

agenda

Title of Meeting 117th Meeting of the Public Health Agency Board

Date 5 December 2019 at 1.30pm

Venue | Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast

standing items

Welcome and apologies Chair 1 1.30 2 **Declaration of Interests** Chair 1.30 3 Minutes of Previous Meeting held on 21 November 2019 Chair 1.30 Chair 4 **Matters Arising** 1.30 5 Chair's Business Chair 1.35 6 Chief Executive's Business Chief Executive 1.40 PHA/01/12/19 7 Finance Report Mr Cummings 1.45

items for noting

8 Joint PHA/HSCB and BSO Annual Report PHA/02/12/19 Director of on Emergency Preparedness 2018/2019 Public Health

closing items

- 9 Any Other Business 2.20
- 10 Details of next meeting:

Thursday 23 January 2020 at 1.30pm
Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast, BT2 8BS



minutes

Title of Meeting 116th Meeting of the Public Health Agency Board

Date 21 November 2019 at 1.30pm

Venue | Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast

Present

Mr Andrew Dougal - Chair

Mr Edmond McClean - Interim Deputy Chief Executive / Director of

Operations

Mrs Briege Quinn - Interim Director of Nursing and Allied Health

Professionals

Alderman William Ashe - Non-Executive Director

Mr John-Patrick Clayton - Non-Executive Director

Mr Leslie Drew
- Non-Executive Director
Ms Deepa Mann-Kler
- Non-Executive Director
- Non-Executive Director
- Non-Executive Director
- Non-Executive Director

Mr Joseph Stewart - Non-Executive Director

In Attendance

Dr Aideen Keaney - Director of Quality Improvement

Ms Marie Roulston - Director of Social Care and Children, HSCB

Ms Wendy Thompson - Assistant Director of Finance, HSCB

Mr Robert Graham - Secretariat

Ms Jenny Redman - Boardroom Apprentice

Apologies

Mrs Valerie Watts - Interim Chief Executive

Dr Adrian Mairs - Acting Director of Public Health Mr Paul Cummings - Director of Finance, HSCB

103/19.1 Item 1 – Welcome and Apologies 103/19.1 The Chair welcomed everyone to the meeting. Apologies were noted from Mrs Valerie Watts, Dr Adrian Mairs and Mr Paul Cummings. 103/19.2 The Chair noted that today's Board meeting would have represented Dr Mairs' last Board meeting prior to his retirement. He wished Dr Mairs' well for his retirement but said that he will be returning to work part time for the Agency.

104/19 Item 2 – Declaration of Interests

104/19.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.

105/19 Item 3 – Minutes of previous meeting held on 17 October 2019

The minutes of the previous meeting, held on 17 October 2019, were approved as an accurate record of that meeting.

106/19 Item 4 – Matters Arising

92/19.5 Human Resources / Organisational Development Strategy

The Chair asked if it would be possible for Board members to have sight of the proposal for the above work. Mr McClean agreed to share the proposal, and advised members that as part of the work, Mary Bryce, an Associate of the HSC Leadership Centre, will wish to meet with members.

107/19 Item 5 – Chair's Business

- The Chair noted that it had been more than six months since the last workshop with Anne McMurray and he did not wish to lose impetus on the work undertaken so far. He added that it was important that we had a system to translate resolutions into action.
- The Chair informed members that he had attended the Involve Fest event earlier that day and that over 200 people were in attendance.
- The Chair said that it is important that a date is set early in the New Year to begin the compilation of the annual Board self-assessment tool.

108/19 Item 6 – Chief Executive's Business

- 108/19.1 In the absence of the Interim Chief Executive, Mr McClean updated members on a range of matters.
- Mr McClean informed members that a group of approximately 70 staff from PHA and the HSCB social care and children's directorate had held a workshop to learn in more detail about each other's work and how to possibly align resources and effort. He said that a sub-group would now start to explore some of these areas. He felt that the event had been positive and there had been a high level of commitment and good will from both PHA and HSCB staff.
- Mr McClean said that a number of local trade unions have been balloting their members regarding industrial action and some have already advised of future action. He said that PHA has developed a contingency plan at the request of the Department which is based on its Business

Continuity Plan.

Mr McClean advised that filming is taking place this week for a new organ donation campaign, and that work has also commenced on the research aspect of a new campaign in the area of suicide prevention and mental health. He added that PHA intends to re-run its campaign on antibiotic resistance. Alderman Porter asked if PHA works with the Councils to disseminate the messages from its campaigns. Mr McClean said that although this does happen in some cases, it is an area of far greater potential. The Chair asked whether PHA shares, or obtains information from other jurisdictions. Mr McClean said that in all of its campaigns PHA would link with its counterparts in other parts of the UK and Ireland, but would also look at research and campaign methodologies from north America. Australia and beyond.

Mr McClean informed members that a meeting had taken place with all budget managers to review PHA's expenditure plans. He said that while the position remains a forecast break-even one, there were some areas where close attention will be paid over the coming weeks. Mr McClean indicated that ALBs may receive a request from the Department to review any slippage in the light of wider pressures within the HSC.

108/19.6 Mr McClean gave members an overview of work taking place in the Northern Trust area on a pathfinder prototype. He said that the work has only commenced, albeit it is early days. He proposed that a briefing on the work to date could form part of a future PHA Board meeting. Professor Rooney asked whether the work involved solely health and Mr McClean clarified that it covered areas such as education and housing. He acknowledged that the full potential of community planning has not vet been exploited. Alderman Ashe asked if the work will take a "bottom up" approach, rather than a traditional "top down" one. Mr McClean said that there will be a co-production aspect to the work, and engagement with the community and voluntary sector. Mr Clayton said that a presentation to the Board would be very useful, and he asked about the role of the King's Fund in this area. Mr McClean said that PHA has noted the work of the King's Fund and its population health planning methodology and data-driven approach, and felt this may be helpful to Trusts in going forward.

Mr McClean informed members that in addition to Dr Mairs, two public health consultants, Dr Neil Irvine and Dr Michael Devine will also be retiring from the PHA. He went on to say that PHA had recently held interviews for public health consultant points and that offers have been made to successful candidates.

109/19 | Item 7 – Finance Report (PHA/01/11/19)

109/19.1 Ms Thompson advised that at the midpoint of the financial year the PHA budget is showing an underspend of £1.3m, but that this is the stage of the year when initiatives begin to crystallise and funding is spent, but it

also leaves little room for manoeuvre in terms of spending additional funds. She echoed the comments of Mr McClean in terms of the areas highlighted at the recent budget managers' meeting.

Mr Stewart noted that there is a £1.3m budget for campaigns, and that up to £900k of this has yet to be spent. He sought assurances that it would be spent appropriately given that PHA has been working hard to obtain this budget. Mr McClean assured members that PHA will make every effort to spend the money appropriately. He reminded members that in the previous three years, PHA had no funding for campaigns and consequently lost staff and now there is an urgent need to review the capacity of the remaining team. The Chair said that prior to the meeting he had expressed his concern to Mr McClean that it would be extremely embarrassing if the PHA was unable to expend fully the allocation for media campaigns. He noted that the Agency has lobbied the Department extensively over the last three years to reinstate the budget for media campaigns.

- The Chair noted that there had been discussions about using media campaigns from Public Health England. Alderman Porter sought assurance that PHA is not running campaigns simply because it has the wherewithal to do so. He assured members that PHA always has a clear rationale for a campaign, and there is a process where consideration is given as to whether a campaign will have the desired impact.
- Mr Stewart asked about the virement of £1m from the management and administration budget into the programme budget and how well advanced the planning was in terms of how this money was being allocated. Mr McClean said that plans are well advanced and that PHA was utilising the funds in areas where there is unmet need and builds on existing contracts. He cited the example of Protect Life 2 as an area where funding was used to give PHA a "head start" on work in this area.
- 109/19.5 The Board noted the Finance Report.
 - 110/19 Item 8 Quality Improvement Plan Report 2018/19 (PHA/02/11/19)

Ms Denise Boulter attended the meeting for this item.

- 110/19.1 Ms Boulter told members that she is currently the Acting Assistant Director for Quality and Safety, and that this Annual Report is for the period up to 31 March 2019. She said that the information contained within the Report is received by PHA on a quarterly basis, and that the four key areas covered within the Report are determined by the Commissioning Plan. She gave an overview of each of the four areas.
- 110/19.2 Ms Boulter advised that there are four grades of pressure ulcers and that PHA/HSCB monitors levels of those are grades 3 and 4. She said that compliance through the skin bundle and that overall there has been

a reduction. She pointed out that there had been an increase in the Northern Trust, but that the Trust had worked to understand the issues causing this, and had taken action which has seen its figures decrease.

- Ms Boulter informed members that falls cost the NHS up to £2.3bn per year. She said that there is a "Fallsafe" bundle that Trusts are required to comply with and that PHA has established a regional falls advisory group to provide leadership to the Trusts. She advised that there are no notable trends in terms of the numbers of falls.
- 110/19.4 Ms Boulter said that all Trusts are using the NEWS (National Early Warning Scores) system and that compliance levels across the Trusts are between 92 and 95%. She noted that there had been an issue with how data was being collated in the Belfast Trust as data were not available for the last two quarters, but assurance has been given that the NEWS bundle is being used and has been regularly audited during 2019/20.
- 110/19.5 Ms Boulter said that the last area in the Report concerned Mixed Gender Accommodation, and that a thematic review had been carried out in this area. She advised that there are some issues in this area, but these are mainly due to the estate in some of the older hospitals.
- 110/19.6 Mr Stewart thanked Ms Boulter for a comprehensive report, but expressed concern about the reliability of the data and whether there are standard processes within Trusts for collating the data. He also questioned whether there is a culture of continuous improvement, or whether the target is merely to reach the median, and should the median be reduced. Professor Rooney asked how the areas within the Report are determined and if there is similar data available for areas such as children and mental health services.
- 110/19.7 Ms Boulter said that there will always be concerns about the robustness of the data, but that if any issues arise, it is possible to further drill into the data. Dr Keaney felt that what is required is an "aim statement", and agreed that the data capturing methods should be consistent in order to be able to compare like with like. Ms Boulter agreed that seeing data remaining around the median isn't going to give a full picture. She added that the areas within the Report and contained within the Commissioning Plan Direction. Mr McClean said that Ms Adele Graham had worked with colleagues in Trusts to get a better understanding of what information was being requested. The Chair expressed a desire to ensure that the data were consistent throughout the Trusts and would be thus amenable to meaningful aggregation.
- 110/19.8 Ms Mann-Kler asked if there are any issues in terms of transgender in mixed gender wards. Ms Boulter said that she was not aware of this being a key issue, but Mrs Quinn said that it is an issue, particularly in CAMHS settings.

- Alderman Porter noted that there appeared to a spike in Quarter 3 in the figures in some areas, and queried if there was a specific reason for this. Ms Boulter said that she was not aware of any particular issues, but she agreed to look into this and report back to members.
- 110/19.10 Mr Clayton asked about the mixed gender accommodation review as he felt that there is some confusion about the regional policy. Ms Boulter said that the review has only recently been published, and that PHA will be involved in its implementation. Mr Drew said that unless there is significant financial investment there will be always been issues around mixed gender accommodation. Ms Boulter advised that one of the recommendations in the Report is around estate.
- 110/19.11 The Board **APPROVED** the Quality Improvement Plan Report.
 - 111/19 Item 9 Annual Business Plan Mid-Year Monitoring Report (PHA/03/11/19)
- Mr McClean advised that of the 77 actions in the PHA Business Plan for 2019/20, 0 actions were rated "red", 6 actions were rated "amber" and the remaining 71 were rated "green" at the midway point of the year. He said that the actions rated "amber" were due to factors outwith the control of PHA.
- 111/19.2 Mr Clayton expressed disappointment regarding the funding application for the child physiotherapy support services. Mr McClean explained that under the framework of the PHA Infant Mental Health Plan, the Belfast and South Eastern Trusts have established new Parent Infant Teams and PHA has resourced and commissioned training to equip the new staff to have advanced skills and knowledge (Infant Mental Health Diploma for example) to work with families to address problems at the critically important early stage. He added that the Belfast Trust was unsuccessful in obtaining Transformation funding to establish a team of trainee child physiotherapists, partly due to there being no training platform for these professionals in Northern Ireland. However, discussions are ongoing with the Department of Health. Ms Roulston said that she had recently met with the South Eastern Trust and there is good work being undertaken in that area which is now being shared across the region. The Chair asked how the issue of the training platform could be resolved. Mr McClean suggested that a workaround, possibly working with Scotland could be an option.
- Professor Rooney asked about the HSCQI hub and staffing issues. Dr Keaney explained that the HSC Safety Forum is now being evolved into the HSCQI hub, but there are ongoing issues regarding funding and staffing. Professor Rooney said that this is an important area of work and an area of work the Board was keen to support.
- 111/19.4 Mr Clayton asked about the sustainability of Transformation projects and what would happen to staff who are seconded. He also asked whether

PHA has any information yet on its financial position for 2020/21 given wider HSC issues. Ms Thompson said that organisations would normally receive their savings targets in December, but there is currently a lot of work ongoing to look at inescapable pressures, Transformation funding and service developments and that a series of round table meetings have been taking place involving HSCB/PHA staff in advance of meetings with Trusts.

- 111/19.5 Dr Keaney agreed to give the Board an overview of the work of HSCQI at a future Board meeting.
- 111/19.6 The Board noted the annual business plan mid-year monitoring report.

112/19 Item 10 – PHA Annual Business Plan 2020/21 Process and Timescales (PHA/04/11/19)

- 112/19.1 Mr McClean presented the timetable for the development of the PHA Annual Business Plan for 2020/21 and drew members' attention to a December workshop to discuss the Plan instead of a workshop in January. He said that this workshop would bring together some of the aspects discussed at previous workshops.
- 112/19.2 The Board noted the process and timescales for the development of the PHA Annual Business Plan 2020/21.

113/19 Item 11 – Management Statement / Financial Memorandum (PHA/05/11/19)

- Mr McClean advised that the Management Statement and Financial Memorandum has not changed since it was approved by members in September 2018. He noted that the MOU with SBNI, which had been approved by the Board in June 2019 has now been signed off and will be incorporated into the Management Statement.
- 113/19.2 The Board noted the Management Statement and Financial Memorandum.

114/19 | Item 12 – Register of Interests (PHA/06/11/19)

114/19.1 The Chair requested that members return their signed Register of Interest forms to the Secretariat.

115/19 Item 13 – Any Other Business

115/19.1 There was no other business.

116/19 | Item 14 - Details of Next Meeting

Thursday 5 December 2019 at 1:30pm

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

Signed by Chair:

Date:



Public Health Agency

Finance Report

2019-20

Month 7 - October 2019

PHA Financial Report - Executive Summary

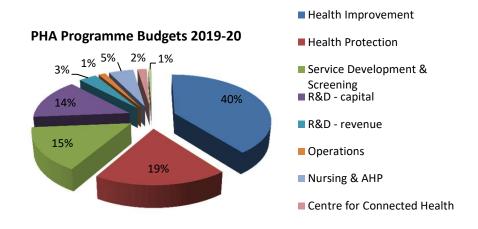
Year to Date Financial Position (page 2)

At the end of month 7 PHA is reporting an underspend (£0.9m) against its profiled budget. This underspend is primarily the result of year-to-date underspends on PHA Direct budgets (page 4) and Administration budgets (see page 5).

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

Programme Budgets (pages 3&4)

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

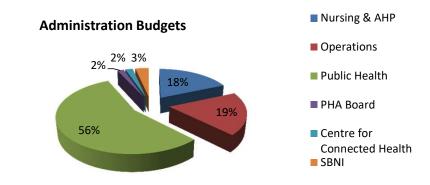


Administration Budgets (page 5)

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 breakeven position for the full year. Slippage is expected to arise from Administration budgets in particular, however management expect this to be used to fund a range of in-year pressures and initiatives. Ringfenced funds, including Confidence and Supply Transformation Funds, are being monitored closely to ensure full spend by year end.

Public Health Agency 2019-20 Summary Position - October 2019

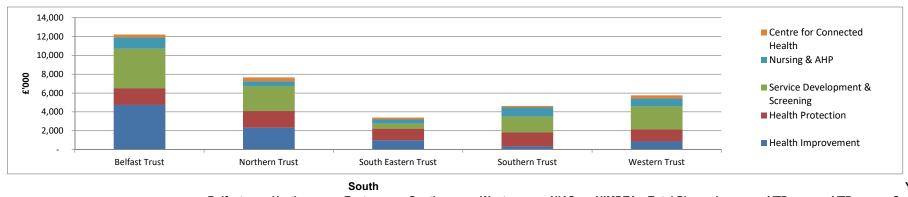
	Prog Trust £'000	ramme PHA Direct £'000	Annual Budget Ringfenced Trust & Direct £'000	Mgt & Admin £'000	Total £'000		Progr Trust £'000	amme PHA Direct £'000	Year to Date Ringfenced Trust & Direct £'000	Mgt & Admin £'000	Total £'000
Available Resources											
Departmental Revenue Allocation Revenue Income from Other Sources	33,786	45,285 85	9,962 -	20,828 723	109,859 808	_	19,708	18,981 85	4,906 -	12,119 413	55,714 498
Total Available Resources	33,786	45,371	9,962	21,551	110,670	_	19,708	19,065	4,906	12,532	56,211
Expenditure											
Trusts	33,786	-	4,712	-	38,498		19,708	-	2,750	-	22,458
PHA Direct Programme *	-	46,766	5,250	-	52,016		-	19,338	2,049	-	21,386
PHA Administration		-	-	20,156	20,156	_	-	-		11,509	11,509
Total Proposed Budgets	33,786	46,766	9,962	20,156	110,670	_	19,708	19,338	4,799	11,509	55,355
Surplus/(Deficit) - Revenue		(1,395)	-	1,395		_		(272)	107	1,023	858
Cumulative variance (%)							0.00%	-1.42%	2.18%	8.16%	1.53%

The year to date financial position for the PHA shows an underspend of £0.9m, which consists primarily of year-to-date overspends on PHA Direct budgets (page 4) and easements in Administration budgets (see page 5).

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

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

Programme Expenditure with Trusts



			South								YTD
	Belfast Trust	Northern Trust	Eastern Trust	Southern Trust	Western Trust	NIAS Trust	NIMDTA Trust	Total Planned Expenditure	YTD Budget	YTD Expenditure	Surplus / (Deficit)
Current Trust RRLs	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Health Improvement	4,731	2,322	972	327	859	-	-	9,212	5,374	5,374	-
Health Protection	1,784	1,769	1,242	1,476	1,267	-	-	7,539	4,398	4,398	-
Service Development & Screening	4,195	2,618	538	1,698	2,457	-	-	11,505	6,711	6,711	-
Nursing & AHP	1,202	527	431	958	840	-	-	3,958	2,309	2,309	-
Centre for Connected Health	299	424	208	167	328	-	-	1,425	831	831	-
Other	39	30	28	28	22	-	-	147	86	86	
Total current RRLs	12,250	7,690	3,420	4,653	5,773	-	-	33,786	19,708	19,708	
Cumulative variance (%)											0.00%
	Belfast	Northern	South	Southern	Western	NIAS	NIMDTA	Total Planned	YTD	YTD	YTD

	Belfast Trust £'000	Northern Trust £'000	South Eastern £'000	Southern Trust £'000	Western Trust £'000	NIAS Trust £'000	NIMDTA Trust £'000	Total Planned Expenditure £'000	YTD Budget £'000	YTD Expenditure £'000	YTD Surplus / £'000
Ringfenced	1,056	1,113	784	755	912	93	-	4,713	2,750	2,750	-

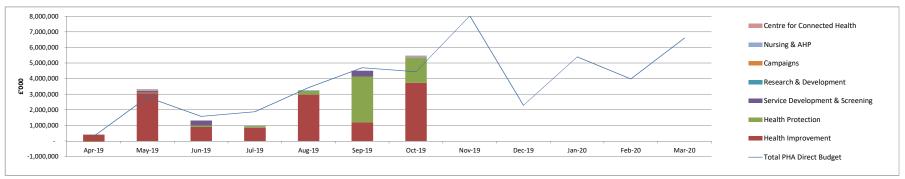
0.00%

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

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

Ringfenced funds allocated to Trusts have been assumed at breakeven.

PHA Direct Programme Expenditure



	Apr-19 £'000	May-19 £'000	Jun-19 £'000	Jul-19 £'000	Aug-19 £'000	Sep-19 £'000	Oct-19 £'000	Nov-19 £'000	Dec-19 £'000	Jan-20 £'000	Feb-20 £'000	Mar-20 £'000	Total £'000	YTD Budget £'000	YTD Spend £'000	Variance £'000	
Profiled Budget																	
Health Improvement	149	2,369	963	1,972	3,013	1,063	3,068	4,013	1,156	3,415	2,744	3,358	27,283	12,597	13,063	(466)	-3.7%
Health Protection	38	353	79 -	- 249	164	3,084	1,376	2,232	765	335	559	1,143	9,879	4,845	5,001	(156)	-3.2%
Service Development & Screening	2	65	517	112	132	527 -	22	129	336	44	162	560	2,566	1,335	1,028	306	23.0%
Research & Development	-	-	-	-	-	-	-	1,563	-	1,483	-	165	3,211	-	-	-	0.0%
Campaigns	23	23	23	23	23	23 -	84	47	31	102	785	256	1,277	55	62	(6)	-11.2%
Nursing & AHP	-	-	-	1	101	-	107	44	1	17	5	220	496	209	237	(28)	100.0%
Safeguarding Board	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.0%
Centre for Connected Health	-	-	-	25	-	-	-	-	-	-	- 272	490	244	25	25	-	100.0%
Other		-	-	-	-	-	-	-	-	-	-	415	415	-	(77)	77	100.0%
Total PHA Direct Budget	212	2,810	1,583	1,885	3,433	4,698	4,445	8,029	2,288	5,396	3,984	6,608	45,371	19,066	19,338	(272)	
Cumulative variance (%)																-1.42%	
Actual Expenditure	265	3,398	1,365	1,011	3,302	4,497	5,500	-	-	-	-	-	19,338				l
Variance	(52)	(588)	218	874	131	200	(1,055)						(272)				

Ringfenced Budgets	Apr-19 £'000	May-19 £'000	Jun-19 £'000	Jul-19 £'000	Aug-19 £'000	Sep-19 £'000	Oct-19 £'000	Nov-19 £'000	Dec-19 £'000	Jan-20 £'000	Feb-20 £'000	Mar-20 £'000	Total £'000	YTD Budget £'000
Profiled Ringfenced PHA Direct Budget	-	-	572	331	397	253	604	-	-	-	-	-	2,156	2,156
Actual Expenditure	(38)	461	134	364	405	182	540	-	-	-	-	-	2,049	
Variance	38	(461)	437	(33)	(8)	71	64	-	-	-	-	-	108	

YTD	YTD	
Budget	Spend	Variance
£'000	£'000	£'000
2,156	2,049	108
		5.02%

The year-to-date position shows a £0.3m deficit, which is mainly due to expenditure being paid in front of profile in October on a number of Health Improvement and Service Development & Screening budgets.

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

In 2019/20 an amount of £1.9m has been recurrently removed from the programme budgets. This consists of £1m of savings initially allocated against the administration budget (£0.5m in each of the two years 18/19 and 19/20) and a further £0.9m 2018/19 programme savings target, achieved non-recurrently last year and now applied recurrently. DoH have given the PHA permission to vire the £1m administration savings against programme budgets. In effecting this reduction the PHA continues to seek to protect, where possible, core programmes that are central to PHA and Departmental priorities. In addition the organisation will utilise on an in-year basis the surplus which is forecast to arise in the administration budget to further address programme priorities.

PHA Administration 2019-20 Directorate Budgets

		Nursing & AHP £'000	Operations £'000	Public Health £'000	PHA Board £'000	Centre for Connected Health £'000	SBNI £'000	Total £'000
Annual Budge				44.500	212			42.22
	Salaries	3,820	2,727	11,583	316	339	444	19,230
	Goods & Services	170	1,359	407	36	58	291	2,321
Total Budget		3,990	4,087	11,991	351	397	735	21,551
Budget profile	ed to date							
	Salaries	2,220	1,609	6,757	139	198	259	11,182
	Goods & Services	101	793	237	21	34	164	1,350
	Total	2,321	2,402	6,994	160	232	423	12,532
Actual expend	liture to date							
•	Salaries	1,965	1,527	6,420	63	210	248	10,433
	Goods & Services	126	648	248	(45)	17	83	1,076
	Total	2,091	2,175	6,668	18	226	331	11,509
Surplus/(Defic	it) to date							
	Salaries	255	82	337	76	(12)	11	749
	Goods & Services	(25)	145	(11)	66	`17	81	274
Surplus/(Defic	it)	230	227	327	142	5	92	1,023
Cumulative varia	nce (%)	9.90%	9.46%	4.67%	88.79%	2.30%	21.66%	8.16%

PHA's administration budget is showing a year to date surplus, which has been generated by a number of long standing vacancies. In 2018-19 this surplus was used to achieve non-recurrently the £0.5m savings target for the organisation. However, following DoH approval the 2018-19 savings target has been removed recurrently from Programme budgets, thus leading to an opening non-recurrent surplus in Administration budgets. This was carried out with the permission of the DoH, in order to protect the funded staffing structure within the PHA, but will leave the organisation with an in-year forecast surplus for which non-recurrent plans are being developed.

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

Public Health Agency 2019-20 Capital Position

	Progra Trust £'000	Annual amme PHA Direct £'000	Budget Mgt & Admin £'000	Total £'000	Progra Trust £'000	Year to amme PHA Direct £'000	Mgt & Admin £'000	Total £'000
Available Resources Capital Grant Allocation & Income	7,461	5,669	_	13,130	4,352	2,331	_	6,683
Expenditure Capital Expenditure - Trusts	7,461			7,461	4,352			4,352
Capital Expenditure - PHA Direct	7,461	5,669 5,669	-	5,669 13,130	4,352	1,022 1,022	-	1,022 5,374
Surplus/(Deficit) - Capital Cumulative variance (%)		-	_			1,309	_	1,309

PHA has received a Capital budget of £13.1m including income in 2019-20, most of which relates to Research & Development projects in Trusts and other organisations. Expenditure of £5.4m is shown for the year to date, and a breakeven position is anticipated for the full year.

PHA Prompt Payment

Prompt Payment Statistics

	October 2019 Value	October 2019 Volume	Cumulative position as at 31 October 2019 Value	Cumulative position as at 31 October 2019 Volume
Total bills paid (relating to Prompt Payment target)	£7,441,423	730	£30,549,706	3,839
Total bills paid on time (within 30 days or under other agreed terms)	£7,418,346	705	£29,886,377	3,589
Percentage of bills paid on time	99.7%	96.6%	97.8%	93.5%

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

The 10 day prompt payment performance remained strong at 92.6% by value for the year to date, which significantly exceeds the 10 day DoH target for 2019-20 of 60%.



	-,		item	8
Title of Meeting Date	PHA Board Meeting 5 December 2019			
Title of paper	Joint PHA/HSCB and Preparedness 2018/20	BSO Annual Report on E 019	Emergency	
Reference	PHA/02/12/19			
Prepared by	Mary Carey			
Lead Director	Director of Public Hea	lth		
Recommendation	For Approval		For Noting	\boxtimes

1 Purpose

The purpose of this report is to provide members with an overview of the emergency preparedness arrangements in place between PHA, HSCB and BSO and to give an overview of work that took place during 2018/19.

2 Background Information

Under PHA's Corporate Plan objective 3, "All individuals and communities are equipped and enabled to live long healthy lives", PHA aims to protect the health of individuals and communities through timely responses to outbreaks and emergency planning. This Report is the outcome of that work.

3 Key Issues

The key areas reflected in this report are;

- Leadership
- Multi-agency collaboration and planning
- Planning and preparedness for the PHA, HSCB and BSO
- Key issues and areas of risk identified for the reporting period
- Incidents notified to Trusts
- Training and exercising including associated expenditure
- Business continuity management
- Agreed action plan
- Relevant appendices.

The Report covers emergency planning activity for the HSCB, PHA and BSO from the 1st April 2018-31st March 2019.

4 Next Steps

The PHA Board is asked to note this Report which has been forwarded to the Department of Health.