

ANNUAL BUSINESS PLAN



2013–2014

Purpose, vision and values

During 2013/14 the PHA will continue to work and be guided by our purpose, vision and values.

Our purpose

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

Our vision

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

Our values

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

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Introduction

The Public Health Agency (PHA) *Annual Business Plan 2013–2014* details how we will make best use of our resources to achieve our core goals, as set out in our *Corporate Strategy 2011–2015*. These are:

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

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

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

This plan focuses on significant new initiatives for 2013/14, and does not detail all the PHA's planned work.

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

Strategic context

In planning our work the PHA must take account of the regulatory and strategic environment in which we operate. We must consider:

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

DHSSPS policy priorities

The DHSSPS has set the PHA a range of priorities for 2013/14, encompassing programme delivery and organisational objectives.

A key DHSSPS priority for 2013/14 is the implementation of the Public Health Strategic Framework for Northern Ireland, which sets out an updated strategic direction for public health for the next ten years. The PHA will take an active role in this, working with the DHSSPS and other partners.

During 2013/14, the PHA will also have joint responsibility with the Health and Social Care Board (HSCB) for the implementation of *Quality 2020: A 10-Year Strategy to Protect and Improve Quality in Health and Social Care in Northern Ireland*. The goals of the strategy will be the delivery of high quality services and for Northern Ireland to be recognised locally and internationally as a leader for excellence in health and social care.

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

Programme for Government 2011–2015

Through the Programme for Government (PfG) 2011–2015, the fundamental importance of reducing health inequalities and improving long-term public health was recognised by a commitment to invest an additional £10m in public health initiatives over the programme. Given the financial climate, this is a significant commitment by the Northern Ireland Executive. The PHA will respond to this commitment through innovative and targeted working to improve health and wellbeing.

With the additional funding that was made available in 2012/13, the PHA worked to develop services that will help those people at greatest risk of experiencing health inequalities. New areas of investment included:

- the further development of services to help support people with mental health issues and those at risk of suicide;
- new early years intervention programmes to support vulnerable families with young children;
- the expansion of evidence-based programmes to help tackle obesity;
- the development of new programmes to help maintain the wellbeing and independence of older people;

- additional funding for nicotine replacement therapies to meet the demand for people wanting support to stop smoking;
- the introduction of digital mammography for breast screening.

In 2013/14 the PHA will work with the HSCB and other Health and Social Care (HSC) bodies to achieve specific PfG targets, including:

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

A key theme for the PHA is work with older people and a range of actions which will advance this have been planned for 2013/14 detailed at page 12. In addition, we will continue with a number of initiatives started in 2012/13 and beyond.

Through PfG in 2013/14 we will invest an additional £2.5m in key public health issues, of which £0.4m will be invested in specific programmes to tackle obesity.

Partnership working

The PHA has a statutory responsibility to work closely with partners in the community, the voluntary sector, health and social care, local government and the statutory sector. We will continue to do this in 2013/14.

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

Personal and public involvement

Personal and public involvement (PPI) is a statutory responsibility for all HSC organisations. PPI requires the PHA to involve and consult service users and carers in the planning and development of services.

As set out in our *PPI strategy and action plan*, the PHA will work to embed PPI into the culture and practice of the organisation. The PHA has additional regional leadership responsibilities for PPI. This includes:

- the implementation of PPI policy across the HSC;
- the chairing of the regional HSC PPI forum;
- the sharing of PPI best practice;
- the establishment of robust PPI monitoring arrangements;
- raising awareness of and understanding PPI through training.

Our work in 2013/14

In 2013/14 we will focus on six areas of work, as illustrated in the diagram below:



Each of these areas is broken down into key actions to be led by specific PHA executive directors (see Appendix 2).

Reports on the progress of these actions will be submitted on a regular basis to the PHA board, while reductions in overall levels of poor health and inequality will be measured through the DHSSPS Indicators of Performance.

This will be supplemented by in-depth reporting on progress on specific issues as summarised in Appendix 1.

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

Protecting health

The PHA is responsible for protecting the people of Northern Ireland from infectious diseases and environmental hazards. We do this through surveillance and monitoring, operational support and advice, response to health protection incidents, education, training and research.

We work in partnership with a local, national and international organisations such as the World Health Organization and the European Centre for Disease Prevention and Control.

During 2013/14, the PHA will ensure robust arrangements are in place for a number of major events occurring in Northern Ireland, including the World Police and Fire Games 2013, the G8 Summit, and the Fleadh for the City of Culture celebrations in Derry-Londonderry.

We will also lead on the implementation of new immunisation programmes in 2013/14. A costed implementation plan for the DHSSPS *Strategy on antimicrobial resistance* will be finalised and following approval, implemented.

Services to meet the health protection needs of migrants will be developed further and services for people with hepatitis will continue to improve.

Protecting health

Key actions for 2013/14

	Action	Lead director	Timescale for completion
1.	Work with emergency preparedness colleagues in the HSCB and BSO and multi-agency partners to prepare for major events in Northern Ireland in 2013.	Medical Director/ Director of Public Health	30 June 2013 (G8) 31 August 2013 (Police and Fire Games) 31 December 2013 (City of Culture)
2.	Introduce new and revised vaccination programmes directed by DHSSPS, specifically rotavirus, meningococcal, shingles and expanded flu vaccinations.	Medical Director/ Director of Public Health	During 2013/14
3.	By March 2014, secure a further reduction of 23% in MRSA and <i>Clostridium difficile</i> infections compared to 2012/13	Medical Director/ Director of Public Health	31 March 2014
4.	The PHA will plan, coordinate and implement appropriate health protection public information campaigns, in accordance with the new Government Advertising Unit protocols for campaign development.	Director of Operations	31 March 2014
5.	Ensure that the Northern Ireland Flu Pandemic Preparedness and Response Guidance is incorporated in PHA/HSCB/BSO Pandemic Flu Plans.	Medical Director/ Director of Public Health	31 March 2014

Improving health and wellbeing and tackling health inequalities

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

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

Public Health Framework for Northern Ireland

During 2013/14 the PHA will develop a detailed implementation plan for the new Public Health Framework for Northern Ireland, which seeks to ensure cross-government action to improve health and wellbeing and reduce inequalities.

Living standards

There is an established correlation between standards of living and general health and wellbeing. In 2013/14 we will continue to work with communities and organisations to tackle poverty, improve employability and promote economic development. We will work with partners and the active engagement of communities wherever possible.

Other work

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

- breastfeeding;
- obesity prevention;
- tobacco control;
- alcohol and drugs;
- sexual health;
- skin cancer;
- home accidents,
- mental health and wellbeing;
- suicide prevention; including joint work to develop a suicide public awareness initiative.

Other important areas of work for 2013/14 include early years intervention, children and young peoples' planning and the needs of older people, people with physical and sensory disability and more vulnerable groups such as minority and ethnic communities and people who are homeless.

**Improving health and wellbeing
and tackling health inequalities
Key actions for 2013/14**

	Action	Lead director	Timescale for completion
	Give every child the best start in life		
1.	Extend the Roots of Empathy programme with schools on a planned basis with 46 new schools recruited to the programme and ongoing research through RCT.	Medical Director/ Director of Public Health	During 2013/14
2.	Commission delivery of an Infant Mental Health Training Plan for key staff, on parent child interaction which will promote infant brain and emotional development including Infant Mental Health Diploma, Video Interactive Guidance, Solihull approach and short courses.	Medical Director/ Director of Public Health	During 2013/14
3.	Commission delivery of five new Early Years Intervention Programmes through Government's Delivering Social Change initiative: Incredible Years, Strengthening Families Programme, Parenting ur Teen, Triple P and Infant Mental Health Training.	Medical Director/ Director of Public Health	30 June 2013
5.	Develop breastfeeding peer support programmes in areas where breastfeeding rates are low; monitor the impact and expand capacity incrementally over the next three years, with support workers making contact with a minimum of 60% of all breastfeeding mothers.	Medical Director/ Director of Public Health	During 2013/14
6.	Scope existing health improvement programmes for those with physical and sensory disability and develop/adapt public health information to meet the needs of people with physical and sensory disability.	Medical Director/ Director of Public Health	During 2013/14
7.	Improve long-term outcomes for the children of teenage mothers by rolling out the Family Nurse Partnership Programme to commence work on one further site	Director of Nursing and AHP	31 March 2014
	Ensure a decent standard of living		
8.	Develop and implement programmes which tackle poverty (including fuel poverty) and maximise access to benefits, grants and a range of services, including delivery of the detailed action plan for the MARA programme.	Medical Director/ Director of Public Health	During 2013/14
9.	Establish programmes that address employability and the needs of long term unemployed people with a focus on skills development and opportunities for training and employment within the health and social care sector, including development of 'Belfast Works' model.	Medical Director/ Director of Public Health	30 September 2013
10.	Support social economy businesses and community skills development using the power of the HSC sector through public procurement; including 'Possibilities Programme'	Medical Director/	During 2013/14

	which aims to develop capacity of social economy businesses.	Director of Public Health	
	Build sustainable communities		
11.	Support incremental expansion of programmes to support development in the most disadvantaged communities, including Northern Ireland New Entrant Service and mapping of community assets for health and wellbeing in top 20% most disadvantaged areas in Northern Ireland.	Medical Director/ Director of Public Health	During 2013/14
12.	Establish a cross-sectoral coordinated approach and agreed Action Plan to meeting the health and wellbeing needs of homeless people, in line with DSD Social Inclusion Strategy.	Medical Director/ Director of Public Health	During 2013/14
13.	Contribute to the delivery of the Northern Ireland Prison Service and Social Wellbeing strategy through 'Whole Prison Approach'.	Medical Director/ Director of Public Health and Prisons Commissioning Team	During 2013/14
14.	Develop a coordinated approach to the provision of training for HSC staff to increase their understanding of the specific health needs of LGB&T to ensure that services are 'LGB&T friendly'.	Medical Director/ Director of Public Health HSCB HSC Trusts	During 2013/14
15.	Establish a new model of services to reduce social isolation of older people and increase social engagement opportunities.	Medical Director/ Director of Public Health Commissioning Team Older People	During 2013/14
16.	Ensure the provision of coordinated advice, information and signposting to improve access and uptake of HSWI services by older people in all five localities.	Medical Director/ Director of Public Health Heads of HSWBI	During 2013/14
17.	Establish a coordinated, multi-faceted Falls Prevention Service in line with NICE guidance that will improve the provision of advice and information, signposting to vision and audiology screening, strength and balance training and other support services.	Medical Director/ Director of Public Health Heads of HSWBI /Older Peoples Commissioning Team	During 2013/14
	Make healthier choices easier		
18.	Extend the service model for alcohol and substance misuse liaison services within the hospital setting,	Medical Director/	31 March 2014

	ensuring that such services can respond to drug misuse, self-harm and associated mental health issues.	Director of Public Health	
19.	Increase uptake of stop smoking services, in particular with young people, pregnant smokers and disadvantaged adults by 10%.	Medical Director/ Director of Public Health	During 2013/14
20.	Lead and support implementation of the PHA 'Weight4Baby' pilot project which will target all pregnant women with a BMI > 40 with the aim of limiting gestational weight gain and helping obese mothers to lose weight following birth.	Medical Director/ Director of Public Health	Pilot to commence January 2013 Extend to all Trusts by 30 April 2013 Evaluation complete by 31 March 2015
21.	Develop a pilot Community Pharmacy Emergency Hormonal Contraception Service taking into account the outcomes of the RQIA review, working closely with Integrated Care Pharmacy Services.	Medical Director/ Director of Public Health	During 2013/14
22.	The PHA will plan, co-ordinate and implement a range of appropriate health improvement related Public Information Campaigns in accordance with the new Government Advertising Unit protocols for campaign development.	Director of Operations	31 March 2014

Improving the quality of HSC services

The PHA is committed to ensuring safe, effective and high quality care for the population of Northern Ireland.

We will work with the HSCB in the commissioning of HSC services and associated performance monitoring to ensure that people are treated at all times with dignity and respect.

The PHA provides direction and professional expertise to this critical process at Local Commissioning Group and regional levels. We will also work with the HSCB to introduce National Institute for Health and Clinical Excellence (NICE) technology appraisals and will reflect NICE clinical guidelines in commissioning, taking account of available resources and DHSSPS priorities.

We will continue to implement service frameworks and will establish a long-term conditions policy implementation group to focus on the PfG target to expand patient education programmes.

We will work to complete the remaining Tasks in Phase 1 of the *Quality 2020 Strategy*, and will engage with stakeholders to develop Phase 2 projects.

Organ donation

The PHA has a responsibility to work with the DHHSPS, the HSCB, the five HSCTs and NHSBT Northern Ireland to ensure our HSC system is able to cope with the needs of our population, to ensure services are in place to allow for the timely retrieval and transplantation of organs also to meet the needs of those waiting for a transplant and those who have received a transplant.

There are currently around 200 people on the active transplant waiting list in Northern Ireland, and sadly around 15 people on the waiting list die each year while waiting for a transplant.

The PHA is committed to raising awareness of the need for more organ donors and will continue in 2013/14 to encourage everyone to talk about organ donation and to express their wishes to be a donor. We are fully committed to raising awareness of this important issue in line with other European countries to reduce the number of people and the time spent on the transplant waiting list.

**Improving the quality
of HSC services
Key actions for 2013/14**

	Action	Lead director	Timescale for completion
1.	Through our commissioning arrangements, PHA will work with HSCB to develop a Commissioning Plan and secure Board approval	All Directors	During 2013/14
2.	Work with HSC and DHSSPS to implement the Quality 2020 Strategy, and develop proposals for Phase 2.	Director of Nursing and AHP and Medical Director / Director of Public Health	During 2013/14
3.	Continue to roll out the implementation and monitoring of the Patient and Client Experience Standards throughout the HSC Trusts by: <ul style="list-style-type: none"> • Developing and agreeing an annual workplan with HSC Trusts and the mechanisms for reporting on findings; • Collecting up to 10,000 patient stories to inform the effective delivery and commissioning of high quality, person centred services. 	Director of Nursing and AHP	31 March 2014
4.	Develop a range of nurse sensitive KPIs and methods for collecting regular data and information.	Director of Nursing and AHP	31 December 2013
5.	Carry out nurse workforce planning exercises in a range of acute hospital areas as agreed by the DHSSPS.	Director of Nursing and AHP Directorate	During 2013/14
6.	Lead, on behalf of the DHSSPS, the implementation of the Northern Ireland Maternity Strategy, including promoting safe and effective care.	Director of Nursing and AHP Directorate/ Medical Director/ Director of Public Health	During 2013/14
7.	Lead, on behalf of the DHSSPS, the implementation of the Promoting Good Nutrition Strategy.	Director of Nursing and AHP	During 2013/14
8	Implement the pilot phase of the Regional Adverse Incident Learning System (RAIL) and work towards development of the Full Business Case.	Director of Nursing and AHP	During 2013/14 (Dependant on DHSSPS approval of outline business case.)
9.	Monitor and report on the performance of the Trusts against their Quality Improvement Plans (QIPs) and action plans which have been submitted to the PHA (the QIPs will reflect the commissioning plan targets/indicators).	Director of Nursing and AHP	During 2013/2014
10.	Develop a regional collaborative to promote the concepts and clinical practices which underpin	Director of Nursing and AHP	During 2013/14

	Action	Lead director	Timescale for completion
	Normalising Childbirth in line with the 2012 Regional Maternity Strategy.		
11.	Develop a regional approach to improving care of the deteriorating adult patient – to include use of a physiological early warning scoring tool and arrangements for appropriate intervention and escalation as outlined in HSS(MD) 39/2012 and the NCEPOD report ‘A time to intervene.’	Director of Nursing and AHP	During 2013/14
12.	Continue the regional collaborative in Emergency Medicine, building on the agreed quality indicators and extending the work to promote improvement in other significant areas of practice.	Director of Nursing and AHP	During 2013/14
13.	Continue the regional collaborative in Nursing Homes, sustaining the progress on falls prevention and spreading this across the system. To promote improvement in other areas of practice including hydration, nutrition and preventing skin pressure damage.	Director of Nursing and AHP	During 2013/14
14.	Review AHP support for Children with Special Needs within Special Schools and Mainstream Education, through a scoping exercise of current provision and current delivery models.	Director of Nursing and AHP	31 March 2014
15.	Implement the role of Medicine Management Dietitians in Northern Ireland through establishing a Regional implementation group with key linkages with Dietetic Services within Trusts. The recruitment of Medicines Management Dietitians will be progressed and reporting arrangements for the delivery of the Medicines Management Dietitian Regional Initiative will be developed.	Director of Nursing and AHP	31 March 2014
16.	Take forward the implementation of the AHP Strategy establishing an implementation group with key stakeholders prioritising actions to be implemented in 2013.	Director of Nursing and AHP	31 March 2013
17.	Establish a regional working group with all key stakeholders and develop an action plan and communication plan to take forward direct access physiotherapy.	Director of Nursing and AHP	31 March 2014
18.	Establish a working group of all key stakeholders to develop a neuro physiotherapy model for Northern Ireland, taking account of models of good practice.	Director of Nursing and AHP	31 March 2014
19.	By 31 March 2014, 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. Projected outturn for 2012/13 against a target of 400,000 days is 300,000 MPD.	Director of Nursing and AHP	31 March 2014

	Action	Lead director	Timescale for completion
20.	By 31 March 2014, deliver 720,000 Telecare Monitored Patient Days (equivalent to approximately 2,100 patients) from the provision of remote telecare services including those provided through the Telemonitoring NI contract.	Director of Nursing and AHP	31 March 2014
21.	Establish the Long Term Conditions Implementation Group to ensure good practice in long term management, other priorities in Service Frameworks and related NICE Guidance, and support the introduction of patient education programmes as outlined in PFG. Produce an Action Plan within six months.	Medical Director/ Director of Public Health	31 October 2013
22.	Support implementation of the Eye Care Strategy with HSCB and others.	Medical Director/ Director of Public Health	31 March 2014
23.	With HSCB, seek assurance on implementation of the RQIA Report on Children Under 18 in Adult Wards.	Medical Director/ Director of Public Health	31 March 2014
24.	Work with HSCB to take forward actions under the Bamford Taskforce.	Medical Director/ Director of Public Health	31 March 2014
25.	Work with HSCB to take forward implementation of Service Frameworks – cardiovascular, respiratory, cancer and mental health.	Medical Director/ Director of Public Health	31 March 2014
26.	Provide an assurance to the Department that HSC Trusts and Family Practitioners Services are meeting their requirements regarding the promotion of reporting, management of and implementation of learning from serious adverse incidents/ adverse incidents and near misses	Director of Nursing and AHP	31 March 2014
27.	Living Matters: Dying Matters – The Palliative and End of Life Care Strategy for Adults in NI. Work will continue to increase the quality of life for people in the last year of life by ensuring that palliative care measures run alongside acute intervention for people with cancer, cardiovascular and respiratory disease , diabetes dementia , frail elderly and those with a physical disability who are at the end of life. This includes in the implementation of the ELCOS model.	Director of Nursing and AHP	During 2013/14
28.	Produce a report summarising best practice in PPI across all HSC bodies, as well as identifying any barriers to effective personal and public involvement and means of overcoming same.	Director of Nursing and AHP	31 March 2014
29.	Lead the implementation of the PPI Strategy through the delivery an Action Plan and effective leadership of the Regional Health and Social Care, Personal and Public Involvement (PPI) Forum.	Director of Nursing and AHP	31 March 2014

	Action	Lead director	Timescale for completion
30..	Develop and initiate a programme of performance management for PPI – both internally within the PHA and across the HSC.	Director of Nursing and AHP	31 March 2014
31.	Re-design, re-launch and provide ongoing management of the Engage Website to provide a web based resource to promote and advance PPI across the HSC.	Director of Nursing and AHP	31 March 2014

Improving the early detection of illness

The PHA will continue to commission and quality assure screening programmes for breast, bowel and cervical cancers. Quality assurance processes are being consolidated for antenatal, abdominal aortic aneurysm, diabetic retinopathy, and the newborn hearing and bloodspot screening programmes. The PHA will also respond to the outcome of the national review of the diabetic retinopathy screening interval. We will provide an annual report on all these programmes to the PHA Board in 2013/14.

The cervical screening programme is being revised to include HPV testing, with work on the revised programme commencing in the last quarter of 2012/13.

A business case for the replacement of analogue breast screening equipment with digital equipment has been developed; it is expected that this will be approved by the DHSSPS and Department of Finance and Personnel early 2013/14 to allow replacement to commence. The investment for this would be through the Programme for Government. Additional radiography support for the breast screening programme will also be implemented in 2013/14.

Improving the early detection of illness
Key actions for 2013/14

	Action	Lead director	Timescale for completion
1.	Introduce screening surveillance for women at high risk of breast cancer through the NI Breast Screening Programme	Medical Director/ Director of Public Health	31 March 2014
2.	Improve informed choice in cancer screening (particularly amongst hard to reach groups)	Medical Director/ Director of Public Health	31 March 2014
3.	Prepare for the extension of the Bowel Cancer Screening Programme to invite people up to the age of 74 years, to invite in 2013/14 50% of all eligible men and women aged 60-71, with a screening uptake of at least 55% in those invited, and will have in place all the arrangements necessary to extend bowel cancer screening to everyone aged 60-74 from April 2014.	Medical Director/ Director of Public Health	31 March 2014
4.	Commence roll out of digital mammography.	Medical Director/ Director of Public Health	31 March 2014
5.	Ensure robust processes are in place for booking of DRSP patients, maintaining the screening interval and promoting high uptake.	Medical Director/ Director of Public Health	Ongoing throughout 2013/14
6.	Implementation of DHSSPS 2011 standards in Antenatal infections.	Medical Director/ Director of Public Health	
7.	Work with BSO and Trusts to co-ordinate and support the implementation of electronic linkage within the Newborn Blood Spot Programme including universal use and application of H&C numbers.	Medical Director/ Director of Public Health	31 March 2014
8.	Work with BSO and Trust staff (screening, CHS, audiology, health visiting, neonatology and paediatrics) to implement the Northern Ireland Newborn Hearing Screening Programme Guidance on responsibilities for referral and follow-up of infants resident in NI up to 6months of age.	Medical Director/ Director of Public Health	31 March 2014

Using evidence, fostering innovation and reform

The PHA uses, whenever possible, the latest guidance and good practice when developing or delivering programmes to improve and protect health and wellbeing. This means:

- using available evidence to develop and hone locally relevant approaches;
- promoting innovation where this can better meet needs, and building in evaluation to provide information on impact;
- using this evaluation to inform decisions on improving or changing our approaches;
- using research and health intelligence information as a means of securing lasting improvements in the health and social wellbeing of the population.

In 2013/14 the PHA will use evidence and foster innovation and reform across by:


- finding improved ways of doing things;
- exploring the use of new technologies;
- optimising evidence, research and development;
- achieving our goals through effective commissioning.

The PHA encourages, supports and invests in high quality research and development with the aim of developing Northern Ireland as a national and international centre for such work. We are committed to ensuring that the work of our HSC Research and Development (HSC R&D) division meets the needs of the DHSSPS and the HSC and helps build the evidence base that informs decisions about both existing and new health and social care interventions and services.

We will build on previous successes in securing external funding for HSC R&D and will continue in 2013/14 to work with the HSC research and development community to facilitate access to UK and international funding, including the Efficacy and Mechanism Evaluation Programme, the Health Technology Assessment Programme, the Health Services and Delivery Research Programme, National Institute for Health Research public health programmes, Horizon 2020 and other EU initiatives.

Using evidence, fostering innovation and reform
Key actions for 2013/14

	Actions	Lead director	Timescale for completion
1.	Support the expansion of the Northern Ireland Public Health Research Network Expand the membership of the NIPHRN and establish Research Design Groups Facilitate the formation of RDGs and their delivery of PH research proposals Review the success of the NIPHRN Special Interest Groups	Medical Director/ Director of Public Health	During 2013/14
2.	Explore the potential of using routinely collated datasets for HSC research purposes Assist the HSC exploit the opportunities flowing from the Admin Data Taskforce Work with colleagues to advance the research dimension of the DHSSPS MOU – Honest Broker Service	Medical Director/ Director of Public Health	During 2013/14
3.	Agree regional R&D permissions metrics and monitor implementation of permissions metrics in HSC R&D.	Medical Director/ Director of Public Health	All Year
4.	Develop and issue guidance for management of R&D permissions for cross-border studies in conjunction with other administrations.	Medical Director/ Director of Public Health	During 2013/14
5.	Participate in UK-wide working groups to apply and interpret AcoRD. Provide training programme for Research Managers, researchers and research funders on AcoRD.	Medical Director/ Director of Public Health	During 2013/14
6.	Support researchers to access funding opportunities under the US-Ireland Partnership Funding Scheme.	Medical Director/ Director of Public Health	All Year
7.	Assist with implementation of a local portfolio management system to support research management and governance processes within HSC Trust Research Offices, NICTN, and NICRN.	Medical Director/ Director of Public Health	During 2013/14
8.	Commission a research call in Dementia in Care.	Medical Director/ Director of Public Health	During 2013/14
9.	Commission a call in Public Health Suicide Research	Medical Director/ Director of Public Health	During 2013/14



Developing our staff and ensuring effective processes

The PHA recognises that our staff are our greatest resource and aims to promote a working environment that is safe, productive, fair, and where staff understand their personal responsibilities and accountability. The range of training and development opportunities for staff will be further expanded in 2013/14 both to meet individual development needs and the wider requirements of the PHA.

To maintain a culture of transparency and respect for all staff, the PHA will also continue to promote policies and procedures such as whistleblowing and working well together.

How we work and the systems we use are fundamental to achieving our goals and objectives. During 2013/14 we will continue to refine our business processes. This will include working with the Business Services Organisation to further integrate the recently introduced Finance, Personnel and Logistics (FPL) and Human Resources, Payroll, Travel and Subsistence (HRPTS) systems. The successful operation of these will be vital to ensuring we meet our financial obligations and the effective use of staff capacity.

We will also continue to meet governance requirements in line with our Management Statement and Financial Memorandum. This will include preparing a Governance Statement, a Mid-Year Assurance Statement and appropriate self-assessments, as well as complying with the Corporate Manslaughter Act and procurement guidance.

We will also take appropriate steps to comply with statutory requirements for sustainable development and the reduction in greenhouse gases.

Developing our staff and ensuring effective processes

Key actions for 2013/14

	Actions	Lead director	Timescale for Completion
1.	Continue to take forward actions to embed a culture which places value on staff, ensures clear and known organizational priorities and establishes a clear, transparent leadership and accountability framework	All Directors with Director of Human Resources	31 March 2014
2.	Continue to implement the absence management policy and monitor and report on staff absence, taking actions where appropriate to reduce absenteeism.	Director of Human Resources	During 2013/14
3.	Ensure that by 30 th June 2013 90% of staff will have had an annual appraisal of their performance during 2012/13	All Directors	30 June 2013
4.	Ensure that by 31 March 2014 100% of doctors working in PHA have been subject to an annual appraisal	Medical Director/ Director of Public Health	31 March 2014
5.	Work with HR to identify key steps and milestones to ensure implementation of the knowledge and skills framework	Director of Operations with Director of Human Resources	During 2013/14
6.	Prepare for the auto enrolment of staff on pension schemes	Director of Human Resources	During 2013/14
7.	Develop with the local government steering group a shared framework of action including mutual governance arrangements	Director of Operations	During 2013/14
8.	Commission the design and development of a generic multi-faceted PPI Awareness Raising and Training Programme for the PHA and across the HSC.	Director of Nursing and AHP	31 March 2014
9.	Continue to review and update governance and reporting arrangements in line with good practice and other DHSSPS requirements, including reviewing the PHA Assurance Framework and the effectiveness of PHA systems to review progress on implementation of action plans resulting from inspections, inquiries and audit findings.	Director of Operations	30 September 2013
10.	Continue to assess compliance with relevant controls assurance standards in a timely manner, maintaining substantive compliance and prepare for the introduction of the new Information Governance standard.	Director of Operations	31 March 2014
11.	Test and review the PHA Business Continuity Plan	Director of Operations	During 2013/14

	Actions	Lead director	Timescale for Completion
12.	Review PHA processes for preparation and approval of business cases and develop a business case database.	Director of Operations to co-ordinate	30 April 2013
13.	Continue to maintain and improve where appropriate the quality of information/data being presented to the PHA board	Director of Operations	31 March 2014
14.	Complete the business case for new accommodation, and move staff accordingly. In doing so it will ensure that property costs demonstrate value for money, that any surplus assets are disposed of, and that appropriate skills and expertise are accessed.	Director of Operations	During 2013/14
15.	Preparation of a Property Asset Management Plan for submission to the DHSSPS	Director of Operations	31 March 2014
16.	Ensure effective finance systems and processes are in place consistent with best practice and agreed Departmental requirements	Director of Finance	During 2013/14
17.	Conduct a review of management costs within the PHA, and prepare a report and savings plan to be approved by the PHA board and the Department	Director of Finance	30 June 2013
18.	Develop and agree a performance framework with appropriate performance indicators reflecting the work of the PHA	Director of Operations	31 March 2014
19.	Ensure that the PHA Annual Business Plan for 2014/15 is prepared in line with Departmental requirements, approved by the PHA board and submitted to the Department by the end of January 2014.	Director of Operations	31 January 2014

Programme budgets

During 2013/14, the PHA will invest £67.87m of programme funds and PfG funding as shown in the tables below.

These figures reflect the current known situation and do not reflect potential savings that PHA may need to deliver in 2013/14.

Programme by percentage of total programme funding

Programme	Percentage of programme funds
Health improvement	49.3%
Screening and service development	17.3%
Research and development	16.2%
Nursing, AHP and PPI	8.9%
Health protection	6.7%
Campaigns	1.6%

Breakdown of PHA programme funding 2013/14

Area of Spend	Baseline Budget	Programme	Baseline Budget
Health Improvement	£31,655,250	Drugs and Alcohol	£5,824,470
		Smoking Cessation	£4,358,446
		Suicide Prevention Strategy	£3,712,706
		Lifeline	£3,441,750
		Investing for Health	£2,589,827
		Obesity (inc Food & Nutrition)	£2,039,616
		Teen Pregnancy/Sexual Health	£1,486,031
		Healthy Living Centres	£1,166,592
		Mental Health Promotion	£1,012,706
		One Stop Shop	£949,569
		MARA	£917,000
		Physical Activity	£699,163
		ISCYP	£550,000
		Local Gov't Allocation	£498,809
		Inequality Funding	£364,282
		Roots of Empathy	£332,500
		Accident Prevention	£324,972
		Hidden Harm	£312,999
		Older People	£250,000
		Sustainable Communities	£235,001
		New Parent Programme	£175,000
		Farm Families	£115,000
		Migrant/ Travellers / LGBT	£98,000
Breastfeeding	£69,037		
WorkPlace Health	£43,025		
Fareshare	£35,000		
Artscare	£30,000		
Melanoma Network	£23,750		
Health Protection	£4,270,135	Flu vaccination	£2,920,031
		Immunisation	£634,456
		HCAI	£495,648
		National Poisons Information Service	£145,000
		HIV Surveillance	£60,000
		Support to Hep C Clinical Network	£15,000
Nursing, AHP and PPI	£5,836,561	ECCH	£2,755,000
		Ward Sister Initiative	£2,000,000
		Family Nurse Partnership	£964,561
		Nursing & AHP (Other)	£117,000
Screening & Service Development	£11,085,519	Breast Screening Programme	£5,697,161
		Bowel Cancer Screening Programme	£2,552,811
		Abdominal Aortic Aneurysm	£986,269
		Cancer Registry	£737,704
		Cervical Screening Programme	£644,724
		New Born Screening Programme	£291,669
		Cerebral Palsy	£92,000
		Screening & Service Development (Other)	£47,000
Diabetic Retinopathy Screening Programm	£36,181		
Campaigns	£1,132,800	Campaigns	£1,132,800
Research & Development	£10,386,000	R&D	£10,386,000
Other	£1,011,617	Other	£1,011,617
PfG Allocation 2013/14	£2,500,000		£2,500,000
	£67,877,882		£67,877,882

Please note budget figure for campaigns excludes additional in year funding that may be provided to support implementation of new services e.g. bowel screening.

Appendix 1

PHA board Framework for Monitoring Performance

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

*Once a month over the course of 2013/14 each of the health improvement/inequalities topics will be addressed in a performance briefing

Appendix 2

Table of directors

	Director title	Name
1.	Director of Nursing and Allied Health Professions (AHP)	Mary Hinds, Public Health Agency
2.	Director of Operations	Ed McClean, Public Health Agency
3.	Medical Director/ Director of Public Health	Dr Carolyn Harper, Public Health Agency
4.	Director of Finance	Paul Cummings, Health and Social Care Board
5.	Director of Human Resources	Hugh McPoland, Business Services Organisation

Abbreviations

AAA	Abdominal Aortic Aneurysm
AHP	Allied Health Professions
BFI	Baby Friendly Initiative
BME	Black and Minority Ethnic
BMI	Body mass index
BSO	Business Services Organisation
DFP	Department of Finance and Personnel
DHSSPS	Department of Health, Social Services and Public Safety
DRSP	Diabetic Retinopathy Screening Programme
DSD	Department of Social Development
ELCOS	End of Life Care Operation System
EU	European Union
G8	Group of Eight Countries; UK, France, Russia, Germany, Japan, Italy, Canada&US
HPV	Human Papilloma Virus; cancer screening
HSC	Health and Social Care
HSCB	Health and Social Care Board
HSCB PMSI	HSCB, Directorate of Performance Management & Service Improvement
HSC R&D	Health and Social Care Research and Development Division
HSCT	Health and Social Care Trust
HSWI	Health and Social Wellbeing Improvement
ISCYP	Integrated Services for Children and Young People
KPI	Key Performance Indicator
LCGs	Local Commissioning Groups
LGB&T	Lesbian, gay, bisexual and transgender
MARA	Maximising Access in Rural Areas
MOU	Memorandum of Understanding
MPD	Monitored Patient Days
MRSA	Methicillin resistant staphylococcus aureus; a bacterium with antibiotic resistance
NCEPOD	National Confidential Enquiry into Patient Outcome and Death
NHS	National Health Service
NHSBT	NHS Blood and Transplant
NICE	National Institute for Health and Clinical Excellence
NICRN	Northern Ireland Clinical Research Network
NICTN	Northern Ireland Cancer Trial Network
NIPHRN	Northern Ireland Public Health Research Network
PfG	Programme for Government
PH	Public Health
PHA	Public Health Agency
PIC	Public Information Campaigns
POC	Programme of Care
PPI	Personal and Public Involvement
PYLL	Potential Years of Life Lost
QIP	Quality Improvement Plan
RAIL	Regional Adverse Incident Learning System
RCT	Randomised Controlled Trial
RDG	Research Design Group
RQIA	Regulation and Quality Improvement Authority
SDR	Standardised Death Rate
STAR	Strategy on Antimicrobial Resistance
TYC	Transforming Your Care
UNICEF	United Nations International Children's Emergency Fund; charity
WHO	World Health Organisation

Alternative formats



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

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

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

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