33	22.9	48	22.4
D	0	0	5	3.5	5	2.3
Total	70	100	144	100	214	100

10.4 Crude cancer detection rate

The crude cancer detection rate is the percentage of all those with a completed screening test result available (i.e. positive or negative FOBt or FIT result) who go on to have a screen detected cancer. For the period April 2010 to end March 2013 the overall crude cancer detection rate for Northern Ireland was 0.21%. This is in line with the predicted modelling which suggested that 0.2% of those completing a screening test would have a screen detected cancer. A breakdown of the crude cancer detection rate

by Trust and gender is tabled below. The crude cancer detection rate in men is over twice that of women.

Figure 32: Crude cancer detection rate (%) by Trust, April 2010 – March 2013

	Belfast	Northern	South Eastern	Southern	Western	Northern Ireland
Female	0.11	0.15	0.14	0.10	0.12	0.12
Male	0.18	0.37	0.34	0.19	0.38	0.29
All	0.14	0.26	0.24	0.14	0.25	0.21

10.5 Positive predictive value

The positive predictive value of the screening test is the percentage of participants with a positive screening test result (positive FOBt or FIT) who subsequently have a screen detected cancer. The positive predictive value of the screening test for Northern Ireland, for the period April 2010 to end March 2013, was 6.8%.

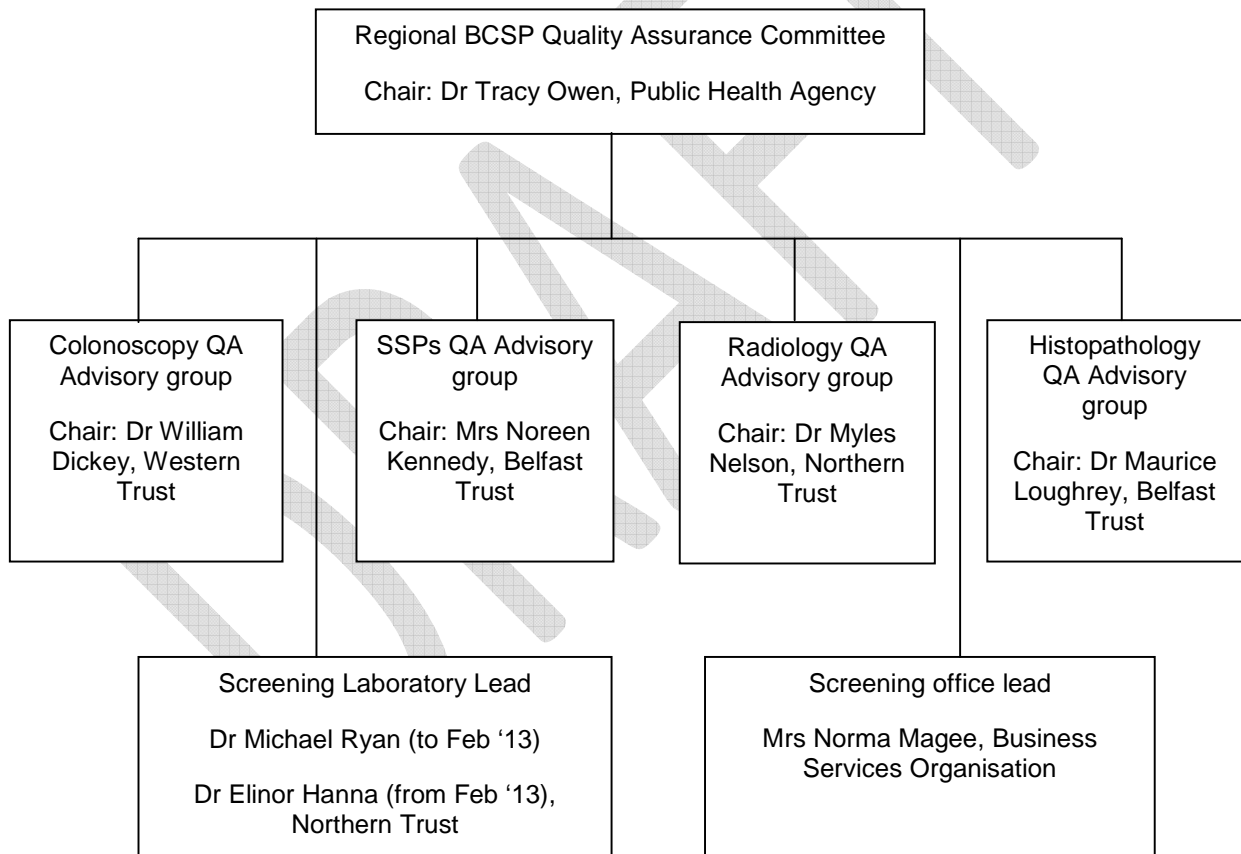
The positive predictive values by Trust and gender are shown in Figure 33, although these should be interpreted with caution, given the small number of screen detected cancers within each Trust.

Figure 33: Positive predictive value of screening test to cancer (%) by Trust. April 2010 – March 2013

	Belfast	Northern	South Eastern	Southern	Western	Northern Ireland
Female	7.6	6.0	6.0	5.6	4.4	5.9
Male	5.2	8.7	8.7	7.7	8.3	7.7
All	6.4	7.3	7.4	6.6	7.9	6.8

11 Quality Assurance

A quality assurance (QA) structure has been established to oversee the performance of the BCSP and provide advice and support on issues relating to quality. This has included the appointment of regional QA professional leads for each discipline and the introduction of a number of QA advisory groups. The QA structure is supported by the cancer screening Quality Assurance Reference Centre (QARC) within the Public Health Agency.



12 Next steps

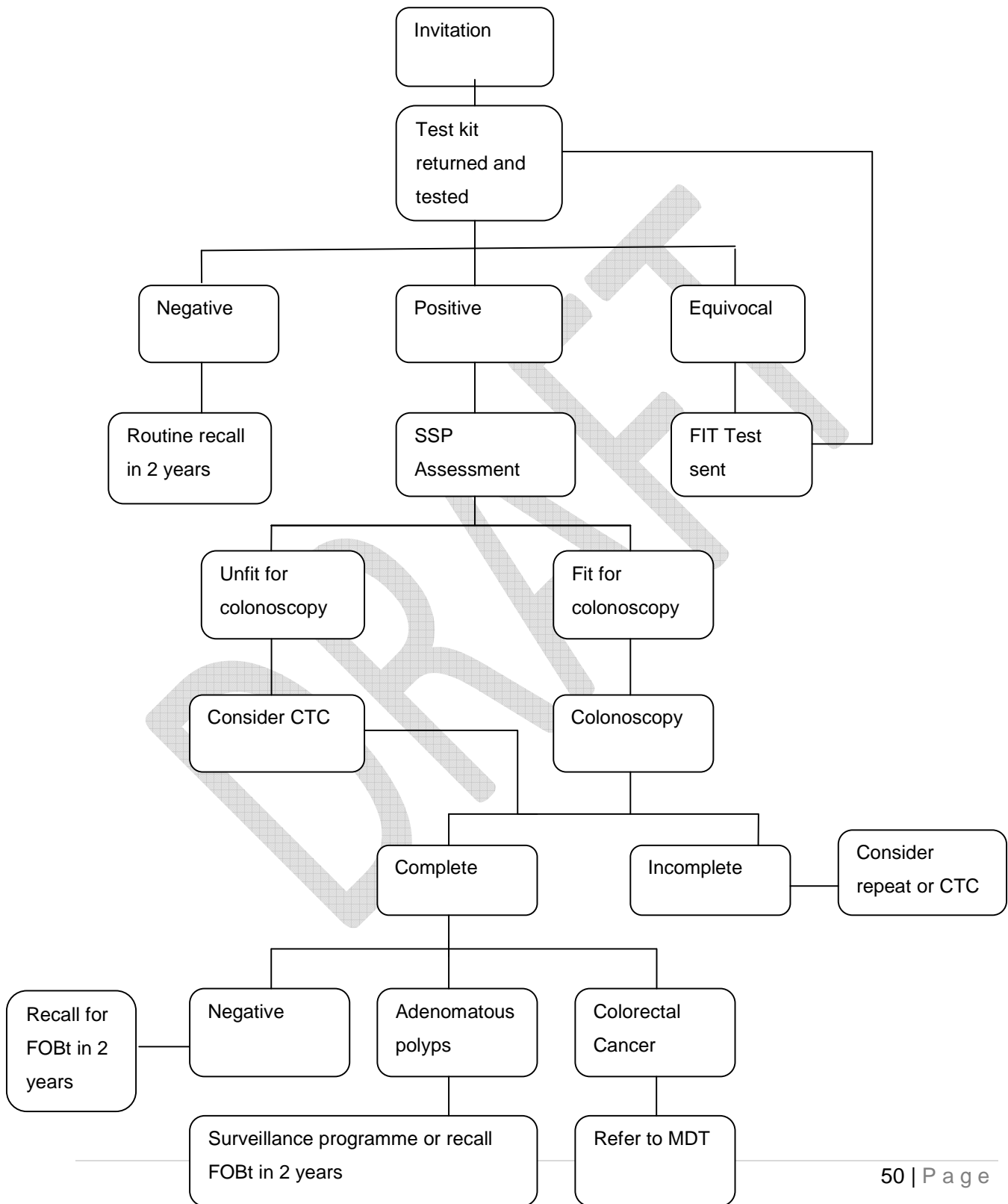
The first three years of the Northern Ireland Bowel Cancer Screening Programme have been challenging but successful. The programme is already demonstrating early detection of colorectal cancers and is having a potentially significant impact on the future incidence of cancers in the Northern Ireland population by detecting and removing premalignant polyps. The key challenges going forward are:

- Improving uptake through informed decision making
- Increasing and maintaining adequate capacity for screening colonoscopy
- Ensuring on-going development of the Bowel Screening Information Management System (BSIMS) to ensure it is fit for purpose to support the programme and its quality assurance
- Establishing systems to monitor and review interval cancers

The next significant change to the programme is to extend the eligible age range up to 74 years from April 2014. Work is on-going across all elements of the programme to ensure this deadline is achieved.

During 2013/14 the QARC intends to host the first multi-disciplinary conference for those involved in delivering the BCSP, continue to support and embed the quality assurance structures within the programme and introduce a patient satisfaction survey to obtain feedback on all aspects of the service provided. We are also working with the Women's Resource and Development Agency (WRDA) to develop a new bowel screening module for the cancer screening community facilitator programme they currently deliver in the Belfast and South East Trust areas.

Appendix 1: Simplified screening pathway



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PUBLIC HEALTH AGENCY BOARD PAPER

Date of Meeting	20 November 2014
Title of Paper	“Supporting the Best Start in Life”, Infant Mental Health Framework and Action Plan 2014-17
Agenda Item	12
Reference	PHA/04/11/14

Summary

This Infant Mental Health Framework and Action Plan represents a commitment by the Public Health Agency, HSCB and Trusts, as well as academic, research, voluntary and community organisations across NI, to improve interventions from the peri and antenatal period through to children aged 3 years. The development of the Plan is a commitment indicated in ‘Making Lives Better’ and the HSCB/PHA Joint Commissioning Plan and is underpinned by a number of Infant Mental Health training programmes.


The Plan has 3 key themes and outlines commitments to action on:

- **Promoting and disseminating evidence and research** on Infant Mental Health to policy makers, practitioners and the wider population. Mental Health is everyone’s business; consequently all organisations across all sectors, including all NI Governments Departments should be in a position to consider and act on the compelling findings and implications.
- **Informing workforce development** to ensure frontline staff have the necessary knowledge and skills to assess mental health risks to infants by early identification of factors associated with parent-infant interaction.
- **Service development** to ensure that universal and targeted services can respond as effectively as possible to maximise the optimal development of newborns and infants, particularly taking account of newborns facing the highest levels of risk and adversity. Given that infant mental health is fundamentally connected to the mental health and wellbeing of the primary caregiver, service development is as relevant for those providing adult services as it is for children’s services. Ideally there should be an increase in interventions that focus on supporting the parent –infant relationship where the parent faces challenges to their own emotional well-being.

Infant Mental Health is everyone’s business and the successful implementation of the Plan will be highly dependent on all sectors, including the voluntary and community sector, playing an active part in relevant service provision, promoting key messages and in policy advocacy. The Plan has been informed over an 18 month

period by over 500 stakeholders through various events and conferences. Input has also been sought and secured from HSCB, particularly on Tier 2 service development and the Department of Education through the Learning to Learn pre-school Strategy.

The PHA Board is asked to approve the framework and action plan to go out to public consultation.

Equality Screening / Equality Impact Assessment	N/A
Audit Trail	The framework and action plan was approved by AMT on 11 November 2014.
Recommendation / Resolution	For approval
Director's Signature	
Title	Director of Public Health
Date	12 November 2014

**‘Supporting the best start in life’
Infant Mental Health Framework and
Action Plan 2014 - 2017**

November 2014

***Promoting positive social and emotional
development from pre-birth to 3 years.***

Foreword:

This Infant Mental Health Framework and Action Plan represents a commitment by the Public Health Agency, HSCB and Trusts, as well as academic, research, voluntary and community organisations across NI, to improve interventions from the ante-natal period through to children aged 3 years old.

The Plan has 3 key themes and outlines commitments to action on:

- **Promoting and disseminating evidence and research** on Infant Mental Health to policy makers, practitioners and the wider population. Mental Health is everyone's business; consequently all organisations across all sectors, including all NI Government's Departments should be in a position to consider and act on the compelling findings and implications.
- **Informing workforce development** to ensure frontline staff have the necessary knowledge and skills to assess risks to the mental health of infants by early identification of factors associated with parent-infant interaction.
- **Service development** to ensure that universal and targeted services can respond as effectively as possible to maximise the optimal development of newborns and infants, particularly taking account of newborns facing the highest levels of risk and adversity. Given that infant mental health is fundamentally connected to the physical and mental health and wellbeing of the primary caregiver, as well as their ability to parent, service development is as relevant for those providing adult services as it is for children's services. Ideally there should be an increase in interventions that focus on supporting the parent –infant relationship where the parent faces challenges to their own emotional well-being.

Why is this important?

The publication of the Marmot Review (2010) made a significant contribution to prioritising early years interventions as part of public health policy and practice, particularly the objective of 'giving every child the best start in life'. Of the six policy objectives identified, this was the 'highest policy recommendation' emphasising the Review's life course perspective. The Review also called for an increase in the proportion of overall expenditure allocated to the early years, and emphasised the need to reduce inequalities in the early development of physical and emotional health and in improving cognitive, linguistic and social skills - hence building resilience and wellbeing among young children. The new Public Health Strategic Framework for NI: Making Life Better (2014) makes a clear commitment to ensuring that the theme of 'giving every child the best start in life' will remain a key priority.

Improving long-term outcomes for the whole population begins with ensuring that every child has the best possible start in life, with a focus on ensuring that children who are the most vulnerable and at risk are especially supported. There is now a wide body of evidence which demonstrates that disadvantage for some children

starts before birth and accumulates throughout life. Consequently this Framework considers actions required during pregnancy and up to three years, maximising potential for early intervention. The promotion of positive infant mental health and wellbeing is a cornerstone of this Framework as protecting and nurturing mental health in childhood contributes to productive social relationships, effective learning, and good physical health throughout life.

Becoming a parent and having a newborn is both fulfilling and challenging as new roles and responsibilities emerge within the family. For those facing adversities such as very premature births, domestic violence, mental health problems or drugs and alcohol misuse and for those who themselves had very difficult starts to their own lives and/or are also living in difficult social and economic circumstances, these challenges can be even more considerable.

When secure attachments are not established early in life children can be at greater risk of a number of detrimental outcomes, including poor physical and mental health, relationship problems, low educational attainment, emotional difficulties and conduct disorders.

A large body of evidence demonstrates pronounced adverse experiences in infancy, including repeated exposure to neglect, chronic stress, and abuse, can be harmful. Such experiences may disrupt brain development and lead to emotional problems and potential life-long difficulties with self-control, engagement in high-risk health behaviours, aggressive behaviour, lack of empathy, physical and mental ill-health and increased risk of later self-harm or suicide. As well as the human cost there are increased economic costs to society in terms of healthcare, child welfare, education, unemployment, policing, juvenile justice and prisons. (It should also be recognised that for some people their mental health conditions are not in any way related to early childhood experiences.)

In contrast to this, warm, consistent, positive, and engaged parenting in a safe and secure environment enables the infant to grow into a child and adult who is more likely to have high self-esteem; strong psychological resilience, empathy and trust; the ability to learn; and reduced risk of adopting unhealthy lifestyle choices.

This Infant Mental Health Framework and Action Plan indicates the need to intervene at as early a stage as possible to support parents, build capacity, prevent problems arising and maximise outcomes for all children and families. We will establish an Implementation Group to oversee the progress of this Framework. We are confident that considerable learning as well as measurable actions can be undertaken to collectively improve outcomes in later life and we must 'support the best start in life' for all babies.

Dr Eddie Rooney, PHA. November 2014

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Introduction

Infant Mental Health: a definition.

Infant mental health is defined by the Association for Infant Mental Health UK as *'the study of mental health as it applies to infants and their families'*.

Infant mental health focuses on social and emotional development during the first three years of life for an infant and their family. This includes a child's ability to form relationships with other children and adults; to recognise and express emotions; and to explore and learn about their environment in a safe and happy way

Why is it important to consider infant mental health?

A growing body of evidence from the clinical and social science fields shows that the areas of the brain that control social and emotional development are most active during the first 3 years of a child's life (and particularly active in the early months). Although behaviour can be changed later in life, it becomes significantly harder to do so as a child moves out of the 0-3 age bracket. Careful nurturing of a child's social and emotional health during their early years is vital to provide them with the skills necessary to form relationships and interact with society later in life. The quality of relationship between a child and their primary caregiver is central to this process.

The following theories form the basis of current discussions around infant mental health:

- **Attachment:** A strong bond between an infant and a primary caregiver is developed through positive and responsive behaviours from the care-giver, including mirrored behaviours, physical contact and proximity. A securely attached infant will have the social and emotional confidence to build relationships and explore the world around them (Barlow and Svanberg, 2009).
- **Self-regulation:** Neuropsychologists have expanded the link between social development theories and neuroscience, including the central importance of self-regulation (Schore, 2004); that is an infant's ability to regulate its own internal emotional states, soothing itself rather than requiring parental soothing. This then forms the building blocks of healthy external relationships.
- **Building resilience:** Self-regulation is also central to building resilience, which is an infant's ability to 'bounce-back' from difficult or traumatic experiences, and to learn from them. Development of resilience in the first three years of life is essential to dealing with adversities later in life (Newman, 2004)

The key timeframe for healthy attachment and hence healthy social and emotional development is considered to be between **0 and 3 years**, when brain development is in its optimal phase, however it should be noted that these considerations begin long before birth. Development starts during pregnancy and the choices and experiences of the mother during this period can have a significant impact on maternal and infant social and emotional health. Promotion of antenatal bonding with the bump, preparation for parenthood and early detection of antenatal depression are all crucial, and the Midwife can play a key role in this. After birth, key factors such as breastfeeding, skin to skin contact, mirroring behaviours, responsive parenting, and a stimulating play environment can also contribute positively to

overall healthy development and relationship building between infant and caregiver. All parents/carers play a critical role in ensuring good mental health development for their children and in preventing poor developmental outcomes. However if parents are living in adverse circumstances, there are other critical roles and responsibilities required beyond just parents that necessitate provision of additional support and help to them.

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The Current Policy Context

All policy relevant to children in Northern Ireland (NI) falls under the Children (Northern Ireland) Order (1995) which lays the foundations for all those who work with or care for children and young people. Underpinning the Order is the principle that parents should be, whenever possible, supported to bring up their children in their own home. The UN Commission on the Rights of the Child (UNCRC) also recognises the primary role of the family, with article 18 stating that both parents share responsibility for their child and should consider what is best for him or her; however the government is responsible for providing support services to help parents to do this. Likewise, the UN Convention on the Rights of Persons with Disabilities recognises the family as 'the natural and fundamental group unit of society' and should therefore be given the necessary support and assistance.

Health is a key priority right across the policy arena. The current 'Our children and young people: our pledge- A 10 year strategy for children and young people 2006-2016' identifies 'healthy' as the first of the high level outcomes for all children and young people. In addition, as research advances and policy develops, early intervention and support for the antenatal to three years of age is increasingly highlighted, both here in NI and across the UK, and sets the context for this investment in promoting positive infant mental health. The Delivering Social Change Children & Young Person's Early Action document was released in 2012, building on the 10 Year Strategy and taking forward the NI Executive's commitments through the Programme for Government; Early Years and Early Intervention were identified in this document as a priority area for the NI Executive.

The Child Health Promotion Programme (Healthy Child Healthy Future)¹ is a universal programme delivered to all parents and children in Northern Ireland. It is recognised as being central to securing improvements in child health across a range of issues. Effective implementation by Health Care professionals including GPs, Midwives and Health Visitors will support the development of strong parent child attachments and positive parenting.

The newly published ***Making Life Better: a Whole System Strategic Framework for Public Health (DHSSPS, June 2014)*** takes a life course approach to health and wellbeing, hence one of its key themes is 'Giving every child the best start'. This theme identifies the following long term outcomes:

- Good quality parenting and family support
- Healthy and confident children and young people
- Children and young people skilled for life

In particular the framework recognises the central roles that parenting and family support play in the healthy physical, social and emotional development of children. The implementation of an infant mental health training plan is a key first action of the Framework. Other key actions include the roll out of the Family Nurse Partnership; implementation of the breastfeeding strategy and promotion of universal health and maternity services. All these actions are crucial for healthy infant development, and hence are referenced in this Infant Mental Health Framework and Action Plan.

Alongside this Public Health Framework, early intervention is prioritised in a number of key government strategies, for example DHSSPS '**Families Matter: Supporting Families in**

¹ Department of Health and Social Services and Public Safety, May 2010, Healthy Child Healthy Future , DHSSPS

Northern Ireland (Mar 2009); Department of Education **‘Learning to Learn: a framework for early years education and learning (Dec 2012)**; and the **Maternity Strategy for Northern Ireland 2012-2018**. The DHSSPS NI is also developing a new **Protect Life: Positive Mental Health Strategy (due 2015)²**, which will have a life course approach with a significant emphasis on infant mental health. Each of these policies recognises that health, social care and education are interdependent in enabling the best possible outcomes for our children and families. Indeed, the Department of Education provides core funding for the Sure Start service across Northern Ireland; this service is underpinned by policy and aims to deliver health, education and parenting support for families with children aged 0-3 in a coordinated way across the most disadvantaged areas of NI.

Various structures are already in place to take forward the key theme of prevention and early intervention. The Children and Young People’s Strategic Partnership is a multi-agency partnership that brings together the leadership of key statutory, community and voluntary agencies, working to improve outcomes for children and young people. Early intervention is one of the key themes of this work. Through the CYPSP, there are currently 5 outcomes groups in place across NI, 23 Family Support Hubs and 26 Locality Planning Groups.

Building on the universal service, a collaborative approach to early intervention funding will be taken forward through the newly established **Early Intervention Transformation Programme (EITP)**, with six government departments coming together alongside private philanthropy, as part of the Delivering Social Change initiative. The programme seeks to:

- Build on the Child Health Promotion Programme and the NI Maternity Strategy to equip all parents with the skills needed to give their child the best start in life
- Provide additional support for families when problems first emerge, out-with the statutory system
- Positively address the impact of adversity on children by intervening both earlier & more effectively if required to reduce the risk of poor outcomes later in life.

The DHSSPS policy document; **‘Child and adolescent mental health services: A service model’ (July 2012)** outlines the stepped care model (see appendix 6) and provides commissioners and service providers with a framework against which to remodel CAMHS service provision. At the centre of this framework is a stepped-care approach whereby; ‘the appropriate level of care is provided at the earliest point that best meets the assessed needs of the infant, child and young person whilst also enabling them to move up or down the steps as their need changes’. (DHSSPS 2012)

The stepped care model shifts the focus of therapeutic intervention from service description, to the provision of a needs-based service. This model of service delivery is aimed at development of integrated care pathways with a focus on skills-based and evidence-based practice aligned to the needs of children and their families/carers. Care interventions are agreed and delivered at the most appropriate step with movement up or down to other services as clinically required. The model is recommended by the National Institute for Health and Clinical Excellence (NICE) on the basis that it promotes a continuum of care approach.

Some of the key priorities within the continuum of care approach include:

- Support of parents and carers, recommended to continue into the adolescent years, in recognition that it is primarily within the family that the mental health and emotional wellbeing of children is secured.
- Multi-agency interventions across the sectors, with services configured on the principle of 'recovery' within the context of provision of wrap around care for the individual child/young person and their families.
- Better collaborative working with parents/carers, community & voluntary sector, education sector and other organisations.
- Development of protocols between CAMHS services, adult services, the criminal justice system, and youth services and other stakeholders.
- Development of an effective referral process enabling defined and simplified points of entry to specialist services which are integrated with other referral pathways including child and family services.

Current Practice

Set against this backdrop, securing a strategic approach to early child development and family support is a key priority for the Public Health Agency (PHA). To that end the PHA established the Child Development Project Board (CDPB) in June 2010. Through the CDPB, chaired by the PHA and including members from the Health and Social Care Board, Health and Social Care Trusts, academia and the community and voluntary sector, the PHA has taken a strategic life course approach to child development and family support. Working from an evidence based perspective, the CDPB has identified needs of children and young people, aged 0-18, who experience inequalities, and initiated and supported a range of programmes and services to address these needs. The development of an Infant Mental Health Framework is one of the key emerging actions.

This Framework and Action Plan is aimed at supporting parents, Commissioners, organisations who support parents and children aged 0-3, early years practitioners and policy makers. The Infant Mental Health and Action Plan requires an extensive range of organisations and stakeholders to contribute to actions within the specified themes. The PHA and Health and Social Care Board are committed to working closely with Departments, Trusts, Local Government, voluntary and community sector organisations and others, taking a holistic approach to ensure the best outcomes for children and families.

It is important to note that the Framework seeks to build on the considerable successes and good practice being led and undertaken across the statutory, voluntary and community sector on the Infant Mental Health theme and the many family support programmes and services that are currently available.

The Infant Mental Health Association in NI, for example, has undertaken, over a number of years, a considerable amount of awareness raising through bringing UK and international experts to NI to present research and practice as well as policy advocacy on the need for the development of integrated pathways for families and infants in need.

Health and Social Care Trusts have all recognised the importance of focussing on the promotion of positive Infant Mental Health and have organised themselves through various Working Groups to develop integrated actions across Trust Directorates.

The HSCB through the Childcare Partnerships have also been undertaking considerable training and awareness, for example through inputs and dissemination of DVD's from Suzanne Zeedyk as well as events focussing on infancy development.

While there is always a risk that in naming any organisations that others will feel that their contributions are not acknowledged, that nonetheless, the essential and wide reaching support that Sure Start provides to families, many of whom are hard to reach and often facing multiple adversities should be referenced.

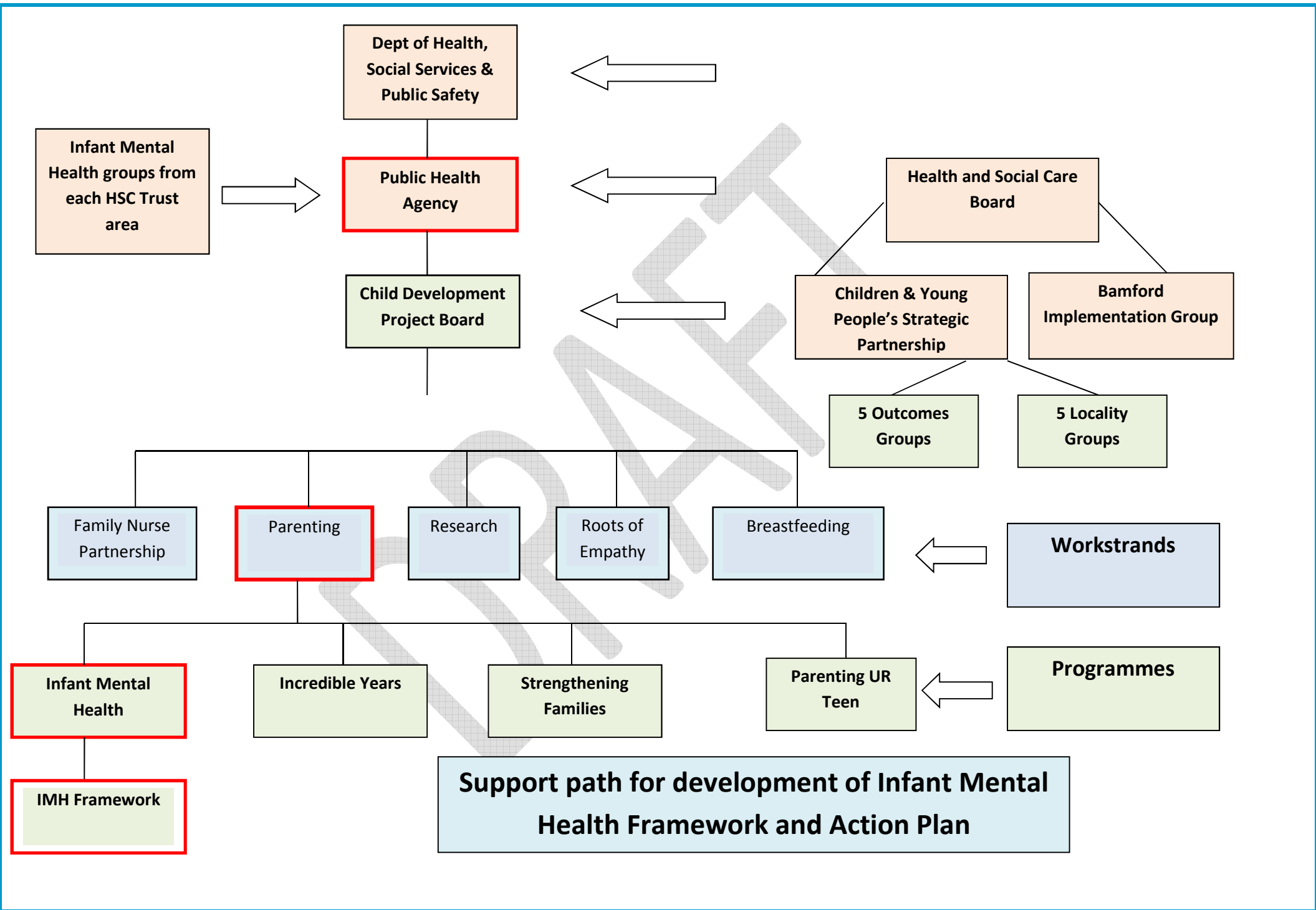
A wide range of organisations across all sectors are well positioned to progress actions on the infant mental health theme and the contributions, particularly from the community and voluntary sector, will be critical to the successful outworking of the Framework and Action Plan.

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The Process so far

To date the following activities have been undertaken to inform this regional Infant Mental Health Framework and Action Plan:

- **Audit Phase 1**- In June 2012 an audit of infant mental health training and resources available in Northern Ireland was undertaken with key policy makers, practitioners and researchers from the statutory, community, voluntary and academic sectors. The aim of this activity was to establish the extent and sources of current training, target audiences, funders and the uptake of training amongst the statutory, community and voluntary sectors.
- **Gaps analysis**- Following on from the phase 1 audit, a similar group of policy makers, practitioners and researchers were asked to identify gaps in the current provision of training on infant mental health
- **Audit Phase 2** - A second phase of the audit was completed in September 2013 which tracked the progress of key infant mental health training developmental areas that were identified in the phase 1 audit and the gaps analysis.
- **Stakeholder engagement** - Since June 2010 numerous seminars have been organised in order to share good practice and provide feedback on the progress made towards the development of this 3-year Framework and Action Plan for Infant Mental Health. Key speakers at these events included Suzanne Zeedyk, George Hosking, Dr Bruce Perry, Dr Ian Manion and Professor Terence Stephenson. These seminars were attended by over 500 different delegates from across the statutory, community, voluntary and academic sectors. An outline draft was presented to a workshop of over 150 people and their comments have been incorporated in this Framework.
- **Case study visit to Finland** - In September 2013 a delegation of 25 policy makers, commissioners and high-level practitioners participated in a case study visit to Finland. The primary aim of the visit was to increase knowledge on the early education and early years sector in Finland in order to inform the infant mental health agenda and parenting support in Northern Ireland.
- **Regional Infant Mental Health Planning Group**- This group has been working to inform the production and implementation of this Infant Mental Health Framework and Action Plan as well as providing specialist input on infant mental health for the new 'Protect Life: Suicide Prevention strategy from DHSSPS (in development). Members include the PHA, HSC Trusts, HSCB and DHSSPS.
- **Regional Infant Mental Health Reference Group**- This group supports the work of the Infant Mental Health Planning Group. Members represent the voluntary and community sector, as well as academia.



Infant Mental Health in Northern Ireland: key statistics (note for printer: centre page fold out infographics)

No. of Births in NI (2013)	24,279 (decrease of 990 from previous year)
No. of Births to Teenage mothers (under 20 years) (2013)	937 (decrease of 173 from previous year) * There is a clear difference in the age profile of mothers by deprivation. In 2012/13, 37% of all mothers aged less than 24 years of age were from the most deprived areas. In comparison, 7% of mothers in this age group were from least deprived areas in 2012/13.
Premature or Low Birth Weight	7 premature babies born per day, over 2000 annually, with 1,800 spending time in a neonatal unit. 1.1% of births less than 1,500g in weight- of those births 24% are to mothers living in the most deprived areas.
Postnatal depression	Estimated around 10-15% of women however research has shown that it often goes unreported and could be much higher than this (Source: Royal College of Psychiatrists, 2011)
Child Protection Register (2012)	224 under 1 year of age (decrease of 16 from previous year) 1,961 in total (decrease of 166 from previous year)
Children Looked After in Care (2012)	117 under 1 year of age (increase of 25 from previous year) 2807 in total (increase of 163 from previous year)
Smoking during pregnancy	NI total: 15.9% Most deprived areas: 28.5% Least deprived areas: 7.4%
Obesity rates during pregnancy	NI total: 49% Most deprived areas: 51% Least deprived areas: 44%
Breastfeeding rate at discharge	NI total: 43% Most deprived areas: 27% Least deprived areas: 59% Mothers under 20: 17%
Breastfeeding exclusively at 6 mths	Less than 1%
Child poverty	22% of children living in poverty, however this varies widely across the region

Infant Mental Health Framework and Action Plan vision

...that all children have the best start in life.

Through the key priority areas of this action plan, the following key objectives will be achieved:

- Parents and practitioners understand the importance of attachment and the essential elements of positive social and emotional health in infants.
- Parents and practitioners have skills to engage positively with infants to maximise their social and emotional development.
- Practitioners and parents are able to respond to predictors of vulnerability in infants and families and identify early signs of delayed social and emotional development in infants and /or emotional distress.
- Appropriate services are in place and available to respond to identified infant mental health and wellbeing needs across the region, on an equal basis for all.

In line with current Northern Ireland Government policy, we will be using an outcomes based approach to impact measurement.

Baby's key influences

This Infant Mental Health Framework and Action Plan proposes a whole child approach. It is therefore essential to acknowledge the key people who will play a role in a baby's development. This includes:

Parents
Grandparents
Siblings
Wider family circle
GPs
Health Visitors
Midwives
Other maternity professionals
Social Workers
Childcare providers
Early education providers
Mother and baby groups
Community & Voluntary sector groups

(to be represented via diagram in printed version)

Priority 1: Evidence and Policy

We believe that investment in services must be firmly based on existing and emerging evidence, ensuring best possible outcomes for our children, young people and families. There is an ever growing body of evidence on the impact of adverse pre-birth, baby and infant experiences on later development. There is also a substantial body of evidence on 'what works' to address these needs and to prevent further issues developing.

Our framework for infant mental health includes a commitment to utilising the most up-to-date findings when developing services; and to ensuring that emerging local policy development acknowledges this evidence on infant mental health and the critical nature of the early years. We also aim to ensure that relevant and up to date evidence is disseminated to commissioners, policy makers, practitioners and the wider population in a timely and user friendly manner.

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Evidence and policy: Key Actions

Key Actions	Timescale	Partners
Support, as appropriate, the strengthening and reinforcement of strategy, legislation, guidance/regulations and policy/programme formulation linked to infant mental health research, evidence and practice through:		
<ul style="list-style-type: none"> Informing the development of DHSSPS 'Positive Mental health and suicide prevention' strategy' to ensure that infant mental health is comprehensively included. 	Input submitted. Document being released for consultation November-14	DHSSPS
<ul style="list-style-type: none"> Development of a local plan in each Trust to implement the regional infant mental health strategy that embeds infant mental health approaches. This plan should be incorporated within each Trust's Local Implementation Team's Action Plan. 	Ongoing	Individual HSC Trust areas
Support dissemination of information on key infant mental health issues by:		
<ul style="list-style-type: none"> Implementation of regional networking events for infant mental health lead practitioners to allow sharing of good practice across HSC Trust areas, as well as across programmes of care. 	Ongoing- 2 events per year	Trusts PHA
<ul style="list-style-type: none"> Provision of user friendly information and up to date evidence for practitioners, parents and the wider population, using a common accessible language (including dissemination of IMH Framework and Action Plan) 	Ongoing	PHA

<ul style="list-style-type: none"> Supporting development of Trust level information flyers/booklets and individual communication plans as appropriate 	Ongoing	Individual HSC Trusts
<ul style="list-style-type: none"> Promotion of best practice standards within universal services such as UNICEF UK Baby Friendly Initiative and provide parent resources such as 'UNICEF: Building a happy baby'. 	Ongoing	PHA/Trusts
<ul style="list-style-type: none"> Dissemination of emerging evidence regarding what's best for baby and family 	Ongoing	PHA
<ul style="list-style-type: none"> Establish links with parenting networks to ensure parental engagement on perspectives on Infant Mental Health 	2015/16	PHA/Trusts
<ul style="list-style-type: none"> Support for 'Belfast Baby Day' 	October 2015	PHA in connection with Re:Play Theatre Company

Priority 2: Workforce development

Central to the early identification of infant mental health issues is ensuring that all practitioners working with babies, pregnant or new mothers, fathers (who are often overlooked) and young infants, are fully equipped to promote positive social and emotional learning, as well as to identify the early signs of infant mental health problems and to seek timely help for those families at risk. We understand the need to maximise opportunities for continuity of care and face to face contact with families in order to allow practitioners to build relationships. We acknowledge that this is an ongoing challenge and the focus of a number of other policy developments.

With that in mind the role of this framework is to improve capacity of frontline practitioners across all relevant disciplines, to ensure they have the necessary knowledge and skills to support positive parenting, assess infant mental health and identify issues and causes. In particular, we will target practitioners working in childcare settings, primary health and social care settings (including GPs, Community Paediatricians and Social Workers), and some adult mental health settings (particularly those working with expectant parents). Alongside increasing workforce skills, we understand that practitioners need to have the opportunity to consolidate their new skills, attending appropriate follow up networks and practice sharing sessions, and have the opportunity for regular supervision, hence ensuring maximised impact for children and families.

Workforce Development: Key Actions

Key Actions	Timescale	Lead partners
Audit of current infant mental health training across NI	Completed	NCB/PHA
Universal (Tier 1)		
<p>Expansion of Solihull and Solihull Plus training across the region targeting 1500 health and social care practitioners to complete training and attend practice network meetings. Training for Trainers model used.</p> <p>**Training opportunities open to voluntary and community sector practitioners also**</p> <p>DE funding the roll out of Solihull training across all Sure Starts in NI</p>	<p>2013-2014: 120 trained staff plus 60 new Trainers</p> <p>2014-2015: 240 trained staff plus 60 new trainers</p> <p>2015-2016: 240 trained staff plus 60 new trainers</p>	<p>Funded by PHA; Training provided by Clinical Education Centre</p> <p>HSCB/Childcare Partnership to progress Solihull training</p> <p>Department of Education</p>
Introduce teaching of Solihull Approach to Health Visiting Postgraduate students	2015	PHA/Further and Higher Education Colleges
<p>Expansion of IMH focus within core education curriculum (in particular Undergraduate level) for those providing vocational training for early years (Stranmillis BA (Hons) Early Childhood Studies),</p> <p>Influence development of IMH on curriculum for nursing,</p>	Ongoing discussions	Stranmillis University College, Queen's University Belfast, University of Ulster

social work, midwifery, Health Visiting and psychology.		
Consider the opportunities for roll out of infant mental health training to GPs, Consultants and other key clinicians	2015	PHA In conjunction with NIMDTA
Targeted (Tier 2 & 3/Steps 2-5 CAMHS Service Model)		
<p>Expansion of child psychotherapy training (M7 & M9) for advanced practitioners working across all children's services. On completion, these skilled practitioners will embed learning within their own areas of work And offer advice and support to practitioners working within universal services in order to reduce the need for referral to specialist services.</p> <p>Up to 12 funded places offered throughout the Trusts and also via the voluntary and community sector per year.</p> <p>2013-2014, 12 Students are enrolled on the M9 Diploma course.</p> <p>15 places will be offered 14-15 across the M7 and M9 Diplomas</p>	2013-2016	Funded jointly by PHA and HSCB; Training is delivered locally by the Child and Adolescent Psychoanalytical Psychotherapists in NI (CAPPNI).

Further implementation of Video Interactive Guidance Training, increasing from 40 trained Practitioners to 100 by April 2017

Opportunities promoted through Directors of Children's Services and Primary Mental Health Teams within each Trust. There will at least 1 VIG Event aimed at highlighting good practice and related evidence of impact.

2013-2017

Funded by PHA to 2014/15.; Training is provided by Video Interaction Guidance UK

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Priority 3: Service development

Universal support

First and foremost we understand that building positive social and emotional wellbeing in a child begins at conception, hence practitioners working within universal services are best placed to disseminate information and identify potential infant mental health issues early. This framework therefore acknowledges all current universal provision as outlined in Healthy Child, Healthy Future and the Maternity Strategy for NI, and seeks to add value. However, sometimes despite best efforts, additional issues for families arise and universal support is not enough. For those families, it is essential that appropriate targeted interventions are also in place to allow timely referrals and treatment interventions, thereby preventing issues from escalating.

Service development therefore reflects both universal and targeted support. For all services, both universal and targeted, we recognise the need for **consistency** and **continuity of care**, and a **whole family approach** to interventions. It is particularly important that fathers are recognised as a key part of the family unit. The level of need should be based on the CAMHS Stepped Care model (see appendix 4).

Service Development: Key Actions

Key Actions	Timescale	Lead body
Universal Services (Step 1)		
Increase the emphasis on IMH during the ante-natal and post natal period including revised ante natal parent education content.	2015/16	PHA via Workstream 1: Early Intervention Transformation Programme and PHA/HSCB through Maternity Strategy
Breastfeeding support and Guidance through implementation of the Breastfeeding strategy for NI.	Ongoing	PHA
Expansion and adoption of Baby Friendly Initiative standards including support and advice for Breastfeeding and non-Breastfeeding mothers	Ongoing	PHA
Regional coordination of Incredible Years Parenting programme; Expansion of Incredible Years Parents, Babies & Toddlers Programmes (0-3 yrs)	Coordination programme launched June 2014	PHA
Commission 5 Early Years Intervention Posts – these will inform the development of interventions and programmes relating to Delivering Social Change/Early Intervention Transformation Programme work on parenting programmes, including those related to Infant Mental Health.	Ongoing	PHA
Revision of guidance on Relationship and Sex Education currently ongoing by DE	2015	DE

Targeted Services (Step 2 & 3 -Steps 2-5 CAMHS Service Model)

Review of maternal mental health provision	December 2014	HSCB/PHA
Include IMH within the development of eCAT for health visiting service so that interventions relating to IMH can be monitored.	2015/16	PHA
Revise the Perinatal Care Pathway in light of the new Perinatal and Antenatal Mental Health NICE Guidelines 45 (expected December 2014) and develop proposals to ensure implementation in all Local Commissioning Group areas by addressing gaps in current service	2015/16	PHA
Identify gaps in our knowledge of data and service delivery and ensuring this information is provided to relevant commissioners, in particular the current antenatal and post-natal data collected from new parents. First action will be to follow up with a sample of women who have indicated a need for support in the antenatal period and to assess the extent of support provided.	June 2015	PHA
Continued support for the expansion of Family Nurse Partnership into the Northern and South Eastern Health and Social Care Trusts.	By 31 st March 2015	PHA
In line with the DHSSPS CAMHS Guidance framework, and the HSCB 'Working Together Learning Development Framework', develop the capacity of CAMHS practitioners to deliver evidenced based interventions/NICE approved therapies.	2015/16	HSCB/Trusts/LIGs
Embedding Infant Mental Health approaches within Primary Mental Health Teams in each Trust CAMH Services, in line with the DHSSPS Service Model Guidance for CAMHS.	2015/16	HSCB/Trusts/LIGs

Introduction of 20 Early Intervention Teams across NI focused on supporting families with emerging problems, including families with newborns and infants.	By March 2017	PHA/Outcomes Groups/Trusts via Workstream 2: Early Intervention Transformation Programme
Introduction of mental health and wellbeing HUBs providing relevant support for target clients including those families and adults with newborns	2015/16	HSCB/Trusts
Expansion of parenting support programmes including those relevant to parents with newborns and infants	By March 2017	PHA/HSCB/Trusts via Workstream 2: Early Intervention Transformation Programme

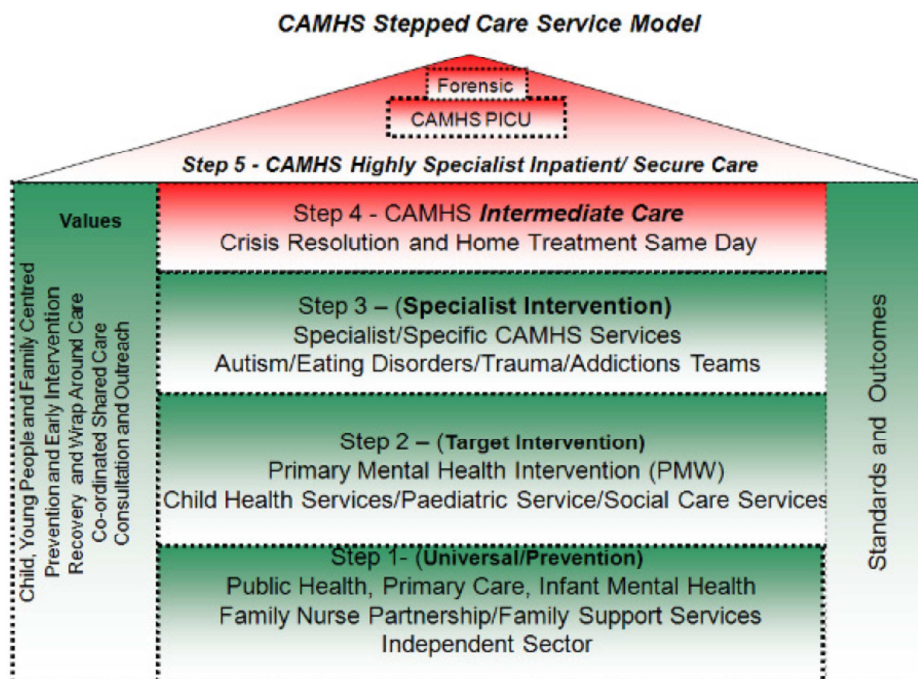
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Appendix 1: CAMHS Stepped Care Model

The regional strategy for the development of Psychological Therapy services recommends the adoption of stepped care approaches across CAMHS. This model aims to shift the focus from care interventions based on the service descriptors to a model of care which is needs based.

The model is underpinned by the following:

- Provision of child, young person and family centred care
- Focus on prevention and early intervention
- Provision of recovery and wrap around care
- Embedding coordinated provision
- Active promotion of outreach
- Ensuring services are effective



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Quotes & evidence: to be dotted throughout the document.... (note for printer)

The foundations for virtually every aspect of human development- physical, intellectual and emotional – are laid in early childhood. What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and well-being”

Michael Marmot (2010)

If we intervene early enough, we can give children a vital social and emotional foundation which will help to keep them happy, healthy and achieving throughout their lives and, above all, equip them to raise children of their own, who will also enjoy higher levels of well-being.

Graham Allen MP (Early Intervention: The next steps, 2011)

A young child’s experience of an encouraging, supportive, and co-operative mother, and a little later, father, gives him a sense of worth, a belief in the helpfulness of others, and a favorable model on which to build future relationships... by enabling him to explore his environment with confidence and to deal with it effectively, such experiences also promote his sense of competence. (p. 378)

Bowlby, J. (1982). Attachment and loss. Vol. 1: Attachment (2nd Ed.). New York: Basic Books

Approximately 35-40% of infants are less than securely attached

Barlow, J. & Svanberg, P.O. (2009) Keeping the baby in mind. Infant Mental Health in practice. London: Routledge.

Stress during childhood, , caused by adverse childhood experiences, increases the risk of:

- Alcohol and drug abuse
- Depression and other mental health issues
- Fetal death
- Early initiation of sexual activity
- Suicide attempts
- Chronic ill-health, such as heart, liver or lung disease

(Adverse Childhood Experiences study, Felitti, V. Et al, ongoing)

The infant's first social achievement, then, is his willingness to let the mother out of sight without undue anxiety or rage, because she has become an inner certainty as well as an outer predictability. **Erikson, 1963**

In the first three years, babies brains make 700 new connections every second.

Charles A. Nelson, Neurons to neighbourhoods. J Shonkoff & D. Phillips Eds, Washington DC, National Academy Press, 2000

Over 3000 babies under one year of age in Northern Ireland live with a parent who has a common mental health problem.

DRAFT