

# ANNUAL BUSINESS PLAN



2015–2016

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Approved by the PHA Board 20 August 2015

Approved by DHSSPS 23 September 2015

# Purpose, vision and values

During 2015/16 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 2015–2016* 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 2015/16, incorporating Departmental requirements, and is not intended to cover every aspect of the PHA's planned work.

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

## Strategic context

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

There have been significant developments in recent years in terms of interventions and programmes to improve and protect health and well-being, reducing health inequalities, as well as in modernising and developing the range and quality of care services. This provides no basis for complacency as there are, for example, currently 4,000 premature deaths per year and 61,000 potential years of life lost through preventable illnesses. Loss to the local economy as a result of obesity alone is estimated at over £400 million, with 61% of the population being either overweight or obese and the impact of the misuse of alcohol on the health and social care system is estimated at some £250 million.

We recognise that reducing health inequalities is also central to ensuring economic and social progress. Reducing entrenched health inequalities is not something that the PHA alone can achieve, nor will it be easily measured on an annual basis. Accordingly working effectively with communities, organisations and groups is at the heart of what we do. The new strategic Public Health framework “Making Life Better”, published in 2014 provides a renewed drive and direction for working better together, including with other Departments and public Agencies on the root causes of health inequalities.

The PHA, like all other HSC organisations and the wider public sector, faces financial challenges as we enter 2015/16. The NI public budget is constrained and tough choices will have to be made. This will have implications on how we do our business, as we take steps to work within a reduced management and administration budget. It will also impact on how we use our budget to achieve our core goals. The PHA will however continue to closely monitor and review its expenditure to ensure that it is used to maximum effect to help improve the health and wellbeing of the people of Northern Ireland and maintain the safety and quality of the services we commission.

Our last Annual Business Plan (2014/15) contained approximately 85 targets including those set for it in the DHSSPS Commissioning Plan Directions and Departmental Objectives. These targets covered every facet of our work with the vast majority, 78%, completed on time and a further 18% on track for completion, albeit slightly delayed. These stretching targets reflected areas identified as having the biggest potential impact on improving levels of health and social wellbeing, protecting the health of the community, and ensuring patients continue to receive high quality and safe treatment and care services.

In planning our work for 2015/16 the PHA must take account of the regulatory and strategic environment in which we operate, including:

- Programme for Government 2011–2015
- ‘Making Life Better’
- DHSSPS policy priorities
- Partnership working
- Personal and public involvement

Our actions will therefore reflect these. We will also seek to embed prevention and early intervention across the services we commission and, where appropriate, in relevant sections of the HSCB/PHA commissioning plan.

### **Programme for Government 2011–2015**

Through the Programme for Government (PfG) 2011–2015, the fundamental importance of reducing health inequalities and improving long-term public health was recognised by a commitment to invest an additional £10m in public health initiatives over the lifetime of the programme. Specifically PfG set out the importance of tackling obesity. During 2014/15 the PHA continued to invest the additional budget in key public health areas, including specific programmes to tackle obesity, as set out in the 2014/15 Annual Business Plan.

The PHA also continued to work with the HSCB and other Health and Social Care (HSC) bodies during 2014/15 to achieve other relevant PfG targets, including those relating to chronic condition management, measures aimed at improving safeguarding for children and vulnerable adults, improving outcomes and access to new treatments and services, as well as reconfiguring, reforming and modernising the delivery of HSC services to improve the quality of patient care.

As the life of the current NI Executive has been extended for a further year, these PFG targets will also remain for a further year. The PHA will continue to work to address the priorities set out in the PfG 2011–15.

### **Making Life Better**

A key priority for 2015/16 is the implementation of ‘Making Life Better – A Whole System Strategic Framework for Public Health 2013–2023’, which sets out an updated strategic direction for improving the health and wellbeing of the public and reducing health inequalities over the next ten years. The PHA has a lead role in the implementation of ‘Making Life Better’, supporting the DHSSPS and working with partners through existing and recently established structures. The PHA Chief Executive chairs the Regional Project Board for Making Life Better. The Project Board is comprised of Chief Officers of relevant statutory agencies including representation from health and social care, local government, community and voluntary sector and the private sector; it reports to the All Departments Officials Group (ADOG). The Project Board will also be informed by local partnerships with an initial focus on strengthening collaboration and alignment to deliver on the following strategic priorities across sectors at regional and local levels:

- Caring Connected Communities
- Active Travel/Space and Place
- Neighbourhood Renewal

## **Other DHSSPS policy priorities**

During 2015/16, the PHA will also support DHSSPS on 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 are the delivery of high quality services and for Northern Ireland to be recognised locally and internationally as a leader for excellence in health and social care.

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

## **Partnership working**

The PHA has a statutory responsibility to work closely with partners in the community, the voluntary sector, health and social care, local government and the statutory sector. We will continue to do this in 2015/16, building on and consolidating relationships.

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

We will continue to work closely and build on our relationships with local government, as they transition through significant reform, working collaboratively with the newly established councils to develop shared approaches and arrangements for improving and protecting our communities' health.

## **Personal and public involvement**

Personal and Public Involvement (PPI) is a term used to describe the active and meaningful involvement of service users, carers and the public in the commissioning, design, delivery and evaluation of health and social care services.

PPI is a statutory responsibility for HSC organisations. It is also an integral component of the drive to achieve improvements in safety, quality and effectiveness, helping to ensure that services are truly person centred.

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

- Leading the implementation of PPI policy across HSC;
- Ensuring Trusts meet their PPI responsibilities;
- Chairing the Regional HSC PPI Forum;
- Sharing of PPI best practice and promoting consistency of approach;
- Establishment of robust PPI monitoring arrangements;
- Raising awareness of and understanding PPI through capacity building and commissioning of training.

## **Beyond 2015**

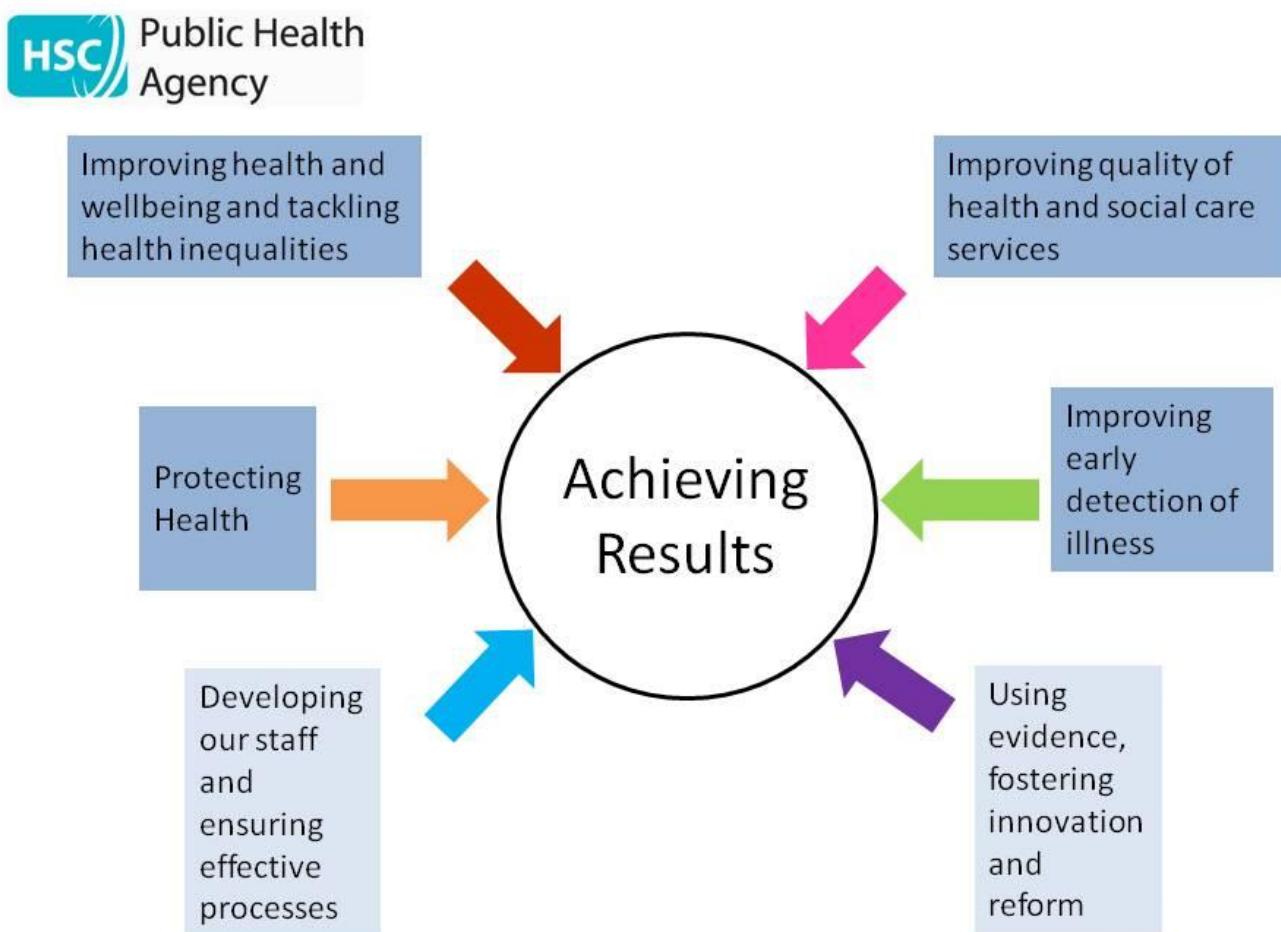
As set out in the PHA Annual Business Plan for 2014/15 the PHA commenced work in 2014 to develop a new corporate strategy, including both external and internal engagement. While our existing Corporate Strategy 2011–2015 will be extended for a further year (reflecting the extension of the NI Executive) covering this Annual Business Plan for 2015/16, the development of our new Corporate Strategy will be a key priority for the coming year. The new Corporate Strategy will be based on what we learn from listening to our partners, stakeholders and staff, scanning the future environment as well as reflecting our statutory responsibilities.

2015/16 will also see further changes to the PHA board. Mary McMahon, our inaugural Chair, completed her term in November 2014, with Julie Erskine taking on the role of Acting Chair until May 2015. Andrew Dougal was appointed as the new PHA Chair, taking up post on 1 June 2015. As well as a new Chair, two Non-Executive Directors (Jeremy Harbison and Miriam Karp) also completed their terms in April 2015, with two new Non-Executive Directors, Judena Leslie and Leslie Drew appointed early 2015.

The forthcoming year will be a challenging one as we work within budget constraints and reductions. This will have implications for what we do and how we do it. However we remain committed to working to achieve improvements in the health and wellbeing of the population of Northern Ireland, making best use of our resources to do so in 2015/16 as well as plan for the future.

# Our work in 2015/16

In 2015/16 we will continue to focus on our six core areas of work, as illustrated in the diagram below:



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

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

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

Following the introductory narrative in the following sections of this Plan, a table is presented setting out Key Actions to be taken forward in 2015/16.

## Protecting health

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

The Health Protection Service has a number of work programmes in key areas with regional consultant leads for each area. These include healthcare associated infections, immunisation, health protection emergency preparedness, gastrointestinal infections, sexually transmitted infections, influenza, and tuberculosis. Immunisation programmes are one of the most successful public health programmes in existence, protecting the population of Northern Ireland against serious diseases.

During 2015/16, the PHA will continue to lead and provide the acute health protection response to incidents, outbreaks and the wide range of issues reported to the Health Protection Duty Room. We will ensure our protocols are fully up to date and further strengthen our service through continuous learning and development.

Priority challenges for 2015/16 are:

- continue the flu immunisation programmes;
- undertake preparatory work relating to the introduction of the meningitis B vaccine;
- ensure PHA is fully prepared to respond effectively to a range of health protection threats, including Ebola Virus Disease.

## Protecting health

### Key actions for 2015/16

	Action	Lead director	Timescale for completion
1.	Work with the HSC Trusts to secure a further reduction of 20% in the total number of in-patient episodes of Clostridium difficile infection in patients aged 2 years and over and in-patient episodes of MRSA bloodstream infection.	Medical Director/Director of Public Health	31 <sup>st</sup> March 2016
2.	Develop PHA resilience to maintain a prolonged response to a major incident.	Medical Director/Director of Public Health	31 <sup>st</sup> March 2016
3.	During 2015/16 have emergency response plans in place to respond to a case of Ebola Virus Disease (EVD) in Northern Ireland.	Medical Director/Director of Public Health	31 <sup>st</sup> March 2016
4.	Continue and enhance proactive communications of health protection issues, including vaccination, hand hygiene, observance days, etc.	Director of Operations	On-going throughout 2015/16

# Improving health and wellbeing and tackling health inequalities

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

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

During 2015/16 the PHA will advance these objectives through implementation of Making Life Better, the new public health framework for Northern Ireland, which seeks to ensure strengthened collaboration across society, improve health and wellbeing and reduce inequalities. We will also seek to strengthen our joint working with the eleven new councils and ensure close alignment with community planning processes to improve health and wellbeing.

The PHA will continue to progress the early years intervention agenda, in particular through the workstreams of the Early Intervention Transformation Programme, sponsored by a consortium including Government Departments. We will continue to work with communities and organisations to reduce some of the structural barriers to health, aiming to reduce poverty and improve employability, social and economic development. We will work to ensure the active engagement of communities wherever possible.

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

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

We will also be taking forward a programme to support the active engagement of older people to improve their health and wellbeing and building ‘caring communities’. Four key areas of action will include: promoting active citizenship and positive ageing environments; improving access to and uptake of health and wellbeing programmes; supporting local approaches to include older people in issues that affect their health and wellbeing; and promoting befriending and support for older people and their carers.

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

Work will also continue during 2015/16, with the HSCB and others as appropriate, to ensure that the e-health and care strategy is implemented and reflects the objectives of the PHA and ‘Making Life Better’.

**Improving health and wellbeing  
and tackling health inequalities**  
**Key actions for 2015/16**

	Action	Lead director	Timescale for completion
<b>Giving Every Child the Best Start – Theme 1 Making Life Better</b>			
1.	Implement Phase One of Early Intervention Transformation Programme in relation to universal midwifery, health visiting and pre-school services (Work stream one).	Director of Nursing/AHP	31 <sup>st</sup> March 2016
2.	Implement Phase One of the Early Intervention service and family support hubs. (Work stream two)	Medical Director/Director of Public Health	31 <sup>st</sup> March 2016
3.	Lead the expansion of Family Nurse Partnership to two further Trusts (funding permitting)	Director of Nursing/AHP	On-going throughout 2015/16
4.	Implement the regional Infant Mental Health plan and commission training to HSC and early years workforce.	Medical Director/Director of Public Health	31 <sup>st</sup> March 2016
5.	Implement the Action Plan for the Breastfeeding Strategy for Northern Ireland.	Medical Director/Director of Public Health	31 <sup>st</sup> March 2016
<b>Equipped Throughout Life – Theme 2 Making Life Better</b>			
6.	Provide strategic leadership and co-ordinate the Regional Learning Disability Health Care & Improvement Steering Group on behalf of PHA & HSCB ensuring that good practice is promoted and health inequalities are identified and addressed in this area, and that services are responsive and make adequate adaptation to meet the health care needs of people with a learning disability.	Director of Nursing/AHP Medical Director/ Director of Public Health	31 <sup>st</sup> March 2016
<b>Empowering Healthy Living – Theme 3 Making Life Better</b>			
7.	Continue and enhance proactive communications on health improvement to reflect PHA programmes, campaigns, observance days and partnerships.	Director of Operations	On-going throughout 2015/16
8.	Ensure Trusts continue to deliver Telehealth and Telecare services including through the Telemonitoring NI contract, to targets set by the PHA.	Programme Director CCHSC	31 <sup>st</sup> March 2016
9.	Embed the new drug and alcohol services tendered under the New Strategic Direction on Alcohol and Drugs (NSDAD) 2011–16 and the PHA/HSCB Drug and Alcohol Commissioning Framework 2013–16.	Medical Director/ Director of Public Health	31 <sup>st</sup> March 2016
10.	Implement the Tobacco Control Implementation Plan including Brief Intervention Training, smoking cessation services, enforcement control and Public Information.	Medical Director/ Director of Public Health	31 <sup>st</sup> March 2016

11.	Support and lead multi-agency partnerships to oversee regional and local delivery of Protect Life and Mental and Emotional Wellbeing strategies such as the regional Bamford structures and local Protecting Life Implementation Groups' Action Plans.	Medical Director/ Director of Public Health	31 <sup>st</sup> March 2016
12.	Implement the obesity prevention action plan 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; implementation of Active Travel Plan Belfast and public information and awareness.	Medical Director/ Director of Public Health	31 <sup>st</sup> March 2016
13.	Take forward recommendations of the RQIA 'Review of specialist Sexual Health services in Northern Ireland' in partnership with DHSSPSNI, HSCB and HSC Trusts.	Medical Director/ Director of Public Health	31 <sup>st</sup> March 2016
<b>Creating the Conditions – Theme 4 Making Life Better</b>			
14.	Develop and implement programmes which tackle poverty (including fuel, food and finance poverty) and maximise access to benefits, grants and a range of services for vulnerable groups e.g. Home Safety check schemes.	Medical Director/Director of Public Health	31 <sup>st</sup> March 2016
15.	Further develop the Travelers Health and Wellbeing Forum and delivery of the regional Action Plan.	Medical Director/Director of Public Health	31 <sup>st</sup> March 2016
<b>Empowering Communities – Theme 5 Making Life Better</b>			
16.	Work with local government to align community planning and regeneration with support for community development and public health goals.	Director of Operations and Medical Director/Director of Public Health	31 <sup>st</sup> March 2016
<b>Developing Collaboration – Theme 6 Making Life Better</b>			
17.	Continue to work with key stakeholders (including local partnerships) to take forward the implementation of Making Life Better	Chief Executive	On-going throughout 2015/16

# Improving the quality of HSC services

The Quality 2020 Strategy defines quality as having three core elements:

- Safety
- Effectiveness
- Patient and Client Focus

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

The PHA will continue to lead the Quality 2020 Implementation Team, working with the HSCB, HSC Trusts and the post graduate training bodies for medicine, nursing and social work. We will also continue to support and progress the Quality agenda through a number of work streams.

The PHA will monitor the implementation of the DHSSPS Patient Client Experience Standards and implement the 10,000 Voices initiative to enable patients, carers and their families to affect and inform how services are delivered and commissioned. The PCE steering group will work to develop a 3 year PCE plan in support of regional strategies and support the DHSSPS to deliver regional patient surveys. In addition, the PHA as the LSA will ensure adherence to statutory midwifery supervision.

The PHA will lead, or contribute to, workforce reviews as required by the HSC Regional Workforce Planning Group and, when agreeing models of service delivery, will seek to be assured that HSC Trusts and independent practitioners have considered and identified the workforce needs, exercising a challenge function where appropriate in this process and identifying to the Department areas where intervention is required.

PHA will review its input to commissioning structures and processes.

During 2015/16 we will progress work to implement service frameworks and improve management of long-term conditions to improve quality of services for patients and clients. We will also continue to engage with the range of clinical networks and other clinical fora.

The PHA will also continue to lead on both the development and implementation of a number of strategies including, but not limited to, the Mental Health Nursing Framework, Developing Excellence Promoting Recovery, AHP Strategy, Dementia and Maternity Strategy.

**Improving the quality  
of HSC services  
Key actions for 2015/16**

	Action	Lead director	Timescale for completion
1.	Oversee and lead on the regional implementation of Phase 1 and pilot phase 4 of the electronic caseload analysis tool (ECATS) for district nursing and HV.	Director of Nursing/AHP	31 <sup>st</sup> March 2016
2.	Continue to implement phases 2-4 of the Delivering Safe and Effective Care Project (ED, DN and HV), and agree monitoring arrangements with HSCB for implementation of Phase 1	Director of Nursing/AHP	31 <sup>st</sup> March 2016
3.	Agree SBA volumes for CNS activity in acute settings and identify, develop and agree job plans with associated SBA volumes for CNS roles in acute/community and community settings.	Director of Nursing/AHP	31 <sup>st</sup> March 2016
4.	Along with HSCB lead the implementation of the NI Dementia Strategy and lead the OFMDFM/AP funded Dementia Signature Project (due to complete June 2017).  Including the following key areas: <ul style="list-style-type: none"><li>• Information, support and advice including media campaign</li><li>• Training including dedicated work with HSC Safety Forum, using a QI approach, to develop and implement a localized care bundle to prevent or treat patients with delirium</li><li>• Innovative respite and short breaks</li><li>• Regional review of memory OP services</li></ul>	Director of Nursing/AHP	On-going throughout 2015/16
5.	Ensure adherence to statutory midwifery supervision	Director of Nursing/AHP	31 <sup>st</sup> March 2016
6.	Q2020 – Lead the development of the Annual Quality Report in conjunction with the HSCB.	Director of Nursing/AHP	30 <sup>th</sup> September 2015
7.	Take forward recommendations on the DHSSPS Regional Learning System (RLS).	Director of Nursing/AHP	31 <sup>st</sup> March 2016
8.	Working with HSCB continue to lead a programme of work to drive the reform of AHP services including <ul style="list-style-type: none"><li>• Improving data quality</li><li>• Development of minimum staff activity levels</li><li>• Capacity and demand analysis</li></ul>	Director of Nursing/AHP	31 <sup>st</sup> March 2016
9.	Continue the Regional Medicines management Dietitian Initiative	Director of Nursing/AHP	31 <sup>st</sup> March 2016
10.	Continue to take forward the implementation of the AHP Strategy, providing strategic direction, collaborating with HSC Trusts and other relevant partners regarding implementation of actions and the production of bi-annual progress reports.	Director of Nursing/AHP	31 <sup>st</sup> March 2016

	Action	Lead director	Timescale for completion
11.	Continue the Review of AHP Support for Children/Young people with Statements of Special Educational Needs. Working with relevant partners, provide an interim report on findings and common themes identified from Phase 2 and work towards the agreement of a proposed regional model and implementation plan.	Director of Nursing/AHP	31 <sup>st</sup> March 2016
12.	On behalf of PHA work alongside DoJ, DHSSPSNI & HSCB to consider / explore the potential issues surrounding the transfer of health care from Juvenile Justice System and PSNI	Director of Nursing/AHP	On-going throughout 2015/16
13.	Lead, co-ordinate and monitor on behalf of the Department the implementation of the mental health nursing strategy 'Developing Excellence, Supporting Recovery'.	Director of Nursing/AHP	31 <sup>st</sup> March 2016
14.	Lead on the sustainability phase of developing recovery services across the region working with key stakeholders both locally, nationally and internationally. Undertake an evaluation of recovery services using quality indicators.	Director of Nursing/AHP	31 <sup>st</sup> March 2016
15.	The HSC Safety Forum will work with Trusts to support the further spread of the Sepsis 6 bundle beyond the pilot areas identified in the 2014/15 period.	Director of Nursing/AHP	31 <sup>st</sup> March 2016
16.	The HSC Safety Forum will work with Mental Health teams to <ul style="list-style-type: none"> <li>• Improve the physical health and well-being of mental health patients and</li> <li>• Improve approaches to crisis prevention and response.</li> </ul>	Director of Nursing/AHP	31 <sup>st</sup> March 2016
17.	Work with the HSCB to take forward the review of the Cancer Services Framework.	Medical Director/ Director of Public Health	On-going throughout 2015/16
18.	Work with the HSCB to take forward the Cardiovascular Services Framework Implementation Plan.	Medical Director/ Director of Public Health	On-going throughout 2015/16
19.	Develop an Implementation Plan for the Respiratory Service Framework, following consultation.	Medical Director/ Director of Public Health	On-going throughout 2015/16
20.	Continue to lead the Long Term Conditions Regional Implementation Group to deliver on its action plan, and commission patient and self-management programmes as outlined in PFG, subject to funding	Medical Director/Director of Public Health	31 <sup>st</sup> March 2016
21.	Lead on the Implementation of PPI Policy in HSC, including roll out of PPI Standards, Monitoring and Training in order to help improve quality, safety and effectiveness of services.	Director of Nursing/AHP	On-going throughout 2015/16

	Action	Lead director	Timescale for completion
22	In support of safe and effective person centred care, Commissioners through the Director of Nursing PHA should require of organisations and bodies from which services are commissioned, that appropriate systems are in place to ensure that nurses and midwives are appropriately supported to fulfil regulatory requirements of the NMC, in particular the introduction of revalidation for Nurses and midwives from 31 December 2015.	Director of Nursing/AHP	31 <sup>st</sup> December 2015

# Improving the early detection of illness

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

During 2015/16 the PHA will continue to commission and quality assure screening programmes for breast, bowel and cervical cancers as well as non-cancer screening programmes including: antenatal infections screening; newborn bloodspot and hearing screening; diabetic retinopathy screening; and screening for abdominal aortic aneurysm (AAA.)

The Diabetic Retinopathy Screening Programme has been under significant pressure to deliver screening at the required intervals and to the agreed standards. A Modernisation Board from Diabetic Retinopathy Screening was established in the latter half of 2014 to oversee a number of elements of service modernisation. During 2014, RQIA undertook a review of the service and the Programme Board will be overseeing the implementations of the recommendations during 2015/16.

Other important areas of work during 2015/16 will include:

- Implementing agreed actions from the Community Resuscitation Strategy for Northern Ireland;
- Take forward the review of the Cancer Services Framework.
- Take forward the Cardiovascular Services Framework Implementation Plan.
- Develop an Implementation Plan for the Respiratory Service Framework, following consultation.
- Complete roll out of the bowel cancer screening in line with the Commissioning Direction.

## Improving the early detection of illness

### Key actions for 2015/16

	Action	Lead director	Timescale for completion
1.	Complete the rollout of the Bowel Cancer Screening Programme to the 60-74 age group by inviting 50% of all eligible men and women with an uptake of at least 55% of those invited.	Medical Director/ Director of Public Health	31 <sup>st</sup> March 2016
2.	Implement actions to address the recommendations in the RQIA review of the Diabetic Retinopathy Screening Programme	Medical Director/Director of Public Health	Throughout 2015/16

# Using evidence, fostering innovation and reform

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

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

During 2015/16, we will continue to build on these and other previous successes in securing external funding for HSC R&D and work with the HSC R&D community to facilitate access to UK and international funding, including the NETS programmes, Horizon 2020 and other EU initiatives.

During 2015/16 the PHA will work to support high quality health and social care research, using evidence and fostering innovation & reform by:

- Maximising opportunities to enrich the HSC R&D fund by supporting researchers to access funding from external sources
- Facilitating the development of evidence-based health & social care, through effective knowledge exchange.

We will also continue to develop and improve our health intelligence function during 2015/16, providing support across all PHA directorates through supplying and assisting in the use of health intelligence particularly in the form of research, evidence reviews, data analysis and evaluations.

**Using evidence, fostering innovation and reform**  
**Key actions for 2015/16**

	<b>Actions</b>	<b>Lead director</b>	<b>Timescale for completion</b>
<b>1.</b>	Carry out a regional Review of school nursing service	Director of Nursing/AHP	31 <sup>st</sup> March 2016
<b>2.</b>	Ensure the delivery of commissioned research to evaluate Telemonitoring NI	Programme Director CCHSC	31 <sup>st</sup> December 2015
<b>3.</b>	Support researchers to secure research funding from external sources including NIHR evaluation, trials and studies co-ordinating centre (NETSCC), Horizon 2020 & other EU sources.	Medical Director/Director of Public Health	On-going throughout 2015/16
<b>4.</b>	Support the Northern Ireland Public Health Research Network (NIPHRN) to identify opportunities for research in PHA priority areas.	Medical Director/Director of Public Health	On-going throughout 2015/16
<b>5.</b>	Commission Research and Produce a Best Practice Report on PPI.	Director of Nursing/AHP	31 <sup>st</sup> October 2015

## Developing our staff and ensuring effective processes

The PHA recognises that its staff are the organisation's greatest resource and the promotion of a safe, productive and fair work environment where all staff are respected and also understand their personal responsibilities and accountability is paramount. During 2015/16 the Organisational Workforce Development Group will continue to take forward this work, including the further roll out of learning and development opportunities, to enhance and expand the knowledge base and skillset of individual staff and the organisation as a whole, as well as supporting the work of the Health and Wellbeing and Communication subgroups.

It is recognized that the current financial environment, with budget reductions, puts more pressure on staff and can have negative impact on staff morale. The PHA will seek to manage the budget reductions and continue to communicate with and support staff throughout the year.

The development of our new Corporate Strategy will be a priority during 2015/16; we will take the opportunity during 2015/16 to review our purpose, vision and values along with our core goals and objectives, reflecting the experience of the early years of the PHA and looking to the future, learning from and building on both the initial internal and external engagement events held during 2014/15.

The Nursing and Midwifery Council (NMC) is introducing Revalidation for Nurses and Midwives, a new process with new requirements, to strengthen the current renewal process. The Director of Nursing/AHP is leading the organizational readiness by establishing a professional forum and has also developed a communication pathway to share information across the PHA and HSCB.

Revalidation champions within the PHA have been identified and will provide on-going support to registrants and managers across the PHA, HSCB as well as engaging with GP employed nurses.

During 2015/16 the PHA will build on its existing good governance arrangements, continuing to ensure that these are embedded within the organisation and further developed in line with best practice, and Departmental guidance. This will include meeting key Departmental requirements including preparing a Governance Statement and Mid-Year Assurance Statement, compliance with the NAO Audit Committee Checklist, completing ALB board self-assessment tool, mid and end year accountability meetings, meeting Controls Assurance Standards and associated self-assessments, preparing our Annual Business Plan within the specified timescales and requirements and complying with procurement and financial regulations.

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

The PHA is committed to the objectives of the NI Executive approved Asset Management Strategy and will continue to manage its facilities in line with this.

## Developing our staff and ensuring effective processes

### Key actions for 2015/16

	<b>Actions</b>	<b>Lead director</b>	<b>Timescale for Completion</b>
<b>1.</b>	Provide Professional Leadership, Advice and Guidance on PPI.	Director of Nursing/AHP	On-going throughout 2015/16
<b>2.</b>	Develop a new PHA 3 Year Action Plan for PPI	Director of Nursing/AHP	31 <sup>st</sup> December 2015
<b>3.</b>	Ensure that by 30 <sup>th</sup> June 2015 90% of staff will have had an annual appraisal of their performance during 2014/15.	All Directors	30 <sup>th</sup> June 2015
<b>4.</b>	Ensure that by 31 March 2016 100% of doctors working in PHA have been subject to an annual appraisal.	Medical Director/Director of Public Health	31 <sup>st</sup> March 2016
<b>5.</b>	Continue to take forward implementation of the PHA Procurement Plan.	Director of Operations, with all Directors	On-going throughout 2015/16
<b>6.</b>	Achieve substantive compliance for all 15 controls assurance standards applicable to the Public Health Agency	Director of Operations	31 <sup>st</sup> March 2016
<b>7.</b>	Test and review the PHA business continuity management plan to ensure arrangements to maintain services to a pre-defined level through a business disruption.	Director of Operations	31 <sup>st</sup> March 2016
<b>8.</b>	Explore the introduction and feasibility of EDRMS in PHA and depending on the outcome of this commence development of a business case.	Director of Operations	31 <sup>st</sup> March 2016
<b>9.</b>	Finalise the new PHA Corporate Strategy- building on the engagement carried out in 2014/15 and taking account of the 15% reduction to PHA Administration Budget.	Director of Operations	31 <sup>st</sup> March 2016
<b>10.</b>	Meet DHSSPS financial, budget and reporting requirements	Director of Finance	31 <sup>st</sup> March 2016
<b>11.</b>	Develop and agree a new Internal communications strategy and action plan to ensure PHA business is supported by efficient and effective internal communication systems.	Director of Operations	On-going throughout 2015/16
<b>12.</b>	Review and Revise PHA digital assets including PHA Corporate and Intranet sites	Director of Operations	30 <sup>th</sup> June 2015
<b>13.</b>	Continue and enhance social media activity to extend the reach and expand the types of content used	Director of Operations	On-going throughout 2015/16
<b>14.</b>	Revalidation champions will provide on-going support to registrants and managers across the PHA and HSCB, as well as engaging with GP employed nurses	Director of Nursing/AHP	31 <sup>st</sup> December 2015
<b>15.</b>	Establish a professional forum	Director of Nursing/AHP	30 <sup>th</sup> September 2015
<b>16.</b>	Develop and implement the Nurses and Midwives verification of NMC policy	Director of Nursing/AHP	31 <sup>st</sup> March 2016

## Appendix 1

PHA board Framework for Monitoring Performance				
Area of focus	Proposed Timelines for Monitoring			
	Monthly	Quarterly	Biannual	Annual
<b>General</b>				
Corporate Strategy / Outcomes Framework				
Commissioning Development Plan targets			Red	
Corporate Business Plan Targets		Red		
PHA Annual Report				
DPH Annual Report				
Financial Performance Report	Red			
<b>Health Improvement/Inequalities*</b>		Red		
Obesity (inc Physical Activity/Food and Nutrition/ Breastfeeding				
Smoking Cessation				
Suicide/Mental Health Promotion incl Self harm/OneStopShops/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				
<b>Screening and Service Development</b>				
Bowel Cancer Screening				
Abdominal Aortic Aneurysm Screening				
Breast Screening				
Cervical Screening				
New Born Screening				
Diabetic Retinopathy Screening				Red
<b>Health Protection</b>				
Immunisation and vaccination Programmes				
HCAI		Red		
HIV				
Seasonal Flu			Red	
<b>Nursing and AHP</b>				
Family Nurse Partnerships			Red	
Connected Health				
Ward Sister Initiative				
Quality and Safety (in line with assurance framework schedule)				
PPI			Red	
<b>Research and Development</b>				
Campaign evaluations				Red

\*Performance review also considered monthly by Health Improvement and Inequalities Monitoring Group (HIIMG)

## Appendix 2

**Table of directors**

	Director title	Name
1.	Chair	Andrew Dougal
2.	Chief Executive	Dr Eddie Rooney, Public Health Agency
3.	Director of Nursing and Allied Health Professions (AHP)	Mary Hinds, Public Health Agency
4.	Director of Operations	Ed McClean, Public Health Agency
5.	Medical Director/ Director of Public Health	Dr Carolyn Harper, Public Health Agency
6.	Non-Executive Director	Billy Ashe
7.	Non-Executive Director	Brian Coulter
8.	Non-Executive Director	Leslie Drew
9.	Non-Executive Director	Julie Erskine
10.	Non-Executive Director	Judena Leslie (position vacant from 18 September 2015)
11.	Non-Executive Director	Thomas Mahaffy
12.	Non-Executive Director	Paul Porter
13.	Director of Finance	Paul Cummings, Health and Social Care Board
14.	Director of Human Resources	Hugh McPoland, Business Services Organisation
15.	Director of Social Care and Children's Services	Fionnuala McAndrew, Health and Social Care Board

# Abbreviations

AAA	Abdominal Aortic Aneurysm
ADOG	All Departments Officials Group
AHP	Allied Health Professions
ALB	Arms-Length Body
AMR	Anti-microbial resistance
BSO	Business Services Organisation
CCHSC	Centre for Connected Health and Social Care
CNS	Clinical Nurse Specialist
DHSSPS	Department of Health, Social Services and Public Safety
DN	District Nurse
DoJ	Department of Justice
DRO	Designated Review Officers (for SAIs)
DRSP	Diabetic Retinopathy Screening Programme
DSD	Department of Social Development
EDRMS	Electronic document and records management system
EITP	Early Intervention Training Programme
EU	European Union
EVD	Ebola Virus Disease
HCAI	Health Care Associated Infections
HSC	Health and Social Care
HSCB	Health and Social Care Board
HSC R&D	Health and Social Care Research and Development Division
HSCT	Health and Social Care Trust
HSWI	Health and Social Wellbeing Improvement
HV	Health Visitor
KPI	Key Performance Indicator
LGB&T	Lesbian, Gay, Bi-Sexual & Transgender
LSA	Local Supervising Authority
MARA	Maximising Access in Rural Areas
MPD	Monitored Patient Days
MRSA	Methicillin resistant staphylococcus aureus; a bacterium with antibiotic resistance
NAO	National Audit Office
NETS	NIHR, Evaluation, Trials and Studies
NIBTS	Northern Ireland Blood Transfusion Service
NICE	National Institute for Health and Clinical Excellence
NICRN	Northern Ireland Clinical Research Network
NICTN	Northern Ireland Cancer Trial Network
NIPHRN	Northern Ireland Public Health Research Network
NSDAD	New Strategic Direction on Alcohol and Drugs
OFMDFM	Office of the First Minister and deputy First Minister
PCE	Patient and Client Experience
PfG	Programme for Government
PH	Public Health
PHA	Public Health Agency
PPI	Personal and Public Involvement
RCGP	Royal College of General Practitioners
RLS	Regional Learning System
RQIA	Regulation and Quality Improvement Authority
SAI	Serious Adverse Incident
SQAT	Safety Quality Alerts Team



## 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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