HSC Public Health Agency

AGENDA

86th Meeting of the Public Health Agency board to be held on Thursday 18 August 2016, at 1:30pm, Conference Rooms 3+4, 12/22 Linenhall Street Belfast, BT2 8BS

No	Time	Item	Paper	Sponsor
1.	1.30	Welcome and Apologies		Chair
2.	1.30	Declaration of Interests		Chair
3.	1.30	Minutes of previous meeting held on 16 June 2016		Chair
4.	1.35	Matters Arising		Chair
5.	1.35	Chair's Business		Chair
6.	1.40	Chief Executive's Business		Chief Executive
7.	1.45	Finance Update • PHA Financial Performance Report	**PHA/01/08/16 (for Noting)**	Mr Cummings
8.	1.55	Performance Management Report – Corporate Business Plan Targets for Period Ending 30 June 2016	**PHA/02/08/16 (for Noting)**	Mr McClean
9.	2.10	Personal and Public Involvement Update	**PHA/03/08/16 (for Noting)**	Mrs Hinds
10.	2.30	Local Supervising Authority (LSA) Report	**PHA/04/08/16 (for Noting)**	Mrs Hinds
11.	2.40	Briefing on new Healthcare Associated Infections / Anti-Microbial Resistance Improvement Board		Dr Harper

12. 3.05 Any Other Business

13. **Date, Time and Venue of Next Meeting**
    Thursday 15 September 2016
    1:30pm
    Conference Room, Ormeau Baths
    18 Ormeau Avenue
    Belfast
    BT2 8HS

HSC Public Health Agency

MINUTES

Minutes of the 85th Meeting of the Public Health Agency board held on Thursday 16th June 2016 at 1:30pm, Conference Rooms 3+4, 12/22 Linenhall Street, Belfast, BT2 8BS

PRESENT:

Mr Andrew Dougal	-	Chair
Dr Eddie Rooney	-	Chief Executive
Dr Carolyn Harper	-	Director of Public Health/Medical Director
Mrs Mary Hinds	-	Director of Nursing and Allied Health Professionals
Mr Edmond McClean	-	Director of Operations
Councillor William Ashe	-	Non-Executive Director
Mr Brian Coulter	-	Non-Executive Director
Mr Leslie Drew	-	Non-Executive Director
Mrs Julie Erskine	-	Non-Executive Director
Ms Deepa Mann-Kler	-	Non-Executive Director

IN ATTENDANCE:

Mr Simon Christie	-	Assistant Director of Finance, HSCB
Mrs Fionnuala McAndrew	-	Director of Social Care and Children, HSCB
Mrs Joanne McKissick	-	External Relations Manager, PCC
Mr Robert Graham	-	Secretariat

APOLOGIES:

Mr Thomas Mahaffy	-	Non-Executive Director
Alderman Paul Porter	-	Non-Executive Director
Mr Paul Cummings	-	Director of Finance, HSCB

		Action
59/16	**Item 1 – Welcome and Apologies**	
59/16.1	The Chair welcomed everyone to the meeting and noted apologies from Mr Thomas Mahaffy, Alderman Paul Porter and Mr Paul Cummings.	
60/16	**Item 2 - Declaration of Interests**	
60/16.1	The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.	

61/16	**Item 3 – Minutes of previous meeting held on 19 May 2016**	
61/16.1	The minutes of the previous meeting, held on 19 May 2016, were approved as an accurate record of the meeting.	
62/16	**Item 4 – Matters Arising**	
62/16.1	The Chair asked about the reference in the previous minutes (*paragraph 51/16.4*) that 70% of people who die through suicide are not in contact with statutory services. Dr Harper explained that a significant proportion of people who take their own lives may not be receiving formal care from statutory services at the time of their death. They may be a person affected by a new onset of illness, or someone with a history of mental illness who has received treatment in the past, but is not under the care of mental health services at the time of death. She said that the approach to reducing suicides therefore includes initiatives to increase public and professional awareness of the signs of mental ill-health, and provide services early and quickly whether in primary, community and voluntary, or statutory services, according to patients' needs.	Secretariat
62/16.2	Dr Harper advised that members would receive an update from Dr Lorraine Doherty at a future meeting on the new arrangements for the oversight of HCAIs and the AMR agenda (*paragraph 55/16.5*).	
62/16.3	The Chair noted that there had been discussion about a different rating for those performance management objectives that had not been achieved due to factors outwith PHA's control (*paragraph 55/16.4*). He also asked whether targets that may be missed have a new target date. Mr McClean advised that many of PHA's targets and target dates are set down to DoH. Mr Coulter requested that there be more focus on those targets which are consistently amber at a workshop.	
62/16.4	The Chief Executive advised that there would be an in-depth update on telemonitoring at the next meeting following the queries raised at the previous meeting (*paragraph 47/16.2*).	
63/16	**Item 5 – Chair's Business**	
63/16.1	The Chair said that he had contacted Chairs of other	

	organisations through the Chairs' Forum to research what ICT infrastructure they were using for their meetings and gave members an overview of what other sectors were using.
64/16	**Item 6 – Chief Executive's Business**
64/16.1	The Chief Executive informed members that he had met with the new Health Minister that morning as she set out her view of how the service will take forward the many different strategies. He added that she wished to meet with PHA staff at an early point.
64/16.2	The Chair asked if the Chief Executive had got a general sense of the policy direction. He responded that it was difficult to glean at this stage given the current situation with the proposed restructuring, the forthcoming publication of the Bengoa review and that the new Executive has only just begun its term. He said that the Minister was committed to the public health agenda and tackling health inequalities.
64/16.3	The Chief Executive advised members that he, along with the Chief Executive of HSCB, would be attending a session of the Health Committee on 30 June.
65/16	**Item 7 – PHA Annual Report and Accounts 2015/16 (PHA/01/06/16)**
65/16.1	Mr McClean presented the Annual Report to members and gave members an overview of some of the highlights within the Report. He drew attention to PHA's high levels of compliance against the Controls Assurance Standards, and that these had been verified by Internal Audit.
65/16.2	Mr McClean moved onto the Internal Control Divergences, and advised that one of the issues, which related to accommodation, has now been resolved. He said that there remained issues with regard to the Business Services Transformation Programme (BSTP), as Internal Audit had given an 'unacceptable' audit rating in respect of recruitment and 'limited' in terms of selection and payroll.
65/16.3	Mr McClean advised that issues highlighted within contracts with the community and voluntary sector would be fully resolved following the completion of all of the procurement exercises on

	PHA's Procurement Plan.
65/16.4	Mr Christie reminded members that the Annual Report and Accounts are not a formal public document until they have been approved by the PHA Board and PHA is in receipt of the Comptroller and Auditor General's certificate. Following receipt of the certificate, he advised that the report is laid before the Northern Ireland Assembly.
65/16.5	Mr Christie advised members that the accounts had been prepared in accordance with the Financial Reporting Manual and the timetable laid down by the Department of Health. He added that the accounts had been considered in detail by the Governance and Audit Committee, as well as the Northern Ireland Audit Office's 'Report to those Charged with Governance'.
65/16.6	Mr Christie explained that the format of the accounts had changed with some of the information now appearing within the main Annual Report. He gave members an overview of the remuneration tables and noted the decrease in PHA staff numbers compared to 2014/15, which was mainly due to VES.
65/16.7	Mr Christie highlighted the summary of the accounts which showed that PHA finished the year with a surplus of £178k, and this represented a break-even position. He drew members' attention to the prompt payment performance and the financial performance targets.
65/16.8	Mr Christie said that overall, the financial performance was very satisfactory with no issues raised by the external auditors for management to address. The Chair commended finance staff and budget holders for their discipline in achieving this outcome.
65/16.9	Mr Coulter said that the Governance and Audit Committee had considered previous iterations of the Report and Accounts and had had the opportunity to consider them more closely. He added that the Committee had met with external auditors and that there were no issues and he expected that PHA would receive an unqualified audit opinion.
65/16.10	The Board **approved** the Annual Report and Accounts.

66/16	**Item 8 – Commissioning Plan 2016/17 (PHA/02/06/16)**
66/16.1	Mr Roger Kennedy from HSCB joined the meeting to present the Commissioning Plan for approval.
66/16.2	Mr Kennedy advised that was the final draft of the Plan which has been developed in response to the Commissioning Plan Direction issued by the Department of Health. He said that the purpose of the Plan is to provide an overview of key priorities and investment decisions, and what the public can reasonably expect in terms of access to services, based on ministerial themes and developed within the current financial context. He added that the Plan had been developed in conjunction with PHA and regional commissioning teams and had been considered by the senior management teams of both PHA and HSCB and by the Board of HSCB.
66/16.3	Ms Mann-Kler said that the recent workshop to consider the draft Plan had been useful, but asked if the planning cycle was likely to be changed as the Plan commenced on 1 April 2016, but that the Trusts would not be returning their draft Delivery Plans until August. Mr Kennedy agreed that the Plan would not be implemented until halfway through the year, but he hoped that in future there would be better medium and long term planning with perhaps a 3-year cycle. The Chair asked if it would be possible to get the Commissioning Direction earlier.
66/16.4	Dr Harper said that ideally the draft Plan should be considered in December or January, and she added that with recruitment only commencing to implement the Plan, benefits may not be realised until March or April of next year.
66/16.5	The Chief Executive said that the process for developing the Plan has changed following the previous Minister's announcement on the need for better planning within the health service system, and that there is the potential for further change given the proposed restructuring.
66/16.6	Mrs Hinds said that the Plan reflects the Commissioning Plan and financial plan priorities as determined by the Department of Health. She noted that there are some priorities which cannot be funded, given the current financial situation, but that the Plan is a reasonable one overall. She added that PHA and HSCB staff will

	scrutinise the responses from the Trusts once they are received.
66/16.7	Mr Kennedy confirmed that the Trust response plans were due by the end of July and these would be considered by HSCB.
66/16.8	Dr Harper highlighted some of the investments within the Plan from a public health perspective. She noted the implementation of Making Life Better and made reference to funding required within screening programmes, e.g. diabetic eye screening and cervical screening. She also raised issues with regard to antimicrobial resistance and stewardship. Mr Coulter said that he was pleased that diabetic retinopathy had been included. He added that the new format of the Plan made it easier to read.
66/16.9	Mrs McKissick raised some issues on behalf of the Patient Client Council and particularly in regard to endometriosis. Mr Kennedy said that these issues would be picked up in the section under pain management as part of an overarching review of pain management. He added that it would be up to Trusts to decide what their funding priorities are.
66/16.10	Mrs McKissick said that the section in the Plan which looks at ME and MS is not factually accurate, and that it should be a priority for a secondary care medical consultant to be appointed due to the number of people receiving an incorrect diagnosis. She welcomed the recommendation relating to clinical care pathways for women with recurrent miscarriages.
66/16.11	Mrs McKissick said that the work undertaken in pain management was a good example of how co-design can make a difference. She thanked the work of PHA in this area.
66/16.12	As there were no further comments, the Chair proposed that the Commissioning Plan be approved. Members **approved** the Commissioning Plan.
67/16	**Item 9 – PHA Investment Plan / Draft PHA Budget 2016/17 (PHA/03/06/16)**
	During this item Mrs McAndrew and Mr Drew joined the meeting.
67/16.1	Mr McClean explained that the Investment Plan showed how the PHA budget is built up. He said that staff work at this year to

develop a list of service pressures and priorities, but noted that £1.587m has been removed from the PHA budget for 2016/17.

67/16.2 Mr McClean explained that the service pressures for 2016/17 totalled £2.1m, but that in order to meet these he gave an overview of where non-recurrent funding could be found. He added that PHA had put a case to DoH for recurrent funding for these pressures. Mr McClean said that the paper shows that PHA is presenting a balanced budget for 2016/17.

67/16.3 Mrs Erskine acknowledged that this is not an easy task and welcome the Investment Plan. She asked if additional priorities may impact on PHA depending on what health-related initiatives emanate from the new Programme for Government. Mr McClean indicated that the Programme for Government fits well with the work that PHA is doing, and Dr Harper welcomed the potential for PfG to reduce silo working and encourage different departments to work together to make better use of Executive monies.

67/16.4 The Chair said that he was concerned about the reference to administration in that it does not demonstrate that the figures include staff costs. The Chief Executive said that PHA has had many discussions with DoH regarding their definition of administration. He pointed out that for 2015/16, PHA was given some flexibility in terms of the areas it could make savings, and that there remains some flexibility for 2016/17, but that if any new initiatives were given to PHA, there would be impacts in other areas.

67/16.5 Mr Coulter welcomed the Chief Executive's observations regarding management and administration. He said that the classification of staff as administration disguises the unique expertise that is found within PHA. He asked about the Scrutiny Panel. Mr McClean explained that this consists of Directors and representatives from HR and Finance and that it has so far considered 138 applications.

67/16.6 The Chair also raised the issue of the classification of management and administration. Mr Christie said that he would check if the descriptors could be modified.

67/16.7 Ms Mann-Kler asked about the limited funding in mental health

services. Dr Harper said that it is the scale of what PHA can do that is the issue. She explained that a small scale pilot could be undertaken, but no further expansion of a service.

67/16.8 Mr Christie moved on to give members an overview of the budget. He pointed out that the research and development budget is now classified as capital, rather than revenue. When asked why this was now the case, Mr Christie explained that this was to line up with the European system of accounts. The Chair expressed a concern that this might affect virement of the screening budget.

67/16.9 Members **approved** the PHA budget.

68/16 Item 10 – Programme Expenditure Monitoring System (PEMS) Report (PHA/04/06/16)

68/16.1 Mr McClean said that having set out the financial context for 2016/17, it was worthwhile looking back at 2015/16 to see where PHA had allocated its funding. He asked Mr Stephen Murray to give members an overview of the report.

68/16.2 Mr Murray noted that there had been a slight reduction in the amount of spend directly on the Suicide Prevention Strategy, but that this was allocated to associated areas within mental health. He said that smoking cessation funding had also reduced due to a slight fall in demand, and that there was less spend on obesity.

68/16.3 The Chair asked about uptake rates for the flu vaccine. Dr Harper said that Northern Ireland's uptake rates compare favourably compared to other parts of the UK. Mr Drew asked if there were plans to extend the coverage of flu vaccination. Dr Harper said that all school children were now included. Mr Drew asked how effective the vaccination programme had been. Dr Harper explained that that this year there was not such a good match between the flu virus and the vaccine, which resulted in increased hospital admissions and an increase in the number of deaths resulting from flu across Europe.

68/16.4 The Chair asked about the uptake among PHA staff. Dr Harper said that the rate among PHA staff was higher than that of HSC staff who interact with patients.

68/16.5	Mr Murray said that the breakdown by sector showed that the majority of PHA's funding went outside the HSC, primarily to the community and voluntary sector, where there are many small scale contracts. Mr McClean explained that there are approximately 1,000 lines of activity of which 70% are less than £20k. He said that this raises a lot of contract management issues.
68/16.6	Mr Coulter asked about the difference between community and voluntary sector. The Chief Executive noted that community groups wished to be distinguished as such, and are usually on a smaller scale.
68/16.7	Ms Mann-Kler said that she found the document to be very useful. She asked if there was a similar report highlighted what priorities have already been agreed for 2016/17. The Chief Executive said that the agreed priorities are outlined within the Investment Plan and the Business Plan. He explained that there is a twice yearly meeting with all budget managers to identify where the priorities are, and that this then feeds into the monthly finance reports.
68/16.8	Mr Drew asked whether the private sector spend related to Lifeline. Mr Murray said that this would also include campaigns. Mr Drew said it would be helpful to see this type of report more often.
68/16.9	In response to a query from Mr Drew, Mr McClean said that PHA had previously provided board members with reports on a more regular basis when financial systems were still settling down, and this could be reviewed if members found it of value.
68/16.10	Members noted the PEMS Report.
69/16	**Item 11 – Governance and Audit Committee Update (PHA/05/06/16)**
69/16.1	Mr Coulter advised members that the minutes of the Governance and Audit Committee of 11 April were available for noting. He thanked Mr Drew for chairing that meeting in his absence.
69/16.2	Mr Coulter went on to give members an overview of the meeting of 3 June. He began by saying that PHA had received Internal

	Audit reports relating to BSO Shared Services, and that there was an “unacceptable” level of assurance given for Recruitment and Selection with 7 Priority One recommendations. He added that there was “limited” assurance given to an audit on Payroll and “satisfactory” assurance for an audit on payments.
69/16.3	Mr Coulter said that these issues were of grave concern to the Committee and that the Chief Executive has agreed to meet with the Chief Executive of BSO to discuss this. He added that the Committee may also write to the Chair of the BSO Governance and Audit Committee.
69/16.4	Mr Coulter informed members that the Committee had received the Head of Internal Audit’s Annual Report. He said that Internal Audit had verified PHA’s substantive compliance against four of its Controls Assurance Standards. In terms of follow up on previous audit recommendations, he advised that 78% had now been fully implemented and a further 18% partly implemented. He went on to say that following a meeting solely between members and representatives of Internal and External Audit, the overall opinion was that there is a satisfactory system of internal control.
69/16.5	Mr Drew said that the payroll issues was very concerning and could impact on staff. Mrs Erskine noted that this was not the first time these issues had been raised. With regard to recruitment and selection, Mrs Hinds said that it is important to note that although PHA is a smaller organisation, the impact of delays in recruitment is very serious. Dr Harper agreed that PHA is not affected less than any other organisation and delays have very serious consequences.
69/16.6	Mr Drew suggested that if BSO is not performing, if Department of Health was considering placing the organisation under special measures.
69/16.7	Mr Christie said that the Business Services Transformation Programme has been fraught with difficulties but that there is much learning. He went on to clarify the comments that PHA is less affected than other organisations with regard to recruitment and selection. He explained that the inference was, that in HSC Trusts, funding has been allocated and delays in recruiting staff meant that this funding could not be fully utilised.

69/16.8	The Chair asked whether additional staff should be recruited to assist in this area of work. Mr Christie explained that the recruitment and selection function is now based in Armagh and this move had reduced staffing numbers.
69/16.9	Mr Coulter distributed to members a copy of the Governance and Audit Committee's Annual Report which was noted by members.
69/16.10	The Chair thanked Committee members for their work over the last year.
70/16	**Item 12 – Corporate Risk Register (PHA/06/06/16)**
70/16.1	Mr McClean advised that the Corporate Risk Register up to 31 March 2016 had been considered by the Governance and Audit Committee at its meeting on 3 June. He said that two new risks had been added, and one risk removed, and that the register highlighted the mitigating actions being taken.
70/16.2	Members **approved** the Corporate Risk Register.
71/16	**Item 13 – Information Governance Policies (PHA/07/06/16)**
71/16.1	Mr McClean said that the two Information Governance Policies, namely the PHA Data Breach Policy and PHA Access to Information Policy had been developed to bring PHA into line with current governance requirements.
71/16.2	Mr Drew said that both policies were of a very high standard and commended them as exemplars of their type.
71/16.3	Mr McClean said that following approval of the policies, they would be shared with all staff and included in induction materials.
71/16.4	Members **approved** the two Information Governance policies.
72/16	**Item 14 – Annual Report 2015/16 to the Equality Commission (PHA/08/06/16)**
72/16.1	Mr McClean reminded members of the discussions at the recent Board meeting about equality and asked Anne Basten to give members an overview of the report, but in particular highlighting

	those areas where PHA's work has made a difference for staff and service users.
72/16.2	Ms Basten began with health and wellbeing improvement initiatives, and advised that PHA's work with the travelling community has resulted in health training co-ordinators champions working within that community. She cited the example of teenage parents who have come through the Family Nurse Partnership programme sitting on interview panels for nurse managers. She also referenced the anti-absconding tool which has seen a 70% reduction in absence without leave.
72/16.3	Ms Basten informed members that work is commencing on reaching out to the group affected by female genital mutilation (FGM). She also highlighted work to ensure that people with a learning disability have better access to information about services and she referenced how PHA has recruited staff through disability work placements, with some of these individuals now obtaining permanent employment.
72/16.4	Mr Drew thanked Ms Basten for the excellent summary of the work, but said that the format of the report does not allow for this work to be easily gleaned from it. Mr McClean said that PHA is working with the Equality Commission as it has recently carried out a review of the format of reports. He went on to thank Ms Basten for her work in putting the report together and making the work come alive.
72/16.5	The Chair asked if the PHA, in recruitment advertising, would indicate that applications are welcome from individuals with a disability. Mrs McAndrew said that this already appears on the forms, but she also noted that people do not always wish to declare that they have a disability.
72/16.6	Mrs McKissick praised the work done with the travelling community and also the value-based recruitment with young people.
72/16.7	Members approved the annual progress report.

73/16	**Item 15 – Management Statement / Financial Memorandum (PHA/09/06/16)**
73/16.1	Mr McClean explained that the Management Statement and Financial Memorandum outlines PHA's relationship with its sponsor branch and is required to be brought to the Board annually. He advised that there have not been any changes to the document.
73/16.2	Members noted the Management Statement and Financial Memorandum.
74/16	**Item 16 – Any Other Business**
74/16.1	There was no other business.
75/16	**Item 17 – Date and Time of Next Meeting**

Date: Thursday 18 August 2016
Time: 1:30pm
Venue: Conference Rooms 3+4
12/22 Linenhall Street
Belfast
BT2 8BS

Signed by Chair:

Date: 18 August 2016

Public Health Agency

Finance Report

2016-17

Month 3 - June 2016

Public Health Agency
2016-17 Summary Position - June 2016

	Annual Budget				Year to Date			
	Programme		Mgt & Admin	Total	Programme		Mgt & Admin	Total
	Trust	Non-Trust			Trust	Non-Trust		
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Available Resources								
Departmental Revenue Allocation	28,385	48,752	18,124	**95,260**	7,092	7,333	4,462	**18,887**
Departmental Capital Allocation	6,621	5,133	-	**11,754**	1,659	23	-	**1,682**
Income from Other Sources	-	12	254	**266**	-	12	66	**78**
Total Available Resources	35,006	53,897	18,378	**107,281**	8,751	7,368	4,528	**20,647**
Expenditure								
Trusts	35,006	-	-	**35,006**	8,751	-	-	**8,751**
Non-Trust Programme *	-	53,897	-	**53,897**	-	5,198	-	**5,198**
PHA Administration	-	-	18,378	**18,378**	-	-	4,653	**4,653**
Total Proposed Budgets	35,006	53,897	18,378	**107,281**	8,751	5,198	4,653	**18,602**
Surplus/(Deficit)	-	-	-	**-**	-	2,170	(126)	**2,045**

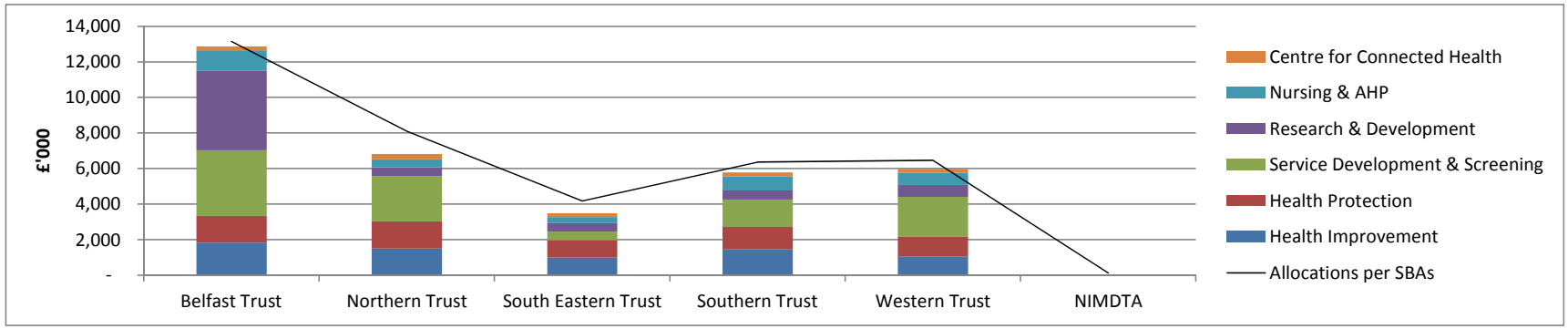
** Non-Trust Programme includes amounts which may transfer to Trusts later in the year*

Additional allocations have been received from the DoH since the opening Budget Paper, mainly relating to the Early Intervention and Vaccination programmes, and these funds have been built into budgets shown above.

As advised in the opening Budget paper, revised Departmental guidance means the vast majority of PHA's Research & Development (R&D) expenditure will now be funded from a DoH capital budget (CRL), rather than a revenue budget (RRL) as was previously the case. Total CRL allocations received for R&D now total £11.3m, with additional receipts of £0.5m bringing the total to £11.8m. As a result of this change the majority of R&D programme will no longer form part of PHA's revenue breakeven requirement. However, total funds and expenditure will be shown within the Finance Reports in a combined manner, but the individual CRL and RRL breakeven targets will be monitored and highlighted separately.

The year to date financial position for the PHA shows an underspend against profiled budget of just over £2m, which wholly relates to Revenue Budgets (RRL). As detailed on page 3 of this report, this is mainly due to lower than anticipated expenditure in Non-Trust Programme budgets. It is currently anticipated that the PHA will breakeven on its full year budget.

Programme Expenditure with Trusts/HSC Organisations

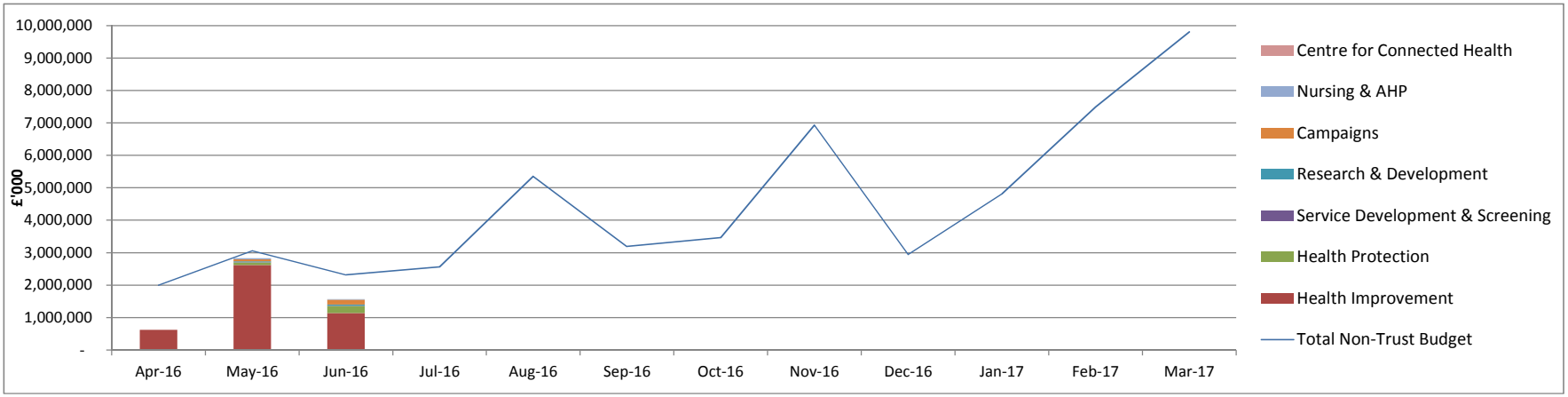


Current Trust Allocations	Belfast Trust £'000	Northern Trust £'000	South Eastern Trust £'000	Southern Trust £'000	Western Trust £'000	NIMDTA £'000	Total Current Budget £'000
Health Improvement	1,833	1,504	998	1,453	1,064	-	**6,852**
Health Protection	1,511	1,534	986	1,268	1,101	-	**6,399**
Service Development & Screening	3,698	2,545	467	1,536	2,253	-	**10,498**
Research & Development	4,452	489	477	517	660	25	**6,621**
Nursing & AHP	1,129	462	343	784	696	-	**3,416**
Centre for Connected Health	252	282	227	240	220	-	**1,220**
Total Current Trust Allocations	**12,876**	**6,816**	**3,498**	**5,798**	**5,993**	**25**	**35,006**
Planned Further Allocations	**287**	**1,286**	**682**	**558**	**471**	**106**	**3,391**

The above table shows the current Trust allocations split by budget area. These amounts are primarily Revenue Resource Limits (RRL) but also include the Capital Resource Limit (CRL) for Research and Development.

The opening SBAs provided Trusts with an initial confirmed allocation (both revenue and capital) and an indicative allocation to enable them to prepare Trust Delivery Plans. During the year some elements of this indicative allocation have been issued to Trusts. The Planned Further Allocations above show the balance of these indicative amounts which have yet to be formally allocated.

Non-Trust Programme Expenditure



	Apr-16 £'000	May-16 £'000	Jun-16 £'000	Jul-16 £'000	Aug-16 £'000	Sep-16 £'000	Oct-16 £'000	Nov-16 £'000	Dec-16 £'000	Jan-17 £'000	Feb-17 £'000	Mar-17 £'000	Total £'000
Budget													
Health Improvement	1,246	2,368	1,389	1,581	2,673	1,412	1,557	3,711	682	2,893	3,347	2,700	**25,558**
Lifeline	225	225	225	225	225	225	225	225	225	225	225	225	**2,700**
Health Protection	27	29	25	95	611	693	1,011	1,012	1,012	1,017	2,016	1,440	**8,988**
Service Development & Screening	217	148	392	157	102	375	102	112	374	126	168	422	**2,693**
Research & Development	8	8	8	17	1,277	8	8	1,348	120	8	1,217	4,313	**8,338**
Campaigns	115	115	115	115	115	115	115	115	115	115	115	115	**1,384**
Nursing & AHP	4	4	4	208	195	195	233	195	209	215	195	334	**1,992**
Safeguarding Board	-	-	-	-	-	12	-	-	-	-	-	12	**24**
Centre for Connected Health	157	157	157	157	157	157	157	157	157	157	157	157	**1,889**
Other	-	-	-	-	-	-	50	50	50	50	50	80	**330**
Total Non-Trust Budget	**1,999**	**3,054**	**2,314**	**2,556**	**5,357**	**3,192**	**3,458**	**6,926**	**2,946**	**4,806**	**7,491**	**9,798**	**53,897**
Actual Expenditure	**620**	**2,914**	**1,663**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**5,198**
Variance	**1,379**	**140**	**651**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**2,170**

The budgets and profiles are based on the opening budgets with adjustments made as a result of additional allocations received subsequently. Expenditure is behind profiles set by Budget Managers for the year to date, mainly due to slippage in Health Improvement (£1.2m), Service Development & Screening (£738k), and the Centre for Connected Health (£472k), offset by expenditure ahead of profile in Health Protection (£222k). The PHA is still projecting a breakeven position for the full year.

PHA Administration

2016-17 Directorate Budgets

	Nursing & AHP £'000	Operations £'000	Public Health £'000	PHA Board £'000	Centre for Connected Health £'000	SBNI £'000	Total £'000
Annual Budget							
Salaries	2,421	3,339	9,354	454	235	507	**16,309**
Goods & Services	97	1,220	386	31	49	287	**2,069**
Total Budget	**2,517**	**4,558**	**9,740**	**484**	**284**	**794**	**18,378**
Budget profiled to date							
Salaries	622	834	2,338	111	59	106	**4,069**
Goods & Services	24	305	82	8	12	27	**458**
Total	**646**	**1,139**	**2,419**	**119**	**71**	**133**	**4,528**
Actual expenditure to date							
Salaries	715	819	2,443	64	80	106	**4,227**
Goods & Services	35	287	87	(13)	2	27	**426**
Total	**750**	**1,106**	**2,530**	**51**	**82**	**133**	**4,653**
Surplus/(Deficit) to date							
Salaries	(94)	16	(105)	47	(21)	(0)	**(158)**
Goods & Services	(11)	18	(6)	21	10	0	**32**
Surplus/(Deficit)	**(105)**	**33**	**(111)**	**68**	**(11)**	**0**	**(126)**

The total PHA funding allocation from the DoH in 2016-17 has been reduced by 10%, which equates to £1.6m. Although this reduction has initially been set against Commissioning funds by the DoH as an interim measure, the PHA Investment Plan requires the Administration budgets to deliver a contribution towards this reduction to enable PHA to achieve breakeven in-year.

The Administration savings target is based on anticipated savings as a result of restructuring following the VES 2015/16 process, the implementation of which is estimated to generate a net £0.45m after funded other pressures and priorities. Salaries budgets have been updated in line with these plans.

The year-to-date salaries budgets of both Nursing and Public Health are under some pressure. This is due to a combination of incremental drift and in-year costs of VES posts only vacated at the end of quarter 1. The position is expected to improve over the coming months as the VES savings are realised.

PHA Prompt Payment

Prompt Payment Statistics

	June 2016 Value	June 2016 Volume	Cumulative position as at 30 June 2016 Value	Cumulative position as at 30 June 2016 Volume
Total bills paid (relating to Prompt Payment target)	£2,004,940	395	£9,705,287	1,443
Total bills paid on time (within 30 days or under other agreed terms)	£1,988,244	365	£9,362,093	1,375
Percentage of bills paid on time	**99.2%**	**92.4%**	**96.5%**	**95.3%**

Prompt Payment performance for the year to date shows that on value paid (96.5%) and volume (95.3%) the PHA is meeting the 30 day target of 95%. PHA has made excellent progress on ensuring that high value invoices are processed promptly, as evidenced by June figures showing 99.2% of invoices by value were paid within 30 days or terms.

In addition, 10 day prompt payment performance was 87% by value for the year to date, which significantly exceeds the 10 day DHSSPS target for 2016-17 of 60%.

HSC Public Health Agency

PUBLIC HEALTH AGENCY BOARD PAPER

Date of Meeting	18 August 2016
Title of Paper	Performance Management Report – Corporate Business Plan Targets for Period Ending 30 June 2016
Agenda Item	8
Reference	PHA/02/08/16

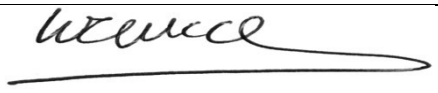
Summary

This report provides an initial update on achievement of the targets identified in the PHA Annual Business Plan 2016-17.

There are a total of **90 targets** in the Annual Business Plan.

The updates provided are for the period ending 30th June 2016. These updates on progress toward achievement of the targets were provided by the Lead Officers responsible for each target.

- **77** are coded as green for achievability
- **13** are coded as amber.
- There are no targets with a red status.

Equality Screening / Equality Impact Assessment	N/A
Audit Trail	This report was approved by AMT on 2 August 2016.
Recommendation / Resolution	For Noting
Director's Signature	
Title	Director of Operations
Date	10 August 2016

DRAFT

PERFORMANCE MANAGEMENT REPORT

Monitoring of Targets Identified in

The Annual Business Plan 2016 – 2017

June 2016

Overview

This report provides an initial update on achievement of the targets identified in the PHA Annual Business Plan 2016-17.

There are a total of **90 targets** in the Annual Business Plan.

The updates provided are for the period ending 30th June 2016. These updates on progress toward achievement of the targets were provided by the Lead Officers responsible for each target.

- **77** are coded as green for achievability
- **13** are coded as amber.
- There are no targets with a red status.

The Amber targets are 1.2; 2.2; 3.2; 3.4; 3.8; 3.11; 3.12; 3.14; 3.17; 3.21; 4.2; 4.3 and 6.5.

1. PROTECTING HEALTH						
Target from Business Plan	**Progress**	**Achievability** Jun	Sep	Dec	Mar	**Mitigating actions where performance is Amber / Red**
1.1) The Agency will continue to work with Trusts to secure a further reduction of x% (to be determined by DHSSPS) 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. *(Commissioning Plan Direction Target – By March 2017, secure a reduction of x% in MRSA and Clostridium Difficile infections compared to 2015/16)*	This HCAI reduction target is a composite target comprising individual Trust reductions in MRSA and CDI cases to be delivered during 2016-17. *Note –CDI and MRSA position at 30 June 2016 is provisional pending C Ex sign-off of enhanced surveillance data.* As of 30 June 2016 13 cases of MRSA have been reported. As of 30 June 2016 76 cases of CDI have been reported	G				

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
1.2) In line with DoH priorities, continue to work on the development/introduction of a surveillance system for anti-microbial resistance (AMR) in Northern Ireland and bring NI in line with the rest of the UK.	Recruitment of 2 fixed term posts agreed by Scrutiny Committee is now commencing.	A				HSCB has withdrawn funding for fixed term Band 7 post. Work will progress when vacant posts are filled.
1.3) During 2016/17 achieve uptake targets for seasonal influenza vaccinations set by DoH.	Work is progressing as planned to meet DoH vaccination targets	G				
1.4) Continue to work with HSCNI organisations to vaccinate against Men B and Men ACWY and encourage uptake rates through information/educational campaigns.	Work is progressing as planned.	G				

2. IMPROVING HEALTH AND WELLBEING & TACKLING HEALTH INEQUALITIES						
Target from Business Plan	**Progress**	**Achievability** Jun	Sep	Dec	Mar	**Mitigating actions where performance is Amber / Red**
2.1) Develop and deliver a range of integrated public information campaign solutions to target audiences in line with key PHA priorities.	Campaigns part delivered for obesity and smoking. Development, production and media planning underway for programme remainder – obesity, smoking, mental health, cancer, dementia, sexual health and breast feeding.	G				
Giving Every Child the Best Start - Theme 1 Making Life Better						
2.2) Ensure that implementation of Early Intervention Transformation Programme Work Stream One is in keeping with business goals and implementation plan.	EITP WS1 relating to health has three key elements: I. Alignment of HV to every preschool setting – implementation commenced April 2016 II. 3+ health review in pre-school education settings – pilot completed June 2016 – evaluation in progress Antenatal group based care and education – Solihull training for midwives as per implementation plan (120 midwives trained for group based care). Implementation test phase behind schedule due to recruitment issues. Revised timescale for pilot Sept/Oct.	A				Working with HSCTs through Trust Implementation Managers to ensure that appropriate action plan in place to commence pilot group based antenatal care and education. Meetings in all HSCTs planned to occur in July / August 2016 to review progress.

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
2.3) Implement Early Intervention service linking with family support hubs. (Early Intervention Transformation programme Work Stream Two).	Early Intervention Support Services are operational across NI and complementary Parenting Programmes and Family Group Conferencing contracts in place. Programme implementation proceeding. QUB research to be instigated to enable a Control Group research programme [to be established].	G				
2.4) Implement the regional Infant Mental Health plan and commission training to HSC and early years workforce.	Regional Infant Mental Health Plan produced and issued. Implementation Steering Group established and first meeting held 16 June 2016 and workgroups being formed to support specified actions within 2016/17. Infant Mental Health service development on the agenda of HSCB and plans produced by CAMHS Commissioners. Infant Mental Health 2016/17 training programme identified and resources required to deliver to be secured. Solihull Approach Training Plan being developed informed by regional workshop in March 2016. Plan expected September 2016.	G				
2.5) Implement the Action Plan of the Breastfeeding Strategy for Northern Ireland.	Breastfeeding Strategy Implementation Steering Group (BSISG) meeting took place on 19 May 2016 with the next meetingsaz\\ scheduled to take place on 3 October 2016 and 8 February 2017. Action plan updated and RAG ratings for each of the 10 Work strands recorded.	G				

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
2.6) Ensure regional implementation of Family Nurse Partnership in keeping with Family Nurse Partnership specification and licence requirements	Work is continuing as planned.	G				
2.7) Promote the health, wellbeing and safeguarding of children through implementation of Healthy Child Healthy Future and Healthy Futures policy.	Delivering Care Phase 4 (health visiting) progressing; Pilot of eCAT system for health visitor caseloads underway and consideration being given to applicability of eCAT for school nursing; 46 student health visitors commence training Sept 2016; GAIN audit Every Child Counts – audit of Child Health Promotion Programme completed; Three monthly reporting on CHPP compliance in progress; Other areas of work include school health profiling including Special Schools, Speech and Language Therapy Implementation plan and development of a Vision Screening Protocol.	G				

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
Equipped Throughout Life – Theme 2 Making Life Better						
2.8) Procure a range of suicide prevention and mental health promotion services, including a focus on more vulnerable groups. Commission and/or procure the 24/7 Lifeline crisis intervention service. *(Commissioning Plan Direction Target – By March 2020, to reduce the differential in the suicide rates across NI and the differential in suicide rates between the 20% most deprived areas and the NI average. Areas of focus for 2016/17 should include early intervention and prevention activities, for example through improvement of self harm care pathways and appropriate follow up services in line with NICE guidance.)*	Stakeholder engagement has been developing as part of the procurement of new services to reduce deaths from suicide. A number of workshops/sessions in the areas of training in Mental Health/Suicide Prevention, Community capacity and bereavement support have been completed. A scoping exercise is also underway with current service providers that deliver counselling services. Further engagement with young people is scheduled for August/September. Full consultation on all planned procured services will take place winter 2016, the envisaged timescale for the new Protect Life Strategy. Currently awaiting decision of Health Minister on the next step in relation to the procurement of the Lifeline service.	G				

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
2.9) Provide strategic leadership and co-ordinate the Regional Learning Disability Health Care & Improvement Steering Group on behalf of PHA & HSCB to ensure that good practice is promoted, health inequalities are identified and addressed and that services are responsive and make adequate adaptation to meet the health care needs of people with a learning disability.	Funding secured from SHSCT LCG for a DVD to raise awareness of physical health checks. Copies will be made available for all Trusts. This has already helped in raising the profile within practices. Training needs around the new excel spread sheet has been identified by HCFs and CEC have agreed to provide training. The health passport pilot is under way with positive user and carer's feedback on suggestions for improvement. For completion by mid-July.	G				

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
Empowering Healthy Living – Theme 3 Making Life Better						
2.10) Implement the Tobacco Control implementation plan including Brief Intervention Training, smoking cessation services, enforcement control and Public Information. *(Commissioning Plan Direction Target – In line with the Department's ten year Tobacco Control Strategy, by March 2020 reduce the proportion of 11-16 year old children who smoke to 3%; reduce the proportion of adults who smoke to 15%; and reduce the proportion of pregnant women who smoke to 9%)*	The Tobacco Strategy Implementation Plan is being rolled out with KPI monitoring presented to Tobacco Strategy Implementation Steering Group (TSISG). Brief intervention training is being offered in HSCTs and with other groups, such as optometrists. 'Smoke Free' was launched in health and social care sites in March 2016. Enforcement work is progressing well across the region. Preliminary work is underway on a public information campaign. TSISG continues to meet thrice per year with specific actions updated with 'RAG' ratings. Currently, the proportion of: • 11-16 year old children who smoke is 5% • Adults who smoke is 22% • Pregnant women who smoke is 14.7%	G				

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
2.11) Support and lead multi-agency partnerships to oversee regional and local delivery of Protect Life and Mental and Emotional Wellbeing strategies including the regional Bamford structures and local Protecting Life Implementation Groups' Action Plans.	Thematic plan 2016-17 complete, with local implementation plans in place and continues to be monitored closely. Work with NIAMH ongoing to develop next phase of the Public Information Campaign. Regional Bamford group continues to be chaired by PHA and meets thrice per year. Regional programmes are presented at these meetings. PHA awaits clarification on the future role of Bamford in the new Protect Life Strategy. Five local areas have Protect Life Implementation multi-agency partnerships who share information locally and contribute to the regional Bamford group. Local implementation plans are in place and continue to be closely monitored.	G				

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
2.12) 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. *(Commissioning Plan Direction Target – In line with Departmental strategy A Fitter Future For All, by March 2022 reduce the level of obesity by 4% points and overweight and obesity by 3% points for adults and by 3% points and 2% points for children)*	Year 3 of the Childhood Obesity campaign launched in NI on 12 May 2016 with focus on treats and sugary treats at this stage. The campaign will be re-launched again during the year focusing also on portion sizes. *'Weigh to a Healthy Pregnancy'* pilot and evaluation completed. Intervention now being mainstreamed for 2016/17. Specification drafted and IT system being developed for Physical Activity Referral Programme, new scheme and system to be fully operational in 16/17. Active Schools Programme commissioned with Department of Infrastructure for 2016/17 – 2019/20.	G				

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
2.13) Take forward recommendations of the RQIA 'Review of Specialist Sexual Health services in Northern Ireland' in partnership with DoH, HSCB and HSC Trusts.	Specialist Sexual Health commissioning group has been established to take forward the RQIA recommendations. An action plan for commissioning of sexual health services, taking RQIA recommendations into account was finalised at the HSC Trust liaison meeting which took place in December 2015. Work expected to progress well in Q2 of 2016/17.	G				
2.14) Ensure Trusts continue to deliver Telehealth and Telecare services including through the Telemonitoring NI contract, to targets set by the PHA.	Detailed plans for achievement of Trust targets are currently being developed by Trusts for consideration by CCHSC. The use of Telemonitoring is being expanded in new areas including renal patient monitoring, obesity management during pregnancy, malnutrition monitoring and head and neck cancer.	G				
Creating the Conditions – Theme 4 Making Life Better						
2.15) Develop and implement a consistent approach to workplace health and wellbeing programmes working with local government and other partners.	A new workplace health and wellbeing service has been commissioned. Contracts have been awarded to: • Health Matters – Belfast, Southern and south east. • NICHS – northern area • Derry Healthy Cities – western area Monitoring arrangements agreed with local offices. First Regional meeting with provider has been scheduled to promote and share good practice.	G				

Target from Business Plan	Progress	Achievability Apr	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
2.16) Lead AHPs in the development of Public Health Strategies for Children & Older People	Working group established to develop AHP public health messages for older people. A number of key health promotion messages have been developed for children and young people and have gone through a consultation process with Parenting NI.	G				
Empowering Communities – Theme 5 Making Life Better						
2.17) Further develop the Travellers Health and Wellbeing Forum and delivery of the regional Action Plan.	Revised 2016/17 Thematic Plan developed and new services commissioned including local health and employability schemes with Travellers and a new Mental Health and Emotional Wellbeing programme. Regional multi-agency Travellers Health and Wellbeing Forum has agreed a further set of meetings for 2016/17.	G				
2.18) Work with local communities and community based organisations to develop integrated approaches to improving health.	Work continues with local communities and community based organisations to develop integrated approaches to improving health and wellbeing. This includes agreeing shared aims and objectives for Healthy Living Centres on a number of key thematic areas, as well as contributing to the Community Planning Partnerships across each council area to develop joint goals and shared outcomes for communities.	G				

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
2.19) Encourage, facilitate and support the active involvement and participation of service users, carers and the public in the planning, delivery and evaluation of health to enable people to take more ownership of and self-responsibility for their own health and social well-being	The PHA continue to encourage, facilitate and support the active involvement and participation of service users, carers and the public through a number of work streams, including: • Facilitation and support of service users and carers on the Regional HSC PPI Forum to participate at high a high level in the planning delivery and evaluation of HSC services e.g.: o Co-delivery of the HSC PPI monitoring process. o Opportunities for involvement in PPI Conference, Strategic PPI projects, NICON conference. • Encourage HSC Trusts to implement agreed PPI Standards and use best practice in PPI. • Support HSC Trusts to create opportunities for the involvement. • Share best practice and develop understanding of PPI through promotion, eg. PPI Conference, Articles and photographs and social media.	G				

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
2.20) Continue to work with local government on the alignment and development of community planning and PHA planning and to initiate a range of demonstration projects in each council area embedding the key drivers of 'Making Life Better'	Work continues with local government on the alignment and development of community planning and PHA planning. PHA continues to work with councils, individually and collectively, as well as contributing to each of the community planning partnerships to develop joint goals and shared outcomes for communities. Work has also begun to consider the alignment of indicators and data to monitor and measure impact and implementation. A range of demonstration projects have been identified in each council area and processes are being put in place to develop and agree proposals for initiation. This shared programme, based on local need and regional direction, is currently being developed to consolidate Making Life Better and community planning goals and demonstrate collaboration and impact.	G				

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
Developing Collaboration – Theme 6 Making Life Better						
2.21) Continue to work with key stakeholders to lead and coordinate implementation of Making Life Better through the Regional Project Board, local partnerships and Health and Social Care Northern Ireland	Work continues with key stakeholders to lead and coordinate implementation of Making Life better. The Regional Project Board continues to meet regularly with a current focus on developing a programme of action to demonstrate collaboration and impact. The Regional Project Board has agreed an outline programme of joint work areas for further development of actions and recent discussions have considered older people and healthy active ageing as a key area. Work is also underway to arrange the second annual MLB HSC Autumn Forum in September 2016 where HSC organisations come together to discuss priorities and implementation of Making Life Better within HSC. Making Life Better communications and branding is also being considered with partners within and external to HSC. Engagement with local government is also underway through existing partnerships and community planning processes to identify key areas of joint working in line with community planning and Making Life Better.	G				

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
2.22) As professional Lead in development and implementation of Regional e-Health and Care Strategy, engage with nursing and AHP workforce as part of strategy implementation; agree action plan and monitoring process	The regional eHealth and Care Strategy was launched in March 2016. Work continues to engage nursing and AHP workforce in • raising awareness of the use of eHealth in care delivery • the need to standardise care pathways in preparation for digital transformation An outline business case is currently being developed for a single digital electronic health and care record for NI	G				

3. IMPROVING THE QUALITY OF HSC SERVICES						
Target from Business Plan	**Progress**	**Achievability** Jun	Sep	Dec	Mar	**Mitigating actions where performance is Amber / Red**
3.1) Work with the HSCB to take forward the review of the Cancer Services Framework and implementation of the revised Framework during 2016/17 (staff and financial resource dependant.)	Review of the Cancer Services Framework was submitted to DoH Oct 15. HSCB and PHA have amended that document such that it is now a Cancer Services Indicator Framework. Subject to formal approval this will be forwarded to DoH.	G				
3.2) Work with the HSCB to take forward the Cardiovascular Services Framework Implementation Plan.	Work proceeding more slowly than planned.	A				Work was paused due to unforeseen leave of Service Framework lead. Where work can be progressed, it is being progressed, but there is an inevitable impact. DOH is aware of the situation.
3.3) Take forward the Implementation Plan for the Respiratory Service Framework, following consultation.	The Respiratory Framework implementation plan was formally approved by the DoH in February 2016. We are now in the first year of implementation cycle and currently working with Trusts to collect data on the first year KPIs. We are hoping to submit our first year report to the DoH in early September.	G				

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
3.4) 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).	Additional investment is planned for diabetes and cardiac rehabilitation.	A				No funding identified for generic self-management programs that could support multiple LTCs.
3.5) In collaboration with the DoH, DoJ, HSCB and HSC Trusts provide Public Health leadership and professional nursing advice to the Joint Health Care & Criminal Justice Strategy. Work alongside YJA , PSNI and HSCB colleagues to identify health care model for the provision of health care in Police custody and Woodlands Juvenile Justice Centre.	Engagement in the Joint Health Care & Criminal Justice Strategy which is Departmental led. Determination that Healthcare in Custody will not transfer to healthcare at this time. PHA working with PSNI to develop a new model for healthcare in custody including skill mix of nurses and Forensic Medical Officers. Project lead appointed to drive workplan forward The C/EX YJA escalated nurse staffing shortage to the Board and PHA due to the significant risks. PHA nursing advice, support and recommendations provided to newly appointed Director at Woodlands in relation to nursing workforce and practice standards. Responsibility for health care at Woodlands remains with Juvenile Justice (JJ). Arrangements are in place so that JJ can avail of professional nursing support when this is required.	G				

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
3.6) Produce final report for issue to Department on the mental health nursing framework, 'Developing Excellence, Supporting Recovery' including impact of implementing a Recovery model for service improvement.	Final report has been sent to CNO in DoH for approval on 16th June 2016. The report includes the impact of implementing a Recovery model for service improvement.	G				
3.7) 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).	• Information, support and advice including media campaign A regional nutrition guide has been developed by Speech & Language Therapists and is due for publication late summer. Concepts are being tested for the public information campaign which is due to be launched in autumn. 5/10 Dementia Navigators will have been recruited by July.	G				

	Dementia website is now live on NIDirect. Initial feedback is positive and further testing is underway. • Training A NI Dementia Learning and Development Framework has been developed and is due for launch by Health Minister in Sept 2016. Work is continuing on a Delirium Collaborative in acute wards as well as ED. Targets have been agreed to implement a delirium bundle over the next two years. Over 500 staff have been trained and a delirium animation app is now available. Training commenced in June for Dementia Champions. Aim is to have 300 staff trained by Nov 2017. At 3 June there was 352 expressions of interest. Carers training commenced in June following contracts being awarded to Alzheimer's Society and 352 Skills. • Innovative short breaks and respite Contracts have been awarded for four pilots: home support, extended domiciliary care, emergency support and enhanced day opportunities. • Regional Review of memory OP services This work is due to complete in September 2016.					

Target from Business Plan	Progress	Achievability Jun Sep Dec Mar	Mitigating actions where performance is Amber / Red
3.8) Take forward recommendations on the DoH District Nursing Framework.	Contribution made to drafting and progress made on Delivering Care element.	A	Awaiting the final publication of the Framework
3.9) Continue to lead on the implementation of PPI policy in HSC, with a focus on promotion of the new PPI Standards, extension of the PPI Monitoring function and roll out of the PHA led PPI Training Programme for staff.	The PHA continue to lead on the implementation of PPI policy, activity includes: • Conducting PPI Monitoring in HSC Trusts • Meeting with Regional HSC PPI Forum – Training subgroup • Providing PPI support for EHCR project • Providing PPI input into Medicines Management Innovation lab. • Facilitating a group of service users and carers to meet with the HSC Expert Panel with a focus on strategic PPI. • Director of Nursing & AHPs chairing the Regional HSC PPI Forum meeting. • Co-hosting with QUB and other HSC bodies “Involving you, Improving care” PPI Conference • Co-hosting a workshop focusing on PPI and co-production at NICON 2016.	G	

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
3.10) Progress existing programs of quality improvement, continue to build capacity and knowledge on patient safety, improvement science and human factors, and explore future options for collaboration in QI and safety with CAWT partners.	Work is continuing as planned.	G				
3.11) The HSC Safety Forum will work with HSC Trusts to support the further spread of the Sepsis 6 bundle beyond the pilot areas identified in the 2014/15 period.	Some trusts have had difficulty with engagement but all trusts now collecting at least baseline data	A				Meeting held on the 17th June and agreement reached to work with all Trusts on a regional assessment tool for Sepsis screening in the in-patient adult setting
3.12) The HSC Safety Forum will work with the Regional Learning Disability Healthcare and Improvement Group to identify potential future opportunities to work collaboratively in quality and safety improvement.	Meeting held in Spring with several potential areas for work. Unable to progress currently due to lack of capacity	A				Safety Forum facilitated a quality improvement workshop for the Regional General Hospital Forum in Feb 16 in relation to planning work for the Hospital Passport for LD. Further meeting in August with Regional Health Facilitators to raise awareness of Safety Forum to begin to explore work in the longer term

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
3.13) Continue the review of school nursing using a needs led, child focused and evidence based approach to service developments.	A pilot has been completed to test a school health profile across a small number of primary and post primary schools in each HSCT in partnership with education to identify health needs. A report on the data and views of the users will with be available in the autumn 2016. Work on a system to consider workforce make-up and a method of determining staffing requirements has commenced. Development of regionally consistent practices across four levels of need is progressing.	G				
3.14) Continue to develop the methodology and models for phases 2–4 of the Delivering Safe and Effective Care Project (ED, DN and HV), and progress monitoring arrangement with HSCB for implementation of Phase 1.	Progress good. Phase 2 and 4 at final draft stage. Anticipated final sign off September 2016. Phase 3 linked to publication of District Nursing Framework. Implementation and monitoring of Phase 1 continues. Trusts report vacancies on this work in the region of 300+ posts.	A				Awaiting the final publication of the District Nursing Framework.

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
3.15) Ensure adherence to statutory midwifery supervision and provide professional leadership in relation to the development of high quality, safe and effective midwifery services in keeping with the Maternity Strategy.	In accordance with the NMC Midwives rules and standards (2012) **(Rule 3& 4)** All Midwives practising in NI have submitted a notification of practice to their Supervisor of midwives this has been recorded on the LSA database which was successfully uploaded to the NMC on the 31st of January 2016. **(Rule 5)** 7 Supervisors of midwives have successfully completed the Preparation for Supervision of Midwives Modules at QUB in June 2016 and have been appointed as Supervisors of Midwives within the H&SCT's. (2 student supervisors had temporary leave of absence due to health issues and one students requires to re submit a piece of work with possible completion in September 2016) There are plans to continue with the next course in September 2016 with approximately 8-10 applicants. **(Rule 8)** A supervisory investigation workshop was held on the 15th of January and an LSA Conference held on the 14th of April 2016 to ensure that all supervisors of midwives meet their 6 hours of CPD per practice year for Midwifery supervision. **(Rule 9)** The NI overall Ratio of Supervisors to midwives has been maintained at 1:14 which is a slight increase from the last update this still remains below that of the recommended NMC ratio of 1:15. However in the Southern Trust the ratio is 1:19 this is due to a number of retirements, a secondment and a leave of absence. The Belfast, South Eastern and the Western trust have agreed to take 35 Supervisees between	G				

	them to assist with the annual reviews until the ratio improves for the Southern Trust. Improvement should begin to take effect in November 2016. NMC have been informed of this plan of action. **(Rule 10)** Following 2 Supervisory investigations one midwife has been suspended from practice and has been referred to the NMC for Fitness to practice, the other midwife will complete a supervised practice programme when she returns form sick leave. At present there is one supervisory investigation in progress and a further 2 to commence. **(Rule 11)** 5 Annual Audits of the H&SCT's have been completed for 2016 service users were part of the audit team and draft reports are currently being finalised.. Audits are undertaken to ensure the maintenance of the standards of practice by midwives and the standards of Supervision of the practice of midwives are met according to Rule 11 of the NMC midwives Rules and Standards. **(Rule 13)** LSA Annual report is currently being finalised for approval pending upload to the NMC by the 29th of July 2016. **(Rule 14)** Following a supervisory investigation undertaken in January 2016 a midwife has been suspended from practice on the 7th of April 2016 with referral to the NMC for fitness to practice issues. The midwife is on an interim suspension order which will be reviewed by the NMC in Sept/Oct 2016 and case hearing will follow in 2016/2017.					

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
3.16) Q2020 – Lead the development of the Annual Quality Report in conjunction with the HSCB.	Work is continuing as planned.	G				
3.17) Lead on the professional issues relating to the transition of HSCB/PHA Medicines Management Model from HSCB to PHA.	The business plan entry refers to an action that will be taken forward by Nursing and Allied Health Professions within the agency regarding learning and transition from the non-current model to a recurrent model. Currently work is ongoing between the HSCB, PHA and NHSCT to progress the commissioning of this recurrent model. It is proposed that the NHSCT will be the host Trust for the Regional Management Medicine Dietetic service of 5 Dietitians with support from Prescribing support assistants. The team will work in Primary Care to identify assess and provide recommendations to patients and relevant Health Care professionals , including GPs on the appropriate use of oral nutritional supplements, promoting a food first approach.	A				There are ongoing meetings with the AHP professional staff in Northern and many of the issues identified have now been resolved.
3.18) Work with Trusts to integrate the Patient Client Experience work programme and 10,000 Voices Initiative to develop systems to listen to, learn from and act upon patient and client experience.	Work is continuing as planned.	G				

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
3.19) Ensure professional readiness of Therapeutic Workforce in WHSCT Radiotherapy Unit.	The workforce is in place, correct skill mix, appropriately trained Links established within and external to trust to ensure professional governance Links and professional support being offered by the PHA and accepted by professional staff	G				
3.20) Lead a programme of work to drive reform of Allied Health Professionals Services including • Improving data quality; • Development of Care Pathways	The PHA is continuing to work alongside the HSCB to complete the final capacity and demand project with BHSCT. All other Trusts have received correspondence from Director of Commissioning outlining gaps and HSCB expectations on filling the gaps. Work has also been completed on the development of elective pathways in key areas constituting highest levels of demand.	G				
3.21) Lead development and implementation of year 4 Allied Health Professionals Strategy Action Plan	A final report (Year 1-3) is being compiled for DoH to update achievements and outcomes within the 40 actions of the AHP Strategy. This report will outline recommendations and further work required to assist in considering future actions post completion of the 2012 –'17 AHP Strategy. The DoH will make a decision on whether it will now require the development of a Year 4 Action plan or will extend year 1-3 Action plan.	A				Awaiting decision from DoH.

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
3.22) Lead the development of Palliative Care services	The Regional Palliative Care structures consist of a Programme Board, Clinical Engagement Group and a Service User and Carers Engagement Group. The Programme Board consists of members from across the five localities coterminous with HSC Trust boundaries in NI. Membership also include representatives from DoH, HSCB/PHA, Northern Ireland Ambulance Service, Hospice and independent palliative care providers, community and voluntary sector, Integrated Care, ICPs, Primary Care and service users and carers. The Programme Board is co-chaired by Mary Hinds, Executive Director of Nursing and AHPs, PHA and Dean Sullivan, Director of Commissioning, HSCB. The key work areas for 16/17 ; <u>Identification</u> To improve the identification of people with palliative care needs, <u>Keyworker</u> To ensure everyone identified as being in their possible last year of life has an allocated keyworker <u>Advance Care Planning</u> To ensure everyone identified as being in their possible last year of life has the opportunity to discuss <u>Planning for Specialist Palliative Care Services</u> Working with the Clinical Engagement Group, a	G				

	report on workforce planning relating to Specialist Palliative Care across the region for: Medicine Consultants, AHPs, Nurses and Social Workers. Other Workstreams in 2016 The work areas commenced under the 'Transforming Your Palliative and End of Life Care' initiative, and some outstanding work from LMDM will continue to be progressed in 2016/17 namely: • Palliative Care Tools • Pharmacy • Hospital Discharge • Carers Support • Training for Nursing Homes • Ambulance Service • Monitoring and Measures • Raising Awareness and in addition, the eight recommendations of the RQIA Review of the Implementation of the Palliative and End of Life Care Strategy (LMDM). Communication					

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
3.23) 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.	In accordance with the NMC Midwives rules and standards (2012) **(Rule 3& 4)** All Midwives practising in NI have submitted a notification of practice to their Supervisor of midwives this has been recorded on the LSA database which was successfully uploaded to the NMC on the 31st of January 2016. Midwives are required to have an annual review completed which ensures that their date for revalidation is noted at the time of entry onto the LSA database. The supervisor discusses their revalidation to ensure that the midwife has their portfolio of evidence and professional discussions completed for the revalidation process. The supervisor also signposts the midwife to the support available within their respective Trust and resources available from the NMC website to enable them to successfully complete their revalidation. Revalidation dates are reviewed by the supervisor and updated on the LSA database. Line managers in Trusts also have the responsibility to update the Trust database and ensure their staff have successfully revalidated. Revalidation Lead provides ongoing support, resources and Face to face awareness sessions to all nurses (HSCB/PHA) and their line managers. Established an Xl database of Nurses in HSCB/PHA shared with HR	G				

	PHA commissioned the RCN to deliver update session to practice nurses, this has now been completed and on-going support is available from PHA to GP practice nurses. Professional Forum offers regular opportunity for update. All communication from NMC/NIPEC cascaded to HSCB/PHA.					

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
3.24) Develop framework for primary care nursing.	Primary Care Framework completed in partnership with RCGP, BMA and RCN with CNO for consideration. Implementation being considered as part of the wider Primary Care project.	G				
3.25) Develop and take forward regional service improvement within older peoples environment focusing on initiative regarding workforce recruitment/and education.	A Vision statement and paper focusing on the role of nurses in the care and support of Older People developed in partnership with Age NI. Action plan being considered. Discussions are underway with each Trust to develop older persons/dementia networks which will eventually develop into a regional nursing network. These networks will discuss service improvements within elderly wards and any staff education needs will be identified.	G				
3.26) To complete the review of AHP support for children with statements of special educational needs, agreeing a proposed framework and implementation plan for consideration by the Minister of Health, Social Services and Public Safety.	The review is now complete. The proposed framework, implementation plan, findings report and equality screening have been signed off by the Project Board and submitted to DoH.	G				

4. IMPROVING THE EARLY DETECTION OF ILLNESS						
Target from Business Plan	**Progress**	**Achievability** Jun	Sep	Dec	Mar	**Mitigating actions where performance is Amber / Red**
4.1) Rolling programme of analysis by health intelligence of screening data and evidence reviews of actions elsewhere to better inform targeting of screening in lower uptake populations.	Work has commenced on breast screening re evidence, quantitative information on uptake / non-attenders and qualitative information. This will act as the pilot process for other screening programmes. Some ad hoc work was done on diabetic eye screening to feed the review and this will be returned to when the new DESP information system has bedded down.	G				

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
4.2) Implement actions to address the recommendations in the RQIA review of Diabetic Eye Screening Programme.	Of the 40 recommendations from RQIA there are 28 completed and 12 outstanding. The 12 outstanding recommendations have not been completed within the timeframes set by RQIA which is why performance has been marked as amber.	A				Of the outstanding items there is work on-going with significant progress which is dependent on a range of factors. For example - Priorities and progress of on-going modernisation programme Developing Eye-care Partnerships Programme Embedding of failsafe protocols and training of failsafe officers Embedding of software solutions in other parts of Ophthalmology in HSC Trusts, and establishing reliable ICT links between services. Identification of routine, reliable data sources for audit, which includes the merging (and cleansing) of databases in Q3 (2016/17) On-going work with Public Health England with respect to conducting external Quality Assurance of the programme. This work is being overseen by the DESP Modernisation Project.

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
4.3) Maintain all existing screening programmes and the quality assurance function.	Workforce issues have had a significant impact on population screening work in the PHA. All existing programmes are being maintained. Some quality improvement work is being scaled back and some quality assurance work has been postponed e.g. the triennial QA visit to the breast screening unit in the SHSCT.	A				Working through scrutiny committee and HR to progress and resolve workforce issues, but it is expected that there will be a staffing shortfall for some number of months.
4.4) Develop a TVU service for the early detection of Ovarian Cancer.	Training complete and on going Referral pathway being developed Regional reporting guidelines being developed Patient information – communications team Primary /integrated care involved NICaN gyna group to ratify regional referral & scanning protocols at October clinical reference group Financial plan – commissioning plan	G				
4.5) Develop a system to prioritise the X-ray reports of Older people from Nursing Homes.	Scoping work on going to define acceptability and operational feasibility work ongoing in radiology and ED may address this independently – RAG status amber but on track for green by the end of the year	G				

5. USING EVIDENCE, FOSTERING INNOVATION AND REFORM						
Target from Business Plan	**Progress**	**Achievability** Jun	Sep	Dec	Mar	**Mitigating actions where performance is Amber / Red**
5.1) Lead on the implementation of the new HSC R&D Strategy: *Research for Better Health & Social Care (2015-2025).*	A workshop was held on 16.05.16 in which we engaged with a number of stakeholders from across the R&D community. This involved an on-line consultation which allowed for a report to be produced. We are now bidding for a capital budget allocation to deliver a scoping infrastructure review.	G				
5.2) Support researchers to secure research funding from external sources including NIHR evaluation, trials and studies co-ordinating centre (NETSCC), Horizon 2020 & other EU sources.	Since the investment began there have been 16 successful NI-led applications to research programmes. Three of these with a total value of £3.8million were awarded during this reporting period. A further three applications are known to be under consideration. One additional EU project involving SEHSCT and BSO was contracted during the reporting period (Total value €4.5 million; value to NI not yet finalised)	G				
5.3) Support the Northern Ireland Public Health Research Network (NIPHRN) to identify opportunities for research in PHA priority areas.	Continuing to work with the NIPHRN and its stakeholders to identify potential research opportunities in areas of interest to the PHA.	G				

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
5.4) Continue to work with the Social Work community to support and encourage research within Social Work/Care.	Continuing to support this initiative through the development of the Social Work Research Strategy and Implementation Plan – *'In Pursuit of Excellence'*; ensuring funding opportunities for research are maximised, priorities set and multidisciplinary research teams developed.	G				
5.5) Working with CCHSC to facilitate service development and service improvement within Telemonitoring NI: • Contribute to the redesign of patient pathways sharing examples of local good practice regionally • Provide professional nursing advice to the specification and implementation process for TMNI replacement	CCHSC continue to work with Trusts to implement new and innovative uses of telehealth and to plan for the specification and implementation of services to replace the existing Telemonitoring service.	G				

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
5.6) Establish new and support existing expert nursing groups, for example Cancer, Neurology and District Nursing, Stroke and Palliative and End of Life Care.	A number of nursing groups have been newly established: Regional DN Group to include palliative and end of life care Diabetes Nursing Group & Neurology Group. Discussions are underway to set up an older persons/dementia group. Existing groups such as cancer and stroke continue to be supported.	G				
5.7) Host a HSC wide Conference on PPI, highlighting best involvement practice, reflecting on the new involvement Standards, sharing findings from the PPI research initiative and examining how to address the report recommendations for the benefit of service users and carers.	The PHA, in partnership with QUB and HSC partners, held a PPI conference, Involving you, improving care' on the 22nd of June 2016. The conference was attended by over 200. A key note address was given by the Minster for Health, Michelle O'Neill. The event also included the awarding of the annual PPI awards for best practice in delivering PPI.	G				

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
5.8) Ensure that the learning from PHA/SBNI/QUB research on infant death is embedded into SCPHN and midwifery practice	Sharing the Learning events were facilitated by the Safeguarding Children Nurse consultant across each of the 5 HSC Trusts. Audience included representation from health visiting, midwifery, family nursing, social work, paediatrics and neonatal services. This included an opportunity to consult on improving materials to support the learning and ensure key messages are shared with parents and professionals working with families were there are young babies. Presentation of the learning was also delivered at a regional LSA Midwifery Conference on 14th April A copy of the presentation was shared with all attendees and a cascade approach was encouraged for sharing within teams. Work is underway in consultation with PHA communication department in developing an appropriate risk assessment tool and safe sleeping message leaflet/card for all parents. The Pregnancy and Birth to Five books will be updated with key messages from the learning. Strapline to highlight risk associated with co-sleeping being considered.	G				

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
5.9) CCHSC will have specified and commenced the implementation of service(s) to replace Telemonitoring NI.	CCHSC have commenced an engagement exercise with relevant stakeholders to develop a shared understanding of the strength and weakness of current service and to elicit views on arrangements which should replace the current Telemonitoring NI service. The outputs from the engagement process are being consolidated taking into account the findings of the QUB evaluation of Telemonitoring to develop a model for technology enabling healthcare (TEHC) in relation to: • Supporting Healthy People • Enable people to look after their condition • Supporting people to reduce use of health service • Support people to stay safe and independent	G				

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
5.10) CCHSC will seek opportunities to develop and utilise innovative technologies to improve health and wellbeing including leading the NI input to EIP AHA; EU and other sources of funding and working collaboratively with HSCNI and other key stakeholders	CCHSC continue to contribute to the work of the European Innovation Partnership on Active and Healthy Ageing (EIP AHA) through involvement in a number of action groups to improve the health of older people in Northern Ireland and across Europe; CCHSC coordinates the EU-funded project called Beyond Silos which aims to improve the integration of service delivery by building on the Northern Ireland Electronic Care Record and implementing an interactive Shared Care Summary. CCHSC is a partner in an EU-funded project entitled ACT@Scale which aims to enhance mainstream the roll out of Telemonitoring. CCHSC is a partner in an EU-funded project entitled SUNFRAIL which aims to improve the identification, prevention and management of frailty and care of multimorbidity. Further opportunities to participate in EU projects are under continual review and development.	G				

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
5.11) To lead work on the implementation of the eHealth and Care Strategy objectives: • Supporting People; • Using Information and Analytics; • Fostering Innovation. which will contribute to the development of a regional EHCR.	CCHSC anticipate that the new services specified as part of the future telemonitoring service will progress the Supporting People objective set out in the draft *eHealth & Care Strategy* and will feed into the "HSC Connected Caring Communities" established under the auspice of *Making Life Better*. Work is ongoing with regard to the development of an Information and Analytics Plan in partnership with HSCB and DoH The continuing involvement and partnership gained form contributing to EU work acts as a foundation for developing local innovation.	G				
5.12) Commence process to benchmark AHP input against National Findings for Unscheduled Care	• Subscription to NHS Benchmarking data giving access to UK database. • Consideration of UK data for transferability to NI Unscheduled Care. • Align with work emerging from NI Unscheduled Care Network structures.	G				

6. DEVELOPING OUR STAFF AND ENSURING EFFECTIVE PROCESSES						
Target from Business Plan	**Progress**	**Achievability** Jun	Sep	Dec	Mar	**Mitigating actions where performance is Amber / Red**
6.1) Manage the process of organisational change in line with further clarification from the DHSSPS, ensuring appropriate and timely internal and external communication.	PHA senior staff have participated in a series of workshops focused on future HSC structures. It is understood that further decisions on this will be announced by Minister in the Autumn and will be linked to the outcome of the Bengoa Report.	G				
6.2) Maintain capacity to deliver core duties and deliverables identified for the PHA in 2016/17.	Recent key retirements, together with 37 staff leaving by June 2016 on VES in order to meet management and administration cost reduction targets, have reduced PHA capacity and capability. This is being managed through management focus on core deliverables, prioritising staff time, active consideration of the need for and form of vacant posts by Scrutiny Committee and close liaison with DHSSPS through sponsorship review, transition and other meetings.	G				
6.3) Achieve substantive compliance for all 15 controls assurance standards applicable to the Public Health Agency.	On target to achieve substantive compliance for all 15 controls assurance standards applicable to PHA	G				

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
6.4) Test and review the PHA business continuity management plan to ensure arrangements to maintain services to a pre-defined level through a business disruption.	The annual test will be planned for the 3rd quarter of the year (Sept-Dec 16); the Business Continuity Plan will be reviewed and updated accordingly.	G				
6.5) Explore an electronic records management solution in line with Controls Assurance Standards.	Initial alternative options to a full EDRMS have been explored by PHA.	A				HSCB E-Health have advised that this will be taken forward on a regional HSC basis. While PHA will work with other HSC colleagues, this is likely to mean that timescales for introduction of an EDRMS will be delayed.
6.6) Continue to take forward implementation of the PHA Procurement Plan.	The PHA continues to progress the procurement plan within the resources available. Tenders for Active Travel and Keep Warm Keep Well packs are being progressed. Work is continuing on preparing for Mental Health and Suicide Prevention Phases II & III. The PHA Procurement Board continues to meet to oversee this work.	G				

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
6.7) Finalise the new PHA Corporate Strategy and the PHA Annual Business Plan for 2017/18 in line with DoH requirements and timescales. (when notified)	Work continues to develop the PHA Corporate Strategy, building on the engagement exercise carried out in 2014/15. The PHA Corporate Priorities and Strategy Project Board continues to meet to take forward the development of the new strategy. Following guidance from DoH, the corporate strategy is being developed in line with Making Life Better and the new draft Programme for Government and to be ready for 1 April 2017.	G				
6.8) Develop and agree a new Internal communications strategy and action plan to ensure PHA business is supported by efficient and effective internal communication systems.	Internal Communications Action Plan - Several actions completed and under way including introduction of new weekly update for PHA staff, erection of digital signage on 4th Floor, Linenhall St, Belfast, redevelopment of Connect, introduction of generic email addresses for improved internal email communication, email branding, standard corporate auto signature.	G				
6.9) Review and Revise PHA digital assets including PHA Corporate and Intranet sites.	Paper developed on road map for PHA web presence; awaiting approval from AMT. Process to redevelop PHA Intranet site Connect to progress through the TPA.	G				
6.10) Continue to enhance social media activity, extending the agency's reach through its online channels and broadening the types of content used.	Development of social media activities continues, with follower numbers increasing and integration of rich media content ongoing to deliver strong engagement. To make dissemination of messaging more effective, a range of content is created to reflect target audiences and approaches. The new digital signage on 4th Floor Linenhall Street, Belfast is to have a live Twitter feed.	G				

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
6.11) Extend the range of communications tools used by the agency e.g. infographics and audio recordings, to support its work to convey key messages to target audiences.	A range of new approaches to delivering agency messaging are being deployed, including recording and sending audio clips to journalists along with news releases, developing video and stop motion content for social media, and creating animated GIFs. This is kept under constant review to keep abreast of trends and to 'meet' target audiences where they go to access information.	G				
6.12) Build on the suicide awareness media and engagement work which has been developed by the agency.	The monitoring of coverage of suicide continues, with articles in breach of Samaritans guidelines being actioned. The method of monitoring is kept under review to help ensure it is as effective as possible. Engagement with journalists and journalism students also continues, to increase awareness of the Samaritans guidelines and encourage responsible reporting.	G				
6.13) Ensure that by 30th June 2016 90% of staff will have had an annual appraisal of their performance during 2015/16.	Over 90% of staff have received their annual appraisal as at 30th June 2016.	G				
6.14) Ensure that by 31 March 2017 we meet the 95% target that doctors working in PHA have been subject to an annual appraisal.	All doctors who were due medical appraisal have successfully completed the process.	G				

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
6.15) Continue to provide professional leadership, advice and guidance on PPI.	The PPI team continue to provide strategic and operational professional leadership, advice and guidance in relation to PPI. This includes continued input into areas of strategic importance to PHA and HSC e.g. EITP, Unscheduled Care, Older People's Nursing, E-Health. The team have also received a number of requests for advice and guidance from a diverse range of stakeholders including PHA colleagues, DoH, HSCB and HSC Trusts.	G				
6.16) Utilize Safety Forum QI expertise to aid the delivery of training to HSC staff as envisioned by the Attributes Framework and facilitate entry to Scottish Quality and Safety Fellowship programme.	Work is continuing as planned.	G				
6.17) Ensure that PHA duties and responsibilities in relation to Local Supervising Authority Midwifery Officer are evidenced in annual report presented to AMT & PHA Board.	The Annual report has been completed and submitted to AMT. Annual report will also be submitted to PHA Board.	G				

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
6.18) Revalidation champions will provide on-going support to registrants and managers across the PHA and HSCB, as well as engaging with GP employed nurses.	Revalidation Lead provides ongoing support, resources and Face to face awareness sessions to all nurses (HSCB/PHA) and their line managers. Established an Xl database of Nurses in HSCB/PHA shared with HR PHA commissioned the RCN to deliver update session to practice nurses, this has now been completed and on-going support is available from PHA to GP practice nurses. Professional Forum offers regular opportunity for update. All communication from NMC/NIPEC cascaded to HSCB/PHA	G				
6.19) Provide professional support to Nurses/midwives through the quarterly Professional Forum.	Professional Nursing and Midwifery Forum held 1/4ly Network of nurses across HSCB.PHA, attend and invitation extended to MOD, PSNI, NIBTS. Topic specific 'Learning sets' arranged for professional updates.	G				
6.20) Develop and implement the Nurses and Midwives verification of NMC policy through HRPTS system.	Policy for the Verification of NMC registration developed HRPTS to implement changes before verification policy can be implemented. Interim solution : reminder system developed - 3mths prior to renewal (by directorate of Nursing staff)	G				

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
6.21) Meet DHSSPS financial, budget and reporting requirements.	All deadlines in relation to Monthly monitoring to the DHSSPS have been met and the year-end annual accounts completed.	G				

PUBLIC HEALTH AGENCY BOARD PAPER

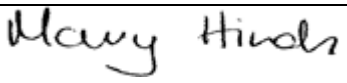
Date of Meeting	18 August 2016
Title of Paper	Personal and Public Involvement Update
Agenda Item	9
Reference	PHA/03/08/16

Summary

The PHA has updated its PPI Action Plan following review of the PPI Strategy. The PPI team have engaged with key stakeholders to agree actions and now plan to have an online 8 week consultation process on the high level areas for action.

As part of our Governance and Reporting arrangements, an internal PPI monitoring process has been undertaken to review and make recommendations to continue to embed PPI into our culture and practice.

The PPI up-date report has been developed and is attached for the period January to June 2016. This bi-annual report is tabled for the PHA Board to consider and includes the recommendations for action as identified in the internal monitoring report.

Equality Screening / Equality Impact Assessment	N/A
Audit Trail	This update was approved by AMT on 9 August 2016.
Recommendation / Resolution	For Noting
Director's Signature	
Title	Director of Nursing, Midwifery and AHPs
Date	10 August 2016

HSC Public Health Agency

DRAFT

Personal and Public Involvement (PPI)

PHA Board Update August 2016

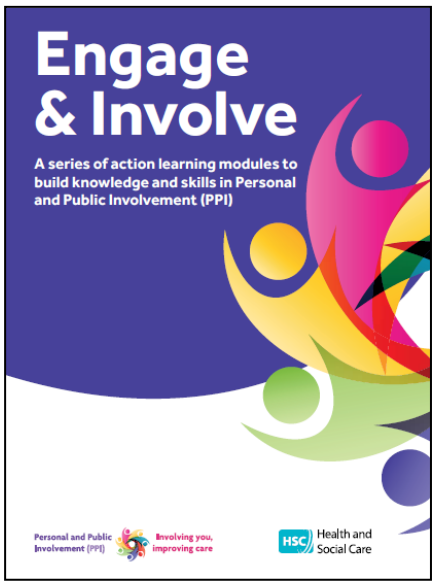
Personal and Public Involvement (PPI) Involving you, improving care

Personal and Public Involvement – What is it?

PPI is the active and effective involvement of services users, carers and the public in health and social care services. Involvement can range from one to one clinical or social care interactions with service users and carers, through to larger engagements to assess needs, partnership working to co-design services and influence commissioning priorities and policy development. Under the HSC (Reform) Act (NI) 2009, PPI is a legislative requirement.

The rationale for PPI – Why do it?

People have a right to be involved in and consulted with on decisions that affect their health and social care. We continue to gather evidence to demonstrate how meaningful Involvement also helps to:



- effectively identify need;
- increase efficiency through tailoring services and setting agreed priorities;
- improve quality, safety and patient experience;
- reduce complaints and SAIs;
- encourage self-responsibility for health and social well being.

The PHA's role

In the 2012 PPI Policy Circular, the DHSSPS confirmed and assigned to the PHA, responsibility for the leadership of the implementation of this key policy area across the HSC system. It requires the PHA to provide the Department of Health with assurances that HSC bodies and in particular Trusts, meet their PPI Statutory and policy responsibilities. Additional responsibilities confirmed/assigned also included:

- ensuring consistency and co-ordination in approach to PPI;
- the identification and sharing of best PPI practice across HSC;
- communication and awareness raising about PPI;
- capacity building and training;
- development of the Engage website;
- monitoring of and reporting on PPI.

PPI up-date

Working through the Regional HSC PPI Forum, 2016 to date has been a very productive and busy period. Key achievements include:

- In February, Engage & Involve, the PPI training programme was launched. The programme was co-designed with service users and carers and piloted with a range of HSC staff. The training includes a range of taught modules and an introductory e-learning module. It is aimed at HSC staff to increase awareness and understanding of PPI, encouraging them to embed it into their everyday culture and practice.

- In February/March, the 2nd formal round of PPI monitoring with the HSC Trusts was initiated. The co-designed monitoring model requires HSC Trusts in conjunction with the PPI panel to self-assess their performance against the PPI Standards. The PHA in partnership with service users and carers undertake a verification visit and develop a monitoring report which is presented to the Department of Health as part of the annual Accountability meetings.

- In May, we facilitated a group of service users and carers to meet with Professor Bengoa and members of the HSC Expert Panel. Five key issues were presented and discussed with the panel to advocate for PPI to be integrated into the Expert Panel's recommendations.

- In June, the PHA in partnership with Queen's University Belfast (QUB), hosted a major PPI conference '*Involving you, improving care: our involvement story*'. It was attended by some 250 people including the new Minister for Health, Michelle O'Neill. The event also marked the first PHA and QUB PPI Awards, which PHA were successfully awarded recognition for Innovation for Involvement for the work with LGBT young people.

The following table outlines areas of work undertaken against the PPI Standards and highlights future action required, as detailed in our internal monitoring report and PPI Action Plan 2016-19.

Standard	What have we achieved?	What do we need to do?
1. Leadership	**<u>PPI Standards</u>** The PHA continue to raise awareness and embed the PPI Standards into the culture and practice of HSC. **<u>Advice and guidance</u>** The PHA PPI Team continues to provide professional leadership advice, guidance and support within the PHA and across the HSC system on PPI with over nine new requests being received from April. During this period, in-depth work has been undertaken to: • co-design and roll out an engagement model with older people to build a vision for Nursing in Older People's Services. • initiate the development of a Service user and Carer Reference Group for Unscheduled Care. This has involved service users/carers co-designing the Engagement and Recruitment Plan. • undertake a PPI exercise to agree key messages for the	1. In line with the internal audit report findings, the PHA should consider the corporate, strategic and operational leadership objectives and actions to identify any areas for PPI development.

Standard	What have we achieved?	What do we need to do?
	Early Intervention and Transformation Programme (EITP). **<u>Leadership structures/arrangements</u>** At the Executive/Board level the PHA has a named executive Director who carries responsibility for PPI along with an Assistant Director. The PHA has also appointed a Non-Executive PPI Lead at Board level. The internal PPI Leads Forum continues to meet to help embed Involvement into the culture and practice of the organisation, by focussing on the work of each Division. **<u>Regional HSC PPI Forum</u>** The PHA in its strategic leadership role, continues to Chair and facilitate the work of the Regional HSC PPI Forum. During this period, the Forum: • appointed a service user/carer co-chair, Mr Donald Harley. • organised and facilitated a discussion with service users/carers and the HSC Expert Panel in May regarding PPI.	

Standard	What have we achieved?	What do we need to do?
	• co-hosted with Queen's University Belfast (QUB) a major PPI Conference '*Involving you, improving care: our involvement story'.* The PHA PPI Team led and co-ordinated the planning and delivery of the Conference. HSC organisations and service users and carers co-designed this work to progress thinking on PPI and showcase best practice.	
2. Governance	**<u>Strategies and plans</u>** • The Corporate Plan has committed to PPI as a key approach to how the PHA does its business and this is reflected in our Annual Business Plan. • The PPI Action Plan 2016-19 has been reviewed and updated. It includes external and internal areas of responsibility in keeping with the PHA PPI leadership function. The Action Plan has been developed in partnership with the Regional Forum and the PHA Internal PPI Leads Forum. It is currently undergoing a period of consultation before finalisation. • Specific PPI Action Plans have been developed by some PHA Divisions including, Research & Development, the Safety Forum	1. The PHA needs to review Governance arrangements for PPI at a corporate and directorate level. 2. The PHA, through the PPI Leads group, should review and formally record mechanisms that operate in each Directorate/Division to ensure that there are clear and transparent arrangements for involvement with service users and carers. The mechanisms and processes for involvement should be reviewed with service users and carers to ensure

Standard	What have we achieved?	What do we need to do?
	and Health Protection. Other work areas, AHPs for example have PPI actions built in as an integral element of their strategy/work plan. • The PHA has led the review and up-date of the HSC wide Consultation Scheme template. The template is currently being reviewed by the Department of Health. **Reporting** A range of corporate governance reporting is undertaken against the PPI Strategy and Action Plan including quarterly Directorate Update Reports, bi-annual Board update reports and update reports to the DHSSPS. **Inclusion as part of business processes** PPI is now an integral element of business cases, procurement / tendering processes and contract monitoring arrangements.	that they are accessible, purposeful and encouraging for service users and carers. 3. The PHA should continue to map where and how PPI is factored into internal governance, planning, decisions, investments and reporting arrangements to ensure that service users, carers and the public are effectively involved in the work of the PHA.
3. Opportunities and support for involvement	**Established variety of opportunities for involvement** A range of opportunities and ways in which service users, carers,	1. The PHA should develop a central register of opportunities for involvement which is updated across

Standard	What have we achieved?	What do we need to do?
	voluntary /advocacy organisations and the public can become involved with the work of the PHA, helping to inform, shape and develop plans and priorities, continue to be promoted. **<u>Employed diversity in Involvement methodologies</u>** Each Division has evidenced the involvement of service users, carers, voluntary sector partners and the public, using a variety of approaches including: • use of Social media such as Facebook and Twitter • public consultations • attendance at and contributions to Public meetings • attendance at and contribution to Workshops & Focus Groups • membership of task & finish groups • membership of Steering Groups • reference Groups • bespoke induction training • engagement of lay reviewers in peer review • using peer facilitators	all Divisions (where appropriate) and readily accessible by the public by January 2017. 2. The PHA should co-design with service users and carers a corporate PPI induction for service users and carers who are involved in our work. 3. The PHA should ensure that the PPI brand should be included in all materials relating to PPI and opportunities to get involved, including online and printed materials. 4. The PHA should develop and circulate guidance materials on essential support that should be made available for the involvement of service users and carers.

Standard	What have we achieved?	What do we need to do?
	<u>Research</u> The PPI research commissioned by the PHA and Patient and Client Council and funded by HSC Research & Development has been completed. The research was undertaken by a research team led by QUB and includes a set of recommendations to help overcome the barriers to involvement.	5. The PHA should review the monitoring mechanism to ascertain if feedback is embedded as standard practice in the organisation. 6. The findings from the PPI Research Report need to be disseminated and utilised to ensure further progress is made in the field of involvement in the HSC system. 7. Launch the PPI Research Report in conjunction with QUB and the Research Team.
4. Knowledge and Skills	**<u>Awareness raising training</u>** • The PHA has developed and launched 'Engage & Involve', the generic regional PPI training programme for HSC. This has been co-designed with service users/carers alongside HSC partners and includes a mixture of taught modules and an e-learning	To inform and equip staff with the understanding, knowledge and skills to effectively involve and engage with service users, carers and the public, it is recommended that: 1. PHA staff should undertake

Standard	What have we achieved?	What do we need to do?

	programme.
	• The PHA has received non recurrent allocation from the DoH and has commissioned and initiated the development of the 'Engage' web resource, which will:
	  • host Engage & Involve - the HSC PPI Training Programme;
	  • contain a range of PPI tool kits;
	  • provide information on the rationale and benefits of Involvement;
	  • provide a platform for sharing best practice, knowledge and skills transfer;
	  • support active dissemination of information, advice, guidance and research;
	  • support co-ordination of Consultation and Involvement activities in the HSC;
	  • contain relevant Testimonials / DVDs / podcasts;
		Engage & Involve e-learning, which should be monitored on a 6 monthly basis.
		2. All staff undertaking PPI should complete the Engage & Involve training matrix to identify their training needs in relation to their roles and responsibilities and access training as required.
		3. PHA should continue to build PPI into future job descriptions as key responsibility and also into job development plans and appraisals as appropriate to their role by March 2017.
		4. PPI should be included in the job induction process.
		5. The PHA should develop a PPI

Standard	What have we achieved?	What do we need to do?
	• provide links to relevant websites and sources of further information.	training action plan, to incorporate the roll of Engage & Involve PPI Training. 6. The PHA should continue to engage with the DoH regarding the development of the fully functional Engage website and Outreach Programme Business Case.
5. Measuring Outcomes	**<u>Monitoring arrangements</u>** The PHA working with service users, carers and HSC partners, designed and implemented the regionally agreed and Department endorsed PPI Monitoring process and arrangements within HSC. The second round of the monitoring process undertaken with HSC Trusts was initiated in February 2016. Monitoring reports were developed for each Trust and presented to the Department of Health for consideration as part of the annual accountability meetings. **<u>Impact through influencing/informing policy, investments and</u>**	1. The PHA should review, update and implement the PPI checklist. 2. Working through the Internal PPI Leads group, each division should ensure that it has effective and efficient monitoring mechanisms to record and capture evidence of PPI in practice. 3. Senior management should regularly

Standard	What have we achieved?	What do we need to do?
	decisions A second PPI monitoring process was undertaken across the PHA, to assess progress against compliance with the statutory duty of involvement and the new PPI Standards. A number of clear examples of the impact of PPI were identified. These included: 1. *Research & Development* – PPI is an integral part of the process for awarding funding for research proposals. This has increased awareness of the impact of involving service users and carers at the early stage to help shape research proposals. 2. Within the *Operations Division*, all investment decisions which are linked to publically tendered services are required to evidence how PPI has been taken into account in determining the shape and scale of the service being commissioned. 3. The *Nursing team* has evidenced how the involvement of lay assessors in the peer review process has enhanced the	reinforce the need for PPI considerations to be regarded.

Standard	What have we achieved?	What do we need to do?
	quality of cancer services eg information reviewed by service users/carers for readability. 4. The *Health improvement Division* has a range of initiatives to demonstrate the impact of PPI, particularly in relation to determining the needs of communities which in turn then influence commissioning decisions. For example, in 2015/16, focus groups with young offenders residing in Hydebank, identified the need for a shared reading programme which reinforced the decision to commission this service commencing in 2016/17.	

HSC Public Health Agency

Personal and Public Involvement (PPI) in the PHA

Draft Overview Report

June 2016

Personal and Public Involvement (PPI) Involving you, improving care

Background

Introduction

Personal and Public Involvement (PPI) is a process whereby service users, carers and the public are empowered and enabled to inform and influence the commissioning, planning, delivery and evaluation of services in ways that are relevant and meaningful to them. People have a right to be involved and increasingly they expect to be actively involved in decisions that affect them.

The Public Health Agency (PHA) has responsibility for leading implementation of policy on PPI across the Health and Social Care (HSC) system. As part of this role the PHA has responsibility for ensuring the effective implementation of PPI policy across the HSC. There is therefore a dual responsibility; at HSC wide level to promote consistency and co-ordination in the approach to PPI; and at an internal level to establish appropriate organisational governance arrangements to meet the Statutory Duty of Involvement.

This report outlines an overview of the PHA's compliance with and progress of PPI and the Statutory Duty to Involve and Consult. The report contains a summary of the findings which have been extracted from self-assessment monitoring returns and presents recommendations to support the organisation to truly embed PPI into practice.

Legislative Context

PPI is a statutory responsibility as detailed in the HSC (Reform) Act (NI) 2009 through the Statutory Duty to Involve & Consult. Each HSC organisation, to which the legislation applies, is required to involve individuals in the planning and delivery of HSC Services. Specifically, sections 19 and 20 of the above legislation require that service users and carers are involved in and consulted on:

1. The planning of the provision of care
2. The development and consideration of proposals for change in the way that

care is provided

3. Decisions that affect the provision of care.

Rationale for PPI

PPI is underpinned by a set of values and principles, but at its core, is the drive to achieve truly person centred services, where service users, the carers and the public are fully engaged in a partnership based approach to health and wellbeing, whether that is at the strategic or individual level of care planning and provision.

The impact of PPI has been demonstrated in a range of areas from efficiency, and effectiveness, where services have been tailored to need, reducing wastage and duplication, to improvements in quality and safety, to increased levels of self-responsibility for one's own health and wellbeing.

PPI Standards, Monitoring and Performance Management

As part of its leadership role for HSC, the PHA has for the first time in Northern Ireland, established a set of standards for involvement, helping to embed PPI into HSC culture and practice, supporting the drive towards a truly person centred system. The five PPI Standards and associated Key Performance Indicators (KPIs) were formally launched in March 2015 and provide the basis for the structure of the monitoring and performance arrangements, which have been developed by the PHA.

This is the second internal PPI monitoring report for the PHA. Whilst it is not appropriate for the PHA to formally assess itself, the Trust monitoring process has been used none the less to look at PPI practice internally and produce a monitoring report and recommendations to support the organisation continue to embed PPI into its culture and practice.

Methodology

The monitoring process has used the PPI Standards and associated KPIs as a framework to gather information to help assess progress against compliance with

PPI. This process was developed in partnership with members of the Regional HSC PPI Forum including service users and carers. Experience and feedback from the initial monitoring has been incorporated into this programme of work and we continue to review and up-date as this work progresses.

The key components of the monitoring process are outlined below, with the associated timeline detailed in appendix 1.

i. An initial baseline self-assessment questionnaire is completed by each Division within the PHA, which helps inform assessment of progress in embedding PPI into the culture and practice of the organisation.
ii. The self-assessment reports are reviewed and analysed by the PHA PPI staff.
iii. Service uses and carers undertake a verification meeting to review PPI in practice in a Division in the PHA.
iv. All information is then reviewed and a final report produced for the PHA AMT and also for use in discussions with the Department of Health (DoH).

Scope of the Report

There are a number of factors which have influenced the range and depth of this monitoring exercise.

In the main, this monitoring exercise represents a review and analysis of PPI in the PHA and in particular, its integration within the PHA's Divisions, rather than a critique of the range and impact of the work undertaken by the PHA's PPI team which has both a HSC wide and internal PHA remit. The bi-annual Board update reports provide an in-depth overview of the range and extent of PPI work across HSC and this monitoring report does not set out to duplicate this but focus more on the internal workings within the PHA. Reference is made to the resources that the PPI team has developed which will collectively support HSC organisations including the PHA to meet its statutory duty.

It is recognised that the PPI Standards, whilst having been under development primarily during 2014, were only formally launched in March 2015. It will take some

time for these to be embedded into internal practices and processes. Moving forward, it is anticipated however, that compliance against the KPIs set down under each Standard will be expected and formally monitored.

Having now completed the second internal monitoring process, it is clear that the level of input required from a number of stakeholders, including staff, service users and carers is considerable. Further consideration needs to be given to a number of aspects, including the timeframe to undertake the assessment, how compliance is evidenced, the resources required and the support for service users and carers participating in the process.

While the monitoring process has been refined since 2014/15 and there has been an increased rate of response, a number of factors still remain to be considered for future arrangements.

- The nature of the work of the PHA and its responsibilities means that some Divisions / functions provide a facilitative / supportive role for the organisation / other partners. It is noted that this does not lend itself as readily to the production of evidence of PPI in action.
- Annual monitoring may not be the most effective way to gather evidence of PPI in practice. The introduction of on-going monitoring processes may support staff to complete the annual monitoring.
- While each Division provided PPI evidence, this required considerable work from Divisional PPI Leads to access and compile the data.
- A number of examples of good PPI practice were written up and shared, when it was clear that significantly more had been undertaken.

All of these factors will feed into subsequent discussions with Divisional PPI Leads and senior managers, in respect of building and improving upon the monitoring conducted in future, to ensure that the best possible arrangements, mechanisms and processes are in place to assess compliance against PPI responsibilities and the Statutory Duty to involve and consult.

The Review Team:

Martin Quinn - Regional PPI Lead, PHA

Claire Fordyce - Senior PPI Officer, PHA

Roisin Kelly - Senior PPI Officer, PHA

Findings and Recommendations

Standard 1 – Leadership

HSC Organisations will have in place, clear leadership arrangements to provide assurances that PPI is embedded into policy and practice.

Findings

Corporate Leadership

- The PHA has a named executive Director who carries responsibility for PPI along with an Assistant Director for PPI.
- The PHA has appointed a non-executive Board member as a PPI Champion.
- The PHA has appointed an additional PPI officer. The PHA now has three full time PPI officers, the only HSC organisation to do so. One of these officers is the Regional Lead for PPI across the HSC. The remit of these officers is wide ranging, including:
    - development and delivery of the PPI Strategy
    - providing leadership, advice and guidance in PPI across the HSC through the Regional Forum
    - development of support tools and systems for staff trying to embed PPI into practice
    - working to help ensure that the PHA meets its Statutory responsibilities in respect of PPI etc.
    - working to influence external education and training providers to introduce PPI into the curriculum for HSC students and staff

Strategic Leadership

The PHA in its strategic leadership role, continues to chair and facilitate the Regional HSC PPI Forum.

Operational Leadership

- Directorate leadership arrangements are in place. This is evidenced by the continued commitment to the PHA PPI Leads Forum. A PPI Lead and a Deputy has been appointed in each Directorate/Division. The nominated Deputy is in place to ensure consistency of engagement with the Leads group in the case of non-attendance by the Divisional Lead. A Terms of Reference is in place for the group, setting out the expectations from members.
- Divisional service user/carer reference groups have not been established, rather, the Divisions continue to use tailored structures and mechanisms aligned to specific projects, programme areas, to enable the voice of the service user/carer to be heard. Examples of how service users / carers are involved with the PHA include:
    - R&D PPI Panel,
    - Regional Pain Forum for service users established to improve pain management services,
    - Safety Forum PPI Panel,
    - Dementia Friendly Communities Steering Group.

Recommendations

1. PHA continues to consider the corporate, strategic and operational leadership objectives and actions to identify any areas for PPI development.

Standard 2 – Governance

HSC Organisations will have in place, clear corporate governance arrangements to provide assurances that PPI is embedded into policy and practice.

Findings

Corporate governance

- PPI is committed to in the Corporate Plan as a key approach to how the PHA does its business. The PHA has also a PPI Strategy which guides and directs the work of the organisation and its staff in this field.
- PPI is included as a criterion for AMT and Board level decision making. Providing an additional level of governance for all decisions.

Strategic governance

- The PHA has reviewed PPI activity and restructured their strategic action planning process. Two action plans have been developed for 2016-19; one focuses on the PHA's external leadership role while the other reflects the actions being undertaken to strengthen PPI within the PHA. These action plans together cover all of the strategic roles and responsibilities that the PHA carries in this area across the HSC.
- A range of reporting structures are in place for PPI including quarterly Directorate Update Reports to update on progress against the Strategy and Action Plan, bi-annual Board update reports and update reports to the DoH. PPI is reported on formally twice a year to the PHA Board however it is not a standing item on AMT or Board meetings.
- The PHA on behalf of the Regional HSC PPI Forum, published a PPI Annual Report (2014/15)

The PHA continues to build PPI into regional strategic initiatives including the regional AHP strategy, developed by the PHA to set the strategic direction for AHP services in Northern Ireland.

Operational governance

- Specific PPI Strategies or Action Plans for some Divisions in the PHA are in place including R&D, the Safety Forum and Health Protection. Others have PPI built into their plans and AHPs have developed a PPI Plan which is incorporated into the regional AHP Strategy, which applies to AHPs across the HSC from the PHA to Trusts etc.

Recommendations

1. Governance arrangements for PPI should be reviewed at a corporate and directorate level.
2. The PHA, through the PPI Leads group, should review and formally record mechanisms that operate in each Directorate/Division to ensure that there are clear and transparent arrangements for involvement with service users and carers. The mechanisms and processes for involvement should be reviewed with service users and carers to ensure that they are accessible, purposeful and encouraging for service users and carers.
3. Continue to map where and how PPI is factored into internal governance, planning, decisions, investments and reporting arrangements to ensure that service users, carers and the public are effectively involved in the work of the PHA.

Standard 3 – Opportunities and Support for Involvement

HSC organisations will provide clear and accessible opportunities for involvement at all levels, facilitating and supporting the involvement of service users, carers and the public in the planning, delivery and evaluation of services.

Findings

Corporate opportunities for involvement

- The PHA does not maintain a formal central register of existing and future opportunities for involvement. However it was evidenced that there are a range of opportunities and ways in which service users, carers, voluntary / advocacy organisations and the public can become involved with the work of the PHA, helping to inform, shape and develop plans and priorities.

Strategic opportunities for involvement

- The DHSSPS provided funding to the PHA to initiate the re-establishment of the 'Engage' web resource. This web presence has the potential to provide an opportunity for the PHA and other HSC organisations to advertise opportunities for PPI.
- The PHA continues to offer opportunities for involvement through the HSC PPI Regional Forum and its sub-groups. In 2015/16 a review of membership was undertaken which increased opportunities for involvement for service users and carers.
- The PHA continually seeks opportunities for involvement at a strategic level and circulates information about these opportunities to service users and carers. Such opportunities include, facilitating PPI to be included on the Expert Panel agenda, input into the NICON conference.
- A named point of contact is in place via the Regional Forum.

Directorate opportunities for involvement

- Each Division has evidenced the involvement of service users, carers, voluntary sector partners and the public, including:
    - Membership of Steering Groups, Forums and Reference Groups
    - Membership of Task & Finish Groups
    - Attendance at and contributions to Public meetings
    - Attendance at and contribution to Workshops & Focus Groups
    - Co-design of projects and information materials
    - Community conversations
    - Development of case studies
    - Use of Social media such as Facebook and Twitter
    - One off responses to surveys / questionnaires
    - Public consultations

- A range of support available to involve service users/carers was outlined which included:
    - Bespoke induction Training (prepared to meet the needs of service users and carers).
    - Peer review in Cancer services.
    - Using peer facilitators in older people's services.
    - Use of Makaton to develop information for people with a learning disability.
    - Production of a Terms of Reference, detailing role of the group, expectations.

  - Use of the Out of Pocket Re-imbursement Guide for Service Users & Carers.

  - Practical Guidance on running meetings and partnership working.

- Both the R&D Division and the Safety Forum continue to support service users / carers to attend conferences and training to support them to fully participate as equal partners in PPI activities.

- Monitoring returns also provide evidence of a variety of feedback mechanisms are being used across the PHA. Some Divisions provide named points of contact for feedback for every involvement exercise, others provide it for thematic areas of work, but not necessarily for every engagement exercise. The PHA outline further work is required to streamline feedback mechanisms to provide consistency of approach.

- Responses also identified barriers to involvement from an organisational or staff perspective, rather than those faced by service users, carers or the public. A key barrier uncovered during the monitoring exercise was the capacity of staff to undertake meaningful involvement. Another issue that was raised was the difficulty of involving specific target groups such as children. Other issues such as time and financial cost associated with it were also identified.

Recommendations

1. The PHA should develop a central register of opportunities for involvement which is updated across all Divisions (where appropriate) and readily accessible by the public by January 2017.

2. A corporate PPI induction for service users and carers who are involved in our work should be co-designed with service users and carers.

3. The PPI brand should be included in all materials relating to PPI and opportunities to get involved, including online and printed materials.

4. The PHA should develop and circulate guidance materials on essential support that should be made available for the involvement of service users and carers.

5. Review the monitoring mechanism in the PHA to ascertain if feedback is embedded as standard practice in the organisation.

Standard 4 – Knowledge and Skills

HSC organisations will provide PPI awareness raising and training opportunities as appropriate to need, to enable all staff to deliver on their statutory PPI obligations.

Findings

Corporate knowledge and skills

- PPI is a part of the generic corporate induction arrangements for the PHA but not currently built into the formal induction arrangements for most of the individual Divisions.

- There is a corporate commitment to developing knowledge and skills in PPI for staff, as such corporate communication processes have been used to promote the Engage & Involve PPI training programme with an initial focus on the e-learning element.

Strategic knowledge and skills

- At a strategic level, the PHA PPI team have led the development of the Engage & Involve PPI training programme. The programme was developed in partnership with service users and carers and piloted with a range of HSC staff and formally launched by the PHA on 22nd February 2016. Engage & Involve is an accessible and practical learning and development programme, aimed at HSC staff. The programme has been developed to bring consistency of understanding and approach to PPI in the HSC locally.

  The Engage & Involve PPI programme is made up as follows:

  - **PPI e-learning** – an on-line, self-taught introduction to PPI.

  - **Modular based taught programme** – to facilitate learning based on identified needs. The modules are stand alone and can be chosen according to need. It covers areas such as practical involvement and consultation, facilitation, communication and measuring impact.

- The PPI Team delivered bespoke PPI training for HSC staff and the Higher Education sector throughout 2015/16 period. Approximately 300 staff and students from various professional disciplines including, Nursing, AHP, Pharmacy, Social Work and Public Health attended PPI training.

Operational knowledge and skills

- All PHA Divisions were aware that the PHA's PPI Team provided PPI awareness raising and training programmes on request and a number have availed of this on several occasions. This has taken the format of presentations, interactive planning sessions, workshops etc.

- Returns highlighted a number of initiatives taken by PHA Divisions to incorporate PPI leaning opportunities into their on-going work. These include, PPI updates from Divisional PPI lead at team meetings, sharing of PPI Standards with teams, awareness raising and encouraging staff to undertake PPI e-learning, presentation for professional staff on PPI and outcomes, including PPI as an agenda item on team planning day.

Recommendations

1. Staff should undertake Engage & Involve e-learning, which should be monitored on a 6 monthly basis.

2. All staff undertaking PPI should complete the Engage & Involve training matrix to identify their training needs in relation to their roles and responsibilities and access training as required.

3. PHA should continue to build PPI into future job descriptions as key responsibility and also into job development plans and appraisals as appropriate to their role by March 2017.

4. PPI should be included in the job induction process.

5. The PHA should develop a PPI training action plan, to incorporate the roll of Engage & Involve PPI Training.

6. The PHA should continue to develop the Engage online resource.

Standard 5 – Measuring Outcomes

HSC organisations will measure the impact and evaluate outcome of PPI activity.

Findings

Corporate Outcome measuring

- The PHA were able to evidence a number of good practice examples of PPI systematically across the organisation which have resulted in tangible benefits for service users, carers and indeed staff and the PHA itself.
- At a corporate level the PHA has a robust system of PPI monitoring and reporting on PPI activities and outcomes. Monitoring is undertaken against the Strategy and Action Plan including quarterly Directorate Update Reports, bi-annual Board update reports and update reports to the DHSSPS. PPI is reported on formally twice a year to the PHA Board but is not a standing item on AMT or Board meetings.

Strategic Outcome measuring

- Service users and carers have been co-producers in the monitoring mechanism that the PHA introduced for Trusts in 2014/15. Following the first monitoring exercise the PHA worked with service users and carers to review and refine the monitoring process which is now being used for the 2015/16 monitoring.

Operational Outcome measuring

- The PPI team through the PPI leads group have developed and consulted on a draft monitoring checklist to capture operational PPI activity. This process

will be implemented in early 2016/17 to provide a more consistent process for monitoring PPI across all Directorates.

- R&D Division demonstrate a high level of involvement and are able to evidence PPI activity as core to their work, by:
    - actively seeking Patient Involvement Enhancing Research (PIER) members feedback,
    - Involvement in developing criteria for evaluating PPI in research proposals,
    - Participation in the monitoring and evaluation of research proposals.
- Health Improvement have include and monitor PPI as part the Contracts Monitoring returns which also include s75 categories.
- In Planning and Corporate Services PPI is now to be evidenced in determining the shape and scope of tendered services being commissioned.
- In the Nursing division through NICAN lay reviewers are incorporated into the peer review process.

In relation to where and how PPI has influenced/informed policy, investments, decisions and or service delivery and in detailing good PPI practice a significant number of examples were provided across the PHA. AHP colleagues outlined how service users and carers were central to informing the principles, values and key messages which are integrated to the regional model for AHP services. In addition PPI was central to the amputee rehab service through the Prosthetic User Forum.

Nursing colleagues provided a range of examples of direct impact as a consequence of PPI including work on the development of a patient passport which was drafted in consultation with service users and carers. The patient passport will be tested and monitored in relation to its effectiveness. This process will be undertaken in partnership with service users and carers, recognising the importance of their input and feedback.

The development of the Dementia Pathway lead by the Nursing Division has had significant service user and carer involvement throughout leading to influence and impact on the final pathway. This included input from 300 Dementia Champions and the introduction of the Dementia Navigator roles in memory clinics.

In Service Development and Screening, PPI approaches have been instrumental in informing and shaping the development of the Regional Pain Forum and also in areas such as antenatal and preconception services for women with Epilepsy as well as specialist services commissioning team's Regional MS sub-group.

In the Communication and Knowledge Management division they routinely include service user carer and public input to directly influence public campaigns for example the "Be Cancer Aware" Campaign.

Recommendations

1. Review, update and implement the PPI checklist.
2. Working through the Internal PPI Leads group, each division should ensure that it has effective and efficient monitoring mechanisms to record and capture evidence of PPI in practice.
3. Senior management should regularly reinforce the need for PPI considerations to be regarded.

Conclusions

The PHA recognises that it has both a Statutory Duty to Involve and Consult with Service Users, Carers and the public and that it also has a range of leadership responsibilities in respect of PPI across the HSC. This report primarily focuses on the progress of the PHA as an organisation, in terms of complying with the Statutory Duty of Involvement utilising an assessment against the 5 PPI standards which were developed under the leadership of the PHA

It is evident that the PHA has progressed against each PPI standard at corporate, strategic and operational levels. As a result of 2014/15 monitoring recommendations a number of key actions have been taken to embed PPI at all levels of the organisation, not least through leadership at a corporate, strategic and operational levels.

The examples of good PPI practice shared in the monitoring emphasise the excellent work and commitment of PHA staff to involving service users and carers in important pieces of work. This has led to a range of improvements in a number of areas including quality, safety and efficiency.

At a Corporate level there is a tangible commitment to PPI. While at a strategic level the PHA provides a high level of leadership and continues to strive for consistency in all aspects of PPI across the region. Operationally, each division within each directorate have evidenced that they had undertaken PPI in the course of their work. Across the organisation different levels of PPI are taking place, from high level strategic involvement to one off involvement exercises. In addition many high profile PHA lead initiative's now have specific or integrated PPI plans in place to support their development.

The monitoring responses highlight how PPI is being embedded into the culture and practice of the PHA. However it is clear that more support and training is required for PPI at an operational level. By committing to implement the recommendations contained in this report the PHA will continue to develop in its role as regional lead for PPI while focusing on the development of PPI at an operational level within the PHA.

PPI in Practice – HSC R&D Division

Background

As part of the PPI monitoring process in the PHA, it was agreed to engage with a service area to examine the outworking of PPI in practice. The PPI Leads were approached and the Research & Development (R&D) Division agreed to participate in the session. The following section provides an overview of the responses and reports on findings of PPI in practice within R&D. This will support the sharing of information and good practice across the PHA.

Methodology

A meeting took place between the PHA PPI team, a service user/carer representative from the Regional HSC PPI Forum, and the R&D PPI Lead and service user/carer representatives from the PPI panel. A series of questions in relation to how PPI operated and was implemented in R&D was addressed to the PPI Lead. Service user/carer representatives were then asked about their experiences in relation to their involvement in relation to the R&D Division.

Findings

In relation to leadership and governance, R&D reported a named PPI Lead was appointed and both PPI Strategy and Action Plan were in place. A £5,000 budget has been allocated to PPI activity within the Division which is used to host training workshops.

A PPI panel, the PIER group (Patient Involvement Enhancing Research), was established in 2009 and members at this stage were invited to submit an application and were called for interview before appointment. Eleven members currently sit on the panel and recognition was given to the need to recommence a recruitment process to increase membership. An acknowledgement was given to the need to engage with hard to reach groups in future. The panel is co-chaired by a service user and meets 4-6 times a year. A group Terms of Reference is in place.

The panel's role is to assess research funding proposals for PPI and representatives in attendance felt that their input had been used to enhance the applications and roll

out of the project. The panel is also utilised by researchers to engage with service users/carers to get involved in individual research projects.

Induction and on-going training is provided by the R&D Division to support service users/carers. This was recognised by representatives in attendance as core to supporting them to fulfil their role on the panel. Members of the panel also lead and participate in the Building Research Partnership training, which is delivered to educate researchers and support them to recognise what PPI can add to research projects.

In relation to reporting mechanisms:

- At a Divisional level, the PPI Lead reports to the PHA on PPI activity on an annual basis.
- Feedback/evaluation is undertaken as part of the Building Research Partnerships training to evaluate the impact of the training.

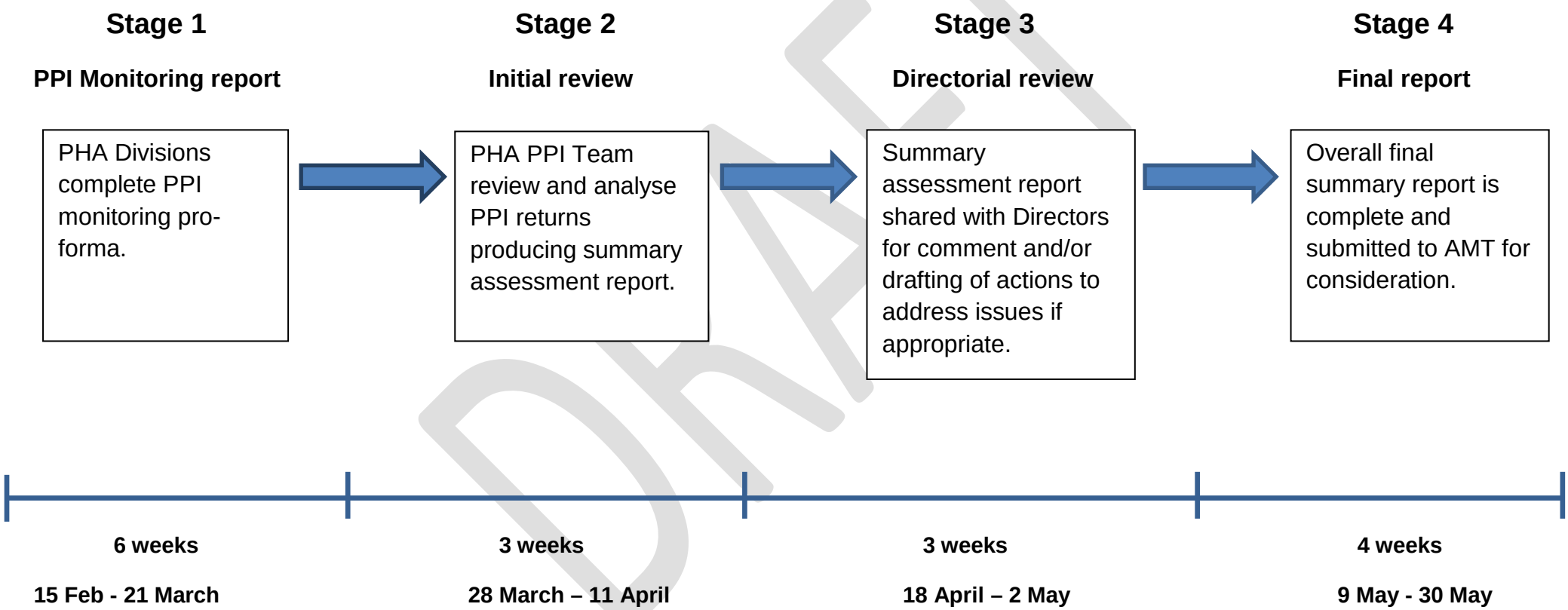
From an evaluation perspective, representatives in attendance felt that there was no feedback loop in place. There was a suggestion to include a progress report on the proposals which had received funding to determine how PPI had worked in practice throughout the lifespan of the project.

HSC Public Health Agency

Appendix 1

PHA PPI Internal Monitoring Process

2015/16



Annual Indicative Timeline (wk beg)

Personal and Public Involvement (PPI) Involving you, improving care

Public Health Agency
Personal and Public Involvement
Areas for Action 2016-19

Personal and Public Involvement (PPI) Involving you, improving care

Introduction

This short paper outlines the high level areas for action in PPI that the PHA will undertake in during 2016-19. The purpose of this paper is to provide an overview of how the PHA plans to fulfil its leadership and operational roles in relation to PPI. The actions build on the existing PHA PPI Strategy, Valuing People, Valuing their participation which was published in 2012. The actions detailed below are an update of the previous PHA PPI Action Plan which ran from 2012-15.

PHA's PPI Leadership and Responsibilities

The PHA has lead responsibility to oversee the implementation of Personal and Public Involvement (PPI) policy (assigned by the Department of Health, Social Services and Public Safety (DHSSPS) under the 2012 PPI Circular) across health and social care (HSC). This responsibility for the PHA extends to:

- providing leadership through the operation of the Regional HSC PPI Forum,
- promotion and sharing of best PPI practice,
- raising awareness and understanding of PPI,
- development of PPI training and
- undertaking of PPI monitoring.

Strategic context

PPI is a term that was formally introduced by the DHSSPS in 2007. It is used to describe the concept and practice of involving people and local communities in the planning, commissioning, delivery and evaluation of the services they receive. PPI policy is a central plank in the HSC drive to make services more 'person centred'.

The action plan has been agreed following the review of the PHA PPI Strategy, Valuing People, Valuing their Participation, and associated Action Plan published in 2012. This document presents a high level summary of the actions which the PHA will progress from 2016-19. This plan continues to address both regional and internal strategic priorities, set out in the PPI Strategy and build on the work of the previous PHA PPI Action Plan.

The actions are presented under each HSC PPI Standard:

- Leadership,
- Governance,
- Opportunities and support for involvement,
- Knowledge and skills and
- Measuring outcomes.

At an operational level each action has an implementation plan to support roll out. The action plan is regularly reviewed and is subject to PHA, Corporate Monitoring processes including twice yearly PHA Board updates.

All actions are further monitored and reported on through the annual PPI internal monitoring process. Recommendations which arise from the monitoring process are annually incorporated into the PHA PPI operational work plan.

PPI Areas for Actions 2016-19

Standard 1 - Leadership

Health & Social Care (HSC) Organisations will have in place, clear leadership arrangements to provide assurances that PPI is embedded into policy and practice.

Regional

- Lead the implementation of PPI policy at a strategic level across the HSC.
- Lead, support and facilitate the work of the Regional HSC PPI Forum.
- Promote the adoption and implementation of the HSC PPI Standards regionally and beyond.
- Continue to provide professional leadership, guidance and advice for PPI in the PHA and across the HSC.

Internal

- Provide PPI leadership in the PHA at a corporate and operational level.
- Enhance PHA Directorate and Divisional PPI capability.

Standard 2 - Governance

HSC Organisations will have in place, clear corporate governance arrangements to provide assurances that PPI is embedded into policy and practice.

Regional

- Review models of PPI governance across HSC bodies, identifying areas of best practice and encouraging adoption.
- Develop a PPI Annual Report.

Internal

- Ensure robust reporting and monitoring mechanisms are in place for PPI across the organisation.
- Address recommendations as outlined in the PHA PPI internal monitoring report.

Standard 3 - Opportunities and support for involvement

HSC organisations will provide clear and accessible opportunities for involvement at all levels, facilitating and supporting the involvement of service users, carers and the public in the planning, delivery and evaluation of services.

Regional

- Update and implement an annual communications plan to raise awareness of PPI.
- Establish an e-forum with voluntary and community sector partnerships to interact with and inform the work of the PHA and the Regional Forum.
- Support the Regional HSC PPI Forum to organise an annual showcase event to share/learn from PPI best practice and recognise barriers to involvement.
- Further develop PPI resources and best practice, including support for regional strategic projects and the testing of innovative approaches to PPI.

Internal

- Review current engagement activity and identify further opportunities to involve service users and carers.
- Support PHA staff to involve service users and carers in all areas of work by introducing best practice supports, training and PPI planning support.

Standard 4 - Knowledge and skills

HSC organisations will provide PPI awareness raising and training opportunities as appropriate to need, to enable all staff to deliver on their statutory PPI obligations.

Regional

- Guide the roll out of the Engage & Involve PPI training programme and explore future development opportunities.
- Develop and promote PPI best practice through the based resources including an App for PPI and an 'Engage' type web resource.

Internal

- Integrate PPI as a key responsibility for all staff.
- Develop and disseminate a range of PPI Tools and guides to support PHA staff.
- Advance awareness, understanding and knowledge of PPI through research.
- Explore the development of a third level PPI qualification.

Standard 5 - Monitoring outcomes

HSC organisations will measure the impact and evaluate outcome of PPI activity.

Regional

- Undertake, review and evaluate on-going PPI monitoring for HSC Trusts.
- Encourage HSC organisations to establish and undertake an internal monitoring process.

Internal

- Review, update and implement monitoring arrangements for PHA.

HSC Public Health Agency

PUBLIC HEALTH AGENCY BOARD PAPER

Date of Meeting	18 August 2016
Title of Paper	Local Supervising Authority (LSA) Report
Agenda Item	10
Reference	PHA/04/08/16

Summary

Attached is the completed LSA Annual Report to the Nursing and Midwifery Council (NMC). The NMC has changed its requirement for the annual report and each year send out a different template that reflects the NMC Mott MacDonald portal, onto which the report is entered.

The report is due at the NMC by 29 July 2016 but will be presented to the PHA Board in August.

Equality Screening / Equality Impact Assessment	N/A
Audit Trail	This report was approved by AMT on 26 July 2016.
Recommendation / Resolution	For Noting
Director's Signature	Mary Hinds
Title	Director of Nursing, Midwifery and AHPs
Date	10 August 2016

Supervision, support and safety: Annual report of the quality assurance of Local Supervising Authorities for the period 1 April 2015- 31 March 2016

Local Supervising Authority (LSA)	Northern Ireland
Provider hospitals and trusts/health boards/independent companies	Northern Health & Social Care Trust • Antrim Hospital • Causeway Hospital Southern Health & Social Care Trust • Craigavon Maternity Unit (With an alongside MLU) • Daisy Hill Hospital (with alongside MLU) Western Health & Social Care Trust • Altnagelvin Hospital (with an alongside MLU) • South West Acute Hospital (with an alongside MLU) South Eastern Health & Social Care Trust • Ulster hospital (with an alongside MLU) • Lagan valley (standalone MLU) • Down Patrick Hospital (standalone MLU) Belfast Health & Social Care Trust • Mater Infirmorum- Standalone Midwife Led unit • Royal Jubilee Maternity Unit
Date of report	29th July 2016

Part 1

Section 1

Report the numerical figure in each of the following tables on 31 March 2016:

(Midwives rules and standards 2012: Rules 4, 8, 9, 13)

Total number of midwives practising in the LSA	1376
Total number of Supervisor of Midwives (SoMs) practising in your LSA	103
Ratio of supervisor of midwives to midwives	1:13
New SoM appointments	6
SoM resignation(s)	5
SoM retirement(s)	7
SoM removal(s) by LSA **(please state reasons for leave of absence)**	2 One Supervisor who requested a leave of absence for personal reasons this will be reviewed in October 2016. One on a leave of absence on secondment to the LSAMO post.

Please provide examples of notable or noteworthy supervisory practice that is worthy of dissemination:

(Midwives rules and standards 2012: Rule 13)

Safety for women and their babies has been the priority in all the work undertaken by supervisors of midwives. Sharing of this work took place at the LSA conference held in April 2016 and was presented as of evidence for the annual audits. Work undertaken by Supervisors in NI has to be acknowledged and supervisors encouraged to, present this work in the future to multidisciplinary forums.

Midwives and Medicines

Previously referenced in the 15/16 annual Report the Midwives and Medicines practice initiative which supervisor of midwives were part of ,co-chaired by the LSAMO and a senior professional officer at NIPEC won the British Journal of Midwifery Practice awards for 2016.

This initiative has enhanced the skills of midwives in relation to the administration of medicines and has demonstrated a reduction in the number of clinical incidents involving medications since its introduction.

Gain Guideline for the admission to Midwife Led Units in NI and Normal Labour and Birth Pathway

In January 2016 The GAIN guideline and audit implementation network, launched the guideline for the admission to Midwife Led Units in NI and a Normal Labour and Birth Pathway. The Strategy for Maternity care in Northern Ireland 2012-2018 (DHSSPS, 2012) places a strong emphasis on the normalisation of pregnancy and birth as a means of improving outcomes and experiences for mothers and babies. Recent Intrapartum care guidelines and an intrapartum care quality standard from the National Institute for Health & Care Excellence (NICE, 2014; NICE, 2015) also highlight the importance of women with a low risk of complications during labour being given the choice to birth in any of the four different birth settings; these include: home, freestanding midwifery led unit, alongside midwifery led unit or an obstetric unit.

There has been an on-going growth in the provision of a network of midwife led units (MLUs) throughout Northern Ireland (NI), five alongside units and three which are free standing (FMU). The network of MLUs has expanded form the first AMU opened in 2001 to the most recent in 2014with further plans for MLUs to be developed. Currently in NI , eligibility criteria are used for admission to MLUs however each MLU had developed their own admission criteria to guide both maternity care professional and women. There was a lack of consistency in NI as the differences in criteria and their application impacted on the women's planned place of birth. This led to some women inappropriately refused admission to an MLU, incorrectly admitted to an MLU or transferred unnecessarily to an obstetric unit. There were 24,394 births in NI in 2014 when this piece of work was commenced with the total number of MLU births being only 2,960 –equating to 12.1% of births. This figure clearly indicates that MLUs and the benefits they afford to mothers, babies and their families were not being utilised to their full potential. Access to and utilisation of these important resources was enhanced through the adoption of consistent evidence based guidelines that were developed using the knowledge and expertise from key stakeholders, including 12 supervisors of midwives, women and the multidisciplinary team from Maternity services in NI.

The outcomes from the working groups were

- A Guideline relating to women with a straightforward singleton pregnancy for planning a birth in any MLU (freestanding or alongside and for those women who were planning a birth in an alongside MLU only.
- In utero transfer proforma for use when transferring a woman from a MLU to a Consultant Led Unit.
- A pathway for normal labour and birth care pathway
- Staff information as a clinical guide to provide a structured evidenced based framework for normal labour and birth , encouraging clinical judgement in partnership with women and her partner.
- An information leaflet for women and their partners detailing the birth place options in NI since the launch of the GAIN Guideline and pathway supervisors of midwives have been committed and proactive in helping to change the culture and practice among the multidisciplinary teams to support women's choice for birth.

Core pathway for Maternity Care

SOM's were involved in the development of The Core Pathway for maternity Care in NI.

The Northern Ireland Maternity Strategy (DHSSPS, 2012) which was launched in July 2012 has a six year implementation period. There are a total of 22 objectives in which a number focused on addressing woman's choice, accessibility of services and who is best placed to

be the lead maternity professional. The purpose of this pathway was to address objectives and to outline evidence based care for women whose pregnancy follows the path of normality. Women who follow this pathway will have their maternity care led by a midwife as the first point of contact for all maternity problems. However the lead professional for all other aspects of care they may require will continue to be their General Practitioner (GP). As the GP will continue to have long term responsibility for women before, during and after pregnancy.

The Maternity Strategy states 'midwives will be the lead professional for all healthy women with straightforward pregnancies'. It is therefore anticipated that *all women,* provided that it is their choice, will have early contact with a midwife. The midwife will risk assess in partnership with women reviewing options of care and will ensure close liaison with the local general practitioner throughout the woman's pregnancy.

For women with complex pregnancies the midwives will work as the key coordinators of care within the multidisciplinary team, liaising closely with obstetricians, general practitioners, health visitors/public health practitioners, family nurse partnerships nurses and maternity support workers/maternity care assistants. In the course of this core pathway the midwife will inform women of the range of options best suited to meet their individual needs. The pathway will guide the woman and her midwife on the care required at each antenatal visit and if at any stage the woman's pregnancy deviates from straightforward, a discussion will ensue with the woman and she will be advised of referral to the most appropriate professional to assess her needs and a decision therefore will be required to be made in writing as to what pathway the woman will chose to take for the rest of her care. This piece of work has been endorsed by the Medical Director and the Executive Director for Nursing midwifery and AHP's and circulated for implementation at Trust level.

The Supervision of Midwives Strategy 2015-2017 For one of the Trusts was well written and clearly identified the plan for supervisors for the coming years with the aim

- Promoting excellence in midwifery care by supporting midwives to practice with confidence
- To identify poor practice by monitoring the effectiveness of each midwife
- To ensure that SOM's are available for women wishing to receive advice or support in relation to maternity care provision

Working in collaboration with services users to inform women and change practice

There was evidence of an excellent poster presentation produced by a SOM in collaboration with a service user to ensure women reported on their bladder function in the immediate postnatal period. This piece of work was undertaken following the learning from a clinical incident.

Since the incident there has been extensive training for staff and with the posters strategically placed to alert women has subsequently seen a reduction in bladder complications and an increase in the number of women self-reporting on bladder function to midwives.

Maternity Hand Held Record

SOM's in NI have contributed significantly to the regional work on updating of the Maternity Hand Held Record in collaboration with service users who have been instrumental in making the notes more women focused while incorporating the important information.

Brief overview of proactive models of supervision:

Please include the impact of the proactive model indicating how this has enhanced supervision of midwives and supported women's choice.

(Midwives rules and standards 2012: Rule 13)

Promotion of Normality

Promoting normal birth is high on the agenda in Northern Ireland particularly as there are 3 freestanding Midwife led units and 5 alongside MLU's. For those Maternity Units that do not have either there is a strong commitment to providing Midwife led care and promotion of normality in the antenatal journey of the woman and within the delivery suite.

As demonstrated during the annual audits there are a number of pieces of work produced by Supervisors to ensure that every opportunity is given by midwives to enhance the experience and choice for women.

In one of the Units there was a proactive model which encouraged every midwife to examine her practice and decision making in partnership with women when in labour. As part of this work the supervisors had devised a back to basic's reminder for midwives. This included a Normalising Bundle which was an A4 page with 6 points provided to assist midwives as reminders to promoting normal birth in the Delivery suite setting by reminding midwives to care for women by

- Get off the bed- unless epidural of remifentanil in use
- Mobilise – encourage especially when CTG in use
- Wait and see – exercise patience
- Environment – lighting, privacy, music and noise reduction
- Intervention- if it doesn't need done, don't do it

This is an excellent piece of work which would warrant being shared regionally at the next LSA/ Multidisciplinary Conferences.

A Birth Choices clinic has been spearheaded by a SOM in one of the Trusts as well as workshops led by SOM's to promote normality to the multidisciplinary team. This has seen a sustained reduction in the caesarean section rate over the past 2-3 years from 33% to 27%. Since the introduction of these initiatives more women have been supported by SOM's as their advocates when choosing a home birth for Vaginal Birth after caesarean section (VBAC) and home births for those women who are high risk.

Please include occasions when you have worked collaboratively with other LSAs.

(Midwives rules and standards 2012: Rules 9, 13)

Throughout 15/16 the LSAMO for NI has attended the LSAMO forum twice monthly in various locations in the UK. The collaborative working undertaken at this forum included updating the policies and guidelines which are sited on the LSAMO forum UK website.
One of the guidelines updated by the LSAMO for NI was the Annual review and the Decision tool kit for supervisory investigations. One of the outputs from this forum was the provision of a risk table identifying the risks on the removal of statutory supervision which has now been shared with the NMC.
The Forum provided the opportunity to learn from each other to enhance the supervisory process. The LSAMO from East Midlands in England was invited to assist the LSAMO in NI to facilitate a supervisory investigation workshop in January 2016.The workshop provided an opportunity for the newly appointed SOM's to have the necessary training for the investigation process and for existing SOM's to update their skills and contribute towards their continuing professional development in accordance with the Midwives rule and Standards NMC 2012(Rule 10) and The Code NMC 2015 .

The workshop focused on the triggers for an investigation such as a maternal death, unexpected intrapartum stillbirth or significant other event, the outline of cases provided by the LSAMO from England included the immediate actions to be taken, preliminary investigation work, information gathering, and fact finding. During the group work activities the participants were encouraged to think objectively and ask for the relevant information pertinent to the anonymised case rather than being given the information. Scenarios were used for mock interviews with witnesses and supervisors were required to feedback with their conclusions and recommendations.

Supervisors were encouraged to use all information available to them in the form of factual accounts, health records, information re mitigating circumstances by looking at the unit activity at the time of the incident, the use of local and national guidelines, timeline of events etc. The day provided an opportunity for SOM's from the different Trusts to interact and network, where strengths and weaknesses were identified which helped to enhance their understanding of the investigation process, improve the quality of the supervisory investigations and the final investigation reports. The collaborative working between the LSAMO's from England and NI strengthened relationships and provided an excellent opportunity to improve the supervisory investigation process.

What success outputs are in place to ensure midwives had continuous access to a SoM?

(Midwives rules and standards 2012: Rules 9, 13)

Prior to commencing employment in NI midwives are asked to contact the Heads of Midwifery who direct them to a supervisor of midwives to ensure that their Intention to practice is entered onto the LSA database.
Once in post their supervisor arranges to meet with them and discuss the annual review, and how they can access a supervisor of midwives 24/7. Newly appointed midwives are advised of all the supervisors in their area and do have the opportunity to select or change their

supervisor.
In all Trusts in NI there are dedicated on call rotas which are placed in all wards and departments in maternity and relevant switchboards so that there can be immediate contact via the supervisors on call phone. Contacts for advice and support are recorded by supervisors on a call log pro-forma.
The on call system was audited as part of the LSA Annual Audit. The LSA conduct random audits on the response of supervisors when they are on call. Issues identified are reported to the contact supervisors for dissemination to all supervisors. The majority of the on call arrangements are for supervisors to be on call for a week at a time however some have taken the decision for senior managers who are supervisors to cover the on call by using a separate phone to identify the calls from Midwives or women. This was highlighted at the annual audit and was agreed to be re considered to be a fair and equitable to all supervisors in that identified Trust.

Calls following a serious adverse incident are reported to the LSAMO as near to the time of the incident as possible such as a Maternal or neonatal/ infant death or other serious incidents. Information about the supervisors on call are also found on noticeboards dedicated to the role of supervision and identified on a number of the Trust websites detailing who the supervisors are with the supporting information. At a recent workshop as part of the Task and Finish group for the development of the new model of Midwifery supervision, Supervisors and women worked collaboratively women welcomed the opportunity to update information on the role of the Supervisor of midwives and the 24/7 on call process which will be inserted in the next version of the Maternity Hand Held Records. Contained in the Annual review documentation there is information for midwives re supervisors the on call rota and this is reiterated by their supervisor at the time of their annual review. The information in relation to on call was noted as meeting the standard expected by the internal auditors at the PHA in January 2016.

Section 2

Please provide an evaluative overview of how the LSA has actively involved maternity service users and lay auditors in assisting the LSA Midwifery Officer with annual LSA audits and the impact this had on the LSA function and the safety of women.

(Midwives rules and standards 2012: Rule 13, Quality assurance framework 2015)

Following the Mott McDonald review in 2014 it was recognised that there should be a plan to recruit lay reviewers in the audit process. As the involvement of women service users was a key priority a strategic plan should be developed to include how service users' involvement could be enhanced in all areas of the supervision of midwives process, in particular, including how the supervision process could support woman's choice.

In October 2016 Following discussion and work undertaken with the PPI lead in the PHA an outline proposal paper inclusive of funding requirements was prepared for approval from The senior management team at the PHA with approval.

The information below was prepared and communicated to service users via Maternity service liaison Committee networks, Sure Start groups, women and toddler groups to encourage expressions of interest.

The information included the following

Have you used maternity services in the last 5 years? Have you a desire to maintain and

improve standards of midwifery care in our region and help ensure the safety of mothers and babies. This short guide explained how maternity services are organised in the region and how women could be involved as a service user.

The websites of maternity services within Northern Ireland LSA can be found on the LSA Northern Ireland website at: http://www.nipec.hscni.net/supervisionofmidwives/

What is the role of the Local Supervising Authority? The Local Supervising Authority (LSA) is a professional body that carries out the statutory supervision of midwives in each region. It monitors if midwifery practice meets standards and that women and babies receive safe and secure midwifery care. If you have access to the internet, more information can be found on the NMC website at: http://www.nmc-uk.org/Nurses-and-midwives/Regulation-in-practice/Midwifery-New/

Who the LSAMO is and who are the supervisors of midwives? Supervisors of midwives are experienced midwives who have undergone additional education and training to supervise midwives. They are accountable to the LSA for all their supervisory activities and their role is to protect the public by enabling and empowering midwives to practise safely and effectively. They also have a responsibility to bring to the attention of the LSA any practice or service issues that might affect the ability of midwives to care for women and their babies. Supervisors are also involved in the rare event of concerns about midwifery practice. Supervisors are accountable to the LSA, and act as an independent monitor of the safety of midwives' practice and the environment of care provided by maternity services. If you would like to know more details about this, please visit the Nursing and Midwifery Council (NMC) website at: http://www.nmc-uk.org/General-public/Women-and-families/How-supervisors-of-midwives-can-help-you

By appointing supervisors, the LSA ensures that support, advice and guidance are available for midwives and women 24 hours a day, to increase public protection. The safety of mothers and babies is the main aim of the supervision of midwives and it is done mainly by promoting and sharing best midwifery practice. How do we measure midwifery practice in our region?

The Nursing and Midwifery Council rules and standards require:- "An annual audit of the practice and supervision of midwives within its area to ensure the requirements of the Nursing and Midwifery Council are being met" An audit is an evaluation of a person, organisation, system, process, project or product. For each Health and Social Care Trust (H&SCT) in the Northern Ireland region, the LSA audit consists of a full day "formal" visit and a further half day visit if required to evaluate the role of the Supervisors of midwives within the maternity Service. Within the Northern Ireland LSA, an audit tool has been developed so that we can compare practice across all the H&SCT's Trusts. This includes a questionnaire for service users and their partners to complete. Information is requested from each Trust before the audit visit. This includes consent from service users (mothers) who have recently used maternity services (and their partners) to gain their views (via telephone interviews) either before or during the audit visit.

The main objectives of the LSA annual audit visit are to

- Benchmark against the Midwives rules and standards (NMC 2012)
- Key achievements and challenges from the previous year
- Any issues that have been identified from the LSA surveys
- Progress on actions taken from the recommendations from the previous audit visit
- Discuss Supervisory and midwifery practice with staff and service users by visiting the clinical areas

What happens on the audit day and how would you be involved For a formal audit, the LSA audit team will include the (LSAMO), a supervisor of midwives from a different Trust, a service user and a student supervisor if one is in training at the time.

The audit commences around 8.45am, and the day finishes around 4pm.The audit team spend the first hour becoming more familiar with their roles for the day and agree specific aspects to focus on during the audit. As part of the audit team, you will be invited to look round the hospital at the areas used by women and their partners during their maternity care including, antenatal clinics, Admission and assessment units, Day Obstetric units if applicable, delivery suite, alongside Midwifery led units/ free standing Midwifery led units and postnatal wards etc. For safeguarding reasons you will be accompanied by a member of staff showing you around the areas. You will also have the opportunity to talk to women to establish their understanding of the role of the supervisor of midwives and have they contacted a supervisor for help and advice for any aspects of their care, find out their views on services e.g. how comfortable is the environment, whether they have received sufficient information during their care etc. You may also be asked to telephone service users who have consented to giving feedback in this way on the day, or before the audit visit. There are opportunities during the day for the audit team to meet and talk about ideas/observations and information gathered in relation to the supervision of midwives. The day ends with the audit team giving brief verbal feedback to supervisors and any representatives from senior management.

After the day you are asked to write an approximate 1-2 page report on your findings and submit it within 2 weeks.

What support will I receive as a service user auditor? The LSA will respect you as a valuable member of the audit team, provide training on the audit tool and process of the audit, recognise your other commitments to ensure you can contribute, provide you with the documents you will need so that you can fully contribute to the work, provide you with a “LSA Auditor” badge on the day of the audit.

Expenses will include £50 for each half day and £100 for each full day, pay your travel, parking and child care expenses for the work you undertake, book your train or bus travel if you prefer not to drive provide reimbursement for one meal per day on submission of receipts while undertaking the audits.

What is expected from you as an auditor? You will need to have a sensitive manner when talking to service users, their partners and staff, maintain confidentiality at all times and only discuss with the audit group members any matters relating to the visit or the audit, pass any concerns to the LSA Midwifery Officer or to the staff at the maternity unit, in the rare event that any specific concerns are shared directly with you, give brief verbal feedback with the audit team to the Trust at the audit visit, produce an approximate 1-2 page written report within two weeks of the audit visit. Your recommendations as a service user will be incorporated into the LSA audit report. It is important to give the LSA Midwifery Officer, as much notice as possible if anything prevents your involvement in the audit visit, abide by the Code of Conduct and Confidentiality Policy for service user auditors. As you may have contact with babies and vulnerable adults in any of the hospitals, you will be accompanied by a member of staff at all times during the Audit.

What happens when the report is finalised? When the LSA audit report is finalised, it is sent to the Trust to be shared and for the recommendations to be considered and for the areas of good practice to be celebrated. The report is also sent to the organisation who commission maternity services from the Trust. The themes and trends from the LSA audit visit reports published over the year contribute to the LSA Annual report. The LSA Annual report is presented to the Board of Public Health Agency and it is sent to the Nursing and Midwifery

Council. The latest LSA Annual report can be requested from the LSA Midwifery Officer or can be accessed from the http://www.nipec.hscni.net/supervisionofmidwives/

The response from the expression of interest was extremely positive with 6 service users recruited to assist with the LSA Annual Audits. The service users were contacted and training was provided by the LSAMO on their role in preparation for the audit. The service users through their established networks asked other users what questions they would like to ask about midwifery supervision and their experience of using the maternity services. 12 questions were devised and were asked on the day of the audits. The lay auditors have all provided a report which has been included in the Annual audit reports for each Trust. The feedback from the Lay Auditors is that they found it a very enjoyable experience. They learned how supervisors were involved in identifying, investigating and recommending the need for change in practice following clinical incident, serious adverse incidents and complaints.

Service users will also be involved in the panel for interviews prior to the preparation for supervisors of Midwives (PoSoM) course that will be undertaken in September 2016.

Please provide an evaluative overview of the outcomes of the year's LSA audit activity highlighting the LSA's appraisal of both risks that require actions and benefit realisation for the forthcoming year of transition.

(Midwives rules and standards 2012: Rules 7, 13)

LSA Annual audits were undertaken in each of the 5 Trusts in Northern Ireland in the spring of 2016.The audit tool used was focused on adherence to the Midwives Rules and Standards NMC 2012.

The template was completed in advance of the audit day by the contact supervisor with assistance for the team of supervisors in the Trust and sent to the LSAMO for information. The LSAMO in advance of the audits accessed the relevant reports from the LSA database and confirmed by cross referencing the information provided by the supervisors on the day.

This information included

- The information on the upload of the Intention to practice details for all midwives practising within the Trusts.
- Confirmation of the number of appointed supervisors for the Trust and those on a leave of absence
- The caseload of each supervisor
- The percentage of completed annual reviews
- The number of CPD hours logged by the supervisors
- The number of supervisors who had completed their activity sheets
- The demographics of the SOM's in each Trust
- The number of Investigations undertaken in each trust and the outcomes

The template focused on standards underpinned by the appropriate Rule and standards of supplementary evidence.

- Standard 1 - Rule 4
- Standard 2 - Rule 6
- Standard 3 - Rule 9
- Standard 4 – Rule 10
- Standard 5 – Supplementary Evidence of Statutory Supervision represented by SOM's
- Standard 6 – Supplementary Evidence to demonstrate SOM effectiveness in ensuring safe practice.
- Standard 7 – Supplementary Evidence to demonstrate SOM development of leadership skills.
- Standard 8 – supplementary Evidence to demonstrate SOM's interface with users of Maternity services.
- Standard 9 – Supplementary evidence to demonstrate SOM's are responsible for ensuring that the LSA database is updated and maintained.

This report benchmarked against each standard and rules applicable to Supervisors of midwives and their role and function and giving and an outcome measurement of either being met, partially met or not met.

Membership of the audit team on the day included the LSAMO a SOM from another Trust a PoSoM (Student undertaking the preparation for the role of Supervisor of Midwives Supervisor) and a Lay service Users who had been recruited to assist.

The team were met and warmly welcomed by the acting Head of Midwifery and supervisor of Midwives the Contact Supervisor of Midwives.

The team were directed to a designated room in the maternity units where the review of evidence was presented and verified by the team.

Following the review of evidence the teams were given the time to tour the maternity units and standalone Midwife led units and provided an opportunity to speak with staff to confirm aspects of evidence that had been presented. The Lay service users had the opportunity to speak to women and ask the questions that they had prepared based on their knowledge of the supervisory role and function.

The audit reports contained a section written by the Lay service users on their experience and feedback from women. Service users felt that they were very much involved as part of the team and were encouraged that the role of the supervisor was carried to a high standard and acknowledged that there was a significant amount of work undertaken by supervisors following serious adverse and clinical incidents to help change practice within the maternity units.

On the day of the audits the Supervisors from each Trust gave a presentation of their role and the pieces of work that they had contributed to in order to help improve practice and

ensure safety for mothers and their babies.

Evidence presented for the audits included

- Collaborative working with other SOM's as part of Task & finish group for the development of a new model of midwifery supervision, Core pathway for maternity care as part of the Maternity Strategy improvement regional group.
- Audit of attendance at SOM meetings, response to SOM call phone, contacts with service users and midwives as per the call log.
- Audits of recordkeeping, controlled drugs, GTG interpretation and completion of regional CTG stickers, GROW chart completion.
- Adherence with annual review documentation and recommendations
- SOM Networking opportunities through LSA Conference, investigation workshop, maternity quality improvement regional working group and the Maternity Strategy Implementation group.
- Governance meetings, policy and guideline development, safety forums, serious adverse and clinical incident reviews.
- Promoting normality workshops and the continued work to improve practice and challenge elements of midwifery practice.
- Mentoring and Support for the supervisors in training and student midwives.
- SOM's as leads in co-design and coproduction of pieces of work with service users through the Maternity services Liaison committees and maternity matters groups.
- SOM involvement with bereaved parents and support for women following traumatic events.
- Development of newsletters and posters and training sessions for midwives to help improve practice.
- Support for newly qualified midwives
- Net working with the wider multidisciplinary teams.
- Feedback of Supervisory activities and involvement to senior management in their respective organisations.
- SOM involvement with the GAIN Guideline for the admission to Midwife Led Units in NI and Normal Labour and Birth Pathway
-

Benefit realisation for the forthcoming year of transition.
The LSA/ PHA benefit realisation plan is sited within the Performance management and performance monitoring report. Quarterly reporting is in place for the monitoring of the impact of the LSA targets which are required to be delivered on. The realisation for the coming year of transition has been highlighted as there has been an increase in the retirements and resignations of supervisors of midwives which has impacted on the ratio of supervisors to midwives in one of the Trusts however the overall NI ratio has been maintained at 1:13. With the work undertaken by the Task and Finish Group to propose a new model of midwifery supervision this has been addressed.
The LSA contributes to the development of the annual business plan which focuses on the long term objective which address the health inequalities and the plan for reduction of same.

Please appraise the engagement between the LSA and the approved education institutions in relation to supervisory input into midwifery education at both pre and post registration levels.

(Midwives rules and standards 2012: Rule 13)

There are six monthly meetings as well as 1-1 if required with the LSAMO and the education providers to discuss the pre and post education of midwives. SOM are representative from all of the 5 Trusts in NI attending the Strategic Midwifery Forum on a quarterly basis with education providers to discuss regional developments impacting on midwifery practice and curriculum planning for midwives.

The LSAMO is invited by the education providers to facilitate lectures to all groups of direct entry and shortened programme for midwives of the roles and responsibilities of the LSA and the supervision of midwives.

The LSAMO along with service users and education providers sit on the panel for interviewing the potential candidates for the preparation of the supervisors of midwives.

As part of the Task & Finish group the LSAMO requested that the education providers were part of the working group to develop the new model of midwifery supervision.

The LSAMO directly links with the education providers to ensure that lecturers who are SOM's provide the academic input to the midwives undergoing Supervised practice programmes following supervisory investigations.

Education providers are also invited to attend the LSA annual conferences and to participate as required. The PoSoM's undertaking the course at QUB displayed their posters at an LSA conference. As a result of a number of agreed regional actions links between the LSA/PHA and the education providers insured that midwives had the latest up to date information at a regional safeguarding children and Allied Health professional forum by promoting the awareness of Female Genital Mutilation in maternity services.

Please report on any actions and progress made following a 'requires improvement' or 'standard not met' outcome from an NMC LSA monitoring review visit.

(Midwives rules and standards 2012: Rules 11, 13)

In 2015/2016 there was no NMC LSA Monitoring review.

However following the Mott McDonald review in 2014 it was recognised that there should be a plan to recruit lay reviewers in the audit process. As the involvement of women service users was a key priority and a strategic plan should be developed to include how service users' involvement could be enhanced in all areas of the supervision of midwives process, in particular, including how the supervision process could support woman's choice.

6 service users were recruited and involved with the LSA Annual Audit that where undertaken for 15/16. Reports were provided from each service users and include in the audit reports for each of the Trusts.

Reference to this is detailed in section 2 of this report.

Since the audits the same service users have been involved in the Task and finish group work for the New Model of Midwifery supervision, the re design of the Maternity Hand Held record and will be involved with the interview process for the student supervisor in training course which will be in September 2016.

Section 3

Please identify any issues or trends which are currently impacting, or may impact in the future, the areas described in each section below. For each area, please detail any impact this is having on the LSA and any corresponding actions planned or in place. Please also rate the risk of these issues or trends using a RAG rating (Red, amber, green).

(Midwives rules and standards 2012: Rule 13, Quality assurance framework 2015)

- **Maternity providers within your LSA having challenges that impact on public protection as relates to maternity care. This may include, but is not limited to, system regulators having reviewed or directly commented on an area within this LSA and/or issues on which you have exceptionally reported:**

The LSA has not exceptionally reported on any challenges that impact on public protection in 2015/16. What has been identified in the quarterly monitoring reports was difficulty of the supervisors one Trust being allocated time to undertake their supervisory activities due to demands of the clinical workload. The LSAMO met with the relevant Head of Midwifery and the Lead midwives to discuss the impact on the supervisory functions and was assured that there were no practice issues being reported as a result. The LSAMO advised that the Head of Midwifery make senior management aware of this and this was duly done. Supervisors remain committed to carrying out their designated Role and Function. There have been no further difficulties reported of time for supervisory function to be undertaken since meeting with management.

Births

There has been no further statics published by NISRA on the demographics in Northern Ireland since the 2014 report which was referenced in the previous Annual Audit report.
The statistics below are the same and a brief overview given below.

In 2014, there were 24,394 live births (12,543 males and11,851 females) registered to Northern Ireland mothers, over 100 more than the 2013 figure of 24,277 births.
This equates to approximately 67 babies born every day in Northern Ireland. The number of births in 2014 continues to be much lower than the corresponding figure from 30 years ago when 27,477 births were registered.

Whilst the majority of births in Northern Ireland are to mothers who were born here (82% in 2014), this has fallen from 86% in 2001. This shift is largely due to increased levels of migration in Northern Ireland. There were 1258 Births to mothers from other countries in 2014. Although this is the highest recorded number in recent years, the dramatic rise experienced between 2002 and 2008 has slowed considerably. . The number of births to mothers from other foreign countries has also doubled in the past decade. These births constitute about 28% of registered births to mothers from outside Northern Ireland in 2014.

LSA Issues or Trend with RAG rating for the Risk on Effective midwifery supervision.

	Issue or Trend	Comment	Impact	Action taken by LSA	Mitigation	RAG Status
1	SoM Ratio's	Overall ratio in NI is 1:13	Minimal	PHA Risk table updated 3 other Trusts were requested to assist with Supervision for a period of time until Newly appointed SOM's have gained experience.	Retirement, leave of absence and secondment to the post of LSAMO for a number of supervisors.	
2	LSA Service User Involvement	Required formal involvement for LSA Audits	Positive	Formal recruitment of 6 service users for the annual audits	Work undertaken with PPI Lead in PHA and support from senior management and approval for recruitment and reimbursement.	
3	SoM Investigations	Need to identify issues with midwifery practice through working with Clinical Governance processes	Enhance the communication process to negate delays	Raised at time of Annual audits and task & finish group work.	Better understanding following group work for Task & finish work for new model of midwifery supervision	
4	LSA Annual	Audits for	Positive	Audits	On line	

	Audits	all 5 Trusts have been undertaken		completed with service user involvement	submission of evidence completed	
5	Trust Governance & Supervision	Task & Finish group work for new model of supervision has integrated this with Trust Governance processes	Positive input from working group	Actions to be finalised for report to CNO and PHA	Task & Finish group work contributing to the new model of Midwifery supervision	
6	New model of Midwifery supervision	Task & Finish group have completed review and proposed new model for midwifery supervision	To be determined	LSA contributed to work of Task & Finish group.	LSAMO Co-chaired the group and included a number of Supervisor, service users and other representatives	
7	Midwife Demographics	workforce information currently being analysed by LSA /PHA as there have been recent recruitment difficulties experience in some of the Trusts due to a surge in the number of retirements in the over 50 age	Increasing	Workforce review report published by the DOH, NIPEC and the HSC for 2015-2025	Midwife demographics on LSA database to assist with analysis of the midwifery workforce in NI.	

		group in the midwifery workforce.				
8	Birth Rate	Stable	Minimal	Monitor against practice issues	Issues identified through workforce analysis.	
9	BME Communities	Continuing trend in increase in certain Trust localities.	Increasing midwifery time commitment	Working with key stakeholders to ensure safe and effective care provided.	Communication to women improving as literature and information being translated.	

- **Any additional issues not already covered:**

Allocation of SoM time is given but clinical activity takes precedence. There are 'peaks and troughs' in activity. LSAMO has been to all Trusts who have given assurance that SoMs will have protected time. LSAMO has reviewed SoM activity sheets and SoMs are getting protected time – LSAMO will continue to monitor.

The trend in the number of stillbirths has decreased in Northern Ireland.

There has been a slight reduction in the number of stillbirths recorded in 2014 (91) as compared to the 103 recorded in 2013. The number of early neonatal deaths recorded remains similar to 2013. Early indications for stillbirth notifications in 2015 would suggest a further fall as compared to 2014.

The 91 stillbirths notified in Northern Ireland in 2014 represents a stillbirth rate of 3.7 per 1,000 total births (95% CI 3.0-4.5).

Please report the year's numerical figure in the following table.

(1 April 2015 – 31 March 2016)

(Midwives rules and standards 2012: Rules 10, 13)

Total number of exceptional reports that the LSA submitted to the NMC	0

Section 4

Detail the number of complaints regarding the discharge of the supervisory function and, if so, how the LSA ensured that the complaints were responded to in a fair and impartial manner.

(Midwives rules and standards 2012: Rules 12, 13)

There was one complaint in 2015/16 from a woman who felt that the midwife did not explain her options of care there was E-mail and telephone contact to the LSAMO in relation to choice of care for VBAC. The Woman was not happy with the information provided by the community midwife and the Consultant in charge of her care. The Women was contacted by the LSAMO and referred her to the Head of Midwifery for the respective Trust to discuss birth options. Head of Midwifery to spoke to the Community midwife to ascertain the information provided to the woman.

Follow up phone contact was agreed to be made by the woman to the LSAMO following her meeting with the Head of Midwifery if the outcome remained unsatisfactory.

LSAMO was contacted by a member of staff in the PHA re: entry requirements for Direct entry midwives. The LSAMO was also contacted by a Polish Midwife who has been registered with the NMC who was seeking employment in NI. Information was sent via e-mail, and the midwife was asked for her contact number so the LSAMO could discuss this with her however no response to my e-mail. LSAMO has since been advised that the midwife has applied and been interviewed by 2 of the Trusts for a post as a midwife. Outcome unknown at present.

Please report the year's numerical figure for each category in the following tables.

(1 April 2015 – 31 March 2016)

(Midwives rules and standards 2012: Rules 10, 13)

Total number of investigations	8
Total number of investigations completed within the best practice guidelines of 45 working days	5
Total number of midwives placed on local action under the supervision of a named SoM	3
Total number of midwives placed on a local supervising authority practice programme	2

Total number of midwives referred to the NMC	0
Total number of LSA suspensions	0

Please report on how the LSA has monitored the outcomes of supervisory investigations and ensured that they act fairly and equitably and comply with the standards and guidance set by the NMC, as well as the local guidelines set by the LSA.

(Midwives rules and standards 2012: Rules 10, 13)

Investigations outcomes have centred on fetal monitoring, the importance of escalation procedures and communication with senior staff to highlight concerns. Attitudes and behaviour towards women have also been addressed for 2 midwives following investigation.

At a regional level there is very good work going on with the Perinatal Collaborative (every trust is represented, and includes SOMs however it is multidisciplinary team approach). The collaborative works to increase competence in fetal monitoring, stickers have been produced which takes midwives and obstetric staff through the fetal monitoring process, the identification of deviation of the parameters for monitoring and the scoring of such. There is also an app in development to assist with fetal monitoring. This collaborative also produces statistics on different clinical outcomes for each trust; and provides new ways of working which are evidence-based and tested. The Perinatal Collaborative is a unique initiative and the Royal College of Obstetricians and Gynaecologists have been to visit to learn about this. There is a lot of cross-working across Northern Ireland due to the proximity of all 5 Trusts.

Following the outcome of the investigation the midwives involved have either improved their practice a s a result of further training in fetal monitoring by attending study days at the Clinical education centre, in house teaching sessions, 1-1 training by the GTG co-ordinators and by completing the K2 fetal computerised monitoring training programme that all Trusts have on their e-learning platforms.

Midwives have undergone coaching and mentoring sessions for behaviour change management following complaints around their attitudes. Midwives are asked to complete piece of reflective practice which is specific to the learning following the incident that was investigated. Midwives are also required to write an assignment which is marked according to the academic standard required for newly qualified midwives.

The LSAMO has met with the Head of Midwifery, supporting supervisor, contact supervisors, education provider, and the midwives who have undergone the outcome recommendations for learning to ensure that midwives have understood the seriousness and that there is an assurance that all elements of the action plans or supervised practice has been appropriately met and signed off.

Assurance is also give to senior management in the PHA of the outcomes for each case.

All supervisory investigation are undertaken using the guidance and templates on the LSAMO forum website.

All recommendations for supervised practice programmes have been in line with the NMC standards for pre-registration midwifery education NMC 200

Please identify any themes that have emerged from supervisory investigations including examples of good practice. Discuss any lessons learnt from supervisory investigations that have been and/or will be acted upon and implemented into future investigations.

(Midwives rules and standards 2012: Rule 13)

Some of the themes identified from Supervisory investigation were

- Failure to recognise an abnormal fetal heart trace
- Listening to a fetal heart by using an ultrasound scanner which gives false reassurance to the woman of the fetal wellbeing.
- Failure to document care and actions taken while providing intrapartum care
- Failure to plot the fetal growth on the customised growth chart during an antenatal visit
- Failure to risk assess a woman
- Attitudes and behaviour towards women

Actions taken

- Regional sticker had been produced for the recording of fetal wellbeing at hourly intervals during labour. This has been the focus of training at Trust level with an improvement in the midwives awareness of the importance of escalation to a senior member of staff for the appropriate action.
- Memo to staff from Head of Midwifery to ensure that midwives are not using an ultrasound machine to check a fetal heart when a sonicaid is not available
- The maternity quality improvement group/perinatal collaborative have recently undertaken a full day training on the recording of Symphysis Fundal height measurement and the appropriate plotting of fetal growth on the customised fetal growth chart in the antenatal period. This training day was well represented by all 5 trusts and a significant number of supervisors of midwives were in attendance in order to disseminate the learning.
- Trusts have all presented to the perinatal collaborative on audit findings for the risk assessment of women during in pregnancy and the postnatal period. The risk assessment process has been addressed during the annual review for midwives and is closely monitored by each trust.
- Documentation is audited by supervisors of midwives and any issues identified are reported back to the midwife and the senior management in each Trust.
- Attitudes and behaviours are addressed at Trust level with internal training.
- Contact supervisor are informed of trends and specifics for learning at each Contact Supervisor of midwives meeting with the LSAMO and feed back to each supervisor in the Trusts via their monthly meetings.
- Supervisors have been proactive at sending in learning points following investigation which are anonymised and inserted into the LSA briefing which is circulated to all supervisors, midwives and senior managers in all the trusts.

It has been recognised that failure to interpret the fetal heart rate is still the leading factor in the majority of supervisory investigations. The LSAMO in collaboration with the Consultant midwife in the PHA is working to address further regional learning.

Please indicate whether the LSA is contributing to national plans for future models of supervision:

Please provide any comments:

The LSA is currently contributing to the national Plans for a future model of Midwifery supervision and which the LSAMO is Co-chairing the task and Finish group as directed by the Chief Nursing Officer for NI the following is a brief summary.

At the request of the Chief Nursing Officer (CNO), Midwifery Supervision in Northern Ireland (NI) was reviewed (NIPEC, June 2015) and presented to Charlotte McArdle, CNO, Department of Health (DoH). The CNO accepted the findings of this review and commissioned the Northern Ireland Practice and Education Council, (NIPEC) to re-establish the Task and Finish Group to develop a new Model Framework for Midwifery Supervision in light of imminent changes to remove from statute, *Statutory Midwifery Supervision* from the Nursing and Midwifery Order (2001).

During the engagement process with key stakeholders the Task and Finish Group took cognisance of the themes that emerged from the previous NI review (NIPEC, 2015) and included recent public reports such as, Mid-staff 2013, PHSO 2013, Morecambe Bay 2015 and Kings Fund 2015. In addition the Nursing and Midwifery Council's (NMC) Revalidation process, The Code (NMC 2015) and other additional information (UK CNO's Dec 2015) were also integral to the process.

The themes that emerged from the NI review were captured under the following headings:

i. Public protection and public awareness
ii. Professional support and advisory function

iii. Accessibility/leadership of Supervisor of Midwives (SoM)

iv. Alignment with Trust Governance processes

Additionally the Task and Finish Group liaised closely with the other three jurisdictions of the United Kingdom via a conduit in the Royal College of Midwives (RCM - Head of Education) who was a member of all four Task and Finish Groups.

Project– Aim and Objectives

The aim of this project is to develop an encompassing model framework for midwifery supervision in NI, in readiness of the legislative changes to the Nursing and Midwifery Order 2001. In addition, the model needs to provide professional accountability assurances to the Chief Nursing Officer, Executive Directors of Nursing and other stakeholders in NI. In addition the new model must also provide to the public, confidence and accountability assurances in midwifery.

The objectives that have been agreed with the Task and Finish group are to develop a model framework for midwifery supervision that:-

a. will be inclusive of the four emerging themes from the NI Review of Midwifery Supervision (NIPEC, June 2015),
b. strengthens the engagement and involvement of women by addressing
    i. advocacy
    ii. personal and public involvement at all levels
c. will include professional standards through key performance indicators including monitoring arrangements,
d. revises and strengthens the supportive and restorative elements of the purpose of supervision
e. links to Health and Social Care Trusts governance and practice development arrangements,
f. supports and strengthens the key messages from the *Proposals for changing the system of Midwifery Supervision in the UK : A framework document from the UK CNO's* (Dec 2015),
g. supports and underpins the NMC's revalidation processes, *The Code* (NMC, 2015) *Midwives Rules and Standards* (NMC, 2012)
h. reviews, revises and strengthens midwifery education (especially preparation of supervisors of midwifery) to include all of the above points and that it could be adaptable for the future of supervision of nursing in Northern Ireland.

The final report will be submitted to the CNO by the end of July 2016.

Part 2

Annual report declaration form

(Midwives rules and standards 2012: Rule 13)

I confirm that:

- the LSA continues to meet the NMC's Midwives rules and standards (2012);
- all key risks identified in the NMC annual report are controlled

Key risk	**Confirm the risks that are currently controlled. Please provide an explanation where they are not being controlled and what steps are being taken to mitigate this. Please indicate the date that it is anticipated that risks will be successfully under the LSA's control.**
Resources	Resources have been fully utilized within the Public Health Agency (LSA)
Service user/lay auditor involvement	There has been significant work undertaken to develop and involve service users in Midwifery supervision in Northern Ireland. This includes using 6 service users for the LSA Annual audits and involvement of those same users and more in a workshop to progress the new model of Midwifery Supervision and the ongoing work by the Task & Finish group.
Ratio of midwives to SoM	The LSA (PHA) meets the standard for ratio's of SOM's to midwives with a ration at the end of March of 1:13.While this ratio has been maintained overall The Southern Trust had experienced some difficulties in that maintaining the required ratio which increased to 1:17 at the end of march 2016 due to a Leave of absence of one SOM and one who had already been seconded into the role as LSAMO.to assist with a balanced ratio there was an agreement for 3 other Trusts to assist with Supervision for 35 Supervisee's unitl the 2 PoSom's for the Southern Trust were signed off from the existing PoSoM programme.

Supervisory investigations	Supervisory investigation, continue to be monitored by the LSAMO. Investigations are undertaken by a SOM from an outside Trust supported by a SOM from the Trust in which the incident has occurred. Time frame for the investigation does on occasions extend beyond the 45 day time frame however freezing of the timeframe guidelines are emphasised to the investigation SOM to be adhered to. IN NI there are no LSA midwives and SOM's are reliant on being released for the period of time to complete the investigation. Depending on the level of activity and priority in the Trust this timeframe may on occasions be exceeded.

I confirm the information given on this annual report form is correct and I understand that failure to disclose relevant information could result in further action by the NMC.

LSA Midwifery Officer: (Print name and signature) Patricia McStay 
Date: 22/07/2016
Telephone number: 07816271575
Email address patricia.mcstay@hscni.net

Director of Nursing/CEO of Organisation/National LSA Lead where LSA sits (Print name and signature) Mrs Mary Hinds, Director of Nursing/ Midwifery & AHP's, Dr Eddie Rooney, Chief Executive
Date:
Telephone number: 0300 555 0114
Email address Mary.Hinds@hscni.net Eddie.Rooney@hscni.net