# HSC Public Health Agency

# agenda

| **Title of Meeting** | 147th Meeting of the Public Health Agency Board |
|---|---|
| **Date** | 20 October 2022 at 1.30pm |
| **Venue** | Fifth Floor Meeting Room, 12/22 Linenhall Street |

## standing items

| 1 1.30 | Welcome and apologies | | Chair |
|---|---|---|---|
| 2 1.30 | Declaration of Interests | | Chair |
| 3 1.35 | Minutes of Previous Meeting held on 15 September 2022 | | Chair |
| 4 1.40 | Matters Arising | | Chair |
| 5 1.45 | Chair's Business | | Chair |
| 6 1.55 | Chief Executive's Business | | Chief Executive |
| 7 2.10 | Finance Report | PHA/01/10/22 | Director of Finance |
| 8 2.25 | Terms of Reference for Planning, Performance and Resources Committee | PHA/02/10/22 | Chief Executive |
| 9 2.35 | Health Protection Update | | Dr McClean |

## committee updates

| 10 2.50 | Update from Chair of Governance and Audit Committee | PHA/03/10/22 | Mr Stewart |
|---|---|---|---|

## items for approval

| 11 3.00 | PHA Mid-Year Assurance Statement | PHA/04/10/22 | Chief Executive |
|---|---|---|---|

| 12 | Annual Quality Report | **PHA/05/10/22** | Mr Morton |
|---|---|---|---|

3.10

**items for noting**

| 13 | ALB Self-Assessment 2021/22 | Chair |
|---|---|---|

3.20

**closing items**

14   Any Other Business

3.30

15   Details of next meeting:

*Thursday 17 November 2022 at 1.30pm*

*Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast*

**minutes**

| Title of Meeting | 146th Meeting of the Public Health Agency Board |
|---|---|
| Date | 15 September 2022 at 1.30pm |
| Venue | Board Room, Gransha Park House, Londonderry |

**Present**

| | | |
|---|---|---|
| Mr Andrew Dougal | - | Chair |
| Mr Aidan Dawson | - | Chief Executive |
| Dr Joanne McClean | - | Director of Public Health |
| Mr Rodney Morton | - | Director of Nursing and Allied Health Professionals |
| Mr Stephen Wilson | - | Interim Director of Operations |
| Mr Craig Blaney | - | Non-Executive Director |
| Mr John Patrick Clayton | - | Non-Executive Director |
| Ms Anne Henderson | - | Non-Executive Director |
| Mr Robert Irvine | - | Non-Executive Director (*via video link*) |
| Ms Deepa Mann-Kler | - | Non-Executive Director (*via video link*) (*up to paragraph 95/22.7*) |
| Professor Nichola Rooney | - | Non-Executive Director |
| Mr Joseph Stewart | - | Non-Executive Director |

**In Attendance**

| | | |
|---|---|---|
| Ms Tracey McCaig | - | Director of Finance, SPPG |
| Mr Robert Graham | - | Secretariat |

**Apologies**

| | | |
|---|---|---|
| Dr Aideen Keaney | - | Director of Quality Improvement |
| Mr Brendan Whittle | - | Director of Social Care and Children, SPPG |
| Ms Vivian McConvey | - | Chief Executive, PCC |

| 85/22 | **Item 1 – Welcome and Apologies** |
|---|---|
| 85/22.1 | The Chair welcomed everyone to the meeting.  Apologies were noted from Dr Aideen Keaney and Mr Brendan Whittle. |
| 85/22.2 | The Chair welcomed Dr Joanne McClean to her first Board meeting as Director of Public Health. |
| 85/22.3 | The Chair invited members to join in a minute's silence in memory of Her Majesty Queen Elizabeth II. |

| | |
|---|---|
| **86/22** | **Item 2 – Declaration of Interests** |
| 86/22.1 | The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared at this time. During the meeting Mr Clayton declared an interest in relation to UNISON's interest in the COVID Public Inquiry and stepped out of the meeting during the discussion. It was noted that the update provided by the Chief Executive on the COVID Public Inquiry had not been listed as an agenda item in advance of the meeting. |
| **87/22** | **Item 4 – Minutes of previous meeting held on 18 August 2022** |
| 87/22.1 | The minutes of the Board meeting held on 18 August 2022 were **APPROVED** as an accurate record of that meeting. |
| **88/22** | **Item 5 – Matters Arising** |
| | *76/22.18      Director of Nursing post* |
| 88/22.1 | Professor Rooney sought assurance that, with particular reference to the Director of Nursing post, all posts are reviewed when they are vacated. The Chief Executive confirmed that this was the case. |
| | *80/22.8      Equality Training* |
| 88/22.2 | Professor Rooney asked if there would be an action taken given the discussion that Board members had not taken up the opportunity to undertake equality training.  The Chair agreed that this should be the case **(Action 1 – Chair)**. |
| **89/22** | **Item 3 – Update on CAWT** |
| | *Mr Bill Forbes attended the meeting for this item* |
| 89/22.1 | Mr Forbes delivered a presentation which he began by explaining the role of CAWT and the different bodies which contribute to it.  He outlined the five current INTERREG projects which are due to complete by June 2023. |
| 89/22.2 | Mr Forbes gave an overview of the PEACE Plus Programme which he explained is a €1bn investment comprising 21 areas across 6 themes, one of which, Theme 4, is healthy and inclusive communities.  He advised that there is an allocation of €97m for Theme 4.1 which relates to collaborative health and social care.  He explained that the call for funding opens in January 2023 with projects estimated to start in the summer of 2023. |
| 89/22.3 | Mr Forbes outlined the CAWT strategic themes and also the Peace Plus Strategy Groups.  He advised that within Integrated Care, there are 6 themes which are now set, and they are in the areas of respiratory, |

obesity, renal, medicines management, coronary care and frailty. Under the mental health framework, he advised that there are 5 themes which cover children's services, adult mental health, disability and older people's services. He outlined some of the proposals under these areas. He highlighted possible eHealth enablers across the projects.

89/22.4 | Mr Forbes concluded his presentation by showing a list of the different strategies and working groups that have been established and the PHA representation on each of these.

89/22.5 | Professor Rooney asked how the work of CAWT maps into the work of PHA and if it links with the Mental Health Strategy. Mr Forbes advised that CAWT is required to give an assurance that any initiative it funds is aligned to national and strategic priorities, and that this is analysed by the CAWT Management Board. He said that CAWT aims to provide additional and innovative services and it analyses all of the available research documents and literature to give the assurance that there is that alignment. He added that the Department of Health also screens the work of CAWT so there are a number of safety measures built in.

89/22.6 | Professor Rooney asked about the Multiple Adverse Childhood Experience (MACE) project. Mr Forbes explained that the MACE project was put out to private tender. He said that there are two frameworks, one in Northern Ireland, and one in the Republic of Ireland, and that when children are being processed by social services those frameworks are used and there is a strict validation process in place. He noted that due to the success of that project, demand is outstripping supply and the budgetary target has been reached. He explained that under SEUPB funding rules, funding cannot be taken from one project to support another.

89/22.7 | Mr Morton advised that PHA staff are heavily involved in CAWT and ensure that there are links with Making Life Better and PHA's objectives around promoting mental health and wellbeing for children and young people. He explained that there is an anomaly whereby the rules do not allow for CAWT to undertake work that should be owned by, and delivered by, the state. Mr Forbes agreed, and he clarified that when he referred to the strategic themes of CAWT, there is a number of strategic groups and these contain representatives of all of the partner agencies who will determine how services will be delivered. He said that all initiatives must be cross-border initiatives. He added that the ideas for initiatives are generated by the partner organisations, and he acknowledged that some services will benefit clients, but may disadvantage other clients.

89/22.8 | Mr Clayton noted that with more and more programmes there is more potential for overlap of services. Mr Forbes said that there is a number of risks, including alignment, duplication and human resources as well as the possibility of services becoming mainstream. He explained that if a service is already in place CAWT cannot fund it. He advised that

CAWT and its partners, have an 85% success rate in terms of initiatives becoming mainstreamed. He agreed that there is a need to be careful, and this is why CAWT engages with the North South Ministerial Council. Mr Clayton noted the reference to workforce challenges, and asked if CAWT is effectively aiming to recruit from the same pool as other organisations. Mr Forbes advised that there is an HR Strategy Group which is looking at workforce challenges, for example, whether there will be industrial action at some point, or a moratorium on recruitment. He added that these matters feature on the PEACE Plus Risk Register. He said that CAWT is aiming to engage with the community and voluntary sector, but it is at maximum capacity. Mr Clayton asked if services are delivered by the Trust or outside the Trust. Mr Forbes said that for example, if the Western Trust needs staff for a service, it will advertise posts, but applicants may come from within the Trust. He added that CAWT is exploring a range of options, including from universities, and that there have been discussions with Ulster University.

89/22.9 | Ms McCaig noted that when talking about CAWT, most of the discussion is on its work in the Southern and Western Trust areas, but there is little reference to other Trusts being involved. Mr Forbes agreed that the work of CAWT extensively relates to those areas, but within the European programmes, there is an opportunity for other areas to bring their knowledge, skills and expertise to the table and he gave the example of one programme where there will be input from Scotland. Ms McCaig said that if the focus is on the border areas then when discussing health inequalities, this creates an inequality. Mr Forbes acknowledged that there are benefits for some, but not for others.

89/22.10 | Professor Rooney asked how PHA captures the work and outcomes of CAWT in its reporting. Mr Forbes said that updates on CAWT are presented to the Management Board and while information is not routinely shared with PHA, there is no reason that it should not be. The Chief Executive advised that he sits on the Management Board and he can share reports with members. He added that one of the reasons why he invited Mr Forbes to today's meeting was so that the PHA Board could hear about some of the reports. He noted the discussion around the social and economic benefits and work around the social determinants of health. He said that trialling an initiative in the Southern and Western Trust areas could then lead to something that would benefit the whole population. Professor Rooney commented that it would be important for the Board to get information on this as it struggles to get information on health inequalities.

89/22.11 | Mr Morton said that Professor Rooney's point about the visibility of this work is important. Using the example of MACE, he said that this is a priority for PHA, but there needs to be a method of showing how the objectives of that programme link with the overall objectives of PHA.

89/22.12 | The Chair thanked Mr Forbes for attending today's meeting.

| | |
|---|---|
| **90/22** | **Item 6 – Chair's Business** |
| 90/22.1 | The Chair noted that there had been a good response from members regarding attendance at the strategy workshop on Monday 17th October which will be facilitated by Roger Courtney. |
| 90/22.2 | The Chair commented that the situation with regard to fuel poverty is worsening and noted that while PHA is supporting some organisations, there may be a point in the future when people ask what PHA did to help in this crisis. He asked if PHA can be more agile and can direct slippage to help organisations working in the field of fuel poverty. Mr Stewart said that PHA's role is to highlight the connection between fuel poverty and ill health, but it cannot, for example, provide funding for people to buy oil. Ms Henderson suggested that it may be useful to invite the Chief Executive of the Northern Ireland Housing Executive (NIHE) to the Board as it does work with the universities to highlight the links between health and fuel poverty. |
| 90/22.3 | The Chief Executive reported that PHA has already commenced a piece of work to develop a campaign which will signpost people to organisations that PHA funds that could help them, and also clarifies the role of PHA. Mr Wilson confirmed that this work is ongoing and added that there will also be a focus on smoking cessation. |
| 90/22.4 | Mr Clayton said that if PHA is advocating for improved public health, it should offer an analysis of how the cost of living crisis is affecting public health. He explained that people on lower incomes use a higher percentage of their income on fuel, food etc. He added that the increasing cost of food is also an issue. Mr Morton agreed that PHA should develop that intelligence and present it to policy makers and use its data to influence. He added that PHA does a lot of work in community development partnerships and this should also be highlighted. He said that these issues are not issues that PHA can solve on its own. He advised that PHA does a lot of work already in areas such as homeless health. |
| 90/22.5 | Ms Henderson said that the work of NIHE cannot be ignored as it produces a lot of reports and that PHA should contact them to ensure that there is no duplication of effort. Mr Morton advised that PHA does engage with NIHE and there is a joint programme ongoing which looks to tackle a whole range of the social determinants of health. |
| 90/22.6 | Mr Blaney said that the cost of living crisis and the cost of food is having an impact. He outlined how, in his wife's school, people are not able to provide healthy lunches for their children because of the cost of fruit. He said that he hoped the cost of fuel would go down. He noted that healthy eating habits are formed young and last through a person's life so it is important that young people eat healthily. He suggested that PHA could outline what reasonably priced meals look like. Dr McClean advised that PHA has a "Cook It" programme. She added in terms of |

communications, it is important to get the message out that being cold is bad for your health and can increase the risk of heart attacks, falls and stroke. She advised that PHA should also signpost people to how they can maximise their income as they may not be aware of benefits to which they are entitled.

90/22.7 | Mr Blaney asked if PHA has a list of places of where people can go given that local churches and libraries are extending their opening hours so people can stay and keep warm. Mr Wilson said that local Councils would be aware of places. It was reported that some individuals, because of their disability, are unable to work other than full time at home.

90/22.8 | The Chair said that the suggestions put forward by Dr McClean were helpful. Mr Morton said that there is an urgency to help the most vulnerable people in society. Ms Henderson commented that the timing in developing this communications strategy is spot on. Mr Clayton commented that while it is right that PHA highlights what is available to people, it should also highlight that there is a public health crisis.

90/22.9 | The Chair said that climate change should feature on PHA's agenda. He noted that Public Health Wales has produced some interesting infographics and that the UK Health Security Agency (UKHSA) is keen to work with PHA. Professor Rooney asked what PHA is doing in relation to climate change. Mr Morton said that the Department is looking at this area and he referred to the "Greener NHS Strategy" which is in place in England, but not yet in Northern Ireland. However, he added that there is ambition to implement this here. Ms McCaig advised that there is work ongoing as Trusts produce sustainability reports on the back on their own strategies, but given the scale of PHA, it does not carry out this work to the same degree but this will change. Professor Rooney commented that PHA should be setting an example. Mr Morton explained that as part of the strategies in other countries, there is an aim to look at how sustainability can improve health, He said that prevention need to be at the heart of any initiative.

90/22.10 | The Chair referred to an article by McKinsey and Company on social capital and noted that there has been a change in perception around networks and how the quality of these has reduced over the last couple of years with younger staff not getting the benefit of learning from senior staff. Ms McCaig said that the hybrid working policy aims to take account of that, but there is not one size that fits all. Ms Henderson said that it is important to be able to meet people in person to learn how an organisation works, but added that at the moment she feels that PHA has the right balance with its hybrid working model. The Chief Executive said that there is a need to be cautious as there is a potentially difficult winter ahead and while there is an advantage in bringing people together, there are also risks in terms of increased socialisation and a new variant of COVID. He added that the pandemic is still ongoing.

| 90/22.11 | The Chair asked for an update on the implementation of the hybrid working policy. Mr Wilson advised that staff are required to work in the office at least 2 days a week until January when the policy will be reviewed. He said that the policy is being implemented in conjunction with line managers whilst looking at the available space. The Chief Executive advised that staff have the opportunity to apply for hybrid working and to date over 200 have applied. He noted that some staff will welcome the opportunity to work in the office 5 days per week. The Chair advised that there was discussion about this at the most recent meeting of the Disability Champions network. |
|---|---|
| **91/22** | **Item 7 – Chief Executive's Business** |
| 91/22.1 | The Chief Executive said that at the last meeting he had informed members that Dr Joanne McClean would be taking up post as the Director of Public Health, and she has now taken up post as from 1 September. He advised that she is currently going through her induction programme and that it is good to have this post filled permanently. He said that he wished to express his thanks to Dr Stephen Bergin who had been acting in the role for all of his work, especially during the pandemic, and he also thanked Dr Brid Farrell for her support. |
| 91/22.2 | The Chief Executive advised that PHA is currently responding to four Public Inquiries.

*At this point Mr Clayton stepped out of the meeting due to a conflict of interest.* |
| 91/22.3 | The Chief Executive reported that Module 2 of the COVID Inquiry is now opening and that will require a considerable amount of resources for PHA to respond. He added that there will also be significant resources required by the Directorate of Legal Services (DLS) for administrative, solicitor and counsel support and that there is a bid in for this. |
| 91/22.4 | The Chief Executive advised that PHA is also responding to the Urology Inquiry which is centred on the Southern Trust. He said that a response was due back, but PHA has asked for an extension. He added that there is also the Infected Blood Inquiry and the Muckamore Inquiry. He said that he wished to highlight these because the resources required have to come from within the Agency and this presents a risk.

*At this point Mr Clayton re-joined the meeting.* |
| 91/22.5 | The Chief Executive reported that there are no new risks on the Corporate Risk Register. He advised that a report on PHA's readiness for the flu and COVID vaccination programmes will be presented to the Agency Management Team (AMT) shortly and will be shared with members. He added that PHA is also doing work on the cost of living and is looking at accommodation. The Chair said that it is important that accommodation is kept on the agenda. The Chief Executive reported |

that with the Northern Ireland Civil Service looking at new ways of working, there may be opportunities to avail of some of the Crown Estate. Mr Wilson added that the lease on PHA's offices in Linum Chambers is due to expire which may aid PHA's cause in securing new accommodation. Ms McCaig noted that PHA does need to take a hard look at its needs as there are challenging times ahead.

| | |
|---|---|
| **92/22** | **Item 8 – Finance Report** |
| 92/22.1 | Ms McCaig reminded members that at the last meeting she advised that there had been a security issue regarding the Finance, Procurement and Logistics system. She reported that the issues have been resolved and that the period of recovery went well with all data being updated. She explained that it was not possible to complete a formal monthly Finance Report, but having reviewed the latest figures she said that she had not noted any issues of significant concern, and that she would members an early alert if anything did arise. |
| 92/22.2 | Ms McCaig advised that the Chief Executive would shortly be holding a round of accountability meetings with Directors which will provide an opportunity for scrutiny of their budgets. |
| 92/22.3 | Ms Henderson said that she was content that the Month 5 report, when available, will present a good opportunity to take stock. She asked if there were any issues about costs for COVID and vaccinations. Ms McCaig advised that she was awaiting some clarity around some elements, but she was not anticipating any problems for PHA. Ms Henderson asked about the issue around staff payments which was picked up by Internal Audit. Ms McCaig advised that this primarily related to contact tracing staff. |
| 92/22.4 | The Board noted the Finance update. |
| **93/22** | **Item 9 – Health Protection Update** |
| 93/22.1 | Dr McClean delivered a short presentation updating members on COVID, Respiratory Syncytial Virus (RSV) and monkeypox. |
| 93/22.2 | Dr McClean reported that the latest data from the ONS survey suggests that the number of people with COVID in Northern Ireland is around 1 in 50 which is a slight increase from the previous week. She said that the increase could be due to increased social mixing. She showed members the latest data on waste water surveillance and said that is another way of monitoring COVID. |
| 93/22.3 | Dr McClean advised that hospital admissions are down, as are hospital acquired infections. She said that when the prevalence of COVID is high in the community, it will also be high in hospitals. She added that the number of deaths is low as is the number of outbreaks in care homes. |

| | |
|---|---|
| 93/22.4 | Dr McClean said that PHA is continuing to monitor RSV. She explained that it is a common infection in children and can lead to children ending up in hospital. She added that during the pandemic it appeared to vanish, but now it has re-emerged with cases at an earlier point in the year than usual. She said that there continues to be an upward trend which will lead to a pressure on hospital wards. She advised that for the most vulnerable children there is a form of immunisation available, but it is only for a selected group. |
| 93/22.5 | Dr McClean reported that there are 31 confirmed cases of monkey pox in Northern Ireland out of over 3,000 in the UK, most of which are in the London area. She said that most of the cases here have been imported. She advised that there are services in place to assess and manage cases and that a vaccination programme has commenced. |
| 93/22.6 | Professor Rooney asked if the data on RSV trends can be used for prevention. Dr McClean said that when it is seen that RSV is starting to circulate a programme is put in place to target children who need vaccinated. She added that the decision is taken on a UK basis, but Northern Ireland started its programme a month later in time for the surge of cases. In terms of other actions, she said that there has been messaging aimed at people with respiratory infections. She added that most children will have experienced RSV by the time they get to school, and schools are encouraged to ensure that they have good hygiene. |
| 93/22.7 | Professor Rooney said that there can be learning from COVID, particularly around restrictive practices. Dr McClean pointed out that while RSV did disappear, the price was shutting down everything. She said that she would be concerned if schools and nurseries got to the point where they were turning away children because they have a runny nose or a cough. Professor Rooney agreed that messages around hand hygiene are important. |
| 93/22.8 | The Chair asked if there was any correlation between the ONS survey data and the data collected from the waste water surveillance. Dr McClean explained that there is a lag in the reporting from the ONS survey, but added that the waste water surveillance acts as a useful early alert. She said that they do present the same information but at slightly different times. |
| 93/22.9 | Mr Morton said that there is a challenge for society in terms of maintaining a balance between maintaining good infection prevention control and keeping services open. He said that the messaging is perhaps being lost and it is important to maintain that messaging. |

| 94/22 | **Item 10 – Update on Personal and Public Involvement (PHA/01/09/22)** |
|---|---|
| | *Mr Martin Quinn joined the meeting for this item* |
| 94/22.1 | Mr Quinn advised that this is the twice yearly report to the Board on Personal and Public Involvement (PPI). |
| 94/22.2 | Mr Quinn said that the PPI team has helped make a contribution during the pandemic as some of the team were redeployed. He added that the team is working with Mr Wilson on the vaccination sub-group. With regard to the Report being presented today, he said that he wished to highlight a few areas. |
| 94/22.3 | Mr Quinn reported that work has progressed in terms of remuneration and reimbursement. He said that this is a tricky area as while some service users wish to keep their independence, others can feel excluded if they do not feel that their time is valued. He advised that the Department has created a policy which should bring some consistency to this area. However, since the policy was created, he said that there have been some changes to cover areas which hadn't been considered, and that Mr Martin McCrory has been working with the Patient Client Council on this. He explained that this is a difficult area because there could be implication for service users' benefits and tax. He advised that there are three projects where recognition payments will be piloted in the first instance. |
| 94/22.4 | Mr Quinn advised that the bursary scheme has been re-introduced. He said that the PPI team has always been good at using non-recurrent funding, and this year service users will be able to avail of places at the NICON conference as recompense for their time. |
| 94/22.5 | Mr Quinn said that the PPI team is contributing towards rebuild work and has been supporting the Department in programmes including the Cancer Strategy, where a reference group has been established consisting of 27 people. He added that 145 people participated in a series of online engagement events and almost 600 people contributed to the Strategy. He said that an outcome in that area is that staff who are responsible for developing strategies are more competent about doing so from a co-production perspective. |
| 94/22.6 | Mr Quinn reported that shortly after the introduction of the co-production guide, PPI monitoring was suspended due to COVID and this made it difficult for PHA to get data in this area. However, he advised that the Department is now keen to get assurances that HSC bodies are fulfilling their legislative responsibilities with regard to involvement. He said that there was a Circular issued by the Deputy Chief Medical Officer regarding Shared Decision Making and added that there needs to be a way to show that this is being put into practice. He advised that while it is easy to see if service users have been engaged in the redesign of a |

service, it is more difficult to measure this at an individual level.  He added that Outcomes Based Accountability (OBA) training has taken place, but there is a need for this to be undertaken by senior staff.

| | |
|---|---|
| 94/22.7 | Mr Quinn reported that the Regional PPI Forum has been in place for over 10 years and the Forum was pleased to welcome the Chief Executive at one of its last meetings.  He noted that there has been some discussion about a review of PPI policy and the Forum has seen the terms of reference for this. |
| 94/22.8 | Mr Quinn advised that the Engage website has been relaunched and that there an event to mark this which 150 people attended.  He said that the website is the online go-to resource for PPI and there is a need to ensure that it is updated, monitored and managed. |
| 94/22.9 | Mr Morton commented that while it is important to recognise that PHA has a statutory responsibility for PPI across the HSC, the Board has a responsibility for insuring that PHA itself is meeting its obligations.  He added that if PHA wishes to explore the impact of engaging citizens more broadly then it needs to have a strategy around building social capital by giving people a voice and giving them an opportunity to be mentors.  He said that the narrative around PPI is changing and made reference to health literacy. |
| 94/22.10 | The Chair asked how people can be helped with health literacy.  Mr Quinn advised that there was a steering group looking at this which PHA health improvement staff were involved with.  He said that PHA needs to look at its own work and it has reached out to partners in the community and voluntary sector to look at this. |
| 94/22.11 | Ms Mann-Kler welcomed the Report and said that it was the best report to date, in terms of its format.  She said that it was good to see the progress that has been made in terms of remuneration and reimbursement within the context of understanding the sensitivities around this issue.  She asked if there is any intention to share this Report beyond the Board.  Mr Quinn replied that PPI papers would go onto both the Engage and the PHA websites.  Ms Mann-Kler said that the Report is a valuable tool and should be shared with key stakeholders.  The Chief Executive noted that as this is a public meeting, the Report is a public document and he would be content that it should be published on the website and shared with stakeholders.  In terms of the Report itself, he welcomed that PHA is looking at patient and client centred health and wellbeing.  He thanked the team for compiling the Report and he said he looked forward to seeing the next one. |
| 94/22.12 | Ms Henderson asked if PHA assumes an audit type role in assuring that statutory responsibilities around PPI have been satisfied.  Mr Quinn said that it is not possible to give such an assurance, but Ms Henderson said that if PHA is required to give one, that is a big ask.  Mr Morton |

commented that there should be clarity about the type of assurance.  He said that PHA can see an overview of PPI activities and whether expectations are being met, but it is not possible to provide assurances at an individual level.  He added that there is work ongoing around the Shared Decision Making framework.  Mr Quinn advised that when PHA was carrying out monitoring, it was able to provide evidence of engagement and each Trust report may have had 25/30 recommendations to increase the level of assurance.  He said that monitoring will commence again shortly.  Mr Morton said that the infrastructure around engaging citizen needs further investment, and that there is only a small PPI team in PHA.

94/22.13 | Mr Clayton asked about the reimbursement and whether, from an Internal Audit perspective, there is a system in place for managing this. He also asked if there is a sense of how much PPI work takes place across each of the Section 75 groups.  He commented that there will be service users who have years of experience, but there will be others who will have never contributed.  Mr Quinn said that as part of any PPI programme, there will be an element of the budget set aside for reimbursement and that Mr McCrory is doing work with PCC around this.

94/22.14 | Ms Henderson said that the Report was excellent, but she queried whether it had been sanitised and explained that PHA should not be afraid of pointing out issues it has come across.  Mr Quinn said that any issues will be picked up in future monitoring reports.

94/22.15 | Ms Mann-Kler asked that if there was an audit happening of PHA's PPI work, how sure can PHA be that it is meeting its responsibilities to a high standard.  Mr Quinn said that until internal monitoring is re-introduced, he could not answer that question.  However, he explained that each division has a PPI lead and that Directors should ensure that these staff attend quarterly meetings so as to understand the importance of the internal monitoring process and how it links to PHA's Corporate Plan.

94/22.16 | Returning to Mr Clayton's query about engagement with Section 75 groups, Mr Quinn advised that PHA has been looking at this as there are likely to be groups that are being missed.  Mr Clayton asked if there is equality monitoring and Mr Quinn advised that there is.

94/22.17 | The Board noted the update on Personal and Public Involvement.

**95/22** | **Item 11 – Autumn/Winter Preparedness**

95/22.1 | Dr McClean updated members on preparations for the autumn and winter in terms of the flu and COVID vaccination programme, surveillance and how PHA will respond to a new variant of COVID or a surge in cases.  She said that events in the southern hemisphere are a useful predictor and in recent months there has been a bad flu season.

95/22.2 | Dr McClean outlined the list of those people who are eligible for the flu

and COVID vaccine and pointed out that over 1.5 million people are eligible for the flu vaccine and 1.1 million for the COVID vaccine. She explained how the programme will be delivered and the communication and messaging that will accompany it. She gave an overview of some of the risks surrounding the programme, including supply and logistics issues, non-frontline healthcare workers not being able to get the vaccinations and there being a low uptake generally. She said that the HSC system is ready to begin the programme and that it is due to launch imminently.

| 95/22.3 | Dr McClean said that with regard to surveillance, information from the Duty Room as well as from primary care will alert PHA to potential issues. She advised that the ONS survey will continue to run until March 2023 and waste water surveillance will also continue. If there is a new variant, she advised that there will be an escalation response within PHA and that there is a plan being developed which will be tested shortly. |

| 95/22.4 | The Chair thanked Dr McClean for the presentation and said he hoped that PHA gets additional resources to do this work. |

| 95/22.5 | Mr Stewart noted that there is always agitation in the media about supply and logistics and therefore communication is key around the expectations of the programme. He asked how PHA can monitor uptake of the vaccine and the environment in which vaccinations take place. He also asked that given the number of contacts people will have with GP practices and pharmacies, whether there is an opportunity for PHA to put out more of its public health messages in those spaces and signpost people to organisations where they can get help with some of the issues discussed earlier. Dr McClean said that with regard to monitoring uptake, every vaccination is recorded on a system so data will be available in real time. She noted that PHA does not have direct sight of where vaccines will be delivered as pharmacies are contracted through SPPG, but she expected that they should be of a good standard. She agreed with the suggestion about using GPs and pharmacies for other messages, but noted that in GP practices, people will be dealt with as quickly as possible so they won't spend much time in the practice. |

| 95/22.6 | Mr Clayton said that the presentation was thorough and gave a good oversight. He asked about those staff who are not directly employed by a Trust but deliver health and social services, such as homecare workers, and how they can get vaccinated. Dr McClean advised that they will be able to get a vaccine through the Trust, GPs or community pharmacies. Mr Clayton asked about being able to monitor the uptake among staff given there can be hesitancy and if it will be possible to do a deep dive on a Trust by Trust basis to see where there may be gaps. Dr McClean said that as staff can get the vaccine anywhere there is no way of monitoring this, except by a manual process. |

| | |
|---|---|
| | *At this point Ms Mann-Kler left the meeting.* |
| 95/22.7 | The Chair asked if there is evidence of vaccine fatigue. He suggested that the messaging should be reworked. |
| 95/22.8 | Professor Rooney asked if areas of deprivation will be targeted. Dr McClean advised that through VMS, it will be possible to see in which geographical areas there are gaps. She added that the Low Vaccine Uptake Group can then take action and work with community groups in those areas. |
| 95/22.9 | Mr Wilson advised that PHA has certain levers of control with regard to the messaging. He said that whether GPs call people can be an issue as he agreed that vaccine hesitancy and lethargy are also an issue. He noted that, based on feedback, the 50+ age group is more likely to get a vaccine than younger groups. |
| 95/22.10 | Mr Wilson said that PHA has a Living Well campaign and as part of that campaign, pharmacies are required to push PHA campaign and there will be a winter campaign at the time of the vaccination programme so there is a good match up in terms of getting those messages out. He added that PHA will not push its campaign too intensely at the outset as people will likely come forward quickly, but once there is a slowing of the uptake, PHA will push out its messaging. |
| 95/22.11 | The Board noted the update on autumn/winter preparedness. |
| **96/22** | **Item 12 – Any Other Business** |
| 96/22.1 | There was no other business. |
| **97/22** | **Item 13 – Details of Next Meeting** |
| | *Thursday 20 October 2022 at 1:30pm* |
| | *Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast* |
| | Signed by Chair: |
| | |
| | |
| | Date: |

# Finance Report
# August 2022

Tracey McCaig
Director of Finance

September 2022

**Section A: Introduction/Background**

1. The PHA Financial Plan for 2022/23 set out the funds notified as available, the risks and uncertainties for 2022/23 and summarised the opening budgets against the high level reporting areas.  It also outlined how the PHA will manage the overall funding available and enable it to support key programmes of work that will help achieve its corporate priorities.  It received formal approval by the PHA Board in the June 2022 meeting.

2. The Financial Plan identified a number of areas of projected slippage and how this was to be used to address in-year pressures and priorities.

3. On the basis of this approved Plan, this summary report reflects the latest position as at the end of August 2022 (month 5).

**Section B: Update – Revenue position**

4. The PHA has reported a year to date surplus at August 2022 of £1.0m, against the annual budget position outlined in the Financial Plan for 2022/23.

5. In respect of the year to date surplus of £1.0m:
   - The annual budget for programme expenditure to Trusts of £40.4m has been profiled evenly for allocation, with £16.8m expenditure reflected as at month 5 and a nil variance to budget shown.
   - The remaining annual programme budget is £59.2m.  Programme expenditure of £16.9m has been recorded for the first five months of the financial year and the year to date position primarily reflects an underspend against the profiled Smoking Cessation budget.
   - An assessment of slippage and pressures was undertaken for the purposes of finalising the 2022/23 Financial Plan and, at this point, there are no material changes to this position.  Budget holders are, however, required to keep all programme budgets under close review and report any expected slippage or pressures at an early stage.  The Chief Executive will also be reviewing the position with Directors at Financial Accountability meetings in October.

- A year-to-date underspend of £0.6m is reported in the area of Management & Administration, primarily in the areas of Public Health and Operations, which reflects a high level of vacant posts in each area. Efforts continue to fill these posts as soon as possible.

- There is annual budget of c£3.0m in ringfenced budgets, most of which relates to COVID funding for the Contact Tracing Centre for quarter 1 (£2.2m). Small overspends are reported on these areas to date, however they are largely expected to breakeven against funded budgets. Some expenditure has been incurred within Covid-19 area pertaining to the Vaccination programme.

6. The month 5 position is summarised in the table below.

**PHA Summary financial position - August 2022**

| | Annual Budget £'000 | Year to Date budget £'000 | Year to Date Expenditure £'000 | Year to Date variance £'000 | Projected year end Surplus / (Deficit) £'000 |
|---|---|---|---|---|---|
| Health Improvement | 12,722 | 5,301 | 5,301 | 0 | |
| Health Protection | 7,726 | 3,219 | 3,219 | 0 | |
| Service Development & Screening | 14,054 | 5,856 | 5,856 | 0 | |
| Nursing & AHP | 4,464 | 1,860 | 1,860 | 0 | |
| Centre for Connected Health | 1,451 | 605 | 605 | 0 | |
| HSC Quality Improvement | 23 | 10 | 10 | 0 | |
| Other | 0 | 0 | 0 | 0 | |
| **Programme expenditure - Trusts** | **40,441** | **16,850** | **16,850** | **0** | **0** |
| Health Improvement | 29,521 | 10,129 | 9,853 | 275 | |
| Health Protection | 17,529 | 6,017 | 5,950 | 66 | |
| Service Development & Screening | 4,635 | 867 | 796 | 71 | |
| Research & Development | 3,418 | 0 | 0 | 0 | |
| Campaigns | 1,943 | 43 | 64 | (21) | |
| Nursing & AHP | 3,255 | 87 | 63 | 24 | |
| Centre for Connected Health | 454 | 123 | 123 | 0 | |
| HSC Quality Improvement | 142 | 38 | 37 | 1 | |
| Other | (1,739) | 0 | 0 | 0 | |
| **Programme expenditure - PHA** | **59,157** | **17,303** | **16,887** | **416** | **(1,739)** |
| **Subtotal Programme expenditure** | **99,598** | **34,153** | **33,737** | **416** | **(1,739)** |
| Public Health | 16,756 | 6,946 | 6,513 | 432 | |
| Nursing & AHP | 5,029 | 2,100 | 2,105 | (5) | |
| Operations | 4,390 | 1,798 | 1,689 | 109 | |
| Quality Improvement | 635 | 248 | 213 | 35 | |
| PHA Board | 388 | 158 | 178 | (20) | |
| Centre for Connected Health | 421 | 175 | 166 | 9 | |
| SBNI | 850 | 354 | 314 | 39 | |
| **Subtotal Management & Admin** | **28,468** | **11,778** | **11,178** | **600** | **1,880** |
| Trusts | 0 | 0 | 0 | 0 | |
| PHA Direct | 2,224 | 2,124 | 2,167 | (43) | |
| **Subtotal Covid-19** | **2,224** | **2,124** | **2,167** | **(43)** | **(50)** |
| Trusts | 65 | 27 | 27 | (0) | |
| PHA Direct | 207 | 0 | 2 | (2) | |
| **Subtotal Transformation** | **272** | **27** | **29** | **(2)** | **0** |
| Trusts | 0 | 0 | 0 | 0 | |
| PHA Direct | 491 | 127 | 143 | (15) | |
| **Other ringfenced** | **491** | **127** | **143** | **(15)** | **0** |
| **TOTAL** | **131,053** | **48,210** | **47,254** | **955** | **91** |

*Table subject to roundings*

7.  Following a review of in-year slippage and pressures a forecast year-end surplus of £0.1m is currently shown. The movement from the PHA Financial Plan is resultant from some increase in slippage expected on the Management & Administration budget, as forecasts are updated on salary expenditure, including the timing of filling vacancies across the organisation, as well as the provision of a £50k pressure within Covid-19 related expenditure incurred in the area of vaccinations, where funding is not yet received.  Expenditure recorded in this area to date is c£37k.

8.  A range of known service pressures and strategically aligned developments have been considered in July 2022 and approved for funding in the context of the Financial Plan.

**Section C:  Risks**

9.  The Financial Plan listed a number of assumptions, risks and uncertainties and the management of these elements are set out below.

10. **Impact of COVID-19 on Financial Planning:**  The global pandemic and its impact on the HSC brings with it obvious challenges for predicting and managing budgetary resources as the service continues to respond during 2022/23.  Whilst the cost of the Contact Tracing Service has been included for quarter 1 of the financial year, at this stage no significant assumptions have been made for any further requirements later in the financial year - should the service be required to restart to respond to any future changes in the COVID-19 landscape.  The longer term requirements for the Vaccination Programme transfer to PHA are being worked through for this service and will be kept under close review.

11. **Demand led services:**  Whilst an initial estimate of funding has been identified within the 2022/23 Financial Plan, to enable pressures or strategic developments to pass through an approval process, clarity on the financial impact of this can only be

secured on conclusion of the process. Additionally, business as usual Programme expenditure will need to be monitored closely to ensure that planned expenditure is met. As in previous years, the PHA operational management will continue to review expenditure plans to identify any potential easements or inescapable pressures which may need to be addressed in-year.

12. **Annual Leave:** PHA staff are carrying a significant amount of annual leave, due to the demands of responding to the COVID-19 pandemic over the last two years. As at each financial year end, this is converted into a financial balance. This balance of leave will need to be managed to a more normal level during the year, and this may present some risk to the delivery of organisational objectives. An estimate of the partial release of the financial balance during 2022/23 is contributing toward the forecast available for deployment in-year, this will require to be kept under close review.

13. **Funding not yet allocated:** there are a number of areas where funding is anticipated but has not yet been released to the PHA. These include AfC and Non-AfC Pay uplift for 2022/23, however no expenditure is currently being assumed for these areas.

14. Following closure of the month 5 position a letter was copied to the PHA Chief Executives of Arm's Length Bodies (ALB's) highlighting a review of 2022/23 Budgets and 2023-25 Finanical Planning. This letter advised that the Department of Health's resource budget is already significantly overcommitted, currently forecast at £450m in year. A request for ALB's to work with their sponsored body to critically examine their 2022/23 budget to bring forward reductions to spending for the current financial year by 03/10/22. The letter also highlights that an efficiency planning approach is being developed for 2023-25 which will be discussed with ALB's in due course. A review is ongoing to highlight any further potential slippage which may accrue during this year, or other actions which PHA could take to reduce expenditure in year, this will also consider the position on pressures/priorities which will also require in-year management. The Director of Finance has asked for a short extension to provide time for consideration of the response.

15. Due to the complex nature of Health & Social Care, there will undoubtedly be further challenges with financial impacts which will be presented in year. PHA will continue to monitor and manage these with DoH and Trust colleagues on an ongoing basis.

## Section D:  Update - Capital position

16. The PHA has a current capital allocation (CRL) of £13.5m.  The majority of this (£12.0m) relates to Research & Development (R&D).

17. The overall summary position, as at August 2022, is reflected in the following table.

| Capital Summary | Total CRL | Year to date spend | Full year forecast | Forecast Surplus / (Deficit) |
|---|---|---|---|---|
| | £'000 | £'000 | £'000 | £'000 |
| **HSC R&D:** | | | | |
| R&D - Other Bodies | 6,551 | 569 | 6,551 | 0 |
| R&D - Trusts | 8,208 | 3,436 | 8,208 | 0 |
| R&D Capital Receipts | (2,759) | 0 | (2,759) | 0 |
| Subtotal HSC R&D | 12,000 | 4,005 | 12,000 | 0 |
| **CHITIN Project:** | | | | |
| CHITIN - Other Bodies | 0 | 0 | 0 | 0 |
| CHITIN - Trusts | 0 | 0 | 0 | 0 |
| CHITIN - Capital Receipts | 0 | 0 | 0 | 0 |
| Subtotal CHITIN | 0 | 0 | 0 | 0 |
| **Other:** | | | | |
| Congenital Heart Disease Network | 436 | 69 | 436 | 0 |
| i-REACH Project | 405 | 0 | 405 | 0 |
| Online Safety Project | 15 | 0 | 15 | 0 |
| Covid Wastewater | 697 | 0 | 600 | 97 |
| Subtotal Other | 1,553 | 69 | 1,456 | 97 |
| **Total HSCB Capital position** | **13,553** | **4,074** | **13,456** | **97** |

18. R&D expenditure is managed through the R&D Division within PHA, and funds essential infrastructure for research such as information databanks, tissue banks, clinical research facilities, clinical trials units and research networks. The element relating to 'Trusts' is allocated throughout the financial year, and the allocation for 'Other Bodies' is used predominantly within universities – both allocations fund agreed projects that enable and support clinical and academic researchers.

19. CHITIN (Cross-border Healthcare Intervention Trials in Ireland Network) is a unique cross-border partnership between the Public Health Agency in Northern Ireland and the Health Research Board in the Republic of Ireland, to develop infrastructure and deliver Healthcare Intervention Trials (HITs). The CHITIN project is funded from the EU's INTERREG VA programme, and the funding for each financial year from the Special EU Programmes Body (SEUPB) matches expenditure claims, ensuring a breakeven position.  It should be noted that the values for CHITIN have not yet been fully confirmed by way of an CRL allocation letter.  PHA R&D team are working with the DoH Capital Investment Team to finalise and any update will be noted in future finance reports.

20. PHA has also received a number of smaller capital allocations including the Congenital Heart Disease (CHD) Network (£0.4m), which is managed through the PHA R&D team, the i-REACH project (£0.4m), and a COVID-19 Wastewater project (£0.7m) which is a QUB project analysing wastewater to help with the tracking of outbreaks of COVID-19.  There is an anticipated underspend on this project and it is anticipated that the CRL allocation will be reduced to reflect this position.

21. The capital position will continue to be kept under close review throughout the financial year.

**Recommendation**

22. The PHA Board are asked to note the PHA financial update as at August 2022.

# Public Health Agency

# Annex 1 - Finance Report

# 2022-23

## Month 5 - August 2022
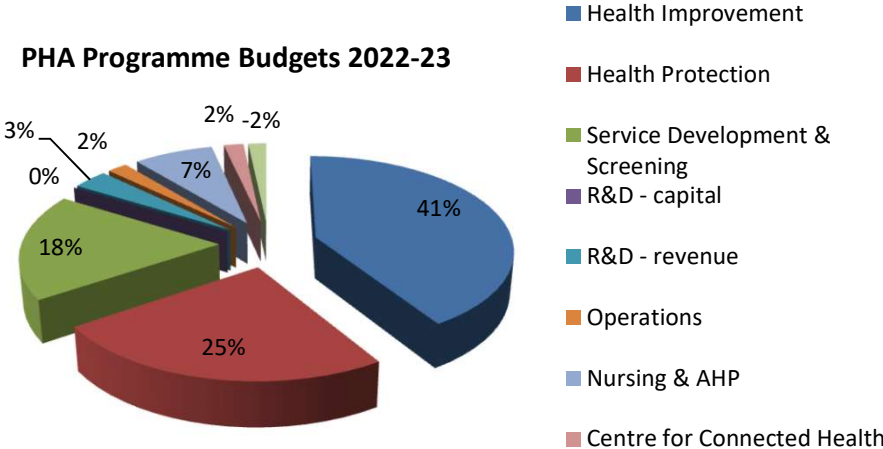
# PHA Financial Report - Executive Summary

## Year to Date Financial Position (page 2)

At the end of month 5 PHA is reporting an underspend of £1.0m in against its profiled budget. This underspend is primarily the result of underspends on Administration budgets (page 6) and PHA Direct programme budgets, with expenditure running behind profiled budget in a number of areas.

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 2022-23**



- Health Improvement — 41%
- Health Protection — 25%
- Service Development & Screening — 18%
- R&D - capital — 0%
- R&D - revenue — 3%
- Operations — 2%
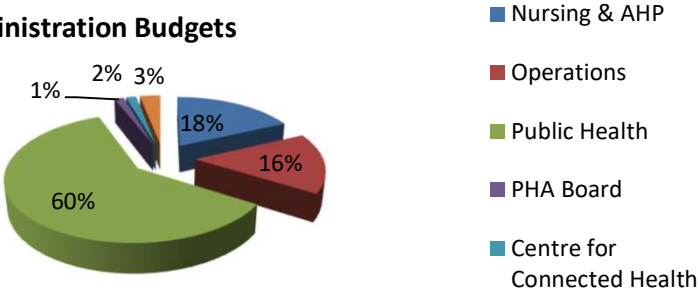- Nursing & AHP — 7%
- Centre for Connected Health — 2%, -2%

## Administration Budgets (page 5)

The breakdown of the Administration budget by Directorate is shown in the chart below. Over half of the budget relates to the Directorate of Public Health.

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**



- Nursing & AHP — 18%
- Operations — 16%
- Public Health — 60%
- PHA Board — 1%
- Centre for Connected Health — 2%, 3%

## Full Year Forecast Position & Risks (page 2)

PHA is currently forecasting a small surplus of £0.1m for the full year with the underspend in Administration being used to fund key programme priorities for PHA. This is within the statutory breakeven limit.

The Administration and Programme budgets are being continually reviewed in order to update the full year forecast.

# Public Health Agency
## 2022-23 Summary Position - August 2022

| | Annual Budget | | | | | Year to Date | | | | |
| | Programme | | Ringfenced | Mgt & | Total | | Programme | | Ringfenced | Mgt & | Total |
| | Trust £'000 | PHA Direct £'000 | Trust & Direct £'000 | Admin £'000 | £'000 | | Trust £'000 | PHA Direct £'000 | Trust & Direct £'000 | Admin £'000 | £'000 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Available Resources** | | | | | | | | | | | |
| Departmental Revenue Allocation | 40,440 | 59,157 | 2,987 | 27,521 | **130,105** | | 16,850 | 17,303 | 2,277 | 11,422 | **47,853** |
| Revenue Income from Other Sources | - | 0 | - | 947 | **948** | | - | 0 | - | 356 | **356** |
| **Total Available Resources** | 40,440 | 59,157 | 2,987 | 28,468 | **131,053** | | 16,850 | 17,303 | 2,277 | 11,778 | **48,209** |
| **Expenditure** | | | | | | | | | | | |
| Trusts | 40,441 | - | 65 | - | **40,505** | | 16,850 | - | 27 | - | **16,877** |
| PHA Direct Programme * | - | 60,896 | 2,972 | - | **63,869** | | - | 16,887 | 2,312 | - | **19,199** |
| PHA Administration | - | - | - | 26,587 | **26,587** | | - | - | | 11,178 | **11,178** |
| **Total Proposed Budgets** | 40,441 | 60,896 | 3,037 | 26,587 | **130,962** | | 16,850 | 16,887 | 2,339 | 11,178 | **47,254** |
| **Surplus/(Deficit) - Revenue** | (0) | (1,739) | (50) | 1,881 | **91** | | - | 416 | (61) | 600 | **955** |
| *Cumulative variance (%)* | | | | | | | *0.00%* | *2.41%* | *-2.69%* | *5.09%* | *1.98%* |

The year to date financial position for the PHA shows an underspend of £1.0m, which is a result of PHA Direct Programme expenditure being behind profiled budgets and a year-to-date underspend within Administration budgets.

A small surplus is currently forecast for the year, with the underspend in Administration being used to fund projects within the Programme area of PHA.

*Please note that a number of minor rounding's may appear throughout this report.*
*\* PHA Direct Programme may include amounts which transfer to Trusts later in the year*
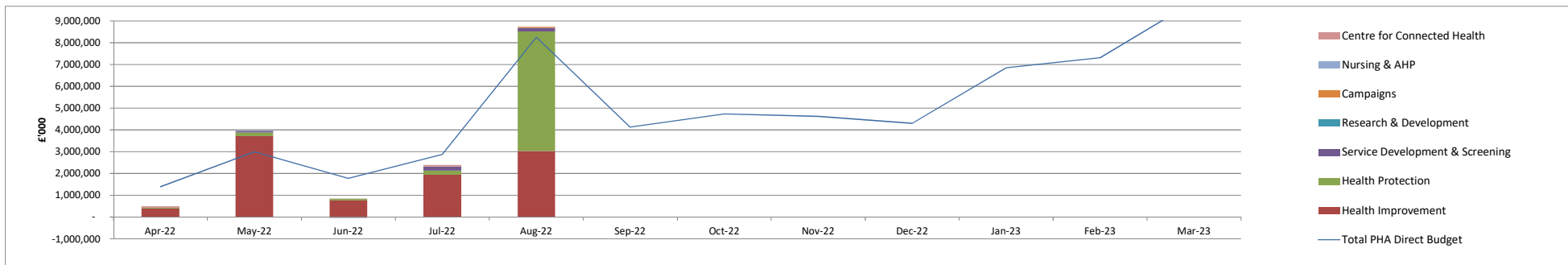
# Programme Expenditure with Trusts
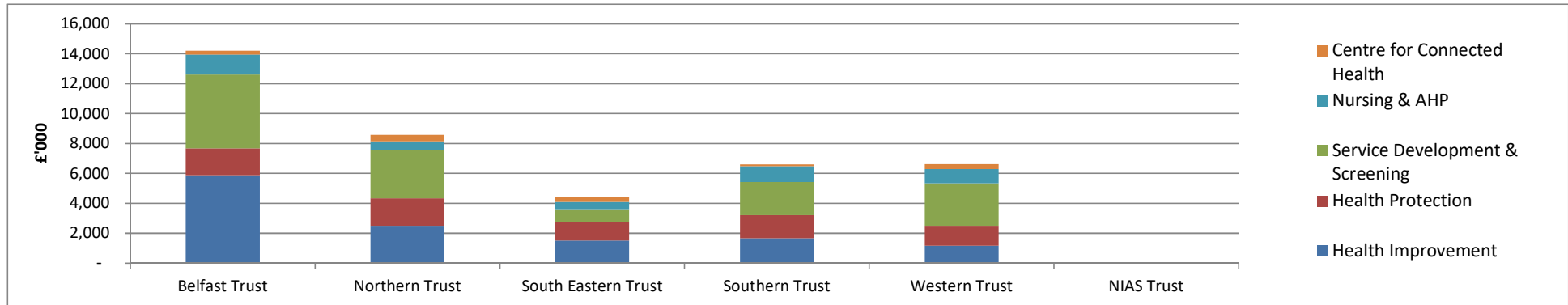


| | Belfast Trust £'000 | Northern Trust £'000 | South Eastern Trust £'000 | Southern Trust £'000 | Western Trust £'000 | NIAS Trust £'000 | Total Planned Expenditure £'000 | YTD Budget £'000 | YTD Expenditure £'000 | YTD Surplus / (Deficit) £'000 |
|---|---|---|---|---|---|---|---|---|---|---|
| **Current Trust RRLs** | | | | | | | | | | |
| Health Improvement | 5,865 | 2,508 | 1,515 | 1,664 | 1,170 | - | **12,722** | 5,301 | 5,301 | - |
| Health Protection | 1,801 | 1,827 | 1,225 | 1,558 | 1,315 | - | **7,726** | 3,219 | 3,219 | - |
| Service Development & Screening | 4,948 | 3,207 | 854 | 2,188 | 2,858 | - | **14,054** | 5,856 | 5,856 | - |
| Nursing & AHP | 1,316 | 603 | 498 | 1,074 | 945 | 27 | **4,464** | 1,860 | 1,860 | - |
| Centre for Connected Health | 274 | 431 | 295 | 115 | 336 | - | **1,451** | 605 | 605 | - |
| Quality Improvement | 23 | - | - | - | - | - | **23** | 10 | 10 | - |
| Other | - | - | - | - | - | - | **0** | - | 0 | - |
| **Total current RRLs** | **14,228** | **8,576** | **4,388** | **6,599** | **6,623** | **27** | **40,441** | **16,850** | **16,850** | **-** |
| *Cumulative variance (%)* | | | | | | | | | | *0.00%* |

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.

## PHA Direct Programme Expenditure



| | Apr-22 £'000 | May-22 £'000 | Jun-22 £'000 | Jul-22 £'000 | Aug-22 £'000 | Sep-22 £'000 | Oct-22 £'000 | Nov-22 £'000 | Dec-22 £'000 | Jan-23 £'000 | Feb-23 £'000 | Mar-23 £'000 | Total £'000 | YTD Budget £'000 | YTD Spend £'000 | Variance £'000 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Profiled Budget** | | | | | | | | | | | | | | | | | |
| Health Improvement | 1,268 | 2,538 | 1,454 | 2,248 | 2,621 | 1,313 | 3,387 | 2,645 | 474 | 3,226 | 3,650 | 4,698 | **29,521** | 10,129 | 9,853 | 275 | 2.7% |
| Health Protection | 42 | 254 | 144 | 128 | 5,448 | 2,572 | 1,064 | 1,341 | 1,527 | 1,241 | 1,120 | 2,648 | **17,529** | 6,017 | 5,950 | 66 | 1.1% |
| Service Development & Screen | 79 | 144 | 102 | 489 | 53 | 176 | 192 | 430 | 451 | 553 | 743 | 1,223 | **4,635** | 867 | 796 | 71 | 8.2% |
| Research & Development | - | - | - | - | - | - | - | - | 1,000 | 1,000 | 1,000 | 418 | **3,418** | - | - | - | 0.0% |
| Campaigns | 3 | 2 | 18 | 5 | 15 | 52 | 40 | 130 | 227 | 242 | 232 | 977 | **1,943** | 43 | 64 | (21) | -49.6% |
| Nursing & AHP | 2 | 3 | 50 | 14 | 19 | 19 | 43 | 53 | 545 | 568 | 562 | 1,377 | **3,255** | 87 | 63 | 24 | 27.7% |
| Centre for Connected Health | - | 61 | 5 | - | 57 | - | 7 | 27 | 83 | 19 | 6 | 189 | **454** | 123 | 123 | 0 | 0.1% |
| Quality Improvement | - | - | - | - | 38 | - | - | - | - | - | - | 104 | **142** | 38 | 37 | 1 | 1.8% |
| Other | - | - | - | - | - | - | - | - | - | - | - | (1,739) | **(1,739)** | - | - | 0 | 100.0% |
| **Total PHA Direct Budget** | 1,393 | 3,001 | 1,772 | 2,884 | 8,252 | 4,132 | 4,733 | 4,626 | 4,306 | 6,850 | 7,312 | 9,894 | **59,157** | 17,303 | 16,887 | 416 | |
| *Cumulative variance (%)* | | | | | | | | | | | | | | | | 2.41% | |
| **Actual Expenditure** | 521 | 3,970 | 1,106 | 2,336 | 8,954 | - | - | - | - | - | - | - | 16,887 | | | | |
| **Variance** | 873 | (969) | 666 | 548 | (702) | | | | | | | | 416 | | | | |

The year-to-date position shows an underspend of approximately £0.4m against profile, primarily due to expenditure running behind profiled budgets. A year-end overspend position is anticipated, reflecting the use of forecast underspend within Administration budgets.

# Public Health Agency
## 2022-23 Ringfenced Position

| | Annual Budget | | | | Year to Date | | | |
|---|---|---|---|---|---|---|---|---|
| | Covid £'000 | NDNA £'000 | Other ringfenced £'000 | Total £'000 | Covid £'000 | NDNA £'000 | Other ringfenced £'000 | Total £'000 |
| **Available Resources** | | | | | | | | |
| DoH Allocation | 2,224 | 272 | 491 | **2,987** | 2,124 | 27 | 127 | **2,277** |
| Assumed Allocation/(Retraction) | - | | | 0 | - | - | - | **-** |
| Total | 2,224 | 272 | 491 | **2,987** | 2,124 | 27 | 127 | **2,277** |
| **Expenditure** | | | | | | | | |
| Trusts | - | 65 | - | **65** | - | 27 | - | **27** |
| PHA Direct | 2,274 | 207 | 491 | **2,972** | 2,167 | 2 | 143 | **2,312** |
| Total | 2,274 | 272 | 491 | **3,037** | 2,167 | 29 | 143 | **2,339** |
| **Surplus/(Deficit)** | **(50)** | **-** | **-** | **-** | **(43)** | **(2)** | **(15)** | **(60)** |

PHA has received a COVID allocation totalling £2.2m to date, £2.1m of which is for Contract Tracing.  A small overspend is forecast for the full year, maily relating to Vaccination roll out, which is currently being managed within the PHA's overall financial position.

Transformation funding has been received for a Suicide Prevention project totalling £0.3m. This project is being monitored and reported on separately to DoH, and a breakeven position is anticipated for the year.

Other ringfenced areas include Safe Staffing, NI Protocol and funding for SBNI.  A small overspend has been shown for the year-to-date.  This is a timing issue only, and it is expected that these areas will achieve a breakeven position for the year.

# PHA Administration
## 2022-23 Directorate Budgets

| | Nursing & AHP | Quality Improvement | Operations | Public Health | PHA Board | Centre for Connected Health | SBNI | Total |
|---|---|---|---|---|---|---|---|---|
| | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 |
| **Annual Budget** | | | | | | | | |
| Salaries | 4,867 | 623 | 3,386 | 16,433 | 322 | 379 | 619 | **26,630** |
| Goods & Services | 162 | 12 | 1,004 | 322 | 66 | 42 | 230 | **1,838** |
| **Total Budget** | **5,029** | **635** | **4,390** | **16,756** | **388** | **421** | **850** | **28,468** |
| **Budget profiled to date** | | | | | | | | |
| Salaries | 2,032 | 242 | 1,380 | 6,810 | 130 | 158 | 258 | **11,011** |
| Goods & Services | 68 | 5 | 418 | 135 | 27 | 17 | 96 | **767** |
| Total | **2,100** | **248** | **1,798** | **6,946** | **158** | **175** | **354** | **11,778** |
| **Actual expenditure to date** | | | | | | | | |
| Salaries | 2,052 | 207 | 1,197 | 6,372 | 163 | 161 | 258 | **10,410** |
| Goods & Services | 53 | 5 | 492 | 141 | 15 | 5 | 56 | **768** |
| Total | **2,105** | **213** | **1,689** | **6,513** | **178** | **166** | **314** | **11,178** |
| **Surplus/(Deficit) to date** | | | | | | | | |
| Salaries | (20) | 35 | 183 | 438 | (32) | (3) | (0) | **601** |
| Goods & Services | 15 | (0) | (74) | (6) | 12 | 13 | 40 | **(1)** |
| **Surplus/(Deficit)** | **(5)** | **35** | **109** | **432** | **(20)** | **9** | **39** | **600** |
| *Cumulative variance (%)* | *-0.22%* | *14.10%* | *6.07%* | *6.22%* | *-12.97%* | *5.41%* | *11.16%* | *5.09%* |

PHA's administration budget is showing a year-to-date surplus of £0.6m, which is being generated by a number of vacancies, particularly within Health & Well-being Improvement and SDS. 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 c£1.9m.

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

# PHA Prompt Payment

**Prompt Payment Statistics**

| | August 2022<br><br>Value | August 2022<br><br>Volume | Cumulative position as at August 2022<br>Value | Cumulative position as at August 2022<br>Volume |
|---|---|---|---|---|
| Total bills paid (relating to Prompt Payment target) | £6,887,181 | 407 | £24,485,989 | 2,434 |
| Total bills paid on time (within 30 days or under other agreed terms) | £6,822,019 | 392 | £23,940,821 | 2,384 |
| **Percentage of bills paid on time** | **99.1%** | **96.3%** | **97.8%** | **97.9%** |

Prompt Payment performance for August shows that PHA achieved the 95.0% target on both volume and value. The year to date position shows that on both value and volume, PHA is achieving its 30 day target of 95.0%. Prompt payment targets will continue to be monitored closely over the 2022-23 financial year.

The 10 day prompt payment performance remains very strong at 88.4% on volume for the year to date, which significantly exceeds the 10 day DoH target for 2022-23 of 70%.

**HSC Public Health Agency**

item 8

| Title of Meeting | PHA Board Meeting |
| --- | --- |
| Date | 20 October 2022 |

| Title of paper | Terms of Reference for Planning, Performance and Resources Committee |
| --- | --- |
| Reference | PHA/02/10/22 |
| Prepared by | Stephen Wilson |
| Lead Director | Aidan Dawson |

| Recommendation | For **Approval**  ☒ | For **Noting**  ☐ |
| --- | --- | --- |

## 1 Purpose

The purpose of this paper is to present the draft Terms of Reference for the proposed Planning, Performance and Resources Committee of the PHA Board.

## 2 Background Information

Under Standing Order 3.1.3 the PHA Board may establish other Committees as it deems appropriate. There has been discussion about the need to establish an additional Committee to the Governance and Audit Committee and Remuneration and Terms of Service Committee.

## 3 Key Issues

The primary responsibility of the Planning, Performance & Resources Committee is to keep under review the financial position and performance against key non-financial targets of the Board, to ensure that suitable arrangements are in place to secure economy, efficiency and effectiveness in the use of all resources, and that Corporate/Business Planning arrangements are working effectively.

The full terms of reference are appended.

## 4 Next Steps

Following approval of the terms of reference, the membership of the Committee will be agreed as well as a schedule of dates.

**PLANNING, PERFORMANCE & RESOURCES COMMITTEE**

**1.0    REMIT AND CONSTITUTION**

**1.1    Introduction**

The Health and Social Care (Reform) Act (Northern Ireland) 2009 applies.

The PHA Board has a Governance and Audit Committee and a Remuneration and Terms of Service Committee.  Under Standing Order 3.1.3 the PHA Board may establish other Committees as it deems appropriate.

**1.2    Role**

The primary responsibility of the Planning, Performance & Resources Committee is, in relation to the core functions of the Agency, to keep under review the financial position and performance against key non-financial targets of the Board, to ensure that suitable arrangements are in place to secure economy, efficiency and effectiveness in the use of all resources, and that Corporate/Business Planning arrangements are working effectively.

**1.3    Terms of Reference**

The main functions of the Committee are:

- To oversee the annual business planning process in accordance with DoH commissioning directives / Strategic Outcomes Framework;
- To monitor performance against annual business plan KPI's;
- To review the financial monitoring information in order to advise the board concerning the effective use of resources in-year;
- To review performance of key business supports /processes against SLA targets; (Human Resources / ITS / PALS);
- To undertake any other work delegated by the board.

The Terms of Reference for the Committee will be reviewed annually with an initial review taking place nine months after the establishment of the Committee.

## 1.4 Composition of the Planning, Performance and Resources Committee

The Committee shall comprise at least three Non-Executive Directors. If a member is not able to attend the PHA chair may appoint a deputy to attend in order to ensure that a quorum is achieved.

Senior staff in attendance will include the Director of Operations and the Director of Finance (or their deputies). The Chief Executive may attend at their own discretion. Other officers may be invited to attend as required.

A quorum shall be two Non-Executive Directors and one officer.

## 1.5 Establishment of the Planning, Performance and Resources Committee

The Committee shall be constituted as a Committee of the board but will not have the power to make decisions on behalf of the board of the Agency. Where appropriate it make recommendations to the board of the Agency. The Terms of Reference are to be approved by the board and recorded in the board minutes.

Committee meetings shall be conducted formally and minutes submitted to the board at its next meeting in accordance with the Policy set out in 5.2.21.

The Committee shall expect to meet at least four times per year. Agenda and briefing papers shall be prepared and circulated in sufficient time for members to give them due consideration.

## 2.0   CONDUCT OF BUSINESS

### 2.1   Attendance

Only the members of the Committee, the Director of Operations and the Director of Finance (or their deputies) shall attend meetings as a matter of course.   Appropriate administrative support staff shall be in attendance to record the business of the meetings.

Other Executive or Non-Executive board Members and Officers may be invited to attend as required.

Any member of staff of the PHA may be required to attend a meeting of the Committee, as necessary.

The Committee Chair shall request fuller explanatory information in papers put before them, if there are any doubts or uncertainties and the issues discussed shall be summarised in the minutes.

The Assistant Director (Operations – Planning and Business Services) will be the lead officer to the Committee. The Corporate Secretariat shall service the Committee.

### 2.2   Agenda

Planning, Performance & Resources Committee meetings will include 'conflict of interest' as a standing item. In instances where there is a declaration of interest in any of the agenda items, members will be asked to leave the meeting while those items are being discussed. In instances where the conflict of interest is likely to be ongoing the member may be asked to stand down from the Performance Committee.

Items for 'Any Other Business' should formally be requested from the chair in advance of the meeting.

### 2.3   Frequency of Meetings

Routine meetings are to be held four times per year.   Further meetings may be arranged at the discretion of the Chairperson, as necessary.

# minutes

| | |
|---|---|
| **Title of Meeting** | Meeting of the Public Health Agency Governance and Audit Committee |
| **Date** | 28 July 2022 at 10am |
| **Venue** | Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast |

**Present**

| | | |
|---|---|---|
| Mr Joseph Stewart | - | Chair *(via video link)* |
| Mr John Patrick Clayton | - | Non-Executive Director |
| Mr Robert Irvine | - | Non-Executive Director *(via video link)* |
| Ms Deepa Mann-Kler | - | Non-Executive Director *(via video link)* |

**In Attendance**

| | | |
|---|---|---|
| Mr Stephen Wilson | - | Interim Director of Operations |
| Mr Stephen Murray | - | Interim Assistant Director of Planning and Business Services |
| Ms Andrea Henderson | - | Assistant Director of Finance, SPPG |
| Mrs Catherine McKeown | - | Internal Audit, BSO |
| Ms Christine Hagan | - | ASM *(via video link)* |
| Mr Roger McCance | - | NIAO *(via video link)* |
| Mr Robert Graham | - | Secretariat |

**Apologies**

| | | |
|---|---|---|
| Ms Tracey McCaig | - | Director of Finance, SPPG |

| | |
|---|---|
| **38/22** | **Item 1 – Welcome and Apologies** |
| 38/22.1 | Mr Stewart welcomed everyone to the meeting. Apologies were noted from Ms Tracey McCaig. |
| **39/22** | **Item 2 - Declaration of Interests** |
| 39/22.1 | Mr Stewart asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared. |
| **40/22** | **Item 3 – Minutes of previous meeting held on 9 June 2022** |
| 40/22.1 | The minutes of the previous meeting, held on 9 June 2022 were **approved** as an accurate record of that meeting subject to an amendment in paragraph 32/22.3 |

| | |
|---|---|
| **41/22** | **Item 4 – Matters Arising** |
| | *28/22.3      Contact Tracing Service payments to staff* |
| 41/22.1 | Mr Stewart reported that he had received an update from Ms McCaig to advise that staff have been working hard to deal with the overpayments and underpayments to contact tracing staff, but it has turned out to be a bigger task than anticipated and an assessment has to be made as to how to progress with this. Ms Henderson said finance staff and PHA staff have been carrying out a detailed analysis of timesheets and the work is only about half completed. She advised that there is a mix of both underpayments and overpayments but some of the amounts are immaterial and it is taking a number of hours to go through each individual case. She added that having spoken to Ms McCaig, there will be a midpoint review with relevant stakeholders to determine next steps. She noted that as the team is reviewing hours, she cannot quantify the amounts of money involved. |
| 41/22.2 | Mr Stewart acknowledged that this is not straightforward and at some point a determination will have to be made as to whether the work required will outweigh the benefits and any losses may have to be written off. However, he said that the matter is not yet at that stage as some of the payments may be significant. |
| 41/22.3 | Mr Irvine commented that as well as dealing with historic cases, there is also the fundamental issue of using a system that is not 100% accurate. He said that while he was content to reach a pragmatic decision about the current cases, he asked what better control measures can be put in place for the future, although he acknowledged that it will not be possible to eliminate these issues completely. He added that if the system cannot be changed then the management controls need to be enhanced although he noted that this set of circumstances is a rarity for PHA. Ms Henderson agreed that this has been an acute set of circumstances and not something that PHA would have had a lot of experience of, in terms of setting up a new service, bringing in temporary workers, having different amounts of contracted hours and terms and conditions issues. She said that PHA will revert back to a business as usual situation. |
| 41/22.4 | Mr Stewart noted that Ms McCaig and Ms Henderson will keep the Committee informed on these matters. |
| **42/22** | **Item 5 – Chair's Business** |
| 42/22.1 | Mr Stewart advised that he had no Chair's Business. |

| | |
|---|---|
| **43/22** | **Item 6 – Internal Audit** |
| | *Internal Audit Progress Report [GAC/26/07/22]* |
| 43/22.1 | Mrs McKeown presented the Progress Report and advised that, in terms of the Plan for the year, the audit of Risk Management has been completed and the audit of Screening Programmes is almost complete. Focusing on the Risk Management audit, she reported that a satisfactory level of assurance was being given and that Internal Audit was content that directorate risk registers are in place and are being regularly reviewed.  She said that there were no significant findings, and four key findings. |
| 43/22.2 | Mrs McKeown noted that a recommendation has been made across all HSC organisations regarding the 3 lines model for assurances which focuses more on the gaps in assurance.  She said that by carrying out assurance mapping, PHA will be able to determine if it has sufficient assurances or if there is duplication.  She advised that the other findings include the need to have target scores in the risk register, the need to get a directorate risk register for Connected Health in place, and to improve the uptake of risk management among staff as 26% of staff have not completed this.  She said that management have accepted all of the recommendations. |
| 43/22.3 | Mr Stewart advised that Ms McKeown had shared with him information on assurance mapping and he undertook to share this with other members **(Action 1 – Mr Stewart)**.  He noted that while there is a logic to it, it may take some time to be worked through. |
| 43/22.4 | Ms Mann-Kler thanked Ms McKeown for the report and was pleased that management have accepted the recommendations.  She noted that the organisation is going through a change in terms of tighter arrangements around governance.  She asked if the training has been reviewed to determine if it is meeting staff needs or if it is a standard package.  Mr Wilson advised that there has been some discussion internally about the 3 lines model and arranging a workshop for senior staff to look at it.  In terms of the training, he said that a number of the eLearning training programmes are regional and tailored for ALBs and PHA does not have the ability to change them.  However, he said that support can be provided where there is a need.  He noted that risk management is an area that the organisation will be paying attention to during the course of the review as the new directorate structures become clearer. |
| 43/22.5 | Mr Clayton asked about Connected Health and where it presently sits in the organisation.  He added that he would welcome an update about how it might develop its own risk register.  He welcomed the idea of target scoring of risks.  Mr Wilson reminded members that the functions of Connected Health previously sat within the Nursing and AHP directorate, but the staff are presently working as part of the Digital Team at the Department under Mr Dan West.  He said that from a |

| | |
|---|---|
| | pragmatic point of view, it may be appropriate for them to develop their own directorate risk register. |
| 43/22.6 | Mr Stewart thanked Mrs McKeown for the update and said that he was pleased that management had accepted the recommendations. |
| 43/22.7 | Members noted the Internal Audit Progress Report. |
| **44/22** | **Item 7 – Corporate Governance** |
| | *Corporate Risk Register as at 30 June 2022 [GAC/27/07/22]* |
| 44/22.1 | Mr Wilson advised that the Corporate Risk Register and directorate risk registers have been reviewed as at 30 June and that four risks have been removed from the Corporate Risk Register, namely those relating to the PHA website, corporate priorities, PHA leadership and the risk of PHA not achieving financial breakeven for 2021/22. He reported that a new risk has been added following an update that Ms McCaig had given at the last meeting about the sustainability of a supplier of the HRPTS system. He added that one risk, relating to COVID vaccinators, has had its rating reduced. |
| 44/22.2 | Mr Stewart noted the changes and said that he was expecting the one new risk that had been added. Ms Henderson said that she was pleased to report that earlier this week a purchase of the sub-contractor has been completed which means that this risk has now closed. She added that BSO has removed it from its Corporate Risk Register. She noted that a lot of work had been completed in respect of a continuity plan, but the issue was now resolved. |
| 44/22.3 | Mr Stewart advised that during a pre-meeting with Mr Wilson, there had been a discussion about the risk relating to the closure of HSCB, and he felt that this risk needed to be changed to focus more on PHA's relationship with SPPG. He said that he has asked that this be reviewed by the Agency Management Team. He added that there should be risks on the Register around recruitment and on the review of PHA. |
| 44/22.4 | Mr Clayton said that, with regard to the risk on procurement and market testing, he would welcome a separate discussion on that at a future meeting. He recognised that it is an evolving piece of work, but given the length of time it has been on the Register it may be worth that separate discussion. He said that he was pleased to see the risks on staffing have been combined but while the focus on that risk is on public health and HSCQI, he queried if there were other staffing risks. In terms of the risks which have been removed, he sought clarity on the rationale for removing the risk concerning the PHA website. Mr Wilson advised that for the PHA website, a number of fixes have been put in place which allow for more functionality. He added that PHA has been liaising with the Digital team in the Department about repurposing the COVID website and putting PHA's website on to it, but there are still some |

| | issues to be resolved. |
|---|---|
| 44/22.5 | Mr Stewart said that he welcomed the suggestion about the separate discussion on the procurement risk and he would invite the Chief Executive to attend the next meeting of the Committee **(Action 2 – Mr Stewart)**. |
| 44/22.6 | Members **APPROVED** the Corporate Risk Register. |
| | *HSCQI Directorate Risk Register as at 30 June 2022 [GAC/28/07/22]* |
| | *Ms Levette Lamb joined the meeting for this item* |
| 44/22.7 | Mr Stewart welcomed Ms Lamb to the meeting and invited her to take members through the key risks. |
| 44/22.8 | Ms Lamb thanked members for the opportunity to attend today's meeting. She said that the directorate risk register presently contains five risks, three of which are rated "high" and two of which are rated "medium". |
| 44/22.9 | Ms Lamb said that the first risk relates to staffing and the potential for HSCQI to be unable to fulfil its functions. She added that as a Trust-facing service there are growing demands, but she advised that Dr Aideen Keaney has been discussing this with the Chief Executive and with PHA's Sponsor Branch. She reported that funding has been agreed for two temporary posts (a Communications Assistant and a Data Analyst) and an Improvement Advisor will be commencing permanently in September. |
| 44/22.10 | Ms Lamb moved onto the risk around accommodation and said that HSCQI has outgrown its footprint in PHA, but it is looking at how it can adopt a hybrid model. She noted that a lot of the work of HSCQI involves meeting people outside of the organisation. In terms of finance, she explained that there is a risk because HSCQI does not have a core funding stream for its programmes, but it is working with Operations to look at this and there are also discussions ongoing with the Chief Executive and PHA Sponsor Branch about getting more sustainable funding. She added that HSCQI has submitted bids against PHA slippage. |
| 44/22.11 | Ms Lamb outlined a link about HSCQI staff being released from frontline duties to attend regional events, a risk exacerbated by the pandemic. She said that staff appreciate the opportunity to be able to meet in person for such events. She noted that a hybrid model is still being used. |
| 44/22.12 | Ms Lamb stated that there is a risk as the HSCQI website is not presently covered under the PHA SLA with BSO ITS, but Ms Tracey White has been in discussions with BSO regarding this and BSO will |

| | |
|---|---|
| | provide support. |
| 44/22.13 | Mr Stewart said that there is a fundamental issue in that HSCQI was moved across to the PHA without any funding to support it. He added that it working hard to support the Trusts, but the Trusts do not provide any funding. |
| 44/22.14 | Ms Mann-Kler said that Dr Keaney is her "buddy" on the Board "buddy" scheme and this has given her a good understanding of the work of HSCQI. She advised that she had sat on the panel for the HSCQI Quality Awards and was impressed by the level of innovation that is happening across the HSC. She said that it is good that staff across Trusts were able to create pathways which led to effective and better patient outcomes. She commented that a lot of the risks relate to administrative type issues which is unfortunate and says a lot about how HSCQI came to PHA and how it was not set up properly to deliver. She welcomed that there will be additional staff recruited but noted that as they will only be temporary appointments, that will reduce the calibre of individual that will be attracted to the posts. She said that while it is beyond the scope of this Committee, she queried whether HSCQI should be part of PHA or whether it would better sit within the Department so it can have a link with the whole HSC system as it may be limited in that regard by being housed in PHA. |
| 44/22.15 | Ms Lamb thanked Ms Mann-Kler for her comments and said that she agreed with her. She said that it will be a challenge to recruit to temporary posts. She added that she was delighted that Ms Mann-Kler had been able to participate on the panel for the Quality Awards which help to highlight work that is being done across the system. |
| 44/22.16 | Mr Stewart said that PHA is in the middle of a review and it will be interesting to see the outcome of that with regard to the future of HSCQI. |
| 44/22.17 | Members noted the HSCQI directorate risk register. |
| **45/22** | **Item 8 – Information Governance**<br><br>*Information Governance Action Plan 2021/22 Update [GAC/29/07/22]*<br>*Information Governance Action Plan 2022/23 [GAC/30/07/22]* |
| 45/22.1 | Mr Wilson said that he welcomed the fact that the Information Governance Steering Group had met in June. He reflected that during the pandemic, information governance was an area that PHA needed to keep on top of to ensure that good governance practice was being observed. He advised that at the last meeting the Group had considered the update against the Action Plan for 2021/22 and the new Plan for 2022/23. He noted that a number of outstanding actions have been carried forward and that there are areas that need to be improved, e.g. the uptake of mandatory training. |

| | |
|---|---|
| 45/22.2 | Mr Stewart noted the number of actions that had not been achieved and invited Mr Clayton to comment on the Plans. Mr Clayton said that firstly he was pleased that the Group had been reconvened and that it was obvious that the staff on the team had been undertaking a huge amount of work. He noted the Action Plan shows that there has been some slippage, but this reflects the volume of work the staff have had to undertake in areas such as FOIs and governance around data streams. He said that the importance of the mandatory training was emphasised and that there were some good practical suggestions made around improving uptake. He added that the need to complete the training will form part of staff appraisals. On a positive note, he said that the number of FOIs is less than this time last year, but it still remains high and the majority of responses are being issued within the statutory timescale. He added that there was a discussion about publishing FOI responses. He said that it is important that the Group meets on a quarterly basis. Mr Stewart said that from his time on the Group, he felt that quarterly meetings were essential and that is now more important given the greater responsibility PHA has for data management. He added that he would support the return to quarterly meetings. |
| 45/22.3 | Mr Stewart returned to the issue of training and expressed concern that staff should have access to IT equipment when they start. Mr Wilson confirmed that any staff have to complete training within 2 weeks and then they can obtain access to any other specific programmes they need. He said that he would review the wording of the target **(Action 3 – Mr Wilson)**. Mr Stewart commented that staff should undertake their training but not have access to specific systems until they have completed their training. |
| 45/22.4 | Members noted the Information Governance Action Plan Update for 2021/22 and the Action Plan for 2022/23. |
| **46/22** | **Item 9 – Finance** |
| | *Fraud Liaison Officer Update Report [GAC/31/07/22]* |
| 46/22.1 | Ms Henderson presented the latest Report and took members through each of the five sections. She began by advising that the end of year Fraud Report for 2021/22 has been disseminated to all PHA staff and includes link to the Anti-Fraud and Anti-Bribery Response Plan which were approved recently by the Committee. She said that the Counter Fraud Services Report is also available and noted that the level of fraud reported in PHA is significantly lower than that in other organisations. She reported that there are presently 243 open cases, 105 of which are new. As at 1 April 2022, she advised that 153 cases were open and 90 had been closed. For PHA, she reported that there are no new cases. |
| 46/22.2 | Ms Henderson advised that the Northern Ireland Audit Office has published the findings of the last data matching exercise. She said that all PHA cases had been closed with no issues raised. She added that |

| | |
|---|---|
| | this was the seventh data matching exercise with pensions being the area that saw the highest increase in terms of number of cases. |
| 46/22.3 | Ms Henderson said that the Fraud Action Plan for 2022/23 has been developed and it retains many of the actions from 2021/22. Noting the earlier discussion on the uptake of information governance training, she said that staff are being encouraged to complete the fraud training module.  She noted that only 25% of staff have done so, but acknowledged that it has only recently been released.  She said that regular reminders will be issued to staff.  She advised that the National Fraud Initiative for 2022/23 will be issuing imminently. |
| 46/22.4 | Mr Stewart commented that within the context of the HSC as a whole, it was positive to note that the extent of reported fraud is not at the level he would have expected given the amount of funding that health receives from the public purse.  Mr McCance advised that NIAO is assured that fraud receives a lot of attention at Committees such as this.  He said that fraud is high on organisations' agendas and there is a zero tolerance policy. |
| 46/22.5 | Members noted the Fraud Liaison Officer Update Report. |
| **47/22** | **Item 10 – Governance and Audit Committee Terms of Reference [GAC/32/07/22]** |
| 47/22.1 | Mr Stewart noted that as PHA is undergoing a review, there may be implications for the Board and its Committees.  He said that the terms of reference for the Governance and Audit Committee are comprehensive and he did not feel that there were additions required.  He sought views from other members and auditors.  Mr McCance said that from his reading of them, there did not appear to be any gaps. |
| 47/22.2 | Mr Wilson noted that there is a reference to complaints and the Committee's role in reviewing these and he will ensure that in future information on complaints is brought to the Committee. |
| 47/22.3 | Members **APPROVED** the Governance and Audit Committee terms of reference. |
| **48/22** | **Item 11 – Any Other Business** |
| 48/22.1 | With there being no other business, Mr Stewart drew the meeting to a close. |
| **49/22.1** | **Item 12 - Annual meeting with Auditors (External and Internal) without officers present** |
| 49/22.1 | Following the conclusion of the meeting, Non-Executive Directors held their annual meeting with representatives from Internal and External Audit. |

**50/22** | **Item 13 – Details of Next Meeting**

*Thursday 13 October 2022 at 10am*

*Fifth Floor Meeting Room (or via Zoom).*

*12/22 Linenhall Street, Belfast, BT2 8BS*

Signed by Chair:

Joseph Stewart

Date:  13 October 2022

| Title of Meeting | PHA Board Meeting |
| --- | --- |
| Date | 20 October 2022 |

| Title of paper | PHA Mid-Year Assurance Statement |
| --- | --- |
| Reference | PHA/04/10/22 |
| Prepared by | Janine Watterson |
| Lead Director | Aidan Dawson |

| Recommendation | For **Approval** ☒ | For **Noting** ☐ |
| --- | --- | --- |

## 1    Purpose

The purpose of this paper is to seek PHA Board approval of the PHA Mid-Year Assurance Statement

## 2    Background Information

All arm's length bodies are normally required to submit a Mid-year Assurance Statement to the Department of Health in a template that is set by the Department.

This year a request was issued by the Department for a Statement to be submitted but subsequent correspondence advised that a Statement was not required to be formally submitted but could be sent to Sponsor Branch for information.  It is PHA's intention to send the Statement to its Sponsor Branch.

The Statement was approved by the Agency Management Team and by the Governance and Audit Committee.

## 3    Key Issues

The Mid-Year Assurance Statement provides assurance on the systems of internal control in line with Departmental guidance.  It includes details of Internal Audit assignments for 2022/23 completed to date.

**4      Next Steps**

Following approval by the PHA Board, the Statement will be signed by the Chief Executive and forwarded to the Department of Health for information.

**DoH ARM'S LENGTH BODY: MID-YEAR ASSURANCE STATEMENT**

This statement concerns the condition of the system of internal governance in the Public Health Agency as at 30 September 2022.

The scope of my responsibilities as Accounting Officer for the Public Health Agency, the overall assurance and accountability arrangements surrounding my Accounting Officer role, the organisation's business planning and risk management, and governance framework, remain as set out in the Governance Statement which I signed on 16 June 2022. The purpose of this mid-year assurance statement is to attest to the continuing effectiveness of the system of internal governance. In accordance with Departmental guidance, I do this under the following headings.

## 1. <u>Governance Framework</u>

The Governance Framework as described in the most recent Governance Statement continues in operation. The Audit Committee and the Remuneration Committee have continued to meet and to discharge their assigned business. Minutes of their meetings, together with board meeting minutes containing the Committees' reports, are available for Departmental inspection to further attest to this.

## 2. <u>Assurance Framework</u>

An Assurance Framework, which operates to maintain, and help provide reasonable assurance of the effectiveness of controls, has been approved and is reviewed by the board. Minutes of board meetings are available to further attest to this.

## 3. <u>Risk Register</u>

I confirm that the Corporate Risk Register has been regularly reviewed by the board and that risk management systems/processes are in place throughout the organisation.

As part of the board-led system of risk management, the Register is presented to the Governance and Audit Committee for discussion and approval and all significant risks are reported to the board – most recently on 16 June 2022.

In addition, I confirm that Information Risk continues to be managed and controlled as part of this process.

## 4. <u>Performance against Business Plan Objectives/Targets</u>

I can confirm satisfactory progress towards the achievement of the refocused objectives and targets set by out in the organisation's business plan.

PHA's Annual Business Plan was approved by the PHA board in May 2022. The first quarterly monitoring report was presented to PHA board in August 2022 and indicated that against the 31 Actions agreed, 24 actions were RAG rated Green (on target to be achieved as planned), 7 were rated as amber (will be completed but with a slight delay) and no actions were rated as Red (significantly behind target).

## 5. <u>Finance</u>

I confirm that proper financial controls are in place to enable me to ensure value for money, propriety, legality and regularity of expenditure and contracts under my control, manage my organisation's budget, protect any financial assets under my care and achieve maximum utilisation of my budget to support the achievement of financial targets.

I confirm compliance with the principles set out in MPMNI and the Financial Memoranda which includes:

- safeguarding funds and ensuring that they are applied only to the purposes for which they were voted;

- seeking Departmental approval for any expenditure outside the delegated limits in accordance with Departmental guidance;

- preparation of business cases for all expenditure proposals in line with Northern Ireland Guide Expenditure Appraisal and Evaluation (NIGEAE) and Departmental guidance and ensuring that the organisation's procurement, projects and processes are systematically evaluated and assessed;

- accounting accurately for the organisation's financial position and transactions;

- securing goods and services through competitive means unless there are convincing reasons to the contrary; and

- procurement activity should be carried out by means of a Service Level Agreement with a recognised and approved Centre of Procurement Expertise (CoPE).

## 6. <u>Information Governance – UK General Data Protect Regulation (UK GDPR) & Data Protection Act (DPA) 2018</u>

I can confirm that my organisation has taken appropriate steps and is carrying out the necessary actions to ensure ongoing compliance with UK GDPR and DPA 2018.

## 7. <u>External Audit Reports</u>

There were no priority 1, 2 or 3 recommendations identified by the external audit in 2021/22.

## 8. <u>Internal Audit</u>

I confirm implementation of the accepted recommendations made by Internal Audit.

Internal Audit carried out a full review of priority 1 and 2 accepted audit recommendations where the implementation date had now passed and provided a detailed progress report to the Governance and Audit Committee on 13 October 2022. The outcome of this report highlighted that of the 60 recommendations identified, 46 (77%) have been fully implemented, 14 (23%) partially implemented.

Action is currently being taken to ensure all recommendations are being fully implemented.  A copy of this report is available if required.

1 internal audit report has been finalised in 2022/23:

| Title | Level of Assurance |
|---|---|
| Risk Management | Satisfactory |
| | |

## 9.  RQIA and Other Reports

I confirm that progress is being made towards the implementation of the accepted recommendations made by RQIA.

The PHA continues to work with SPPG colleagues to improve the reporting and assurance mechanism for RQIA and Governance Teams in SPPG. Following migration, these processes are under review and papers have been provided to AMT/ Group heads with a suggested way forward. PHA professional colleagues will still continue to be identified and work with governance colleagues to update with assurances regarding the implementation of any actions identified for PHA/SPPG.

## 10. NAO Audit Committee Checklist

I confirm completion of the NAO Audit Committee Checklist and that action plans will be implemented to address any issues.  I also confirm that any relevant issues will be reported to the Department.

## 11. Board Governance Self-Assessment Tool

I confirm completion of the Board Governance Self-Assessment Tool and that action plans will be implemented to address any issues.  I also confirm that any relevant issues will be reported to the Department.

## 12. <u>Internal Control Divergences</u>

I confirm that my organisation meets, and has in place controls to enable it to meet, the requirements of all extant statutory obligations; that it complies with all standards, policies and strategies set by the Department, the conditions and requirements set out in the MSFM, other Departmental guidance and guidelines and all applicable guidance set by other parts of Government.  Any significant control divergences are reported below.

**Financial Performance**

While the budget for Health and Social Care in Northern Ireland continues to be challenging and set in the context of managing significant additional financial pressures relating to the response to the COVID-19 pandemic, the PHA approved a financial plan in June 2021 on its financial position and direct resources. Financial performance largely remained in line with this plan during the financial year and PHA achieved a breakeven financial position in 2021/22.

Budget Position and Authority: The Assembly passed the Budget Act (Northern Ireland) 2022 in March 2022 which authorised the cash and use of resources for all departments and their Arms' Length Bodies for the 2021-22 year, based on the Executive's final expenditure plans for the year. The Budget Act (Northern Ireland) 2022 also included a Vote on Account which authorised departments and their Arms' Length Bodies access to cash and use of resources for the early months of the 2022-23 financial year.

The cash and resources balance to complete for the remainder of 2022-23 will be authorised by the 2022-23 Main Estimates and the associated Budget Bill based on an agreed 2022-23 Budget.  In the event that this is delayed, then the powers available to the Permanent Secretary of the Department of Finance under Section 59 of the Northern Ireland Act 1998 and Section 7 of the Government Resources and Accounts Act (Northern Ireland) 2001 will be used to authorise the cash, and the use of resources during the intervening period.

Budget Forward position: Following the resignation of the First Minister and the subsequent lack of an Executive, a Budget for 2022-23 could not be finalised. The Finance Minister wrote to departments to set out a way forward in the absence of an Executive to agree a Budget. This process involved DoF issuing departments with contingency planning envelopes for the 2022-23 financial year. These envelopes provided departments with an assessment of the minimum funding they could reasonably expect for 2022-23 and allowed departments to plan for expenditure until such times as a Budget could be agreed.

An approach has been agreed with the Minister to enable opening allocations to proceed to continue to fund activity at current levels in 2022/23 while controlling spending in line with the advice from the Finance Minister. However, there remains a great deal of uncertainty on the future financial position. The Department's reliance on significant levels of non-recurrent funding in recent years means that we are expecting to face an extremely challenging financial outlook. While we are anticipating significant allocations for Health once a Budget is agreed the 2022/23 budget will continue to require careful managing in order to develop a break-even position.

On this basis, the PHA has approved a 2022/23 Financial Plan, with a breakeven position on its financial position and direct resources.

**Management of Contracts with the Community and Voluntary Sector**

Previous Internal Audit reports on the management of health and social wellbeing improvement contracts have provided satisfactory assurance on the system of internal controls over PHA's management of health and social wellbeing contracts reflecting the significant work that has been undertaken by the PHA. Service Level Agreements are in place, appropriate monitoring arrangements have been developed and payments are only released on approval of previous progress returns.

During 2022/23 we have continued to work with providers to review contract activity and agree revised performance measures, taking into account any changes in how services are targeted and delivered as a result of COVID-19.

Work continues to fully address the partially implemented priority one weakness in control relating to the implementation of the PHA Social Care Procurement Plan. Progress on achieving full compliance has however been significantly impacted by the need to prioritise staffing resources to respond to the COVID-19 pandemic.  As a result, PHA has not been able to take forward the pre-planning required to progress with new procurements. It is also having to prioritise re-tendering those services that were already procured and the original contract period has now expired.

Since July 2021, the PHA Procurement Board has been meeting on a regular basis to progress the Procurement Plan.  The Procurement Plan has been reviewed and priority areas identified with timelines for completion agreed, taking into account the limited resources available to manage the significant work required to progress individual programmes of work.

Significant progress has been during 2022/23 in progressing individual tenders.  In April 2022, PHA completed the award of a new tender for Relationship and Sexual Health Services with an annual value of circa £300k.  A new tender for early Intervention Support Services with an annual value of circa £800k is due to be issued to the market in October 2022. Good progress is also being made with progressing the re-tender of the SHIP service and in line with agreed timescales.

Following an engagement exercise with stakeholders on the Drug and Alcohol retender process the PHA and DoH agreed a delay to the procurement exercise to ensure maximum alignment with both the new regional Drug and Alcohol strategy launched by the Minister in September 2021 and ongoing work in regard to the commissioning of mental health and suicide prevention support services linked to the delivery of the Protect Life 2 strategy.

Implementation of the report of a Task and Finish Group established to review how the PHA could improve its planning and procurement processes has been reviewed by the Procurement Board and a revised implementation plan agreed. Two new senior planning posts appointed to provide additional specialist capacity to support planning for procurement have now returned to post having been temporarily re-deployed to support the COVID-19 response.

The PHA will continue to work closely with colleagues in SPPG (DOH), BSO (Directorate of Legal Services and Procurement and Logistics service), HSC Trusts and the DoH, to ensure that procurement processes continue to meet regional policy and guidance.

**PHA Staffing Issues including Staff resilience**

The PHA continues to work closely with DoH colleagues to take actions to address the number of vacancies and posts filled on a temporary basis across all Directorates and at all levels of the organisation. While good progress was made during 2022 to address staffing vacancies, most notably with the appointment of new Health Protection and Nursing/AHP staff, it is recognised that some longer-term actions are still required.

Material to this is the current ongoing review of the PHA which is likely to produce a number of recommendations influencing the future operating model of the Agency and its staffing complement.

The impact of COVID-19 on resourcing PHA's normal operational business was also seen though the findings of Internal Audit in areas such as Serious Adverse Incidents and Performance Management reporting.

Notwithstanding, the Agency Management Team are working with HR colleagues to progress vacancies in a timely manner and have introduced a revised Standard Operating Procedure for the oversight and scrutiny of vacancies to ensure timely processing. PHA will continue to work with DoH colleagues to progress these issues.

In relation to staff resilience, particular effort has been made in year to ensure that staff are encouraged to take annual leave in a timely manner albeit that operational pressures associated with managing the pandemic response continue. A period of recovery for the Agency's staff, whilst desirable could not be guaranteed given the ongoing response and additional asks of the Agency including, for example, the roll out of the Autumn COVID-19 vaccination programme.

The PHA is continuing to work with the Director of Human Resources (BSO), the wider HSC and the Department to support staff and seek ways to build resilience and reset to a business as usual position. The Organisation Workforce Development group is currently exploring additional measures that would help to further support staff. Significantly, staff have been facilitated to transition through a return to workplace process with the benefit of an initial 2 days working in the workplace per week pilot arrangement which is compatible with the expressed wishes of staff. The pilot extends to end of December and an evaluation will be carried out.

**COVID-19**

The World Health Organisation (WHO) declared the outbreak of Coronavirus disease (COVID-19) a global pandemic on 11 March 2020. Following which the Department of Health and its ALBs immediately enacted emergency response plans across the NI Health sector. A UK-wide coordinated approach guided by the scientific and medical advice from respective Chief Medical Officers and Chief Scientific Advisers informed by national and international evidence has been taken throughout the pandemic.

Evidence-based policies and guidelines continue to be carefully followed in conjunction with the PHA issuing local guidelines and ensuring readily accessible and continually updated advice.

The pandemic has had a significant impact on the health of the population, all health services and the way business is conducted across the public sector. The success of the vaccination programme, the availability of COVID-19 treatments and population immunity means that the approach to the management of COVID has changed. Restrictions and much of the COVID guidance has been changed or stood down. Testing and contact tracing at population has ceased and guidance to health and social care settings has been amended to take account of the current situation.

As we move into Autumn and Winter, it is expected that we will see further waves of COVID. PHA will need to remain ready to respond to future waves of COVID – particularly the emergence of a new variant. Flu is also expected to circulate at higher levels than in recent years. PHA is putting in place a surge plan to ensure we can provide a public health response to different COVID scenarios. This plan will also underpin our response to other increased requirement for public health management of other infections which may present. This ongoing response continues to be a focus and a challenge in 2022/23, at the same time as the organisation has transitioned back to core business delivery and prepares to play a key role in helping to shape a new Integrated Care planning system.

During 22/23 the PHA has also taken on leadership of the COVID-19 Autumn Booster Vaccination programme and public health, nursing and operations directorates are all involved in this. There is currently intensive work underway to ensure a successful programme.

Both of these priorities will continue to require significant time and resource investment over and above existing core business.

**HSCQI**

The establishment of the HSCQI function, in April 2019, was a key action from 'Health and Wellbeing 2026: Delivering Together'. The DoH established the HSCQI within the PHA, providing temporary funding through transformation monies for the Director of HSCQI and a number of additional posts. (The Safety Forum, already within the PHA, also became part of the new HSCQI Directorate.)

The budget allocation for 2021/22 included funding for some HSCQI posts, however it does not cover the totality of posts required. While the PHA welcomed the funding allocation, given the remaining ongoing gap in funding, it will still be challenging for the HSCQI to deliver on the design intent.

There is therefore a risk that the HSCQI will be unable to fulfil its core function, service corporate requirements or undertake additional requests from the HSC system to support work and training. This risk was further exacerbated due to the redeployment of existing core HSCQI staff on occasions to support the PHA pandemic response.

The PHA Chief Executive and Director HSCQI will continue to work with the Department and the HSCQI Leadership Alliance to agree the priorities for HSCQI (in light of constrained resources) and to discuss funding for HSCQI.

HSCQI has been mandated by the HSCQI Alliance to align existing regional Quality Improvement resource and effort to lead improvement in relation to the Ministerial priority of Improving Timely Access to Safe Care.  Programme funding for this programme of work has still to be secured. The HSCQI Director continues to discuss a

way forward with the PHA Chief Executive, Director of Finance and HSCQI Alliance and DoH colleagues.

**HRPTS system availability**

The Business Services Organisation (BSO) has a contractual relationship with a supplier providing the managed service for the HR, Payroll, Travel and Subsistence System (HRPTS) for Health and Social Care NI. A sub-contractor of this supplier provides a service incorporating servers hosted at data centres owned by this subcontractor. The sub-contractor went into administration in late March 2022. BSO were advised of the position by the supplier in early April 2022.

BSO invoked its business and technical contingency plans and set up Bronze Command. BSO met with the Minister, Permanent Secretary and Trade Unions and all stakeholders were informed of the situation and the contingency plans to address this issue. The matter has now been concluded following the buyout of the provider and the divergence has now been removed.

**Identification of new issues in the current year (including issues identified in the mid-year assurance statement) and anticipated future issues**

**Public Inquiries**

The Agency is at present engaged in 5 ongoing Public Inquiries, namely; Muckamore Abbey Hospital Inquiry, Independent Neurology Inquiry, Urology Services Inquiry, Infected Blood Inquiry and the recently launched UK COVID-19 Inquiry.  The requirements around detailed scoping/retrieval of information and records held by the PHA (in some cases extending to preceding organisations), and the sifting and analysis of relevance against the respective Terms of Reference is extremely comprehensive and resource intensive by nature.   This has placed significant new demands on limited capacity across the functions of the Agency at a time when core business areas are transitioning to a Business as Usual operation whilst still managing additional

responsibilities relating to COVID-19 pandemic planning.   The Agency Management Team will continue to work to identify and secure additional resource to meet the legal requirements in full.


**13. <u>Mid-Year Assurance Report from Chief Internal Auditor</u>**

I confirm that I have referred to the mid-year Assurance report from the Chief Internal Auditor, which details the organisation's implementation of accepted audit recommendations.


*Signed:*                                                    *Date:*


**CHIEF EXECUTIVE & ACCOUNTING OFFICER**

**HSC** Public Health Agency

| | |
|---|---|
| **Title of Meeting** | PHA Board Meeting |
| **Date** | 20 October 2022 |
| **Title of paper** | Annual Quality Report |
| **Reference** | PHA/05/10/22 |
| **Prepared by** | Denise Boulter |
| **Lead Director** | Rodney Morton |
| **Recommendation** | For **Approval** ☒        For **Noting** ☐ |

## 1      Purpose

The purpose of this paper is to approve the 2021/22 Annual Quality Report.

## 2      Background Information

Under PHA's Corporate Objective 4, "All health and wellbeing services should be safe and high quality", there is a target that produce an Annual Quality Report as part of its work in overseeing the implementation of the Quality 2020 Strategy.

The PHA and HSCB are required by the DoH to produce an 2020/21 Annual Quality Report in line with the implementation of the Q2020 Strategy.

This is the PHA and HSCBs ninth joint Annual Quality Report which covers the period of time prior to the closure of the HSCB and establishment of SPPG. The aim of the report is to share information and demonstrate improvements both to those who use health and social care services and those who deliver them.

## 3      Key Issues

As with previous years, the report was written under the following 5 strategic goals:
*       Transforming the Culture
*       Strengthening the workforce
*       Measuring the improvement
*       Raising the standards
*       Integrating the care

Feedback from last year's report highlighted the importance of ensuring articles had a focus on outcomes. With this in mind, each article has been written to share (1) what we did and (2) what was the outcome. The report has been designed to be interactive with many of the graphics hyperlinked, taking the reader to additional reading on the particular topic. The report is in final design phase with final proof read / mark up currently being competed.

## 4    Next Steps

Following approval by the respective boards, the Annual Quality Report will be sent to the Department of Health for publication on World Quality Day in November.

HSC Public Health Agency

HSC Health and Social Care Board

Transforming the Culture

Strengthening the Workforce
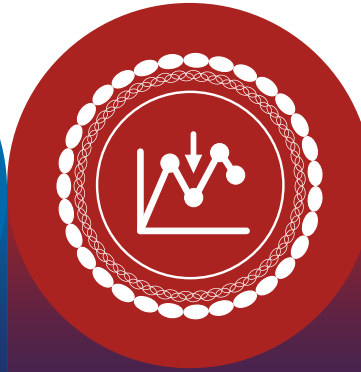
Measuring Improvement

Raising the Standards

Integrating the Care

QUALITY 2020

ANNUAL QUALITY REPORT 2021/22

# CONTENTS

## Transforming the Culture

**1.1** Safety & Quality Governance
- Implementation of safety and quality improvement plan
- Establishment of Safety and Quality Oversight Group

**1.2** Learning from Serious Adverse Incidents
- Identification and dissemination of regional learning

**1.3** Learning from Complaints
- Regional review of complaints

**1.4** Learning from experience
- Development of care opinion

## Strengthening the workforce

**2.1** Supporting staff within HSCB / PHA
- Staff health and well-being
- Ambiton strategy
- Organisational workforce development

**2.2** Training for HSC
- Involvement leadership – bespoke webinar series
- Adverse Incidents – Building Competency training

**2.3** Education & Virtual learning for HSC Staff
- Project ECHO
- Dysphagia NI

**2.4** Strategic planning to support workforce
- Delivering care investment
- Development of an Adult Acute Mental Health Inpatient Bed Dashboard
- Infection Prevention & Control

## Measuring Improvement

**3.1** QIPs
- Regional Falls Prevention
- Regional Pressure Ulcer Prevention

**3.2** Introducing COVID Vaccination to Northern Ireland
- Implementation of NI COVID Vaccination Programme
- Vaccine management solution
- Improving Covid Vaccine Uptake in lower uptake communities

**3.3** Elective Care waiting list management
- Elective Care Framework
- Primary Care elective care

**3.4** Piloting new ways of working
- Orthodontic cases requiring oral surgery
- GP direct access to low dose CT pilot
- Enhanced Care Response Team (ECRT) pilots in East Antrim (EA) and Mid-Ulster Care Home.

# FOREWORD

TBC

# Transforming the Culture

## 1.1  SAFETY & QUALITY GOVERNANCE

Up until closure of the HSCB on the 31st March 2022, both the HSCB and PHA were considered arm's length bodies within HSC. Both organisations had a number of Directorates covering a wide variety of specialities who consider Safety and Quality as integral to their everyday workings. Both organisations have continued to work collaboratively with focus over the last year on improving and streamlining safety and quality processes, systems and structures which is outlined within the two examples outlined below.

### Establishment of Safety & Quality Oversight Group

In January 2022, the Safety & Quality Oversight group was established in order to reduce silo working by using information and intelligence from across PHA/SPPG in order to facilitate the triangulation of learning and influence improvement of HSC commissioned services. Membership includes medical, nursing, AHP, social care, complaints, integrated care, PMSI, governance, NICE, commissioning, experience representatives.



SAI Professional Groups · Regional Complaints · Weekly Incident Review · Commissioning · Nursing · Medicine · Communications · Social Care · Allied Health Professionals · Patient Client Experience · Integrated Care · Performance Management & Service Improvement · HSCQI

**Safety Quality & Experience Oversight Group**

### Outcome

Since its establishment the group have commenced work relating to a number of areas including:

▶ Thematic analysis relating to stroke which will be formally issued to the HSC and shared with the Stroke Network.

▶ Triangulation of information relating to Safe Discharge to inform work of the Regional Discharge Group.

▶ Triangulation of information relating to Emergency Departments which will be shared with the Regional Unscheduled Care Group.

▶ Triangulation of information relating to Violence and Aggression which will be used to inform the work of phase 2 of the ECHO programme in October 2022.

▶ Review of Never Events SAIs reported and agree regional actions to take.

▶ Thematic review relating to Ophthalmology.

## Implementation of Safety and Quality Improvement Plan

During 2021/22, the HSCB and PHA continued to review and streamline the quality and safety structures to improve the process for identifying and sharing learning and provide assurance to both organisations of all matters relating to Safety and Quality. This included:

► Continued distribution of a daily report on all serious adverse incident notifications monitored by Assistant Directors Nursing Quality and Safety and sent to all Directors.

► Hosting a weekly multi professional incident review meeting to review all Serious Adverse Incident notifications, coding of incidents and take any required action. This has been reviewed and refined over the last year taking account of feedback from leads to optimise learning and triangulation.

► Continuation of weekly safety brief which provides Director oversight of any Safety & Quality issued identified.

► Review ToR for SAI professional groups to provide support for staff involved in SAI reviews and optimise opportunities for early identification of learning.

► Engagement with clinical Networks and forums to share learning and provide opportunities for thematic analysis of Safety & Quality issues.

► Facilitation on internal audit review of systems and structures in order to support areas of improvement.

► Establishment of Safety and Quality Oversight Group to facilitate the triangulation of information for learning from a range of areas including SAIs, complaints, experiences, PMSI, NICE, Social Care.

► Following a literature review of various different countries approach to Patient Safety, work to develop the core components of a regional Safety Framework has been underway. The Framework will ultimately provide clarity and direction to HSC to support them to streamline and enhance their safety & quality processes and provide an overarching leadership and governance relating to Patient Safety.

## Outcome

► Improved governance process for the management of serious adverse incidents and identification of learning which will continue to be further refined taking account of other areas such as NCE guidance, RQIA reviews and complaints.

► Improved leadership and oversight of safety & quality issues, through regular meetings and improved reporting mechanisms. Work will continue to further improve this over the next year.

► Increased use of organisational intelligence to optimise learning and triangulation of data.

► Improvement statistics relating to SAI KPIs:
  ► A **72%** reduction in number of SAI reports awaiting action by HSCB/PHA.
  ► A **63%** reduction in the number of learning letters awaiting development and issue.
  ► 6 editions of Learning Matters newsletters were issued to service during the time period.

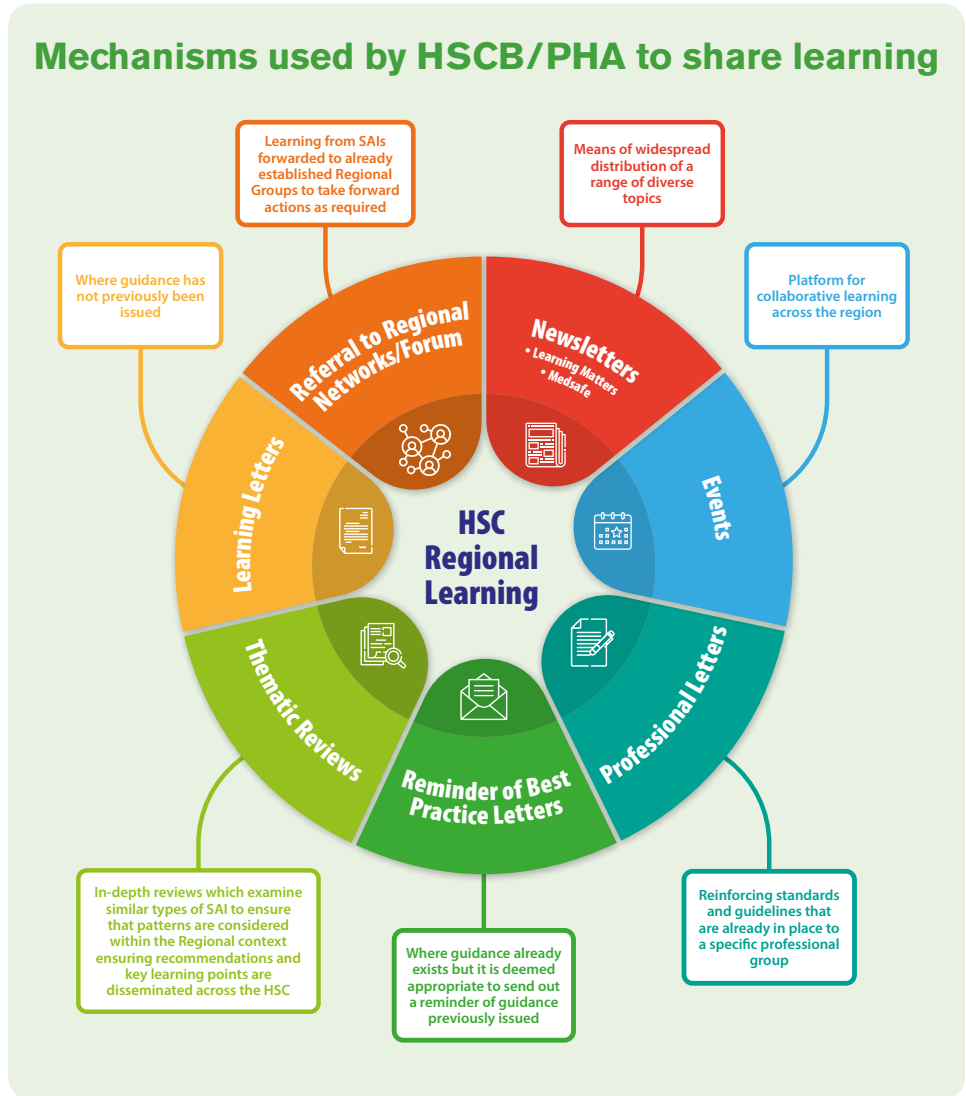## 1.2 LEARNING FROM SERIOUS ADVERSE INCIDENTS (SAI)

The key aim of the SAI process is to improve patient and client safety and reduce the risk of recurrence, not only within the reporting organisation, but across the HSC as a whole. For the majority of SAIs reported, local learning will be identified and actioned by the reporting organisation. However as the HSCB/PHA has a role in reviewing all SAIs, they may also identify regional learning for dissemination across the wider HSC, through a number of mechanisms.

### Identification and Dissemination of Regional Learning

The dissemination of learning following a SAI review is core to reducing the risk of re-occurrence and to ensure shared lessons are embedded in practice and the safety and quality of care provided.

HSC organisations who have reported the SAI and who are responsible for conducting the review will have in place mechanisms for cascading local learning from SAIs internally within their own organisations in line with the Regional Procedure for the Management and Follow up of SAIs. The management of the identification and dissemination of regional learning is the responsibility of the HSCB and PHA.

The HSCB and PHA use a variety of mechanisms to fulfil this responsibility outlined within the following graphic.

**Mechanisms used by HSCB/PHA to share learning**

Learning from SAIs forwarded to already established Regional Groups to take forward actions as required

Means of widespread distribution of a range of diverse topics

Where guidance has not previously been issued

Platform for collaborative learning across the region

Referral to Regional Networks/Forum

Newsletters
• Learning Matters
• Medsafe

Learning Letters

**HSC Regional Learning**

Events

Thematic Reviews

Reminder of Best Practice Letters

Professional Letters

In-depth reviews which examine similar types of SAI to ensure that patterns are considered within the Regional context ensuring recommendations and key learning points are disseminated across the HSC

Where guidance already exists but it is deemed appropriate to send out a reminder of guidance previously issued

Reinforcing standards and guidelines that are already in place to a specific professional group

## Outcome

During the reporting period 480 SAIs were closed by the HSCB/PHA following review. The following methods of regional learning were approved to be taken forward in relation to the SAIs closed in 2021/22:

► 7 Reminders of Best Practice Guidance Letters
► 3 Professional Letters
► 32 Learning Letters
► 32 Newsletter Articles were identified
► 11 were referred to other specialist groups such as Radiology Network, regional Maternity Collaborative, etc.

Since 1st April 2021, 6 Learning Matters Newsletters have been issued to the HSC, these included two special editions relating to Choking (edn 18) and Maternity (edn 22).

In March 2022 a Project ECHO commenced which has been designed based on SAI learning themes relating to the deteriorating patient. A workplan for 2022 has been agreed with monthly sessions covering a variety of topics which relate to learning from the deteriorating patient such as NEWS, Human Factors, Psychological Safety and. With over 250 HSC registered for the network, already there has been positive feedback relating to this method of learning.

## 1.3  LEARNING FROM COMPLAINTS

The HSCB and PHA review complaints received from HSCTs, family practitioners (FPS) and those received directly by the HSCB and PHA. For the majority of complaints, local learning will be identified and actioned by the reporting organisation. In some instances, the HSCB/PHA may also identify regional learning.

### Regional Review of Complaints

The regional complaints group oversee the management process relating to complaints. Areas of concern, patterns and trends from complaints are shared with relevant professional groups. This ensures that issues raised by complaints inform key areas of work on the quality of patient experience and safety including thematic reviews and strategy and policy development.

**To set the context:**
- ► The Trusts received **6,210** complaints
- ► HSCB received **150** complaints regarding Family Practitioner Services
- ► HSCB acted as honest broker in **80** complaints regarding Family Practitioner Services

**The top three categories of complaints are:**

**1**

**Treatment and care**

**2**

**Communication**

**3**

**Staff Attitude and Behaviour**

Over the last year, during their review of complaints, HSCB and PHA leads have noted a significant increase in the number of complaints regarding typical and less common symptoms of stroke. The HSCB and PHA produced a learning newsletter highlighting lessons and key learning points from complaints, Serious Adverse Incidents and patient experience of stroke shared with Care Opinion.

The issue of COVID still influences complaints themes with HSCTs referencing the issue of elderly, vulnerable patients going through the HSC system, being unable to be accompanied by family members and this impacting on the history being given.

Other issues identified are complaints surrounding not being able to be with loved ones when they are dying due to COVID-19 restrictions in place, contact with wards and departments and delays in wards contacting families. In addition, visiting times having been reduced or removed completely during COVID.

Complaints regarding communication around vaccination; lack of communication about COVID status on discharge and delay in getting a COVID test are also emerging themes, along with impact of cancellations on patients referred for treatment and care.

## Outcome

Following a review of complaints and the identification of themes and trends, a number of areas of improvement have been identified and shared. Examples include:

***[INSERT GRAHPIC OF ROBP LETTER]***

***A family complained that an inappropriate sling was used to move their relative causing them to fall.***

The Trust apologised for this incident following which the Ergonomics Team were contacted and confirmed that the appropriate equipment was used with the correct number of staff. The incident report had been checked and the information recorded was correct.

As part of the HSCB/PHA monitoring process, a redacted copy of the complaints correspondence was requested and reviewed by the relevant professional. A copy of the PHA/HSCB Safety and Quality Reminder of Best Practice Guidance Letter, issued on 20th Feb 2020, was shared with the Trust. (Risk Of Death Or Serious Harm By Falling From A Hoist - Attached).

Urgent assurances were also sought from the Trust that all employees within the facility are compliant with all elements of this letter and in particular the use of the 'recommended checklist before using a hoist' guidance.

The Trust responded providing assurances that all Trust facilities are compliant with the requirements and all elements of the letter and consistent across all of their services.

***A family raised a complaint regarding the delay in their mother being diagnosed as having a stroke.***

The Trust apologised for their experience and explained that the paramedic had used the regionally agreed FAST test which does not include vertigo as an indicator for Posterior Inferior Cerebellar Artery (PICA) stroke. The Trust advised that this is being examined by the National Ambulance Service Medical Director/Joint Royal Colleges Ambulance Liaison Committee at a national level to improve recognition of PICA stroke and are awaiting feedback from the Regional Stroke Network on how best to move this forward.

The Trust advised that, unfortunately, the patient fell outside the window for thrombolysis as there is only a 4.5 hour window to commence this therapy.

On review by HSCB/PHA professionals, this complaint was identified as being atypical presentation of stroke. This complaint will be among those being used to inform another piece of work currently being considered in relation to this theme.

## 1.4  LEARNING FROM EXPERIENCE

The Patient Client Experience (PCE) programme seeks to provides robust analysis of the experiences of patients, clients, carers and relatives engaging with our Health and Social Care system through systems such as 10,000 More Voices and Care Opinion. It provides insight and learning to drive change and also enables services to further evaluate and understand the impact of changes made. Central to the analysis is to ensure the voice of the service user can make a difference at all levels – from service level to strategic planning and embed the principles of Coproduction into the actions taken.

### Development of Care Opinion

One of the key initiatives which grew in 2021/22 is the online user feedback service (OUFS) built around the Care Opinion Platform, which launched in August 2020 (**Northern Ireland | Care Opinion**). This two-way feedback mechanism supports service users to share experience and for authors to engage with the story and respond in an open and transparent manner. This approach supports a shift in culture to enable a meaningful engagement and build relationships between the authors of stories and the services. In 2021/22, 4,035 stories were shared on the platform and read by the specific services or teams - 79% if the stories received a response within 7 days and demonstrated to the author that their experience was listened to and shared.

### Outcome

Through Care Opinion services can record when they identify or have made a change as a consequence to the story shared. In 2021/22, there were **46** changes planned and **82** changes made in response to the stories (**Your stories | Care Opinion**).

The changes can be simple practical matters such as seating in the waiting to larger scale initiatives for a service or organisation -for example a new resident to a Care Home expressed nervousness when arriving at first and the responder has committed to reviewing how the Care Home can best support the admission process to reduce the anxiety (**Good chats | Care Opinion**).

The stories gathered through Care Opinion have also been analysed collectively to drive and influence change at a strategic level through briefing papers. For example:

► As part of the Quality and Performance Workstream within the Regional Review of General Surgery, over 280 stories were analysed to inform the current experience of attending surgery. To support evaluation of these services in 2022/23, there is a commitment to continue to engage with feedback shared in Care Opinion.

► In 2021/22, there has been exploration of how the stories can support and effect change at a strategic level with a valuable role in the triangulation of data through the Safety & Quality Oversight group; papers developed include the experience of discharge from hospital, experience of stroke and experience of Emergency Departments.

**3142**
Stories received a response within 7 days

**3349**
Stories submitted via the Care Opinion Website

**1081**
Authors said "thank you" for the care they received

**1695**
Staff trained as responders to stories

**2901**
Stories reflected a postive experience of Health & Social Care

**4035**
Stories Shared

**2732**
Authors said that staff contributed to their positive experience

# Strengthening the Workforce

# 2.1 SUPPORTING STAFF WITHIN THE HSCB AND PHA

The HSCB and PHA collectively employ over **1,000 staff**. They are determined to invest in the development of their staff and the creation of a working environment that enables everyone to make their best contribution, particularly during the COVID-19 pandemic. Below are two examples of work that has been undertaken to support staff within the HSCB and PHA over the last year.

## Staff Health and Wellbeing

The Staff Health and Wellbeing Group was set up in March 2020 to provide leadership in the support of PHA/HSCB/BSO staff in relation to Health and Wellbeing during the COVID pandemic.

Over the last 12 months, the Staff health and wellbeing SharePoint site has been further developed, a resource staff which hosts a wide range of information and signposts staff to available help. It includes information on:

► Connecting with others
► Keeping active
► Supporting parents and carers
► Online learning
► Webinars
► Helplines
► Apps

Further information can be accessed on
**Staff Health & Wellbeing - Home (hscni.net)**

## Outcome

► A designated staff member in BSO to support a consistent and co-ordinated approach to staff health and wellbeing across the 3 organisations.
► Staff champions have been identified in each locality to promote staff health and wellbeing issues through team meetings and informal discussion. Managers discuss health and wellbeing as part of the appraisal process and the new BSO manager guide was circulated to all staff.
► A Mental Health Advocates Forum has also been established; members of this forum have put themselves forward as mental health advocates across the 3 organisations and are trained appropriately to help empower staff to access the support they might need for recovery or successful management of symptoms. This may could include self-help books or websites, accessing Carecall, speaking with their GP, support groups, and more.
► A suite of workshops have been held on a range of topics including:
  ► Stress management workshops
  ► Menopause workshops
  ► Men's health
  ► Working from home
  ► Ergonomics and work spaces
  ► Top tips for relaxation
  ► Screen fatigue
  ► Financial wellbeing

# AMBITION

Making a Difference... for you, your team, our population

Commitment to HSCB staff was demonstrated through the development and delivery of the new Ambition People Strategy to support staff in preparation for migration to the Department of Health 2021/2022.  The three fundamental aspects of the strategy were:

► **Looking after our people** - HR colleagues supported HSCB staff with a range of workplace wellbeing resources, training and guidance on management practices and contributed to staff engagement and communication.

► **Growing and developing our people** - HSC Leadership Centre colleagues developed a comprehensive suite of development programmes specifically for HSCB staff which included virtual training sessions, self-guided development resources and access to eLearning programmes.

► **Our people as leaders** - staff were encouraged to avail of leadership and management development programmes and resources.

## Outcome

► Directorates within HSCB were supported to ensure appropriately skilled staff were in place and engage.

► 100% Appraisal Compliance rate achieved.

► 416 overall attendances at leadership training programmes.

► Sickness absence accumulate rate 2.95%.

► Establishment of the 'People Development Toolkit' and 'Looking after Our People' portals.

► Monthly HR Workforce Information Report established.

► As a measurement of workforce engagement quarterly 'Pulse' staff surveys were issued. Demonstrating positive progressive trends against the following measurements;

   ► staff feel valued, empowered and trusted and communicated with.

   ► staff understand the organisation's direction and purpose.

► Over 70% of staff stated they would recommend HSCB as a positive place to work.

► All staff successfully migrated to the BSO as a host employer on 1st April 2022.

## Organisational Workforce Development Group

During 2021/22 the Organisational Workforce Development (OWD) Group was re-established. The OWD, with representatives from across all Directorates and Trade Union identified some core areas to focus on. These included:

► Appraisal
► Induction
► Mandatory Training compliance.

Of particular note, the OWD group conducted a review and refresh of the appraisal system. The documentation was developed to ensure a focus on individual health and wellbeing of staff, understanding their contribution to the achievement of the organisation's strategic objectives and personal and professional development.

### Outcome

► The revised paperwork was approved and then implemented across the organisations supported by training for line managers.
► Initial feedback from staff and managers has been extremely positive with those who have participated reporting they believed they had a meaningful appraisal.

## 2.2  TRAINING FOR HSC STAFF

The HSCB and PHA recognise that upskilling staff by providing training opportunities is a key component of delivering high quality health and social care. Through continuously investing in our workforce we will strengthen our ability to improve the safety quality and experience of those who use our services. Below are two examples of Training which has been commissioned by HSCB and PHA for HSC staff.

### Involvement Leadership - Bespoke Webinar Series

The PHA successfully ran a series of bespoke Webinars which were designed to support Involvement leadership across the HSC. The Co-Production and Consultation - "Tuesday Topics" were developed as part of the PHA's ongoing schedule of training for best practice in partnership working. The series was designed to support HSC staff continue to meet their statutory obligations to Involve and Consult as they navigate Involvement, Co-Production and Consultation, as part of HSC Rebuild and resumption of business. Service Users and Carers as well as our statutory and community and voluntary partners were also invited to attend each of the sessions.

The Webinar series looked at some of the fundamental Involvement and Co-Production issues facing HSC staff, including:

▶ Understanding Involvement, Co-Production and Consultation
▶ Advanced stakeholder mapping
▶ Choosing dialogue methods
▶ Risk assessment of Involvement and Consultation
▶ Hard to Reach/Seldom Online

▶ Embedding PPI within HSC - measuring outcomes, developing and maintaining partnerships, building community capacity
▶ What have we learned from COVID?
▶ How can the HSC contribute to the climate emergency response?

PHA PPI team in partnership with The Consultation Institute would like to run a further webinar series that would cover topics highlighted by previous participants and focus on the rebuild of HSC following COVID and maintain the focus of Involvement, Coproduction and Partnership Working as we emerge from this pandemic.

### Outcome

▶ Increased number of staff who have access to involvement training.
▶ Increased knowledge and understanding of Personal and Public Involvement (PPI), Coproduction and Partnership Working for staff and service users and carers as a statutory obligation by building a critical mass of staff equipped with the requisite skills, knowledge, expertise and experience in Involvement, Co-Production and Partnership Working to support the HSC to meet its obligation in this regard.
▶ Ensure HSC statutory duty to Involve & Consult service users and carers and local communities in health and social services remains at the forefront of planning, development, implementation and evaluation of services.
▶ Highlights the need for the HSC to deliver on PPI policy and the Co-Production agenda.

## Adverse Incidents – Building Competency training

The HSCB and PHA commissioned the delivery of a training programme for HSC staff who are involved in the investigation of adverse incidents and serious adverse incidents (SAI). The aim of the programme was to build the competency of staff, focusing initially on those who complete level 1 SAI reviews. This included developing knowledge and skills in relation to:

► **Preparing incident review team:** this included the confirmation of regional & local requirements in relation to team composition and sharing best practice approaches. How to identify team membership and an overview of roles and responsibilities of review chairs and facilitators.

► **Discovery of key incident information:** this included sharing tools and techniques on analysis / fact-finding and developing an incident chronology to support review. Approaches on how to evaluate information sources and how to undertake a structured approach to information gathering were also explored.

► **Engagement with patients, service users, families and carers:** this included developing an understanding of the regional requirements for patient and family engagement. Sharing best practices for engagement and developing knowledge of a 'Just Culture' concept. In addition, participants also explored practical approaches to staff engagement and support.

► **Analysis theory:** this included developing an understanding of best practices in relation to the identification and application of casual factors statements and contributory factors of an incident.

► **Developing recommendations, action planning and lessons learned:** this included improving knowledge and skills in relation to development of preventative actions, exploring participant ability to critically evaluate the development and effectiveness of recommendations and developing an understanding of best practice-based action planning and lessons learned.

### Outcome

► 25 HSC staff attended the programme in Feb 2021
► A five point rating scale was used to assess participants levels of confidence regarding each of the programme elements for both pre and post course evaluations.
► All aspects of the course were positively evaluated by all participants.
► Analysis of the feedback highlighted a noticeable increase in competency relating to all 5 course components following participation in the programme.
► Plans are underway to commission further opportunities for HSC participation in the programme.

*Very relevant to my current post.*

*Explained concepts that I was unsure about. Distilled the information well in a short time. Used real cases.*

*Excellent presentation and structured approach. Availability of many helpful resources.*

*The logical approach to incident investigation and report writing.*

## 2.3  EDUCATION & VIRTUAL LEARNING FOR HSC STAFF

Providing opportunities for education and continuous learning for staff within the HSC provides a strong platform in the delivery of high-quality health and social are.

### Project ECHO

Project ECHO® NI (Extension of Community Health Outcomes) provides an evidence based model for education, training, sharing best practice, co-creating new service delivery models and supporting more integrated working for people within HSC and beyond. The ECHO methodology models the behaviours and practices which promote effective virtual learning and its effectiveness across the world is supported by 250+ peer reviewed journal articles. Across the world more than 1.3 million health care workers are engaged in ECHO networks across 45+ countries.

Each Project ECHO® network brings a community of practice together online, from across different parts of the system, organised around a jointly agreed education programme and using case based discussions to consolidate the theory and work through the challenges on the ground. Sessions are facilitated to create a safe learning environment where everyone is respected and has an equal voice. These networks are breaking down barriers that currently exist in the system enabling better integration.

Some examples of ECHO Networks:
▶ Heart Failure - Primary Care (SHSCT initially) referring patients to a HF ECHO Network to get advice from Secondary Care and share learning across the region.

▶ Lisburn Health Inequalities - Significant learning emerging which could be central to informing how the locality and community levels of the ICS might operate.
▶ HSCQI - Regional Network providing the system with a platform and an approach to share their experience and learning while sharing their use of QI approaches.
▶ Serious Adverse Incidents - Sharing learning in a safe environment and reduce SAIs.

### Outcome

Recent evaluation of Project ECHO Networks highlighted:
▶ Improved knowledge, self-efficacy and confidence.
▶ Easier access to education and training.
▶ Increased capacity - force multiplier effect of telementoring.
▶ Benefits of being part of a community of practice including reduced isolation and peer-support.
▶ Increased access to services.
▶ Support for new ways of working – enabling environment to underwrite the trust, governance, and learning required to shift models of care.
▶ Access to key coal face information from participants to help inform planners and commissioners.
▶ Helping meet strategic objectives regarding service transformation, integration of care, and reducing strain on secondary care.

Further information is available at – **Evaluation-2018-2020-Report-FINAL.pdf**

## Dysphagia NI - Capacity & Capability

Dysphagia is the medical term for eating, drinking and swallowing difficulties (EDS), and the PHA-led Dysphagia NI Partnership was established to ensure a whole-system approach to better understanding and addressing the public health challenges associated with eating, drinking and swallowing difficulties. In 2021, following a review of serious adverse incidents and adverse incidents, the updated 'Choking Improvement Plan' included as one of its key actions the need to develop awareness and build capacity amongst staff throughout HSC. To support this action, an Eating, Drinking and Swallowing ECHO Network was established. This would be a regional network for staff involved in this clinical area in all settings and at all levels, for sharing knowledge, learning, and best practice and exchanging ideas with the ultimate aim of building capacity and supporting better outcomes for adults with dysphagia, thus reducing the risk of choking.

In partnership with the Regional Project ECHO® NI team and the Trust Dysphagia Support Teams, the Eating, Drinking and Swallowing ECHO network was set-up, with the programme of sessions agreed by members of the network itself for nine sessions to run from March 2022 - January 2023. This ensured that the topics covered were relevant, priority areas for frontline staff who are working with people diagnosed with or at high risk of dysphagia. Sessions include education presentations from expert speakers, case presentations providing learning from the experiences of colleagues, breakout room discussions and interactive feedback.

## Outcome

► 504 participants have now registered as members of the network.

► Attendance at sessions has also increased steadily, with an average of c. 100+ people attending each session to date.

► Network members represent a wide range of clinical backgrounds and roles.

► The virtual platform used by Project ECHO® NI enables large numbers to attend from across Northern Ireland from their own workplaces, thus facilitating the sharing and amplifying of knowledge and best practice throughout the system.

► The combination of using breakout rooms for smaller group discussion and interactive feedback platforms has enabled all participants to become involved in and contribute to discussions.

► Feedback gathered anonymously via the interactive platforms has also been collated and shared on to the Dysphagia NI Partnership to further disseminate the knowledge and learning.

► Project ECHO has therefore facilitated the development and consolidation of a 'community of practice' for dysphagia across the HSC system, and contributed to the Dysphagia NI Partnership's objective of developing awareness and building capacity for this key patient safety issue.

## 2.4  STRATEGIC PLANNING TO SUPPORT THE WORKFORCE

Regional strategic planning for investment and guidance is core when delivering a high quality health and social care system; as this reduces silo working by providing a regional solutions which improve outcomes for patient, clients and families by strengthening the capacity and capability of the workforce.

### Delivering Care Investment

The Nursing and Midwifery Task Group was established to maximising the contribution of Nursing and Midwifery Taskgroup (NMTG) to deliver safe and effective person and family centred practice. Key to the work of the NMTG was the implementation of the investment associated with the Delivering Care Framework.

The Minister for Health commitment to £60m over 5 years an overview outlined below:

▶ Strengthened the nursing and midwifery workforce by investing £25m Delivering Care allocation via an agreed Strategic Investment Plan.
▶ Provided a robust Governance structure to include a performance management and monitoring arrangements so we can provide assurance that objectives are being realised.
▶ Strengthened the regional workforce within PHA with a number of clinical lead roles to support the implementation of allocations and support the role out of the Nursing and Midwifery Task Group Action Plan.
▶ Enhanced the Delivering Care Papers with the addition of System Dynamic Modelling.

**encompass**
DELIVERING CARE TOGETHER

### Outcome

Delivering Care Investment provided funding for **362 WTE** new roles across the nursing and midwifery arena.

▶ Improved and clearer reporting structure in place.
▶ Increased regional supporting roles for implementation of NMTG.
▶ System Dynamic Modelling provided the evidence to allow to consider how a future service should look over the next 10 -15 years and plan the workforce accordingly.
▶ Learnt a few lessons:
▶ The need for early planning
▶ Preparation of staff for interview
▶ Need for standardised job descriptions

## Development of an Adult Acute Mental Health Inpatient Bed Dashboard

In December 2021 work commenced, led by SPPG and PHA, and supported by HSC Trusts, and Mental Health Service User Consultants, to develop an Adult Acute Mental Health Inpatient Bed Dashboard. The aim of the Dashboard was to monitor daily bed pressures and provide a regional platform to manage capacity and demand, and acuity on the mental health service.

To ensure regional consistency and standardisation of reporting, work is being finalised on a regional Definitions Protocol for the Dashboard. The information provided in the Dashboard is inputted twice daily by HSC Trust Mental Health Bed Capacity Co-ordinators and provides a regional overview of areas such as:

▶  Vacant beds
▶  Admission and discharge trends
▶  Detained patients
▶  Delayed discharges
▶  Continuous Observations
▶  Contingency beds
▶  Out of Trust beds
▶  Mental health acuity.

The Dashboard is used to inform discussion at Daily Huddle meetings with multi-disciplinary teams and is used as a platform to ensure effective regional and consistent management and utilisation of mental health beds across the Trusts.

### Outcome

▶  The Adult Acute Mental Health Inpatient Bed Dashboard is now live and is updated twice daily by HSC Trusts.
▶  Improved safety & quality of services through timely and accessible capacity and demand data associated with adult acute mental health services.
▶  Timely, accurate information is available on a regional basis displaying a variety of metrics associated with Mental Health Services.
▶  The Dashboard enables timely decision making and service delivery responses from mental health teams across the region.
▶  Regional and local teams can monitor capacity and demand on service and make timely decisions to improve patient flow.
▶  Supports regional decision making though the daily updates
▶  Highlights areas of good practice.
▶  Enables trend analysis at a glance.
▶  Supports planning and areas highlighted for further investment.

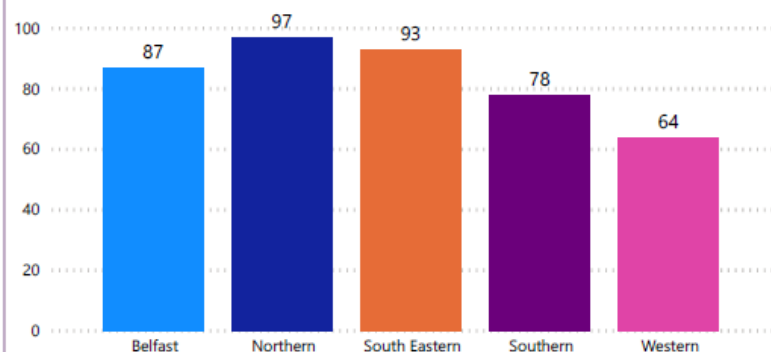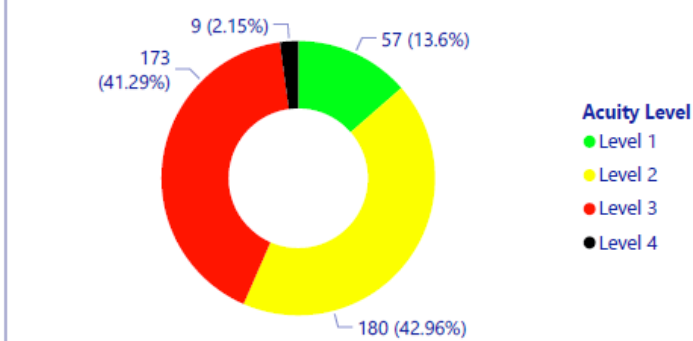**Mental Health Acuity Reporting - Updated to end May 2022**
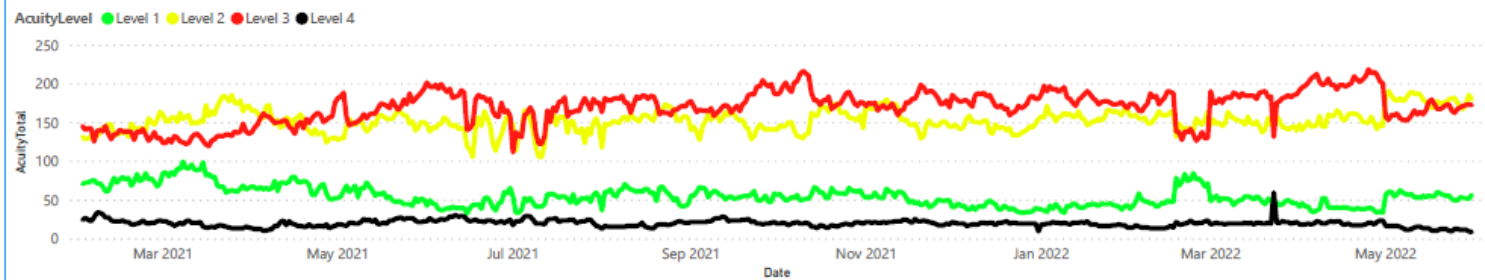
Select Date for Detail
31/05/22

**MH Inpatients by Trust**

| Belfast | Northern | South Eastern | Southern | Western |
|---------|----------|---------------|----------|---------|
| 87 | 97 | 93 | 78 | 64 |

**Total Inpatients by Acuity Level**

- 9 (2.15%)
- 57 (13.6%)
- 173 (41.29%)
- 180 (42.96%)

**Acuity Level**
- Level 1
- Level 2
- Level 3
- Level 4

**Acuity Breakdown by Date**

AcuityLevel  Level 1  Level 2  Level 3  Level 4

REGIONAL PAGE

Select Date
20/7/22

| | AMH Commissioned Beds | PICU Commissioned Beds | Total Commissioned Beds | Occupied Beds | % Occupancy excluding Contingency | % Occupancy including Contingency | Delayed Discharges 8-27 Days | Delayed Discharges Over 28 Days | Total Delayed Discharges | Patients on Continuous Obs | Total Admissions | Total Discharges | Unavailable Unoccupied Beds |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 360 | 36 | 396 | 410 | 103.5% | 98.1% | 6 | 29 | 35 | 54 | 11 | 15 | 14 |

| | Vacant Admission Beds | Vacant PICU Beds | Available Leave Beds | Leave Beds Used | Total Contingency Spaces | Contingency Spaces Used | Pts in Add'l Contingency Spaces | Detained Patients | Percentage Detained | Patients Aged Under 18 | Total LD Patients | Pts in Other Trusts/Areas | Pts from Other Trusts/Areas | Pts Awaiting Admission |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 0 | 0 | 0 | 25 | 22 | 19 | 8 | 211 | 51% | 0 | 8 | 4 | 9 | 8 |

## Infection Prevention & Control

The Regional IPC Cell was established to oversee the co-ordination of infection prevention and control across the HSC systems. The IPC Cell continues to be an important forum for ensuring regional consistency of IPC practices across NI and also for providing advice and guidance for organisations such as the Department of Education and Care Home providers.

Over the last year the Regional IPC Cell has had significant input to the development of a wide range of guidance documents and policies including the development of the Services Remobilising Pathway for Adult Social Care Services, the development of the interim Regional Fit Testing SOP and the development of the Supporting Care Homes SOP for the management of outbreaks. The IPC Cell has also worked closely with the Children's Team to strengthen guidance for children's homes and IPC guidance for schools.

The COVID-19 pandemic has highlighted the importance of IPC and therefore the PHA in conjunction with members of the IPC Cell is developing a Regional IPC Framework and a Managed Care Network. This Framework will be an excellent opportunity to shape IPC practice across HSCNI, improve standardisation and build capacity of IPC Teams. The Managed Care Network will be multidisciplinary and will replace the current Regional IPC Cell.

The IPC Product Review Group continues to meet to ensure that prior to introduction all new PPE products tested and deemed fit for purpose for use in HSCNI.

## Outcome

▶ Improved standardisation across the region through the development of HSCNI guidance and standard operating procedures.
▶ Assisting the reopening of services through providing local guidance, advice and support.
▶ Improved practices, monitoring and auditing for fit testing services through the implementation of the regional standardised SOP.
▶ Highlighted importance of the role of IPC in all services and this will be reflected in the Regional IPC Framework.
▶ Ensuring all new PPE items are fit for purpose before they are implemented across HSCNI services.

# Measuring Improvement

A basic principle of measurement is:

## "If you cannot measure it, you cannot improve it."

**LORD KELVIN**

# 3.1 QUALITY IMPROVEMENT PLANS

The Quality Improvement Plans (QIPs) focus on key priority areas to improve outcomes for patients and service users. The HSCB and PHA support HSCTs on a range of initiatives to assist with the achievement of the QIP targets and facilitate a regional platform to enable good practice to be shared throughout NI. Two key priority areas include inpatient falls prevention and pressure ulcer prevention.

## Regional Falls Prevention

During 2021/22 the PHA and HSCB, through the Regional Inpatient Falls Prevention Group, have supported HSCTs to monitor the number of incidents of inpatient falls and support the spread the Royal College of Physicians 'Fallsafe' bundle, an evidence-based collection of interventions proven to reduce falls in inpatient settings. The Regional Falls Prevention Group provides advice, support and shares regional learning across NI and focuses on strategies for falls prevention and management across the HSCTs.

## Outcome

Whilst there is regional oversight of a variety of key performance indicators related to falls prevention, the focus during 2021/22 was on reduction of the number and rates of falls incidents classified as causing moderate to major or catastrophic harm. The following graph shows the total regional **rates** of falls resulting in major or catastrophic harm from April 2015 - March 2022.



REGION: Rate of Moderate to Major/Catastrophic FALLS resulting in harm, per 1000 days
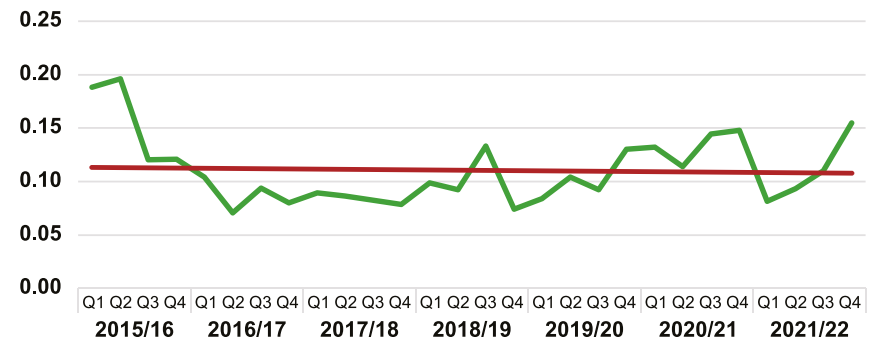
The graph indicates that the regional rates of falls resulting in moderate/major or catastrophic harm across Trusts remain stable with no trends notable. This is due to the commitment, dedication and improvements made across HSC Trusts to embedding falls prevention strategies and embracing new technologies in tackling the incidents of inpatient falls.

This ultimately correlates to providing a safer healthcare system and reduction in mortality and morbidity associated with falls. All Trusts continue to monitor closely the numbers and rates of falls and implement quality improvement initiatives as required.

The Regional Inpatient Falls Prevention Group have recently produced a new Regional Guideline on the Use of Falls Assistive Technology which has been distributed widely across HSC Trusts and discussed at team meetings/safety briefs. The purpose of this document is to provide key information on Falls Assistive Technologies, which will support staff in ensuring safe and effective use of falls prevention equipment, which may be available in the inpatient setting.

Additionally, the Regional Inpatient Falls Prevention Group have been working in collaboration with colleagues in the HSC Clinical Education Centre in supporting the development of a new Regional Fall Awareness eLearning programme. Although delayed due to the pandemic Module 1 of the programme which is a generic module, aimed at all staff working in health care across the HSC and the residential and care home sector is due to be launched in September 2022. A further 3 modules are currently in development which go into more detail relevant to specific areas of work (community, inpatient and residential and care homes).

---

Developed by the PHA Regional Inpatient Falls Prevention Group - August 2022

**HSC** Health and Social Care

**HSC** Public Health Agency

## GUIDELINES ON THE USE OF FALLS ASSISTIVE TECHNOLOGY – INPATIENT SETTING ONLY

### Types of Falls Assistive Technology

The following are common types of assistive technology that are often used within inpatient settings. Most companies will supply wired and wireless versions:

- Clip and cord
- Chair exit alarm
- Bed exit alarm
- Floor exit alarm
- Infra-red beams

Many of these devices have different methods of raising an alert such as:

- Audible alarm
- Silent alarm with patient - staff carry a pager which can be set to audible or vibrate
- Voice recorded alarms
- Display panels / screens

### Use of Falls Assistive Technology and Deprivation of Liberty (DoL)

When a registered member of staff is considering the use of falls assistive technology, they must consider if it constitutes a 'Deprivation of Library (DoL)' as per statement below:

- Is the person under continual supervision and control?
- Is the person prevented from leaving?

If a member of staff requires further clarification regarding DoL, they should liaise with appropriate staff within their Trust, i.e. Trust Mental Capacity Act Implementation Lead or equivalent.

## Regional Pressure Ulcer Prevention

The PHA along with the HSCB supports HSCTs through the Regional Pressure Ulcer Prevention Group, to provide advice, support and share learning across the HSC in Northern Ireland. There is also regional oversight of ongoing pressure ulcer prevention work. This includes monitoring the incidents of pressure ulcers across Trusts and measuring the implementation of SSKIN (an evidenced based collection of interventions proven to prevent pressure ulcers) in all hospitals in Northern Ireland.

HSC Trusts are committed to ensuring pressure ulcer prevention is a priority as part of their own local Quality Improvement Plan. Trusts routinely monitor incidents and have internal governance processes to provide assurance.

In response to the HSC Commissioning Directive, HSC Trusts are expected to:

▶ Monitor the number of incidents of "avoidable" hospital-acquired grade 3 and 4 pressure ulcers that occur in adult inpatient wards.
▶ Monitor and provide reports on SSKIN bundle compliance and the rate of pressure ulcers per 1,000 bed days.
▶ Submit data to HSCB and PHA on a quarterly basis through sharepoint.

## Outcome

Whilst there is regional oversight of a variety of key performance indicators related to pressure ulcer prevention, the improvement focus continues to be on reduction of avoidable grade 3 and 4 pressure ulcers; as these create deeper cavity wounds which can result in more pain and suffering to patients. The following graph shows the total regional **rates** of pressure ulcers grade 3 and 4 from April 2015 - March 2022.

### REGION: Rate of AVOIDABLE Grade 3 & 4 Pressure Ulcers, per 1000 Beddays
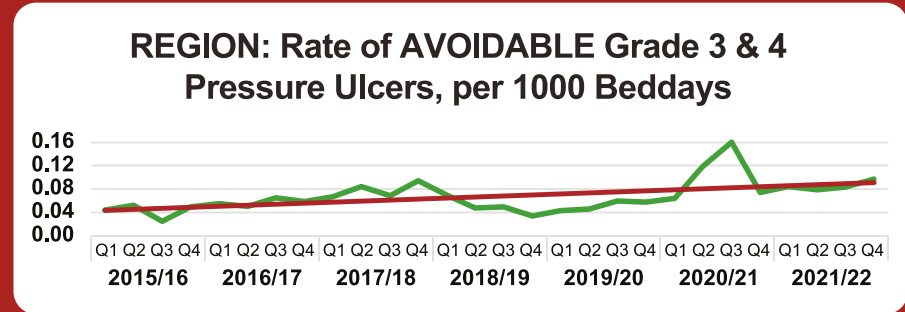


The graph does indicate an upward trend line in relation to the rate of avoidable grade 3 and 4 pressure ulcers, per 1000 beddays since the baseline in 2015. In 2021/22, there has been a significant reduction across the region in avoidable pressure ulcers in comparison to the previous year. Analysis and understanding of this data require several factors to be taken into consideration. The awareness and reporting of pressure ulcer incidents have greatly improved through education on prevention.

There are other factors that need consideration:

► Tissue Viability Nurse (TVN) teams within all Trusts however composition varies.
► Each Trust provides monthly/quarterly updates to senior groups within. Organisations, i.e. safety governance committees/ boards.
► Data quality/reporting culture has changed substantially since 2015.
► COVID-19 pandemic has affected pressure ulcer prevention work:
  ► **Capacity due to TVN team reduction (redeployment/ shielding/reduced face to face support to wards)**
  ► **Challenges maintaining safe nursing workforce resources & higher use bank and agency**
  ► **COVID is linked to increase risk of pressure ulcers***
  ► **Overall increase in hospital demand**
  ► **Increase in ICU patients and thus device/treatment related acquired pressure ulcers**

*** REFERENCE** Black, J., Cuddigan, J. & the members of the National Pressure Injury Advisory Panel Board of Directors. (2020). Skin manifestations with COVID-19: The purple skin and toes that you are seeing may not be deep tissue pressure injury. An NPIAP White Paper. https://npiap.com/*

In one Trust in NI the impact of the Covid-19 pandemic is described:

► As an increased level of acuity within acute hospitals which correlated with a rise in incidence in facility acquired pressure damage.
► 22% of pressure ulcers reported in 2020/21 were medical device related: patients within ICU being proned as part of their treatment plan.

Each Trust is continually striving to improve the rate of avoidable pressure ulcers and the Regional Pressure Ulcer Prevention Group have supported Trusts in 21/22 in relation to the challenges the pandemic has provided in relation to preventing skin damage. The Group produced new support tools for frontline staff, to aid the management of pressure ulcer prevention during 21/22 such as the:

Apples - getting to the heart of pressure ulcer staging guide - available in A4 poster format or pocket guide.

Repositioning Techniques Poster - Pressure Ulcers

Keep Calm and Protect your Skin Poster

## 3.2 INTRODUCING COVID VACCINATION TO NORTHERN IRELAND

The Northern Ireland COVID Vaccine Programme officially commenced on 8th December 2020 led by DOH with input from PHA and HSCB. The main objective of the programme was to protect against serious illness and death, by getting those most vulnerable vaccinated as quickly as possible.

### Implementation of NI COVID Vaccination Programme

Guided by the advice from the Joint Committee on Vaccination and Immunisation the following were among the first to be vaccinated as part of the NI COVID vaccination programme.

- ► Care Home Residents
- ► Frontline Health and Social Care Staff
- ► Individuals aged over 80 years old
- ► Immunosuppressed individuals

Huge logistical challenges had to be resolved from the outset. Vaccination Centres where established across the Region and involved co-ordinated efforts across a range of stakeholders including Trusts, General Practice, Community Pharmacies, Councils and Voluntary Groups. Workforce was recruited to help deliver this programme, which saw the return of many retired Practitioners offering their skills, as professional bodies opened temporary COVID-19 registers.

Other challenges addressed included the storage, distribution and maintenance of these fragile vaccines.

### Outcome

The vaccination programme has been a huge success and has allowed us to come out of lock down and return to more normal ways of living. PHA has taken over the Management of this programme from March 2022.

Vaccinations administered to date:

DOSE 1
**1,428,940**

DOSE 2
**1,354,950**

DOSE 3
**23,481**

BOOSTER
**1,153,526**

vaccine

## Vaccine Management Solution

The Vaccine Management system (VMS) comprising of an end to end solution enabling the scheduling, clinical recording and analysis of COVID vaccination in Northern Ireland has been highly successful in the roll out and analysis of the NI COVID vaccine programme.

Pre-pandemic, the approach to vaccination management/information recording for vaccines administered outside primary care with the exception of childhood immunisations in NI was largely paper based and admin-resource intensive. This manual approach did not support efficient, safe, or secure data recording or sharing within an urgent, pandemic-based, mass vaccination programme.

It did not support the ability to report on efficiently, accurately or analyse vaccination uptake - a key facet of effective vaccine management. Nor did it adequately support uptake at a local or regional level.

The VMS started development in early December 2020 and is now used in all vaccination settings where a vaccination is delivered, i.e. GP practice, clinic, care or residential home, patient's home (housebound), ward (long stay patients) and community pharmacy.

VMS is Northern Ireland's first region wide Health and Care citizen facing appointment capability. It enables citizens to view and manage their vaccination bookings. The platform also has the capability of handling an enormous amount of traffic.



Book appointment — Citizen, Providers

Manage appointments — Citizen, Providers

Record vaccinations — Providers

Report on vaccinations — Providers

The VMS solution has been designed with industry standards and longevity in mind, including both the technical products and wider service delivery components which make up VMS.

All providers (Trusts, GPs and Pharmacies) have had training, weekly liaison groups and access to ongoing support via the VMS service desk

**VMS is – like all digital programmes in NI – grounded by 4 pillars**

**Ensuring sustainability of our services**

**Improve health of our people**

**Support and empowering staff**

**Improve the quality and experience of care**

VMS enables near-real-time recording and reporting of COVID and flu vaccinations, benefiting the citizens of NI in many ways, for example identification of low-uptake areas which require additional attention.

The VMS is not a built-it-and-leave-it solution, and has since day one gone through ongoing iterative improvements in both features and usability, based on user feedback
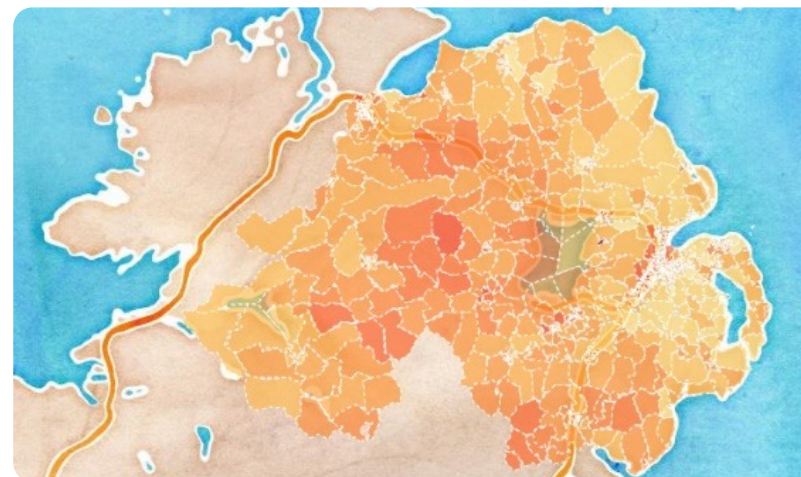
## Outcome

► The VMS has enabled near-real-time recording of over 4.5 million vaccinations.

► The VMS has enabled over 1.7 million self-booked citizen appointments.

► The VMS has, alongside other COVID projects, enabled citizens to interact directly in a digital way, with NI's healthcare providers.

► The VMS has enabled near-real-time reporting on vaccinations, for example enabling identification of low-uptake areas which have required additional attention.

► The VMS enables writeback to GP systems where possible.

► The VMS has enabled the COVID certification project to flourish.

► The VMS products have been continuous, agile and adaptive to rapidly changing requirements from DoH, PHA and JCVI - the pace of change has continued throughout the programme rollout - adding new cohorts of eligible groups, new child vaccines and parental booking on behalf of a child, as well as the ability to book more than one appointment for families.

► The design and build of the product suite using Microsoft applications ensures that future use case requirements, response to emergent clinical and public health need could be met using the existing underlying technology.

## Improving COVID Vaccine Uptake in Lower Uptake Communities

A review of the NI Vaccine uptake data in March 2021 identified a number of geographic areas and ethnic background groups where vaccine uptake levels were lower than the general population. In April 2021 the PHA set up a Covid-19 Vaccine Low Uptake Working Group to support a number of key population groups identified as having lower uptake of the COVID-19 Vaccines. These groups included;

► People living in deprived areas
► Ethnic Minority & Migrant (EM & M) Communities (estimated 90,000 population)
► Travellers
► Homeless people
► Asylum Seekers

### COVID-19 Vaccine Uptake by Super Output Area'

## Outcome

1. **Workplace interventions to target Ethnic Minority & Migrant communities**

► In May & June 2021, vaccination clinics were established in 3 workplaces in Ballymena, Dungannon & Craigavon due to concerns with the low uptake levels amongst Migrant Workers, and the high-risk working environment with high numbers of staff working in close proximity.

► From July to September 2021 PHA worked with the NI Meat Exporters Association (NIMEA) and their 11 members across NI to deliver a range of vaccination options to the Meat Factory staff. This included onsite clinics with Trusts or local pharmacies, arranging community transport to local large vaccination centres, signposting to local Trust pop-up clinics & providing translated materials & videos to dispel anti-vaccine mis-information and encourage uptake.

► As a result, 1st dose vaccine uptake increased by 20% across all food processing companies between June 2021 and September 2021.

2. **Community Based Interventions**

► These interventions targeted areas of high deprivation, areas with higher ethnic minority & migrant population, vulnerable groups including the homeless community, asylum seekers and fishermen from outside NI.

► Interventions included the provision of "Pop-up" vaccine clinics by the SHSCT in 'the Junction' in Dungannon - a community-led facility established by South Tyrone Empowerment Programme (STEP), an organisation who work with ethnic minority, migrant and traveller communities in the Mid-Ulster area.

► As a result, three clinics were delivered at 'the Junction' in July/August 2021 with 400 - 600 people attending, over 70% of which, were from ethnic minority & migrant communities.

3. **Low Vaccine Uptake Toolkit**

► A vaccine online toolkit was developed by PHA Health Protection, Communications and Health Improvement teams in early 2022 to provide a single source of materials and resources for individuals and organisations seeking to promote COVID-19 vaccination uptake within their local communities. It was designed for use by HSC Trusts, Communities Pharmacy and Local Councils and the Community and Voluntary Sector.

► It contained resources targeted at the general population, as well as materials specifically designed for specific groups - to support the design and implementation of interventions to improve COVID-19 vaccine uptake.

► The toolkit also contains 'good practice' examples of interventions to improve COVID-19 vaccine uptake already been implemented across NI and other regions in the UK.

## 3.3  ELECTIVE CARE WAITING LIST MANAGEMENT

The COVID-19 pandemic has had a severe impact on NI HSC waiting lists. Many of the actions taken during the pandemic have shown that there is a better way to work. We have learned a great deal about the weaknesses in our system and the obstacles to a better, more efficient way of working. A new approach on how elective care is planned and delivered in NI has been developed.

### Elective Care Framework

The Elective Care Framework (June 2021) which sets out the key actions required to improve elective waiting times in NI included an action for the HSCB to establish a Waiting List Management Unit (WLMU) to manage elective waiting lists. The WLMU was established on 1 August 2021.

The WLMU provides a regional role in the oversight and delivery of elective care. This includes:

► Managing elective waiting lists on a regional basis to minimise the risk of a postcode lottery and ensure available capacity (both in-house and in the independent sector) is maximised.
► Driving improved performance through the provision of high-quality data across a range of key performance indicators, e.g. chronological management, cancellations, DNAs, etc. to hold Trusts to account.
► Reviewing key productivity information, including theatre management data, to drive improved productivity and efficiency.

► The Unit has developed a range of monitoring tools and dashboards which has informed discussions with Trusts to identify data quality issues and to monitor adherence to policies and procedures, such as the Integrated Elective Access Protocol (IEAP).
► The Unit has established regional forums to create partnership working between primary and secondary care in managing and delivering improved waiting times.

## Outcome

▶ The WLMU has been working with Trusts to agree a regional approach to waiting list validation, ensuring that Trusts have mechanisms in place to undertake this validation and communicate the outcomes of the validation to patients' GPs. PAS Technical Guidance has now been developed which will ensure that Trusts can record the outcome of the validation for each patient providing an audit trail across the process.

From September 2021 to June 2022, validations has resulted in more than **26,770 patients being removed from assessment (23,527) and treatment (3,243) waiting lists.**

▶ The WLMU has developed several outpatient waiting list dashboards and are currently working with Trusts focusing on Red Flag, Urgent and Routine outliers and breachers. This is ensuring waiting lists are accurate and up to date and has facilitated discussions with Trusts in the equalisation of waiting times across the region.

▶ In an analysis of Out Patient Waiting Lists the Unit has identified over 13,000 patients who are on duplicate waiting lists. The Unit is working with the Trusts to implement a validation process.

▶ The WLMU has established a Regional Operational Working Group which includes Trust representatives who will primarily discuss all patient access related issues.

▶ The Unit has further developed dashboards to facilitate discussions with Trusts in relation to chronological management, equalisation of waits, hospital/patient cancellations and DNAs.

## Primary Care Elective Services

The establishment of primary care elective services in 2018 aimed to develop an innovative comprehensive approach to improve access to services for patients and to place elective care on a sustainable footing. This service provides five key pathways (Dermatology, Gynaecology, Vasectomy, Minor surgery and MSK) to enable patients to be managed appropriately and efficiently in primary care, avoiding the need for onward referral to secondary care services. These pathways support improved demand management through the provision of education, training and peer support to ensure the enhancement and utilisation of the skill set across GP Federations.



### Outcome

▶ 66 Host Practices providing care for the management of routine conditions across 5 pathways (Dermatology, Gynae, Vasectomy, Primary Care Surgery and MSK) thus removing reliance and demand on secondary care routine services.

▶ Enabling patients with routine conditions to be assessed and treated in an appropriate setting closer to home in line with Delivering Together 2026.

▶ Over 37,000 patient referred to the services with 28,000 of those managed by primary care avoiding attendance at a hospital setting since 2018.

▶ Delivery of 17,837 face to face and remote consultations in Primary Care across the five specialty pathways in 2021/22.

▶ Delivery of clinical leadership, education, peer review and peer support to GP with Enhanced Skills across the 17 Federation areas.

▶ Delivery of accredited training programme across the five speciality pathways via online Webinars hosted by the GPES Programme Team.

▶ Provision of the only vasectomy service in NI when secondary care intervention is not available given the continued pressures on the service.

## Regional Expansion of the Dermatology Photo Triage eReferral Pathway

Last year work commenced on the regional expansion of the pathway to 319 Practices and five Trusts across NI in December 2021.The pathway provides the solution to capture dermatology images in primary care with specialised devices. Images captured are to the standard specified by the British Association of Dermatologists (BAD, 2020) and are attached to the CCG referral initiated by the GP. This enables both the images and clinical information to be reviewed by the Consultant Dermatologist at point of Triage and enables the improved management of patients with a suspected skin cancer diagnosis.



## Outcome

▶ Regional expansion of the Dermatology Photo Triage e-Referral Pathway fully implemented as of July 2022.

▶ 96% uptake to the Local Enhanced Service by Primary Care (307/319 practices).

▶ Regional letter templates implemented across all 5 Trusts for the outcomes of the eTriage pathway which are sent to both GP and patient.

▶ Minimum dataset and dashboard developed to enable the monitoring of referrals and outcomes for the photo triage pathway.

▶ Further development of the SmartDerm App to enable offline image capture sessions and further expansion to urgent and routine dermatology referrals

▶ Shortlisted for NIHSC Award for Innovation.

▶ Further work ongoing in collaboration with PHA to raise awareness of skin cancer and the photo triage pathway.

## 3.4  PILOTING NEW WAYS OF WORKING

The HSCB and PHA recognise that piloting a service, gathering information and examining the results is an important first step prior to the implementation of new ways of working. Below is an example of two effective pilots which have been tested and evaluated in the past year.

### Orthodontic Cases Requiring Oral Surgery

A small proportion of children aged 11-13 years have teeth which are submerged so deeply in the jaws that they cannot come through the gum into the mouth. Not only are these teeth then effectively missing but they can also permanently damage the roots of adjacent teeth leading those teeth to loosen and fall out. For children of this age, the physical, psychological and social impacts of losing permanent teeth at the front of the mouth are lifelong. Orthodontic braces can be used to pull the tooth into place but before the orthodontic treatment can begin the child will need to undergo oral surgery.

This type of oral surgery is generally undertaken in the secondary care setting, however, it can also be done by specialists based in primary care. There are six specialist oral surgery practices in NI but from 2014 onwards they were gradually providing less Health Service care and more private care. Combined with the long waiting list for Trust-provided oral surgery, this meant that children with submerged teeth were waiting too long for their pre-orthodontic surgical treatment.

In October 2017, the then HSCB implemented the Oral Surgery Personal Dental Services (PDS) pilot and in November 2018 the pre-orthodontic surgical treatment was added to the range of services provided. Discretionary fees for pre-orthodontic cases were replaced by enhanced set fees meaning the oral surgeon would know in advance how much they would earn from these often difficult and time-consuming treatments.

### Outcome

► Oral Surgery PDS Pilot practices increased the number of pre-orthodontic treatments they provided to HS patients.
► Children with orthodontic need, irrespective of means, received improved access to pre-orthodontic and therefore also orthodontic care.
► Overall Orthodontic treatment times were reduced, due to a reduction in delay of surgery.
► Fewer children, usually only the most complex cases requiring general anaesthetic were referred to secondary care.
► Fewer children were placed on long hospital waiting lists where they were at risk of deteriorating oral health including resorption.
► Treatment in Primary rather than Secondary Care achieved financial efficiencies and better use of secondary Care resources.
► At the individual patient level, the quality of life benefits of this care were very significant.

### Number of Pre-Orthodontic Oral Surgery Patients
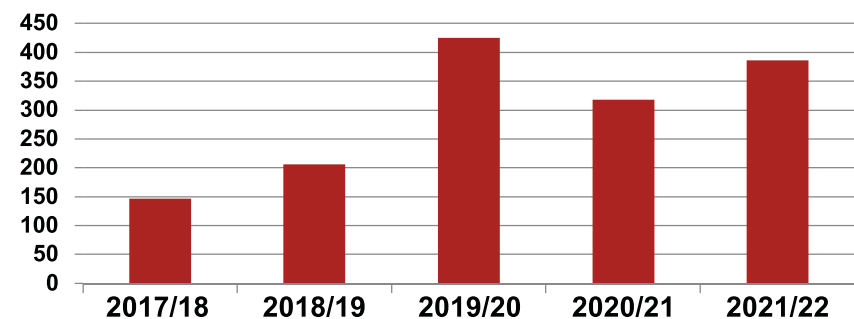
## GP Direct Access to Low Dose CT Pilot

Partners across the Integrated Care Partnership (ICP) and the Southern LCG (SLCG) worked collectively to introduce an innovative pilot programme through the development of agreed pathways; allowing GPs direct access to Low Dose Computerised Tomography (LDCT) scans for patients with a suspected lung cancer diagnosis in line with the agreed criteria.

### Outcome

► Over the period of October 2020 to June 2021 the length of time from diagnosis to first Outpatient appointment has **reduced** compared to a nine-month period in the previous year from **61 days to 21 days.**

► Chest x-rays reduced by **2,074.**

► CT chest +/- contrast reduced by **310.**

► There were **426** Low Dose CT scans completed & reported during the first 12 months of the project.

► **85%** of scans requested by primary care were approved by the radiologists and the scans completed & reported within the project timelines.



Southern Health
and Social Care Trust
Quality Care - for you, with you

Fast Track Lung Scan Pilot

Over 40? Unexplained persistent cough for more than 3 weeks? Fatigue, shortness of breath, chest pains, weight loss and appetite loss?

These are ealy signs of possible lung cancer.

Your GP can now refer patients over 40 directly for a CT scan to help speed up lung cancer diagnosis.

## Enhanced Care Response Team (ECRT) Pilots in East Antrim (EA) and Mid-Ulster Care Homes

A responsive service delivery model was devised in partnership with the NHSCT REACH team, ICP GP Lead East Antrim, East Antrim GP Federation Chair and the NI Hospice. Using Quality Improvement methodology, the ECRT pilot was established to reduce avoidable ED attendances by 10% from three care homes over a six-month period from the same period in the previous year through delivery of an MDT enhanced care response and evaluate experiences for residents, staff and team members.

A key objective for the ECRT service is to reduce an avoidable resident ED or hospital attendance. Previous findings have demonstrated this outcome has been achieved.

The use of the Residents Wellness Overview Screening Tool by Nursing and AHP staff in collaboration with care home staff prompting the early detection of care home residents with frailty or entering a period of clinical decline was seen as an essential component to continued success of the pilot.

The ECRT team delivered multiple training sessions to staff across all care homes participating in the 2 pilots, adopting a "whole care home staffing" approach including registered staff, care staff and ancillary staff. Programme content was determined as an outcome of specific training needs identified with the care home staff in a comprehensive training needs analysis process

## Outcome

► Reduced ED attendances by more than 10% demonstrated in all pilot homes
► Evidence of reduced hospital admissions from the pilot homes, noted that this may be for a variety of reasons.
► Positive impact of holistic, multi-professional integrated approach to resident's care.
► Timely referrals for AHP input for residents compared to lengthy core waiting times.
► High visibility within care home resulting in enhanced relationship between trust and care home staff.
► Care home staff report feeling listened to, reassured and valued.
► Importance of a comprehensive delivery of educational programmes based on care home priorities and adopting a whole home approach were appropriate.
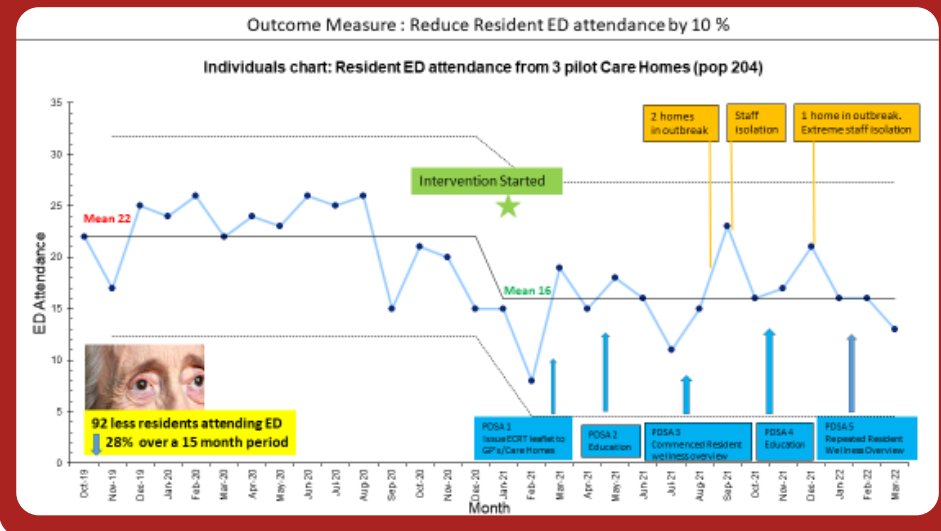
# Raising the Standards

# 4.1  MANAGED CLINICAL NETWORKS

A managed clinical network is a linked group of health professionals and organisations across different sections of the health service (including community, hospital and specialist care) working together in partnership with social services, voluntary organisations and, most importantly, patients and carers. Below are some examples of where clinical networks have improved quality and raised the standards through standardisation and implementation of best practice

## Frailty Network

NICE guidelines suggest that 30% of adults aged 65 years and older and 50% of adults aged over 80 years fall at least once per year (NICE, 2013). Globally, fall related death rates are the highest among adults aged over 60 years (World Health Organisation (WHO). Indeed many residents find themselves in a care home following a fall.

Led by the Frailty Network, and using quality improvement methodology a multi-disciplinary team engaged extensively with stakeholders including residents and families, to co-produce, test and implement a regional pathway that will reduce falls and harm from falls with the ultimate aim of improving resident experience and safety.

18 Partner Care homes across NI were involved in this project including Nursing & residential homes including homes for people with learning Disability and Dementia. Thus the need for a pathway that would meet all needs of our residents was a key priority.

## Outcome

The project produced 2 Regional documents including a risk assessment and post falls protocol which are being tested.

Initial results from one partner home include:

► Fear of falling was at **50%** pre-testing of new pathway, it's now **below 30%.**
► **Falls rate** reduced from 4 falls a month to 1 fall a month during testing period.
► Frequent fallers reduced number of falls. **38%** falls **rate** in Jan-March 2022 compared to **62%** September to December 2021.
► **100%** of staff felt confident in promoting safer mobility, managing and learning from a fall.
► 100**% of staff** felt the pathway was useful.
► NIAS call outs **reduced by 40%** in Quarter one of this year compared to Quarter one of last year. This demonstrates savings and efficiencies across the system with less pressure also on our Emergency Departments.
► Culture surrounding falls prevention has improved, by involving all staff and promoting that it's everyone's business, e.g. Thursday falls focus day.
► Through involvement in the surveys, residents are becoming proactive about what keeps them safer from falls.
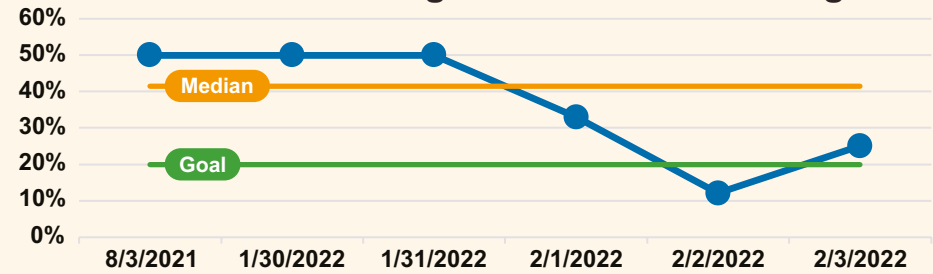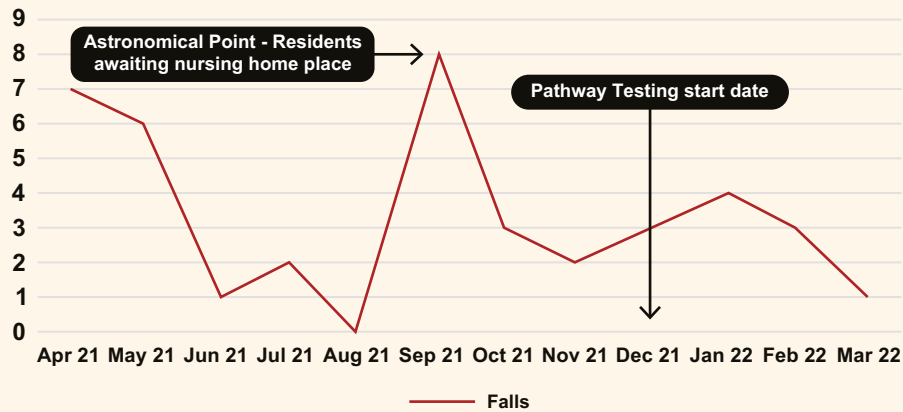
> *We can see by improving learning for staff and residents via the Safer Mobility learning materials, checklist, paper work and surveys, this has resulted in increased staff motivation, staff doing their own audits, assessments which is ideal as it is the Carers who are giving the care."*

QUOTE FROM CARE HOME MANAGER

## Resident rating of their Fear of Falling



## Resident Dementia Home Falls Rates 2021/2022



Astronomical Point - Residents awaiting nursing home place

Pathway Testing start date

Falls

## Diabetes Network

The NI Diabetes Network has been driving the development of a Regional Pumps Service in partnership with health care professionals, clinicians, people living with diabetes (PLWD) and Diabetes UK. In January 2022, to mark the 100th anniversary of the use of insulin to treat diabetes, NI Diabetes Network launched the new regional pump service to improve the lives of people living with the condition.

In 2020, having secured a £1.6m annual budget, a Regional Pumps Task and Finish Group was set up to support the establishment of a regional service model to administer a regional pumps approach. With representatives from all HSCTs across health care professionals and clinicians, PLWD alongside Diabetes Network, Pump Clinical Lead and Diabetes UK, this group have reviewed current systems and practice, identified key service pillars and a regional service ethos to enable appropriate oversight of a new regional pathway for NI.

The service specification outlines a regional clinical model to provide equity, reduce variability and enhance patient outcomes with a regional pathway to create efficiencies in process and time, better patient experience and clinical care, improved quality of care and outcomes.

Service implementation, led by BHSCT on behalf of NI Diabetes Network, and the Regional Task and Finish Group continue to meet regularly to support set-up through to service delivery.

The Regional Service key pillars are:
1. Evidence Based Practice – NICE / Association of British Clinical Diabetologists/Quality of Life as a key indicator
2. Regional/Local Alignment
3. Psychological provision across the pathway

## Outcome

▶ Following expression of interest procession BHSCT was commissioned to deliver this regional service in partnership with all HSCTs, on behalf of NI Diabetes Network.
▶ A Clinical Project Manager has recently been appointed to take this important work forward in partnership with key stakeholders.
▶ The operational systems and processes, protocols and procedures to support the administration of the regional service are being developed.
▶ The recruitment of a regional multi-disciplinary team (including Diabetes Specialist Nurse, Diabetes Specialist Dietitian and Psychologist) will deliver the service for the region through the pumps pathway for PLWD across all HSCTs.
▶ Equitable access to insulin pumps and pump support for PLW1D will be available, regardless of postcode.
▶ Provision of adequate healthcare professional support to optimise pump outcomes and a clear training framework for healthcare staff will develop and maintain skills in pump care.
▶ Standardisation of pump service delivery with regional documentation and protocols alongside regular communication between pump centres will take place through regional Multi-Disciplinary Team meetings.
▶ Efficient use of staff and also in ordering of pumps and consumables will take place at scale.
▶ The regional service will facilitate smooth transition from paediatric to adult service.
▶ The regional service will be responsive to user and provider feedback.

The NI Diabetes Network can be contacted via email at:
**Diabetes.Network@hscni.net**

## 4.2  RAISING THE STANDARDS THROUGH NEW MODELS OF SERVICE DELIVERY

Identifying new methods of service delivery is key to continuously raising the standards of care and the quality of services delivered for the HSC; providing opportunities for reshaping services and innovative design and delivery.

### No More Silos

The No More Silos Network was established to ensure that urgent & emergency care services across primary and secondary care can be maintained and improved in an environment that is safe for patients and for staff. This work is supported by HSCB and PHA through a combination of regional planning supported by 5 Local Implementation Groups (LIGs).

The ongoing development of Phone First, Urgent Care Centres and Rapid Access Ambulatory Pathways has created a multi-disciplinary family of urgent care services that safely manage non-emergency demand, promoting the scheduling of unscheduled care, and retaining Emergency Departments for emergencies only.

In addition, No More Silos has supported Hospital at Home Services, Enhanced Care Support into Care Homes, and a range of Community Discharge and Social Work services to reduce unnecessary ED attendances and unscheduled admissions, and facilitate timely discharge from Hospital.

### No more silos 10 Key Actions

1. Introduce Urgent Care Centres
2. Keep Emergency Departments for Emergencies
3. Rapid Access Assessment and Treatment Services
4. 24/7 Telephone Clinical Assessment Service – 'Phone First'
5. Scheduling Unscheduled Care
6. Regional Anticipatory Care Model
8. Acute Care at Home
8. Ambulance Arrival and Handover Zones
9. Enhanced Framework for Clinical and Medical Input to Care Homes
10. Timely Discharge from Hospital

# Raising the Standards

## Outcome

► Phone First is now operational in 4 of the 5 Trust areas, with Urgent Care Centre services in place in the BHSCT, and to a lesser extent, the SEHSCT and SHSCT. Up to 30th June 2022, almost 266,000 patients have utilised the Phone First and Urgent Care Centre services across Northern Ireland. Of these patients:

  ► 23% were discharged with advice or referred back to their GP

  ► 54% were scheduled for an appointment at an Emergency Department, Minor Injuries Unit, Urgent Care Centre or alternative pathway

  ► 23% were referred directly to an Emergency Department

► In terms of impact on the system, this translates into a reduction in ED demand, particularly among lower acuity patients. Compared with baseline year 2019/20 (pre-covid), 2021/22 saw a reduction of almost 62,000 ED attendances (equivalent to an 8% reduction) across all Trusts.

► Ambulatory Hubs funded in SEHSCT, SHSCT, and WHSCT have allowed primary care and hospital clinicians to access Rapid Access Assessment and Treatment Services across a range of clinical areas as an alternative to ED attendance or Hospital Admission. Up until 30th June 2022, NMS-funded hubs delivered over 24,000 patient appointments, and there continues to be good evidence of impact on ED attendances, admissions and early discharges.

► A multi-disciplinary Enhanced Community Response Team Service pilot in Northern Trust received 802 referrals from the 13 participating care homes, and delivered 1300 initial professional assessments.

► No More Silo funded Hospital at Home services:

  ► In BHSCT received 1,370 patient referrals, which resulted in an estimated saving of 7,780 hospital bed days

  ► In WHSCT, accepted 227 patient referrals, saving an estimated 1,816 acute hospital bed days

► The funding of independent sector Community Beds in BHSCT supported the discharge of 85 patients delayed in hospital awaiting domiciliary care.

► Funding of Red Cross Assisted Discharge Service in SEHSCT and SHSCT areas providing transport, medication and equipment delivery to support timely discharge of 1913 patients.

## New Models of Prescribing Programme

The New Models of Prescribing (NMOP) programme is a transformation project to enable prescribers working at the interface to issue prescriptions (HS21s) directly to patients rather than asking GPs to implement their recommendations. Four pilot projects were established to test process, governance, and policy frameworks required for prescriptions to be issued across the interface between Trusts and GP practices. These areas included:

1. Physiotherapist prescribers - 20 physiotherapist prescribers are now writing HS21 prescriptions for patients to assist with management of lymphoedema, pain, musculoskeletal conditions, respiratory illnesses, neurological complaints and women's health issues across the SEHSCT and SHSCT.
2. Nurse prescribers - Heart failure nurses in WHSCT and NHSCT are issuing prescriptions to support the optimal management of patients experiencing troubling symptoms such as fluid retention and breathlessness.
3. Dietitians - Dietitians across three Trusts have been assessing nutritional needs for patients in a small number of care homes, and ordering oral nutritional supplements (ONS) for patients using a stock order form.
4. Home Treatment Team - BHSCT Home Treatment Team medical prescribers have been issuing HS21s when there is an urgent need to prescribe or amend medication to prevent a mental health emergency.

## Outcome

▶ The NMOP programme delivered an innovative and flexible approach to ensure that the patient remained at the centre of the healthcare professionals' interventions.

▶ The multidisciplinary approach enabled the programme to be tailored to individual patient requirements and delivered integrated care.

▶ As a result of this work an Integrated Prescribing programme has secured permanent funding to enable roll-out of key successes and wider commissioning of NMOP.

## Community Pharmacy Emergency Supply Service

The Community Pharmacy Emergency Supply Service was introduced at the start of the Covid-19 pandemic in April 2020 to ensure that, at that time of unprecedented demand, patients could access an emergency supply of their regular prescription medicines where they were unable to obtain a prescription. As the challenges of Covid-19 remained the service was continued throughout the 2021/22 year. The service was provided by all 526 community pharmacies during 2021-2022 and ensured equity of access to medicines irrespective of the patient's ability to pay.

Following receipt of a request for an emergency supply to be made, the community pharmacist would firstly establish the need for the medicine to be supplied.  Then, the pharmacist would seek to establish that the patient had been previously prescribed the medicine, either by checking their pharmacy records or by other means such as checking medication packaging or other documentation the patient may have such as a prescription reorder form.

Where the community pharmacist deemed it appropriate to make a supply, up to 30 days' treatment could be provided although some Controlled Drugs, were excluded.

Details of the medicines supplied via the service were also shared with the patient's GP practice.

### Outcome

► Almost **120,000** prescription items were supplied to patients via the service.
► A survey was undertaken over the course of one week at the beginning of March 2022. Of the 219 pharmacies that responded:
  ► **1,560** patients requested an emergency supply
  ► A total of **2,308** items were requested
  ► Of these, the pharmacist was able to make an emergency supply for **1461** patients
  ► In less than **7%** of cases (106) the patient had to be referred to their GP practice or Out-of-Hours service to obtain a prescription

## 4.4  NATIONAL STUDY PARTICIPATION

The participation in National health studies is vital to raising the Standards of the health and social care we deliver through discovering new treatments for diseases, as well as new ways to detect, diagnose, and reduce the chance of developing the disease. Below is an example of NI participation in a National Study programme.

### SARS-CoV-2 Immunity & REinfection EvaluatioN (SIREN) in NI

In June 2020 the DoH tasked the PHA, Trusts and the Northern Ireland Clinical Research Network (NICRN) to implement the NI arm of a UK-wide prospective cohort study SIREN in response to the COVID-19 pandemic. SIREN's primary aim was to examine whether healthcare workers, with evidence of previous COVID-19 infection, are protected from future infection compared to those without.

Subsequently, SIREN has been crucial in analysing vaccine effectiveness, and in monitoring immune response to vaccine over time. Participants have regular blood antibody tests and PCR swabs, and complete online surveys providing information on symptoms, demographic characteristics and vaccination status.

A study implementation group, with representatives from Trusts, PHA, BSO and NICRN, was established to collaborate, communicate and develop tailored processes for management of laboratory samples; complex data linkages; robust information governance; and funding. It was originally intended to run for twelve months but was extended for another year, with all NI Trusts opting in to this extension.

### Outcome

► Thanks to the enthusiasm and commitment of research teams, Northern Ireland recruited 1247 participants to SIREN (2.9% of UK total) with high retention rates. The proportion of Northern Ireland participants in the extension is higher still, around 5%.

► A regional multidisciplinary network was established including healthcare Trusts, BSO, NICRN and PHA to collaborate in implementing a research study of national and international importance.

► SIREN continues to inform government policy by helping to answer questions concerning vaccination, new variants and reinfection rates.

► New systems and processes were developed for management of laboratory samples; complex data linkages; robust information governance; and funding.

► Multiple SIREN publications in leading peer-reviewed scientific journals include an analysis published in the prestigious New England Journal of Medicine in February 2022, the first to include data from Northern Ireland participants.
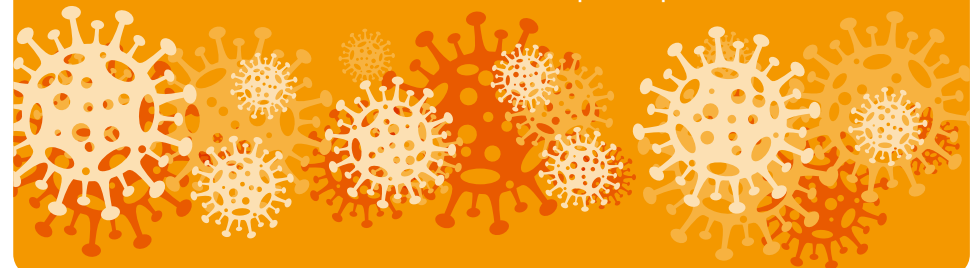
# SIREN: Overview

### Study
A national multi-centre prospective cohort study

### Participants
Healthcare workers, support staff and administrative staff working at hospital sites participating in SIREN

### Primary Objective
- To determine whether the presence of antibody to SARS-CoV-2 is associated with a reduction in the subsequent risk of re-infection over the next year

### Secondary
- Prevalence: of SARS-CoV-2 infection in healthcare workers by region
- Incidence (cumulative and density): of symptomatic and asymptomatic SARS-CoV-2 infection
- Relationship of prevalence and incidence by participant, region and trust.
- Culture viable virus: from cases of reinfection diagnosed by RT-PCR
- Genomics: experiencing persistent infection or reinfection, phylogenetic relatedness
- Serology: changes over time, relationship between commercial and non-commercial assays, clinical or demographic factors

### Since December 2020
- To monitor effectiveness of a vaccine/vaccines against an infection and symptomatic disease
- To monitor immune response to vaccination over time

**135** sites across the UK

**10** Sites in Scotland

**5** Sites in Northern Ireland

**113** Sites in England

**7** Sites in Wales

*Source: UK Health Security Agency. Used with permission.*

## 4.5  WORKING TOGETHER TO RAISE STANDARDS

Recognising the importance of working together to understand what matters to people is crucial to delivering quality health and social care. The HSCB/PHA are committed to creating opportunities through engagement for people to influence the decisions and shape the direction of health and social care. Some examples are highlighted below.

### Regional Communication Support Service for Deaf

In April 2020, the HSCB established a temporary remote interpreting service for British Sign Language (BSL) and Irish Sign Language (ISL) users. This service was introduced as an urgent measure to improve access for the Deaf community to HSC services during the COVID-19 pandemic. The service had two key elements:

1. A Video Relay Service (VRS): This enables Deaf people to telephone a HSC service provider via a remote BSL or ISL interpreter.
2. Video Remote Interpreting (VRI): This enables Deaf people to communicate with a HSC practitioner in person, via an online BSL or ISL video interpreter.

### Outcome

▶ The Remote Service was an important learning opportunity as it was a unique project that helped us to understand the extent to which remote sign language interpreting works for Deaf people and improve their access to health and social care.

▶ The service was independently evaluated by the Patient Client Council who concluded that, overall, remote sign language interpreting has a positive impact on the accessibility to health and social care services for the Deaf community and would be continued to be required.

▶ Ongoing engagement with the Deaf community and stakeholders determined that this service is now an indispensable access requirement for Deaf service users.

## Co-production Voice for Young People

The Children and Young Peoples (CYP) Participation Network was formed in 2021 to strengthen the voice of the child in the Children's Services planning process through meaningful co-production activity to improve the quality of early intervention services. Last year, the CYP participation network was instrumental in a number of significant pieces of co-production work. These include the development of

1. **Youth Wellness Web** - Following engagement with HSCTs, locality planning groups, schools, direct engagement with children & young people and community planning, CYPSP identified a need in relation to children and young people accessing relevant and appropriate mental health information and resources in a user friendly format.

2. **Guidance on Right to Complain for Young People** - following a recommendation in the NICCY Still Waiting report, work was undertaken to design and produce a child friendly complaints guidance for the Child and Adolescent Mental Health Services (CAMHS) across Trusts.

3. **Attitudes Survey relating to vaccine uptake** - The CYPSP team enabled the CYP Participation network to assist the PHA with a survey and collation of information from 65 young people from across NI about vaccine uptake for Covid19 and how the programme could be improved.

## Outcome

**Youth Wellness Web** - A central unique page was developed by young people for young people, to provide simple and easily navigated access to emotional mental health and wellbeing information, signposting to services and support, all co-produced and designed with young people for young people.

**Guidance on Right to Complain for Young People** - Guidance was completed and launched in March 2022.

**Attitudes Survey relating to vaccine uptake** - Learning from Young People on their anxieties and concerns about COVID vaccine has assisted with future service improvement.

## Review of NI Family Support Hubs

The 2021 a review of Family Support Hubs focused on key aspects of the Hub Model including:

► The impacts of the Hubs on families and local services
► The interaction between the Hubs, community services, and statutory services
► The access of families with children with disabilities to local services

The methodology included a workshop with Hub Coordinators, semi structured interviews with Hub members, stakeholders and families and also included an analysis of the monitoring data.

**Key benefits** of the hub were noted:

> *Families highlighted that the hubs offer accessible and timely support that are community-based, trauma-responsive and non-stigmatizing. For hub members, the key benefits included having access to accurate and up to date information about the community and local services, better integration between services, and having the access to families who are reluctant to engage with support facilitated. On the strategic level, participants highlighted that hubs are key in providing information and influencing strategic developments at the local level and across Northern Ireland."*

Vaccine Uptake For Young People In Northern Ireland Graphic

Please provide

A number of recommendations to further improve and develop the Hubs were highlighted which were in line with work already being progressed such as improving reach towards Ethnic Minority Migrant (EMM) families as a result of increased referral activity, and the development of a Hub collective as a quality improvement measure.

## Outcome

▶ Monitoring forms completed monthly and quarterly have been amended to better capture areas that have consistently been reported as unmet need. The amendments will ensure we have real time and quality information to evidence the specific areas of unmet need.

▶ Changes are particularly focused on referrals for families and children with, or waiting for a diagnosis of Autism/ADHD/ ADD as this remains one of the greatest areas of unmet need identified. This revision to the data will enable evidenced based discussions in respect of the future provision of early Intervention services via the Family Support Hub Network.

▶ Improved access to interpreting services and translated materials for Ethnic Minority families and the rollout of specific training for Family Support Hub members.

scie social care
institute for excellence

**Northern Ireland Family Support Hubs**

Interim Review Report
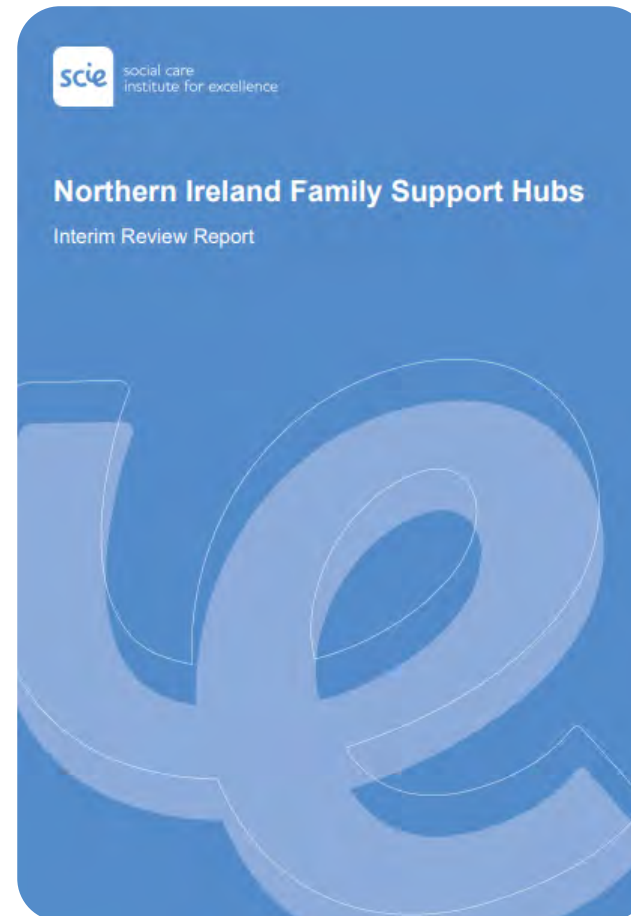
# Integrating the Care

## 5.1  RE-SHAPING SERVICES TO IMPROVE OUTCOMES

Continually reviewing and re-shaping how we deliver health and social care services within NI is key to supporting an integrated system; and in doing so we are improving the quality of care for people and improving their outcomes.

### Continuity of Midwifery Care

Continuity of Midwifery Carer (CoMC) has been proven to deliver safer maternity care by reducing interventions, improving clinical outcomes and saving babies lives. The model facilitates effective personalised care, trust and empowerment and improves women's experience and perceptions of quality of care whilst supporting greater professional satisfaction and autonomy for midwives.

The term CoMC describes a model of care that provides a woman with care from the same midwife or team of midwives during her pregnancy, birth and the early parenting period with specialist obstetric care provided as needed.

The ambition is to implement and embed a consistent CoMC model across NI, available to all pregnant women and this will require significant reform and transformation of HSC Trust maternity service delivery.

A CoMC Midwife Consultant was appointed within the PHA to lead the regional programme implementation and direct the work of five CoMC Lead Midwives, one appointed in each of the HSC Trusts.

A CoMC programme plan was developed which outlines a phased approach with a robust outcomes-based accountability framework for implementing the new regional CoMC service delivery model across NI.

### Outcomes

- ▶ CoMC Programme Structure has been established which includes a Regional Steering Group, Regional Working Group, five HSC Trust Local Implementation Groups and five regional workstreams which include:
  - ▶ Communication and Engagement
  - ▶ Education
  - ▶ Infrastructure and Enabling Resources
  - ▶ Monitoring and Measuring Outcomes
  - ▶ Workforce
- ▶ Following extensive stakeholder engagement, a CoMC Model for NI has been agreed.
- ▶ A CoMC communication and engagement strategy has been developed and activities include extensive communication and engagement events and the development of a regional 'Frequently asked Questions' sheet to 'myth bust'.
- ▶ Promotional and marketing activities have been underway including the development of a logo and a webpage and promotional materials such as leaflets, posters, pop up stands have been produced.

## Primary Care Multi-Disciplinary Teams

Health and Wellbeing 2026: Delivering Together sets out a vision for an enhanced primary care service, including the development of Multidisciplinary Teams (MDTs) within the primary care setting. MDTs involve the inclusion of practice-based Physiotherapists, Mental Health Practitioners and Social Workers in GP practices; these professionals work alongside GPs and practice staff with the aim of better meeting the needs of the local population. Investment in additional nursing specialist roles such as Health Visiting and District Nursing has been made as part of the MDT model.

Significant progress has been made in the implementation and expansion of the MDT model in NI led jointly by the HSCB and Department of Health (DoH). This process began on 2018 and at present, the model is fully or partially realised in 7 Federation areas with ambitious plans to see the model fully rolled out in all 17 Federation areas. An MDT roadmap paper agreeing the sequence and timeline for the remaining 10 Federation area's has been approved in principal by the Minister for Health subject to funding.

To further support MDT a regional professional leads forum has been established for the three core professions to ensure regional standards for Clinical Governance. Seed Funding has been allocated to each Federation to further develop and support community-based initiatives in partnership with local Community and Voluntary Organisations. Additional funding to support staff training has been used across a wide variety of professional and thematic areas to ensure upskilling of workforce and service sustainability.

## Outcome

**Staff in Post**
▶ MDT staff in post in 7 of the 17 Federation areas:
▶ 651,729 patients have access to an element of the MDT model across 101 GP Practices
▶ 98.48 WTE Social Work staff across 67 Practices (40% complete)
▶ 56.67 WTE Physiotherapy staff across 84 Practices (64% complete)
▶ 62.90 WTE Mental Health Staff across 90 Practices (72% complete)
▶ 53.47 WTE Health Visitors in Post across 7 Federation areas
▶ 64.84 WTE District Nurses in Post across 7 Federation areas

**Dashboard development**
▶ Review of templates used by MDT to record patient interactions to further improve data quality including regionally agreed codes and definitions.
▶ An interactive dashboard has been developed which pulls coded data from clinical systems and enables the merging of data from the different systems. This is the first of its kind for primary care in NI and has the potential to assist in determining population health and local need going forward.
▶ The dashboard can evidence the following outcomes to date:
▶ 107,505 unique patients have accessed an MDT service resulting in:
  ▶ 84,985 Mental Health consultations
  ▶ 85,088 Social Work consultations
  ▶ 119,304 Physiotherapy consultations
  ▶ 73.6% of MDT patients are managed by MDT staff without onward referral

## 5.2  INNOVATION & DIGITAL HEALTH * (REQUESTED E RITSON)

### Digitally enabling the pandemic response

To support and enable the PHA's work to deliver against the Department of Health's COVID-19 pandemic policy, we established and led the Digital Test, Trace and Protect (DTTP) that delivered:

1. A central repository for all COVID-19 tests
2. A system to enable the provision of Contact Tracing services
3. A citizen-facing service to enable people testing positive to directly notify known contacts
4. The StopCovid NI proximity app
5. A dedicated Covid Care app and website
6. An analytics platform capable of linking, analysing and visualising complex data multiple from multiple sources
7. The means to identify people from within the community who may be eligible to receive COVID-19 therapeutic interventions (monoclonal antibodies – mAbs)

These digital products combined with the intelligent use of data were a fundamental part of the PHA response and management of the pandemic.  They supported the citizen facing messaging process from test result to messaging of close contact starting.

A wide range of colleagues from across the health and care system were brought together to work with commercial vendors to make the programme hugely successful – all colleagues truly "put their shoulders to the wheel".

Looking at contact tracing as an example, a prototype system to support the initial June '19 pilot of contact tracing was developed (in conjunction with system users) from a standing start in 8 days.  Adopting an 'Agile' methodology, this prototype was continually evolved in response to feedback from system users and emerging policy.  As part of this evolution we developed a citizen-facing self-service product (Digital Self Trace or 'DST') which was deployed to significant effect during the pandemic Autumn 2020 surge.

### Outcome

During a single month - October 2020
▶ Central Test Registry received 250,488 covid results of those 28,374 were positive
▶ 15,588 SMS messages were sent to positive cases inviting them to use DST.
▶ 3,543 (23%) of cases completed digital self-trace.
▶ 35,000 SMS messages were generated to contacts identified by positive cases (either verbally or via DST).
▶ The contact tracing system had 720 assigned users
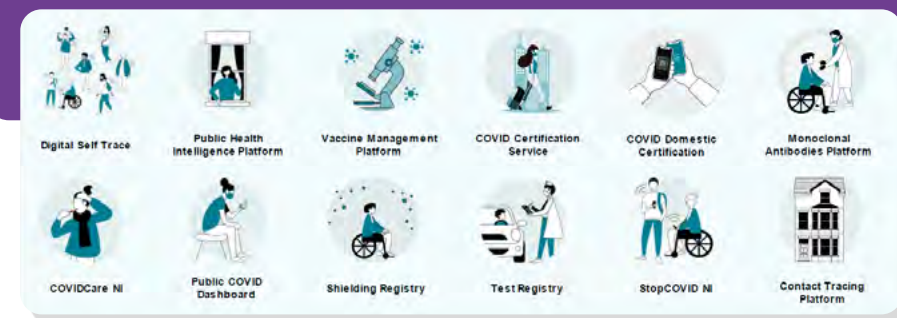
## 5.3 POPULATION HEALTH AND WELLBEING

Population Health is an approach that aims to improve physical and mental health outcomes, promote wellbeing and reduce health inequalities across an entire population. Below is a number of examples where a population health approach has been taken to improve health outcomes and quality of care.

### Living Well - Community Pharmacy

Under the Living Well Service provided by community pharmacy, four public health campaigns were promoted to help the public make positive changes to their health and lifestyle, through raising awareness and behavioural interventions. These campaigns include:


Community Pharmacy
**Living Well**
Campaign

1. Know Your Units
2. Be Cancer Aware
3. Boost Your Immunity
4. Making Healthier Choices

Below is an example of the work relating to the "Be Cancer Aware" campaign, a NI campaign aimed at helping the public to recognise the signs and symptoms of cancer and aid them in making lifestyle changes to reduce their risk of cancer.

Community pharmacies engaged with the public using various methods, including creating visual instore displays, disseminating information via delivery drivers and/or disseminating information to other healthcare professionals, schools, retail shops, churches or community groups. They also displayed and provided leaflets alongside prescriptions and used social media or their websites to promote the key messages. A campaign briefing document was also developed to provide training for the pharmacy team. This provided campaign activity suggestions such as engaging patients on staying safe in the sun, stop smoking services, promoting physical activity, encouraging screening and raising awareness of alcohol units. Social media assets and schedules were also available. From direct patent engagement and consultations, pharmacy staff were able to make appropriate referrals when necessary and provide support and advice to patients at a time when other healthcare professionals/ services were hard to access.

## Outcome

▶ It is estimated that over 47,175 patients were engaged in the "Be Cancer Aware" campaign topic.

▶ Queries were addressed by pharmacy that spanned the whole cancer journey, from symptom awareness and reducing risk to cancer treatments, end of life care and bereavement support.

▶ **36** pharmacies reported patients being diagnosed with cancer, precancerous cells, emergency consultant care or surgery as a result of their engagement.

▶ **73** pharmacies reported patients signed up to their 'Stop Smoking' service as a result of the campaign.

▶ **68** pharmacies reported making GP referrals for suspected skin cancer.

▶ **16** pharmacies reported addressing specific queries on breast screening programme during pandemic.

▶ **22** pharmacies reported addressing specific queries on suspected bowel cancer.

▶ **198** pharmacies referred patients to another pharmacy service.

▶ **218** pharmacies referred patients to another healthcare professional.

▶ **27** pharmacies referred patients to a community or voluntary service.

▶ **5** pharmacies referred patients to a social prescribing project.

In total for 2021/22, it is estimated that during the four Living Well campaigns, community pharmacy reached over 231,510 patients.
** this is an estimation of patients engaged directly in pharmacy but pharmacy also engage via other mechanisms, such as gyms, schools, sports clubs, scouts, men's sheds, etc. In light of this, we are unable to fully quantify the exact outreach of each campaign.



Flu and COVID-19 can both be life-threatening

BOOST YOUR IMMUNITY THIS WINTER
FLU vaccine
COVID-19 jab

Help protect yourself and your loved ones. Get the flu vaccine, COVID-19 booster, or both, if eligible.

Pick up your free winter vaccines booklet or speak to a member of the pharmacy team to find out more.

HSC Public Health Agency    nidirect.gov.uk/winter-vaccines

## An Inequalities Informed Approach to Health and Wellbeing in Lisburn

Lisburn Integrated Care Partnership has been working in collaboration with a wide range of partners to understand the **role they can collectively play in better understanding and addressing the impact of health inequalities** for the people of Lisburn.

Informed by the experience of COVID-19, Lisburn ICP saw a strong need to maintain the collaborative, person centred responses necessary during the COVID community response. Lisburn ICP with support from Community Development and Health Network (CDHN) sought to ensure systems and actions were focused on identifying and addressing the level of inequalities being experienced across the City.

A concept paper was developed to create a call to action across agencies, services and people living and working in Lisburn. Two online workshops were held in Autumn 2020 and this process helped to co-create a way forward to further develop an inequalities informed approach for Lisburn.

Through collaboration, we have been able to:
► Define what is meant by inequalities
► Define the geography (5 District Electoral Areas (DEA)
► Understand the level of inequalities in our City – what data is being held by whom and what does the data tell us? What does inequalities feel like to people living and working in the City?
► And develop a community of practice to share learning, better understand how inequalities are being experienced across a wide range of topics and services which we progressed using Project Echo methodology.

### Outcome

► This process has been collaborative in nature and therefore a wide range of organisations and individuals across all sectors encompassing the social determinants of health have participated in the different work streams.
► This process has helped to improve our collective understanding of health inequalities and how this is experienced by people living and working in Lisburn.
► Gathering data across sectors and services has helped to profile health inequalities providing a width and depth of understanding previously not provided at DEA level.
► In addition, the lived experience workshops have helped to identify recurrent themes and challenges that need to be addressed in order to be more inequalities informed in how we plan, deliver and receive services across the City.
► This has been an organic, inclusive, learning process and therefore the next steps will be to take our learning back out to the wider community in Lisburn to check how the information gathered to date align with what is experienced by individuals, families and organisations in Lisburn. Reaching a shared understanding is significant to this work.

## Diabetes in Adults - A Population Approach

The Integrated Care Partnership in South Belfast have been working with the BHSCT, Community & Voluntary sector, GPs, Pharmacists, service users & carers as part of a multi-disciplinary group to design a Diabetes service which will test a New Model of Care for patients living with diabetes.

The new model of care which has been developed aims to:

▶ Provide equitable access to the services they need in an appropriate setting including vulnerable and hard to reach groups, e.g. homeless, nursing home residents.
▶ Identification, management and support of people 'at risk' of developing T2 Diabetes or those living with diabetes.
▶ Effective use of appropriate information technology in primary care to risk stratify patients and enable effective multi-disciplinary discussion on the care management of those at risk of developing or living with type 2 Diabetes.
▶ Enhancement of GP knowledge and involvement to manage the demand and to ensuring more of these are managed in primary care including a shift from most patients having care in specialist settings.
▶ Rapid access to assessment and treatment to address emergency and urgent issues in a timely way (avoiding attendance and/or long waiting times in EDs).

### Outcome

This model of care has been endorsed by the Diabetes Network with the intention of rolling it out across the region when funding has been identified.

| ICP Proposal | Expected impact |
|---|---|
| Use of GPIP for Practice-level screening for patients at high risk of developing T2 diabetes | Programmed interventions for patients at high risk |
| Protected GP time for biannual practice reviews | Enhanced practice-based knowledge and skills to manage diabetes; reducing need for specialist care; increased support for vulnerable groups; targeting inequalities; reducing risk of serious complications |
| Specialist in-reach support to practices and protected GP time | |
| Expansion of Community MDT service | Meet demand for timely specialist assessment; education for practice teams through ECHO |
| Fast Track Assessment and Treatment Service | Hotline for urgent assessment to avoid unnecessary admissions |
| Integrated discharge model | Reduce risk of readmission |
| Psychological support | Up skilling all professionals in managing patients with complex needs and the disengaged to support self-care |

## Multi-morbidities: Providing Integrated Care in a Rural Area

Fermanagh and West Tyrone Pathfinder was launched in 2018/19, It aims to use participative, place-based approaches to identifying need and shaping services in a locality served by the WHSCT.

In 2021/22 Pathfinder, working with Western Integrated Care Partnerships utilised Project Echo to:

▶ Bring together those who experience and those who deliver services, to create connections and build relationships in Fermanagh and West Tyrone.
▶ Build on the formal population needs assessment undertaken by the PHA
▶ Provide a comprehensive "ground up" insight to garner intelligence
▶ Co-produce the priorities for action with local people and partner organisation

### Outcome

▶ Six ECHO sessions were held, with an average of 26 attendees from a range of different backgrounds including Western Trust staff, community and voluntary organisations, GPs, NIAS, primary care, service users and carers.
▶ The sessions refined priorities, and aided in the development of action and implementation plans on the future planning and delivery of services in the area.
▶ The outcomes are central to an SEUPB application to PEACE Plus Integrated Care Working Group and seeks cross border funding to deliver a cross border approach to Integrated Care.

## 5.4  CROSS-SECTORAL WORKING

Cross-sectoral working is key to providing quality integrated care in health and social care. Given that individuals will regularly interlink with a range of sectors throughout their lives, such as education, healthcare, housing, environment, etc. it is crucial that a multi-faceted approach to designing and delivering health and social care is undertaken. Below are two examples of cross-sectoral working with Department of Justice to improve health outcomes.

### Healthcare and Criminal Justice: improving the Provision of Prison Eyecare

Prior to March 2021 primary eyecare services in prisons had been historically-procured and not always fully aligned with robust governance, accountability, or quality and experience measures. Emerging policy across Healthcare and Criminal Justice systems presented an opportunity to review service provision and outcomes, and to work on a new planning and commissioning framework for prison eyecare.

The objectives of the service transformation, as agreed by the Improving Health within Criminal Justice Planning and Commissioning Team are laid out below:

1.  To provide an accessible, equitable, quality and safe Optometry service within NIP Population, with particular focus on those most in need.
2.  To implement appropriate governance and assurance processes for the Optometry service within NIP sites.

3.  To ensure an integrated approach in respect of the Optometry Service within the overall health care service provision within the NIP sites to deliver an integrated service where all providers work together as a team to deliver patient-centred care and promote and nurture quality improvement in the service.

Following successful tendering and procurement, new service providers were appointed by March 2021, with the newly commissioned service commencing early 2021/22.

### Outcome

A review of the new Healthcare in Prison Optometry Service was undertaken for 2021/22. In addition to improved governance and accountability measures, patient experience and outcome measures demonstrate service improvements and enhanced quality in care provision for this vulnerable group.

Care has been further integrated within the wider Healthcare in Prisons holistic approach with the establishment of electronic referral (eReferral) via the Clinical Communications Gateway (CCG) for use by the optometry service was a practical piece of work to integrate eyecare services provided in the prison setting into the wider HSC system, enabling efficient referral of patients to appropriate care pathways - right patient, right pathway.

## Increasing Testing for HIV, Hepatitis B and C in Prisons

HIV, Hepatitis B and C are important causes of illness and death, but if detected can be treated successfully. Prisons are a key setting for finding people living with undiagnosed blood borne viruses.

The aim of the improvement project was to increase blood borne virus testing in prison in order to identify people living with undiagnosed HIV, Hepatitis B and C, so they can then be offered life-saving treatment and avoid infection of others. Enhanced case finding is necessary for elimination of these viruses.

Prior to the improvement project, uptake of testing was 13%. To understand the low uptake, PHA conducted three focus groups with people in prison, observed the committal process, and interviewed key staff. Following wider stakeholder engagement and learning about best practice through literature reviews and professional networks, two key improvement ideas were implemented: (1) Opt-out testing in the new Comprehensive Health Assessment for all committals, and (2) Rapid point of care testing. In addition to this, education and training on blood borne viruses was provided to healthcare in prison and NI Prison Service staff.

Training was delivered on how to offer testing, with the suggested wording used of:

**'We test everyone for HIV, Hep B and Hep C. Hep C can be cured, and HIV and Hep B treated. Is that ok with you?'**

### Outcome

During the pilot stage, uptake of testing increased threefold. This approach has now been rolled out across all three prison sites, and the improvement in testing has been sustained

Public Health Agency

Health and Social Care Board

Back cover details TBC