# agenda

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| **Title of Meeting** | 141st Meeting of the Public Health Agency Board |
| **Date** | 17 February 2022 at 1.30pm |
| **Venue** | Via Zoom |

## standing items

| | | | |
|---|---|---|---|
| 1<br>1.30 | Welcome and apologies | | Chair |
| 2<br>1.30 | Declaration of Interests | | Chair |
| 3<br>1.30 | Minutes of Previous Meeting held on 20 January 2022 | | Chair |
| 4<br>1.35 | Matters Arising | | Chair |
| 5<br>1.40 | Chair's Business | | Chair |
| 6<br>1.50 | Chief Executive's Business | | Chief Executive |
| 7<br>2.00 | Finance Report | **PHA/01/02/22** | Director of Finance |
| 8<br>2.15 | Update on COVID-19 | | Dr Bergin |

## committee updates

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| 9<br>2.35 | Update from Chair of Governance and Audit Committee | **PHA/02/02/22** | Mr Stewart |

## items for approval

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| 10<br>2.45 | Pilot Buddy Project for PHA Board | **PHA/03/02/22** | Chief Executive |

## items for noting

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| 11<br>2.55 | Update on Personal and Public Involvement | **PHA/04/02/22** | Mr Morton |
| 12<br>3.15 | Performance Management Report | **PHA/05/02/22** | Mr Wilson |

## closing items

13 Any Other Business
3.30

14 Details of next meeting:

*Wednesday 16 March 2022 at 1.30pm*

*Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast, BT2 8BS*

HSC Public Health Agency

# minutes

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|---|---|
| **Title of Meeting** | 140th Meeting of the Public Health Agency Board |
| **Date** | 20 January 2022 at 1.30pm |
| **Venue** | Via Zoom |

**Present**

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| Mr Andrew Dougal | - | Chair |
| Mr Aidan Dawson | - | Chief Executive |
| Dr Stephen Bergin | - | Interim Director of Public Health |
| Mr Rodney Morton | - | Director of Nursing and Allied Health Professionals |
| Mr Stephen Wilson | - | Interim Director of Operations |
| Alderman Phillip Brett | - | Non-Executive Director |
| Mr John Patrick Clayton | - | Non-Executive Director |
| Ms Anne Henderson | - | Non-Executive Director |
| Mr Robert Irvine | - | Non-Executive Director |
| Ms Deepa Mann-Kler | - | Non-Executive Director |
| Professor Nichola Rooney | - | Non-Executive Director |
| Mr Joseph Stewart | - | Non-Executive Director |

**In Attendance**

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| Dr Aideen Keaney | - | Director of Quality Improvement |
| Ms Tracey McCaig | - | Interim Director of Finance, HSCB |
| Mr Brendan Whittle | - | Director of Social Care and Children, HSCB |
| Mr Robert Graham | - | Secretariat |

**Apologies**

None

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| **1/22** | **Item 1 – Welcome and Apologies** |
| 1/22.1 | The Chair welcomed everyone to the meeting. There were no apologies. |
| **2/22** | **Item 2 – Declaration of Interests** |
| 2/22.1 | The Chair asked if anyone had interests to declare relevant to any items on the agenda. Mr Irvine declared an interest in relation to the fuel poverty paper that was attached to the Chair's Business as it references work with local Councils. |

**3/22** **Item 3 – Minutes of previous meeting held on 16 December 2021**

3/22.1 The minutes of the Board meeting held on 16 December 2021 were **APPROVED** as an accurate record of that meeting, subject to the insertion of an additional paragraph at the end of section 141/21 indicating that the Board approved of AMT's decision to approve the initiatives outlined in the "*Proposed Approach for Managing PHA in-year Funding" paper.*

**4/22** **Item 4 – Matters Arising**

*144/21.1 PHA Budget*

4/22.1 The Chair said that he wished to get clarity on what funding is ring fenced and to receive a list of those areas where the Board does not have discretion on how funds are spent. He added that he would then wish to see a list of those areas where the Board has discretion on how funding can be spent. Ms McCaig explained that there had been a discussion about ring fenced areas of the PHA budget and these are set out in the Finance Report. She advised that COVID and Transformation are two areas that are ring fenced, as is PHA's management and administration budget. She said that she would refer to each element as she went through the Report. She noted that the situation is variable and requires to be continually updated.

4/22.2 Ms Henderson suggested that, with regard to the COVID-19 pandemic, there may come a stage when contact tracing becomes pointless, but she noted that this may be discussed as part of the COVID-19 update later.

4/22.3 Ms Henderson noted that one of the areas considered by the Board last month for additional spend was diabetes and there was a paper on outcomes that had been prepared by Dr Brid Farrell. She asked if it would be possible for members to see this paper. The Chief Executive undertook to get this paper for members **(Action 1 – Chief Executive)**.

**5/22** **Item 5 – Chair's Business**

5/22.1 The Chair thanked all those staff who, since the advent of Omicron, have been required to put in a huge amount of time, effort and commitment to support the Agency's response. He acknowledged particularly those staff who gave up time over their Christmas holidays to assist.

5/22.2 The Chair informed members that Mr Irvine has agreed to join the Governance and Audit Committee and that Ms Henderson and Alderman Brett will be joining the Remuneration and Terms of Service Committee.

5/22.3 The Chair advised that a workshop is being organised in late February

to discuss the PHA Business Plan.

5/22.4 The Chair reported that he has had a meeting with Ms Heather Stevens who has been asked by the Department of Health to lead on the work on the implementation of the new operating model for PHA. He said that he impressed on her the need to ensure that there is Non-Executive Director (NED) involvement, particularly in the strategic elements of this work. He added that the new model should envision public health needs of the population for at least the next 10 to 15 years.

5/22.5 The Chair said that Ms Stevens had reported back to him that she had held a useful meeting with the Permanent Secretary and the Chief Medical Officer and that the Permanent Secretary has indicated that he is willing to commit resources to ensure that there is adequate support to the Oversight Board.

*At this point Dr Bergin joined the meeting.*

5/22.6 Ms Mann-Kler welcomed this update and asked whether there is any indication regarding timescales. The Chair said that while there was no indication given, he has been told it should be about 18 months. He added that while there was no update on when the Oversight Board will meet, he had emphasised the need for NED involvement.

5/22.7 Mr Clayton welcomed the update in the Chair's Report on fuel poverty and suggested that there should be a workshop on this topic. He said that PHA is involved in a number of programmes and he would like to know more about how it is using data to target resources. The Chair agreed that this was a critical issue as it affects so many people. Dr Bergin commented that the situation with regard to fuel poverty could get a lot worse over time and that PHA's resources are a drop in the ocean compared to potential need and what other agencies provide financially. He advised that the PHA is working with the community and voluntary sector to help direct people to the relevant organisations.

5/22.8 Ms Mann-Kler said that it would be useful to get more information as this is an area where there should be joined up Government working. She asked how PHA is evaluating the impact, effectiveness and value for money of its investment and if it is having the necessary impact. The Chair suggested that there was an opportunity to talk to organisations to see if they could modify their services in response to this crisis. Dr Bergin pointed out that the staff who would work in this area are presently dealing with Omicron. The Chair said that although it is a difficult balance, the current plight of people experiencing fuel poverty would justify getting those staff back to look at this area. It was agreed that a discussion on fuel poverty would form part of a future workshop **(Action 2 – Chief Executive)**.

5/22.9 The Chair advised that he had held a meeting last week with Internal Audit to discuss the report of their audit of PHA Board Effectiveness. He

added that he had attended another meeting with Internal Audit this week, along with the Chief Executive. He reported that the first draft of the report is currently being considered and one of the questions that arose was about how often NEDs met on their own. He recalled that when he organised meetings for NEDs alone, there was much resistance from some Executive Directors who believed that such meetings should not take place. The Chair quoted that this was a policy in the handbook of the Institute of Directors and was also policy in the Institute for Chartered Secretaries and Administrators. He said that it is important that NEDs should not be judged for having such meetings. Ms Henderson asked if the Chair was therefore proposing that a meeting of NEDs take place, and if that was the main finding of the report. The Chair advised that meetings have been taking place and will continue to do so. He advised that the report on Board Effectiveness by Internal Audit will come to the full Board in due course, and that he had asked for a note outlining the various stages of the process.

5/22.10 Professor Rooney asked if members will see the report soon. The Chief Executive said that his understanding was that the report would go to the Governance and Audit Committee (GAC) in the first instance.

5/22.11 Mr Stewart said that he would be speaking to Mrs Catherine McKeown from Internal Audit on Monday and he would get clarity on the timescales. He confirmed that the report would come to GAC, but he would also be seeking clarity in terms of at what point the report changes from being a draft report to a completed report with all participants having had an opportunity to comment. The Chair agreed that it would be useful to understand what the process will be. Ms McCaig said that normally there would be a first draft and the lead Director would review it, and then it will be up to that lead Director to determine who else should be involved in reviewing it. She said that at that point it would then go to GAC for scrutiny. She added that it would be up to the lead to ensure that the report is correct, backed up by evidence and that the comments are a full view of the position.

*At this point Mr Irvine left the meeting.*

5/22.12 Mr Stewart said that as this audit is different than other audit, he would wish to know who accepts it and signs it off given that it involves the Board as a whole, or is it signed off jointly by the Chair and Chief Executive. Ms McCaig said that the report would be signed off by the Chair and Chief Executive, but in consultation with the whole Board.

**6/22 Item 6 – Finance Report (PHA/01/01/22)**

6/22.1 Ms McCaig said that following the earlier discussion on ring fenced allocations, she would share with all NEDs the information she had prepared for the new NEDs on the PHA budget **(Action 2 – Ms McCaig)**

6/22.2 Ms McCaig presented the Finance Report for the period up to 30

November 2021 and said that there is a year to date surplus of £800k. She advised that the programme budget is largely on track with some overspends and underspends due to timing issues. She added that no issues have been raised by managers but the situation will be kept under review as the last quarter is where demand-led services tend to be more volatile so caution is required.

6/22.3 Ms McCaig explained that the SBNI budget is ring fenced as any surplus must be offered back to the Department. She added that other budgets, for example, are earmarked funds, where these are provided for specific programmes with little flexibility. She agreed to prepare a high level paper outlining the different categorisations of funds **(Action 3 – Ms McCaig)**.

6/22.4 Ms McCaig advised that the projected year end position is a surplus of £421k which is above PHA's permitted break even target. She said that the Agency Management Team (AMT) has again been reviewing areas for potential investment, but there is a number of risks that need to be borne in mind. She explained that the COVID-19 downturn figure will need to be monitored because while she has secured agreement for some funding to be offset against contact tracing spend, the income of Omicron has resulted in PHA staff again being redeployed to contact tracing, therefore requiring the £8.3m budget to be reviewed again.

6/22.5 Ms McCaig said that of the four new areas for spend, two of which had been factored into last month's report and the other two have been factored into this month's report. Within the management and administration budget, she advised that there has been slippage within the nursing and operations budgets. She advised that the accrual figure will need to be reviewed as staff had to work over Christmas.

6/22.6 Ms McCaig gave an overview of the key risks, reiterating the need for ongoing monitoring of the programme budget and the management and administration budget. She said that there remain some issues with funding to Trusts with IPTs and business cases not being completed.

6/22.7 Ms McCaig advised that there is approximately £7m of the capital allocation still be utilised, but she was content that it would be fully spent.

6/22.8 The Chair asked if any of the surplus could be used for media campaigns. Ms McCaig noted that there is a cap on how much PHA can spend on media campaigns. Mr Wilson confirmed that that is the position and that PHA has reached that threshold. He also noted that there is a complicating factor in that PHA is in the process of procuring its advertising contract.

6/22.9 Ms Henderson noted that the risks around underspend have reduced, but she expressed concern about the Trust spend and sought clarity about IPTs. Ms McCaig explained that there is always a business place

and if a service is being delivered there should be an IPT in place. She assured members that Trusts are accepting all of their funding following her intervention.

6/22.10 Ms Henderson said that it is important that all vacant posts are filled and following her attendance at the Procurement Board on Monday, it is vital that PHA gets procurement expertise. She said that she was unsure as to whether PHA can wait for the review to be completed before making any decisions. Ms McCaig said that there is a staffing budget which has a clear structure and any slippage is as a result of new posts not being filled. She added that a recruitment exercise can take up to 6 months. Ms Henderson suggested that the current risk will roll forward into 2022/23. Mr Morton advised that there are new posts to be recruited in his directorate, including an Assistant Director of Public Health Nursing, but this has been delayed due to the timescale in finalising the job description and the banding and then seeking approval from the Department to proceed with recruitment. He said that he has been working with Mr Robin Arbuthnot in Human Resources to look at a recovery plan and he would be happy to give the Board an update on this. The Chair asked that this be prepared and sent to the Secretariat for dissemination to the Board **(Action 4 – Mr Morton)**.

6/22.11 Mr Stewart said that this is not the first time that PHA has been in a position of having a surplus and even before COVID-19 this was an issue. He said that there needs to be a proper resourcing plan to avoid PHA constantly being in this situation of having a high number of vacant posts.

6/22.12 Mr Stewart noted that this report is for the period up to 30 November and asked what the current situation is. He also asked if there was an update on the Government's plan to have a 3-year financial settlement.

6/22.13 Ms McCaig said that at this moment she is not noting any significant movement in terms of the financial position on the programme side, but within the management and administration budget, the surplus could grow given the earlier discussion about the costs of the contact tracing centre and the impact on the COVID-19 downturn figure. She advised that she had spoken to Mr Wilson about placing this on the PHA's Corporate Risk Register. She agreed that PHA has been in this position before but it will continue to look at priorities between now and the end of the year in a bid to manage the surplus and to meet the 0.25% target. In terms of the 3-year budget, she said that it would be her intention to give a high level presentation, but she noted that at this stage, there is no indication of organisations being able to carry forward funding between years. She said she would await the outcome of the public consultation before doing a presentation.

6/22.14 The Chair said that in advocating the 3-year budget planning process, the most positive element was the ability to carry forward funding, but now it appears that element will be removed. Ms McCaig said that she

was not sure that this was definitely the case, but in any event, it should not be an issue for PHA if it is on top of its brief. The Chair commented that in both the private and voluntary sectors, there is a benefit having that discretion to be able to carry over funds. Ms McCaig said that 3-year funding will bring a level of certainty for organisations, but challenges will remain.

6/22.15 Mr Clayton recalled that Transformation funding was allowed to be carried forward, but he was not sure if this was a direction from the Treasury. In terms of contact tracing spend, he noted that last year there was a concern that PHA was spending funding without an approved business case in place, so he sought clarity on whether there was a risk to PHA this year if it did not have the funding. He added that he agreed with Mr Stewart's suggestion that there needs to be a workshop looking at workforce planning. Ms McCaig said that the risk to PHA this year is almost the opposite to last year whereby because PHA has had to redeploy staff to contact tracing, it is not spending the additional money it has been allocated so does not require the full funding of the approved business case, but she is working to try to divert some of the funding.

6/22.16 Ms Henderson said that she supported Mr Morton's proposal about preparing a paper on recruitment. She surmised that perhaps the market is not there to fill some of the posts, but it is a priority that the posts are filled or else PHA will not be able to deliver its business. She suggested that time could be taken at a future meeting to look at this, but she took comfort in the fact that a plan will be progressed. She asked whether action to replace a post starts once it is known that a person is leaving. Ms McCaig said that it would, but pointed out that there are a lot of steps required before a post can be recruited, including possibly getting approval from the Permanent Secretary.

6/22.17 The Chief Executive noted that while PHA is not spending as much on contact tracing, he assured members that recruitment is continuing. He added that opportunities have been offered to contact tracing staff and PHA staff who have been trained to benefit from the payment of overtime.

6/22.18 The Chief Executive said that he agreed with Mr Stewart's view that there is a need to have a strategy on HR, recruitment and workforce planning. He noted that part of the issue is that many of the vacancies relate to what he described as PHA's old way of working, but as PHA will be transitioning to a new model, posts could not necessarily be recruited on a like-for-like basis and there is a need to look at the longer term. He agreed that this is now a new issue and that COVID-19 should not be used a reason for having a financial surplus. He said that a workforce plan should be developed to tease out all the issues, but he conceded that some of the issues may continue in the short term.

**7/22** **Item 7 – Update on COVID-19**

7/22.1 Dr Bergin delivered a presentation updating members on COVID-19. He showed that the number of daily cases has begun to decrease, but he noted that there has been a change in the testing strategy. However, he was confident that there is a downward trajectory. He showed the breakdown of cases by age and noted that there is a long way to go until the numbers return to a manageable level. He reported that at one point 6% of the population was affected by Omicron.

7/22.2 Dr Bergin reported that the situation would have been a lot worse had it not been for the vaccination and booster programmes. He showed the historic pattern of hospital admissions and pointed out that present admissions are lower than those at this time last year. He said that there was very little increase in ICU admissions during this Omicron wave and that deaths are lower than last year.

7/22.3 Looking to the future, Dr Bergin suggested that there may be new variants, or new viruses or other non-communicable disease events so PHA needs to be prepared. He said that the health protection response needs to be built up in areas such as surveillance, analytics, incident management and contact tracing. He added that PHA's capacity and capability needs to increase and suggested that if PHA were to become like a public health school, there would be stronger organisational resilience in many areas.

7/22.4 Mr Stewart said that the presentation was informative and asked Dr Bergin what the position is with regard to vaccination going forward, and what this will mean for the workload of PHA, and if there will be more booster programmes. The Chief Executive reported that before Christmas there was a surge in the number of people getting vaccinated but since Christmas this has dropped off so there are meetings taking place to see how people can be encouraged to get their boosters. He added that for the foreseeable future there will be a need for vaccination against COVID-19 and while no decisions have been made, he said that at some point this responsibility will transfer to PHA which will have implications for the organisation as it is a whole new area of service delivery.

7/22.5 Ms Mann-Kler asked how far away it is from the pandemic becoming endemic and what implications this has for PHA, and how it affects PHA's business planning. She expressed a concern that there is an implication that everything that PHA has done during the pandemic was in rapid response, but there are implications for other programmes. She said that there is an opportunity for PHA to capitalise as more people are aware of the organisation. She added that this is critical that following any relaxation of restrictions, the messaging must be crystal clear.

7/22.6 Dr Bergin said that this is a complex area as very few communicable

diseases have gone away. He added that this is a novel virus, and a potent one, and even if 95% of the population is vaccinated, that still leaves 5% and these people may not be evenly distributed, leaving the potential for outbreaks in localised hotspots. He felt that the biggest risk will be in 5/7 years' time if there is a lapse, so there is a need to continue to build up immunity through vaccination and natural immunity. He said that PHA will be dealing with this for the next 20 years.

7/22.7 The Chair asked if there was any information on whether Omicron has resulted in increased hospitalisations. Dr Bergin reported that there have been less people ending up in hospital and the majority of current inpatients are Delta variant cases.

7/22.8 Ms Mann-Kler asked about the return to "business as usual" and if PHA has a handle on the impact of pausing programme work. Dr Bergin advised that he has asked Dr Tracy Owen to bring a report on screening programmes to a future meeting. He indicated that the main screening programmes are 6/18 months behind schedule and the impact of this will be a delay in diagnosing cancers. He advised that screening is ongoing, but only at 75% of pre-pandemic levels.

7/22.9 The Chief Executive said that there are two issues, one is public hesitancy and the other is what PHA can control. He acknowledged that PHA is behind in its delivery and the impact of these delays in impacting on the HSC as well as across wider society.

7/22.10 The Chief Executive reported that PHA staff remain redeployed to contact tracing and will be until the end of January, at which point he hoped they will be able to return to their substantive roles. He noted that while there is a Government view that society is returning to normal, he felt that the number of daily cases remains high with the contact tracing centre having to follow up 6,000 people per day. However, he reiterated that he would like to phase staff back to their usual roles by the end of January.

7/22.11 Mr Clayton said that Dr Bergin's presentation was useful and clear, and the section on future preparedness was very important and linked to the discussion earlier in the meeting about workforce planning. While he noted that Omicron was less severe than Delta, he said that the real issue was that it caused major staff absence and led to delays in discharging people back into the community. He said he would welcome comment from Directors on the impact of staff absence in PHA and some information in terms of PHA's support to the wider HSC system to minimise the impact of staff absence on service delivery. Dr Bergin said that Occupational Health departments would be the first port of call for Trust to access support regarding staff absence. Mr Clayton noted that Omicron has had an impact in terms of the number of people needing to self-isolate. He added that the number of outbreaks in care homes has increased massively so he wanted to know about the support from PHA.

7/22.12 The Chief Executive reported that the impact of absence on PHA has been very low. He advised that through Mr Wilson's directorate a daily report is prepared looking at staff absence and today the figure is 6.2% with only 2.75% relating to COVID-19. Compared to the rest of the HSC, which has an average of 11-12%, he said that PHA is doing well.

7/22.13 The Chief Executive advised that he wrote to Directors about the safeguarding of staff working from home and staff resilience given there will be a fatigue in dealing with COVID-19. He noted that other organisations are experiencing staff absence for reasons other than COVID-19. He commended the work of staff and suggested that the low absence rate indicated that PHA was doing well in terms of staff welfare.

7/22.14 The Chief Executive said that, with regard to care homes, a review of outbreaks showed that, in order to allow homes to take admissions, there needed to be a change in the definition of an outbreak whereby it is defined as a situation where there is demonstrable transmission in the home. He added that information packs have been sent to all care homes. Mr Morton said that when the revised guidelines were prepared, ECHO sessions were set up for care home managers. He advised that previously he and Mr Whittle had developed a risk matrix for care homes where there was a concern and a need to have a discussion with the home. He said that to date matters have been able to be resolved but it has not been an easy process, and has involved a lot of work with the homes. Mr Whittle said that the work PHA has been leading on to support the workforce has been helpful as has the work with care homes to allow them to support the HSC system in terms of timely discharges from hospitals. He added that work is continuing to manage the balance of the flow from hospitals and what care homes can manage. He said that the guidance is tracked on a daily basis. Mr Morton advised that there are regular meetings with care homes and work has commenced on a safe staffing model.

7/22.15 The Chief Executive said that he would like to thank the Board for its support over the last month and for agreeing to have a shorter agenda at today's meeting which allowed staff to divert their resources into dealing with Omicron. He said he wished to thank senior managers for their work since the onset of Omicron and that he was proud of their efforts. He added that that over the festive period staff gave up time without complaint and displayed huge professionalism. In terms of policy, he noted that it is for the PHA Board as a whole to ensure that the Minister's policies are implemented and those policies have changed over the last few months and therefore so has PHA's response.

7/22.16 Going forward, the Chief Executive said the main risk for PHA is around the financial situation. He advised that he had no conduct issues to report on. He reported that he has spoken to the Directors about implementing a "buddying" system with Board members and he would bring that back to a future meeting **(Action 5 – Chief Executive)**. He advised that he has had an initial discussion with Ms Heather Stevens

and he will bring a formal update to the next Board meeting **(Action 6 – Chief Executive)**. He said that Ms Stevens is developing a plan and she is keen to formulate the constitution of the Programme Board, and he would wait and see what proposals she comes up with.

**8/22** **Item 8 – Future PHA Board Workshops**

8/22.1 The Chair advised that he had asked Mr Graham to search through the minutes of previous meetings and list those topics which had been proposed by members. He said that he and the Chief Executive would be meeting to discuss these.

8/22.2 Mr Clayton asked if there would be a workshop on strategy. The Chair confirmed that there would be, and said that in his opinion, the Agency needed to develop a 10-year strategy in addition to the Corporate Plan.

**9/22** **Item 9 – Any Other Business**

9/22.1 With there being no other business, the Chair thanked members for their time and drew the meeting to a close.

**10/22** **Item 10 – Details of Next Meeting**

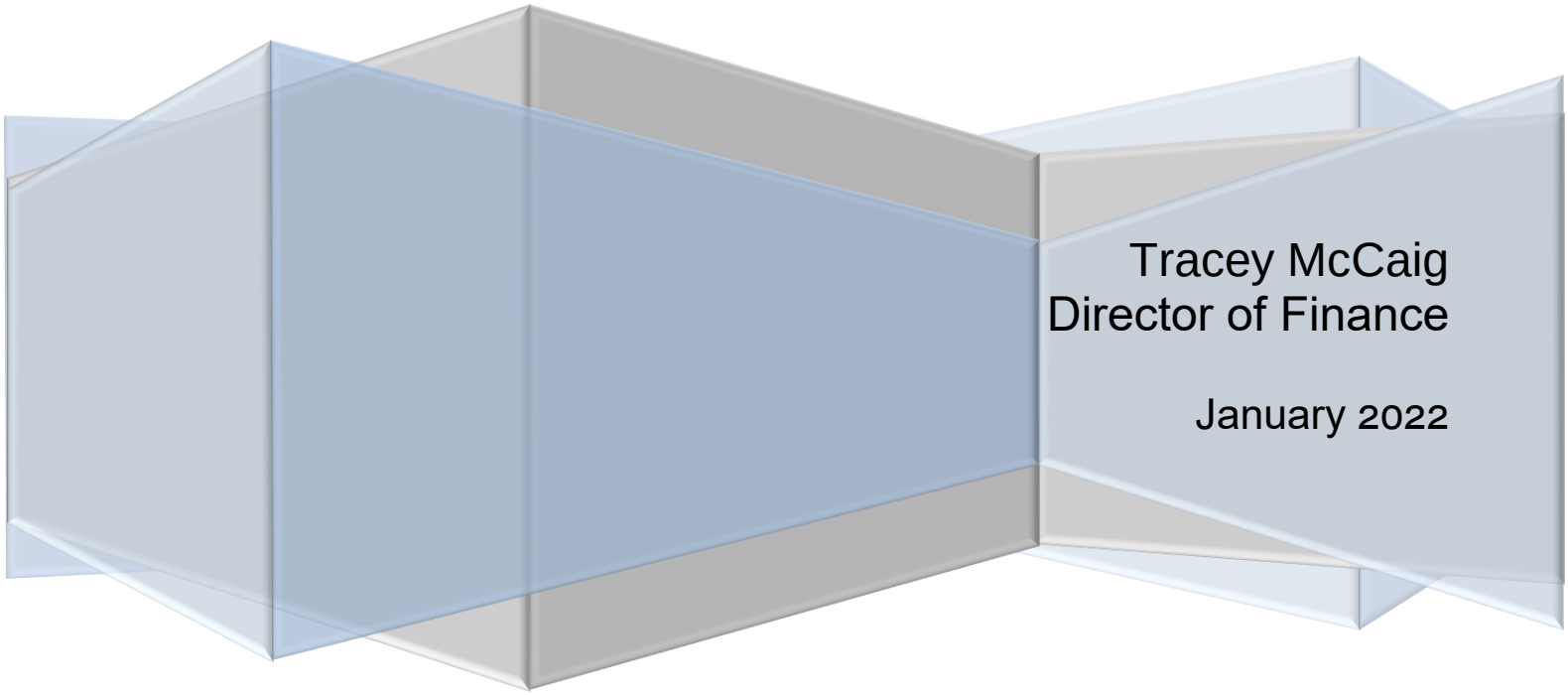
*Thursday 17 February 2022 at 1:30pm*

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

Signed by Chair:

Date:

# Finance Report
# December 2021



Tracey McCaig
Director of Finance

January 2022

**Section A: Introduction/Background**

1. The PHA Financial Plan for 2021/22 was approved by the PHA Board in the June 2021 Board meeting, which described the opening financial position of the organisation and reported an anticipated breakeven position within 2021/22.

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. This executive summary report reflects the latest position, as at the end of December 2021 (month 9). Supplementary detail in the format of previous reports is provided in Annex A.

**Section B: Update – Revenue position**

4. The PHA has reported a year to date surplus, at December 2021, of £0.8m (£0.8m at November 2021).

5. In respect of the year to date surplus of £0.8m:
    - The profiled PHA Programme is showing a small underspend against profile for the year to date (c£0.3m), mainly due to some minor underspends within Health Improvement due to the timing of payments. Budget holders continue to be reminded to keep all programme budgets under close review, and report any expected slippage or pressures at an early stage.
    - As reported previously, there continues to be an underspend in the Management & Admin budget (c£0.9m), primarily in the areas of Nursing & AHP and Operations, which reflects a high level of vacant posts in each area, along with reduced non-pay expenditure which is a result of different working arrangements due to the pandemic. Efforts are on-going to fill vacant posts as soon as possible.
    - An overspend is noted in respect of Covid funding (c£0.6m) which reflects Covid downturn in respect of core operations being offset against funding requirements for, primarily, the Contact Tracing Centre.

- A surplus is being reported in respect of strictly ringfenced funding (c£0.2m), primarily in the area of Delivering Care. This has been reported to DoH, however DoH have indicated that they currently do not intend to retract this funding.

6. The updated position is summarised in the table below.

**PHA Summary financial position - December 2021**

| | Annual Budget | Year to date budget | Year to date Expenditure | Year to date variance | Projected year end Surplus / (Deficit) |
|---|---|---|---|---|---|
| | £'000 | £'000 | £'000 | £'000 | £'000 |
| Health Improvement | 12,121 | 9,091 | 9,091 | 0 | |
| Health Protection | 7,539 | 5,654 | 5,654 | 0 | |
| Service Development & Screening | 13,367 | 10,025 | 10,025 | 0 | |
| Nursing & AHP | 6,576 | 4,932 | 4,932 | 0 | |
| Centre for Connected Health | 1,563 | 1,172 | 1,172 | 0 | |
| Other | 0 | 0 | 0 | 0 | |
| **Programme expenditure - Trusts** | **41,167** | **30,875** | **30,875** | **0** | **0** |
| Health Improvement | 27,461 | 18,532 | 18,194 | 338 | |
| Health Protection | 14,570 | 12,465 | 12,497 | (32) | |
| Service Development & Screening | 3,765 | 1,446 | 1,430 | 16 | |
| Research & Development | 3,411 | 1,700 | 1,700 | 0 | |
| Campaigns | 1,472 | 792 | 838 | (46) | |
| Nursing & AHP | 1,827 | 158 | 172 | (14) | |
| Centre for Connected Health | 326 | 104 | 98 | 6 | |
| Quality Improvement | 170 | 130 | 113 | 18 | |
| Other | (53) | 0 | (0) | 0 | |
| **Programme expenditure - PHA** | **52,950** | **35,326** | **35,041** | **285** | **(150)** |
| **Subtotal Programme expenditure** | **94,117** | **66,201** | **65,915** | **285** | **(150)** |
| Nursing & AHP | 5,128 | 3,778 | 3,287 | 490 | |
| Quality Improvement | 593 | 443 | 390 | 53 | |
| Operations | 4,120 | 3,089 | 2,860 | 229 | |
| Public Health | 16,148 | 12,040 | 12,007 | 33 | |
| PHA Board | 328 | 241 | 265 | (25) | |
| Centre for Connected Health | 407 | 305 | 294 | 11 | |
| SBNI | 771 | 572 | 473 | 99 | |
| **Subtotal Management & Admin** | **27,494** | **20,467** | **19,577** | **891** | **1,171** |
| Trusts | 1,096 | 822 | 822 | 0 | |
| PHA Direct | 10,003 | 5,901 | 6,486 | (585) | |
| **Subtotal Covid-19** | **11,098** | **6,723** | **7,307** | **(585)** | **(780)** |
| Trusts | 142 | 106 | 106 | 0 | |
| PHA Direct | 88 | 0 | 0 | 0 | |
| **Subtotal Transformation** | **230** | **106** | **106** | **0** | **0** |
| Trusts | 0 | 0 | 0 | 0 | |
| PHA Direct | 424 | 294 | 128 | 166 | 208 |
| **Other ringfenced** | **424** | **294** | **128** | **166** | **208** |
| **TOTAL** | **133,363** | **93,791** | **93,034** | **757** | **450** |

*N.B. Table may be subject to minor rounding differences*

7. The current forecast of the year end position is a surplus of £0.45m (£0.42m at month 8), and is being largely driven by management and administration slippage. It should be noted that this is marginally above the PHA's breakeven limit of approximately £0.33m and opportunities to manage this continue to be considered.

8. Following a review of Programme planned expenditure, it should be noted:
    - The position in relation to Programme expenditure continues to be under constant review, to identify slippage and / or pressures;
    - Anticipated slippage within management and administration budgets remains high as the expected start dates of some senior posts within Public Health and Nursing have been delayed. An element of the year-end annual leave accrual has been released to reflect leave carried forward from 2020-21 being utilised, however the final position on the 2021/22 is required to be kept under close review;
    - Covid related downturn has been projected in a number of areas, including the Smoking Cessation budget (£0.6m surplus) and Bowel Screening (£0.2m surplus), which will be offset against Covid allocations for the Contact Tracing Centre (CTC), leaving a net pressure on Covid funding;
    - Contact Tracing Centre expenditure totalling £8.3m has been projected, with a net allocation requirement of £7.5m being advised to DoH Finance as a result of the Covid downturn set out above. As case numbers fluctuate, the estimate of additional funding required continually changes, and this position will be managed closely in the approach to year-end. Funding of £7m has currently been received and any balance required will continue to be managed in the context of PHA's overall financial position;
    - A surplus is being reported in respect of strictly ringfenced funding (c£0.2m), primarily in the area of Delivering Care. As referenced above, this has been reported to DoH, however recently DoH have indicated that they currently do not intend to retract this funding.

**Section C: Risks**

9. **Internal Programme expenditure outturn.** As in previous year, Programme expenditure needs to be monitored closely to ensure that planned expenditure is met. The PHA senior team has conducted a mid-year review of expenditure plans and taken action to reallocate to approved developments and pressures as set out above. The reported position reflects this mid-year review, however this is subject to ongoing monitoring.

10. **Funds not yet allocated to Trusts.** There remains some funding intended to go to Trusts which has not yet been allocated due to the necessary Investment Proposal Templates (IPTs) / business cases not being complete. There is a risk that Trusts will not be able to fully spend this funding before year-end, and therefore PHA may be left with a surplus at year-end. Management have been reminded to prioritise this area to ensure this risk is minimised and highlighted.

11. **Management and Administration expenditure outturn.** This is closely monitored by the Finance team, in conjunction with PHA management, to ensure that the forecast financial position is updated on a monthly basis. However, given current plans and timelines for recruitment, the level of slippage is unlikely to reduce before year-end.

12. **Ring-fenced funding - Covid.** The position assumes that all areas of expenditure funded via Covid funding will breakeven, with the exception of the Contact Tracing Centre, where Covid downturn within PHA has been identified to offset Covid funding required. Currently the majority of Covid expenditure (c£5.8m) relates to the Contact Tracing Centre, with the balance of £1.5m relating to smaller Covid projects. A business case in respect of the Contact Tracing Service was issued to the DoH and additional funding of £2m has subsequently been allocated, bringing funding to c£7m, with the expectation a further allocation if required. PHA will work closely with DoH Finance as we approach year-end to manage the breakeven position. Regular reviews are undertaken on all areas relating to Covid ring-fenced funding, to identify any areas of risk and close liaison will continue with the DoH.

13. **Covid response impact on PHA.** It has been a challenging period for PHA, not least from the focus on the operational nature of the Contact Tracing Service and the support to manage service pressures due to Covid response. Staff members have been diverted internally to support the response.

14. **Annual leave.** The annual leave usage levels reported to date remain proportionately lower than reflective of the point in the financial year, which may ultimately result in an additional cost in the financial year. The financial impact of this is being kept under review.

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 £14.0m. The majority of this (£12.6m) relates to Research & Development (R&D).

17. Other PHA Capital includes an allocation of £358k for the Congenital Heart Disease Professorship Network to be set up across Ireland and £800k for a Covid-19 Wastewater project. There is also currently a small allocation of £92k for ICT capital expenditure within PHA, and £141k for ICT linked to the Contact Tracing Centre.

18. The overall summary position is reflected in the table overleaf.

| Capital Summary | Total CRL<br>£'000 | Year to date spend<br>£'000 | Full year forecast<br>£'000 | Forecast Surplus / (Deficit)<br>£'000 |
|---|---|---|---|---|
| **HSC R&D:** | | | | |
| R&D - Other Bodies | 5,571 | 2,277 | 5,571 | 0 |
| R&D - Trusts | 8,089 | 6,003 | 8,089 | 0 |
| R&D Capital Receipts | (1,020) | (257) | (1,020) | 0 |
| Subtotal HSC R&D | 12,640 | 8,023 | 12,640 | 0 |
| **CHITIN Project:** | | | | |
| CHITIN - Other Bodies | 2,077 | 2 | 2,077 | 0 |
| CHITIN - Trusts | 153 | 0 | 153 | 0 |
| CHITIN - Capital Receipts | (2,230) | 0 | (2,230) | 0 |
| Subtotal CHITIN | 0 | 2 | 0 | 0 |
| **Other:** | | | | |
| Congenital Heart Disease (CHD) Network | 358 | 0 | 358 | 0 |
| Covid-19 Wastewater | 800 | 0 | 800 | 0 |
| Covid-19 ICT | 141 | 111 | 141 | 0 |
| ICT | 92 | 92 | 92 | 0 |
| Subtotal Other | 1,391 | 203 | 1,391 | 0 |
| **Total HSCB Capital position** | **14,031** | **8,228** | **14,031** | **0** |

19. 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.

20. 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.

21. The Congenital Heart Disease network funding (£358k) is being managed by the Research & Development team, and is expected to fully spend in year. The Covid-19 Wastewater allocation (£800k) will fund a QUB project which is analysing wastewater to help with tracking of outbreaks of Covid-19. It is also expected to fully spend in year.

22. The Capital position will continue to be kept under close review throughout the financial year.

**Recommendation**

23. PHA Board are asked to note the PHA financial update as at December 2021.

# Public Health Agency

## Annex A - Finance Report

## 2021-22

### Month 9 - December 2021

# PHA Financial Report - Executive Summary

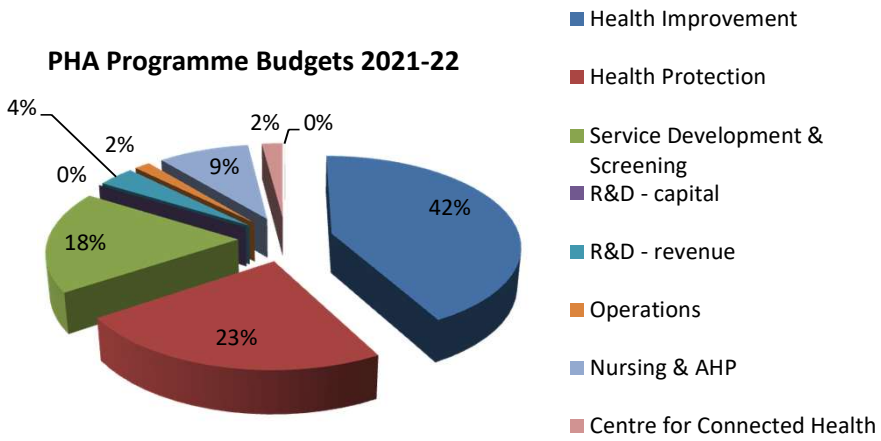
## Year to Date Financial Position (page 2)

At the end of month 8 PHA is reporting an underspend of £0.8m against its profiled budget (£0.8m at month 8). This underspend is primarily the result of underspends on Administration budgets (page 6), offset by some expenditure ahead of profile on Ringfenced budgets.

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.

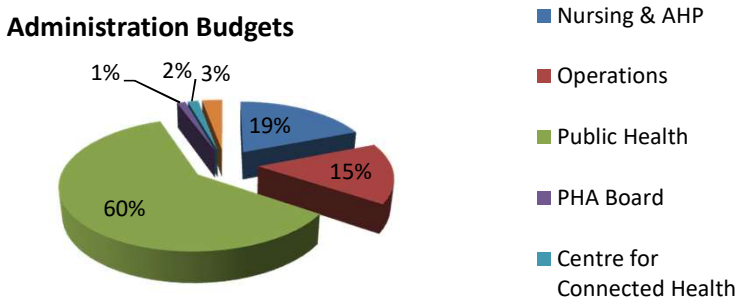



## Administration Budgets (page 5)

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

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

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




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

PHA is currently forecasting a surplus of £0.4m for the full year (£0.4m in month 8 report), arising from identified slippage on Administration budgets offset by pressures in other areas.

The Administration and Programme budgets are being continually reviewed in order to update the full year forecast. It is also assumed that some pressures in Ringfenced areas will be used to absorb slippage in core budgets and manage the overall breakeven position. Some staff continue to be diverted to assist in PHA's response to the Covid-19 surge, and management are working to mitigate the risk of this impacting expenditure in Programme and Ringfenced budget areas.

# Public Health Agency
## 2021 -22 Summary Position - November 2021

| | Annual Budget | | | | | Year to Date | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Programme | | Ringfenced | Mgt & | Total | Programme | | Ringfenced | Mgt & | Total |
| | Trust | PHA Direct | Trust & Direct | Admin | | Trust | PHA Direct | Trust & Direct | Admin | |
| | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 |
| **Available Resources** | | | | | | | | | | |
| Departmental Revenue Allocation | 41,167 | 52,919 | 11,752 | 26,213 | **132,051** | 30,875 | 35,296 | 7,123 | 19,568 | **92,861** |
| Revenue Income from Other Sources | - | 31 | - | 1,281 | **1,312** | - | 30 | - | 899 | **929** |
| **Total Available Resources** | 41,167 | 52,950 | 11,752 | 27,494 | **133,363** | 30,875 | 35,326 | 7,123 | 20,467 | **93,791** |
| **Expenditure** | | | | | | | | | | |
| Trusts | 41,167 | - | 1,237 | - | **42,404** | 30,875 | - | 928 | - | **31,803** |
| PHA Direct Programme * | - | 53,101 | 11,087 | - | **64,187** | - | 35,041 | 6,614 | - | **41,655** |
| PHA Administration | - | - | - | 26,322 | **26,322** | - | - | | 19,577 | **19,577** |
| **Total Proposed Budgets** | 41,167 | 53,101 | 12,324 | 26,322 | **132,914** | 30,875 | 35,041 | 7,542 | 19,577 | **93,034** |
| **Surplus/(Deficit) - Revenue** | - | (150) | (572) | 1,171 | **450** | - | 285 | (419) | 891 | **757** |
| ***Cumulative variance (%)*** | | | | | | ***0.00%*** | ***0.81%*** | ***-5.89%*** | ***4.35%*** | ***0.81%*** |

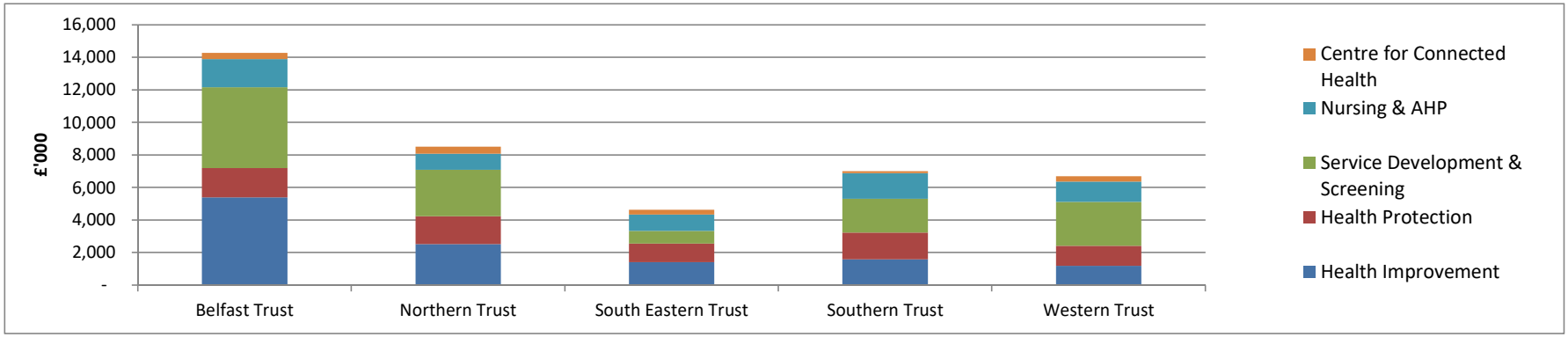
The year to date financial position for the PHA shows an underspend of £0.8m, which is primarily the result of underspend on Admin budgets.

A year-end underspend of £0.4m is currently forecast (£0.4m in month 8 report), primarily caused by vacancies in Admin budgets offset by managed overspends in other areas. This forecast position may be subject to change through the year and will be kept under review to identify any significant movements. For example, this would include any in-year impact to PHA's normal operations from its ongoing response to Covid-19 surges (such as support to the Contact Tracing service).

** Please note that a number of minor roundings may appear througout this report.*

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

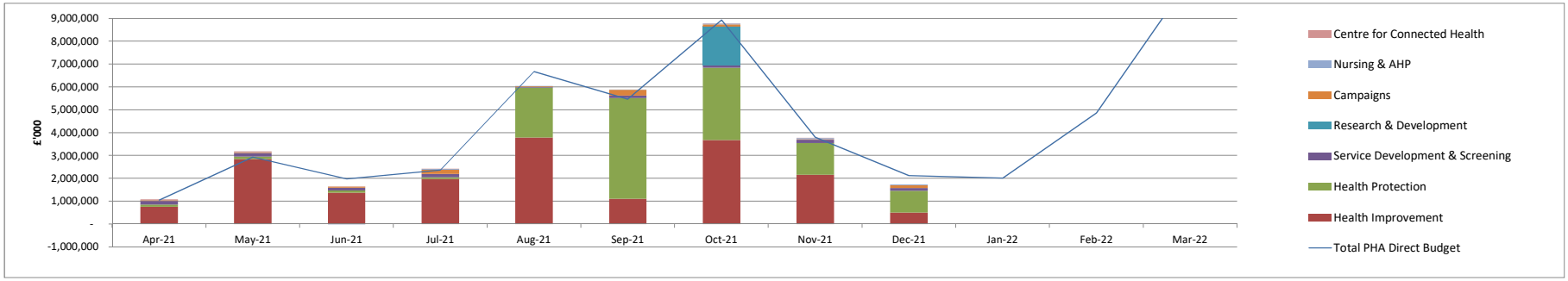
# Programme Expenditure with Trusts




| Current Trust RRLs | Belfast Trust £'000 | Northern Trust £'000 | South Eastern Trust £'000 | Southern Trust £'000 | Western Trust £'000 | Total Planned Expenditure £'000 | YTD Budget £'000 | YTD Expenditure £'000 | YTD Surplus / (Deficit) £'000 |
|---|---|---|---|---|---|---|---|---|---|
| Health Improvement | 5,403 | 2,517 | 1,419 | 1,598 | 1,184 | **12,121** | 9,091 | 9,091 | - |
| Health Protection | 1,794 | 1,729 | 1,148 | 1,630 | 1,239 | **7,539** | 5,654 | 5,654 | - |
| Service Development & Screening | 4,967 | 2,853 | 774 | 2,081 | 2,691 | **13,367** | 10,025 | 10,025 | - |
| Nursing & AHP | 1,744 | 984 | 997 | 1,579 | 1,248 | **6,576** | 4,932 | 4,932 | - |
| Centre for Connected Health | 375 | 434 | 298 | 118 | 338 | **1,563** | 1,172 | 1,172 | - |
| **Total current RRLs** | **14,282** | **8,518** | **4,636** | **7,007** | **6,700** | **41,167** | **30,875** | **30,875** | - |
| ***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-21 £'000 | May-21 £'000 | Jun-21 £'000 | Jul-21 £'000 | Aug-21 £'000 | Sep-21 £'000 | Oct-21 £'000 | Nov-21 £'000 | Dec-21 £'000 | Jan-22 £'000 | Feb-22 £'000 | Mar-22 £'000 | Total £'000 | YTD Budget £'000 | YTD Spend £'000 | Variance £'000 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Profiled Budget** | | | | | | | | | | | | | | | | | |
| Health Improvement | 884 | 2,625 | 1,357 | 1,788 | 4,478 | 740 | 3,937 | 1,656 | 1,067 | 789 | 4,025 | 4,115 | **27,461** | 18,532 | 18,194 | 338 | *1.8%* |
| Health Protection | 77 | 100 | 87 | 85 | 2,142 | 4,476 | 3,085 | 1,638 | 775 | 713 | 100 | 1,292 | **14,570** | 12,465 | 12,497 | (32) | *-0.3%* |
| Service Development & Scree | 51 | 158 | 470 | 192 | 29 | 235 | 102 | 50 | 159 | 199 | 125 | 1,995 | **3,765** | 1,446 | 1,430 | 16 | *1.1%* |
| Research & Development | - | - | - | - | - | - | 1,700 | - | - | - | 200 | 1,511 | **3,411** | 1,700 | 1,700 | - | *0.0%* |
| Campaigns | 10 | 10 | 20 | 227 | 10 | 5 | 19 | 414 | 77 | 282 | 134 | 264 | **1,472** | 792 | 838 | (46) | *-5.8%* |
| Nursing & AHP | 4 | 22 | 4 | 1 | 10 | 0 | 56 | 10 | 49 | 22 | 78 | 1,569 | **1,827** | 158 | 172 | (14) | *-9.2%* |
| Centre for Connected Health | 20 | 20 | 43 | 11 | 5 | 4 | 5 | 5 | (9) | 10 | 175 | 38 | **326** | 104 | 98 | 6 | *5.9%* |
| Quality Improvement | - | - | - | 58 | - | 7 | 34 | 31 | 1 | - | 26 | 14 | **170** | 130 | 113 | 18 | *13.5%* |
| Other | - | - | - | - | - | - | - | - | - | - | - | (53) | **(53)** | - | - 0 | 0 | *100.0%* |
| **Total PHA Direct Budget** | **1,046** | **2,935** | **1,981** | **2,363** | **6,674** | **5,467** | **8,938** | **3,805** | **2,118** | **2,015** | **4,863** | **10,746** | **52,950** | **35,327** | **35,041** | **285** | |
| ***Cumulative variance (%)*** | | | | | | | | | | | | | | | | ***0.81%*** | |
| **Actual Expenditure** | **1,128** | **3,228** | **1,693** | **2,462** | **6,060** | **5,924** | **8,824** | **3,874** | **1,848** | **-** | **-** | **-** | **35,041** | | | | |
| **Variance** | **(82)** | **(293)** | **288** | **(98)** | **613** | **(456)** | **113** | **(69)** | **270** | | | | **285** | | | | |

The year-to-date position shows a small underspend of approximately £0.3m against profile. There are a number of overspends and underspends at present netting off to create an approximate breakeven position at this point in the financial year. These are timing issues only, and the budget is expected to achieve a breakeven position for the year.

# Public Health Agency
## 2021-22 Ringfenced Position

| | Annual Budget | | | | Year to Date | | | |
|---|---|---|---|---|---|---|---|---|
| | Covid £'000 | Transformation £'000 | Other ringfenced £'000 | Total £'000 | Covid £'000 | Transformation £'000 | Other ringfenced £'000 | Total £'000 |
| **Available Resources** | | | | | | | | |
| DoH Allocation | 11,039 | 272 | 424 | **11,735** | 6,722 | 106 | 294 | **7,123** |
| Assumed Allocation/(Retraction) | 59 | (42) | | 17 | - | - | - | **-** |
| Total | 11,098 | 230 | 424 | **11,752** | 6,722 | 106 | 294 | **7,123** |
| **Expenditure** | | | | | | | | |
| Trusts | 1,096 | 142 | - | **1,237** | 822 | 106 | - | **928** |
| PHA Direct | 10,783 | 88 | 216 | **11,087** | 6,486 | - | 128 | **6,614** |
| Total | 11,878 | 230 | 216 | **12,324** | 7,307 | 106 | 128 | **7,542** |
| **Surplus/(Deficit)** | **(780)** | **-** | **208** | **(572)** | **(585)** | **-** | **166** | **(419)** |

PHA has received a COVID allocation of £11.0m to date, £5.0m of which is for Contract Tracing. PHA is working with DoH to assess the costs of expanding the Contact Tracing service, and further funding is expected for this. More detail on the COVID funding allocations PHA has received is provided in page 9 of this report.

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 small underspend is expected to be retracted by DoH and a breakeven position will be achieved for the year.

Other ringfenced areas include Safe Staffing and Fresh Start funding for SBNI. Staff are presently being recruited for Safe Staffing, however an underspend is anticipated and this will be managed as part of the overall breakeven position for the year.

# PHA Administration

## 2021-22 Directorate Budgets

| | Nursing & AHP £'000 | Quality Improvement £'000 | Operations £'000 | Public Health £'000 | PHA Board £'000 | Centre for Connected Health £'000 | SBNI £'000 | Total £'000 |
|---|---|---|---|---|---|---|---|---|
| **Annual Budget** | | | | | | | | |
| Salaries | 4,970 | 582 | 2,990 | 15,822 | 252 | 365 | 505 | **25,485** |
| Goods & Services | 159 | 10 | 1,130 | 326 | 76 | 42 | 266 | **2,009** |
| **Total Budget** | **5,128** | **593** | **4,120** | **16,148** | **328** | **407** | **771** | **27,495** |
| **Budget profiled to date** | | | | | | | | |
| Salaries | 3,658 | 436 | 2,241 | 11,794 | 189 | 274 | 378 | **18,971** |
| Goods & Services | 119 | 7 | 848 | 246 | 52 | 31 | 194 | **1,497** |
| **Total** | **3,778** | **443** | **3,089** | **12,040** | **241** | **305** | **572** | **20,467** |
| **Actual expenditure to date** | | | | | | | | |
| Salaries | 3,209 | 380 | 1,969 | 11,838 | 224 | 280 | 379 | **18,279** |
| Goods & Services | 78 | 10 | 891 | 169 | 41 | 14 | 94 | **1,298** |
| **Total** | **3,287** | **390** | **2,860** | **12,007** | **265** | **294** | **473** | **19,577** |
| **Surplus/(Deficit) to date** | | | | | | | | |
| Salaries | 449 | 57 | 272 | (44) | (35) | (7) | (0) | **692** |
| Goods & Services | 41 | (3) | (43) | 77 | 10 | 18 | 99 | **199** |
| **Surplus/(Deficit)** | **490** | **53** | **229** | **33** | **(25)** | **11** | **99** | **891** |
| ***Cumulative variance (%)*** | *12.98%* | *12.04%* | *7.42%* | *0.27%* | *-10.22%* | *3.58%* | *17.27%* | ***4.35%*** |

PHA's administration budget is showing a year-to-date surplus of £0.9m, which is being generated by a number of long standing vacancies along with the impact of many staff continuing to work primarily from home. This is driving reduced expenditure in areas such as travel and courses. Senior management continue to monitor the position closely in the context of the PHA's obligation to achieve a breakeven position for the financial year. The full year surplus is currently forecast to be £1.2m.

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

# Public Health Agency
## 2021-22 Capital Position

| | Capital Resource Limit (CRL) | Year to Date Expenditure | Full Year Forecast Expenditure | Forecast Surplus / (Deficit) |
|---|---|---|---|---|
| | £'000 | £'000 | £'000 | £'000 |
| **HSC Research & Development** | | | | |
| R&D - Other Bodies | 5,571 | 2,277 | 5,571 | - |
| R&D - Trusts | 8,089 | 6,003 | 8,089 | - |
| R&D - Capital Receipts | (1,020) | (257) | (1,020) | - |
| | **12,640** | **8,023** | **12,640** | **-** |
| **CHITIN Project** | | | | |
| CHITIN - Other Bodies | 2,077 | 2 | 2,077 | - |
| CHITIN - Trusts | 153 | - | 153 | - |
| CHITIN - Capital Receipts | (2,230) | - | (2,230) | - |
| | **-** | **2** | **-** | **-** |
| **Total R&D Position** | **12,640** | **8,025** | **12,640** | **-** |
| **Other PHA Capital** | | | | |
| Congenital Heart Disease (CHD) Network | 358 | - | 358 | - |
| Covid-19 Wastewater | 800 | - | 800 | - |
| Covid-19 ICT | 141 | 111 | 141 | - |
| ICT | 92 | 92 | 92 | - |
| **Total Other Capital Position** | **1,391** | **203** | **1,391** | **-** |
| **Total PHA Capital Position** | **14,031** | **8,228** | **14,031** | **-** |

The PHA's opening Capital Resource Limit (CRL) of £12m relates to the regional allocation for HSC Research & Development (R&D). This 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.

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 of €8.84m, and the funding for each financial year from the Special EU Programmes Body (SEUPB) matches expenditure claims, ensuring a breakeven position.

Other PHA Capital includes an allocation of £0.358m for the Congenital Heart Disease Professorship Network to be set up across Ireland and £0.8m for a Covid-19 Wastewater project. There is also currently a small allocation of £92k for ICT capital expenditure within PHA, and £141k for ICT linked to the Contact Tracing Centre.

# PHA Prompt Payment

## Prompt Payment Statistics

| | December 2021 Value | December 2021 Volume | Cumulative position as at December 2021 Value | Cumulative position as at December 2021 Volume |
|---|---|---|---|---|
| Total bills paid (relating to Prompt Payment target) | £2,666,102 | £345 | £54,454,878 | 4,986 |
| Total bills paid on time (within 30 days or under other agreed terms) | £2,654,802 | £341 | £50,227,751 | 4,910 |
| **Percentage of bills paid on time** | **99.6%** | **98.8%** | **92.2%** | **98.5%** |

Prompt Payment performance for December shows that PHA achieved the 95.0% target on both volume and value. The year to date shows that on volume, PHA is achieving its 30 day target of 95.0% but on value it has fallen to 92.2%. The failure to meet prompt payment on value was due to a delay in paying Flu Vaccine invoices of £3.9m in October. Prompt payment targets will continue to be monitored closely over the 2021-22 financial year.

The 10 day prompt payment performance remains very strong at 90.0% on volume for the year to date, which significantly exceeds the 10 day DoH target for 2021-22 of 70%.

# PHA COVID-funded Expenditure

| | Annual Budget £'000 | Spend to 31 December 2021 £'000 | Balance to Spend at 31 December 2021 £'000 | *Notes* |
|---|---|---|---|---|
| Contact Tracing Centre | 7,513 | 5,773 | 1,740 | *1* |
| Screening | 560 | 420 | 140 | |
| Vaccine Roll Out Programme | 595 | 545 | 50 | |
| Infection Prevention Control Nursing | 550 | 401 | 149 | |
| NI Advanced Care Planning | 450 | 38 | 412 | |
| AHP Elective Care Support | 41 | - | 41 | |
| Band 8s Overtime | 50 | 51 | (1) | |
| Schools Support Team | 116 | 79 | 37 | |
| Additional Flu Response | 573 | - | 573 | |
| HP Team | 500 | - | 500 | |
| HSCQI | 150 | - | 150 | |
| **Total** | **11,098** | **7,307** | **3,792** | |

***Notes***

*1 An allocation of £7.028m has been received to date for Contact Tracing, with a further £0.5m assumed at this stage. As case numbers fluctuate, the estimate of additional funding required continually changes. PHA are working closely with DoH Finance to manage the overall position to breakeven.*

HSC Public Health Agency

# minutes

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| **Title of Meeting** | Meeting of the Public Health Agency Governance and Audit Committee |
| **Date** | 3 December 2021 at 10am |
| **Venue** | Via Zoom |

**Present**

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| Mr Joseph Stewart | - | Chair |
| Mr John Patrick Clayton | - | Non-Executive Director |

**In Attendance**

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| Mr Stephen Murray | - | Interim Assistant Director of Planning and Business Services |
| Ms Tracey McCaig | - | Interim Director of Finance, HSCB |
| Ms Andrea Henderson | - | Assistant Director of Finance, HSCB |
| Mr David Charles | - | Internal Audit, BSO |
| Mrs Catherine McKeown | - | Internal Audit, BSO |
| Ms Christine Hagan | - | ASM |
| Mr John Irwin | - | NIAO |
| Mr Robert Graham | - | Secretariat |

**Apologies**

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| Ms Deepa Mann-Kler | - | Non-Executive Director |
| Mr Stephen Wilson | - | Interim Director of Operations |
| Mr Roger McCance | - | NIAO |

| | | **Action** |
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| **52/21** | **Item 1 – Welcome and Apologies** | |
| 52/21.1 | Mr Stewart welcomed everyone to the meeting. Apologies were noted from Ms Deepa Mann-Kler, Mr Stephen Wilson and Mr Roger McCance. He welcomed Mr Stephen Murray who was attending in place of Mr Wilson and Mr John Irwin who was attending in place of Mr McCance. | |
| **53/21** | **Item 2 - Declaration of Interests** | |
| 53/21.1 | Mr Stewart asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared. | |

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| **54/21** | **Item 3 – Minutes of previous meeting held on 7 October 2021** |
| 54/21.1 | The minutes of the previous meeting, held on 7 October 2021 were **approved** as an accurate record of that meeting. |
| **55/21** | **Item 4 – Matters Arising** |
| 55/21.1 | Mr Stewart noted that he would pick up some of the matters arising under his Chair's Business. He advised that he and the PHA Chair had met with the Deputy Chief Medical Officer (DCMO) to discuss the relationship between the PHA and the Department. He added that he had also attended a meeting with Ms McCaig to discuss the finance function. |
| | *42/21.2 Workforce Plan* |
| 55/21.2 | Mr Stewart advised that he had raised this with the Chief Executive and the Chair and suggested that the need to progress this is one of the reasons the Chair is keen to get a new Committee up and running. |
| | *44/21.16 Placement Agreements* |
| 55/21.3 | Mr Stewart noted that an update on this was provided at the last PHA Board meeting where it was clarified that if a GP practice has not returned a signed Placement Agreement, then no vaccinator staff are provided to that practice. |
| | *44/21.17 Legal Opinion* |
| 55/21.4 | Mr Stewart advised that it was his understanding that the Junior Counsel opinion would soon be received. He said that he would wish to see this opinion as soon as possible, as well as the question asked. |
| | *44/21.24 Rota and Timesheet Management* |
| 55/21.5 | Mr Stewart said that he has raised this matter with both the Chair and the Chief Executive. |
| **56/21** | **Item 5 – Chair's Business** |
| 56/21.1 | Mr Stewart reported that he and the PHA Chair had held a meeting with the DCMO to discuss the Internal Audit reports on the Contact Tracing Service (CTS) and the recruitment of vaccinators as both audits contained a similar recommendation about getting clarity about the relationship between PHA and the Department. In the CTS audit, he said there needed to be clarity about the ownership of the |

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| | Service and with regard to vaccinators, there was a concern in terms of the Department issuing instructions to PHA staff which the PHA Board did not have sight of. He said that the meeting was very productive and he hoped that there would be a follow up in writing of the issues discussed. |
| 56/21.2 | Mr Stewart advised that with regard to the CTS, the view of the Department is that the Service would have transferred fully to the PHA had it not been for the emergence of the Omicron variant. He added that given the significance of this new variant, the Department, through the Oversight Board, will retain full ownership of the Service, but the PHA is responsible for its discharge. He said that the Department spoke very highly of the work of the PHA staff involved in the Service and that the Minister, CMO and DCMO were satisfied that there was a strong CTS in Northern Ireland. He noted that there are KPIs relating to the Service and these were reported on by the Chief Executive at the last Board meeting. |
| 56/21.3 | Turning to the audit of the recruitment of vaccinators, Mr Stewart said that there was an acceptance by the Department that due process had not been followed in terms of the approach to PHA. However, he added that the Department felt that it was lawful to instruct PHA to undertake the recruitment and employment of vaccinators because of PHA's primary duty to protect public health and life. He said that while he accepted that view, he would await the legal opinion on the matter. He reiterated that there was an acceptance that the approach was incorrect and that in future any such requests will come through the Chair and/or Chief Executive given their statutory relationships to the Minister and Permanent Secretary respectively. He said that while the discussion was useful, he pointed out that this was not an isolated incident and that the PHA Board has been concerned for some time about PHA staff being approached directly by the Department. He advised that this was noted by the DCMO. He said that he would wish to see a written account of the meeting. |
| 56/21.4 | Mr Clayton thanked Mr Stewart for the update and said that he was pleased to hear that the meeting was useful. He said that while he accepted that decisions had to be made at pace because of COVID-19, there still needs to be clear lines of accountability, command and direction. He was pleased that the DCMO has taken that on board given that this has been a concern of the PHA Board. |
| 56/21.5 | Mr Clayton said that it is important that the PHA Board sees the legal opinion. While he accepted that the approach from |

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| | the Department may have been lawful, he said that his concern relates more to the regulatory implications and if PHA carried out this work lawfully. Mr Stewart said that there was some discussion about the resources required for the vaccination programme going forward given the volume of vaccination that will be required, and whether PHA will need to be registered. |
| 56/21.6 | Mr Stewart reported that he, along with the PHA Chair and Chief Executive and one of the Non-Executive Directors, had met with Ms McCaig to discuss the creation of a Director of Finance post in PHA following the migration of HSCB functions into the Department. Ms McCaig assured members that PHA finance is handled separately within HSCB and even if the functions move into the Department, the staff will remain the same and the processes will remain the same so she did not envisage any difficulties. She said that there had been a review of the information that was compiled for the previous options paper and further consideration given to the correspondence from the Permanent Secretary in terms of how his request could be delivered. She advised that she would be meeting with Mrs Paula Smyth and would then prepare an updated paper for the Chief Executive. She added that whatever option is chosen, she will remain committed to supporting PHA. Mr Stewart thanked Ms McCaig for her support and the openness with which this work is being carried out. |
| 56/21.7 | Mr Stewart advised that he has asked the PHA Chair about asking one of the new Non-Executive Directors to become a member of this Committee. He said he hoped that a new member would be appointed shortly. |
| **57/21** | **Item 6 – Internal Audit**<br><br>*Internal Audit Progress Report [GAC/40/12/21]* |
| 57/21.1 | Mrs McKeown gave an overview of the audit work that has been carried out so far this year. She advised that the finance audit is ongoing and that the fieldwork is due to commence in February for the audit on vaccination programmes, although it is yet to be confirmed whether this audit is do-able this year. She added that the report of the audit on Board Effectiveness is being finalised and should be ready by Christmas. She estimated that about half of the year's audit work has been completed. |
| 57/21.2 | Mrs McKeown presented the findings of the audit on performance management and reported that a limited level of assurance was being provided with one significant finding |

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| | in that there are significant weaknesses in this area in PHA. She said that there is no updated performance management framework in place and that no updates have been provided to the PHA Board on performance management except through the Chief Executive's Report. However, she noted that a Performance Management Report had been brought to the last PHA Board meeting. Going back to the audit findings, she said that there were no performance targets or KPIs defined for 2020/21 and there is currently no measurement and assessment of outcomes. She advised that management has accepted the recommendations of the Report. |
| 57/21.3 | Mr Stewart said that, on reading the report, he queried whether the context took into account the situation that PHA is currently facing in that it has been in business continuity mode since early 2020 and all efforts have been directed towards dealing with COVID-19, including taking staff away from their normal posts to deal with contact tracing with them only having recently returned to their normal roles. He added that while Non-Executive Directors are pleased to see a new Performance Management Report having been brought to the Board, he felt that the situation PHA was facing should have been factored into the Report. Mrs McKeown said that while she appreciated those comments, she felt that there was no visibility of PHA's performance in those areas where work was continuing. She said that there was a need for the Report to have a sense of where performance management was across the whole organisation. |
| 57/21.4 | Mr Clayton said that this is a significant report, not solely because of the fact that a limited assurance was received, but because this has been an area of concern for the PHA Board both before and during the pandemic, and is one of the reasons the Chair has been wishing to establish a new Committee. He said that the Board needs to know if the organisation is performing against its objectives and how that is measured. He noted that it is likely that PHA will be dealing with COVID-19 for many years so there is a need to be able to measure the impact of COVID-19 on other areas. He asked about KPIs and if the Board is aware of what these are. He suggested that it may be worth discussing this Report at the next Board meeting, although he acknowledged that the Chief Executive had initiated a step in the right direction by bringing a new report to the Board. He also noted that the outcomes in PHA's Business Plan reflect those that were in the draft Programme for Government which was never formally agreed so this is an issue the Board may wish to tease out. He asked how does |

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| | PHA know that it is making a difference, how does it measure success and how is it dealing with health inequalities? He reiterated that it may be worthwhile having a discussion at the next Board meeting and also a discussion about the new Committee. He said that this is a critical report for PHA at a critical time. |
| 57/21.5 | Mr Stewart agreed that this is a significant report and that the Chief Executive did bring a report to the Board that addresses some of the issues. However, he said that there is a challenge for PHA in terms of being able to set objectives over which it has overall responsibility instead of objectives where it has to work with the Department or HSCB. He added that PHA needs its own identity. He agreed that the Chair will want to see the new Committee having a role in terms of performance management. He added that as the Board meetings only happen monthly and have busy agendas, this new Committee could help promote a discussion on strategic direction and bring its proposals to the Board for endorsement or amendment. |
| 57/21.6 | Mr Murray advised that PHA is presently developing a new performance management system which will look at how PHA can report on those objectives for which it has responsibility and what influence it is having outside the organisation. He added that a new framework needs to be developed which is clear on the purpose of PHA, what is responsible for, how it will deliver that, and how it will deliver the longer term outcomes contained in strategies like, for example, Programme for Government, Making Life Better and Protect Life 2. He said that systems and processes need to be developed to look at what PHA is directly accountable for, and what it is contributing to and that he has been asked to lead on this work which will be given priority over the coming months. |
| 57/21.7 | Mr Murray advised that in terms of the audit plan for this year, an issue has been highlighted from the public health directorate about whether the audit of vaccination programmes can progress as the emergence of the new variant has impacted on their work. He said that the timescales will be challenging and there may need to be a look at the deliverability of this in-year which AMT will need to consider. Mr Stewart asked that AMT give this consideration and discuss it with Mrs McKeown before coming back to the Committee. He added that there was a discussion about the new variant and its implications for PHA at the meeting with the DCMO. |
| 57/21.8 | The Chair thanked Mrs McKeown and Mr Charles for their |

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| | work on the performance management audit which he said will be used as a lever to enhance work in this area going forward. |
| 57/21.9 | Members noted the Internal Audit Progress Report. |
| **58/21** | **Item 7 – Corporate Governance**<br><br>*Corporate Risk Register as at 30 September 2021 [GAC/41/12/21]* |
| 58/21.1 | Mr Stewart noted that there has been considerable work to progress some of the issues on the Corporate Risk Register. He queried whether some of the actions rated "low" needed to remain and whether all of the actions rated "high" need to have that rating. He said that the Register needs to be reviewed in detail by the Agency Management Team (AMT). |
| 58/21.2 | Mr Murray agreed that there needs to be a fundamental review of the Register with some risks possibly moving to directorate risk registers. He suggested that given other pressures, the Register did not receive the in-depth review that was required and but this would take place when it is next reviewed at the end of December. He advised that there is one new risk which relates to cyber security. |
| 58/21.3 | Mr Clayton asked about risk 26 relating to procurement, and noted the new social values procurement policy that has come into being and asked whether it has implications for PHA. With regard to risk 48 on the PHA website, he noted that the website may be moving to under the NI Direct platform and he asked if this was the most appropriate and visible place for it. Turning to the new risk on cyber security, he queried the rationale for its inclusion, and whether this was due to a particular incident, or was merely a general concern. He noted that there are two risks on the Register relating to workforce pressures, one in public health and one for HSCQI, and he suggested that there should be a general risk on the Corporate Risk Register about workforce, and then a more detailed risk on the relevant directorate risk registers. He also noted the reliance on agency staff working on the PHA website and asked if there is a wider workforce issue that needs addressed. |
| 58/21.4 | Mr Stewart said that he agreed with Mr Clayton's point about workforce issues and he would be asking Directors to review exactly where the vacancies are. He also agreed with Mr Clayton's suggestion about having a more general risk on staffing which directorate risk registers can feed into. |

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| 58/21.5 | Responding to Mr Clayton's queries, Mr Murray began by advising that PHA is actively looking at the outworking of social value procurement which he said feeds into PHA's philosophy as PHA's tenders are social value based so there is a need to put in a scoring mechanism and this will be built into the planning process. In terms of the website, he advised that PHA is under the direction of the Civil Service and that all websites have to go through NI Direct, but he said he would ask Mr Wilson to come back to the Committee with more information on this. He said that the risk for PHA is the length of time it is taking to get information across to the new site. On the cyber security risk, he said that he was not aware of any specific issues, and it is more that the HSC, as a system, is ensuring that all its expertise is brought together. He agreed with the suggestion of having one risk to cover workforce. Mr Clayton said that he welcomed that social value procurement is part of PHA's planning process and that this is a positive step. | Mr Murray / Mr Wilson |
| 58/21.6 | Mr Stewart commented that in risk 54 around commissioned services, it was reported that 96% of providers are delivering services fully, or with reasonable adjustments, therefore he did not feel that this was a risk. He said that while it is good that risk registers are being kept live, they should accurately reflect the current situation. He also suggested that the level of detail needs to be reviewed. | |
| 58/21.7 | Ms McCaig advised that with regard to the cyber security risk, all organisations have been reviewing their own arrangements, but this is managed centrally by the digital team. | |
| 58/21.8 | Focusing on risk 58 concerning staff resilience, Mr Stewart expressed concern that as the current pandemic shows no sign of ending, there will be a lot of staff with a huge amount of annual leave left to take and very little opportunity to take it. He said that he would raise this with the Chief Executive. Ms McCaig said that her team has been doing a mid-point review of annual leave as this is an accrual in the accounts which will be referenced in the next Finance Report and she agreed that there is an issue as there has not been the same level of leave used so far this year. Mr Clayton said that across other HSC organisations staff are being approached directly to see what support arrangements can be put in place for them. He agreed that this is an issue and may be worth further discussion at next week's Board workshop. Ms McCaig said that the situation is difficult to predict given that a number of staff were redeployed to contact tracing so it is not clear whether there is an | Mr Stewart |

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| | opportunity for them to take leave. |
| 58/21.9 | Members **APPROVED** the Corporate Risk Register. |
| | *Operations Directorate Risk Register as at 30 September 2021 [GAC/42/12/21]* |
| 58/21.10 | Mr Stewart said that the Operations Directorate Risk Register was clear and to the point and he asked Mr Murray if there were any particular issues he wished to draw members' attention to. Mr Murray replied that he had no matters he wished to refer to noting that much of the work of the Operations directorate straddles the organisation as a whole so those risks would be on the Corporate Risk Register. |
| 58/21.11 | Mr Murray noted that there had already been a discussion on the issues regarding the PHA website. He advised that there is a risk around the staffing infrastructure to support information governance. He reported that a Digital Manager will be appointed shortly to address some capacity issues and to ensure there is a smooth transition of the website to NI Direct. |
| 58/21.12 | Mr Clayton asked about the reliance on agency staff and asked how many agency staff PHA was employing. He suggested that COVID-19 may be playing a part in terms of the recruitment process. Mr Murray agreed that there are demands on the system as a whole with the number of new posts being created and consequently there is an issue in terms of the speed with which these posts can be recruited. Furthermore, he pointed out that if an internal appointment is made, this creates another gap. He said it can take up to six months for a recruitment exercise to be completed if an external candidate is appointed. |
| 58/21.13 | Members **APPROVED** the Operations Directorate Risk Register. |
| | *Update on Use of Direct Award Contracts April 2021 – September 2021 [GAC/43/12/21]* |
| 58/21.14 | Mr Stewart said that he had no particular queries on the update on Direct Award Contracts (DACs). He noted the one rated "red" which concerns the Lifeline service and which had been discussed at the last meeting. Ms McCaig reported that there is an element of that DAC that was not signed off by the Permanent Secretary which she is seeking clarification from DoH as to whether this will be considered as irregular spend. She advised that this is currently being |

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| | reviewed with the Department and noted that it is a small amount. She added that the Chief Executive had indicated his wish to move away from a reliance on DACs, and she undertook to get clarity on the irregular spend in advance of the next meeting. Mr Stewart asked what the issue was with the DAC. Ms McCaig explained that as there was a delay in processing the DAC and PHA had to seek a retrospective approval for approximately £5k. Mr Stewart thanked Ms McCaig for bringing this to members' attention, but noted that there are difficulties for DACs if there is only one supplier. | Ms McCaig |
| 58/21.15 | Mr Clayton sought clarity on the use of "user preference" suppliers. He also noted that there appears to be an increase in the number of DACs, but he welcomed the fact that the Chief Executive is aiming to move PHA away from this approach. Ms McCaig advised that user preference can happen where perhaps a supplier has already carried out work in a particular area or that organisation is the only one that can carry out the work at that time. However, she pointed that they have all been rated "green" and that every DAC is reviewed by the Procurement and Logistics Service (PALS) and she reiterated the Chief Executive's wish to move away from the use of DACs. | |
| 58/21.16 | Members noted the update on the use of Direct Award Contracts. | |
| **59/21** | **Item 8 – Any Other Business** | |
| 59/21.1 | Mr Stewart asked if the Information Governance Steering Group was continuing to meet. Mr Clayton said that as far as he was aware, meetings were still happening but he had not attended one since the summer. Mr Murray said that he would check this with Mr Wilson and Ms Karen Braithwaite. Mr Stewart said that given the number of risks on the Corporate Risk Register relating to data, there is a need for that group to be meeting. | Mr Murray |
| 59/21.2 | As there was no further business Mr Stewart thanked members for their attendance and drew the meeting to a close | |
| **60/21** | **Item 9 – Details of Next Meeting**<br><br>*Thursday 27 January 2022 at 2pm*<br><br>*Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast.* | |

Signed by Chair:

Joseph Stewart

Date: 27 January 2022

HSC Public Health Agency

**item 10**

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| **Title of Meeting** | PHA Board Meeting |
| **Date** | 17 February 2022 |
| **Title of paper** | Pilot Buddy Project for PHA Board |
| **Reference** | PHA/03/02/22 |
| **Prepared by** | Aidan Dawson |
| **Lead Director** | Aidan Dawson |
| **Recommendation** | For **Approval** ☒ For **Noting** ☐ |

## 1 Purpose

The purpose of this paper is to seek PHA Board approval for a pilot of a "buddying" scheme for Executive and Non-Executive Directors.

The aim of the "Board Buddy" is to develop better understanding of Non-Executive and Executive roles across the Agency and develop a greater understanding of the work being taken in the organisation. It should also promote better working relationships through transparent and open discussions as relationships develop across the Board Room.

## 2 Background Information

It has been suggested on a number of occasions in the last few months that the Board adopt a "Buddy" scheme as part of its management approach.

## 3 Proposal

This proposal is to initiate a pilot where we pair Non Executive and Executive Directors for a period of six months and we ask them to meet regularly over that period. They should meet at least once a month, but may wish to meet twice a month initially to establish momentum.

The pair would develop their own agenda but recognise that this is an informal mechanism. The pair would specifically discuss their own areas of work but also the wider work of the Agency.

## 4 Timeframe

The pilot would begin, subject to Board approval, in March 2022 and run for six months to the end of August 2022.

## 5 Evaluation

HSCQI will develop a framework for evaluation in conjunction with the Chief Executive.

## 6 Results

Dr Aideen Keaney will bring a mid-term evaluation at June 2022 and a full evaluation report at September 2022 to the Board.

## 7 Pairings

| Area | Non-Executive Director | Executive Director |
|---|---|---|
| Finance | Anne Henderson | Tracey McCaig |
| Quality | Deepa Mann-Kler | Dr Aideen Keaney |
| Audit / Operations | Joe Stewart | Stephen Wilson |
| Public Health / Behavioural Science | Professor Nichola Rooney | Dr Stephen Bergin |
| Nursing / AHPs | John Patrick Clayton | Rodney Morton |

## 8 Next Steps

On approval the Executive Directors will contact Non-Executive Directors with proposed dates for March 2022.

HSC Public Health Agency

**item 11**

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| **Title of Meeting** | PHA Board Meeting |
| **Date** | 17 February 2022 |
| **Title of paper** | Update on Personal and Public Involvement |
| **Reference** | PHA/04/02/22 |
| **Prepared by** | Michelle Tennyson and Martin Quinn |
| **Lead Director** | Rodney Morton |
| **Recommendation** | For **Approval** ☐ For **Noting** ☒ |

## 1 Purpose

The purpose of this paper is to provide the biannual update on PHA's Personal and Public Involvement work.

## 2 Background Information

To meet the PPI objectives within Outcomes 4 & 5 of the PHA Corporate Business Plan the PHA provides twice yearly updates to the Board on the progress of the PHA PPI Action Plan.

## 3 Key Issues

The PHA has lead responsibility for the oversight of the implementation of PPI Policy across the HSC. In the main, the PHA manages these responsibilities by working in partnership with other HSC bodies and service users and carers through the Regional HSC PPI Forum.

The PHA continues to drive forward our collective endeavours in PPI, Co-Production and Partnership Working at a time of major flux.

## 4 Next Steps

The next biannual Report will be brought to the Board in August 2022.

# Personal and Public Involvement (PPI)

# PHA Board Update February 2022

Personal and Public Involvement (PPI) is the active and effective involvement of services users, carers and the public in health and social care services. People have a right to be involved in and consulted on decisions that affect their health and social care. Under the Health and Social Care (HSC) Reform Act (NI) 2009, Involvement is a legislative requirement and this direction of travel is further underpinned by the Co-Production Guide of 2018.

The Public Health Agency (PHA) was assigned primary responsibility for leading the implementation of PPI across the HSC system by the then DHSSPS in the 2012 PPI Policy Circular. It requires the PHA to provide the Department of Health (DoH) with assurances that HSC bodies, and in particular Trusts, meet their PPI Statutory and policy responsibilities.

## Report context & COVID 19 impact

This update report on PPI and our work in the related areas of Co-Production and Partnership Working is in line with our Governance requirements, whereby the Board is presented with twice-yearly updates on our work in respect of the Statutory Duty of Involvement and our leadership responsibilities for the oversight of the implementation of PPI policy in the HSC. This report covers August to December 2021. It gives an overview of the developments and progress made in this field, including how we have discharged our leadership responsibilities in Involvement, Co-Production and related areas across the HSC system at a time of unprecedented change, pressure and demand.

Since the last report we are delighted to confirm that after a period of change where we had a 75% staff turnover in the last year, we have moved to stabilise and strengthen the team. Bronagh Donnelly was formally recruited to the team in May 2021 as a Senior PPI Officer. This was followed in the Autumn 2021, with the recruitment of a 2nd Senior PPI Officer Emmett Lynch (supported through Transformation funds).

The appointment of Martin Mc Crory to the new position of Regional Peer Mentor Lead for Service Users and Carers has further strengthened the PPI team. Martin Mc Crory joins us from WHSCT and is tasked with supporting the HSC to advance the concept and practice of engagement, support and where appropriate the remuneration of people with lived and living experience as partners in the HSC, in line with the direction of travel set out in the Co-Production Guide.

Meet the team:

Martin Quinn
Regional PPI Lead

Bronagh Donnelly
Senior PPI Officer

Emmett Lynch
Senior PPI Officer

Roisin Kelly
Senior PPI Officer

Martin Mc Crory
Regional Peer Mentor
Lead for Service Users & Carers

Kim Conlon
Admin Support

James Mc Laughlin
Admin Support

The PPI team continue to support the collective effort to combat COVID-19 including:

- Contact Tracing
- COVID Vaccination communication group;
- Contributing to and providing professional involvement advice and guidance to projects connected to the HSC response to COVID-19, or work in the new environment created as a result of COVID and resultant societal impacts.

## LEADERSHIP- Influence & Impact

### Regional HSC PPI Forum

The Regional HSC PPI Forum (the vehicle through which the PHA exercises much of its leadership in the field of Involvement and Co-Production) continued to meet throughout this period. A meeting took place on 11th October 2021 and again on 17th January 2022. The Forum drove forward several pieces of work on a collaborative basis, including the development of an updated generic Consultation Scheme Template, to enable HSC organisations to update their respective schemes (which are a legislative responsibility). The Forum was also very active in co-designing the proposed new monitoring arrangements for Involvement & Co-Production, which an anticipated implementation date of April 2022. This is a key development in being able to robustly evidence the impact of involvement and co-production across the HSC and in enabling the PHA to provide the assurances to the DoH that it is tasked with doing, in respect of HSC compliance with involvement statutory and policy responsibilities.

The Regional Forum continues to review the functionality of the Forum itself and looking at how it can help progress things further in the field of Involvement, Co-Production and Partnership Working.

The Forum has also committed to conducting a 'Lessons Learned' workshop and an associated report. The session which is scheduled to take place on 4th March 2022, will look at what the HSC can learn from the COVID

pandemic in relation to service user and carer involvement and take forward any lessons learned for future planning.

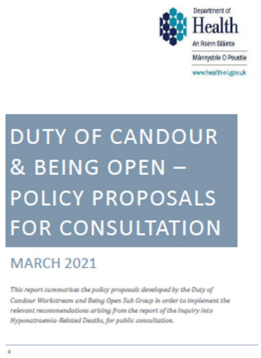
## Professional advice and guidance

The PHA PPI team provides professional advice and guidance on Involvement, across the HSC. This is a critical service which has continued to be in demand in the last six months, during a time of ongoing constrained capacity. The support provided varies, but in the main entails:

- the provision of professional involvement advice and guidance;
- development of monitoring arrangements
- practical support in helping the project promoter to secure service user/carer participation;
- professional involvement advice and guidance during the implementation of the work.

The PPI team has provided Involvement leadership, advice and guidance across dozens of pieces of work in the HSC in the last six months, with a number being strategic high profile initiatives.  A few of these are outlined:

## Hyponatraemia Implementation Programme (IHRD)




The PHA continues to proactively support the DoH in taking forward the Involvement elements of planning around the implementation of the recommendations from the Inquiry into Hyponatraemia Related Deaths, (IHRD).

Key areas of progress have been the completion of the consultation on the Duty of Candour and Being Open Policy. The PHA was instrumental in designing and guiding the undertaking of this formal consultation. It is anticipated in the new Year that the DoH will share the results of this consultation and take the outcomes from this as a basis for drafting formal guidance for the HSC and indeed legislation in respect of this, one of the most central recommendations resulting for the Public Inquiry into the Hyponatraemia Related Deaths under taken by Justice O'Hara and which will be a central plank in culture change within the HSC.

The DoH are currently undertaking a stocktake of the programme, in preparation for moving into the 2nd phase, where they can sign off on a number of the recommendations and examine how best to proceed with others especially more complex ones such as the introduction of an Independent Medical Examiners service. Whilst the PHA are not supplying the day to day expertise and experience through an Involvement officer fully ensconced in the DoH, we continue to provide a "consultancy" type arrangement and monthly check in support and a full time admin resource to support the programme (funded by the DoH)

**HSC Rebuild**

To provide professional involvement, co-production, consultation and engagement support to the DoH Hospital Service Reform Department, one of our Senior PPI Officers has been assigned to work exclusively on this work with the DoH. Her role is to advise and facilitate best practice approaches across the directorate and within the HSC Rebuild programmes of work.

The Public Health Agency continues to support the Department of Health embed best practice Involvement and Co-Production across a range of modernisation and reform projects including:

The Cancer Strategy for Northern Ireland 2021-31; where an extensive co-production and involvement methodology was used in the development of the strategy and recommendations , followed by a recent public consultation and Equality Impact Assessment which included a range of stakeholder engagement methodologies. This process has involved several hundred stakeholders and included a number of engagement events with service users and carers throughout all stages.

No More Silos; where involvement and co-production has been embedded with service users and carers represented at regional strategic level within the structures of No More Silos and, within the Trust operational structures including the Local Implementation Groups, work streams and the establishment of local service user

and carer reference groups. This work is ongoing and includes co-produced, principles and processes, engagement events in each Trust, development of a patient ED survey and ongoing work on communication messages. In early 2022 an online patient survey will be launched, the USCRG action plan will be finalised, new members will be recruited onto the USCRG, engagement events at local level to review the progress of involvement and co-production will be held.

The Review of Urgent and Emergency Care is being supported through the development of public consultation engagement methodologies and EQIA. It is expected that the public consultation will run in early 2022.

The Review of General Surgery is being supported through the development of bespoke involvement methodologies to support the Programme Board and work streams. Service user and carers are integrated into the programme structure, there has been one involvement event with service users and carers, additional events are planned for 2022.

Integrated Care, professional advice has been provided to the Integrated Care team in DoH, this has resulted in the establishment of a co-production group to support the engagement of service users and carers throughout the project and implementation phases.

## Future Planning Model Integrated Care System NI

The PPI team are involved in offering support and guidance to ensure that service users and carers are involved at the formative stage of this new process. The aim of the project is to develop and implement an Integrated Care System (ICS) planning model for Northern Ireland that adheres to the principles of local level decision making with the exception of regional and specialised services planned, managed and delivered regionally. The initial phase of the project is aimed at developing and implementing an ICS model across all regions of NI operating within extant funding and accountability models, with an initial target date of 1 April 2022 for the model to be operational. The PPI team are a key contributor in these discussions and places service users and carer involvement at the centre of this piece of work.

## Medicine Awareness Raising Communication Working Group:

This group is a sub-group of the main Regional Safer Medicines Awareness Raising Working Group. The PPI team will support and work with our colleagues to review and advise on content, 'look', and format of resources for this regional safe medicine health campaign. We will work with collective community and statutory stakeholders to agree mechanisms to promote health literacy friendly messaging to the public using a wide range of social media platforms, agree mechanisms to promote messaging and support communications colleagues in identifying professionals or public, service users / carers to participate in media outputs.

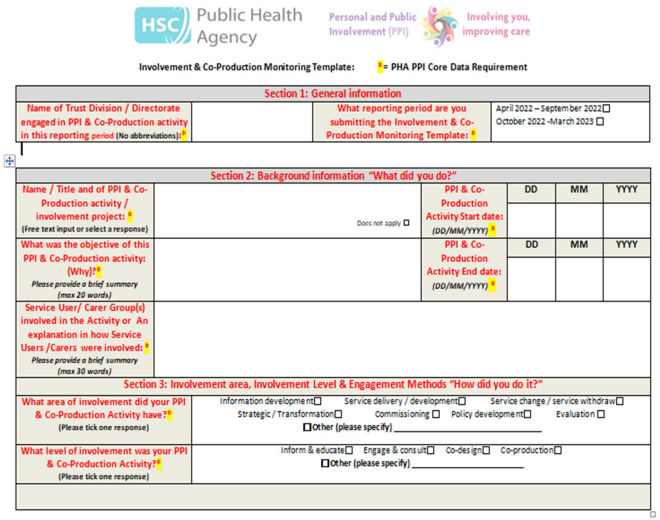
## Transformation Funding

The PHA continues to work with HSC partners in respect of the Transformation funding from the DoH. Partnership Working Officers advancing PPI and Co-Production have been funded via the PHA and remain in place in each of the five geographically based Trusts. The funding has been secured for all five Partnership Working Officers across the region until March 2023 in the first instance, with the funding thereafter being provided on an "assumed recurrent basis". These roles are critical for the Trusts to be able to meet their statutory obligation to involve and they have become integral posts within each Trust.

The PHA's 2nd Senior PPI Officer has been funded in this manner too and Transformation funding has also been the source for the new Regional Peer Mentor lead for Service Users and Carers who took up post on 17th January 2022.

These investments are the first substantive investments in the areas of Involvement, Co-Production and Partnership Working made across the HSC system and represent a real statement of intent. There remains a big challenge for this limited number of officers in driving forward an effective cultural change in the HSC. However, with the support of Senior leaders across the system and increasing expectation of being involved by service users and carers in decisions and plans about health and social care, we are moving in the right direction.

## Monitoring



Public Health Agency

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

Involvement & Co-Production Monitoring Template: * = PHA PPI Core Data Requirement

| Section 1: General information | | | |
|---|---|---|---|
| Name of Trust Division / Directorate engaged in PPI & Co-Production activity in this reporting period (No abbreviations): * | | What reporting period are you submitting the Involvement & Co-Production Monitoring Template: * | April 2022 – September 2022 ☐<br>October 2022 -March 2023 ☐ |

| Section 2: Background information "What did you do?" | | | | |
|---|---|---|---|---|
| Name / Title and of PPI & Co-Production activity / involvement project: * (Free text input or select a response) | Does not apply ☐ | PPI & Co-Production Activity Start date: (DD/MM/YYYY) * | DD / MM / YYYY | |
| What was the objective of this PPI & Co-Production activity: (Why)? * Please provide a brief summary (max 20 words) | | PPI & Co-Production Activity End date: (DD/MM/YYYY) * | DD / MM / YYYY | |
| Service User/ Carer Group(s) involved in the Activity or An explanation in how Service Users /Carers were involved: * Please provide a brief summary (max 30 words) | | | | |

| Section 3: Involvement area, Involvement Level & Engagement Methods "How did you do it?" | |
|---|---|
| What area of involvement did your PPI & Co-Production Activity have? * (Please tick one response) | Information development ☐ Service delivery / development ☐ Service change / service withdraw ☐<br>Strategic / Transformation ☐ Commissioning ☐ Policy development ☐ Evaluation ☐<br>☐ Other (please specify) _____ |
| What level of involvement was your PPI & Co-Production Activity? * (Please tick one response) | Inform & educate ☐ Engage & consult ☐ Co-design ☐ Co-production ☐<br>☐ Other (please specify) _____ |

*Draft Monitoring template*

With the investments outlined in the previous section, it is all the more important that the HSC has a robust and purposeful monitoring system for involvement. We need to know the impact that involvement and co-production makes. The **So What Question?** The research and evidence base is growing that effective involvement and co-production improves quality, safety, efficiency etc. It is critical however, especially when we have a system that is facing such demand and which is under pressure that we are able to evidence the difference that involvement makes and indeed that we are able to learn and transfer the learning from this approach for the benefit of those who use our services, for the befit of carers and indeed for the benefit of staff and HSC organisations.

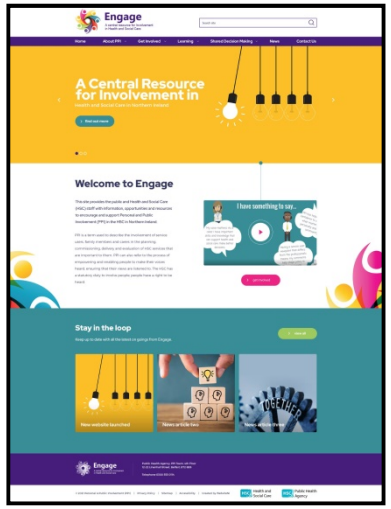
A Monitoring Task & Finish Group has been working to revamp monitoring arrangements and processes, co-designing and co-producing an updated monitoring system that is effective, that is efficient and minimises distraction from core duties, but which produces clear evidence of what interventions are happening, how that involvement / co-production is being implemented and most critically evidences the impact that is having.

The group will take learning from the commissioned research, the input from all the partners, learning from other systems, with the aim of having an updated system designed and ready for implementation from April 2022.

# CAPCITY BUILDING AND SUPPORT

## Engage website

The Engage website continues to support HSC staff, service users, carers and the general public, to build their knowledge and skills on involvement.




Engage remains the central source of information, good practice and resources on involvement, PPI and Co-Production. It is also somewhere that key opportunities for Involvement across the HSC continues to be promoted. In addition, it is a space where we will support and link into work on Patient Client Experience and Shared Decision Making.

The PPI team have carried out an extensive review of the site and a newly revamped www.engage.hscni.net (link to current site) website will be relaunched in the Spring of 2022. The site will provide users with access to training, resources, information and support. The new dashboard analytics will enable enhanced assessments of usage, user feedback, changed behaviours and links to improved service user and carer outcomes.

## Involvement and Co-Production Training

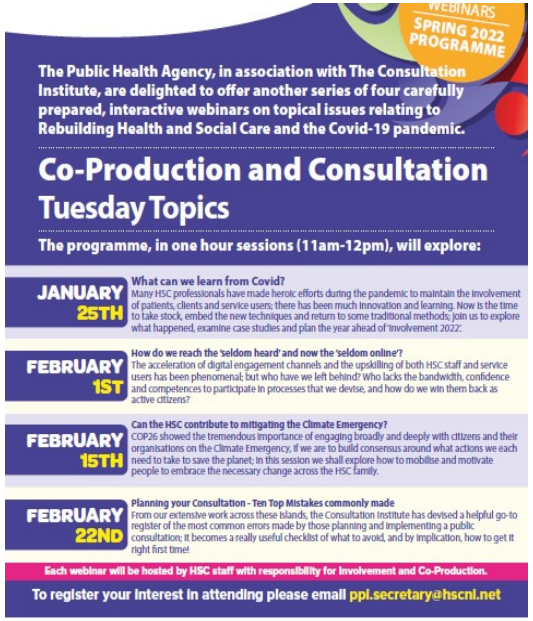
Whilst Covid-19 has had an impact on our training plans, the PHA have continued to promote and deliver relevant training opportunities for HSC Staff, Service Users, Carers, Community and Voluntary Sector colleagues.

PHA continues to focus on commissioning specialised training for specific Involvement related areas including:

- Co-production and Consultation – additional 4 Webinars has been commissioned
- Leading in Partnership – Leadership Programme for Involvement and Co-Production this will be our 7th cohort
- Design and delivery of bespoke information and training for staff - including OBA training
- Commissioning of Executive Briefing to be rolled out throughout HSC – with our first session having been provided to PHA Executive Team in December.

## Co-Production and Consultation Webinar Series

Following on from the success of '*PHA-,Co-Production and Consultation – Tuesday Topics,* webinars delivered in Autumn 2020, and a further 2 offered in Spring 2021, we have now commissioned 4 additional webinars which will take place during January/February 2022 which will look at;




### ➢ What can we learn from Covid?

Many HSC professionals have made heroic efforts during the pandemic to maintain the involvement of patients, clients and service users; there has been much innovation and learning. Now is the time to take stock, embed the new techniques and return to some traditional methods; join us to explore what happened, examine case studies and plan the year ahead of 'Involvement 2022'.

### ➢ How do we reach the 'seldom heard' and now the 'seldom online'?

The acceleration of digital engagement channels and the upskilling of both HSC staff and service users have been phenomenal; but who have we left behind? Who lacks the bandwidth, confidence and competences to participate in processes that we devise, and how do we win them back as active citizens?

- **Can the HSC contribute to mitigating the Climate Emergency?**

COP26 showed the tremendous importance of engaging broadly and deeply with citizens and their organisations on the Climate Emergency, if we are to build consensus around what actions we each need to take to save the planet; in this session we shall explore how to mobilise and motivate people to embrace the necessary change across the HSC family.

- **Planning your Consultation - Ten Top Mistakes commonly made**

From there extensive work across these islands, the Consultation Institute has devised a helpful go-to register of the most common errors made by those planning and implementing a public consultation; it becomes a really useful checklist of what to avoid, and by implication, how to get it right first time!

The interest in the Tuesday topics remains very high. As it currently stands 58 participants have registered for the first session, 75 for the second, 59 for the third and 80 for the final session. We will continue to advertise the webinars over the coming weeks and anticipate an even higher uptake. We will provide final numbers in our next report.

## Executive Briefing Overview

This strategic briefing for senior leaders and decision-makers in the HSC was first delivered to PHA Executive Team in December 2021. It brought a focus on the statutory duty of Involvement & Consultation alongside PPI policy responsibilities and Co-Production requirements. It re-engaged the rationale for meaningful Involvement and Co-Production, giving support to senior people/managers as to how they can set direction on the culture of involvement which will permeate the organisation. It served to illustrate the importance of leading the way in terms of Involvement, Coproduction and Partnership Working and reinstating HSC commitment to its service users, carers, staff and the public.

## Leading in Partnership – Leadership Programme for Involvement and Co-Production

As the Leaders in Partnership Programme continue to grow in demand and popularity, we are delighted to be now offering the course to our 7th cohort which will be commencing on 1st February 2022. The programme attracted 80 expressions of interest and 55 participants attended the Leaders in Partnership Information session. The programme was made available to 30 participants including HSC staff, members of the third sector and Service Users and Carers.

*Picture taken of Leaders in Partnership Information Session*

Through this programme and the other bespoke training we are able to offer, we are building a cohort of people (critical mass) in the region with knowledge, expertise and experience in involvement and co-production.

In this particular cohort, we have put a particular emphasis in encouraging service users and carers to avail of this programme as a potential route into the arena of being peer mentors, whereby their time and expertise is something that the HSC look to avail of in a more formalised setting and which potentially then might attract some form of remuneration.

## Conclusion and next steps

The challenges and pressures across the HSC that COVID has presented have meant that the PPI team have had to respond to the pressures that the system is under. The PPI team continue to help our contact tracing colleagues with staff providing support in contact tracing and data collection.

As previously advised the challenges brought about by Covid-19 have meant that the PPI team, like colleagues across the HSC, have had to restructure/reimagine how we engage with people and how we conduct our business. As we look to the future and the challenges and opportunities ahead, our focus in 2022/23 will be on:

- How we re-engage and involve people,
- How we monitor
- How we seek to recruit new people into the world of PPI, Co-Production and Partnership Working.

Our challenge remains how we will re-energise and motivate people in involvement and in strategic pieces of work, how we can show that involvement makes a difference and as the DOH carries out its review of PPI policy, how can we assist the Department in reviewing and reframing Involvement and Co-Production.

HSC Public Health Agency

**item 12**

| | |
|---|---|
| **Title of Meeting** | PHA Board Meeting |
| **Date** | 17 February 2022 |
| **Title of paper** | Performance Management Report |
| **Reference** | PHA/05/02/22 |
| **Prepared by** | Stephen Murray / Rossa Keegan |
| **Lead Director** | Stephen Wilson |
| **Recommendation** | For **Approval** ☐ For **Noting** ☒ |

## 1 Purpose

The purpose of this paper is to provide the PHA Board with a report on progress against the objectives set out in the PHA Annual Business Plan 2021/22.

## 2 Background Information

PHA's Annual Business Plan was approved by the PHA Board in June 2021. Against this plan 53 actions were developed for 2021/22.

## 3 Key Issues

The attached paper provides the progress report, including RAG status, on the actions set out in the PHA Annual Business Plan 2021/22 as at 31 January 2022.

Of the 53 actions:

- No action has been categorised as red (significantly behind target/will not be completed)
- 11 actions have been categorised as amber (will be completed, but with slight delay)
- 42 actions have been categorised as green (on target to be achieved/already completed).

4 actions that were previously green RAG status are now amber (1.10, 3.12, 4.2 and 4.5.)

## 4 Next Steps

Work will continue against the targets in the Plan and an end-year Report will be brought to the Board early in 2022/23.

# PERFORMANCE MANAGEMENT REPORT

## Monitoring of Targets Identified in

## The Annual Business Plan 2021 – 2022

As at 31st January 2022

This report provides an update on achievement of the actions identified in the PHA Annual Business Plan 2021-22.

The updates on progress toward achievement of the actions were provided by the Lead Officers responsible for each action.

There are a total of 53 actions in the Annual Business Plan. Each action has been given a RAG status as follows:

| | | | |
|---|---|---|---|
| | On target to be achieved or already completed | | Will be completed, but with slight delay |
| | Significantly behind target/will not be completed | | |

Of these 53 actions 42 have been rated green, 11 as amber and 0 as red.

| Outcome | Red | Amber | Green | Total |
|---|---|---|---|---|
| **1) Covid 19 Response** | - | 3 | 12 | **15** |
| **2) Health Protection** | - | 1 | 5 | **6** |
| **3) Health Improvement** | - | 2 | 13 | **15** |
| **4) Shaping future health** | - | 2 | 8 | **10** |
| **5) Our organisation works effectively** | - | 3 | 4 | **7** |
| **Total** | **-** | **11** | **42** | **53** |

The progress summary for each of the actions is provided in the following pages.

All actions for which RAG status is **Amber**

| 1. Covid 19 Response | | | | | |
|---|---|---|---|---|---|
| | **Action from Business Plan:** | **Progress** | **Achievability (RAG)** Oct | Jan | **Mitigating actions where performance is Amber / Red** |
| 6 | Lead the Regional Infection Prevention Control Response. This will include the Development of New Managed Care IPC Network. New IPC Resource Framework, and development of professional guidance in the modelling and use of PPE<br><br>Operationalise the updated Infection Protection and Control (IPC) infrastructure including anti-microbial resistance stewardship | We are in the final stages of developing the Regional IPC Framework which will be shared with the Regional IPC Cell for consultation before submission to the DoH for consideration.<br><br>We are in the process of Recruiting Nursing Assistant Director and Nurse Consultant for IPC and this will strengthen the PHA Directorate of Nursing IPC response.<br><br>Following the submission of the Regional IPC Framework a Regional Managed Care IPC Network will be developed and will replace the current Regional IPC Cell. The Managed Care Network will be multidisciplinary and will provide an opportunity to promote consistency, standardisation and shared learning.<br><br>Northern Ireland currently follows the UK Health Security Agency (formally PHE) national guidance which outlines the PPE requirements in various settings. BSO are engaged in forecasting PPE based on historical usage and volume data, through the last 3 surges. In relation to modelling, it has been agreed that it is no longer required to scientifically correlate other factors and therefore modelling PPE has been stood down.<br>The IPC infrastructure will be operationalised when the DoH have approved the Regional IPC Framework and following development of the IPC Managed Care Network. | | | R.Morton, Director of Nursing, Midwifery and AHPs<br><br>Regional IPC Framework to be finalised and issued for consultation as soon as possible. This was delayed due to need for discussion with primary care. We aim to submit the framework to DoH by end of March following further discussion with Health Protection and at AMT |

## 1. Covid 19 Response

| | Action from Business Plan: | Progress | Achievability (RAG) Oct | Achievability (RAG) Jan | Mitigating actions where performance is Amber / Red |
|---|---|---|---|---|---|
| 10 | Expand the routine adult and child influenza vaccines to help manage the impact of the ongoing Covid -19 pandemic. The 2021/22 influenza programme will be targeted at: people aged 50 years and over in the age based programme; School age children to year 12; and other at risk groups and HSCNI workers. | The flu vaccine programme officially commenced on 4th October and is progressing for the public in GP Practices, Community Pharmacy and schools, and for health and social care workers, through the Trust Health and Social Care worker campaign, including mobile visits to Care homes, and community pharmacy. The school based childrens programme and health and social care programme is now complete. The overall programme will formally finish end of March 2022<br><br>The PHA is responsible for delivering flu vaccine uptake monitoring. In previous years monitoring was carried out using HSCB GP claim returns and auto-extraction of limited data from GP clinical systems. This year, however, a new regional Vaccine Management System (VMS) has been introduced to record COVID and flu vaccines. To date, there are issues with GP use of VMS for seasonal influenza with incomplete use of the system and difficulties recording data in a timely way (due to lack of admin support within practices): this is currently being addressed. There is a risk therefore that uptake may be reported as artificially lower than the true uptake, until the VMS is fully utilised by GPs.<br><br>**Public programme Uptake:**<br>As of 31st December 2021, 46% (77% year before) in over 65 year olds, 32% in 5-64 year olds, 42% under 50 year olds at risk (61% previoous year in under 65 at risk) 27% in pregnant women, 65% in school aged children 20% in 2-4 year olds<br><br>- Uptake has increased in all public programme reporting groups, though still quite far off previous seasons and the | | | S.Bergin, Director of Public Health (interim)<br><br>Extensive engagement has taken place with GPs to encourage use of VMS, additional admin support has been provided, end of season uptake will be captured and VMS developments are taking place for next season to ensure more complete data. |

## 1. Covid 19 Response

| | Action from Business Plan: | Progress | Achievability (RAG) Oct | Achievability (RAG) Jan | Mitigating actions where performance is Amber / Red |
|---|---|---|---|---|---|
| | | GP claims data<br>- . The clinical eligibility variable in VMS is poorly populated, included a count using <50 years recorded as CEV and/or underlying health condition for information.<br><br>**HSCW**<br>As of 31st December 2021, 36% in all Trust employed health and social care wokers<br>This year HSCW data is limited due to limts to introduction of the VMS for Trusts. Uptake covers all hscws and can not be disaggegrated for frontline only this has been rectified for next year | | | |
| 14 | Continue to progress quality improvement work linked to Covid learning / recovery | **Regional Learning System**<br><br>On 24th April 2020 Trust CEOs asked the HSCQI Network to provide support to Trusts and to the wider system in order to develop a regional learning system focused on lessons learned from COVID-19 to date.<br><br>Harvesting of examples during a 90 day cycle resulted in regional agreement to focus the collective improvement effort on 3 key themes: virtual visiting, virtual consultations and staff psychological wellbeing. This work was supported in partnership with the ECHO team.<br><br>Following discussion with strategic leaders, HSCQI carried out a literature review to identify a robust framework for scale and spread (*diagram 10 appendix 1.14).* This has now been | | | Dr A. Keaney, Director HSCQI<br><br>• HSCQI Leadership Alliance meeting scheduled for Sept 2021 deferred awaiting appointment of new chair.<br>• New chair of HSCQI Leadership Alliance appointed November 2021.<br>• Hub capacity diminished by 1 WTE Improvement Advisor |

## 1. Covid 19 Response

| | Action from Business Plan: | Progress | Achievability (RAG) Oct | Achievability (RAG) Jan | Mitigating actions where performance is Amber / Red |
|---|---|---|---|---|---|
| | | endorsed by the HSCQI QI Leads and the HSCQI Leadership Alliance.<br>At the HSCQI Leadership Alliance meeting on 11th November 2021 the theme of "Timely Access" was agreed as a regional priority for the HSCQI Network.<br><br>The Hub Team are currently engaging in a series of discussions with regional leaders to identify priority areas of focus. | | | resignation December 2021, and redeployment of 1 WTE to contact tracing in December 2021. |

## 2. Health Protection

| | Action from Business Plan: | Progress | Achievability (RAG) Sep | Achievability (RAG) Jan | Mitigating actions where performance is Amber / Red |
|---|---|---|---|---|---|
| 1 | Drive increased uptake of childhood and adult preventable disease vaccines, through targeting low uptake groups. | **Pregnancy vaccines**<br>The HP consultant lead for pregnancy vaccines has prioritised delivery of COVID vaccine in pregnancy. Vaccine coverage has been established via NIMATS and through the analytics platform system. Progressing linkage of VMS and NIMATS data .<br>Uptake as of end of January<br>• at delivery – 61% of women delivering in January had a least one dose of vaccine (+5% from previous month), with 56% having had two vaccines (+6%) across NI.<br>• Increases observed across Trusts on previous month with variation between Trusts narrowing (62% SET vs 55% ST)<br>• Under 30 remains lowest age group, however coverage | | | S.Bergin, Director of Public Health (interim)<br><br>Developments are taking place to improve childhood vaccine uptake monitoring through the analytics platform, which will also enable a quantitative study to identify causes of low uptake in preschool children. Engagement with |

## 2. Health Protection

| | Action from Business Plan: | Progress | Achievability (RAG) Sep | Achievability (RAG) Jan | Mitigating actions where performance is Amber / Red |
|---|---|---|---|---|---|
| | | increasing - at least 1 dose now 50% (+5%).<br>• Booster and third doses not included this month – very small numbers from NIMATS, data field only added 20th December – we will review possible inclusion in next report.<br><br>Interventions – promotion materials, letter to pregnant women via Trusts, working with Trusts to establish vaccine clinics through maternity services, audio recorded midwife training slides add to website.<br><br>**Other children's vaccines**<br>Since prior to pandemic, preschool vaccines were falling in a small but persistent way, similar to England, especially in 12mt and 24mt age groups, and is now appearing to plateau at a lower level. It is too early to see the impact of the pandemic on uptake but early indications suggest that there has not been further decline. Further analysis to assess falling uptake is being carried out to identify causes of low uptake in preschool children. Trusts child health teams are aware and have been following up. | | | GPs, health visitors and school nurses responsible for childhood vaccine delivery will take place following completion of COVID booster programme delivered through GP |

## 3. Health Improvement

| | Action from Business Plan: | Progress | Achievability (RAG) Sep | Achievability (RAG) Jan | Mitigating actions where performance is Amber / Red |
|---|---|---|---|---|---|
| 12 | In line with the Nursing and Midwifery Task Group set up the infrastructure to develop a New Nursing and Public Health Nursing & Midwifery Framework | Within the £20m Delivering Care Investment for 21/22, in line with the NMTG, the PHA is leading on the development and establishment of a new Public Health and Population Health Nursing Network.<br><br>These new roles will work with Public Health Consultants and other Public Health and Social Care Roles to ensure that prevention, early intervention and recovery are at the heart of all nursing and midwifery practices. It is also anticipated these roles will support the nursing and midwifery contribution to the development and implementation of the new NI Population Health Planning model, and will be expected to support the development of population health planning across ICS's.<br><br>Trusts are making progress on recruiting their public health nurse consultants and we expected all post to be appointment by March 22.<br>A number of regional Nurse Consultant posts are currently being progressed. | | | R.Morton, Director of Nursing, Midwifery and AHPs<br><br>The Associate Director for Public Health Nursing Post has been Job Matched and is awating DOH Approval.<br><br>The work on developing a Nursing and Midwifery Public Health Nursing Framework has been delayed due the Pandemic, However the DON has now established a plan to progress theme 1 of the NMTG which is expected to now deliver by December 2022. |

## 3. Health Improvement

| | Action from Business Plan: | Progress | Achievability (RAG) Sep | Achievability (RAG) Jan | Mitigating actions where performance is Amber / Red |
|---|---|---|---|---|---|
| 14 | Develop A Public Health Model For Homeless Services and develop a business case for the expansion of homeless health care hubs.<br>Develop a strategic plan for the reduction of Hepatitis C and HIV through case finding, harm reduction and treatment planning | The Homeless Inclusion service has now been extended to each Trust area. The Belfast Inclusion Hub will offer support to other Homeless Hub Nurses. The Homeless Inclusion teams have played an important role in Covid support to the Homeless Sector. Whilst additional investment has now gone to each Trust to support the development of their Homeless health care services further needs assessment work is required in 22/23 ahead of a new business case for further expansion of these services. In addition the PHA will need to bid for additional staff resource to support this work<br><br>Work is ongoing in relation to the HIV and Hep C outbreak, so there has been a focus on work with the highest risk groups, with an increase in testing in prisons, People who inject Drugs and people who are homeless. | | | R.Morton, Director of Nursing, Midwifery and AHPs<br><br>Additional business planning support will be sought to enable business case and strategic plan to be progressed. |

## 4. Shaping future health

| | Action from Business Plan: | Progress | Achievability (RAG) Sep | Achievability (RAG) Jan | Mitigating actions where performance is Amber / Red |
|---|---|---|---|---|---|
| 2 | Establish a 'lived experience' network across NI and use information as a source of evidence to inform all our core activities | PHA has been successful in supporting HSC organisations to encourage and facilitate those with lived experience to become more actively involved in the work of the HSC. This has been done by:<br>• Investing in the Partnership Working officers posts<br>• Appointment of Peer Mentor Lead for Service Users /Carers in PHA<br>• Initial funding in PCC to take forward work around advancing the concept and practise of remuneration of Service Users /Carers who partner with the HSC. | | | R.Morton, Director of Nursing, Midwifery and AHPs<br><br>A peer mentor programme and work plan for 22/23 is being developed. |
| 5 | Expand and develop population health intelligence resources which enable the organisation to fulfil its role in improving and protecting health and wellbeing, planning and policy development. | There are two elements to this action:<br><br>1. The ongoing provision of timely and relevant evidence-based insights – the production of our existing reports has been impacted by the re-deployment of Health Intelligence Unit staff to Contact Tracing and Health Protection during this quarter. This has resulted in delays in the release of our annual official statistics reports, ie the Statistical Profile of Children's Health In Northern Ireand and the Director of Puiblic Health Core Tables<br><br>Behavioural analyses completed or underway include public knowledge, attitudes and behaviours with regard to:<br>• COVID-19 and measures to mitigate it's spread;<br>• Breastfeeding:<br>• Smoking restrictions in cars;<br>• Nicotine inhalation products;<br>• Onset of stroke symptoms | | | S.Wilson, Director of Operations (interim)<br><br>Re-starting production of official statistics and accelerating development of population health analyses/resources will be possible when re-deployed Health Intelligence Unit staff return to their core duties. |

## 4. Shaping future health

| | Action from Business Plan: | Progress | Achievability (RAG) Sep | Achievability (RAG) Jan | Mitigating actions where performance is Amber / Red |
|---|---|---|---|---|---|
| | | 2. Development of our range of strategic analyses and resources to ensure they match organisational goals to reduce population health inequalities and improve population health - whilst our work on this continues, it has been slowed by the the re-deployment of staff in the Health Intelligence Unit to support Contact Tracing and Health Protection during this quarter.<br><br>Population health analyses completed or underway include:<br>• People experiencing homelessness;<br>• People with addictions<br>• People bereaved through alcohol/drugs<br>• BME | | | |

## 5. Our organisation works effectively

| | Action from Business Plan: | Progress | Achievability (RAG) Sep | Achievability (RAG) Jan | Mitigating actions where performance is Amber / Red |
|---|---|---|---|---|---|
| 1 | Finalise the new PHA Corporate Plan for 2021/22-24/25 in line with DoH requirements and timescales. (when notified) | DoH has written to PHA on 23rd September 2021, confirming that 'the intention will be to align ALB Corporate Plans to the next Assembly mandate (2022-2027). Although it will not be possible to have agreed plans in place for April 2022, further guidance will issue to commence this process as early as possible in the next Assembly mandate'. | | | S.Wilson, Director of Operations (interim)<br><br>PHA Business plan 21/22. will be reviewed and updated for 22/23 in line with DoH guidance to ensure key strategic |

| 5. Our organisation works effectively | | | | | |
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| | **Action from Business Plan:** | **Progress** | **Achievability (RAG)** Sep | Jan | **Mitigating actions where performance is Amber / Red** |
| | | | | | priorities for PHA continue to be addressed. |
| 2 | Work with DoH colleagues to oversee the reform and transition of the PHA to a new operating model, taking into account lessons learned from responding to Covid 19 and manage the process of organisational change in line with further clarification from the DoH, ensuring appropriate and timely internal and external communication. | Progress on this action has been delayed due to the on-going pressures and focus of senior staff both in PHA and DoH on managing the response to Omicron over the past 3 months. DoH has recently appointed a new lead officer to take this work forward and the draft PID is currently being reviewed and updated to finalise the scope of the review and agree new timelines for completion. | | | All Directors<br><br>A business cases is being finalised to secure additional dedicated resource to support this work and ensure it is completed within the revised timelines agreed. |
| 7 | Meet DoH financial, budget and reporting requirements. | Financial plan approved by Board June 2021<br><br>Financial reports to DOH delivered on time on a monthly basis.<br><br>Financial Reports provided on a monthly basis to AMT and Board<br><br>Financial position at month 9 shows a 0.4m surplus with a number of risks to breakeven identified. | | | Tracey McCaig<br><br>Continue to monitor financial position on a monthly basis particular attention to management of the key risks and surplus towards year end |

All actions for which RAG status is **Green**

| 1. Covid 19 Response | | | | | |
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| | **Action from Business Plan:** | **Progress** | **Achievability (RAG)** Oct | Jan | **Mitigating actions where performance is Amber / Red** |
| 1 | Continue to provide professional Health Protection leadership to effectively manage the impact of the Covid-19 pandemic on our population. | The Health Protection service has secured support and assistance from other PHA Directorates during the Covid-19 pandemic.<br><br>Health Protection has also secured staff for the contact tracing service via an HSCNI workforce appeal and HSCNI recruitment service.<br><br>Clinicians have also been secured via local recruitment agencies to support the contact tracing service, acute response service, care home teams and the PHA education cell.<br><br>Recruitment is currently underway to enhance the Health Protection service.<br><br>The Director of Public Health office/function (to address COVID) has been enhanced through the appointment of a deputy Director of Public Health<br><br>The Health Protection service and contact tracing service have been supported by other PHA Directorates during the Covid-19 pandemic, most recently for the Omicron wave. | | | S.Bergin, Director of Public Health (interim) |

## 1. Covid 19 Response

| | Action from Business Plan: | Progress | Achievability (RAG) Oct | Achievability (RAG) Jan | Mitigating actions where performance is Amber / Red |
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| 2 | Maintain a professional Contract Tracing service that will have the capability and capacity to respond effectively to changes in infection levels and ensure people in receipt of a positive test result are contacted as quickly as possible. | Performance of the CTC has mostly been in line with agreed indicators for the year.<br><br>However, the arrival of the omicron variant and the unprecedented increase in case numbers has inevitably affected performance since December.<br>In response, an enhanced escalation plan was agreed with DoH which was based on a much reduced call script to reduce call handling time and an increased reliance on digital self trace. This purple category has been in place since December and we are working to return to our standard operational plan as quickly as possible.<br><br>PHA staff were again redeployed to the Service to increase capacity. It has been agreed with DoH that the performance can not be maintained given the substantial increase in caseload.<br><br>DoH requested that the Service traced all positive results obtained through LFD tests and this now accounts for more than half of the caseload. Cases have settled at a much higher volume than the pre-omicron peak – at around 4-5000 a day - and performance against the 24 and 48 hour indicators has slowly begun to improve.<br><br>We continue to recruit and train new tracing staff to support the service.<br><br>Additional information on performance of the service is attached as appendix 1.2 | | | S.Bergin, Director of Public Health (interim) |

## 1. Covid 19 Response

| | Action from Business Plan: | Progress | Achievability (RAG) Oct | Achievability (RAG) Jan | Mitigating actions where performance is Amber / Red |
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| 3 | Ensure there is continued appropriate timely access to testing services both in Pillar 1 (HSC) and Pillar 2 (National testing service). Identification of variants of concern through timely reflex assays and whole genome sequencing of positive cases. Ongoing support for roll out of lateral flow devices across the community and in specific settings e.g. care homes, healthcare workers, education. | Timely access to testing continues across Pillars 1 and 2. **Up to 7th February 2022**:<br><br>5,338,967 PCRs completed<br>2,456,652 LFTs completed<br>569, 282 cases reported<br>Procedures are in place for monitoring variants of concern through genotyping and Whole genome sequencing of samples from HSC laboratories and the national testing programs. We are currently undertaking 1000 whole genome sequencing tests per week for surveillance purposes.<br><br>Lateral flow device roll out continues across multiple settings, facilitating, safer workplaces, care homes, domiciliary care, secondary healthcare, primary care organisations and schools.<br><br>Various reports on testing are completed and shared as appropriate / available on request to include monthly care home reports, asymptomatic HCW staff testing LFD and LAMP. | | | S.Bergin, Director of Public Health (interim) |
| 4 | Strengthen PHA capacity to provide the intelligence needed to meet organisational goals by supporting staff to develop their knowledge and skills; | Progress has been made on this objective with further activity planned in the short term.<br>• A small data science team has been formed, using mainly temporary and external staff, which has been working with PHA analysts to support data engineering and analysis to meet PHA information needs.<br>• Modern data science infrastructure has been adopted for data engineering for several key work programmes. | | | S.Bergin, Director of Public Health (interim) |

## 1. Covid 19 Response

| | Action from Business Plan: | Progress | Achievability (RAG) Oct | Achievability (RAG) Jan | Mitigating actions where performance is Amber / Red |
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| | providing tools needed to deliver intelligence effectively and efficiently; and by designing organisational and governance arrangements enabling sharing knowledge and skills across topic areas. | • PHA analysts have benefited from numerous online courses, seminars and conferences, relating, for example, to the application of statistical programming, automation, data visualisation, dashboarding and bioinformatics.<br><br>• A Future Model planning group to strengthen PHA capacity to provide intelligence was convened in December 2021 to commence a project to explore the resources, demand and capacity related to intelligence. | | | |
| 5 | Ensure that the health protection service has robust surveillance systems in place to respond to the current Covid-19 pandemic.<br>Review the current IT systems such as the Covid-19 surveillance dashboard and the data analytics systems. | Work is ongoing to continually improve the surveillance systems and outputs with regards to COVID-19:<br>The PHA HP Surveillance team continues to work with colleagues in the rest of the UK and ROI to support work on the COVID-19 pandemic.<br><br>The HP surveillance team have been working with external colleagues (e.g. SIB, Ernst and Young, Kainos and QUB) to produce and improve reporting around Whole Genome Sequencing of COVID-19 samples, nosocomial infections of COVID-19, COVID-19 outputs.<br>Work is continuing around developing, accessing and utilising the COVID-19 vaccination data held in the Vaccine Management System and using this data to respond to requests for information to inform multiple areas of work within the PHA and responding to requests from DoH and other external colleagues. | | | S.Bergin, Director of Public Health (interim) |

## 1. Covid 19 Response

| | Action from Business Plan: | Progress | Achievability (RAG) Oct | Achievability (RAG) Jan | Mitigating actions where performance is Amber / Red |
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| | | The contact tracing service now produces a range of reports to assist in monitoring and managing the Covid-19 pandemic:<br>Weekly performance metrics (https://www.publichealth.hscni.net/covid-19-coronavirus/testing-and-tracing-covid-19/contact-tracing-service-management-information)<br><br>Weekly cluster reports (https://www.publichealth.hscni.net/publications/covid-19-clusteroutbreak-summary)<br>Weekly data on schools (https://www.publichealth.hscni.net/publications/coronavirus-bulletin)<br><br>Educaion Dasboard – to assist School cell risk assessemnts.<br>CT Huddle Dashboard (produced 3 times daily and circulated to Senior PHA team – summary headline numbers on cases and contacts and key performance measures), and a Daily report circulated to Senior PHA team with detailed measures of call numbers, performance e.g. 24/48/72 age breakdown, % using Digital self-trace etc.)<br>Reports are used for a range of purposes, such as:<br>Daily CTC report – to inform CT Program Board of current cases levels, trends and perforamnce<br>to seek to identify common exposure settings (e.g. workplaces), to provide a twice weekly multi-disciplinary Covid overview (assessing HP Surveillance data, schools data and estimated transmission patterns data from a number of sources (Virology database, cluster data from CTC etc.)),<br>a 2-Weekly Travel Report (summary of cases for DOH Travel | | | |

| 1. Covid 19 Response | | | | | |
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| | **Action from Business Plan:** | **Progress** | **Achievability (RAG)** Oct | Jan | **Mitigating actions where performance is Amber / Red** |
| | | Programme Board).<br>a weekly report of situations (outbreaks and clusters) by LGD | | | |
| 7 | Provide input to the development of professional guidance on how to effectively manage Covid 19 in various settings and reduce the risk of spreading the virus, based on up to date evidence and best practice. | The PHA has continued to provide detailed Health protection advice to a range of professional audiences – eg. the School's team worked extensively with DE, EA and Trade Unions to implement the outworking of the change in policy regarding close contacts definition in Education settings. In addition the acute Duty Room team provides advice across a wide range of settings, both HSC and non HSC settings (eg. wider public sector, private/commercial sector, and to other individual organisations and groups). This input and advice is provided on a seven day basis with a 24/7 on call service to encompass the full weekly period.<br><br>The Public Health team continues to provide expert advice to DoH strategic programme Boards including, Testing, Tracing and Vaccination and is also contributing to specialist cells eg. Modelling.<br><br>A Health protection guidance cell provides evidence based advice to a range of partner organisations and the Health protection team continues to facilitate management of outbreak situations.<br><br>The availability of clear, accurate and up to date public and professional communications has been of paramount importance at each stage of the Pandemic and the Agency's Communications team continues to ensure that appropriate communications are delivered on a timely and effective basis meeting the specific | | | S.Bergin, Director of Public Health (interim) / S.Wilson, Director of Operations (interim) |

| 1. Covid 19 Response | | | | | |
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| | **Action from Business Plan:** | **Progress** | **Achievability (RAG)** Oct | Jan | **Mitigating actions where performance is Amber / Red** |
| | | needs of a diverse range of audiences.<br>This has included publications and online information for various audiences as COVID, COVID information and policy altered eg health care workers, care homes, EA and schools. | | | |
| 8 | Rebuild the screening programmes post COVID to ensure that services are operating to the standard required and that capacity for all programmes is maximised to ensure as many people as possible from the target populations are able to access services | All screening programmes impacted by Covid continue to build capacity and reduce delays for screening invites.<br>The current position across each screening programme is below and more detail is available at Appendix 1.8<br><br>**Bowel cancer screening:** The delay in routine invitations is currently 20 weeks (reduced from 29 weeks). The catch up exercise will be completed by August 2022.<br><br>**Breast screening:** The round length is currently an average of 38 months. This is down from 41 months in September 2020 (although it remains above the standard of 36 months). This is being achieved through the provision of additional screening clinics. Progress will not be linear as it is dependent upon the continued availability of staff.<br><br>**Cervical screening:** The programme continues to operate with a 5 month delay in routine invitations, but activity has returned to pre-covid levels.<br><br>**Diabetic eye screening:** The programme continues to use a risk stratified approach to invite individuals for screening. Additional in year funding was secured via the June monitoring review to support recovery, and further expansion of capacity is being taken | | | S.Bergin, Director of Public Health (interim) |

| 1. Covid 19 Response | | | | | |
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| | **Action from Business Plan:** | **Progress** | **Achievability (RAG)** Oct | Jan | **Mitigating actions where performance is Amber / Red** |
| | | forward with the Trust to move towards reintroducing routine screening. This programme has faced significant logistical challenges due to the impact of covid. As well as a reduced patient throughput required for infection control purposes, programme has had to develop a new model of service delivery. **AAA screening:** Surveillance scanning for men with small/medium AAA is operating as normal. Approximately 72% of men in the 20/21 cohort for primary screening have now been called for their initial appointment. | | | |
| 9 | Continue to support the roll out of the Covid 19 Vaccination programme and any subsequent booster programmes and ensure that action is taken to improve uptake rates for vulnerable populations or in specific localities where uptake is low | All PHA Directorates continue to support roll out of the programme, currently led by the Department of Health including Public Health Direcotate Health Protection and Health Improvement Divisions, Operations Directorate, communications and the Nursing Directorate.<br><br>PHA Lead on the following aspects of implenetation:<br>• Implementation of children;s COVID vaccine: 12-15 year olds have been introduced intitial through school programme and now through Trust clinics. 5-11 year olds in at risk groups has recently been launched through trust clinics, Overall uptake for dose one 52%<br>• Implementation of COVID vaccine in pregnancy: increasing uptake, better provision of uptake data and increased promotion, January coverage at delivery – 61% of women delivering in January had a least one dose of vaccine (+5% from previous month), with 56% having had two vaccines (+6%) across NI. | | | R.Morton, Director of Nursing, Midwifery and AHPs |

## 1. Covid 19 Response

| | Action from Business Plan: | Progress | Achievability (RAG) Oct | Achievability (RAG) Jan | Mitigating actions where performance is Amber / Red |
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| | | • Chair low uptake group: ation plan being developed to look at vaccine equity including access, promotion and communication materials<br>• Development of vaccine coverage surveillance sytem,<br>• Development of dashboard for the public and HSC organisatrions including Trusts, GPs, phamrcies and councils<br>• Production of all publications, PGDs and website coordaintion<br><br>PHA has taken forward a number of actions to improve uptake of vaccine for vulnerable populations including :<br>• Workplace interventions to target Ethnic Minority & Migrant communities in food processing sector;<br>• Moy Park (May/June 2021)<br>• NI Meat Exporters Association and NI Pork & Bacon Association (July – Sept 2021)<br>• Low vaccine uptake data shared with Trusts-via access to dashboard, Awareness session carried out with Trusts<br>• Communications developed (translated materials & videos) to encourage vaccine uptake in Ethnic Minority & Migrant communities.<br>• Engaged with DAERA & PHA funded Farm Families health Check Programme (Sept/Oct) to target low vaccine uptake in targeted rural areas.<br>• Engaging with Community Pharmacy (Oct onwards) to encourage primary dose vaccination options in targeted low | | | |

| 1. Covid 19 Response | | | | | |
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| | **Action from Business Plan:** | **Progress** | **Achievability (RAG)** Oct | Jan | **Mitigating actions where performance is Amber / Red** |
| | | vaccine uptake areas across NI<br><br>• Established a 6 week vaccine uptake clinic programme for those returning to Colleges and Universities to increase vaccine uptake in the 16-29 age group in particular.<br>Delivery and responsibility for COVID vaccine programme will transisition to PHA from start of the 2022-23 financial year. DPH and AD of Health Protection are identifying required infrastructure to enable this. | | | |
| 11 | Ensure Incident Management Teams are established to effectively manage outbreaks, especially in responding to clusters and new variants, to minimise the potential for wide spread infection. | The Health Protection service continues to provide expert advice and support to all stakeholders in relation to new Covid-19 variants and clusters.<br><br>Health Protection consultants also provide advice and support to Trusts and external stakeholders by joining IMT's and outbreak control management teams to ensure the health and wellbeing of the N. Ireland population.<br>This includes establishing and chairing Incident Management Teams to effectively manage outbreaks and clusters, including in response to new variants of concern.<br>Health Protection consultants and Infection Prevention Control nurses also provide advice and support to Trusts in relation to healthcare acquired COVID-19 infections and outbreaks. | | | S.Bergin, Director of Public Health (interim) |
| 12 | Take forward the implementation of the Health Improvement Recovery Plan and | Health Improvement Recovery Plan presented to AMT and PHA Board in May 2021, focussed on short term actions (2021-22), medium term (2022-25) and long term (2025 +). Actions outlined in the recovery plan are currently being re-profiled into population | | | S.Bergin, Director of Public Health (interim) |

## 1. Covid 19 Response

| | Action from Business Plan: | Progress | Achievability (RAG) Oct | Achievability (RAG) Jan | Mitigating actions where performance is Amber / Red |
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| | work with wider stakeholders, to continue to support those individuals and communities who have been adversely affected by Covid. | health outcomes using a theory of change approach.<br><br>This work will be reviewed through the Health Improvement Managers Forum ands its outcome will help inform the reshaping of Health Improvement Prioities. | | | |
| 13 | Use research funding programmes (CHITIN, NIHR, Opportunity Led, Research Fellowships) to effectively manage the COVID 19 pandemic and ensure we save lives, protect our health and social care services and rebuild services to ensure the health and wellbeing needs of society are effectively addressed | Nine studies funded through the HSC R&D Covid-19 call are ongoing as well as those funded through the national prioritisation exercise. Almost 30,000 participants from NI including staff, patients, carers, students, children and the wider public have now been recruited.<br><br>Findings have identified new therapies to prevent and treat Covid-19 including vaccines as well strategies to address the longer term physical and psychological impacts of Covid-19 meaning the evidence base to deal with the ongoing and future pandemics is ever expanding.<br><br>Seven studies were funded/co-funded through the COVID-19 Rapid Response Funding Call:<br>• A mixed methods study of the community pharmacy workforce's preparedness for, and response to, the COVID-19 pandemic<br>• Effectiveness of staff well-being interventions in response to COVID-19 in Northern Ireland<br>• A survey of hospital dialysis patients during the COVID-19 pandemic in Northern Ireland<br>• Modulation of the innate immune response to SARS-CoV-2 | | | S.Bergin, Director of Public Health (interim) |

## 1. Covid 19 Response

| | Action from Business Plan: | Progress | Achievability (RAG) Oct | Achievability (RAG) Jan | Mitigating actions where performance is Amber / Red |
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| | | with bradykinin inhibition<br>• Advance care planning for nursing homes in a COVID-19 outbreak<br>• Health & Social Care Workers' quality of working life and coping while working during COVID-19 Pandemic<br>• Seroprevalence and symptomatology of SARS-Cov-2 infection in healthy children across the UK (The COVID Warriors Study).<br><br>A further eight were funded as needs/opportunity-led projects:<br>• The REALIST Study - Repair of Acute Respiratory Distress Syndrome by Stromal Cell Administration<br>• COVID-19 Possible options for analysis and intervention via social media<br>• The SIREN Study<br>• Repurposing FDA-approved drugs for treatment of 2019-nCoV-induced disease<br>• Estimate of Northern Ireland community seroprevalence of antibodies against SARS-CoV-2 from anonymised residual blood samples<br>• Student Psychological Intervention Study (COVID-specific extension)<br>• Optigene Saliva Test<br>• COVRES2: Identifying temporal immune responses associated with COVID-19 severity<br>• A new Covid Cluster within the Northern Ireland Clinical Research Network (NICRN) has been established to create a dedicated Covid 19 group to support new and ongoing clinical research proposals | | | |

## 1. Covid 19 Response

| | Action from Business Plan: | Progress | Achievability (RAG) Oct | Achievability (RAG) Jan | Mitigating actions where performance is Amber / Red |
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| | | • The PANORAMIC trial, a new platform trial for anti-viral COVID treatments, is being led by the University of Oxford at sites across the UK. HSC R&D will fund and NICRN Primary Care support the Northern Ireland arm, will test new antiviral treatments for COVID-19 to help patients to stay at home without the need for hospital admission<br><br>These studies will add new knowledge in terms of the wellbeing of young people, patients and staff, staff and community infection levels and antibody status efficacy of treatments and tests for infection.<br><br>The impacts of each study will be reported separately, and reports will be made available on the HSC R&D Division website, but will include recommendations for staff, student and patient support, treatment and testing options, and contribute data to modelling and public health messaging plans. | | | |

## 1. Covid 19 Response

| | Action from Business Plan: | Progress | Achievability (RAG) Oct | Achievability (RAG) Jan | Mitigating actions where performance is Amber / Red |
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| 15 | Develop a regional and consistent approach to promoting staff health and wellbeing across HSC through the HSC Healthier Workplace Health Network. Ensure support systems are in place to mitigate and understand impact of COVID on staff. | HSC Healthier Workplace Health Network continues to meet and share best practice across all HSC organisations. Best practice has been shared across the Network on:<br><br>• Menopause<br>• Prostate cancer<br>• Nutrition<br>• Maintaining health and wellbeing in later years.<br>• Support for carers<br><br>Regional HSC Workforce Wellbeing group has developed a Regional Staff Health and Wellbeing mini-website to collate and streamline resources across all HSC organisations for ease of access and signposting for staff. Website will be maintained and updated by the Regional Workforce Wellbeing Group and will carry the branding of all membership organisations.<br><br>A Workplace Charter has been developed on behalf of all organisations and discussions are ongoing with DOH Workforce Branch to integrate with the emerging Workplace Staff Health and Wellbeing Health Framework and strategy. | | | S.Bergin, Director of Public Health (interim) |

## 2. Health Protection

| | Action from Business Plan: | Progress | Achievability (RAG) Sep | Achievability (RAG) Jan | Mitigating actions where performance is Amber / Red |
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| 2 | Based on learning from responding to the pandemic, increase the PHA's Health Protection capacity to effectively manage on-going issues arising from the Covid 19 and enable it to develop the skills, knowledge and capacity to ensure that it can respond effectively to other health Protection issues and plan for managing future pandemics that may arise. | The Health Protection service has secured funding from DoH to enhance the service.<br><br>Recruitment is underway to establish and enhanced a robust Health Protection service for the future. The posts range from consultant to administrative level.<br><br>Recruitment should be completed with all new staff in post by the end of 2022.<br><br>2 x temporary Locum HP consultant posts are advertised on HSCNI website and closes on the 9th February 2022. | | | S.Bergin, Director of Public Health (interim) |
| 3 | Update the Emergency Plan and Pandemic Plan with partners, in light of learning from the COVID 19 | The Senior Emergency Planner for the PHA is working with the HSCB and BSO on the update of the Joint Response Emergency Plan. In addition the PHA emergency response plan is also being updated. | | | S.Bergin, Director of Public Health (interim) |

## 2. Health Protection

| | Action from Business Plan: | Progress | Achievability (RAG) Sep | Achievability (RAG) Jan | Mitigating actions where performance is Amber / Red |
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| | pandemic, to ensure preparedness and response readiness | Organisational training and resource implications for both plans are being reviewed as part of the update, the outcome of which will be incorporated into an agreed training programme for 2022-2023.<br><br>Completion of the JREP is on track for completion for 31st March in line with migration of the HSCB to SPPG.<br><br>Reference the PHA emergency response plan - PHA health protection plans are on the work programme for 2022-2023. | | | |
| 4 | Ensure the timely availability of intelligence about antimicrobial use, antimicrobial resistance and healthcare-associated infections in secondary care by publishing regular reports and through an integrated dashboard. | HCAI/AMR surveillance team produce monthly 'Target' reports for each HSC Trust on secondary care antimicrobial prescribing data, in addition to the three key gram-negative bacteraemia (E.coli, Pseudomonas aeruginosa and Klebsiella spp), as well as MRSA and C. difficile. The team are working with Trust colleagues to develop an interactive Target monitoring dashboard to supplement the monthly reports by providing more timely and accessible data to support improvements in this area.<br><br>There are also interactive dashboards with Trust and NI level data for:<br>• HCAIs (C. difficile, S. aureus and gram-negative bacteraemias)<br>• Antimicrobial prescribing data in secondary care<br>• Hospital acquired COVID-19 dashboard.<br>• Multi drug resistant organisms e.g. CPE, ESBL | | | S.Bergin, Director of Public Health (interim) |

## 2. Health Protection

| | Action from Business Plan: | Progress | Achievability (RAG) Sep | Achievability (RAG) Jan | Mitigating actions where performance is Amber / Red |
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| | | One session per week from a consultant microbiologist with a particular interest in AMR has been secured on a temporary basis to help improve surveillance and reporting of antimicrobial usage and resistant infections, and provide training and advice to the acute HP and surveillance staff.<br><br>The HCAI./AMR surveillance team are working with data analytics team to identify where data analytics can support the key workstreams. | | | |
| 5 | Undertake a multi-channel programme of proactive public communication to influence public behaviour around a range of health protection issues, including vaccination and infectious diseases, and providing emergency response communications as required on clusters and outbreaks. | Working strategically with DoH, PHA Comms has undertaken a sustained and agile programme of multi-channel communications to inform, advise and influence behaviour change within key target audiences across Covid and wider Health protection issues.<br>Key activities have included:<br>Corporate and Public Affairs:<br>• proactive news releases and managing significant volumes of media requests (complex/fast moving), social media messages development/publishing including the development of infographics and video content, and stakeholder engagement<br>• delivering a 24/7 service to promote PHA messaging and facilitate media enquiries on health protection issues<br>Outputs: On average – 10 daily outputs across all channels.<br>Campaigns:<br>• Ongoing mass media campaign programme including:<br>• *Covid Vaccination tactical campaign* - raise awareness of the age call up | | | S.Wilson, Director of Operations (interim) |

## 2. Health Protection

| | Action from Business Plan: | Progress | Achievability (RAG) Sep | Achievability (RAG) Jan | Mitigating actions where performance is Amber / Red |
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| | | • *Every vaccination brings us closer campaign* - promote and encourage uptake of the COVID vaccine particularly among younger cohorts.<br>• *Revised youth campaign* including BIG Jab Weekend promotion, Grab a Jab, Moderna Community Pharmacy promotion.<br>• Winter vaccines campaign to encourage uptake of flu and booster vaccines among over 50s and those at risk as per JCVI advice<br>• As new cohorts eligible for the booster vaccine (16-49 year olds) campaign to encourage uptake<br>Results: Vaccination uptake levels as per the dashboard.<br>Campaign tracking survey results – 75.7% aware of seeing/hearing media promoting COVID vaccination programme. The mass vaccine, youth, big jab, jabbathon/grabbathon campaigns delivered 57.075 million impressions overall meaning on average adults would have seen or heard the campaign 38.1 times<br>Digital Self Trace campaign – to raise awareness of the Digital Self-Trace service and to encourage usage of it by those who test positive for coronavirus. The campaign also highlighted the importance of contact tracing and insights from research and contact tracing informed social messaging.<br>Outputs: campaign ran from 1 August – 27 September 2021 supported by PR, organic social media and via online materials (publications); posters and PVC banners were displayed at test sites; and 125,000 easy explainers for the service were distributed via test sites from 2 August 2021.<br>Results: | | | |

## 2. Health Protection

| | Action from Business Plan: | Progress | Achievability (RAG) Sep | Achievability (RAG) Jan | Mitigating actions where performance is Amber / Red |
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| | | • Use of the service increased during the campaign period – hitting a peak at 29%.<br>• Campaign media exposed over one million times and it is estimated that 91% of NI adults saw/heard the campaign at least once.<br>Publications:<br>Bespoke range of professionally designed publications developed across key topic areas eg. Vaccination programme, Testing, Contact tracing.<br>Outputs: 124 titles produced.<br>Materials available in 17 (max) languages<br>Alternative formats produced on demand – including easy read / braille, ISl/BSL .<br><br>To support the evolving COVID vaccination programme the following materials were created:<br>• 120,000 packs containing a range of materials for post primary school children. PDFs created in 17 translations, BSL and ISL videos and large print versions as well as online Q&As. These PDFs have been revised as details have changed.<br>• Guides to the booster programme in PDF and 750,000 leaflets for after the Covid booster/primary doses. Translated into 17 languages and large print accessible format and later revised twice when PDFs were updated as eligible cohorts were lowered. New record cards were produced and between OCT and Dec 2,070,000 have been printed to keep up with the demand for vaccines .<br>• PDF materials shared with HSCT vaccination hubs, GPs | | | |

## 2. Health Protection

| | Action from Business Plan: | Progress | Achievability (RAG) Sep | Achievability (RAG) Jan | Mitigating actions where performance is Amber / Red |
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| | | and Pharmacies for immediate download covering the temporary suspension of 15 minute wait for adults after COVID vaccination while 705,000 copies were being printed for distribution to the venues . Translations in 17 languages, an audio recording and a large print accessible format were also available online.<br><br>Materials for the public on Test trace protect, car share and advice for parents and carers of school children were updated as policy on isolation and advice for contacts changed . Online documents for various audiences on testing including LFD, PCR and lamp were also produced, including easy read versions for those with learning disabilities. | | | |
| 6 | Use research funding programmes (CHITIN, NIHR, Opportunity Led, Research Fellowships) to protect the community (or any part of the community) against communicable disease and other transmissible dangers to health and social well- | Nine studies funded through the HSC R&D Covid-19 call are ongoing as well as those funded through the national prioritisation exercise. Almost 30,000 participants from NI including staff, patients, carers, students, children and the wider public have now been recruited.<br><br>Findings have identified new therapies to prevent and treat Covid-19 including vaccines as well strategies to address the longer term physical and psychological impacts of Covid-19 meaning the evidence base to deal with the ongoing and future pandemics is ever expanding.<br>Seven studies were funded/co-funded through the COVID-19 Rapid Response Funding Call:<br>• A mixed methods study of the community pharmacy workforce's preparedness for, and response to, the COVID-19 | | | S.Bergin, Director of Public Health (interim) |

## 2. Health Protection

| | Action from Business Plan: | Progress | Achievability (RAG) Sep | Achievability (RAG) Jan | Mitigating actions where performance is Amber / Red |
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| | being including dangers arising on environmental or public health grounds or arising out of emergencies. | pandemic<br>• Effectiveness of staff well-being interventions in response to COVID-19 in Northern Ireland<br>• A survey of hospital dialysis patients during the COVID-19 pandemic in Northern Ireland<br>• Modulation of the innate immune response to SARS-CoV-2 with bradykinin inhibition<br>• Advance care planning for nursing homes in a COVID-19 outbreak<br>• Health & Social Care Workers' quality of working life and coping while working during COVID-19 Pandemic<br>• Seroprevalence and symptomatology of SARS-Cov-2 infection in healthy children across the UK (The COVID Warriors Study).<br><br>A further eight were funded as needs/opportunity-led projects:<br>• The REALIST Study - Repair of Acute Respiratory Distress Syndrome by Stromal Cell Administration<br>• COVID-19 Possible options for analysis and intervention via social media<br>• The SIREN Study<br>• Repurposing FDA-approved drugs for treatment of 2019-nCoV-induced disease<br>• Estimate of Northern Ireland community seroprevalence of antibodies against SARS-CoV-2 from anonymised residual blood samples<br>• Student Psychological Intervention Study (COVID-specific extension)<br>• Optigene Saliva Test | | | |

## 2. Health Protection

| | Action from Business Plan: | Progress | Achievability (RAG) Sep | Achievability (RAG) Jan | Mitigating actions where performance is Amber / Red |
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| | | • COVRES2: Identifying temporal immune responses associated with COVID-19 severity<br>• A new Covid Cluster within the Northern Ireland Clinical Research Network (NICRN) has been established to create a dedicated Covid 19 group to support new and ongoing clinical research proposals<br><br>• The PANORAMIC trial, a new platform trial for anti-viral COVID treatments, is being led by the University of Oxford at sites across the UK. HSC R&D will fund and NICRN Primary Care support the Northern Ireland arm, will test new antiviral treatments for COVID-19 to help patients to stay at home without the need for hospital admission<br><br>These studies will add new knowledge in terms of<br>the wellbeing of young people, patients and staff,<br>staff and community infection levels and antibody status efficacy of treatments and tests for infection.<br><br>The impacts of each study will be reported separately, and reports will be made available on the HSC R&D Division website, but will include recommendations for staff, student and patient support, treatment and testing options, and contribute data to modelling and public health messaging plans. | | | |

## 3. Health Improvement

| | Action from Business Plan: | Progress | Achievability (RAG) Sep | Achievability (RAG) Jan | Mitigating actions where performance is Amber / Red |
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| 1 | Establish a Health Inequalities Network to improve access to data, co-ordination of resources and implementation of evidence based practice in Health & wellbeing improvement | Health Improvement are involved in local Community Planning Partnerships and continually are looking at the planning of more effective co-ordination of resources for better health outcomes for local communities. Also discussions are progressing with HSCB/DfC/DAERA/Big Lottery to develop a community development practitioners forum to implement evidence based practice in Health & Wellbeing improvement.<br><br>Taking a whole organisation perspective, a wider review of data/intelligence capability will be undertaken: with the aim to enhance our use of data/intelligence, this will enable the PHA to target initiatives at those most in need (therefore helping to address health inequalities)<br>. | | | S.Bergin, Director of Public Health (interim) |
| 2 | Progress the planning and commissioning of health improvement services including:<br>• Procurement of the new Regional Sexual Education service that meets specifications of diversity, communication methods and measurement of impact and implement in | **RSE**<br>Revised Regional Sexual Education service tender was successfully evaluated Wednesday 26th January 2022 and will be offered to successful Providers. New contracts will be awarded February 2022 with contracts commencing 01 April 2022. Positive multi-disciplinary approach to the process including cross-directorate involvement across the CAG.<br><br>**Protect Life 2**<br>• An Involvement Plan for Consultation processes related to community based suicide prevention completed.<br>• PHA are currently at Stage 2 of this process:<br>• Draft discussion paper for a Bereaved By Suicide service complete. | | | S.Bergin, Director of Public Health (interim) |

## 3. Health Improvement

| | Action from Business Plan: | Progress | Achievability (RAG) Sep | Achievability (RAG) Jan | Mitigating actions where performance is Amber / Red |
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| | target areas<br><br>• Protect Life 2 services that have completed the engagement and consultation processes including; training framework and bereaved by suicide support service.<br><br>Community-led approaches to addressing health inequalities | • Draft discussion paper for community based suicide prevetion services in development.<br>  • Evidence base Reviewing the effectiveness of interventions for Suicide Prevention complete and approved by AMT.<br>  • Timeframes in relation to procurement to be agreed with Operations and PaLs.<br>  • Planning stage in relation to the procurement of services linked to the Training Framework in development. Timeframes in relation to procurement to be agreed with Operations and PaLs.<br><br>Agrement in principle between Queen's Univeristy Belfast, Belfast City Council and PHA regarding the use of geospatial data analysis to support the mapping exercise to identify geographical areas with weaker community development infrastructure and where gaps in funding may exist. This will inform the work of the Strengthening Communities Steering Group to build capacity for community-led approaches and align investments to enhance equity of service provision. | | | |
| 3 | Deliver through multi-disciplinary working, a programme of 5 public information campaigns as part of the 'Living Well' programme in specific areas (eg. smoking, alcohol, physical | Alcohol, mental health, cancer winter vaccines (flu and COVID booster) campaigns developed and delivered in 521 community pharmacies.<br><br>All 4 campaigns included public-facing materials (e.g. printed materials, promotional items, briefing newsletter for pharmacy teams, engagement activities and FAQs.<br>Additional online materials produced and a supporting social media schedule issued with each campaign (posts also go out on | | | S.Wilson, Director of Operations (interim) |

## 3. Health Improvement

| | Action from Business Plan: | Progress | Achievability (RAG) Sep | Achievability (RAG) Jan | Mitigating actions where performance is Amber / Red |
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| | activity, Covid transmission and mental well-being) based on behavioural science. | PHA channels), along with a media release.<br><br>165,000 leaflets are distributed to the public and 1,500 are posters displayed in pharmacies, per campaign.<br><br>Results: Evaluation for each campaign is conducted through a tailored survey to all pharmacies. Survey results are collated into a report. | | | |
| 4 | Deliver a sustained and varied programme of communication though PR, mass media advertising campaigns, features, social media, video and graphics on the range of health improvement portfolios to raise awareness, influence behaviour and signpost to support. | PHA Corporate and Public Affairs has undertaking an intense programme of messaging and content development on health improvement portfolios, balancing this with the ongoing priorities and pressures of managing the pandemic. As the Health Improvement team has been restarting activities that were paused during the height of the pandemic, and non-COVID activity continues across other teams, CPA has been working with respective leads to develop messaging. Core health improvement messaging has also been disseminated throughout this financial year, including on issues such as smoking cessation, mental health, physical activity, weight management and drugs and alcohol.<br><br>From 1 October to 31 December 2021, Facebook page reach was 5,623,831 people and Instagram account reach was 78,705.<br><br>The number of followers on Facebook rose from 236,418 on 1 October 2021 to 243,232 on 1 January 2022. The number of page likes on Facebook rose from 98,677 on 1 October 2021 to 107,424 on 1 January 2022. | | | S.Wilson, Director of Operations (interim) |

## 3. Health Improvement

| | Action from Business Plan: | Progress | Achievability (RAG) Sep | Achievability (RAG) Jan | Mitigating actions where performance is Amber / Red |
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| | | From 1 October to 31 December 2021, 824,189 were engaged, there were 87,550 link clicks, 19,030 comments, 26,116 shares, and 50,508 reactions.<br><br>The number of followers on Instagram rose from 11,762 on 1 October 2021 to 12,050 on 1 January 2022.<br><br>The number of followers on Twitter rose from 30,736 on 1 October to 31,682 on 1 January 2022.<br><br>PHA's posts on Twitter had 2.1 million impressions.<br><br>There were approximately 2,800 retweets of PHA posts without comment, and 2,900 post likes.<br><br>In total, there were approximately 38,400 link clicks from PHA Twitter posts.<br><br>Public Information Campaigns (PICs)<br>Obesity campaign launched 27 December 2021. Outputs include<br>1 x TV advertisement<br>2 x Radio advertisements<br>3 x Outdoor advertisements - multiple formats<br>5 x Social media advertisements FB/IG/Twitter<br>1 x Spotify audio and 1 Spotify video advertisement<br>1 x Display adertisment created for Belfast Live<br>1 x Communications toolkit created and distributed to stakeholders. Online campaign resource page developed to host toolkit campaign assets. | | | |

## 3. Health Improvement

| | Action from Business Plan: | Progress | Achievability (RAG) Sep | Achievability (RAG) Jan | Mitigating actions where performance is Amber / Red |
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| | | Campaign launched on the 10th January 2022, to raise awareness and encourage public support and adherence of new smoking regulations. The regulations aim to protect children and young people from the harmful effects of smoking and vaping. Work on campaign production and media planning underway.<br><br>Act FAST mass media campaign to raise awareness of the signs and symptoms of stroke launched 16 December 2021 running for six weeks.<br>Outputs include:<br>1 x TVadvertisement<br>1 x Radio advertisement<br>2 x Outdoor advertisements – multiple formats<br>4 x social media advertisements on FB/IG/Twitter<br>1x VOD advertisement<br>1 x Spotify advertisement<br>Google search advertising<br>1 x Campaign briefing document distributed to key stakeholders.<br><br>Organ Donation<br>Work continues on the rolling plan for the promotion of organ donation, with a particular focus on planning work for a possible change in legislation to an opt-out system. This has included written and oral evidence to the Health Committee.<br><br>New dedicated social channels were launched and are an integral part of the communication and engagement tools. Audience development activities are ongoing. | | | |

## 3. Health Improvement

| | Action from Business Plan: | Progress | Achievability (RAG) Sep | Achievability (RAG) Jan | Mitigating actions where performance is Amber / Red |
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| | | A public information campaign ran in June which was a re-run of the 'Wee Chat' campaign aimed at raising awareness of the importance of organ donation and encouraging people to have a chat about organ donation and sign the Organ Donor Register. The campaign was exposed to the target audience over 13 million times with 88% of NI adults seeing or hearing the campaign at least once.<br><br>A very successful Organ Donation Week ran in September with several local initiatives as well as suppot for national activity. Registrations to the ODR increased by 24.7%, and new users to the website increased by 365%. Engagement with partners saw additional exposure of just under 600k on Twitter alone.<br><br>Partner and stakeholder engagement continues as part of the rolling promotion plan and organ donation information is carried and cascaded by a wide range of partners from Trusts to Local Councils, the community and voluntary sector, the sports sector, and the further and higher education sector | | | |
| 5 | Work towards implementing a Whole Systems Approach (WSA) to obesity and align Fitter Future for All and Physical Activity in a new strategic approach to the | A draft schema for a WSA approach to obesity prevention has been developed, along with a proposed new ROPIG structure, with input from DoH Policy Branch. This was presented at a workshop with ROPIG on 18th October 2021, for consideration and comment.<br><br>Individual meetings have taken place with key stakeholders to revise the approach accordingly. This schema has also been shared with members of OPSG for consideration. | | | S.Bergin, Director of Public Health (interim) |

| 3. Health Improvement | | | | | |
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| | **Action from Business Plan:** | **Progress** | **Achievability (RAG)** Sep | Jan | **Mitigating actions where performance is Amber / Red** |
| | prevention of obesity through Regional Obesity Prevention Implementation Group (ROPIG). | PHA presented at the All Island Obesity Action Forum's Workshop on WSA on 16th November 2021.<br><br>PHA is represented on the project board for the development of a new obesity strategy (3 meetings have been held) and an evidence base for WSA is being developed as part of the strategy development.<br><br>Plans are currently being considered to:<br>1. Set up a ROPIG working group to take forward a WSA to Obesity.<br>2. Put in place WSA training for selected PHA staff and partners.<br>3. Present to SOLACE to engage with Councils and wider Community Planning Partners. | | | |
| 6 | Lead, champion and inform strategic and operational responses to improve health and wellbeing through community-led approaches | The Strengthening Communities for Health Steering Group met in November 2021 with a revised action plan, structure, and key objectives presented. Included in the presentation and discussion was the establishment of two subgroups to support the work of the Steering Group going forward. These are a Capacity Building subgroup and Funding subgroup. Initial group will feed into ICS Model and later brings together a range of agencies and Government Departments and connects into wider Cross-Departmental planning and investment structures.<br><br>Both subgroups met in December 2021 to discuss and agree Terms of Reference and membership for each group and agree next steps in developing both workstreams. | | | S.Bergin, Director of Public Health (interim) |

## 3. Health Improvement

| | Action from Business Plan: | Progress | Achievability (RAG) Sep | Achievability (RAG) Jan | Mitigating actions where performance is Amber / Red |
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| | | Planning continues in the establishment of a Community Development Practitioners' Forum in partnership with Project ECHO which will share learning and seek to benchmark practice against National Occupational Standards. | | | |
| 7 | Lead implementation of the current Breastfeeding Strategy 2013-2023 and inform the development of a new Strategy for 2024 onwards | Breastfeeding Strategy implementation up to end of Q3<br>**Outcome 1** - Supportive environments for breastfeeding exist throughout Northern Ireland.<br>**Action**: Breastfeeding Welcome Here Scheme new high profile members signed up in this period includes: Translink (47 Stations) University of Ulster (5 campuses) and HSBC branches across NI (5 banks)<br><br>Tiny Life Breastpump Loan service was supported to loan 68 breast pumps to mothers of ill and premature babies 98% of requests for breast pumps were dealt with within 48 hours of first request and followed up with delivery of breast pump.<br><br>**Outcome 2** – HSC has the necessary knowledge, skills and leadership to protect, promote, support and normalise breastfeeding.<br>**Action**: Baby Friendly Initiative (BFI online conference places were funded by PHA. and provided the opportunity for a total of 231 individuals to attend; including midwives, health visitors, Sure Start staff, neonatal nurses and voluntary breastfeeding supporters.<br>A further 96 staff completed BFI 2 day training courses on breastfeeding and relationshio building . | | | S.Bergin, Director of Public Health (interim) |

## 3. Health Improvement

| | Action from Business Plan: | Progress | Achievability (RAG) Sep | Achievability (RAG) Jan | Mitigating actions where performance is Amber / Red |
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| | | **Outcome 3** - High quality information systems in place that underpin the development of policy and programmes, and which support Strategy delivery.<br>**Action**: NIMATS and CHS Data used in the Annual Health Intelligence Breastfeeding Briefing, the November 2021 report is available online.<br>Focus Group research and a report 'Impact of the Covid-19 pandemic on breastfeeding support' shared and used to inform programmes and training.<br>**Outcome 4** - An informed and supportive public.<br>**Action**: Breastival was funded to deliver a series of online events in August and reached 1,117 delegates | | | |
| 8 | Improve, protect & promote the sexual health and well-being of the population of Northern Ireland | A Sexual Health Action Plan 2022-2026 is sitting with CMO for approval.<br>A draft implementation plan template is with DoH intention is to populate by 31st March 2022.<br>Review of Sexual Health Information Network (SHIN) membership completed. Continued engagement to increase membership (currently40) especially outside of the health sector e.g. criminal Justice and Education.<br>In partnership with Health protection the contents of BBV training programme for professionals and C&V sector has been drafted. Training programme to be commissioned by 31st March 2022.<br><br>Work has commenced to develop a Regional C-Card condom distribution programme with a scoping exercise on available training programmes to be completed by 31st March 2022.<br>Through monitoring and progress reports all sexual health contracts are on target. | | | S.Bergin, Director of Public Health (interim) |

## 3. Health Improvement

| | Action from Business Plan: | Progress | Achievability (RAG) Sep | Achievability (RAG) Jan | Mitigating actions where performance is Amber / Red |
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| 9 | Progress the development of evidence based family support and parenting programmes | Early Intervention Support Service is well established in all 5 HSCT areas, with 3,133 families supported between August 2015 and March 2021. Recurrent baseline funding of £900k is now in place to allow these services to be re-tendered on a long term basis. PHA Procurement Board approved a plan for the re-tender of these services with the aim of having new contracts in place by April 2023. An OBA report card showing the impact the service has had over the period 2016 - 2021 is attached as appendix <3.9><br>Stats for 2021/2022 will not be collated until April 2022.<br><br>A number of workforce training evidenced based programmes have been commissioned including Parents Plus and Incredible Years to build the workforce capacity contributing to the development of sustainable infrastructures for future programme delivery. | | | S.Bergin, Director of Public Health (interim) |
| 10 | Lead on the implementation of the Tobacco Control Strategy 2012-2022 for Northern Ireland and inform the development of a new Strategy from 2022 onwards | Work continues to implement the Tobacco Control Strategy for NI 2021-2022. DoH has issued a one year extension until March 2023, to support development of a new strategy. Additional recommendations have been added to the strategy as a result of the mid-term review and these continue to be implemented.<br><br>Services have been significantly impacted by decreased capacity in community pharmacies as they are supporting Covid 19 vaccine and Flu vaccine roll out, however negotiations are ongoing between PHA, HSCB and CPNI to reinstate and refresh these services. | | | S.Bergin, Director of Public Health (interim) |

## 3. Health Improvement

| | Action from Business Plan: | Progress | Achievability (RAG) Sep | Achievability (RAG) Jan | Mitigating actions where performance is Amber / Red |
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| | | Service outcomes are currently producing quit rates of 51%, which is greater than NICE guidelines for commissioners which recommends achieving a 35 % quit rate from services.<br><br>Public Health Guidance has been issued to all Stop Smoking Service Providers regarding the reinstating of CO monitoring in services.<br><br>Collaborative working between DoH, PHA, Local Government and PSNI has been completed in advance of the introduction of new legislation for NI in relation to 'Age of Sales of E-cigarettes' and also 'Prevention of smoking in cars with minors present'. This goes live on 1st February, accompanied by a mass media campaign. Media videos and radio interview have been undertaken to promote this legislation change and signpost the public to stop smoking services.<br><br>The PHA commissioned Tobacco Control services in all 11 local councils will be working collaboratively with the Police Service of Northern Ireland to support implementation of this legislation. | | | |
| 11 | Use research funding programmes (CHITIN, NIHR, Opportunity Led, Research Fellowships) which have involved patients and public in | A PPI Sub group has been established as part of the NI Clinical Research Recovery, Resilience and Growth Taskforce, co-chaired by a member of PIER and a clinical researcher has developed an action plan to strengthen PPI in the NI Research Infrastructure as part of its recovery plan..<br><br>This work aims to increase the diversity of participants to clinical trials in NI including those seldom reached and ensure patients | | | S.Bergin, Director of Public Health (interim) |

## 3. Health Improvement

| | Action from Business Plan: | Progress | Achievability (RAG) Sep | Achievability (RAG) Jan | Mitigating actions where performance is Amber / Red |
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| | their design to develop an evidence base to inform health and well-being at individual, community and regional levels by developing and securing the provision of programmes and initiatives which have been designed with patient and public involvement to secure the improvement of the health and social well-being of and reduce health inequalities between people in Northern Ireland. | and public are involved as partners in research studies. This will include the identification of research priorities for NI through a priority setting partnership using James Lind methodology. HSC R&D Division is also represented on several UK working groups as part of the UK wide RRG programme to strengthen and standardise PPI in research across the Uk including the development of a statement supporting a shared commitment to Public Involvement, the implementation of the UK Public Involvement Standards and the production of UK guidance for the payment of public contributors.<br><br>A forthcoming event involving a range of stakeholders from across NI including service leads and commissioners will present findings from one of the CHITIN Trials which has recently completed on Advance Care Planning in Nursing Homes. | | | |
| 13 | Lead and implement the UK AHP Public Health Strategy in NI | Multi Professional Team now in place and progressing with implementation of the regional workplan. | | | R.Morton, Director of Nursing, Midwifery and AHPs. |
| 15 | Deliver improved health care outcome across criminal justice through reviewing, progress and | HSCB/PHA Improving Health Within Criminal Justice Planning & Commissioning Team continue to work on progressing up to 21 actions emanating from The DoH/DoJ Improving Health Within Criminal Justice Strategy and Action Plan (2019). This strategy and action plan sets out a collaborative approach to address the | | | R.Morton Director of Nursing, Midwifery and AHPs |

## 3. Health Improvement

| | Action from Business Plan: | Progress | Achievability (RAG) Sep | Achievability (RAG) Jan | Mitigating actions where performance is Amber / Red |
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| | implement the Health in Criminal Justice Action Plan. | health inequalities and unmet health needs faced by those within the criminal justice system.<br><br>HSCB/PHA planning and commission team contributed to a refresh of the DoJ/DoH action plan to ensure resources are better aligned to meet need, enhance access to services, improve continuity of care, develop workforce and the way collaboration operates and also to increase diversion of vulnerable people & improve health protection and health promotion.<br>HSCB/PHA planning and commissioning team commenced work on addressing fourteen of sixteen recommendations made by RQIA in their October 2021 Review of Services for Vulnerable Persons Detained in Northern Ireland Prisons. A series of task and finish groups have been established and are progressing workplans in keeping with the recommendations to be implemented within 6 months/12 months and 18 month period.<br><br>PHA AHPs have contributed to the Health & Therapeutic Workstream of the DoJ/DoH led Review of Regional Facilities for Children and Young people (1.2 Health to provide advice on improving the health and social care model in Police, Courts and YJA.) – Following AHP professional input, a proposal for a Core MDT team within the secure unit now includes OT, SLT and Art Therapy and Nursing alongside other professions. | | | |

## 4. Shaping future health

| | Action from Business Plan: | Progress | Achievability (RAG) Sep | Achievability (RAG) Jan | Mitigating actions where performance is Amber / Red |
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| 1 | Work with DoH and HSCB to establish a population health approach within the new integrated care systems, as part of the new HSC planning model. | PHA continues to work with DoH and HSCB colleagues to ensure a population health Planning approach is embedded into new organisational structures being designed to support an Integrated Care System. The draft Framework document for establishing a new planning model is currently being reviewed and updated to take into account comments received from the consultation process. PHA is represented on the Project Board and various project planning teams that have been established to take forward the implementation of a new planning model for HSC. | | | All Directors |
| 3 | Support the development of multi-disciplinary strategic Planning teams that will agree future priorities for the agency on specific thematic areas, starting with an initial planning team to look at Mental and Emotional Wellbeing, Suicide Prevention and Drugs and Alcohol | AMT agreed the establishment of a Mental Health, Emotional Wellbeing and Suicide Prevention Multi-disciplinary strategic planning team in July 2021. The first meeting of the Team took place on 30th November 2021 where the ToR was agreed and the next steps including a workshop to determine an action plan to take place in early 2022.<br><br>Work was also initiated in July 2021, with HSCB colleagues, to establish a Multi-disciplinary planning team to take forward the new Drug and Alcohol Substance Misuse Strategy. This work was delayed but the first meeting has now taken place. Work is now being progressed to look at further developing multi-disciplinary strategic planning teams within PHA and how such teams would support the new Planning Model currently being developed by DoH. | | | S.Wilson, Director of Operations (interim) |

## 4. Shaping future health

| | Action from Business Plan: | Progress | Achievability (RAG) Sep | Achievability (RAG) Jan | Mitigating actions where performance is Amber / Red |
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| 4 | Develop a population health planning guide for the HSC NI | A population health planning guide for HSCNI is underway and the final draft of the document will be complete in February. This has been delayed by 1 month due to the necessary response to COVID-19.<br><br>Plans on how to launch the guidance are currently being developed and will take into consideration necessary timings relating to the implementation of the new planning model. | | | S.Wilson, Director of Operations (interim) |
| 6 | Support DoH colleagues to ensure that public health policy is embedded in the development and delivery of Programme for Government eg transport, housing, air quality, greenways, economic development. | Further to the public consultation on the draft outcomes framework for PfG that closed at the end of March 2021, PHA officers continue to support DoH colleagues in public health policy discussions, when approached for input. | | | S.Bergin, Director of Public Health (interim) |
| 7 | Continue to work with each of the Local Councils and their Community Planning Partnerships to take forward implementation of agreed action plans. | PHA has continued to work collaboratively with local councils and Community Planning Partnerships to take forward agreed actions. Since April 2021, the key focus has continued to be on working collectively to develop and deliver programmes aimed at supporting those most affected by Covid 19. This has included supporting vulnerable families and individuals with direct assistance; addressing issues of social isolation for older people and promoting programmes aimed at improving mental health and well-being. | | | S.Wilson, Director of Operations (interim) |

## 4. Shaping future health

| | Action from Business Plan: | Progress | Achievability (RAG) Sep | Achievability (RAG) Jan | Mitigating actions where performance is Amber / Red |
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| 8 | Deliver a rolling creative communications programme to educate, empower and assist communities to improve their health and wellbeing by taking a range of steps, focused on core areas identified as presenting challenges. | PHA Corporate and Public Affairs has undertaken a sustained programme of messaging and content development on both COVID-19 and non-COVID issues, striking a balance between the ongoing priorities and pressures of managing the pandemic, aligned with the priorities of the agency.<br><br>Between 1 October 2021 and 30 December the agency reached 5,623,831 individual people organically (ie without paid promotion) through Facebook, reflecting how the programme of social messaging is resonated beyond the jurisdiction, with the highest reach on 7 November (2,285,686). This has run in parallel with proactive messaging through the mainstream media – 32 news releases were issued in this period on issues as diverse as breast cancer, mental health, STIs, avian flu, button cell battery safety and alcohol consumption, on top of a range of COVID-related topics and changing advice on issues such as testing, symptoms, schools, contact tracing and general advice. With this has come a significant requirement to manage media.<br><br>Corporate and Public Affairs also undertook a sustained programme of proactive multi-channel, multi-format messaging in the six weeks leading up to Christmas and New Year under the title ‘Stay Safe This Christmas’ encouraging people to remain cautious and take appropriate steps to help avoid getting COVID-19, given the time of year and likely increase in social activity. | | | S.Wilson, Director of Operations (interim) |

## 4. Shaping future health

| | Action from Business Plan: | Progress | Achievability (RAG) Sep | Achievability (RAG) Jan | Mitigating actions where performance is Amber / Red |
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| 9 | Scope baseline QI capability across all PHA Directorates | <u>Scope baseline QI capability across all PHA -</u><br><br>HSCQI have completed a scoping exercise with HSC Trusts to identify QI trained staff (aligned with the Q2020 Attributes Framework) from across the region.<br>In the next quarter of 2021/22, HSCQI will extend the scoping exercise across all PHA Directorates to obtain baseline data for the organisation for future planning of the PHA Quality and Improvement strategy.<br>Scoping template for PHA developed and currently being tested by one division.<br><br>Next steps:<br>Roll out of scoping template to all Directorates in PHA. Aim to have this completed by end of quarter 4. | | | Dr A Keaney, Director HSCQI |
| | Scope Quality Improvement training for Boards. | <u>Scope Quality Improvement training for Boards</u><br><br>In accordance with the Q2020 Attributes framework Level 4 QI training should be offered to staff who are charged with leading QI across organisations and the HSC system. These individuals are also responsible for ensuring QI is embedded in the day to day work of their organisation.<br><br>The HSCQI Hub team are currently exploring options with a range of potential suppliers. | | | |

## 4. Shaping future health

| | Action from Business Plan: | Progress | Achievability (RAG) Sep | Achievability (RAG) Jan | Mitigating actions where performance is Amber / Red |
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| 10 | Ensuring that all Northern Ireland legislation, regulations and media are conducive to the health and social well-being of our young people and of future generations | PHA is actively contributing to DOH scoping of evidence of increase in gambling particularly among school aged young people. The All Party Group Report on 'Reducing Harm related to Gambling' includes recommendations on legislation, regulations and media and PHA will contribute to DOH input, as relevant, on the Department of Community led Inter-Departmental Group.<br><br>PHA made a submission and presentation to the Committee of Communities raising specific concerns on the draft gambling legislation being introduced by the Department of Communities. That submission represented detailed evidence and research about the increased prevelance of gambling amoung young people and increased numbers of those experiencing gambling harms. Additional consideration of impact of increased opening days for Betting Shops in NI and option for application of a Gambling Levy to pay for prevention and treatment services on gambling harm were raised. DOH are requesting PHA support on actively considering how local evidence and research on local need in this area could be secured.<br><br>The Young People's Covid Messaging Group (YPCMG) was established by PHA to specifically engage with, support and platform appropriate COVID-19 public health messaging for young people. Following the completion of the school nursing vaccination programme, YPCMG have been involved reviewing COVID vaccination uptake in 12-17yr olds. YPCMG members are leading on engagement and data collection to identify vaccine hesitation and barriers to uptake faced by young people. When requested, the YPCMG also support engagement and | | | S.Bergin, Director of Public Health (interim) |

| 4. Shaping future health | | | | | |
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| | **Action from Business Plan:** | **Progress** | **Achievability (RAG)** Sep | Jan | **Mitigating actions where performance is Amber / Red** |
| | | consultation with young people for other areas of work than COVID-19, eg. organ donation. | | | |

## 5. Our organisation works effectively

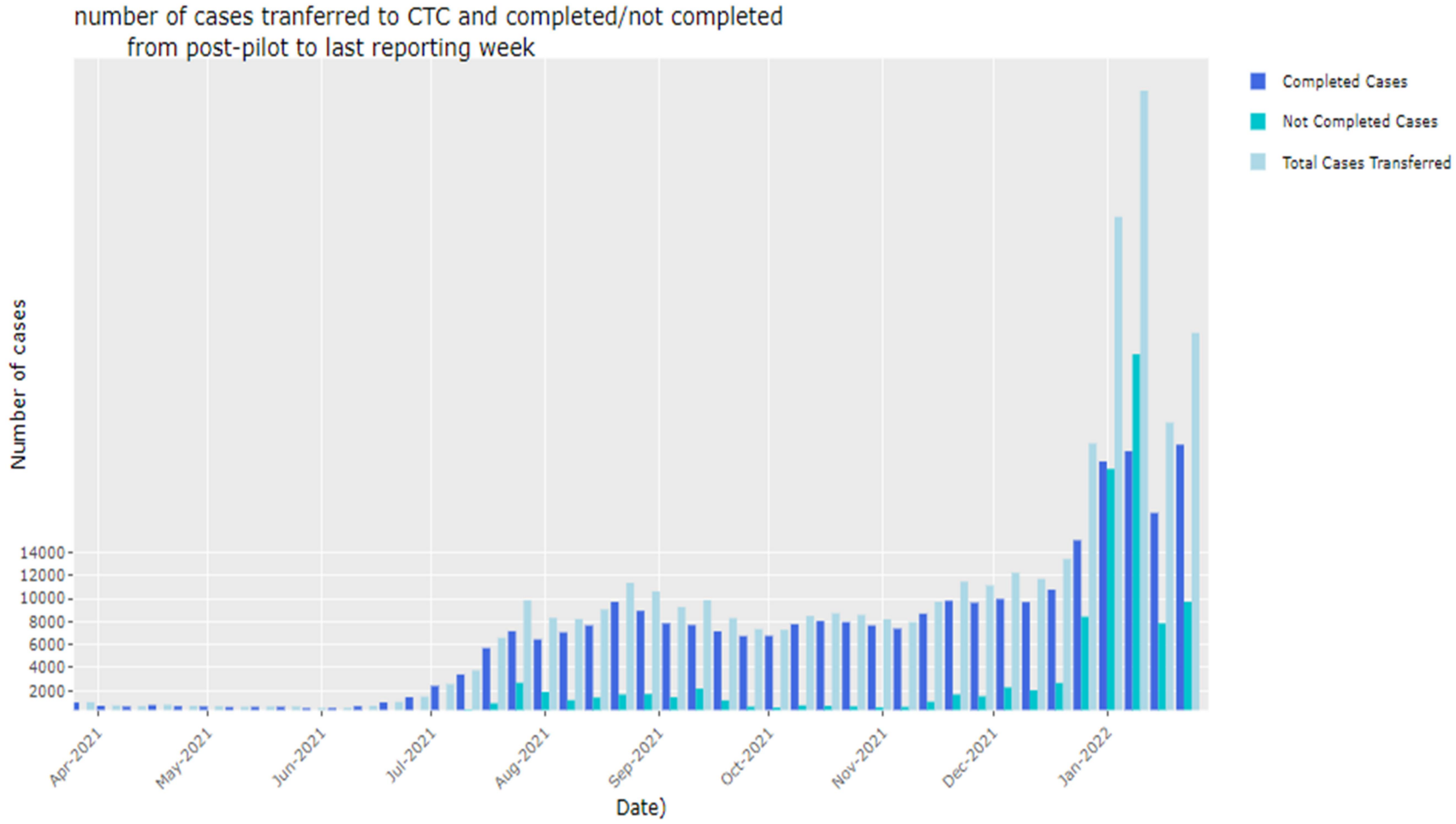
| | Action from Business Plan: | Progress | Achievability (RAG) Sep | Achievability (RAG) Jan | Mitigating actions where performance is Amber / Red |
|---|---|---|---|---|---|
| 3 | Maintain operational workforce capacity to deliver core duties and deliverables identified for the PHA in 2021/22 | The PHA has expanded operational capacity, where required, to ensure it has the necessary professional skills to continue to respond effectively to the Covid 19 pandemic. In particular, from June – Oct circa 70 WTE additional Band 6 staff have been employed to enhance the Contact tracing service (including support provided to education facilities) to enable it to manage the increase in demand.<br><br>PHA currently employs 606 staff with a whole time equivalent of 514.59. This is an increase from 443 (388.79 WTE) staff at the same point last year and reflects additional staff employed by the PHA for contact tracing and vaccination. Sickness absence was 2.56% at the end of the period comparing to 2.12% at the same time last year. | | | All Directors |
| 4 | Scope out accommodation requirements to allow staff to return to work safely in line with Covid 19 guidelines and work with BSO colleagues to develop appropriate policies and procedures to facilitate new working arrangements | The PHA worked with BSO colleagues to ensure that safety inspections were completed in all offices and that appropriate measures were in place for staff safety during the pandemic. Policies and procedures for new working arrangements are being developed regionally and the PHA will implement these when they are published.<br><br>A “Report on a Review of the Accommodation Needs for the Public Health Agency” has been completed and a number of recommendations were made. Implementation of these recommendations has been delayed due to the prioritisation of the covid response, but Terms of Reference have been drafted for an Accommodation Project Board to take these forward. The process of implementing some of the recommendations from the | | | S.Wilson, Director of Operations (interim) |

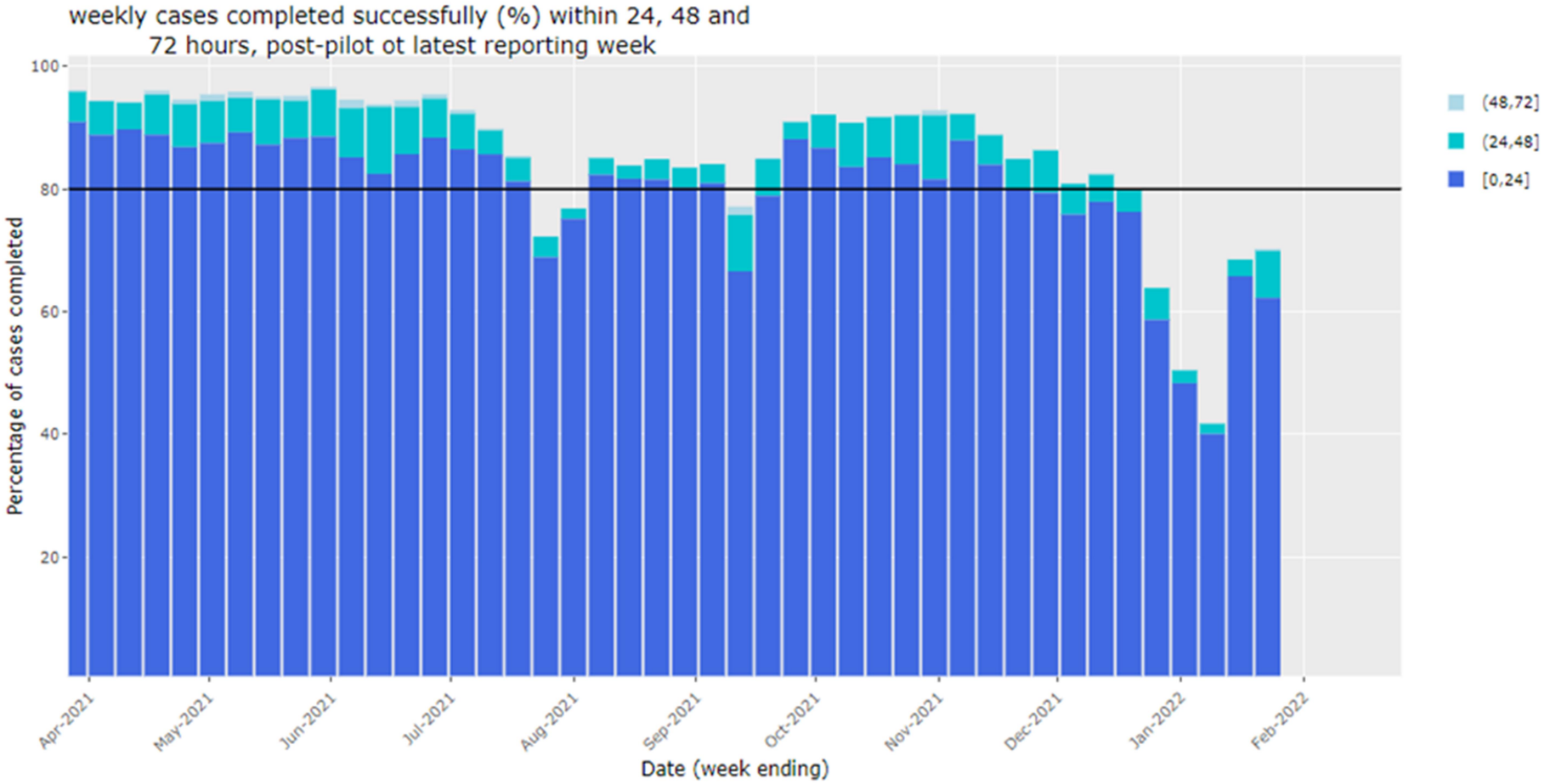
## 5. Our organisation works effectively

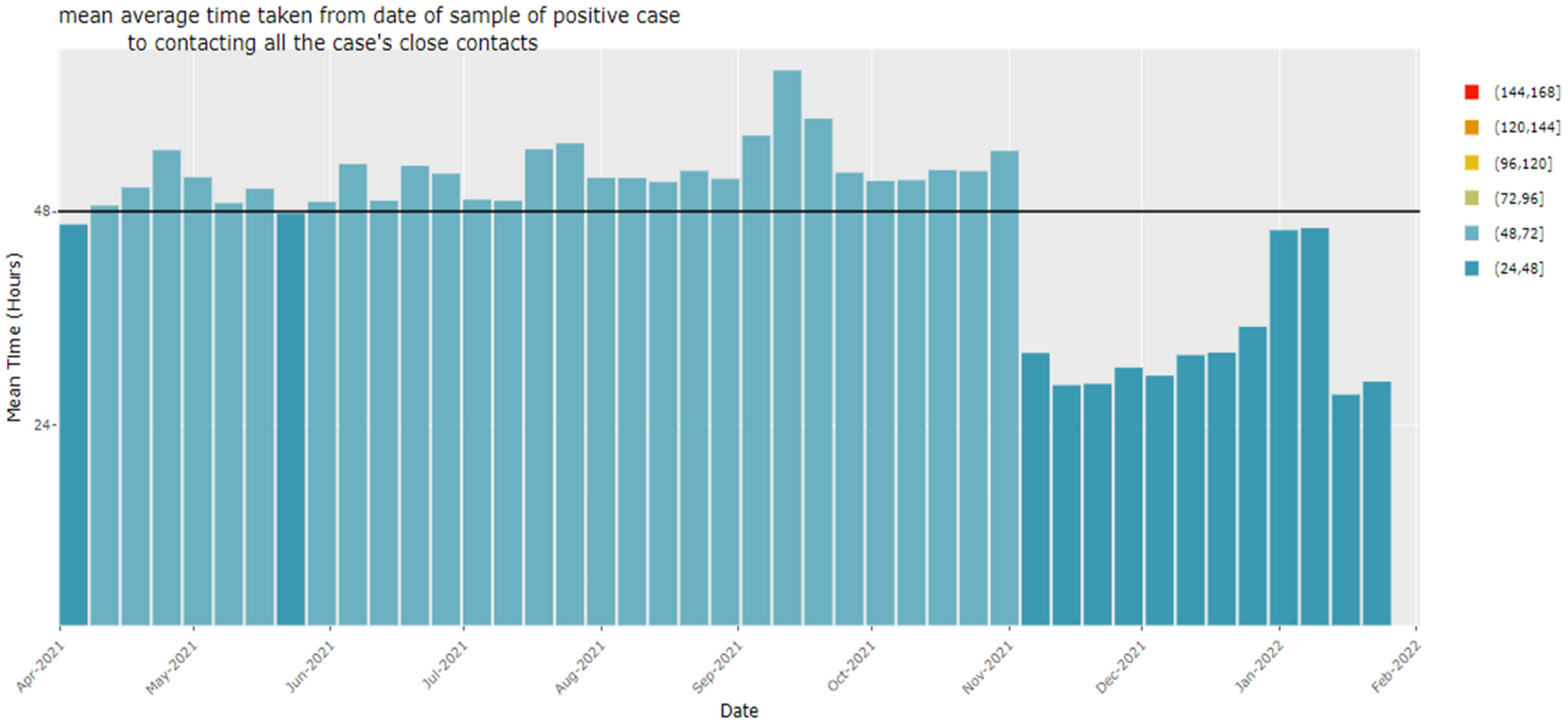
| | Action from Business Plan: | Progress | Achievability (RAG) Sep | Achievability (RAG) Jan | Mitigating actions where performance is Amber / Red |
|---|---|---|---|---|---|
| | | Review will integrate very closely with implementation of the regional policies and procedures that are being developed. | | | |
| 5 | Develop a comprehensive outcomes -based performance management and reporting system at all levels of the PHA. | Although the COVID response has delayed progress, work is underway to develop an outcomes based performance management and reporting system across PHA.<br><br>OBA style reporting is in place already or is currently developing across a number of work areas and work continues to build organisational capacity.<br><br>Work had started in 2019/20 to refocus business planning and performance management reporting around an outcomes based approach and a review of corporate performance documents is also now taking place to build on and progress this work. A draft framework is in development and a focus on impact and OBA style working will also be at the core of the development of the annual business plan 2022/23.<br><br>Corporately, we have developed and agreed our strategic alignment across key strategic documents and illustrated this using the golden thread. A draft strategic outcomes framework is also underway for use within the outcomes based performance framework.<br><br>AMT approved the development of a strategic planning team for mental health in July 2021. This team met for their first meeting in November 2021 and agreed their ToR and next steps.<br>This group will act as a prototype for future teams and work has | | | S.Wilson, Director of Operations (interim) |

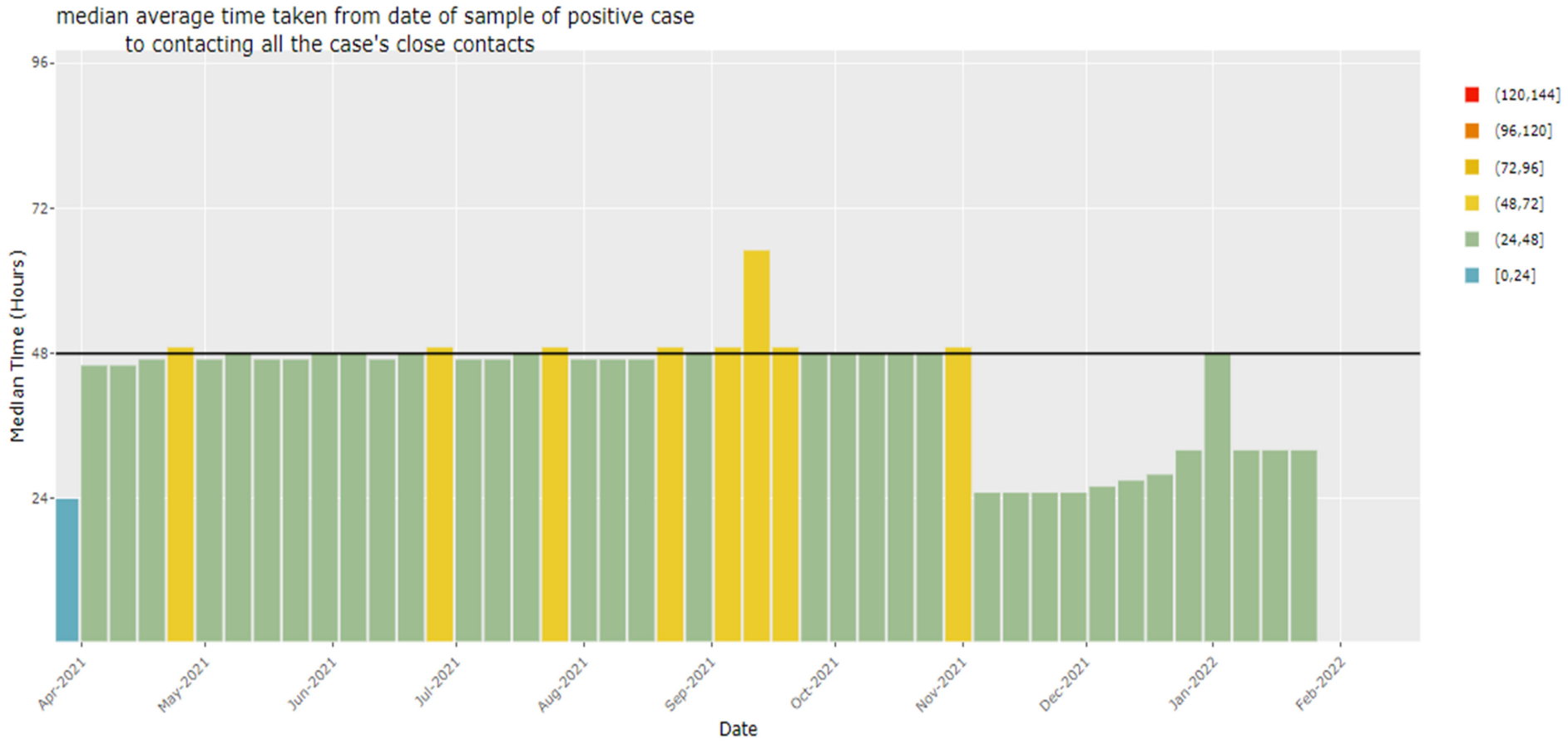
| 5. Our organisation works effectively | | | | | |
|---|---|---|---|---|---|
| | **Action from Business Plan:** | **Progress** | **Achievability (RAG)** Sep | Jan | **Mitigating actions where performance is Amber / Red** |
| | | begun to identify key thematic areas that would find the SPT model effective. | | | |
| 6 | Build organisational knowledge and capacity of Outcome Based Accountability (OBA) | OBA style reporting is in place already or is currently developing across a number of work areas such as Family Nurse Partnership and others are developing outcomes frameworks e.g. PL2 implementation.<br>As well as implementing OBA style reporting to build capacity and knowledge, the focus this year so far has been on promoting the 'golden thread' illustration of PHA's strategic alignment and the outcomes across a number of strategies that PHA contribute to. As well as providing support to new areas implementing OBA.<br><br>A focus on impact and OBA style working will also be at the core of the development of the annual business plan 2022/23<br><br>Work is underway to arrange a series of OBA awareness sessions in 2022. | | | S.Wilson, Director of Operations (interim) |

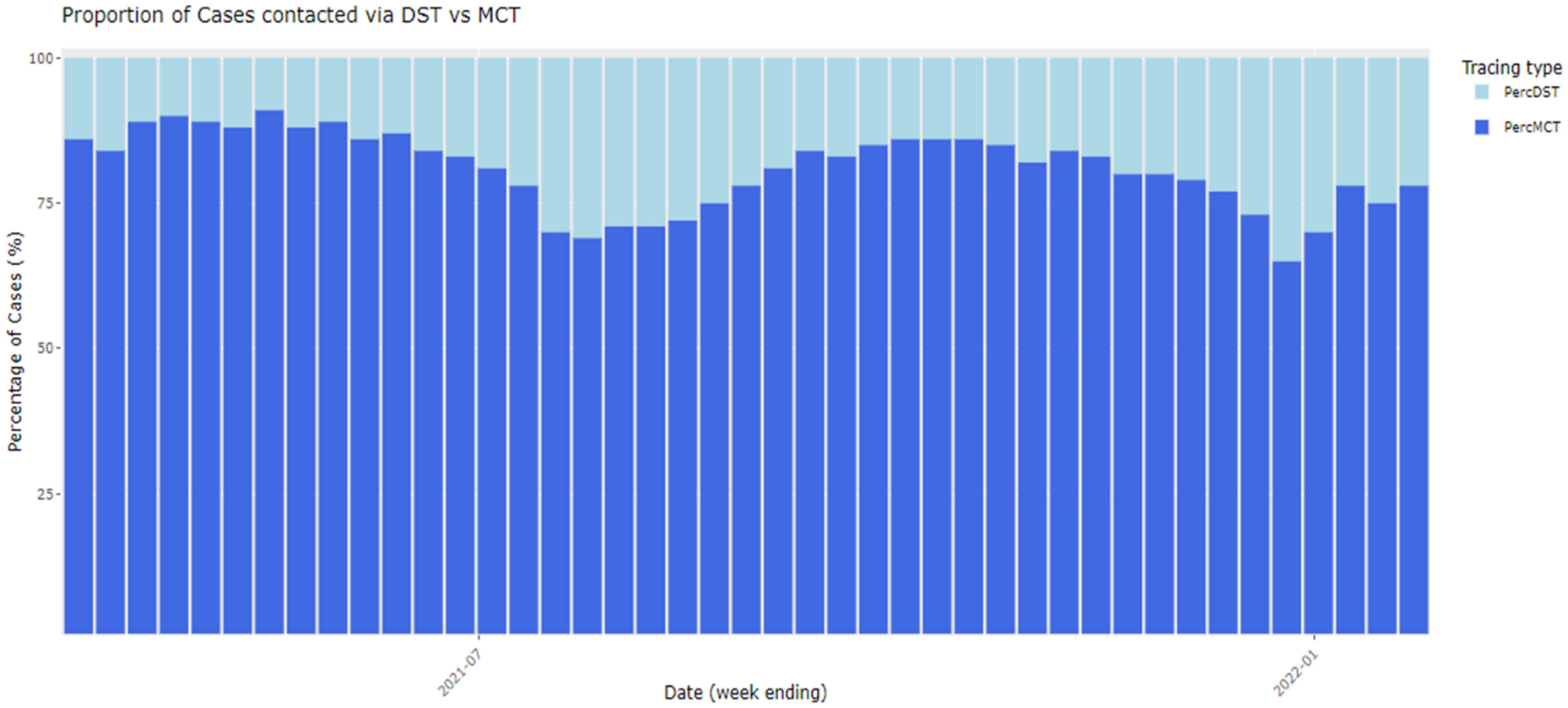
**Appendix 1.2 - Summary of KPIs for Contact Tracing Service.**

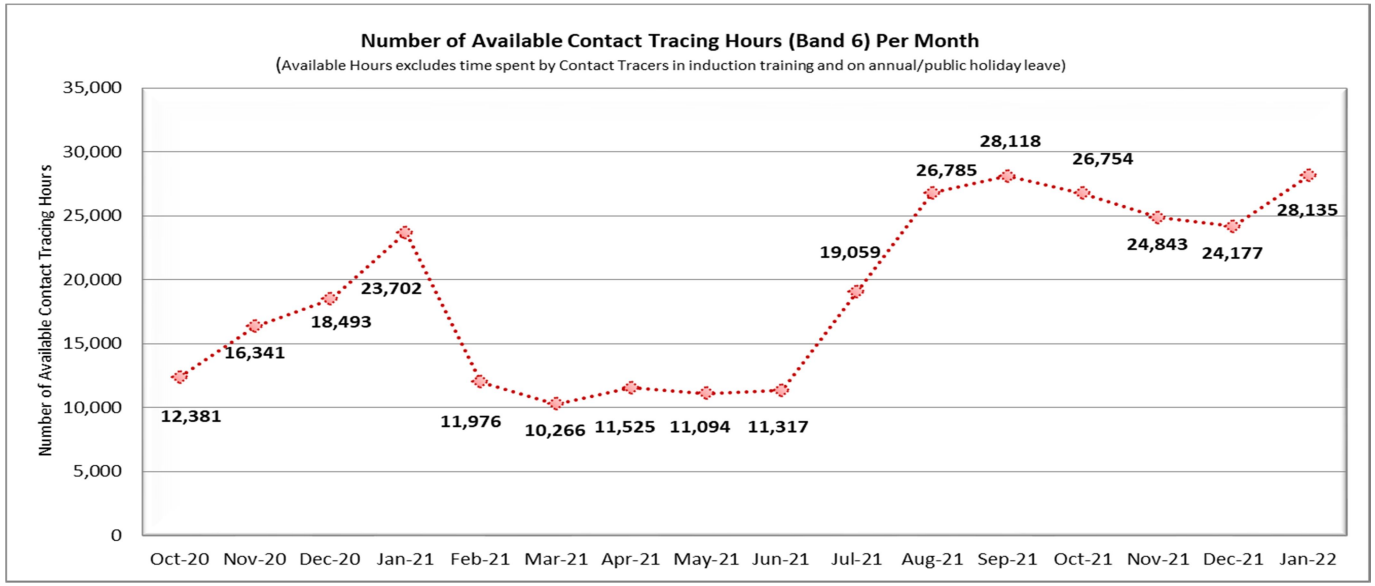


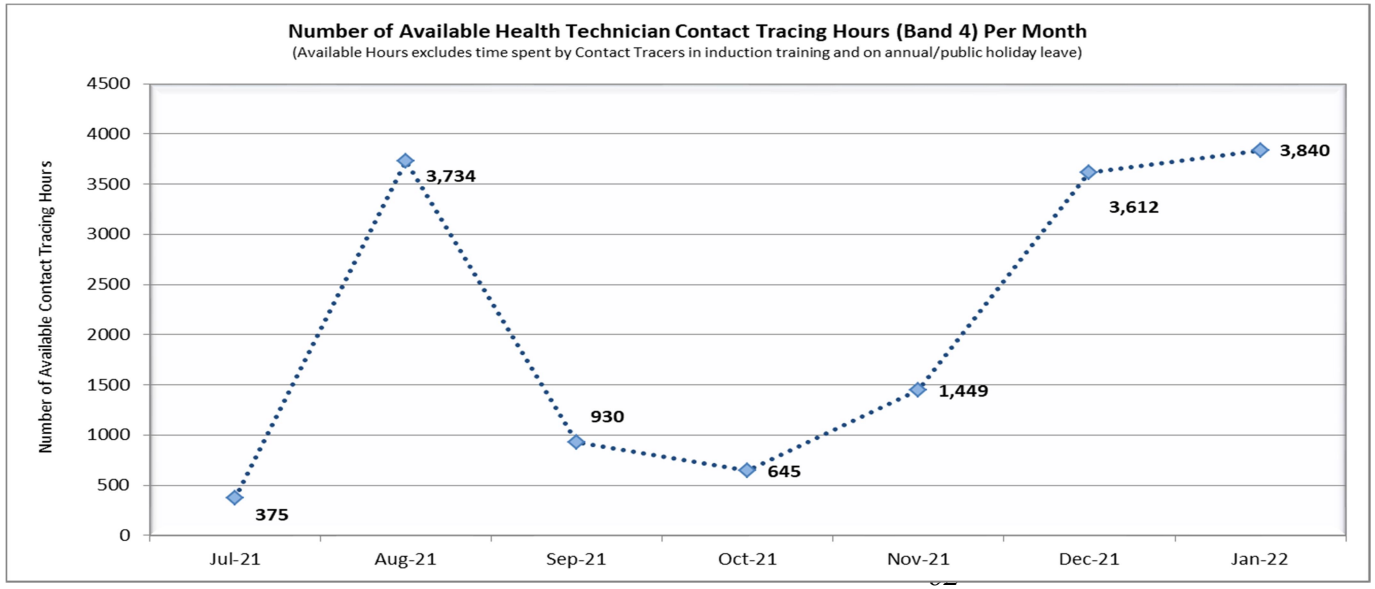

weekly cases completed successfully (%) within 24, 48 and 72 hours, post-pilot ot latest reporting week
Percentage of cases completed
100
80
60
40
20
Apr-2021
May-2021
Jun-2021
Jul-2021
Aug-2021
Sep-2021
Oct-2021
Nov-2021
Dec-2021
Jan-2022
Feb-2022
Date (week ending)
(48,72]
(24,48]
[0,24]


mean average time taken from date of sample of positive case
to contacting all the case's close contacts
Mean Time (Hours)
48
24
Apr-2021
May-2021
Jun-2021
Jul-2021
Aug-2021
Sep-2021
Oct-2021
Nov-2021
Dec-2021
Jan-2022
Feb-2022
Date
(144,168]
(120,144]
(96,120]
(72,96]
(48,72]
(24,48]


median average time taken from date of sample of positive case
to contacting all the case's close contacts
96
72
48
24
Median Time (Hours)
Apr-2021
May-2021
Jun-2021
Jul-2021
Aug-2021
Sep-2021
Oct-2021
Nov-2021
Dec-2021
Jan-2022
Feb-2022
Date
(120,144]
(96,120]
(72,96]
(48,72]
(24,48]
[0,24]


Proportion of Cases contacted via DST vs MCT
100
75
50
25
Percentage of Cases (%)
2021-07
2022-01
Date (week ending)
Tracing type
PercDST
PercMCT


Number of Available Contact Tracing Hours (Band 6) Per Month
(Available Hours excludes time spent by Contact Tracers in induction training and on annual/public holiday leave)
Number of Available Contact Tracing Hours
35,000
30,000
25,000
20,000
15,000
10,000
5,000
0
12,381
16,341
18,493
23,702
11,976
10,266
11,525
11,094
11,317
19,059
26,785
28,118
26,754
24,843
24,177
28,135
Oct-20
Nov-20
Dec-20
Jan-21
Feb-21
Mar-21
Apr-21
May-21
Jun-21
Jul-21
Aug-21
Sep-21
Oct-21
Nov-21
Dec-21
Jan-22


Number of Available Health Technician Contact Tracing Hours (Band 4) Per Month
(Available Hours excludes time spent by Contact Tracers in induction training and on annual/public holiday leave)
Number of Available Contact Tracing Hours
4500
4000
3500
3000
2500
2000
1500
1000
500
0
375
3,734
930
645
1,449
3,612
3,840
Jul-21
Aug-21
Sep-21
Oct-21
Nov-21
Dec-21
Jan-22

## Appendix 1.8 Screening Programmes - Current Position

All screening programmes impacted by Covid continue to build capacity and reduce delays for screening invites. The current position across each programme is below:

**Bowel cancer screening:** The delay in routine invitations is currently 23 weeks (reduced from 29 weeks). The catch up exercise will be completed by August 2022.

| | **No. of individuals with a completed screening test result** | | **2021 activity as a % of 2019 activity** |
|---|---|---|---|
| | **2019/20** | **2021/22** | |
| Quarter 1 (April – June) | 22,398 | 22,703 | 101.4% |

**note the type of screening test used in the programme changed from January 2021.The above numbers can reflect invites/test kits that were sent out several months prior.*

**Breast screening:** The round length is currently 38 months. This is down from 41 months in September 2020 (although it remains above the standard of 36 months). This is being achieved through the provision of additional screening clinics. Progress will not be linear as it is dependent upon the continued availability of staff.

| | **July- Sept 2019** | **July-Sept 2021** | **2021 activity as a % of 2019 activity** |
|---|---|---|---|
| No of women invited | 19,533 | 21,976 | 113% |
| No of women screened | 15,128 (77% uptake) | 15,613 (71% uptake) | 103.2% |

**Cervical screening:** The programme continues to operate with a 5 month delay in routine invitations with a formal catch up programme not likely to be feasible. Ongoing pressures are noted in relation to turnaround times for lab results and some colposcopy services. The number of screening samples received by the labs provides an indication of activity for women being screened. This figure is dependent on the number of women due for screening at a given time, the availability of appointments at GP practices, and the uptake by women, so it is subject to fluctuation.

| | No. of cervical samples taken (as recorded received at a NI laboratory) | | 2021 samples taken as a % of 2019 samples |
|---|---|---|---|
| | 2019/20 | 2021/22 | |
| Quarter 1 (April – June) | 31,668 | 27,939 | 88.2% |

**Diabetic eye screening:** The programme continues to use a risk stratified approach to invite individuals for screening. Additional in year funding was secured via the June monitoring review to support recovery, and further expansion of capacity is being taken forward with the Trust to move towards reintroducing routine screening. This programme has faced significant logistical challenges due to the impact of covid. As well as a reduced patient throughput required for infection control purposes, programme has had to develop a new model of service delivery.

| | No. of people screened | | 2021 activity as a % of 2019 activity |
|---|---|---|---|
| | 2019/20 | 2021/22 | |
| Quarter 1 (April – June) | 12,459 | 6,539 | 52.5% |

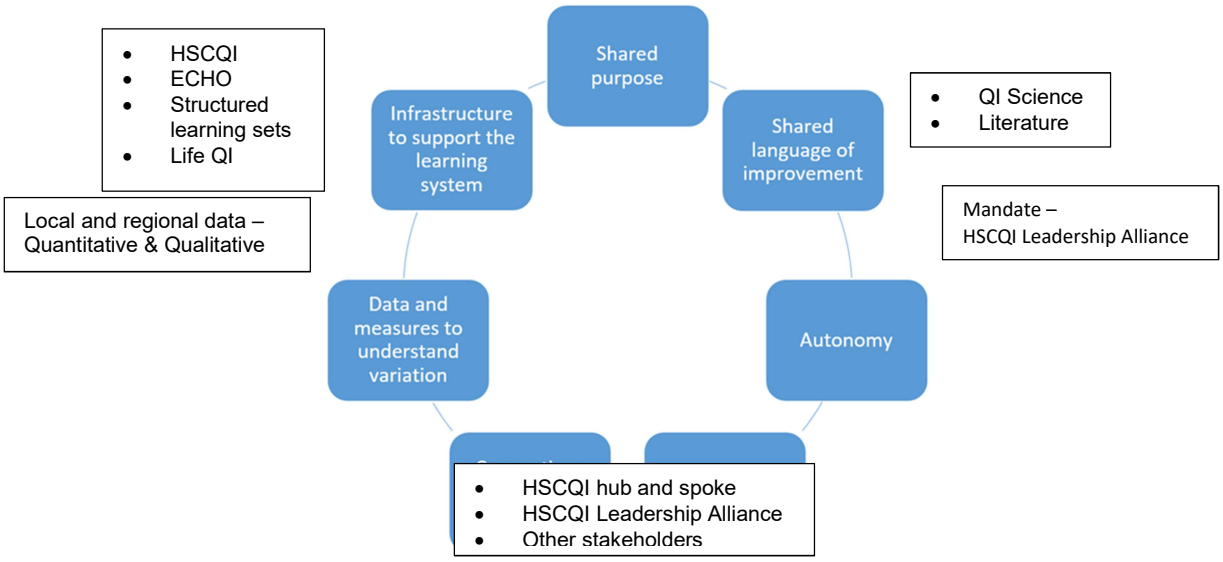
**AAA screening:** Surveillance scanning for men with small/medium AAA is operating as normal. Approximately 56% of men in the 20/21 cohort for primary screening have now been called for their initial appointment.

| | No. of appointments completed | | 2021 activity as a % of 2019 activity |
|---|---|---|---|
| | 2019/20 | 2021/22 | |
| Quarter 2 (July – Sept) | 1,794 | 2,134 | 119% |

## Appendix 1.14 - HSQQI

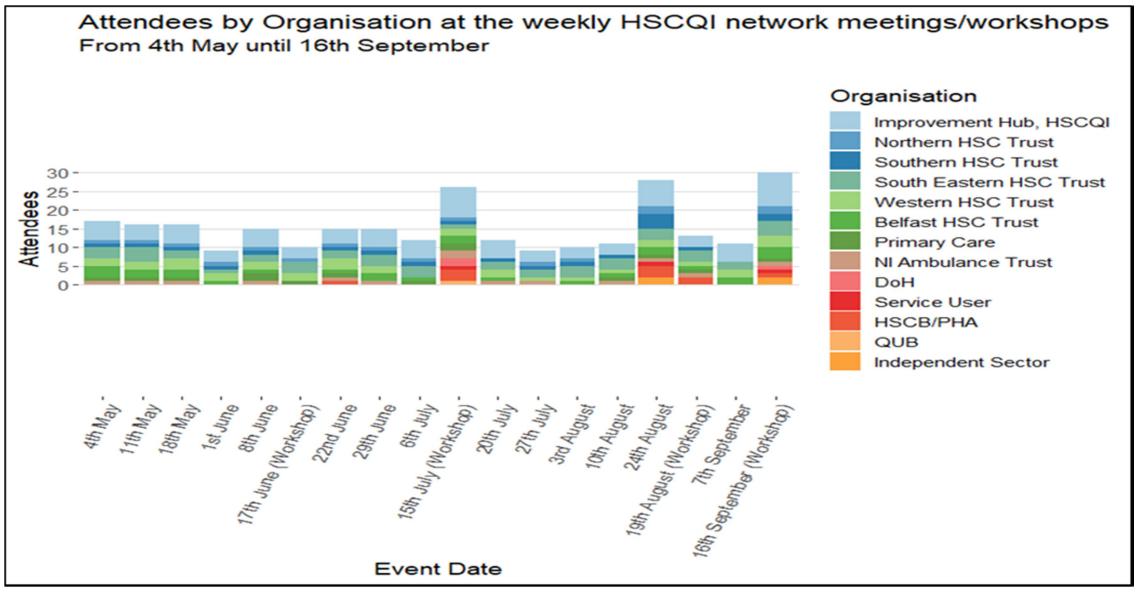
On 24th April 2020 Trust CEOs asked the HSCQI Network to provide support to Trusts and to the wider system in order to develop a regional learning system focused on lessons learned from Covid-19 to date.
During weekly meetings with QI Leads (May and June 2020) HSCQI members from across the system explored the core components of a learning system, depicted in Diagram 1(Amar Shah, Chief Quality Officer at East London Foundation Trust). This diagram has been used to assess the readiness of HSCQI as a regional learning system.

***Diagram 1: Core components of a learning system.***
***Diagram Credit: Amar Shah, ELFT 2019***



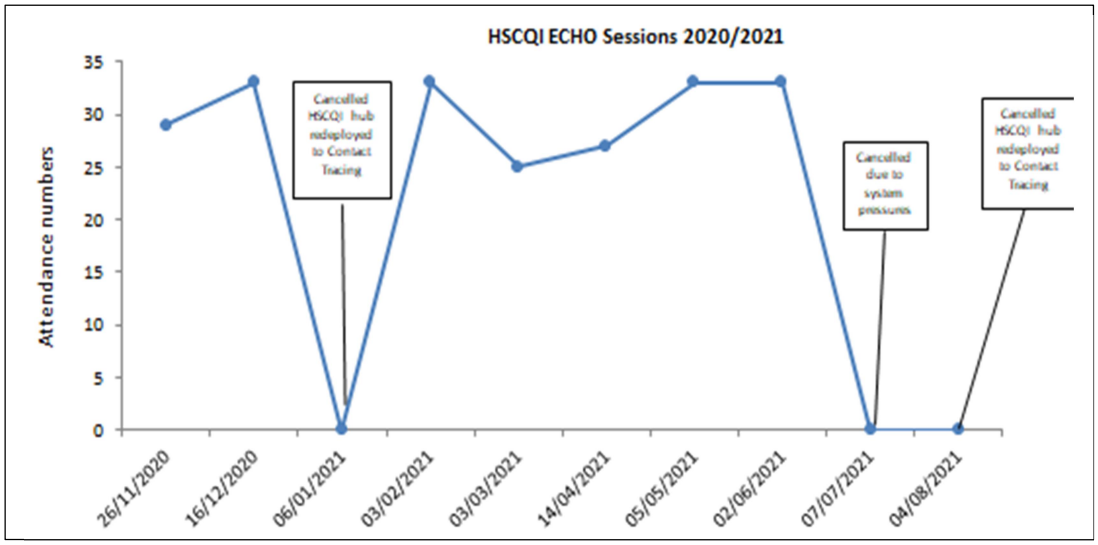

Using the structure of a 90 day learning cycle the HSCQI Network continued with these weekly meetings. A number of regional workshops were designed to identify a wide range of learning. Attendance at each of the meetings and workshops and the diversity of attendees is shown below in Diagram 2. Harvesting of examples during the 90 day cycle resulted in regional agreement to focus the collective improvement effort on 3 key areas: virtual visiting, virtual consultations and staff psychological wellbeing.

***Diagram 2: Attendance at HSCQI Network meetings/workshops***




Work streams for each of these 3 themes were established with representation from across the HSCQI network. To support this work the HSCQI Hub partnered with the Regional ECHO team to co-deliver monthly HSCQI learning sessions. Diagram 3 shows attendance numbers at each of the 7 sessions held between November 2020 and June 2021. The ECHO/HSCQI learning sessions were paused early June due to PHA Covid-19 pressures.

***Diagram 3: ECHO session***




Virtual Visiting:
The scale and spread of virtual visiting across Trusts during 2020/21 during the COVID 19 pandemic has been a real success story, accelerated by the focus of HSCQI and of the HSCQI Leadership Alliance.
Quality Improvement Teams from across the region engaged with HSCQI and collected data on activity as displayed below looking at the number of participating wards and uptake of virtual visiting slots. These QI teams used run and SPC charts

to tell the story and show their tests of change. Examples of QI data collected from one of these teams shown in the appendix – diagrams 4 and 5.

***Diagram 4***

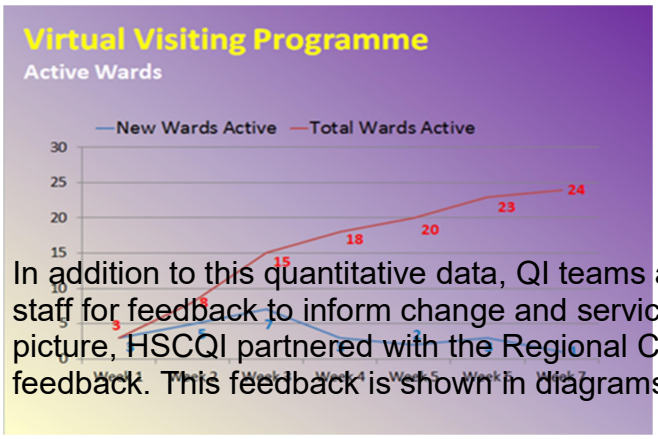
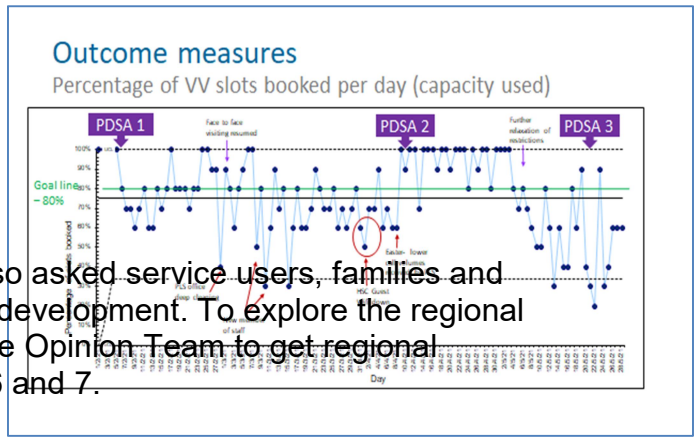



***Diagram 5***




In addition to this quantitative data, QI teams also asked service users, families and staff for feedback to inform change and service development. To explore the regional picture, HSCQI partnered with the Regional Care Opinion Team to get regional feedback. This feedback is shown in diagrams 6 and 7.

***Diagram 6***

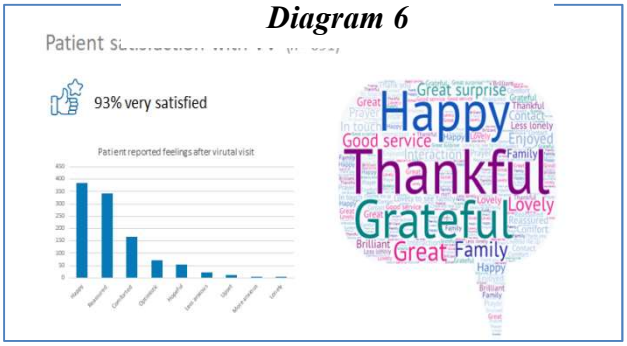
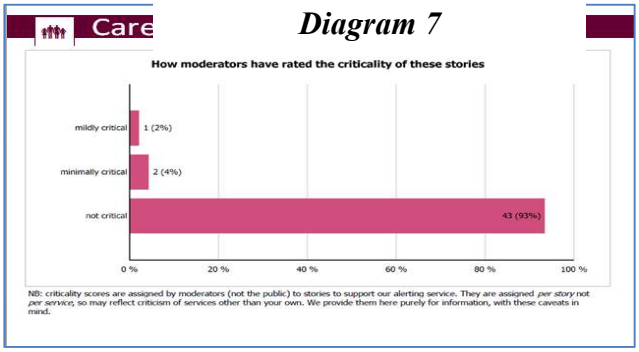


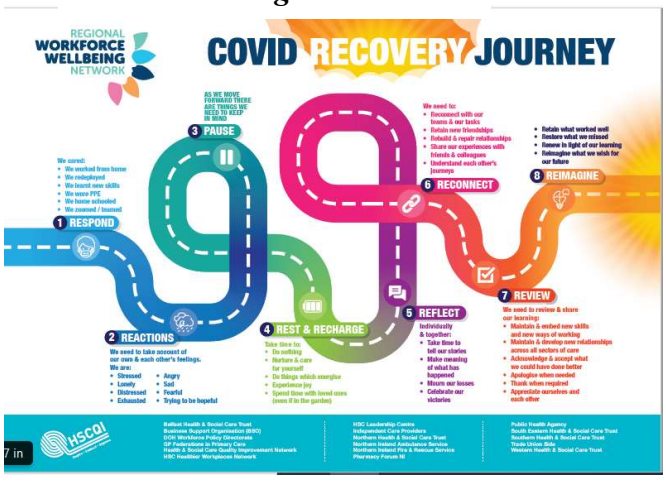

***Diagram 7***




Following agreement with the HSCQI Leadership Alliance in June 2021, responsibility for sustaining virtual visiting now sits locally with Trusts, with regular "check-ins" from the HSCQI Hub to ensure sustainability.

Staff psychological wellbeing:
A number of examples of initiatives to support staff psychological wellbeing during the first wave of Covid-19 were harvested.
Given the scope of this work, this workstram connected with other regional groups, for example colleagues in the Public Health Agency Staff Wellbeing group and with the DoH Regional Staff Health and Wellbeing group.
Work has been progressed through all of these groups to develop a regional infographic and animation to promote the 'Bridge to Recovery' message for staff – diagram 8.

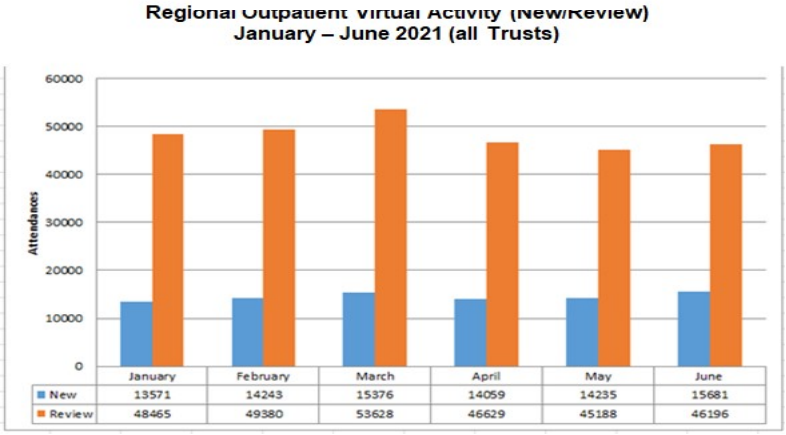
***Diagram 8***



Virtual Consultations
All Trusts have made progress in this area with many developing local guidance. Through the HSCQI Learning System sub group many are beginning to focus on data and measures to demonstrate the effectiveness or “quality” of Virtual Consultations.
Measures being progressed through the virtual consultations work stream include:

1. Patient or service user feedback
2. Staff Feedback
3. The number of virtual consultations offered and the number of consultations that actually took place. Diagram 9 shows regional virtual activity between January and June 2021.

***Diagram 9***




Framework for scale up:
In order to support regional scale and spread within these learning themes, HSCQI carried out a literature review to identify a robust framework for scale and spread. A proposed framework has been discussed with QI Leads and the HSCQI Leadership Alliance. If endorsed, this regional scale up framework will become an integral part of HSCQI Learning System going forward.

# COVID-19 Testing overview

The cumulative number of tests (positive, negative or indeterminate) is a count of the total test results, and may include multiple tests for an individual person. Completed tests are presented separately by the method of testing, either PCR tests conducted in laboratories or rapid lateral flow tests (LFT) that give results in less than an hour without needing to go to a laboratory. Information on the number of persons (individuals) tested and those tested positive referring to PCR or LFT tests. **Daily change** refers to the difference between the cumulative numbers reported between 25 January 2022 - 26 January 2022

**Lab-Reported (PCR) Tests**

**5,193,422**

Cumulative number of lab-reported (PCR) tests by both Pillar 1 & 2

**Rapid Lateral Flow (LFT) Tests**

**2,239,365**

Cumulative number of rapid lateral flow (LFT) tests ONLY

**Individuals Tested**

**2,048,651**

Persons tested either lab-reported (PCR) or rapid lateral flow (LFT)

**Individuals Tested Positive**

**523,722**

Persons tested positive, lab-reported (PCR) or rapid lateral flow (LFT)

**Individuals Tested Positive in last 7 days**

**31,895**

Persons tested +ve in last 7 days, lab-reported (PCR) or Lateral Flow (LFT)

**Pillar 1 (PCR Tests)**

| Date | PCR Tests | Change | LFT Tests | Change | Persons Tested | Change | Positive Tests | Change |
|---|---|---|---|---|---|---|---|---|
| 26 January 2022 | 1,282,802 | 2,601 | | | 386,339 | 3 | 35,944 | 136 |
| 25 January 2022 | 1,280,111 | 3,246 | | | 386,336 | 33 | 35,808 | 111 |
| 24 January 2022 | 1,276,865 | 3,555 | | | 386,303 | 158 | 35,697 | 123 |
| 23 January 2022 | 1,273,310 | 2,262 | | | 386,165 | 35 | 35,574 | 64 |

**Pillar 2 (PCR Tests) & LFT Tests**

| Date | PCR Tests | Change | LFT Tests | Change | Persons Tested | Change | Positive Tests | Change |
|---|---|---|---|---|---|---|---|---|
| 26 January 2022 | 3,910,620 | 11,489 | 2,239,365 | 23,058 | 1,662,312 | 3,008 | 487,779 | 4,107 |
| 25 January 2022 | 3,899,131 | 7,157 | 2,216,307 | 22,411 | 1,659,304 | 2,908 | 483,672 | 4,273 |
| 24 January 2022 | 3,891,974 | 8,696 | 2,193,896 | 25,012 | 1,656,396 | 3,223 | 479,399 | 4,900 |
| 23 January 2022 | 3,883,278 | 3,436 | 2,168,884 | 24,305 | 1,653,173 | 2,523 | 474,499 | 3,848 |

**Total Tests (PCR & LFT)**

| Date | PCR Tests | Change | LFT Tests | Change | Persons Tested | Change | Positive Tests | Change |
|---|---|---|---|---|---|---|---|---|
| 26 January 2022 | 5,193,422 | 14,180 | 2,239,365 | 23,058 | 2,048,651 | 3,011 | 523,722 | 4,243 |
| 25 January 2022 | 5,179,242 | 10,403 | 2,216,307 | 22,411 | 2,045,640 | 2,941 | 519,479 | 4,383 |
| 24 January 2022 | 5,168,839 | 12,251 | 2,193,896 | 25,012 | 2,042,699 | 3,361 | 515,096 | 5,023 |
| 23 January 2022 | 5,156,588 | 5,698 | 2,168,884 | 24,305 | 2,039,338 | 2,558 | 510,073 | 3,932 |

It is not possible to generate the daily change on any other testing page, as data on pages 5 - 13 is based on the date a sample was taken, whilst the daily change may include tests taken over the last week.

# Early Intervention Support Service
# Regional Summary Report Card No 31

**EISS**

**The Early Intervention Support Service**

**for families with children between 0 and 18 years old**

*Data presented- 01 April 2016 – 31 March 2021*

**WHAT IS THE EARLY INTERVENTION SUPPORT SERVICE?**

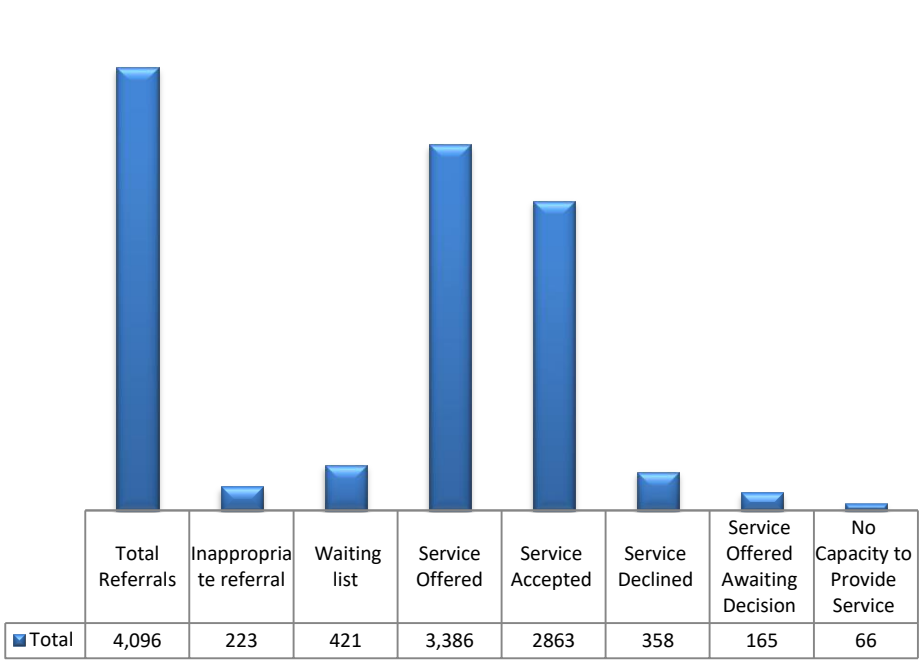
The Early Intervention Transformation Programme (EITP) is delivered as part of the Delivering Social Change agenda in partnership with Atlantic Philanthropies. It represents a new joined up working and funding across five Government Departments to drive through initiatives which will have a significant impact on outcomes for families with children 0-18 years old. As part of EITP a new Early Intervention Support Service (EISS) is being established in five areas across Northern Ireland. The aim of the EISS is to support families when difficulties arise before they need involvement with statutory services. The EISS will deliver and coordinate person centred, evidence based, early intervention for families with children 0-18 years old within Tier 2 of the Hardiker Model.

Northern Ireland Executive
www.northernireland.gov.uk
DELIVERING SOCIAL CHANGE

Early Intervention Transformation Programme

The ATLANTIC Philanthropies

# How much did Regional EISS do? April 2016 – March 2021



| | Total Referrals | Inappropriate referral | Waiting list | Service Offered | Service Accepted | Service Declined | Service Offered Awaiting Decision | No Capacity to Provide Service |
|---|---|---|---|---|---|---|---|---|
| Total | 4,096 | 223 | 421 | 3,386 | 2863 | 358 | 165 | 66 |

**Referrals**

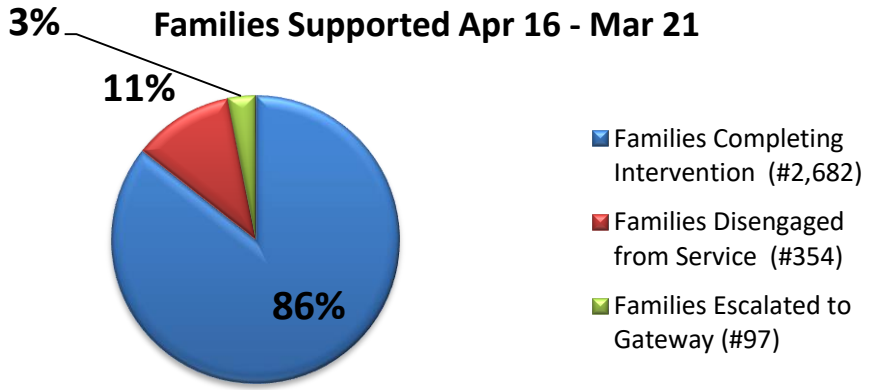
Referrals to the EISS are for children and young people 0-18 years. Referrals are from a variety of sources including Family Support Hubs (44%); Self-referral (16%) Health Visitors (13%); Schools (8%); other sources (19%).

Approximately 16% of referrals received did not receive the EISS as the referral was inappropriate, there was no capacity to provide the service or the family declined the offer of the EISS. Families on the waiting list will receive a first visit within 8 weeks.

**Interventions**

Families are assigned a key worker each practitioner holds a case load of between 10 – 15 families, home/school based support is provided for a period of approximately 12 weeks. Therapeutic sessions account for 91% of the interventions used by practitioners. Therapeutic interventions used include motivational interviewing, Solihull Approach and Solution Focused Brief Intervention Therapy.

# How well did Regional EISS do? April 2016 – March 2021




**April 16 – March 2021 there were 3,670 closed cases**

*Note 537 (15%) of Families did not go onto receive EISS as when contacted they did not wish to receive the EISS

**Contract Targets**

- Annual targets for families supported are 125 families per EISS
- 3,133 families were supported between 1/04/16 & 31/03/21

**Service User Feedback**

**Parent:** "The service was amazing for our whole family. [Worker] was amazing and my son really enjoyed opening up to him and accepting help. Thank you very much, we are a happy family now."

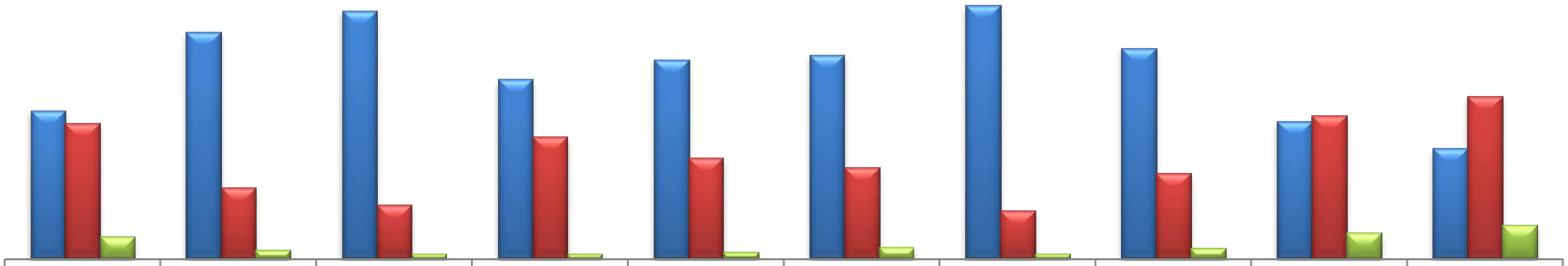
**Young person:** "[practitioner] helped me start to open up about my problems and gave me different exercises to help me cope with anxiety"

**Family Support Hub**: "Niacro EISS is such a valuable service to the Family Support Hub. We know that families are in good hands with the team and that they will receive tailored support to meet their individual needs. It is an essential service we often refer to and see positive outcomes for families who engage."

# Regional EISS - Is anyone better off? April 2016 – March 2021

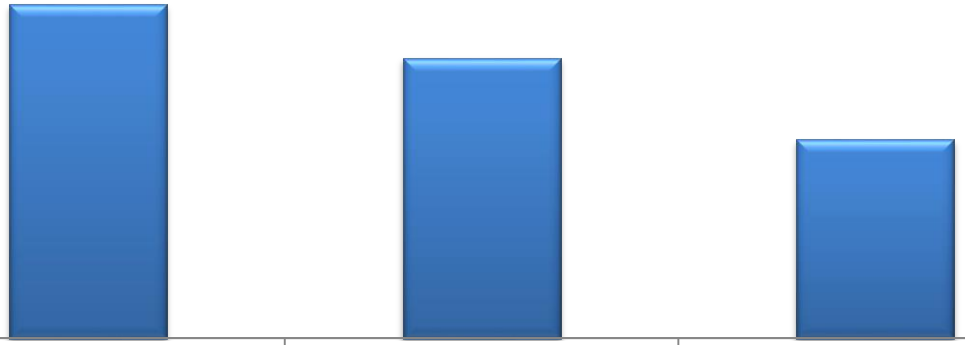
**PM 8 Apr 16– Mar 21 based on #2163 Families**

## Family Star Plus (Cumulative from Apr 16- Mar 21 #2163 Families)



| | Physical Health #1466 | Your Well Being #1237 | Emotional Health #31549 | Keeping Children Safe #503 | Social Networks #759 | Eduaction & Learning #950 | Boundaries & Behaviour #1928 | Family Routine #1074 | Home & Money #95 | Progress to Work #34 |
|---|---|---|---|---|---|---|---|---|---|---|
| % Made Progress | 48 | 74 | 81 | 58 | 65 | 66 | 82 | 69 | 45 | 36 |
| % No Change | 44 | 23 | 18 | 40 | 33 | 30 | 16 | 28 | 47 | 53 |
| % Dropped Back | 8 | 3 | 2 | 2 | 2 | 4 | 2 | 4 | 9 | 11 |

## How many Service Users Improved - Family Star Plus (Cumulative from Apr 16 - Mar 21# 2163 Families)



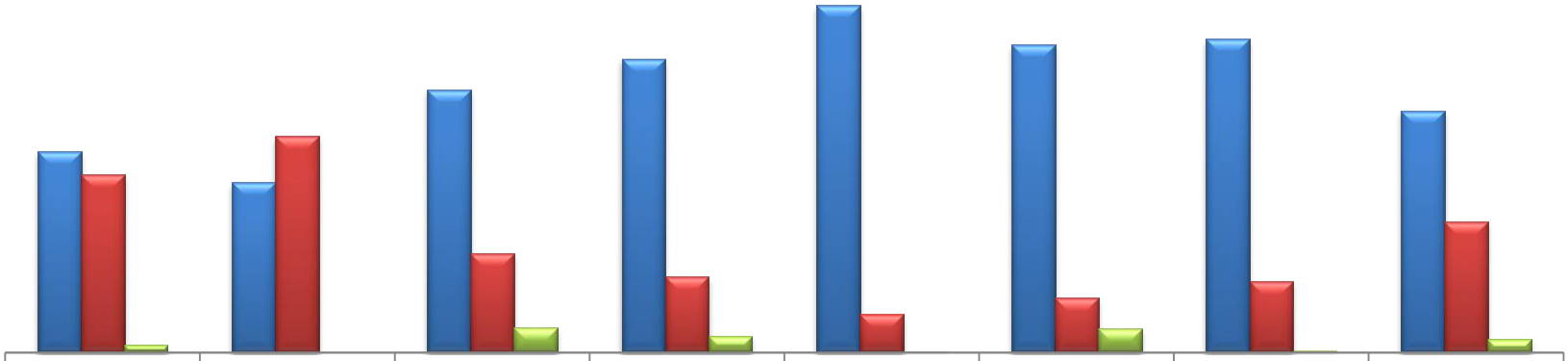
| | Improving in at least 1 area #2040 | Improving in at least 2 areas #1703 | Improving in at least 3 areas #1209 |
|---|---|---|---|
| Series1 | 94% | 79% | 56% |

The Family Star Plus focuses on ten core areas that have been found to be critical in enabling children and young people to thrive.
Project workers agree with families which areas they want to focus on.
Interventions would generally be focused on a maximum of three areas.

# Regional EISS - Is anyone better off? April 2016 – March 2021

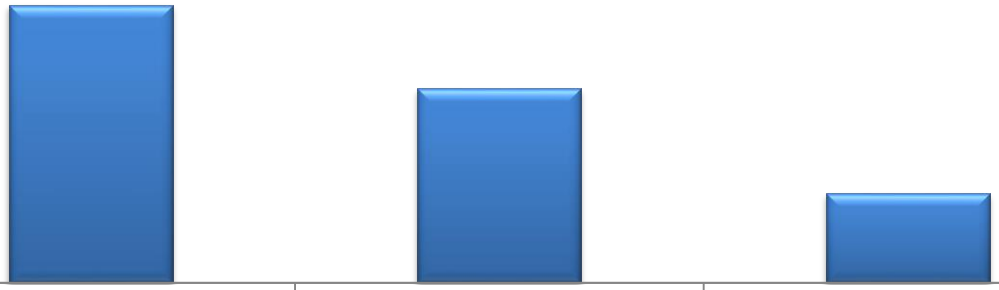
**PM 8 Apr 16 – Mar 21 Based on #419 Families**

## My Star (Cumulative from Apr 16- Mar 21 #419 Families)



| | Physical Health #50 | Where you live #25 | Being Safe #47 | Relationships #92 | Feelings and Behaviour #394 | Friends #113 | Confidence and self esteem #248 | Education & Learning #15 |
|---|---|---|---|---|---|---|---|---|
| % Made Progress | 52 | 44 | 68 | 76 | 90 | 80 | 81 | 63 |
| % No Change | 46 | 56 | 26 | 20 | 10 | 14 | 19 | 34 |
| % Dropped Back | 2 | 0 | 6 | 4 | 0 | 6 | 0 | 3 |

## How many Service Users Improved (Cumulative from Apr 16 - Mar 21 #419 Families)



| | Improving in at least 1 area #390 | Improving in at least 2 areas #273 | Improving in at least 3 areas #128 |
|---|---|---|---|
| Series1 | 93% | 65% | 30% |

My Star focuses on ten core areas that have been found to be critical in enabling children and young people to thrive. Project workers agree with children and young people which areas they want to focus on. Interventions would generally be focused on a maximum of three areas.

# Case Study: Northern Early Intervention Support Service March 2019

## Request for service

Mum self-referred to NEISS for support regarding her 9yrs old son whom suffered from anxiety and continually tried to avoid going to school. She requested counselling and advice to help him and them as parents cope. O lives at home with his mother, father and two brothers aged 12yrs and 6yrs. Mum reported that O has been suffering from anxiety for the past 2 years and it has been progressively worse. Main issue around going to school, he becomes very nervous, suffers from tummy aches and cries every day before school. He refuses to go out to the playground and currently is refusing to go after school activities and community activities.

## Assessment with O using My Star

O was open to talking and receiving individual help. His main concerns from the My STAR are identified below:

- **Feelings and Behaviour:** O described himself as being fearful. He is scared about going to school in case; he would get shouted at, be bullied or be sent to the principal's office. He was also afraid of the dark and being on his own.
- **Friends:** O was worried about hurting others' feelings, making them cry and getting into trouble. He also worried about being left on his own or people being mean to him and not want to be his friend
- **Confidence & Self-esteem:** O stated he did not like the way he looked and hated wearing glasses. He said he felt different and that people would make fun of him.
- **Education and Learning:** O shared that he did not like school. He worried that if he did his work wrong he would get shouted at and would be embarrassed. He also talked about people annoying him and being afraid of getting into trouble.

When reviewing his assessment and beginning to develop a plan of action with O, it was identified that O had only been shouted at once in school for talking and that he had been sent to the principal's office once, but it was due to someone else's behaviour towards him. These events both happened in P3 and he is now in P5.

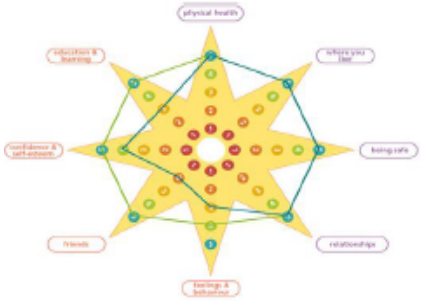
## Intervention

**Began using a CBT approach to:**

- Explore what causes anxiety, the effects on your body and the fight, flight, freeze response
- Developed strategies for dealing with these feelings
- Looked concretely if there was evidence supporting his fears, worst case scenario and how to respond
- Discuss thinking traps and challenging automatic negative thoughts
- Set out weekly goals to begin to face fearful thoughts
- Provide education around bullying, strategies on how to deal with it and actions to stop it

## Outcomes

- **Feelings and Behaviour:** O no longer has the fears he had when the intervention began. He quoted at our last session, "A thought is just a thought it's not real. Even a scary thought is just a scary thought."
- **Friends:** O recognises he has good friends and now has the knowledge and strategies to know how to respond to being teased or handle a potential bullying situation.
- **Confidence& Self-esteem:** O is back attending all his extracurricular activities
- **Education & Learning:** O is now attending school without any issues. He now does not worry about being shouted at, whether his work is perfect or going to the principal's office



### Service User Feedback

T rated the Service as very good. Mum rated the service as excellent and wrote, "This service has been fantastic for my son. I never thought that it would be such a success. The practitioner has worked so so well with him and he enjoyed every session. I can't thank her enough for all her help. He is a different child and it's all because of her. He has all the tools he needs to face any situation."

**My STAR**

| | Pre- Score | Post Score |
|---|---|---|
| Feelings and behaviour: | 3 | 4 |
| Friends: | 2 | 5 |
| Confidence& Self Esteem: | 4 | 5 |
| Education & Learning: | 3 | 5 |