

agenda

Title of Meeting	125 th Meeting of the Public Health Agency Board
Date	17 September 2020 at 1.30pm
Venue	Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast

standing items

- | | | | |
|------|--|---------------------|-----------------|
| 1 | Welcome and apologies | | Chair |
| 1.30 | | | |
| 2 | Declaration of Interests | | Chair |
| 1.30 | | | |
| 3 | Minutes of Previous Meeting held on 20 August 2020 | | Chair |
| 1.30 | | | |
| 4 | Matters Arising | | Chair |
| 1.35 | | | |
| 5 | Chair's Business | | Chair |
| 1.40 | | | |
| 6 | Chief Executive's Report | | Chief Executive |
| 1.45 | | | |
| 7 | Finance Report | PHA/01/09/20 | Mr Cummings |
| 2.00 | | | |
| 8 | Update on COVID-19 | | Chief Executive |
| 2.10 | | | |
| | (A) Data on new infections | | |
| | (B) Cases identified through testing | | |
| | (C) Change in age profile of those infected | | |
| | (D) Tracking and testing effectiveness | | |
| | (E) Expenditure and budget for COVID-19 | | |

closing items

- | | | |
|------|---|--|
| 9 | Any Other Business | |
| 2.40 | | |
| 10 | Details of next meeting: | |
| | <i>Thursday 15 October 2020 at 1.30pm</i> | |
| | <i>Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast, BT2 8BS</i> | |

Title of Meeting	124 th Meeting of the Public Health Agency Board
Date	20 August 2020 at 1.30pm
Venue	Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast

Present

Mr Andrew Dougal	- Chair
Mrs Olive MacLeod	- Interim Chief Executive
Mr Edmond McClean	- Interim Deputy Chief Executive / Director of Operations
Ms Michelle Tennyson	- Assistant Director of Nursing and Allied Health Professionals (<i>on behalf of Mr Morton</i>)
Alderman William Ashe	- Non-Executive Director
Mr John-Patrick Clayton	- Non-Executive Director (<i>via video link</i>)
Ms Deepa Mann-Kler	- Non-Executive Director
Alderman Paul Porter	- Non-Executive Director (<i>via video link</i>)
Professor Nichola Rooney	- Non-Executive Director
Mr Joseph Stewart	- Non-Executive Director

In Attendance

Mr Paul Cummings	- Director of Finance, HSCB (<i>via video link</i>)
Dr Aideen Keaney	- Director of Quality Improvement (<i>via video link</i>)
Ms Marie Roulston	- Director of Social Care and Children, HSCB (<i>via video link</i>)
Ms Jenny Redman	- Boardroom Apprentice (<i>via telephone link</i>)
Mr Robert Graham	- Secretariat

Apologies

Mr Rodney Morton	- Director of Nursing and Allied Health Professionals
Professor Hugo van Woerden	- Director of Public Health

73/20 | Item 1 – Welcome and Apologies

73/20.1 | The Chair welcomed everyone to the meeting. Apologies were noted from Rodney Morton and Professor Hugo van Woerden.

74/20 | Item 2 – Declaration of Interests

74/20.1 | The Chair asked if anyone had interests to declare relevant to any items

on the agenda. No interests were declared.

75/20 Item 3 – Minutes of previous meetings

- **Minutes of Meeting held on 18 June 2020**
- **Minutes of Special Meeting held on 7 July 2020**

75/20.1 The minutes of the Board meeting held on 18 June 2020 were approved as an accurate record of that meeting, subject to an amendment in paragraph 67/20.5, the word “equality” should read “inequality”.

75/20.2 The minutes of the Board meeting held on 7 July 2020 were approved as an accurate record of that meeting, subject to the addition of a line, “The Chair also thanked previous Non-Executive Director Leslie Drew for his contribution to the Board as a Non-Executive Director and also as Chair of the Governance and Audit Committee” in paragraph 3.11.

76/20 Item 4 – Matters Arising

Family Nurse Partnership

76/20.1 The Chair noted that at the meeting on 7 July, Mr Morton had advised that an evaluation of the Family Nurse Partnership (FNP) programme would take place over a period of a couple of years and asked whether a more expedient review could be carried out to show the success of this initiative to date.

76/20.2 Ms Roulston advised that there is a longitudinal study taking place of the programme, but not just in Northern Ireland. The Chair asked whether this study could help make a case for future funding as it would be important to show the improvements the programme is making as soon as possible. Professor Rooney pointed out that the programme was set up thanks to an international evidence base, but the Chair then asked whether the Department would wish to see evidence at a local level.

76/20.3 Mr Clayton explained that the issue in Northern Ireland was that the programme was only offered to some mothers, and it was hoped to expand it to all mothers. Alderman Porter added that the programme has been running over a number of years and the benefits are well known. Ms Roulston advised that the programme is now running in all 5 HSC Trust areas, but it is a costly programme to run and that there has been discussion at the Department about how to sustain the funding.

77/20 Item 5 – Chair’s Business

77/20.1 The Chair advised that to date he has not yet received a response from the Permanent Secretary to his letter of 16 July regarding the new Framework document.

77/20.2 The Chair said that he had shared correspondence from the Minister with Non-Executives which detailed updates on the work of the new

Management Board and he asked whether members found these updates useful. Mr Stewart said that he did not learn much from the updates. Professor Rooney asked whether it would be possible to see the papers from the Management Board meeting, but the Chair pointed out that it was the Interim Chief Executive who attended these meetings. She asked about minutes of the meeting the Chairs had held with the Minister. The Chair said that these meetings are convened by NICON and he was not certain about the minutes of these. Ms Mann-Kler asked what key issues were discussed at the last meeting. The Chair reported that there was a discussion about orthopaedic surgery but the main discussion was about PPI. He said that an issue he was particularly concerned about related to waiting lists and that there was an EU scheme whereby patients could get treatment in other EU countries, but this would be ending on 31 December. He advised that this issue is on the agenda for the next meeting. Mr Clayton suggested that if NEDs had issues they wanted to see raised, they could submit these through the Chair.

77/20.3 The Chair said that there has been a lot of discussion about the impact of COVID on mental health, and particularly those with bereavement issues and he asked whether PHA was putting additional resources into this area. The Interim Chief Executive said that she would prepare a paper on this for the Board.

77/20.4 The Chair noted that the Office for National Statistics is carrying out a survey on COVID-19. He asked if this survey would provide data useful in Northern Ireland. He went on to raise an issue concerning the anti-vaccination movement in the USA and the need to challenge misinformation.

77/20.5 The Chair reported that in the last few days, Public Health England has been abolished and he expressed concern about what will happen to some of the functions it has been carrying out. He also drew members' attention to a recent article about the number of new viruses that are circulating, potentially due to globalisation and deforestation. He added that the article contended that further new viruses should be expected.

78/20 Item 6 – Chief Executive's Business

78/20.1 The Interim Chief Executive said that she wished to use her Report as an opportunity to bring Board members up to date on a range of developments across all directorates in PHA. She added that it was her intention to ensure that future reports are circulated in advance.

78/20.2 The Interim Chief Executive advised that within health protection, the contact tracing service continues to reach high levels of confirmed positive cases and contacts well above the 80% target and is actively following up community clusters. She noted that the number of clusters is increasing as well as the complexity of these clusters. She said that the health improvement team has been involved in

- focused COVID responses across Government Departments, as well as through local councils and trust hubs. She added that work is ongoing with hard to reach groups in terms of getting key messages out about self-isolation.
- 78/20.3 The Interim Chief Executive explained that through the national testing initiative, PHA co-ordinates testing through four static sites, six mobile testing units, a home delivery channel and a satellite service for care homes. She said that testing numbers are increasing, with around 60,000 individuals tested a week. She added that there will be a rolling programme of testing within care homes where each home will be tested once a month.
- 78/20.4 The Interim Chief Executive explained that a business case for investment in health protection is in development as well as the business case for contact tracing. She also advised that the Permanent Secretary has agreed to the advertisement of the Heads of Service in the Health Improvement division, which will help to begin to stabilise the high levels of temporary posts in that team.
- 78/20.5 The Interim Chief Executive moved onto the nursing directorate and said that the team is involved in a range of COVID specific and restart work with a priority being work in care homes. She added that the team is also looking at the safe return of children to school as well as progress on implementation of the regional DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) policy. She also said that that the work ongoing to support the implementation of a digital platform to enable the monitoring of residents in Care Homes.
- 78/20.6 The Interim Chief Executive said that paediatric recovery plans are in development for health visiting, safeguarding, school nursing and family nurse partnership and that the Frailty network has restarted. Within allied health professions, she reported that there is interagency work to support the educational restart including on-site therapy provision with children with Special Educational Needs. She also referred to work in the area of dysphagia and the development of public health messages in support of the management of care home residents.
- 78/20.7 The Interim Chief Executive reported the safety, quality and experience team has been working with HSCB to ensure that work critical to patient safety has continued, including reviewing all SAI notifications and issuing learning updates in a variety of formats. With regard to PPI she said that the team has been involved in a survey exploring the lives of residents, relatives and staff in Care Homes during COVID-19. She added that the team led the successful launch of Care Opinion on 3rd August. She explained that this is an online platform where service users and carers can share their stories of health and social care. She also advised that a PPI guide on the rebuild after COVID-19 is in development.

- 78/20.8 The Interim Chief Executive advised that the HSCQI team has been tasked to develop an HSCQI regional learning system. She said that the team has been connecting with national and international partners via virtual meetings. She advised that the Director has been involved in a care home steering group, and a final report of its work has been submitted to the Chief Nursing Officer. She reported that HSCQI is currently evaluating the progress of its regional scale up initiatives.
- 78/20.9 Within the Operations directorate, the Interim Chief Executive advised that the information governance team has seen a significant increase in the number of FOIs received. She said that in July 2020 a total of 12 requests were received compared to 8 for the period July to September 2019. She noted that the requests are becoming more detailed and complex and that PHA is looking to get additional resource within this team.
- 78/20.10 The Interim Chief Executive advised that a major review of the PHA Corporate Risk Register is under way and will come to the September Board. She also advised that there has been a substantial increase in AQ (Assembly Question) activity with a total of 34 requests during June and July 2020.
- 78/20.11 The Interim Chief Executive said that as PHA remains in business continuity mode, it has provided increased and ongoing support and advice for staff. She acknowledged that there are anxieties for staff about coming back in the office.
- 78/20.12 The Interim Chief Executive reported that the health intelligence team continues to be heavily involved in a range of work including the production of a daily COVID testing report. She added that there is now a weekly epidemiology report to replace the previous monthly report.
- 78/20.13 The Interim Chief Executive said that the corporate and public affairs team has been involved in the issuing of press releases and handling media requests on clusters and outbreaks. She added that the team has facilitated requests from local councils to discuss cases in their areas and has also met with HSENI with regard to guidance on face mask in food production facilities. She also said that the team has been working on a pilot testing programme with both Queen's University and Ulster University, and that a table top exercise on PHA's response to COVID has been planned with both universities.
- 78/20.14 In terms of social media, the Interim Chief Executive said that the team has been working on animated videos on face coverings, travel advice and self-isolation advice, and that it continues to message about the new proximity app. Within publications, she said that the team is working on material relating to the flu vaccine. Finally, within campaigns she advised that there is a range of campaigns running about test, trace, protect and also face coverings.

- 78/20.15 Mr Stewart asked about homeworking and agency staff and whether there was an opportunity to review the adequacy of the accommodation. He asked whether homeworking has proved to be effective, and if there is a cadre of staff who need to be in the office more often than others. He also asked about the efficacy of the new contact tracing app.
- 78/20.16 The Interim Chief Executive said that in relation to the contact tracing app, there has been a good uptake, but there is a need to keep putting the message out. She acknowledged that there had been some teething problems but these were being resolved. She advised that NI Direct have been dealing with queries about the app as well as dealing with the booking of tests. With regard to the accommodation, she said that the number of staff coming into Linenhall Street has to remain low. She said that PHA is continuing to work through a range of measures to ensure the working environment is safe and teams are starting to look at how they can reshape their ways of working. Mr McClean reported that the experience of home working suits some staff more than others as there are issues for managers in terms of ensuring there is sufficient administrative support. He said that there is an acknowledgement that the set up will not return to how it was previously and thought needs to be given to the future model of working. He added that there could be a short term pressure on accommodation with the number of new posts suggested in some of the business cases that PHA is preparing, and he informed members that the lease on the PHA premises in Linum Chambers is due to expire in 2021. Mr Cummings said that the main challenge from his point of view was about the effectiveness of meetings and how efficient it is to do meetings on Zoom. He noted that some of his staff prefer to work in the office.
- 78/20.17 Ms Mann-Kler asked if remote working has an impact on business efficiency and whether there has been any discussion about a review of workforce modelling. She said that it remains important that the business needs of PHA continue to be met and that staff are working efficiently. Mrs MacLeod said that the wellbeing of staff is important and that some staff prefer to work at home, but others do not. She said that this a quieter period compared to how it has been, but each Director has to satisfy themselves in terms of getting an assurance of how their staff are working. She noted that a downside to working at home is that you tend to work longer hours. She agreed that the accommodation in Linenhall Street is not ideal.
- 78/20.18 The Chair noted that the current regulations are beginning to be flouted and whether PHA could put out stronger messages highlighting the impact of people's actions. He felt that anonymised anecdotes should be used relating to how infections have actually been spread and relating the harm done. The Interim Chief Executive advised that Dr Gerry Waldron has made numerous media appearances putting across the key messages in a sensitive way.
- 78/20.19 Professor Rooney asked where the work of the Nursing directorate

summarised by the Interim Chief Executive fits into the four strategic and statutory roles of the PHA. The Interim Chief Executive advised that the Nursing team are involved in specific pieces of work, but the staff are also working across teams. She said that COVID-19 has made teams work together. Professor Rooney asked if there were any concerns in relation to advice regarding the reopening of schools. The Interim Chief Executive said that she had no concerns and that staff have been working hard on restart programmes.

78/20.20 Professor Rooney asked why PHA was involved in the Care Opinion work and whether the Patient and Client Council (PCC) would not have been a more appropriate host for this service. Ms Tennyson said that it was felt that there was a natural fit with PHA's work in the field of patient experience. She noted that there has been positive feedback about how this has been carried out in Northern Ireland as this is the last part of the UK to take a whole systems approach to this work. Professor Rooney queried why PPI was hosted within PHA and not the PCC. Ms Tennyson was not sure why this was the case. Professor Rooney stated that this was one of the functions that the Board should be considering when deciding on the future role and structures of the PHA.

78/20.21 Alderman Porter cautioned that by downsizing, there is a knock on effect for city centre businesses. He asked what direction PHA is giving to businesses as many are closing without being told to, and he asked if PHA is working with local Councils. The Interim Chief Executive advised that guidance has been issued to the hospitality sector and Dr Waldron has facilitated two sessions with representatives from higher education. She explained that if an individual has tested positive and this is linked to a shop then this will be picked up by the contact tracing centre.

78/20.22 Alderman Porter asked if guidance was being put out through Councils. The Interim Chief Executive acknowledged that there is a large volume of information and guidance out there.

78/20.23 Mr Clayton noted the work that is taking place within nursing home and being prepared for a second wave. He asked whether there were any lessons to be learnt from the first wave. Ms Roulston advised that the group that had been involved in dealing with nursing homes during the first wave has prepared a first draft of a plan which is currently out for consultation. She said that this plan picks up on the recommendations from a rapid review that was carried out.

79/20 Item 7 – Finance Report (PHA/01/08/20)

79/20.1 Mr Cummings presented the Finance Report for the first quarter of 2020/21 and said that it follows the normal PHA pattern where there is an underspend in the first half of the year which tends to reduce in the second half. He noted that for this year, this is not surprising given the COVID-19 situation.

79/20.2 Mr Cummings advised that Trust expenditure is on track, but within direct pay expenditure there is an underspend of £966k. He said that this was not a concern as some of this is in areas where no budget has yet been set. He cautioned that there is no “blank cheque” for COVID-19-related expenditure, but he was confident that PHA funding would be seen as a high priority.

79/20.3 Mr Cummings said that the underspend in the management and administration budget is lower than in previous years, but is still significant. He said that the overall year to date surplus is £850k, and although this is not a concern at the moment, there would need to be corrective action taken if the situation remained the same at the end of September.

79/20.4 Mr Stewart asked whether underspend in Trust expenditure would continue. Mr Cummings explained that it is not the Trust programme expenditure where the underspends lie. He said that it has taken time to redirect some of the non-Trust expenditure as some of the costs would be staff costs and organisations may not be employing people. Mr Stewart thought that if Trusts were not carrying out PHA programmes there would have been an underspend, but Mr Cummings explained that 80% of the costs are staff costs.

79/20.5 The Board noted the Finance Report.

80/20 Item 8 – PHA Rural Needs Annual Report (PHA/02/08/20)

80/20.1 Mr McClean explained that this Annual Report has been produced against the template set down by DAERA and shows the four areas, mainly re-procurements or re-tenders where PHA has conducted a Rural Needs Assessment.

80/20.2 Ms Mann-Kler asked if a Rural Needs Assessment is similar to an Equality Impact Assessment (EQIA) and she asked for more information about the workplace health programme. Mr McClean advised that as part of the development of any policy or programme, PHA must actively consider if there is any detriment to those people living in a rural community and take corrective action to ensure that these people have full access to services. He said that is similar to an equality screening. In terms of the workplace programme, he explained that this initiative is to help improve the wellbeing of staff in workplaces, but there has been a specific focus on small and medium sized organisations, often ones where staff are paid at a minimum wage, to ensure that they have access to this service.

80/20.3 Alderman Porter felt that the Report was brief given the range of work that PHA does with rural communities. Mr McClean said that this was not the scope of this particular report, and pointed the Director of Public Health Annual Report as a source of more information about PHA’s work in rural areas. He added that this report looks at rural proofing of PHA’s

work.

80/20.4 The Chair asked what is being done to address issues such as isolation and loneliness. Mr McClean said that the Health Improvement team is working with community and voluntary sector organisations in this area. He added that a report will be brought to the Board showing a revision of PHA's budget expenditure and this will show where the focus of the expenditure is. He said that there are strands of activity in the area of social isolation with a view of targeting those who are at risk and less likely to engage.

80/20.5 Professor Rooney asked about the newborn blood spot screening programme. Mrs MacLeod explained that 70% of babies will have the test in hospital with the other 30% having the test at home, but midwives have to go out to the home to deliver it.

80/20.6 Professor Rooney asked whether PHA employs the Age Friendly Co-ordinators, but Mr McClean advised that there is a community and voluntary sector programme as part of this work.

80/20.7 The Board **APPROVED** the PHA Rural Needs Annual Report.

81/20 Item 9 – Working Together to Reduce Stillbirth (PHA/03/08/20)

81/20.1 The Chair welcomed Dr Catherine Coyle to the meeting and invited her to present the Report.

81/20.2 Dr Coyle acknowledged the work of her colleague Dr Alison Little in contributing to the preparation of this Report. She explained that this Report was requested by the Chief Medical Officer in response to a request from the Coroner.

81/20.3 Dr Coyle advised that in Northern Ireland there are approximately 23,000 babies born each year and around 95-100 are stillbirths. She said that this Report looked at a range of areas and noted that while there has been a reduction, the reduction has plateaued and there is a need to do more. She advised that the introduction to the new version of the Saving Babies' Lives care bundle will be a key step. She added that other areas for action have been identified and a response requested from the Chief Nursing Officer on how these could be implemented.

81/20.4 Ms Mann-Kler noted the figure of 95-100 stillbirths and that the RQIA report said that 29% of stillbirths were avoidable, and asked if there is a natural threshold. Acknowledging that all stillbirths are traumatic, she asked if there is a standard rate and if a standard deviation is calculated. She also asked where the responsibility would lie for the costs of implementing the use of the new care bundle. Dr Coyle said that some of her colleagues would more closely monitor the figures and unfortunately not all stillbirths can be prevented. She added that

another colleague, Ms Heather Reid, led a review of deaths of babies after 37 weeks and this led to further work being done whereby each stillbirth is reviewed by a multi-disciplinary team using a standardised tool. In terms of next steps, Dr Coyle said that the Trusts would be taking forward the implementation of the new care bundle.

81/20.5 Professor Rooney noted that there had been a target to achieve a 20% in reduction in stillbirths by 2020 and that this target was not met. She asked what work was being done to meet this. Dr Coyle explained that this was a UK target and represented a challenge for Northern Ireland because the numbers here are much smaller. She advised that there is a regional group that looks at perinatal mortality. Professor Rooney also noted that there appears to be a difference in how Trusts collect data, and whether there needs to be a move to a more standardised process. Dr Coyle said that this had been picked up by the Coroner. She said that there will be variation between Trusts, but Trusts do have protocols in place. She acknowledged that some of the descriptors may show different information, so a regional approach would be beneficial.

81/20.6 Professor Rooney sought clarity on PHA's role in this area. The Interim Chief Executive said that the review was commissioned by the Chief Medical Officer on the back of a recommendation by the Coroner and on the back of findings from an RQIA review, but the accountability for implementing recommendations is between the Trusts and the Department of Health. She added that PHA has a service development role. Dr Coyle added that the NIMACH (Northern Ireland Maternal and Child Health) team is also based within PHA.

81/20.7 The Board noted the Working Together to Reduce Stillbirth report.

82/20 Item 10 – Maternity Strategy Implementation Group End of Strategy Report and Recommendations (PHA/04/08/20)

82/20.1 Dr Coyle advised that the Maternity Strategy which was launched in 2012 for the period up to 2018 contained 6 outcomes and 22 objectives and that this Report summarises the progress made against each objective. She explained that the Maternity Services Implementation Group (MSIG) was chaired by the Director of Nursing and Director of Public Health in PHA.

82/20.2 Dr Coyle advised that the vast majority of the recommendations are on track for completion or have been completed. She explained that the one objective is rated "red" due to constrained capital funding resources, and that two objectives are rated "amber", and these relate to long term conditions and pre-pregnancy planning.

82/20.3 Dr Coyle reported that the Department of Health has indicated that there will be a review of maternity and neonatal services and it has asked the PHA to undertake a health needs assessment. She highlighted that the key issues going forward relate to workforce planning and social

complexity.

82/20.4 Ms Mann-Kler asked about the scope of the proposed health needs assessment and she asked had there been a recent announcement relating to perinatal mental health services. Dr Coyle advised that there had been an announcement relating to funding for perinatal mental health services, which is welcomed. In terms of the health needs assessment, she said that the Department of Health is putting together the terms of reference and will share these with the PHA for comment.

82/20.5 Mr Stewart commented that many of the objectives have been rated “green” in terms of progress made, but he did not agree with that assessment. He noted that there is a lack of a coherent approach across all Trusts and that some of the narrative in the Report does not relate to the objective it aims to describe. Dr Coyle said that the Report takes a snapshot as at a point in time, and she accepted that the updates could be more fully described. She noted that the variation across Trusts has emerged as an issue previously.

82/20.6 Dr Coyle explained that the Maternity Strategy Implementation Group and the Maternity Collaborative have worked together to agree regional policies and pathway and she accepted the point as to whether a “green” status could represent “in progress” or “completed”, and could be more fully described.

82/20.7 Mr Stewart highlighted objective 22, relating to women attending their six-week postnatal appointment, as not having been fully met. Dr Coyle noted that women are invited to attend, but it is not part of the GP contract. However she added that there is a group looking at the post-natal pathway. She also advised that the Implementation Group continues to meet to look at any emerging issues or areas where further work is still required.

82/20.8 The Board noted the Maternity Strategy Implementation Group End of Strategy Report.

83/20 Item 11 – Re-establishment of Population Screening Programmes (PHA/05/08/20)

83/20.1 The Interim Chief Executive advised that of the PHA’s 8 screening programmes, 5 were paused and 3 continued during the first months of the pandemic. She said that work has commenced in relation to the restarting of programmes as approximately 100,000 invitations were paused as staff were redeployed.

83/20.2 The Interim Chief Executive said that bowel cancer screening kits that had been issued and returned were processed but no more have been issued. She explained that there are issues in relation to PPE and social distancing.

- 83/20.3 In relation to breast screening, the Interim Chief Executive noted that there are issues relating to the spacing within mobile units so smaller numbers of people are being seen. She said that each Trust has been asked to prepare a short business case for any funding it requires and these business cases are currently being considered.
- 83/20.4 The Interim Chief Executive explained that screening is one of the 28 priority areas on the agenda of the new Management Programme Board and this paper was presented to that Board a number of weeks ago.
- 83/20.5 The Chair asked if Northern Ireland was going to start using the new bowel screening test. The Interim Chief Executive confirmed that planning is under way for this and the necessary finance has been allocated.
- 83/20.6 Alderman Porter urged that in the event of second wave, these programmes should be kept running and asked if there was a strategy in place to ensure this. The Interim Chief Executive said that PHA is very mindful of the importance of these programmes, and that Dr Stephen Bergin will be monitoring this.
- 83/20.7 Ms Mann-Kler said that the approach outlined in the paper seems sensible, but asked if there are any risks or concerns. The Interim Chief Executive said that the screening team, which had been redeployed, is now visiting every Trust and she will take their advice on the best approach. She added that there are many factors that need to be taken into consideration including staff, kit, spacing etc., but she assured members that screening features on the agenda of the restart programme. She acknowledged that there is a lot of catching up to do.
- 83/20.8 Professor Rooney asked if there was any risk to PHA in terms of any excess deaths caused as a consequence of stopping screening programmes. The Interim Chief Executive pointed out that many initiatives were halted, but baby screening did continue. She said that there was a directive given to halt programmes.
- 83/20.9 The Board noted the update on the re-establishment of screening programmes.
- 84/20 Item 12 – Proposal for COVID-19 Survey in People Living in Homelessness Hostels (PHA/06/08/20)**
- 84/20.1 Mrs MacLeod explained that this proposal was being brought to inform members of a piece of work that PHA is undertaking.
- 84/20.2 The Board noted the proposal.

85/20 Item 13 – Update on HSCQI Network (Hub and Regional QI Leads Group) (PHA/07/08/20)

- 85/20.1 Dr Keaney presented her update on the work of HSCQI. She began by outlining the background that led to the establishment of HSCQI starting with the Donaldson Report and the Delivering Together report. She said that her report is broken down into five sections.
- 85/20.2 Dr Keaney said that in terms of the current HSCQI infrastructure, there are three main groups – an improvement hub, regional leads and a leadership alliance. She outlined the staffing composition for the improvement hub and advised there is 2.9WTE of staff who deliver QI support and 3.6WTE of support staff.
- 85/20.3 Dr Keaney outlined the programmes of work in which HSCQI is involved. She said that there is a mixture of initiatives from the legacy Safety Forum and some scale-up initiatives. She moved on to describe the impact that COVID-19 has had on the work of HSCQI with some staff redeployed to front line services. She explained that this led to some work going on hold. However, she went on to say that that HSCQI was involved in supporting the emergency response and gave an overview of the work of the joint PHA/HSCB “huddle” meetings and the “Operation Clean up” initiative. She added that HSCQI was asked to lead on a regional learning initiative and that a series of workshops has been held to look at key themes.
- 85/20.4 Dr Keaney said that HSCQI has been supporting the rebuild agenda within the HSC and is taking an opportunity to refresh its own vision and strategy. She added that HSCQI is looking to develop a website and virtual platform. She said that going forward one of the key issues for HSCQI is in relation to funding. She added that she would welcome comments from members on the report or there are any other areas on which members would wish to hear more information.
- 85/20.5 The Chair noted that HSCQI has achieved a lot of work in a short period of time. He asked about the legacy Safety Forum and how its work was brought into line with that of HSCQI. Dr Keaney explained that the Safety Forum was involved in three collaboratives and were using a QI approach. She said that she hopes to strengthen the team that she has and also work more with Trusts through the HSCQI Leadership Alliance to identify themes for people to support. She said that she feels she is making progress, but there is a lot of work still to do.
- 85/20.6 The Chair asked about Trusts and whether they accept to need for QI. Dr Keaney said that COVID has focused a lot of organisations on a single purpose which has consolidated the desire to work together using a QI approach. She noted that at one workshop held over the summer there were over 26 participants who dialled in and that there was an average of 13 people from Trusts who participated in a weekly meeting on a Monday over 16 successive weeks. She said that this showed that

Trusts want to work together.

85/20.7 Ms Mann-Kler said that a tremendous amount of work has been achieved and she asked about how QI work could become more mainstreamed, and if there has been a UK-wide response in terms of lessons learnt. Dr Keaney said that in a pandemic there is a role for QI and a need to keep that type of work going. She felt that there should be a QI element to each of the 25 workstreams that are being taken forward by the new Management Board. On a national level, she advised that there are 5 nations meetings held every 5/6 weeks which are a good way of discussing the role of QI during a pandemic, and to show its relevance and importance in developing a continuous learning environment. She added that next week HSCQI is hosting an all-Ireland conference with over 500 delegates due to attend virtually.

85/20.8 The Chair suggested that if a particular department needed assistance, HSCQI could provide this at a cost. Dr Keaney said that this was a model she could look at, but she noted that she currently has a small core team.

85/20.9 The Board noted the update on the HSCQI network.

86/20 Item 14 – Any Other Business

COVID-19 Standing Item

86/20.1 Alderman Porter asked that COVID-19 be placed as a standing item on future agendas.

Muckamore Abbey Hospital Report

86/20.2 Professor Rooney said that she wished to raise some queries on the recently published report on Muckamore Abbey Hospital. Ms Roulston advised that she intended to brief members on this during the confidential session.

Boardroom Apprentice

86/20.3 Professor Rooney thanked Ms Redman for serving as the Boardroom apprentice this year. Ms Redman thanked the members for the opportunity to be involved in the work of the Board and to see how it worked during the recent pandemic. She said that she found the experience invaluable.

87/20 Item 15 – Details of Next Meeting

Thursday 17 September at 1:30pm

Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast, BT2 7ES

Signed by Chair:

Date:

Public Health Agency

Finance Report

2020-21

Month 4 - July 2020

PHA Financial Report - Executive Summary

Year to Date Financial Position (page 2)

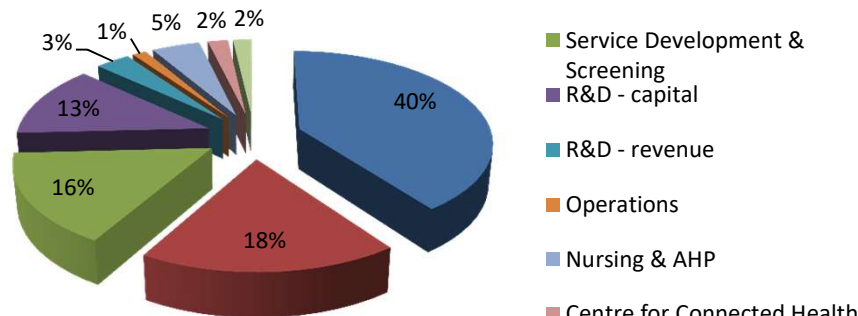
At the end of month 4 PHA is reporting an underspend (£0.5m) against its profiled budget. This underspend is primarily the result of year-to-date underspends on PHA Direct budgets (page 4) and Administration budgets due to vacant posts and different working arrangements (see page 5).

Budget managers continue to be encouraged to closely review their profiles and financial positions to ensure the PHA meets its breakeven obligations at year-end.

Programme Budgets (pages 3&4)

The chart below illustrates how the Programme budget is broken down across the main areas of expenditure.

PHA Programme Budgets 2020-21



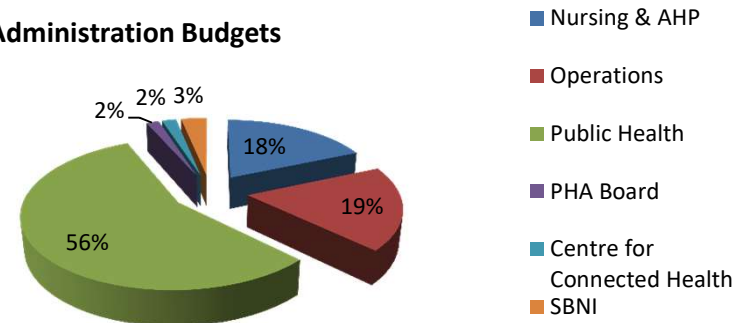
Administration Budgets (page 5)

Approximately half of the Administration budget relates to the Directorate of Public Health, as shown in the chart below.

A significant number of vacant posts remain within PHA, and this is creating slippage on the Administration budget.

Management is proactively working to fill vacant posts and to ensure business needs continue to be met.

Administration Budgets



Full Year Forecast Position & Risks (page 2)

PHA is currently forecasting a breakeven position for the full year. Slippage is expected to arise from Administration budgets in particular. Previously this would have been used to fund Programme pressures, however options in this area may be limited this year due to the impact of COVID-19 on activity levels.

Ringfenced funds continue to be monitored closely to ensure full spend by year end.

Public Health Agency
2020-21 Summary Position - July 2020

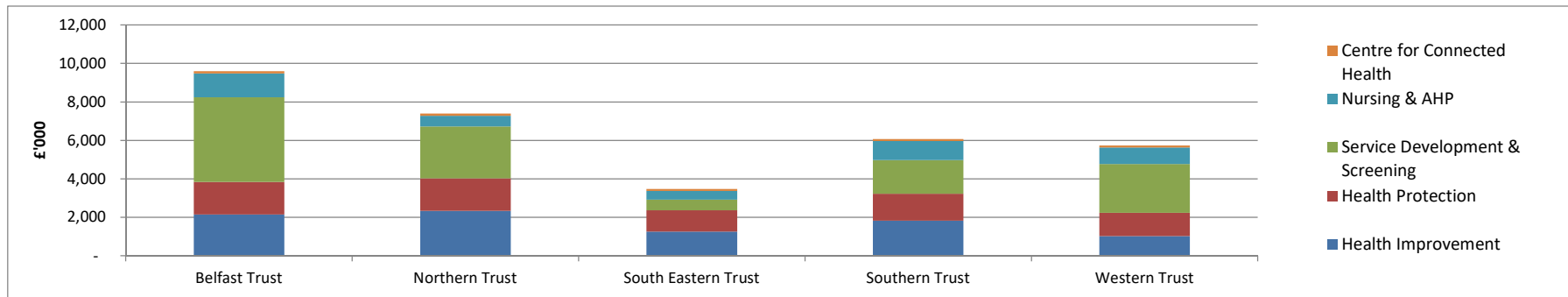
	Annual Budget					Year to Date				
	Programme		Ringfenced	Mgt & Admin	Total	Programme		Ringfenced	Mgt & Admin	Total
	Trust	PHA Direct	Trust & Direct	£'000	£'000	Trust	PHA Direct	Trust & Direct	£'000	£'000
Available Resources										
Departmental Revenue Allocation	32,269	50,939	6,957	21,925	112,087	10,750	8,990	333	7,212	27,285
Assumed Retraction					-					-
Revenue Income from Other Sources	-	19	-	755	774	-	19	-	239	258
Total Available Resources	32,269	50,958	6,957	22,680	112,864	10,750	9,009	333	7,451	27,542
Expenditure										
Trusts	32,269	-	-	-	32,269	10,756	-	-	-	10,756
PHA Direct Programme *	-	52,179	6,957	-	59,136	-	8,498	678	-	9,175
PHA Administration	-	-	-	21,459	21,459	-	-	-	7,078	7,078
Total Proposed Budgets	32,269	52,179	6,957	21,459	112,864	10,756	8,498	679	7,078	27,010
Surplus/(Deficit) - Revenue	-	(1,221)	-	1,221	-	(7)	511	(345)	373	532
<i>Cumulative variance (%)</i>						<i>-0.06%</i>	<i>5.67%</i>	<i>-103.58%</i>	<i>5.01%</i>	<i>1.93%</i>

The year to date financial position for the PHA shows an underspend of £0.5m, which consists primarily of year-to-date underspends on PHA Direct and Administration budgets, offset by expenditure ahead of profile on Ringfenced budgets.

The current year-end breakeven forecast is predicated on the in-year delivery of non-recurrent programmes in line with PHA priorities. This expenditure will balance out the forecast surplus in the Administration budget, and ensure the organisation achieves its breakeven obligation.

* PHA Direct Programme includes amounts which may transfer to Trusts later in the year

Programme Expenditure with Trusts



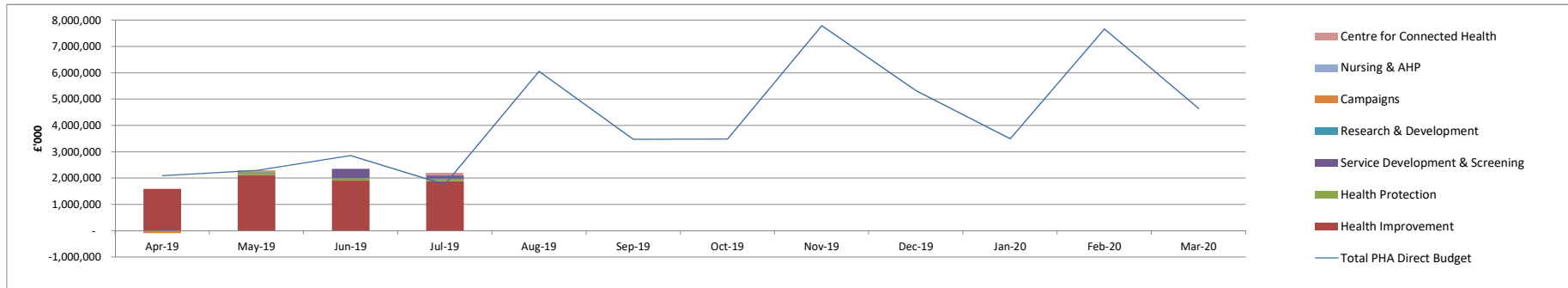
	Belfast Trust £'000	Northern Trust £'000	South Eastern Trust £'000	Southern Trust £'000	Western Trust £'000	NIAS Trust £'000	NIMDTA Trust £'000	Total Planned Expenditure £'000	YTD Budget £'000	YTD Expenditure £'000	YTD Surplus / (Deficit) £'000
Current Trust RRLs											
Health Improvement	2,142	2,344	1,252	1,831	1,021	-	-	8,590	2,863	2,863	-
Health Protection	1,690	1,684	1,119	1,392	1,207	-	-	7,093	2,358	2,364	(7)
Service Development & Screening	4,408	2,702	555	1,751	2,538	-	-	11,954	3,985	3,985	-
Nursing & AHP	1,241	544	446	990	868	-	-	4,089	1,363	1,363	-
Centre for Connected Health	109	117	109	104	104	-	-	543	181	181	-
Other	-	-	-	-	-	-	-	0	-	0	-
Total current RRLs	9,591	7,390	3,481	6,069	5,738	-	-	32,269	10,750	10,756	(7)
Cumulative variance (%)											-0.06%

The above table shows the current Trust allocations split by budget area. Budgets have been realigned in the current month and therefore a breakeven position is shown for the year to date as funds previously held against PHA Direct budget have now been issued to Trusts.

The Other line relates to general allocations to Trusts for items such as the Apprenticeship Levy and Inflation.

Ringfenced funds allocated to Trusts have been assumed at breakeven.

PHA Direct Programme Expenditure



	Apr-19 £'000	May-19 £'000	Jun-19 £'000	Jul-19 £'000	Aug-19 £'000	Sep-19 £'000	Oct-19 £'000	Nov-19 £'000	Dec-19 £'000	Jan-20 £'000	Feb-20 £'000	Mar-20 £'000	Total £'000
Profiled Budget													
Health Improvement	2,096	2,096	2,096	1,239	5,360	964	964	5,060	1,114	1,260	5,452	1,758	29,459
Health Protection	-	100	160	192	270	2,213	2,213	2,242	2,213	242	270	283	10,399
Service Development & Screening	-	95	562	215	364	215	215	364	215	215	364	352	3,176
Research & Development	-	-	-	-	-	-	-	-	1,000	1,000	1,211	-	3,211
Campaigns	-	-	-	10	20	45	60	85	350	345	332	30	1,277
Nursing & AHP	-	-	39	39	39	39	39	39	39	39	39	41	395
Centre for Connected Health	-	-	-	70	-	-	-	-	400	400	-	467	1,337
Other	-	-	-	-	-	-	-	-	-	-	-	1,721	1,721
Total PHA Direct Budget	2,096	2,291	2,857	1,765	6,054	3,477	3,492	7,791	5,332	3,501	7,669	4,651	50,976
<i>Cumulative variance (%)</i>													
Actual Expenditure	1,504	2,380	2,394	2,219	-	-	-	-	-	-	-	-	8,498
Variance	592	(89)	463	(454)									512

YTD Budget £'000	YTD Spend £'000	Variance £'000	
7,527	7,510	18	0.2%
452	288	163	36.2%
872	650	222	25.4%
-	-	-	0.0%
10	(37)	47	471.8%
79	15	64	100.0%
70	70	0	100.0%
-	2	(2)	100.0%
9,010	8,498	512	5.68%

	Apr-19 £'000	May-19 £'000	Jun-19 £'000	Jul-19 £'000	Aug-19 £'000	Sep-19 £'000	Oct-19 £'000	Nov-19 £'000	Dec-19 £'000	Jan-20 £'000	Feb-20 £'000	Mar-20 £'000	Total £'000
Ringfenced Budgets													
Profiled Ringfenced PHA Direct Budget	20	20	20	273	45	45	45	45	45	45	45	6,305	6,957
Actual Expenditure	-	98	275	305									678
Variance	20	(78)	(255)	(32)	-	-	-	-	-	-	-	-	(344)

YTD Budget £'000	YTD Spend £'000	Variance £'000	
333	678	(344)	-103.28%

The year-to-date position shows an underspend of approximately £0.5m, mainly consisting of underspends on Health Protection and Service Development & Screening budgets.

The budgets and profiles are shown after adjusting for retractions and new allocations from DoH.

Some slippage is expected to arise on PHA Direct budgets due to the impact of COVID-19 on service delivery levels. This slippage will be quantified in the coming months, and the impact on PHA's breakeven obligation will be closely monitored. In addition the organisation expects a surplus to arise on Administration budgets. In previous years this would have been absorbed through PHA Direct budgets to address programme priorities, but this is unlikely to be an option in 2020-21 and therefore represents a risk which will be kept under close review.

PHA Administration
2020-21 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	4,039	2,901	12,345	304	348	542	20,480
Goods & Services	166	1,322	407	54	58	193	2,200
Total Budget	4,205	4,223	12,753	359	406	735	22,680
Budget profiled to date							
Salaries	1,345	967	4,126	76	116	181	6,809
Goods & Services	55	441	44	18	19	64	641
Total	1,400	1,407	4,170	94	135	245	7,451
Actual expenditure to date							
Salaries	1,375	885	4,000	82	127	131	6,600
Goods & Services	38	361	37	16	2	23	478
Total	1,413	1,245	4,037	98	130	155	7,078
Surplus/(Deficit) to date							
Salaries	(30)	82	126	(6)	(11)	49	209
Goods & Services	17	80	7	2	17	41	164
Surplus/(Deficit)	(14)	162	133	(4)	6	90	373
Cumulative variance (%)	-0.97%	11.49%	3.19%	-4.20%	4.31%	36.88%	5.01%

PHA's administration budget is showing a year to date surplus of £0.4m, which is being generated by a number of long standing vacancies. Although efforts continue to fill vacant posts as far as possible, this has proved to be challenging, and the surplus on the salaries budget continues to be high. In addition in 2020-21 many staff are largely working from home, and this has driven a downturn in Goods & Services expenditure, which is expected to lead to increased slippage at year-end. Senior management continue to monitor the position closely in the context of the PHA's obligation to achieve a breakeven position for the financial year. The full year surplus is currently forecast to be £1.2m.

DoH has required PHA to meet the cost of the first 1% of the pay award in each of the last 2 years (2019-20 and 2020-21). The impact of this is currently being masked by high levels of vacancies.

The SBNI budget is ringfenced and any underspend will be returned to DoH prior to year end.

Public Health Agency 2020-21 Capital Position

	Annual Budget				Year to Date			
	Programme		Mgt & Admin	Total	Programme		Mgt & Admin	Total
	Trust	PHA Direct			Trust	PHA Direct		
£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
Available Resources								
Capital Grant Allocation & Income	7,826	4,203	-	12,029	-	1,047	-	1,047
Expenditure								
Capital Expenditure - Trusts	7,826	-	-	7,826	-	-	-	-
Capital Expenditure - PHA Direct	-	4,203	-	4,203	-	260	-	260
	7,826	4,203	-	12,029	-	260	-	260
Surplus/(Deficit) - Capital	-	-	-	-	-	787	-	787
<i>Cumulative variance (%)</i>								

PHA has received a Capital budget of £12.0m including income in 2020-21, most of which relates to Research & Development projects in Trusts and other organisations. Expenditure of £0.3m is shown for the year to date, and a breakeven position is anticipated for the full year.

PHA Prompt Payment

Prompt Payment Statistics

	July 2020 Value	July 2020 Volume	Cumulative position as at 31 July 2020 Value	Cumulative position as at 31 July 2020 Volume
Total bills paid (relating to Prompt Payment target)	£2,741,884	279	£14,126,816	1,394
Total bills paid on time (within 30 days or under other agreed terms)	£2,730,091	256	£13,702,149	1,296
Percentage of bills paid on time	99.6%	91.8%	97.0%	93.0%

Prompt Payment performance for the year to date shows that on value the PHA is achieving its 30 day target of 95.0%, although performance on volume is below target cumulatively in July and cumulatively to date. Overall PHA is making progress on ensuring invoices are processed promptly, and efforts to maintain this good performance will continue for the remainder of the year.

The 10 day prompt payment performance remained strong at 91.9% by value for the year to date, which significantly exceeds the 10 day DoH target for 2020-21 of 60%.