HSC Public Health Agency

agenda

Title of Meeting	153rd Meeting of the Public Health Agency Board
Date	27 April 2023 at 1.30pm
Venue	The Mount Conference Centre, Woodstock Link, Belfast

standing items

1 1.30	Welcome and apologies		Chair
2 1.30	Declaration of Interests		Chair
3 1.35	Minutes of Previous Meeting held on 16 March 2023		Chair
4 1.40	Matters Arising		Chair
5 1.45	Chair's Business		Chair
6 1.55	Chief Executive's Business		Chief Executive
7 2.05	Finance Report	**PHA/01/04/23**	Director of Finance
8 2.15	Health Protection Update		Dr McClean

committee updates

9 2.25	Update from Chair of Governance and Audit Committee	**PHA/02/04/23**	Mr Stewart

items for noting

10 2.35	Draft PHA Organisational Strategy 2023-25	**PHA/03/04/23 (Paper to follow)**	Mr Wilson
11 2.55	PHA Bursary for Post Graduate Courses in Substance Use and Substance Use Disorders	**PHA/04/04/23**	Dr McClean

12 3.10	Register of Interests	**PHA/05/04/23**	Chair

closing items

13 Any Other Business
3.15

14 Details of next meeting:

Thursday 18 May 2023 at 1.30pm

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

HSC Public Health Agency

minutes

Title of Meeting	152nd Meeting of the Public Health Agency Board
Date	16 March 2023 at 1.30pm
Venue	Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast

Present

Mr Andrew Dougal	-	Chair
Mr Aidan Dawson	-	Chief Executive
Dr Brid Farrell	-	Deputy Director of Public Health (*on behalf of Dr McClean*)
Mr Stephen Wilson	-	Interim Director of Operations
Mr Craig Blaney	-	Non-Executive Director *(via video link)*
Mr John Patrick Clayton	-	Non-Executive Director *(For items 1-9)*
Ms Anne Henderson	-	Non-Executive Director
Mr Robert Irvine	-	Non-Executive Director *(via video link)*
Professor Nichola Rooney	-	Non-Executive Director
Mr Joseph Stewart	-	Non-Executive Director

In Attendance

Ms Deirdre Webb	-	Assistant Director of Nursing
Ms Tracey McCaig	-	Director of Finance, SPPG
Mr Robert Graham	-	Secretariat

Apologies

Dr Joanne McClean	-	Director of Public Health
Ms Deepa Mann-Kler	-	Non-Executive Director
Dr Aideen Keaney	-	Director of Quality Improvement
Mr Brendan Whittle	-	Director of Hospital and Community Care, SPPG
Ms Vivian McConvey	-	Chief Executive, PCC

33/23	**Item 1 – Welcome and Apologies**
33/23.1	The Chair welcomed everyone to the meeting. Apologies were noted from Dr Joanne McClean, Ms Deepa Mann-Kler, Dr Aideen Keaney, Mr Brendan Whittle and Ms Vivian McConvey.
33/23.2	On behalf of the Board, the Chair recorded profound condolences to Ms Mann-Kler following the recent passing of her mother.

34/23 **Item 2 – Declaration of Interests**

34/23.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda.

34/23.2 Mr Clayton indicated that if the Chief Executive wished to give any update in relation to Public Inquiries under his Chief Executive's Business he would declare an interest given that Unison is engaging with the Inquiries. It was agreed that the Chief Executive would give an update on Inquiries at a point after Mr Clayton left the meeting.

35/23 **Item 3 – Minutes of previous meeting held on 16 February 2023**

35/23.1 The minutes of the Board meeting held on 16 February 2023 were **APPROVED** as an accurate record of that meeting.

36/23 **Item 4 – Matters Arising**

23/23.5 Vaccine Slippage

36/23.1 Mr Stewart asked for clarity around slippage on vaccine expenditure and potential wastage of vaccines. Dr Farrell explained that Northern Ireland receives an allocation of vaccines from a central UK source which is ordered by UKHSA (UK Health Security Agency), and these are stored by a company called Moviento. In terms of wastage, older stock of vaccines is used first and any unused vaccines are returned to England so she assured members that there is no wastage. She said that the COVID vaccine comes in a different form and that for the spring booster there were 3 different vaccines and for the autumn booster there will be 2 and so a balance has to be struck around making the newer vaccines available. She added that there will be some wastage because the vaccine comes in vials of 6 or 10 but correspondence is sent out to GP practices asking them to minimise the risk of wastage.

36/23.2 Mr Stewart said that there is £1.9m of slippage showing on vaccine spend and asked if this represents a loss. Ms McCaig explained that PHA received an allocation from the Department, based on an uptake rate of 80% so it is not a loss because PHA did not buy the vaccine. The Chief Executive added that PHA received a budget allocation, but because the amount was more than what was actually spent, the balance sits in PHA's accounts. He explained that the amount allocated was based on modelling and was an overestimate, but PHA is investing in a better modelling system for vaccine usage. Mr Clayton asked if the unused allocation is then retracted, but Ms McCaig advised that it has not been. She said that PHA should have identified at the outset that it did not require the allocation and will aim to improve its processes for next year.

27/23.6 Remuneration Committee

36/23.3 The Chair asked Ms McCaig about action 1 from the previous minutes regarding the Chair scrutinising decisions from the Remuneration Committee when he is the Chair of that Committee, and Ms McCaig advised that this is appropriate.

37/23 Item 5 – Chair's Business

37/23.1 The Chair advised that at the recent meeting of the Planning, Performance and Resources (PPR) Committee a paper was brought which highlighted an issue about the high percentage of PHA staff who are over the age of 50, and said that this will be picked up later in the meeting under the "Our People" report.

37/23.2 The Chair said that Dr Declan Bradley is working on a paper on excess deaths. He reported that he had met with the Chair of the Institute for Public Health in Ireland.

37/23.3 The Chair noted that the lifetime pension allowance has been increased following the Budget and he hoped that this will allow the Health Service to retain doctors.

38/23 Item 6 – Chief Executive's Business

38/23.1 The Chief Executive said that PHA is beginning to return to business as usual. He advised that he has been invited to represent PHA on a Board following the Review of Children's Services across Northern Ireland. He said that there has been significant change in this area. He advised that the membership of this Board will extend beyond Health with the Departments of Education and Justice and the voluntary and community sector also asked to participate, and that it is anticipated that the first meeting will take place before Easter.

38/23.2 The Chief Executive recalled that he had previously given an update regarding the cost of living crisis and efforts by PHA to support the community and voluntary sector. He reported that organisations in that sector were invited to avail of non-recurrent funding to ease cost of living pressures and that following receipt of bids, a panel of PHA staff adjudicated on these proposals and approximately £167k of funding has been allocated. He added that it was agreed by the Agency Management Team (AMT) that this exercise would be repeated in the hope that another £50k/£60k could be allocated. He advised that PHA is also in discussion with Belfast City Council and SOLACE (Society of Local Authority Chief Executives) regarding an extension of some existing funding. He said that he wished to assure the Board that PHA is making efforts to support this sector.

38/23.3 The Chief Executive reported that no new risks have been added to the Corporate Risk Register and that there are no new conduct issues.

38/23.4 The Chief Executive advised work is continuing on the PHA Reshape and Refresh Programme which EY is supporting and that over the next two weeks interviews will be taking place for a Programme Manager and administrative support which will allow some of the work EY is doing to be transferred into PHA.

38/23.5 Ms Henderson welcomed the update on the work to get funding to community and voluntary sector organisations. She asked if there is a risk on the Corporate Risk Register regarding PHA's underspend. Ms McCaig advised that the risk is there.

39/23 Item 7 – Finance Report (PHA/01/03/23)

39/23.1 Ms McCaig presented the Finance Report for the period up until 31 January 2023 and reported that PHA has a projected year-end position of having a surplus of £1.4m. She noted that the Chief Executive has already given an update on some actions that have been taken to reduce that, and along with other work, the current estimate is that the surplus could reduce to £500k/£700k. She explained that she has been in discussion with the Department and she hoped that there is a reasonable chance there will be a retraction, but in the meantime she hopes that as much of the surplus as possible can be used for PHA priorities.

39/23.2 Professor Rooney asked where the additional spend for community and voluntary sector organisations will be reflected, and Ms McCaig explained that this will come under programme spend.

39/23.3 Ms Henderson acknowledged the work that has been done to reduce the surplus, and noted that in future the fact that PHA will have to make savings may result in there being less slippage. She added that there was a discussion at the last PPR Committee meeting about training for budget holders. Ms McCaig advised that PHA will shortly be receiving correspondence from the Department advising that any low and medium risk impact areas that PHA identified in its saving plan will have to be implemented so AMT will be reviewing these. Returning to the issue of vaccines, she said that the Department will need to reduce the amount it allocates to PHA. She commented that next year PHA will move from a position of managing slippage to much tighter budgetary management. She added that financial governance training will take place before the end of the summer and a series of communications will be issued shortly regarding that. She said that the PPR Committee will be kept updated. Ms Henderson said that she would like to attend that training. She noted that it is likely that there will continue to be slippage against the management and administration budget given the current job market.

39/23.4 Mr Clayton asked about the cost of converting annual leave and if that could be an issue. Ms McCaig noted that staff tend to take a lot of annual leave during the month of March so although there is a risk that has been factored in, the full impact will not be known until after the end

of March.

39/23.5 Mr Clayton asked if there is any guidance in terms of assessing the low and medium impact savings proposals. Ms McCaig advised that they are based on an assessment by each organisation. For PHA, she said that the low impact areas will be around normal slippage, and added that the medium impact areas should be able to be managed. She added that if there was going to be any impact on services, PHA would have rated those as "high". She felt that PHA should be able to manage the situation but reiterated that AMT will be reviewing the submission made to the Department.

39/23.6 Mr Blaney asked about the additional work relating to the Vaccine Management System (VMS). He noted that the cost of the work being carried out by Gartner may increase from £565k to £715k and asked why this has increased. Ms McCaig advised that it has increased because PHA has asked Gartner to undertake further work. The Chief Executive explained that only one element of the work relates to VMS and that there is another element which relates to information governance support. He added that there is a third element but it has not yet been decided if Gartner will be asked to complete it. Mr Blaney asked if this work was in PHA's plans for the year. The Chief Executive replied that this is work that PHA is required to undertake. He said that VMS is now part and parcel of how PHA delivers its vaccine programme and it is integral to how PHA works. He explained that it allows PHA to carry out more analysis and to be able to reach and target specific groups if there is low vaccine uptake. Mr Blaney commented that while he understands the detail of the work that PHA is doing with EY, he does not have the same level of understanding in terms of Gartner and VMS, and he wished to have further detail. The Chief Executive acknowledged this, but noted that PHA is working with Digital Health and Care Northern Ireland (DHCNI) on this work so there is additional scrutiny from Mr Dan West's team. Ms McCaig advised that VMS was developed by DHCNI and that it is not yet on PHA's Asset Register, although DHCNI is keen to transfer it over. She explained that there are some issues with regard to the business case. When it does transfer to PHA, she advised that PHA will have to pick up the costs of running the system as part of its normal business and that there will need to be a business case around that. The Chair said that a paper needs to be prepared explaining all of this **(Action 1 – Chief Executive)**.

39/23.7 The Chair asked how much budgetary control PHA can exercise around Trusts' budgets as their allocation has increased from £38m two year ago to as much as £47m now. He also asked how much of PHA's management and administration budget slippage is caused by a domino effect of posts becoming vacant due to internal moves. Ms McCaig advised that in terms of the slippage against vacant posts, the figure is that for all vacant posts. She explained that for some posts it can take up to 6 months to recruit and although PHA usually has some level of slippage, it has not changed drastically in recent years. She added that

PHA has planned for £1.3m of slippage for next year. The Chair said that if there is a problem, it needs to be diagnosed and he asked again about the domino effect. Ms McCaig noted that the level of vacancies is linked to the current review and that going forward PHA has to determine what posts it needs. The Chair asked again about Trust expenditure. Ms McCaig said that PHA cannot exercise control over Trust spend, but through its contract management processes, it can exercise control over outcomes and ensure that PHA is getting what it is paying for.

39/23.8 Mr Clayton said that the point around the management and administration budget is important as he felt uneasy about the assessment of low and medium term impact of saving in that area given that PHA is trying to develop a workforce plan. Ms McCaig explained that PHA has indicated that for next year the impact is low for non-recurrent slippage, but if it is recurrent, then in the context of the review the risk level will change to medium/high. Mr Clayton commented that PHA's slippage provides it with an opportunity rather than a threat. He said that if PHA did not have that level of slippage it would not have the same scope to restructure so it needs to capitalise. In terms of Trust expenditure and contracts, he suggested that PHA needs to understand the output of what its funding is achieving and to have confidence that the funding is being tightly managed by budget managers. Mr Wilson conceded that this is an area on which the Board is not receiving enough information. He highlighted screening as another area where the level of reporting needs to be improved, but he said that PHA is on a journey in terms of performance reporting. The Chief Executive advised that PHA is making its Business Plan and its contract management processes more quantitative and he hoped that by next year there will be more numerical data in areas such as screening. He assured members that there is a lot of contract management undertaken of the community and voluntary sector contracts.

39/23.9 Mr Stewart said that the best place to start is by looking at Trust expenditure as he would like to know the efficiency of each Trust in terms of its screening programme in order to be assured that these are being delivered in the most efficient and effective way. The Chief Executive advised that PHA's screening outcomes are aligned with those across the rest of the UK. However, he noted that some of the IT systems used for screening programmes are coming to the end of their shelf life and he hoped that by resolving these issues, PHA will have access to better information.

39/23.10 The Board noted the Finance Report.

40/23 Item 8 – Health Protection Update

40/23.1 Dr Farrell advised that the latest Office for National Statistics (ONS) survey data estimated that 1 in 75 people in Northern Ireland tested positive for COVID compared to 1 in 90 from the previous study. She

said that there has not been any waves of infection since the Omicron variant, but she pointed out that the data rely on reported testing. She gave an overview of the data relating to hospital admissions and care homes before showing the information on genome sequencing which indicated that no one strain of COVID is dominant.

40/23.2 Dr Farrell reported that the number of reported cases of influenza was not as high as was expected and she explained that is likely due to two factors: a high uptake rate of the flu vaccine, and a good vaccine match.

40/23.3 Dr Farrell presented data showing the number of cases of Invasive Group A Streptococcal Infection for the 2022/23 year and then showed that data alongside the cases for the period from 2016.

40/23.4 For meningococcal disease, Dr Farrell advised that numbers of cases have returned to pre-COVID levels. The Chair asked what the case fatality would be and Dr Farrell advised that for meningococcal disease it would be around 25% in adults due to late diagnosis or severe disease.

40/23.5 Mr Clayton asked if there was any particular reason why the number of cases of COVID is oscillating and if there are any clusters. Dr Farrell advised that there is no particular reason and added that there is a system in place whereby if an outbreak was identified, a team would be sent out to carry out testing. She added that this is the COVID recovery phase and the oscillating nature of case numbers will be the pattern for at least another year.

40/23.6 Referring to the data on hospital admissions, Mr Stewart asked if there are data around incidence of flu in particular socio-economic groups or in more vulnerable groups. Dr Farrell said that such data are available for COVID, but numbers of cases are low. She added that for cases of COVID it was possible to see inequalities. Mr Stewart said that it is PHA's role to understand these inequalities, and he asked what PHA can do to combat this going forward. Dr Farrell referred back to VMS, and explained that through that system, it allows PHA to respond rapidly to areas where there is low vaccine uptake. She advised that it is recommended that pregnant women obtain both the flu and COVID vaccine, but while the uptake for the flu vaccine was 33%, the uptake for the COVID vaccine was 10%. She said that PHA made repeated efforts to work with antenatal and maternity units. She added that Trusts endeavour to get vulnerable people vaccinated.

40/23.7 The Chief Executive echoed Dr Farrell's comments and said that VMS has revolutionised PHA's real time data around vaccine uptake and has made PHA more responsive. He gave an example of where Dr Farrell had highlighted to him about a group within a particular Council area where vaccine uptake was low and he contacted the Chief Executive of that Council regarding this. He commented that the impact of flu on hospitals was not as bad as had been anticipated and he put this down to more people being vaccinated than ever before and people being

vaccinated sooner. He said that this shows how VMS has been integral to PHA's work.

40/23.8 The Chief Executive asked if the outbreaks in care home impacted both residents and staff, but Dr Farrell advised that it was mainly residents. Dr Farrell added that once an outbreak has been identified, PHA takes immediate action.

40/23.9 Ms Henderson commended the work undertaken regarding the uptake of the flu vaccine and suggested that PHA should get that out as a good news story and let the population know that getting vaccinated helped. Dr Farrell commented that a bad flu season is due and that next time there may not be a good match between the vaccine and the dominant strain. She advised that there was some publicity when the 500,000 vaccine milestone was reached. Ms Henderson said that she would not see the link between that and the benefits of getting the flu vaccine. Mr Wilson advised that in the PHA Business Plan, there is a focus on vaccination and that timing is critical, and any messaging must be presented in the right way.

41/23 Item 9 – Update from Chair of Planning, Performance and Resources Committee

41/23.1 The Chair advised that the PPR Committee has asked to see reports for PHA programmes in Trusts which cost more than £100k, and those which relate to smoking cessation. He added that the Committee wishes to see data that shows those programmes that have had the biggest impact on reducing health inequalities. He said that the Committee would like to see the streamlining of procurement exercises.

41/23.2 The Chair reported that Strategic Planning Teams (SPTs) have been established and will be evaluated. He said that the Committee wishes to receive further information on the costs of VMS. He advised that there has been a discussion regarding campaigns where it was noted that this area which may be cut.

41/23.3 The Chair advised that the current uptake of appraisals in PHA is 65%, and it is hoped that this figure will increase next year.

41/23.4 Mr Stewart sought clarity on the situation with regard to campaigns. Mr Wilson advised that mass media budgets are likely to be cut across all Government departments unless there is a strong argument for undertaking a campaign. He added that PHA has submitted a programme of proposed campaigns to the Department. The Chair asked if there are any specific reasons for these extra constraints and Mr Wilson suggested that it is because this is an easy hit. The Chief Executive commented that in the context of the overall health budget, there is a projected £450m deficit for next year so all expenditure will require extra scrutiny. The Chair said that cuts are always made in those areas which are easiest to cut. Mr Stewart asked if there has

been any appreciation given to the fact that a campaign regarding vaccinations helps PHA protect public health. The Chief Executive said that PHA has made an argument and has received an exemption to an extent. He cited the example of an organ donation campaign around Dáithí's Law and he hoped that going forward PHA can continue to have campaigns, but he noted that other departments will be asked to shoulder those costs. Mr Clayton said that the purpose of PHA is to reduce health inequalities, and mass media is one way of doing this. He noted that when the Department paused campaigns previously, PHA was able to present an analysis about the impact of campaigns and he asked if PHA has an analysis about how effective its campaigns are. Mr Wilson advised that PHA has a number of tools and it is always looking at the latest evidence and the effectiveness of outcomes, but it is difficult to prove cause and effect. He said that PHA carries out survey work to assess public recognition and public support and these data can be broken down by socio-economic group. He added that PHA must be careful not to say that there is an equal effect across all campaign areas as that will not be the case.

41/23.5 The Board noted the update from the Chair of the Planning, Performance and Resources Committee.

At this point Mr Clayton left the meeting.

42/23 Item 10 – Update from Chair of Remuneration Committee

42/23.1 The Chair reported that no progress has been made to resolve the legal dispute around Senior Executive Pay Awards and that this could have a detrimental effect on the motivation of senior staff.

42/23.2 The Chair advised that PHA has 10 public health consultant trainees, 3 of whom are non-medical. He outlined how there will be increased salary competition from the Republic of Ireland where consultants are being offered a salary of €230,000. He noted that the Hussey Review had found that public health consultants in Northern Ireland are paid less than those in Scotland or Wales. He added that in terms of Research and Development, Northern Ireland receives 50% of the funding which Scotland or Wales receives, even taking into account our smaller population.

42/23.3 The Chair reported that there was discussion at the meeting on office accommodation and the need to have a strategy for all PHA offices on all sites. He added that there it was raised that all staff should have public health as an element of their job description.

42/23.4 Ms McCaig advised that Senior Executive Pay increases have been released for 2020/21 and 2021/22 and this is currently going through due process. However, she said that are still legal matters to be resolved.

42/23.5 Dr Farrell commented that although competition with the Republic of Ireland for public health consultants is a possibility, there is another issue in that UKHSA can offer employment to people in Northern Ireland because they can work from home. The Chair asked if PHA needs to be flexible in terms of staff being able to work from home. The Chief Executive explained that there is presently a pilot scheme in which PHA is involved, along with BSO and SPPG, whereby staff can work in the office 3 days per week and work 2 days at home. He said that this pilot will end in September, but it is unlikely that staff will return to working full time in the office. Mr Stewart commented that in terms of work/life balance and working at home or in the office, it can be difficult to measure output if output cannot be defined. The Chief Executive said that a lot of PHA staff are very senior and are used to working on their own and are productive, but he added that it is important that in order to create a team and to have that cohesiveness, there is a need to have in-house structures. He advised that there will be a review of PHA's accommodation.

42/23.6 The Board noted the update from the Chair of the Remuneration Committee.

43/23 Item 11 – PHA Business Plan 2023/24 (PHA/02/03/23)

43/23.1 Mr Wilson presented the PHA Business Plan 2023/24 and said that this Plan has been developed in what will be a difficult period for the PHA given the financial constraints facing it, but that it is a busy landscape given that there is also the Reshape and Refresh programme.

43/23.2 Mr Wilson went through the priorities in the Plan and highlighted that PHA is aiming to increase childhood vaccination uptake and expand the family intervention support service. He highlighted work that will be carried out in terms of the prevention of cardiovascular disease and cancer prevention.

43/23.3 Mr Wilson explained that the Plan has been presented in a tabular format which includes the performance measures.

43/23.4 Mr Stewart complimented the work of the AMT in producing this Plan which he said was easy to understand. He added that under objectives 7, 8 and 9, he hoped that these quantitative measures will be able to measure the progress being made. He queried the target under priority 4 about operating procedures being updated by March 2024 and Dr Farrell explained that this relates to the Duty Room and ensuring that the standard operating procedures reflect best practice.

43/23.5 Ms Henderson welcomed the Plan and acknowledged that some elements of it will be challenging. She commended the process that was gone through to collate the Plan and said that she would like to see it published in some form. She noted that it had been shared with PPR Committee members.

43/23.6 Professor Rooney also welcomed the Plan and said that she would like to see how the Plan will help to reduce health inequalities.

43/23.7 The Chief Executive advised that, with regard to acute response, PHA is also carrying out a rigorous review of its emergency planning procedures and is also reviewing its Business Continuity Plan in conjunction with SPPG and BSO and the three organisations form Health Silver. He said that the review will take on any learning from the pandemic.

43/23.8 Dr Farrell noted that Mr Wilson had made reference to cardiovascular disease and cancer prevention and said that there needs to a renewed focus on those areas, particularly in terms of secondary prevention. For cancer, she said that factors such as a healthy diet, alcohol consumption and vaccination are important to ensure that if an individual has a first case of cancer then making the right lifestyle adjustments can potentially prevent a second cancer. Professor Rooney referred to a UCL study and asked whether PHA has a role in terms of statin use or any commentary in terms of their use and links to health inequalities. Dr Farrell said that PHA would need access to the data sets. She added that where an individual has high cholesterol, they need to receive the right treatment at the right time and make appropriate lifestyle changes, but if PHA had the data referred to, it could carry out an analysis. Professor Rooney commented that this is an example of where PHA needs to get the right health intelligence.

43/23.9 Mr Stewart said that following the discussion on the financial constraints facing the PHA, this indicates that in order to succeed, PHA needs to be a data-driven organisation. The Chief Executive agreed, and advised that some of the work that Gartner is undertaking will allow PHA to do that. Professor Rooney said that PHA needs to be able to show how it can have an impact in the long term and the Chief Executive advised that this is why it is focusing on childhood vaccination this year.

43/23.10 The Board **APPROVED** the Business Plan.

44/23 Item 12 – Human Resources Report "Our People" (PHA/03/02/23)

Mr Robin Arbuthnot, Assistant Director of Human Resources, BSO, joined the meeting for this item.

44/23.1 Mr Arbuthnot said that this Report would be the first of a type of quarterly report that will be brought to the PPR Committee and that it will contain information on workforce profile, organisational development work and workforce planning.

44/23.2 In terms of the workforce profile, Mr Arbuthnot noted that there was a high percentage of staff who left PHA due to retirement (38%) and the closure of the 1995 Pension Scheme may have been a factor in this. He

reported that PHA's sickness absence rate is 3.23%, but that mental health conditions represented the highest reason for absence. He advised that health and wellbeing is a major part of the work of the OWD (Organisation Workforce Development) group and it will look at the reasons behind this high level of absence. He added that PHA has a case management system to support staff on long term sickness absence, and there is a range of resources available to staff. The Chair commented that an absence rate of only 3.23% is a tremendous achievement as it compares extremely favourably with other areas of the public sector.

44/23.3 Mr Arbuthnot reported that Ms Karyn Patterson has undertaken a lot of work to reinvigorate the OWD group and that it has 3 workstreams (staff experience, workforce development and culture), which are all led by staff in PHA. He said that it is encouraging to see the level of engagement and he went through some of the areas of work in each workstream and then outlined the plan for this work.

44/23.4 Mr Arbuthnot advised that staff appraisals now begin with a discussion about individual staff wellbeing, and then looks at how staff contribute to the overall strategic objectives of the organisation. He said that there is an intention to carry out more exit surveys to find out why staff are leaving PHA. Under culture, he noted that there is a need to be mindful of the EY work as part of it will look at how organisational development is supported. He said that PHA needs to develop a people plan.

44/23.5 Mr Stewart said that he is delighted to see that PHA is getting a workforce plan as there is a significant issue in terms of the age profile of the organisation. He added that there is a need to develop staff. He suggested that EY could have a role in terms of helping PHA get a greater organisation identity. He said that other organisations would be very envious of PHA's absenteeism rate and expressed surprise that this has not increased since COVID which is testament to the staff. The Chair agreed that it is an excellent outturn, but he shared the concern about the age profile of staff given that certain staff can access their pension at the age of 60, and some at the age of 55, so there is a need for a strategic recruitment plan for the future. He commented that PHA has not made anywhere near adequate use of the graduate intern scheme or of the management trainee schemes. He commended Mr Arbuthnot and Ms Patterson for their work.

44/23.6 Dr Farrell reported that using slippage funding from within the public health directorate, the Faculty of Public Health has put together an online 6-week programme for staff to attend sessions to help them become public health practitioners through the portfolio route. She said that if graduates get a job in public health, they must still undertake public health training in order to become a specialist/consultant.

44/23.7 Professor Rooney said that she had welcomed this Plan when it was brought to the PPR Committee. She hoped that there would be

opportunities to develop working with other groups and professions.

44/23.8 The Chief Executive queried how the calculation relating to staff turnover was made, and Mr Arbuthnot undertook to check this.

44/23.9 The Chair noted with much concern that over 80% of staff in the Nursing and AHP directorate are over the age of 50. Ms Webb agreed, but noted that any only some staff can retire at 55 years. She pointed out that some roles require individuals to have a lot of experience before they can apply for them.

44/23.10 The Chair thanked Mr Arbuthnot for the Report.

44/23.11 The Board noted the "Our People" Report.

45/23 Item 13 – Outcomes and Impacts of HSC R&D Funding (PHA/04/03/23)

Dr Janice Bailie and Dr Rhonda Campbell joined the meeting for this item.

45/23.1 Dr Bailie delivered a presentation on the outcomes and impacts of HSC R&D funding and began by outlining the role of the R&D division in PHA and how it administers the HSC R&D fund of approximately £20m and is for research across a whole gamut of disciplines, mainly in translational and applied research. She said that it leads on the regional research governance agenda and encourages participation in research. She gave an overview of some of the inputs from 2019 to 2021.

45/23.2 Dr Bailie explained that HSC R&D contributes approximately £3.2m to the National Institute for Health Research (NIHR), but it can draw down any amount of funding and its return on investment is around 2.7 fold.

45/23.3 Dr Bailie gave an overview of some case studies showcasing the work of HSC R&D, including the Clinical Research Network and US-Ireland Partnership Awards. She reported on the work of the CHITIN (Cross-border Healthcare Implementation Trials in Ireland Network) programme, where she said that the studies are at an advanced stage and that these trials, which are very relevant to public health, and producing interesting findings.

45/23.4 Dr Bailie reported that the HSC R&D Division provided input to the COVID effort and that over 20,000 people contributed to COVID studies. She said that some people were able to receive potentially life-saving medications as a result. She advised that within the Division there is a Small Industry Engagement team and she gave examples of its work. She reported that the Division was involved in an evaluation of PPI and shared some of the outcomes of that research.

45/23.5 Dr Bailie concluded her presentation by saying that research changes

lives and she showed examples of where the work of the Division has been recognised and has won awards.

45/23.6 The Chair thanked Dr Bailie for her presentation. He said that whatever funding is inputted into research, there is a 4.6 fold return to the economy, but in Northern Ireland, he noted that the R&D entitlement received is only half of that compared to Scotland and Wales and that this needs to be discussed again with the Department of Health **(Action 2 – Chair)**.

45/23.7 The Chair asked whether the issues highlighted in the study on the mental health of students related solely to those in Northern Ireland, but Dr Bailie replied that this was not the case.

45/23.8 Dr Farrell commended the work of the Division during COVID, particularly with regard to the seroprevalence work and the SIREN study for healthcare workers. She said that opportunities to work on high quality research do not come around very often. She noted that there was also the ONS study which became a key source of information through the pandemic.

45/23.9 Ms Henderson said that work carried out has been fantastic and asked how areas of research are determined and whether this is through specific drivers for funding. Dr Bailie replied that there is a mixed approach, in that some research is commissioned from the Department, but she noted that there is a need to be conscious of what expertise there is available in the Trusts and in academic institutions. She added that there are areas where there is little investment. She advised that public health research expertise has improved and the Division aims to train new incoming researchers.

45/23.10 The Chair noted that there has been progress in the treatment of colon, cervical and breast cancer, but there is a need for research in other cancers for example, pancreatic cancer. Dr Bailie said that there is a challenge for organisations like Cancer Research UK in terms of growing capacity in specific areas. She added that there is the infrastructure in Northern Ireland so if a study came along, patients can be offered the opportunity to participate.

45/23.11 The Chair commended the work of the HSC R&D Division and thanked Dr Bailie for the report. Dr Campbell advised that one of studies in the CHITIN trails will be featuring in an article in the Lancet.

45/23.12 The Board noted the presentation on the outcomes and impacts of HSC R&D funding.

46/23 Item 14 – PPI Report (PHA/05/03/23)

Mr Emmett Lynch joined the meeting for this item.

46/23.1 Ms Webb advised that an update on Personal and Public Involvement is

brought to the Board twice a year.

46/23.2 Mr Lynch reported that since the last update, Ms Margaret Hamilton has joined the PPI team and in her role as Involvement and Engagement Officer, she will seek to ensure that the Engage website continues to be all source of all information relating to engagement. He added that Mr Martin McCrory has established a regional task and finish group to look at developing policy and guidance in relation to remuneration. He said that the team continues to provide advice, guidance and leadership, both internally and externally. Externally, he advised that the team has been involved in work relating to the South West Area Hospital (SWAH) consultation process and work on the new Integrated Care System (ICS) and internally, he said that the team has supported various teams across PHA. He added that there is a plan to develop a database to track what advice is being asked for and what impact that advice has had.

46/23.3 Mr Lynch advised that there is going to a review and refresh of the regional forums which have been up and running for a long time. He explained that the aim is not to reinvent them, but to introduce a new code of conduct and review their membership. He added that there is buy in from existing service users and carers for this and that the work will commence in April.

46/23.4 Mr Lynch said that a set of data collection templates has been developed for internal and external monitoring purposes so staff can go online and submit their data. He advised that quantitative data have not been collected previously so this will allow will give better intelligence information.

46/23.5 Mr Lynch advised that over the last 6 months, almost 2,000 users have accessed the Engage website with approximately 85% accessing more than once. In terms of PPI training, he reported that the 8th cohort of the PPI leadership programme has commenced. He added that a digital step-by-step involvement guide has been developed in an attempt to move away from paper-based guides.

46/23.6 The Chair asked what it is hoped to be gained from the review of terms of reference of the Regional Forum. Mr Lynch said that the review is about looking at the membership and work of the group and future proofing it. The Chair how new members will be recruited. Mr Lynch advised that there will be an application process which will go out through existing networks. He conceded that it is hard to recruit new people. The Chair suggested approaching those who had contributed to the 10,000 Voices work and added that Public Health England would previously have approached individuals who had contributed to their surveys. Mr Lynch said that normally existing networks are used.

46/23.7 Mr Stewart asked how success in PPI is measured and if it is more to do with involvement rather than outcomes. Mr Lynch advised that there are

different measurements, for example, service user questionnaires, case studies, reflective practice, post-project assessments and outcomes-based accountability. As part of the internal monitoring, staff are asked what they will use to measure outcomes and what outcomes can be gleaned. He acknowledged that it is an area the team has struggled with.

46/23.8 The Chair asked whether undergraduates or trainees obtain an understanding from the outset of their training about the importance of PPI. Mr Lynch replied that there are good links with the universities and Ms Bronagh Donnelly would deliver modules on involvement.

46/23.9 Dr Farrell commented that if an individual is unfortunate enough to be diagnosed with a long term condition, they should be actively involved in their own care so there is a role for PPI in condition management. For diabetes, she said that an individual should know as much about the condition as the nurse and for strokes, individuals should know how to support and look after themselves.

46/23.10 Professor Rooney asked how people know that PHA leads on PPI as she noted that the Patient Client Council (PCC) is advertising for service users for the ICS groups and she thought PHA would have a role in that. Mr Lynch said that the PCC would not have a role in involvement and would advertise these posts through PHA networks. He added that PHA is working with SPPG to develop the recruitment strategy for those posts and will also work on the induction policy to make sure it is meaningful. Mr Wilson advised that this highlights an issue with the HSC branding as it is sometimes not clear which HSC organisations are involved. Professor Rooney said that there is an argument that PHA's branding appears on this work.

46/23.11 The Chair thanked Mr Lynch for his presentation and said that over the year he has watched the very positive evolution of the PPI work and he congratulated the team on their dedication.

46/23.12 The Board noted the PPI Report.

47/23 Item 15 – Family Nurse Partnership (PHA/06/03/23)

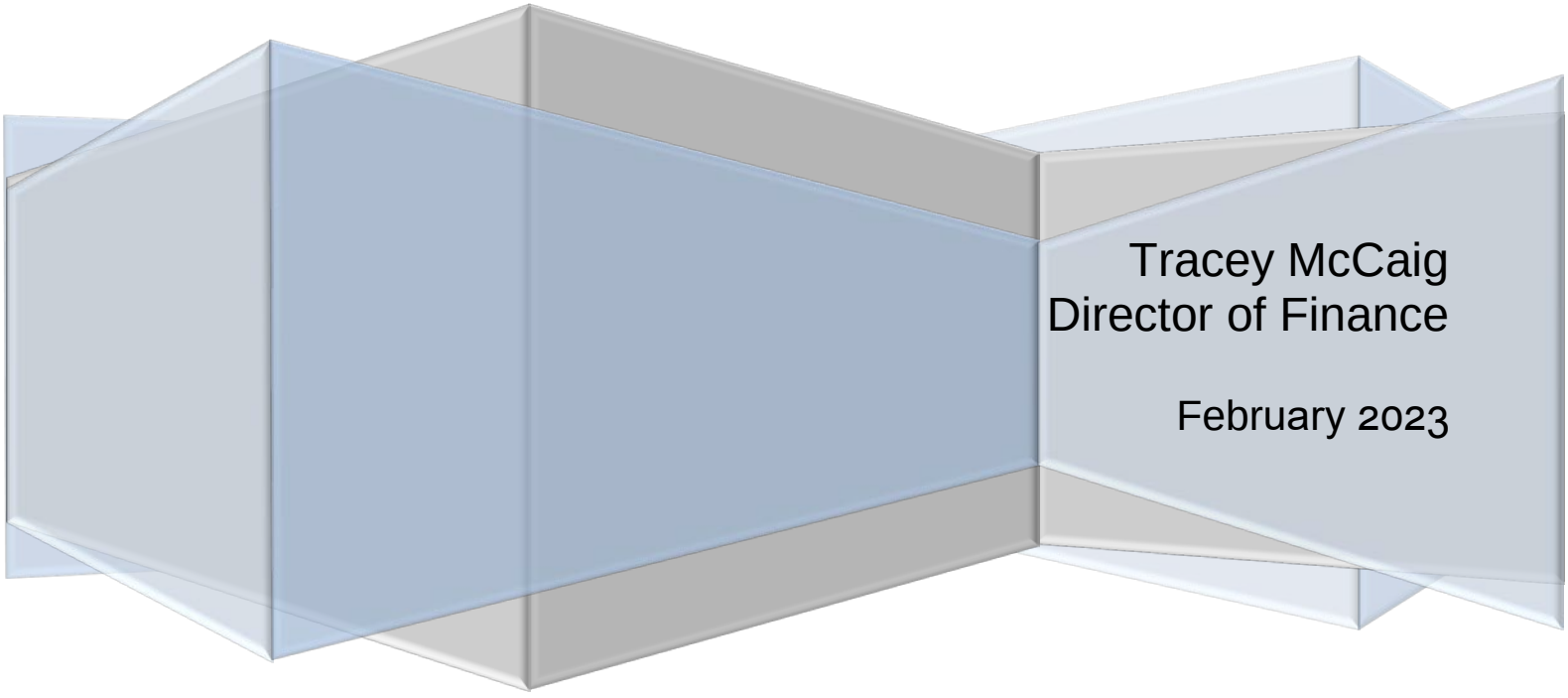
47/23.1 This item was deferred until the next meeting.

48/23 Item 16 – Any Other Business

48/23.1 The Chief Executive updated members on Public Inquiries and reported that he has been asked to appear at the Muckamore Inquiry on 3 and 17 April.

49/23	**Item 17 – Details of Next Meeting**
	Thursday 27 April 2023 at 1:30pm
	Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast
	Signed by Chair:
	Date:

Finance Report
February 2023



Tracey McCaig
Director of Finance

February 2023

Section A: Introduction/Background

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

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

3. On the basis of this approved Plan, this summary report reflects the latest position as at the end of February 2023 (month 11).

Section B: Update – Revenue position

4. The PHA has reported a year to date surplus at February 2023 of £1.8m (£3.0m, January 2023), against the annual budget position for 2022/23.

5. In respect of the year to date surplus of £1.8m:
    - The annual budget for programme expenditure to Trusts of £47.9m has been profiled evenly for allocation, with £43.9m expenditure reflected as at month 11 and a nil variance to budget shown.
    - The remaining annual programme budget is £55.3m. Programme expenditure of £50.1m has been recorded for the first 11 months of the financial year with an underspend to date of £0.8m. This underspend has arisen due to slippage in a number of areas within Health Improvement and Service Development & Screening, offset by expenditure ahead of profile on Campaigns and other central budgets funded from slippage. Budget holders continue to keep all programme budgets under close review and report any expected slippage or pressures at an early stage.
    - A year-to-date underspend of £1.0m is reported in the area of Management & Administration, primarily in the areas of Public Health and Operations, which reflects a high level of vacant posts in each area.

- There is annual budget of c£3.4m in ringfenced budgets, the largest element of which relates to COVID funding for the Contact Tracing Centre for quarter 1 (£2.2m). A business case has been submitted to DoH for in year costs relating to the Vaccination programme and associated funding has been assumed within this area. A small variance is reported on these areas to date, however they are largely expected to breakeven against funded budgets.

6. The month 11 position is summarised in the table below.

PHA Summary financial position - February 2023

	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	12,835	11,765	11,765	0	
Health Protection	10,628	9,743	9,743	0	
Service Development & Screening	14,718	13,491	13,491	0	
Nursing & AHP	7,809	7,158	7,158	0	
Centre for Connected Health	1,700	1,559	1,559	0	
HSC Quality Improvement	23	21	21	0	
Other	166	152	152	0	
Programme expenditure - Trusts	**47,879**	**43,889**	**43,889**	**0**	**0**
Health Improvement	29,013	26,733	25,760	973	
Health Protection	17,060	16,130	16,108	22	
Service Development & Screening	2,951	2,668	2,508	160	
Research & Development	3,418	3,418	3,411	7	
Campaigns	1,578	1,065	1,299	(234)	
Nursing & AHP	790	453	340	113	
Centre for Connected Health	123	140	132	8	
HSC Quality Improvement	193	148	122	25	
Other	199	182	468	(286)	
Programme expenditure - PHA	**55,324**	**50,938**	**50,149**	**788**	**(1,350)**
Subtotal Programme expenditure	**103,203**	**94,827**	**94,038**	**788**	**(1,350)**
Public Health	17,272	15,256	14,171	1,085	
Nursing & AHP	5,137	4,614	4,518	96	
Operations	4,648	4,111	3,758	352	
Quality Improvement	678	545	548	(3)	
PHA Board	231	136	781	(645)	
Centre for Connected Health	453	411	382	28	
SBNI	863	779	737	42	
Subtotal Management & Admin	**29,283**	**25,850**	**24,895**	**955**	**1,654**
Trusts	100	92	92	0	
PHA Direct	2,303	2,259	2,222	37	
Subtotal Covid-19	**2,403**	**2,351**	**2,314**	**37**	**135**
Trusts	212	194	194	0	
PHA Direct	60	60	60	(0)	
Subtotal Transformation	**272**	**254**	**254**	**(0)**	**0**
Trusts	134	122	122	0	
PHA Direct	596	471	436	35	
Other ringfenced	**730**	**593**	**558**	**35**	**0**
TOTAL	**135,891**	**123,876**	**122,060**	**1,815**	**439**

Table subject to roundings

7. In October 2022, the Permanent Secretary was advised that there is a projected additional slippage of circa £0.5m in-year, the source of this primarily being windfall gains on additional vacant senior posts, return of funding from a provider due to non-delivery, Connected Health and other general slippage on demand led budgets. This has been notified to the DoH in a response to the request, and was retracted during month 9 (December 2022).

8. In addition, PHA was notified of an additional savings target for 2022/23 of £0.5m by the DoH on 1 December 2022, and this funding has been retracted. This requirement was to support the challenging in year budget position for the wider HSC. Actions have been identified to meet this additional requirement.

9. An updated forecast year-end surplus of £0.4m is currently shown (£1.4m, January 2023). This is a significant amount, and options are being considered to manage this surplus in the context of the overall PHA breakeven threshold. This position remains under close daily review, and the financial forecasts will be updated accordingly in future reports, with DoH being kept informed where necessary.

	£'000
Month 10 forecast surplus	**1,398**
HPV testing – funds to two Trusts	(397)
Campaigns pressures (Organ Donation & FAST)	(225)
Additional Health Improvement expenditure (Phase 2)	(136)
Increased Vaccine storage & distribution cost	(246)
Additional EY cost 22-23	(113)
Loss from irregular payment	(105)
Reduction in Annual Leave accrual release	(50)
Ringfenced slippage (CTC, Safe Staffing, Vaccinators)	120
Monkeypox vaccination slippage	185
Sundry budget movements	8
Month 11 forecast surplus	**439**

Section C: Risks

10. Any significant assumptions, risks or uncertainties facing the organisation, and the management of these elements, are set out below.

11. **Impact of COVID-19 on Financial Planning:** The global pandemic and its impact on the HSC has brought obvious challenges for predicting and managing budgetary resources as the service continues to respond during 2022/23. The cost of the Contact Tracing Service has been included for quarter 1 of the financial year (£2.2m), along with the costs of restarting some Screening programmes (£0.1m) and the Vaccination programme (c£0.2m).

12. **Demand led services:** Whilst an initial estimate of funding was identified within the 2022/23 Financial Plan, to enable pressures or strategic developments to pass through an approval process, clarity on the financial impact of this could only be secured on conclusion of the process. This process was concluded in early Summer and confirmation received from operational management that plans have progressed in line with approvals. Additionally, business as usual Programme expenditure is monitored closely to ensure that planned expenditure is met. As in previous years, the PHA operational management will continue to review expenditure plans to identify any potential easements or inescapable pressures which may need to be addressed in-year.

13. **Annual Leave:** PHA staff are carrying a significant amount of annual leave, due to the demands of responding to the COVID-19 pandemic over the last two years. As at each financial year end, this is converted into a financial balance. This balance of leave is being managed to bring it down to a more normal level during the year, and this may present some risk to the delivery of organisational objectives. Based on a review of the current position of leave expected to be taken, an estimate of the partial release of the financial balance during 2022/23 is contributing to the forecast available for deployment in-year.

14. **Funding not yet allocated:** there are a number of areas where funding is anticipated but has not yet been released to the PHA. These include AfC and Non-AfC Pay uplift for 2022/23, which was released in March 2023, however no expenditure is being assumed for these areas in the month 11 position. It is expected that funding will broadly balance with actual expenditure in Month 12.

15. **Future year's Budget**: The financial challenge facing HSC is significant in-year and will continue to present an ongoing challenge to manage. PHA will be required to

work closely with DoH in the coming months, where required, to inform any assessment of options to address the wider HSC financial position.

16. **HSC wider financial position**: The impact of the wider HSC financial position has required actions to be taken by DoH in planning to achieve financial breakeven in 2022/23. PHA was required to meet an additional funding reduction of £0.5m, which was advised on 1 December 2022 and a subsequent funding retraction was processed later that month.

17. Due to the complex nature of Health & Social Care, there will undoubtedly be further challenges with financial impacts which will be presented between now and the year end and into future years. PHA will continue to monitor and manage these with DoH and Trust colleagues on an ongoing basis. Those with a potential 2023/24 impact will be used to inform next year's financial plan.

Section D: Update - Capital position

18. The PHA has a current capital allocation (CRL) of £13.4m. The majority of this (£12.3m) relates to Research & Development (R&D). The overall summary position, as at February 2023, is reflected in the following table.

Capital Summary	Total CRL £'000	Year to date spend £'000	Full year forecast £'000	Forecast Surplus / (Deficit) £'000
HSC R&D:				
R&D - Other Bodies	4,137	3,294	4,137	0
R&D - Trusts	9,013	8,160	9,013	0
R&D Capital Receipts	(867)	(494)	(867)	0
Subtotal HSC R&D	**12,283**	**10,960**	**12,283**	**0**
CHITIN Project:				
CHITIN - Other Bodies	1,283	0	1,283	0
CHITIN - Trusts	105	0	105	0
CHITIN - Capital Receipts	(1,388)	0	(1,388)	0
Subtotal CHITIN	**0**	**0**	**0**	**0**
Other:				
ICT	91	0	91	0
Congenital Heart Disease Network	436	332	436	0
Online Safety Project	15	0	15	0
Covid Wastewater	910	86	910	0
Covid Wastewater - receipts	(310)	(310)	(310)	0
Subtotal Other	**1,142**	**108**	**1,142**	**0**
Total HSCB Capital position	**13,425**	**11,068**	**13,425**	**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. PHA has also received a number of smaller capital allocations including the Congenital Heart Disease (CHD) Network (£0.4m), which is managed through the PHA R&D team, and a COVID-19 Wastewater project (£0.6m) which is a QUB project analysing wastewater to help with the tracking of outbreaks of COVID-19. A small CRL allocation has been received for an online safety project, which relates to SBNI, and is anticipated to be spent by year end.

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

Recommendation

23. The PHA Board are asked to note the PHA financial update as at February 2023.

Public Health Agency

Annex 1 - Finance Report

2022-23

Month 11 - February 2023

PHA Financial Report - Executive Summary

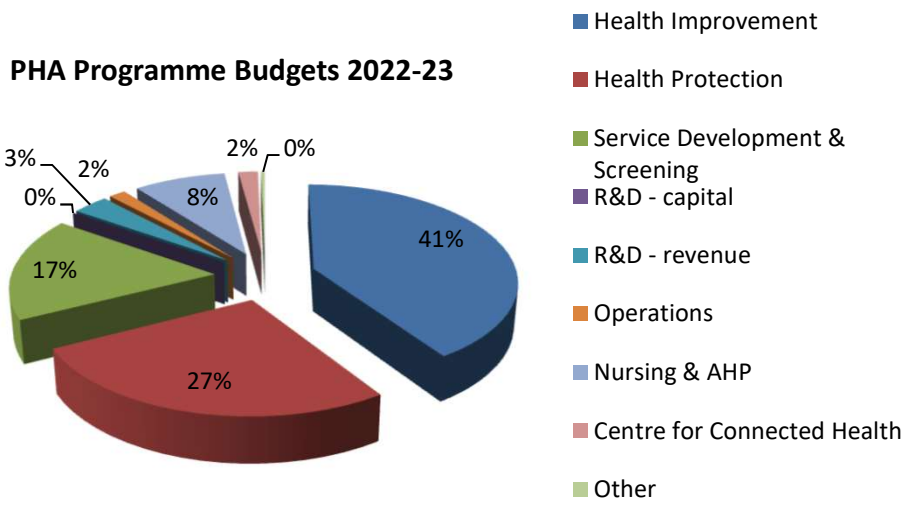
Year to Date Financial Position (page 2)

At the end of month 11 PHA is reporting an underspend of £1.8m against its profiled budget. This underspend is primarily the result of underspends on Administration budgets (page 6) and PHA Direct programme budgets, with expenditure running behind profiled budget in a number of areas.

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

Programme Budgets (pages 3&4)

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

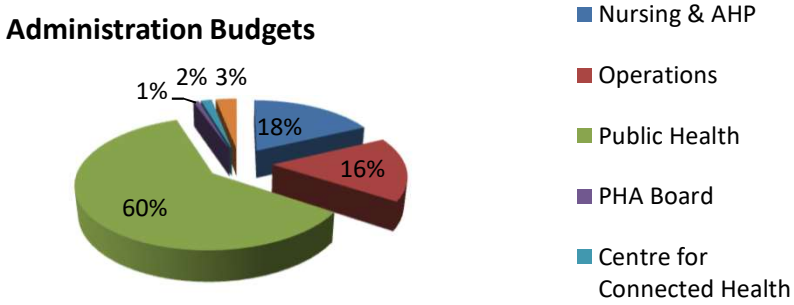


Administration Budgets (page 5)

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

A 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.

Public Health Agency
2022-23 Summary Position - February 2023

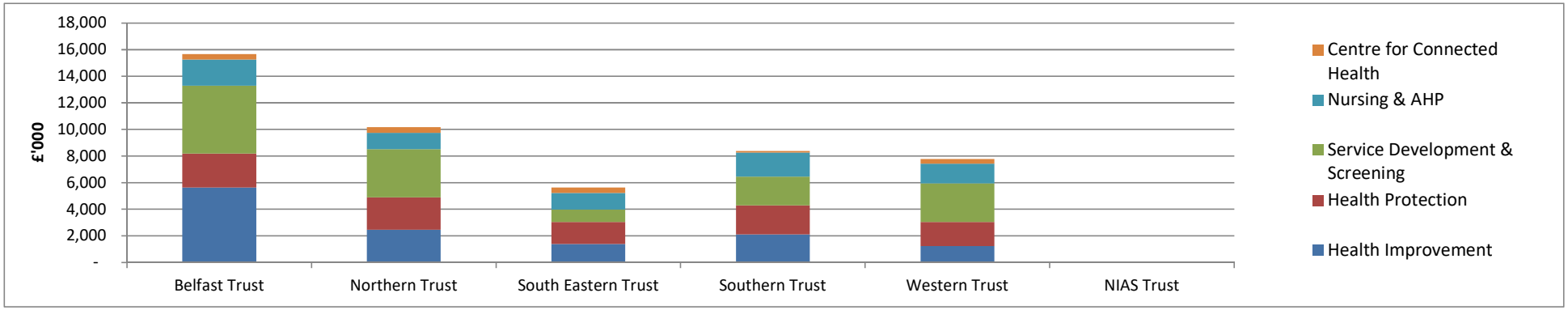
	Annual Budget					Year to Date				
	Programme		Ringfenced	Mgt &	Total	Programme		Ringfenced	Mgt &	Total
	Trust	PHA Direct	Trust & Direct	Admin		Trust	PHA Direct	Trust & Direct	Admin	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Available Resources										
Departmental Revenue Allocation	47,879	55,262	3,405	28,408	**134,954**	43,889	50,876	3,199	25,141	**123,104**
Assumed Retraction	-	-	-	-	**-**	-	-	-	-	**-**
Revenue Income from Other Sources	-	62	-	875	**937**	-	62	-	710	**772**
Total Available Resources	47,879	55,324	3,405	29,283	**135,891**	43,889	50,938	3,199	25,850	**123,876**
Expenditure										
Trusts	47,879	-	446	-	**48,326**	43,889	-	286	-	**44,175**
PHA Direct Programme *	-	56,674	2,824	-	**59,498**	-	50,149	2,840	-	**52,990**
PHA Administration	-	-	-	27,629	**27,629**	-	-		24,895	**24,895**
Total Proposed Budgets	47,879	56,674	3,270	27,629	**135,453**	43,889	50,149	3,126	24,895	**122,060**
Surplus/(Deficit) - Revenue	-	(1,350)	135	1,655	**439**	-	788	72	955	**1,815**
Cumulative variance (%)						***0.00%***	***1.55%***	***2.26%***	***3.69%***	***1.46%***

The year to date financial position for the PHA shows an underspend of £1.8m, which is a result of PHA Direct Programme expenditure being behind profiled budgets and a year-to-date underspend within Administration budgets.

A surplus of £0.4m is currently forecast for the year.

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

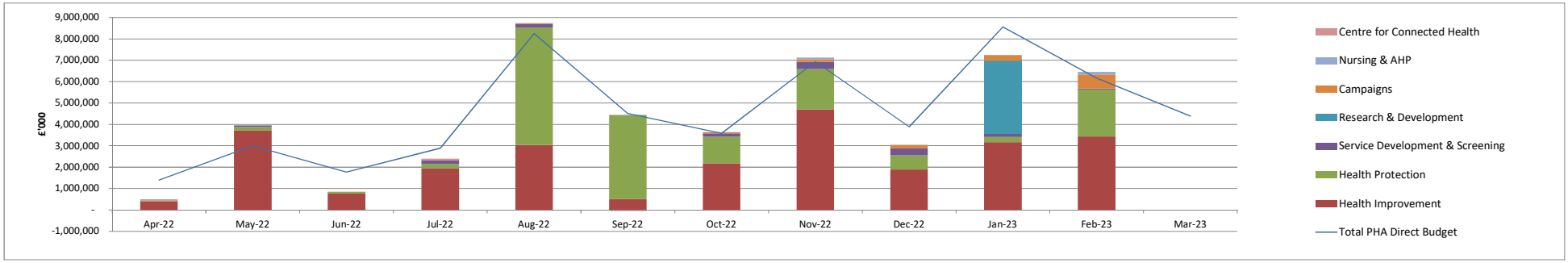
Programme Expenditure with Trusts



Current Trust RRLs	Belfast Trust £'000	Northern Trust £'000	South Eastern Trust £'000	Southern Trust £'000	Western Trust £'000	NIAS Trust £'000	Total Planned Expenditure £'000	YTD Budget £'000	YTD Expenditure £'000	YTD Surplus / (Deficit) £'000
Health Improvement	5,630	2,476	1,378	2,112	1,239	-	**12,835**	11,765	11,765	-
Health Protection	2,553	2,427	1,669	2,172	1,808	-	**10,628**	9,743	9,743	-
Service Development & Screening	5,093	3,619	935	2,172	2,898	-	**14,718**	13,491	13,491	-
Nursing & AHP	1,984	1,222	1,251	1,803	1,492	57	**7,809**	7,158	7,158	-
Centre for Connected Health	406	435	400	120	340	-	**1,700**	1,559	1,559	-
Quality Improvement	23	-	-	-	-	-	**23**	21	21	-
Other	59	32	18	29	28	0	**166**	152	152	-
Total current RRLs	**15,748**	**10,210**	**5,651**	**8,408**	**7,805**	**57**	**47,879**	**43,889**	**43,889**	-
Cumulative variance (%)										***0.00%***

The above table shows the current Trust allocations split by budget area. The negative figures in the Other line reflect the retraction of funds relating to the 1.25% NIC uplift when this increase was reversed during month 8.
Budgets have been realigned in the current month and therefore a breakeven position is shown for the year to date as funds previously held against PHA Direct budget have now been issued to Trusts.

PHA Direct Programme Expenditure



	Apr-22 £'000	May-22 £'000	Jun-22 £'000	Jul-22 £'000	Aug-22 £'000	Sep-22 £'000	Oct-22 £'000	Nov-22 £'000	Dec-22 £'000	Jan-23 £'000	Feb-23 £'000	Mar-23 £'000	Total £'000	YTD Budget £'000	YTD Spend £'000	Variance £'000	
Profiled Budget																	
Health Improvement	1,268	2,538	1,454	2,248	2,621	646	2,284	4,242	1,919	3,729	3,785	2,280	**29,013**	26,733	25,760	973	*3.6%*
Health Protection	42	254	144	128	5,448	3,775	1,159	1,998	1,843	1,087	252	930	**17,060**	16,130	16,108	22	*0.1%*
Service Development & Screen	79	144	102	489	53	11	22	574	523	272	399	283	**2,951**	2,668	2,508	160	*6.0%*
Research & Development	-	-	-	-	-	-	-	-	-	3,418	-	-	**3,418**	3,418	3,411	7	*0.0%*
Campaigns	3	2	18	5	15	52	15	38	284	209	424	513	**1,578**	1,065	1,299	(234)	*-22.0%*
Nursing & AHP	2	3	50	14	19	19	43	47	30	42	186	336	**790**	453	340	113	*25.0%*
Centre for Connected Health	-	61	5	-	57	-	3	9	1	0	4	- 17	**123**	140	132	8	*5.4%*
Quality Improvement	-	-	-	-	38	-	58	26	-	14	11	46	**193**	148	122	25	*17.0%*
Other	-	-	-	-	-	-	-	-	(713)	(212)	1,108	17	**199**	182	468	(286)	*100.0%*
Total PHA Direct Budget	**1,393**	**3,001**	**1,772**	**2,884**	**8,252**	**4,503**	**3,584**	**6,934**	**3,887**	**8,559**	**6,168**	**4,386**	**55,324**	**50,938**	**50,149**	**788**	
Cumulative variance (%)																***1.55%***	
Actual Expenditure	**503**	**3,986**	**1,106**	**2,336**	**8,954**	**4,476**	**3,786**	**6,950**	**3,111**	**7,747**	**7,194**	**-**	**50,149**				
Variance	**890**	**(985)**	**666**	**548**	**(702)**	**27**	**(202)**	**(16)**	**776**	**812**	**(1,026)**		**788**				

The year-to-date position shows an underspend of approximately £0.8m against profile, primarily due to expenditure behind profile within Health Protection vaccines budget. A year-end overspend of £1.4m is anticipated, reflecting the plan to overspend to absorb anticipated underspends within Administration budgets, offset by a forecast underspend on vaccines.

Public Health Agency
2022-23 Ringfenced Position

	Annual Budget				Year to Date			
	Covid £'000	NDNA £'000	Other ringfenced £'000	Total £'000	Covid £'000	NDNA £'000	Other ringfenced £'000	Total £'000
Available Resources								
DoH Allocation	2,403	272	730	**3,405**	2,351	254	593	**3,199**
Assumed Allocation/(Retraction)	-	-	-	-	-	-	-	-
Total	2,403	272	730	**3,405**	2,351	254	593	**3,199**
Expenditure								
Trusts	100	212	134	**446**	92	194	-	**286**
PHA Direct	2,228	60	536	**2,824**	2,222	60	558	**2,840**
Total	2,328	272	670	**3,270**	2,314	254	558	**3,126**
Surplus/(Deficit)	**75**	**-**	**60**	**135**	**37**	**(0)**	**35**	**72**

PHA has received a COVID allocation totalling £2.4m to date, £2.1m of which is for Contract Tracing. An underspend of £0.1m is forecast for the full year.

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

Other ringfenced areas include Safe Staffing, NI Protocol and funding for SBNI. An underspend of £0.1m is expected for the year.

PHA Administration

2022-23 Directorate Budgets

	Nursing & AHP	Quality Improvement	Operations	Public Health	PHA Board	Centre for Connected Health	SBNI	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Annual Budget								
Salaries	4,979	666	3,584	16,962	183	405	633	**27,413**
Goods & Services	158	12	1,064	310	48	48	230	**1,871**
Total Budget	**5,137**	**678**	**4,648**	**17,272**	**231**	**453**	**863**	**29,283**
Budget profiled to date								
Salaries	4,465	533	3,186	14,958	94	366	568	**24,169**
Goods & Services	150	11	925	297	42	45	211	**1,681**
Total	**4,614**	**545**	**4,111**	**15,256**	**136**	**411**	**779**	**25,850**
Actual expenditure to date								
Salaries	4,335	539	2,656	13,830	353	368	566	**22,647**
Goods & Services	183	9	1,102	341	428	15	171	**2,248**
Total	**4,518**	**548**	**3,758**	**14,171**	**781**	**382**	**737**	**24,895**
Surplus/(Deficit) to date								
Salaries	130	(6)	529	1,128	(259)	(2)	1	**1,522**
Goods & Services	(34)	2	(177)	(43)	(386)	30	40	**(567)**
Surplus/(Deficit)	**96**	**-3**	**352**	**1,085**	**(645)**	**28**	**42**	**955**
Cumulative variance (%)	*2.08%*	*-0.64%*	*8.57%*	*7.11%*	*-474.55%*	*6.89%*	*5.35%*	***3.69%***

PHA's administration budget is showing a year-to-date surplus of £1.0m, which is being generated by a number of vacancies, particularly within Health & Well-being Improvement and SDS. Senior management continue to monitor the position closely in the context of the PHA's obligation to achieve a breakeven position for the financial year. The full year surplus is currently forecast to be c£1.7m, which includes a release of the annual leave accrual and the cost on the EY Reshape & Reform Review.

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

PHA Prompt Payment

Prompt Payment Statistics

	February 2023 Value	February 2023 Volume	Cumulative position as at February 2023 Value	Cumulative position as at February 2023 Volume
Total bills paid (relating to Prompt Payment target)	£9,714,740	600	£71,077,057	5,345
Total bills paid on time (within 30 days or under other agreed terms)	£9,390,841	580	£69,249,092	5,180
Percentage of bills paid on time	**96.7%**	**96.7%**	**97.4%**	**96.9%**

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

The 10 day prompt payment performance remains very strong at 84.4% on volume for the year to date, which significantly exceeds the 10 day DoH target for 2022-23 of 70%.

HSC Public Health Agency

minutes

Title of Meeting	Meeting of the Public Health Agency Governance and Audit Committee
Date	7 February 2023 at 10am
Venue	Via Zoom

Present

Mr Joseph Stewart	-	Chair
Mr Robert Irvine	-	Non-Executive Director
Ms Deepa Mann-Kler	-	Non-Executive Director

In Attendance

Mr Stephen Wilson	-	Interim Director of Operations
Mr Stephen Murray	-	Interim Assistant Director of Planning and Business Services
Ms Andrea Henderson	-	Assistant Director of Finance, SPPG
Ms Caren Crockett	-	Head Accountant, SPPG
Mr David Charles	-	Internal Audit, BSO
Mr Roger McCance	-	NIAO
Ms Amanda McMaw	-	ASM
Mr Robert Graham	-	Secretariat

Apologies

Mr John Patrick Clayton	-	Non-Executive Director
Ms Tracey McCaig	-	Director of Finance, SPPG
Ms Christine Hagan	-	ASM

1/23 **Item 1 – Welcome and Apologies**

1/23.1 Mr Stewart welcomed everyone to the meeting. Apologies were noted from Mr John Patrick Clayton, Ms Tracey McCaig and Ms Christine Hagan.

2/23 **Item 2 - Declaration of Interests**

2/23.1 Mr Stewart asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.

3/23 **Item 3 – Minutes of previous meetings held on 13 and 17 October 2022**

3/23.1 The minutes of the previous meetings, held on 13 and 17 October 2022 were **approved** as an accurate record of those meetings.

4/23 **Item 4 – Matters Arising**

4/23.1 Mr Stewart went through the actions arising from the last meeting.

4/23.2 For action 1, Mr Wilson confirmed that Ms Catherine McKeown had facilitated a session with Directors and Assistant Directors on the "3 Lines Assurance Model" and he was now aiming to get a date arranged for Non-Executive Directors.

4/23.3 With regard to action 2 relating to the risk on the Corporate Risk Register around procurement, Mr Stewart noted the Corporate Risk Register had been reviewed and would be looked at later in the meeting.

4/23.4 For action 3, Mr Wilson advised that Dr Joanne McClean would be joining the meeting this morning and would pick up any queries relating to screening programmes. He further advised that for action 4, relating to PHA's registration with RQIA as a nursing agency, PHA has yet to have a pre-registration inspection and that a date for this has not yet been confirmed.

4/23.5 Mr Stewart noted that action 5, concerning the Audit Committee Self-Assessment had been completed.

56/22.12 Family Nurse Partnership

4/23.6 Mr Stewart asked what work could be done to remove the Internal Audit recommendation relating to finding the original agreement for the FNP programme. Mr Wilson advised that he had spoken to Ms Deirdre Webb about this and given there is no possibility of finding the original agreement, new agreements have been drafted for the Trusts to sign and Ms Webb is collating the return of these.

5/23 **Item 5 – Chair's Business**

5/23.1 Mr Stewart reported that he had attended a meeting of other HSC Audit Committee Chairs which was hosted by the new Chair of the Department of Health's Audit Committee. He said that he had found the meeting very interesting and informative. Following the meeting, he advised that there was an opportunity for the Chairs to speak in private.

5/23.2 Mr Stewart highlighted that one of the issues discussed was the need for PHA to be more aware of Departmental risks so this will need to be followed up through the appropriate channels. He added that there was also considerable conversation about the use of consultants, which is

particularly relevant given the work EY is doing for PHA, and the need to ensure that there are proper scrutiny arrangements in place.

5/23.3 Ms Mann-Kler said that it was great to see that these meetings have been started up given the current political vacuum so governance, risk management and assurance are now more important. She asked whether there was any action for PHA with regard to its work with EY. Mr Stewart advised that there are no actions as it was a general conversation and not specific to PHA. He said that organisations should only be using consultants where internal resources cannot be used and he had made the point that for PHA, it is not possible to carry out a complete refresh programme with its current resources. He added that the majority of the discussion was around the challenges facing health in the next financial year and what measures can be put in place to bridge the gap and the implications of not being able to do so.

5/23.4 Mr Irvine commented that the Governance and Audit Committee needs to have oversight of any consultancy spend and if there is an issue about the use of consultants, this should go back to the Board and Agency Management Team (AMT) and in future, for any occasion where consultants are to be used, there should be a scoping paper signed off by the Chief Executive or Board and this should look at why consultants are needed and the financial implications of using them. Mr Stewart advised that in the case of EY, there was a scoping paper which was signed off by the Programme Board which is jointly chaired by the Chief Medical Officer and the Chief Executive and on which there is representation from the Department. He added that the use of consultants was agreed by the Permanent Secretary and was signed off by the Chief Executive. He noted that this consultancy work is only partly owned by PHA, but there is a need to ensure that the Chief Executive is assured that this issue is being managed, and that any expenditure incurred is being closely monitored. He added that he is aware that the Chief Executive has been putting a lot of effort in this area. Mr Wilson noted that the PHA Chair is also on the Programme Board. Mr Stewart acknowledged this, and commented that at some point this contract will transfer over to PHA in its entirety. Mr Wilson advised that PHA is currently seeking to recruit a Transformation Manager.

6/22 Item 6 – Internal Audit

Dr Joanne McClean joined the meeting for Items 6 and 7.

Internal Audit Progress Report [GAC/01/02/23]

6/22.1 Mr Charles presented the latest Progress Report and said that Internal Audit is well through its planned programme of work for this year. He said that a draft report following the Financial Review audit has been issued and the fieldwork is ongoing for the recruitment audit and the year-end follow up. He advised that he was presenting two audits

reports today.

6/22.2 Mr Charles advised that PHA has responsibility for 8 population screening programmes, and 3 of those programmes were looked at as part of this audit, namely Infectious Diseases in Pregnancy, Diabetic Eye and Cervical Cancer. He reported that a limited level of assurance had been given based on two significant findings relating to governance and quality assurance.

6/22.3 With regard to governance, Mr Charles noted that the Annual Reports relating to screening programmes have not been presented to AMT or the PHA Board in recent years. He said that the Screening Programme Board, chaired by the PHA and consisting of senior officers from PHA, SPPG and BSO, has not met since June 2021. He added that key performance indicators which were developed in 2018 have not been measured or monitored.

6/22.4 Mr Charles advised that in relation to quality assurance, structures need to be strengthened and operationalised. He noted that a Quality Assurance Framework for the Infectious Diseases in Pregnancy programme remains in draft, and some of the groups within the structure have not yet met, or have not yet been established in all Trusts. He said that there is a need to get this framework finalised and the groups put in place. For the cervical cancer programme, he outlined that there is not full representation from all service providers on groups. He added that Quality Assurance visits were paused during COVID with a desktop exercise being carried out in 2021/22. Within the Diabetic Eye screening programme, he noted that a Quality Assurance structure was considered as part of a modernisation project, but this was paused due to COVID and has not yet been re-established. He advised that RQIA had carried out a review of the Diabetic Eye programme in 2015 and that 3 of the 19 recommendations from that report have not yet been implemented.

6/22.5 Mr Charles said that 7 recommendations have been made following this audit and all 7 have been accepted by management. He noted that 3 recommendations remain partially outstanding following a previous audit of screening.

6/22.6 Mr Stewart commented that screening is an area where the Board has raised queries in terms of whether programmes are being delivered to the right standard. He noted that some members may be unaware that the Board should be receiving annual reports.

6/22.7 Ms Mann-Kler expressed concerns around the gaps in governance highlighted in this report and asked if there are any other areas where there could be potential gaps or could there be an assurance that there are not. She said she was concerned to see that a limited assurance had been given in this area given screening is one of PHA's major programmes. She asked to what extent is PHA still dealing with the

legacy of COVID and is it limited in terms of staffing and IT issues.

6/22.8 Dr McClean thanked Mr Charles for the report and said that PHA is aiming to move forward on the issues raised. She advised that during the pandemic staff had been redeployed, but now there is a need to reset and get back to delivering these programmes. She said that the Annual Reports will come to the Board and advised that the Screening Programme Board has been re-established and has met. She agreed that there is a need to develop an action plan and get on with implementing it.

6/22.9 Mr Stewart asked if there had been any difficulty in getting Trusts to engage with the Programme Board, but Dr McClean explained that the Programme Board is made up of representatives from PHA, SPPG and BSO. However, she said that there is a need to re-energise other organisations. She noted that there are challenges, for example for the cervical screening programme, the funding sits within PHA. Within staffing, she said that there are many new risks and there is a need to look across the whole public health directorate and see where the gaps are. She noted that there may be an issue in terms of whether the right skillset is there as some of the programmes require specialist commissioning skills that don't naturally sit within PHA. She said that PHA needs to reflect on what skills it needs when faced with vacancies. She added that PHA needs to engage more with SPPG and the Department as SPPG is now more focused on performance. Ms Stewart thanked Dr McClean for her comments, particularly those regarding skillset.

6/22.10 Mr Irvine said that anything to do with population health and governance is worrying as these two areas are connected. He said that this work needs to be completed sooner rather than later and any staffing issues brought to the attention of the Chief Executive. If there are issues in terms of oversight, he asked that a review should be carried out of what has and what has not been brought to the Board and said that this is now the opportunity to do a reset.

6/22.11 Mr Wilson pointed out that the Assurance Framework is also on the agenda for this meeting and this gives the opportunity to look at what should be coming to the Board.

6/22.12 Mr Stewart noted that management had accepted all of the recommendations relating to the Quality Assurance element of the audit. Dr McClean said that the recommendations are being worked on. She advised that programmes are being restarted, and added that there is a need to refresh engagement with other organisations. She said that PHA has been linking with Medical Directors. In terms of Quality Assurance for the Infectious Diseases in Pregnancy programme, she reported that a new consultant lead has been identified and she hoped that they can dedicate one day a week to the programme. For the Diabetic Eye programme, she acknowledged that there has been a lot of

issues and there is a need to focus on that programme. She noted that access to treatment is an area that SPPG is responsible for so there is a need for PHA to link with them.

6/22.13 Mr Stewart thanked Dr McClean for her comprehensive response to the questions raised.

6/22.14 Mr Charles moved on to the second audit report which related to Performance Management and advised that this was a positive one whereby following an audit in 2021/22 where a limited level of assurance was given, a follow up audit looking at the recommendations of the original audit has now resulted in a satisfactory level of assurance being given. He said that management has taken action to enhance controls in this area, there have been improvements in the business planning process, a new performance report has been developed to include RAG ratings, a new Performance Management Framework has been developed and each directorate is required to have their own business plan.

6/22.15 Mr Charles gave an overview of the key findings. He said that having a Corporate Plan is central to any performance framework, and while he acknowledged that there are good reasons why the development of a new Corporate Plan has not progressed, he noted that the objectives in PHA's Business Plan are linked to the Corporate Plan for the period 2017/21. He recognised that there is a connection with the Department, but he felt that this work needs to progress.

6/22.16 Mr Charles said that while the Performance Management Report has improved, it could be improved further so that it contains more qualitative information rather than quantitative in order to be able to better measure performance. He noted that a Performance Management Framework has been drafted, but not yet finalised and that in 3 of the 4 directorates there are directorate business plans in place, but a plan for the public health directorate remains outstanding. He reported that work has commenced on outcomes-based reporting, but this is still in its infancy.

6/22.17 Mr Charles advised that there have been 6 recommendations made, 5 of which are Priority 2, and management has accepted these.

6/22.18 Mr Stewart said that he was grateful to receive this report and the satisfactory level of assurance given the amount of work that both Executive and Non-Executive Directors have put into this area over the last 12 months. With regard to the Corporate Plan, he advised that the Board has been working steadily on that and that the Board is concerned about the fact that the current Plan ended in 2021 as this is not a good place to be.

6/22.19 Mr Wilson thanked Mr Charles and Internal Audit for helping AMT to get to this point. In relation to the Corporate Plan, he said that there has

been some discussion with the Department about this. He acknowledged that Executive and Non-Executive Directors have been developing a new Plan, and while the target date in this report for completing the Plan is April 2024, he hoped that this date could be brought forward. He pointed out that the Performance Management Framework has been completed and was approved by the Board in January.

6/22.20 Members noted the Internal Audit Progress Report.

7/23 Item 7 – Corporate Governance

Corporate Risk Register (at 31 December 2022) [GAC/02/02/23]

7/23.1 Mr Stewart noted that there has been a radical review of the Corporate Risk Register since it was last brought to the Committee and he paid credit to AMT for the work that has gone into it.

7/23.2 Mr Wilson said that there was a good discussion about the Register and the need to cleanse and update it as it is an essential element of PHA's internal controls. For this review, he reported that 2 new risks have been added, 2 risks have been removed and 2 risks have had their rating changed. He advised that as part of PHA's work to implement the 3 Lines Assurance Model, this has been applied to 2 of the risks and PHA has worked with BSO on these risks which relate to cyber security and IT.

7/23.3 Ms Mann-Kler said that she feels a greater level of assurance having seen the amount of work that has been undertaken during this review. She noted that in some other organisations, Boards would have an annual half-day workshop to carry out a in-depth review of the Corporate Risk Register and she suggested that PHA should consider this. Mr Stewart welcomed the suggestion and said that he would speak to the PHA Chair and Chief Executive about it **(Action 1 – Mr Stewart)**.

7/23.4 Mr Stewart noted that some of the risks rated "low" could be removed from the Register at the next review. He also noted that the issues around the Lifeline IT system could be resolved shortly. Mr Wilson agreed that the "low" rated risks could be removed, but he noted that although there is a mitigation in place for the Lifeline risk, it may take another quarter to see how that arrangement is performing. He added that there had been a discussion about whether it should be de-escalated. Mr Stewart agreed that once there is an assurance that the IT system is working, the risk can be closed off.

7/23.5 Mr Stewart noted that a risk around financial planning has been added, but he expressed concern around the new risk relating to information governance.

7/23.6 Members **APPROVED** the Corporate Risk Register as at 31 December

2022.

Public Health Directorate Risk Register [GAC/03/02/23]

7/23.7 Dr McClean advised that a major review has been carried out of the public health directorate risk register, but there is still work to be done. She said that a number of new risks have been added and others have been removed.

7/23.8 Dr McClean reported that there is a number of risks relating to screening which link to the earlier discussion. She added that there are risks relating to IT systems and some of these are being addressed. She said that there are risks relating to information governance which have been added, but action is being taken to get some of this work progressed in terms of completing Data Privacy Assessments (DPAs). In terms of staffing risks, she reported that some interim appointments have been made. She added that during the pandemic a lot of new staff were brought in, but there has not been the opportunity to give them a full induction. She noted that there are gaps in a number of posts which were filled by senior and experienced staff.

7/23.9 Ms Mann-Kler said that she would be interested to know if there is a culture change in terms of how staff view the directorate risk register and if staff are equipped with the right skills to review it, or if this is a learning and evaluating exercise. Dr McClean said that it would be more of a learning exercise. She commented that it can be difficult to engage with staff as they do not feel connected to this type work and they need to understand the importance of the Business Plan and the Risk Register. She said that there is now a better understanding of the purpose of these documents and acknowledged that some training may be helpful. She said that it may be useful to carry out a skills assessment given the rapid recruitment that was carried out during the pandemic to ensure that all staff are properly trained. She added that she expected more vacancies to arise. Mr Stewart said that Dr McClean's proposed approach was a breath of fresh air. He added that he is looking forward to seeing the outcome of the audit of recruitment and see what improvements can be made there. He said that there also needs to be better workforce planning.

7/23.10 Mr Stewart commented that the risks around IT and screening could add up to a reputational risk for the PHA and maybe there is a need to have a risk around reputation on the Register. He said that if PHA is not carrying out its functions properly then individuals will suffer and there will be reputational damage, and this is something that has never been mentioned before.

7/23.11 Mr Stewart asked for more information about the issues relating to data sharing. Dr McClean explained that PHA needs to have all the right agreements in place for sharing data and it is about having the capacity to get those agreements in place. Mr Wilson added that during the

pandemic, the whole world of information governance was brought into sharper focus for PHA as it had so many new data sets so there is a need to address all issues relating to data sharing and therefore it does merit being on this risk register. Mr Stewart asked whether this relates to personal data or statistical data. Mr Wilson explained that it is a mixture of both and while most of PHA's data is non-personal, collating data sets and narrowing these down could lead to potentially identifiable information being put together. Mr Stewart said that he did not believe that PHA held much personal data apart from that held on the Vaccine Management System.

At this point Mr Irvine stepped out of the meeting.

7/23.12 Mr Stewart queried whether PHA is overstating this risk. Dr McClean advised that PHA would hold data individual data, for example cases of monkey pox, and it would get requests from the UK Health Security Agency (UKHSA) to share this information. She noted that while the default position for PHA is that, from an information governance perspective, it does not share anything, that can be a risk from a public health perspective, hence the need to ensure that any data shared is shared appropriately.

7/23.13 Mr Stewart asked why PHA is so involved in the area of Valproate. Dr McClean advised that there is a request from the Department for PHA to co-ordinate this and have an overview what is happening in this area. She added that she felt this to be a reasonable request. She said that there is a challenge in that there are long waiting lists in neurology services and ensuring that women are reviewed is the responsibility of SPPG. She added that from a public health perspective, it is important that babies are not affected. Mr Stewart said that there should be some discussion as to why this ended up with PHA, but that was not for this meeting. He commented that this was another area where there could be a reputational risk. Dr McClean agreed that where a matter is beyond PHA's control it can become tricky, but she still felt that it is a public health matter.

7/23.14 Mr Stewart thanked Dr McClean for attending today's meeting and presenting this updated directorate risk register.

7/23.15 Members noted the Public Health Directorate Risk Register as at 30 September 2022.

Review of Standing Orders, Standing Financial Instructions and Scheme of Delegated Authority [GAC/04/02/23]

7/23.16 Mr Wilson advised that the Standing Orders have been revised to reflect the creation of SPPG and replace any references to HSCB. He added that following the establishment of the Planning, Performance and Resources Committee, its terms of reference have been included. He also referred to a change in EU procurement thresholds that needed to

	be updated.
7/23.17	Ms Henderson advised that a change is needed on page 85 to show that Department of Finance approval is no longer required for external consultancy. Mr Stewart sought clarity that this means that all approvals are granted by the Permanent Secretary. Mr Stewart noted that he had advised that there was a section where the new Committee needs to be included, and this will be updated.
7/23.18	Members **APPROVED** the review of Standing Orders which will be brought to the PHA Board on 16 February.
7/23.19	Mr Wilson advised that minimal changes have been made to the Standing Financial Instructions. He highlighted a reference to the process for the development of the Commissioning Plan and said that he is awaiting clarity from SPPG. Mr Stewart informed members that he had raised this with Mr Wilson at a pre-brief in advance of this meeting as PHA's role vis-à-vis the Commissioning Plan is not clear.
7/23.20	Subject to clarity on the Commissioning Plan process, members **APPROVED** the review of Standing Financial Instructions which will be brought to the PHA Board on 16 February.
7/23.21	Mr Wilson advised that there was only one change in the Scheme of Delegated Authority (SoDA) which related to the earlier discussion about EU thresholds.
7/23.22	Mr Wilson advised that today is the closing date for the new PHA Director of Finance and Operations and that following that appointment, a further review of these documents will need to be undertaken.
7/23.23	Mr Stewart asked if the levels of authority are standard across the HSC. Ms Henderson advised that they may be different depending on the organisation. She said that SoDA levels should always align with individual's operational arrangements and added that 2 years, levels were lifted for Assistant Directors as it was felt appropriate to do so.
7/23.24	Members **APPROVED** the review of the Scheme of Delegated Authority which will be brought to the PHA Board on 16 February.
	PHA Assurance Framework [GAC/05/02/23]
7/23.25	Mr Wilson said that the Assurance Framework is being presented today for approval to go to the PHA Board and that a lot of work has been undertaken during this review which he hoped will provide a satisfactory level of assurance for members. He advised that a workshop had taken place with Board members regarding the Assurance Framework and this iteration reflects the outputs of that discussion.
7/23.26	Mr Stewart commented that a lot of efforts has been put into this by both

Executive and Non-Executive Directors and he was pleased to see this updated version. He queried that Information Governance Progress Reports should be approved by that group. Mr Wilson said he would look at this.

7/23.27 Ms Mann-Kler welcomed this updated document, and asked to what extent relevant staff have an understanding of the Framework. Mr Wilson said that once approved, AMT would ensure that Directors are aware of their responsibilities. He noted that there has been change at that level. Mr Stewart welcomed this and said that this level of interest in governance being driven forward by Executive Directors will benefit the organisation.

7/23.28 Members **APPROVED** the PHA Assurance Framework which will be brought to the PHA Board on 16 February.

8/23 Item 8 – Finance

Fraud Liaison Officer Update Report [GAC/06/02/23]

8/23.1 Ms Henderson presented the latest Fraud Liaison Officer Update Report and advised that following the update on a suspected fraud at the last meeting, PHA has been able to reach the individual concerned and an agreement reached on retrieving the outstanding money that was paid in error. She said that the Counter Fraud investigation is on hold and she would keep the Committee updated. She commented that this matter raises issues about the controls in place and there has been a meeting with relevant PHA staff to put actions in place to ensure a similar event does not occur again. Mr Murray added that a review is ongoing and tighter processes will be put in place across the organisation.

8/23.2 Mr Stewart said that this issue is precisely why he had concerns about the mass recruitment that was undertaken to bring in staff for the contact tracing centre and the oversight of this. He added that he was disappointed that the previous Chief Executive had signed off on the terms of reference for the audit that Internal Audit had carried out as he would have wished to see a wider review. However, he said that it is good news that this issue appears to be being brought to a close.

8/23.3 Ms Henderson reported that the National Fraud Initiative is in progress and she would keep members updated. She advised that as part of International Fraud Awareness Week, a number of communications were issue to PHA staff to remind them of their responsibilities.

8/23.4 Ms Henderson took members through the Fraud Action Plan and advised that following a recent Circular, Counter Fraud Unit will now support preliminary investigations. She reported that there has been a low uptake of the eLearning module on fraud awareness and she is going to speak to Mr Wilson about including this on the programme of mandatory training for PHA staff. Mr Stewart welcomed the

development that Counter Fraud will support preliminary investigations. He commented that the second appendix to the update was very useful as it outlined what fraud looks like.

8/23.5 Members noted the Fraud Liaison Officer Update Report.

9/23 Item 9 – External Audit – PHA Audit Strategy 2022-23 [GAC/07/02/23]

9/23.1 Mr McCance advised that the Audit Strategy sets out the arrangements for the completion of the annual audit and that members will be familiar with this. He said that the Comptroller and Auditor General will sign the certificate, but the work of undertaking the audit is sub-contracted to ASM.

9/23.2 Ms McMaw took members through the Strategy document and began by highlighting the actions for the Committee. She advised that based on PHA's gross expenditure the level of materiality is set at £1.775m. She said that in terms of significant risks, there is a presumed risk of fraud in revenue recognition, but this has been rebutted. However, she added that the second risk regarding management override of controls has been retained.

9/23.3 Ms McMaw outlined the provisional timetable for the audit, acknowledging that PHA is awaiting the Circular from the Department of Health.

At this point Mr Irvine re-joined the meeting.

9/23.4 Ms McMaw advised that the appendices to the Strategy contain some useful publication for information for members.

9/23.5 Mr Stewart thanked Ms McMaw for presenting the Strategy. He noted that the Committee has a meeting with auditors once a year and that Mr Graham would be in touch shortly to arrange this **(Action 2 – Mr Graham)**.

9/23.6 Members noted the PHA Audit Strategy 2022-23.

10/23 Item 10 – Joint Emergency Planning Annual Report 2021-2022 [GAC/08/02/23]

Ms Catherine Curran joined the meeting for this item

10/23.1 Ms Curran advised that this Report is for the period from 1 April 2021 to 31 March 2022 for PHA, SPPG and BSO, although during this period SPPG was still HSCB. She said that the Report gives an update on emergency planning activities and looks at key themes such as leadership, structures, monitoring of Trust reports and multi-agency collaboration. She reported that key issues from Trusts are also

reported within individual Trust reports and would be dealt with by PHA. She advised that the Report gives an overview of incidents that PHA has had to deal with as well as any learning from exercises that PHA conducted. She said that PHA would organise accredited training as well as business continuity management. She advised that there is an agreed action plan for the next year.

10/23.2 Mr Stewart said that this is an extensive report and that he did not realise that PHA had a Port Health Plan, nor did he appreciate the implications of cruise liners coming in. Ms Curran advised that PHA has a Port Health Plan and that Ms Mary Carey chairs a forum and would lead on any incidents that took place. She said that there are protocols in place with any matters being reported to the PHA Duty Room in the first instance. She added that there is a COVID Health Plan.

10/23.3 Mr Stewart asked how any learning is fed back in. Ms Curran advised that there would be an action log which links into the Joint Response Emergency Planning Programme Board. She added that there would be a review of the training programme and any training needs embedded.

10/23.4 Mr Stewart commented that some of the emergency planning issues that he would have been involved in would have been focused on a short period of time, whereas COVID was an extremely long situation. He asked if there was any learning from COVID, and Ms Curran replied that this would be in a different report.

10/23.5 Mr Stewart noted the reference in the Report to there being a Non-Executive Director involved in this work. Mr Wilson advised that he was not aware of this either. Ms Curran undertook to look at this **(Action 3 – Ms Curran)**.

10/23.6 Ms Mann-Kler said that the Report was very interesting and thanked Ms Curran for presenting it.

10/23.7 Mr Stewart asked whether PHA has access to the PSNI suite at Steeple for its emergency planning responses. Ms Curran advised that PHA has not used it, but it would link with PSNI colleagues. Mr Stewart said that it is an extensive facility which has had significant investment put into it.

10/23.8 Members **APPROVED** the Joint Emergency Planning Annual Report 2021-2022 which will be brought to the PHA Board on 16 February.

11/23 Item 11 - BSO Customer Assurance for the 2021/22 Year [GAC/09/02/23]

11/23.1 Mr Stewart said that he did not recall seeing this document before. Mr Wilson advised that it has been brought for noting, and suggested that perhaps this has come from a recommendation made by Internal Audit to BSO. He said that it is good to receive this, given that the Corporate Risk Register shows that PHA relies on BSO for a number of support

	services. Mr Stewart suggested that it may be worth circulating this to the Board as a whole. Ms Henderson said that for completeness, it is useful that this is shared with the Committee. Mr Stewart commented that it is useful in helping hold BSO to account.
11/23.2	Members noted the BSO Customer Assurance for the 2021/22 year.
12/23	**Item 12 – Any Other Business**
12/23.1	There was no other business.
13/23	**Item 13 – Details of Next Meeting**
	Thursday 20 April 2023 at 10am *Fifth Floor Meeting Room (or via Zoom).* *12/22 Linenhall Street, Belfast, BT2 8BS* Signed by Chair: Joseph Stewart Date: 20 April 2023

HSC Public Health Agency

item 11

Title of Meeting	PHA Board Meeting
Date	27 April 2023
Title of paper	PHA Bursary for Post Graduate Courses in Substance Use and Substance Use Disorders
Reference	PHA/04/04/23
Prepared by	Adele Dunn
Lead Director	Dr Joanne McClean
Recommendation	For **Approval** ☐ For **Noting** ☒

1 Purpose

The purpose of this paper is for members to note the evaluation of the PHA Bursary Programme, run in partnership with Queen's University.

2 Key Issues

The Bursary Programme has allowed PHA funded staff within Drugs and Alcohol Commissioned services to complete the Post Graduate Certificate or Diploma in Substance Use and Substance Use Disorders.

The main points to note from the evaluation are:

- Overall the investment of £90,897 from 2019-2023 within 27 staff
- Evaluation reflects the positive impact of the bursary on the staff. Comms have also produced a piece on one of the case studies which will be shown to the board as part of the presentation and utilised on social media.
- Future planning for the programme includes looking at the continuation and expansion of the programme for PHA funded staff in mental health commissioned services and looking internally at how our own staff can access the course. There is also potential to consider to fund or part-fund Masters' bursaries.

Review of PHA Bursary Programme 2019 - 2023

Contents

Project Background

In 2019, as part of Workforce Development within the remit of Drugs and Alcohol, PHA worked collaboratively with Queens University to create a bursary programme for fully funded places within both the Post Graduate Certificate and Post Graduate Diploma in Substance Use and Substance Use Disorders (SUSUD).

The aim of the PG Certificate/Diploma in SUSUD is to enable professionals from a range of sectors working in substance use, mental health and related fields to build on their existing knowledge and skills and to use them effectively within their current work environment. It also aims to develop the participants' understanding of the range of theories informing substance use and to assist workers to translate these theories into effective practice. The programme learning objectives will ultimately enrich the lives of individuals, families and communities who are in receipt of services provided by health and social care agencies in Northern Ireland and the UK.

The programme has a pragmatic focus which enables practitioners to learn about a range of multi-disciplinary assessment tools, methods of interventions and the necessary skills to work with substance use across a range of settings. Substance use problems permeate work with a range of service user groups, from the more obvious groups, i.e. working with individuals and families who experience problem substance use, to working with young people, people at risk of and/or experiencing homelessness, offenders and older people. The modules enable the candidates to enhance critical thinking skills, utilise methods of reflective analysis, and consider individual, multi-disciplinary and interdisciplinary team working. They are also given a reflective period in which to analyse their learning from each of the teaching sessions and consider how the information may be best disseminated to colleagues in their respective teams.

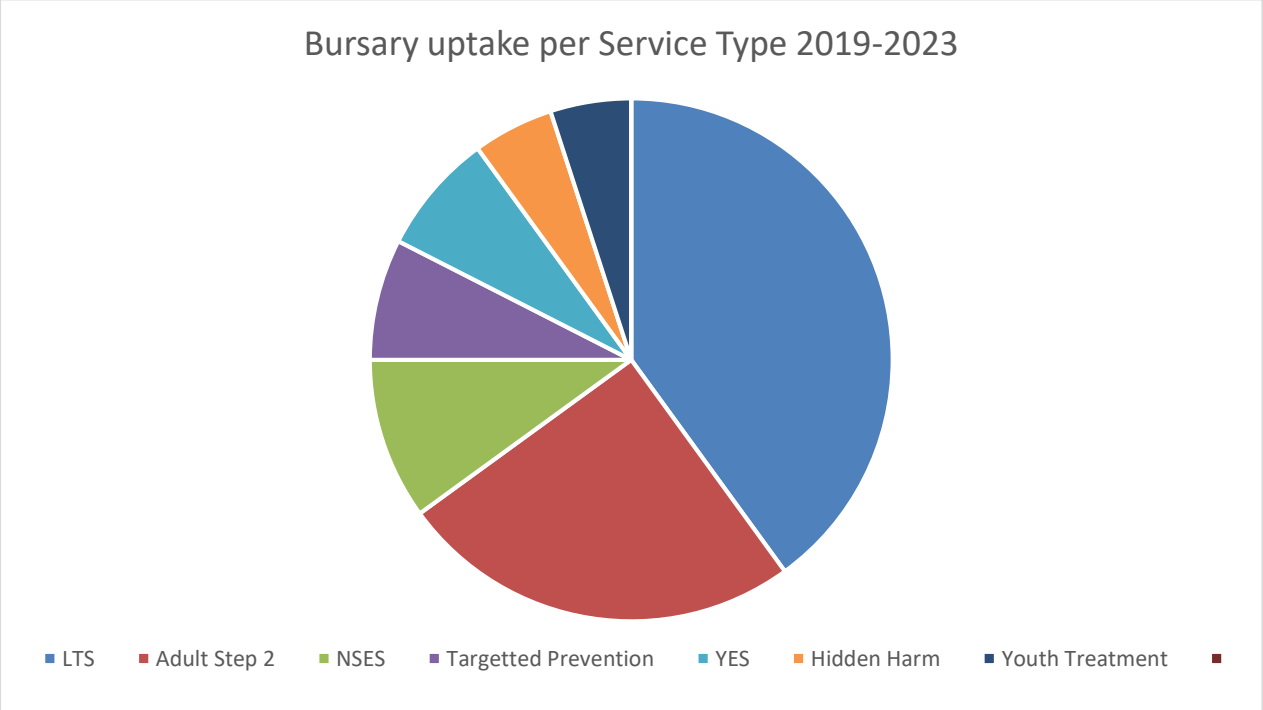
Further information on the courses can be found within Appendix 1.

Analysis of bursary uptake

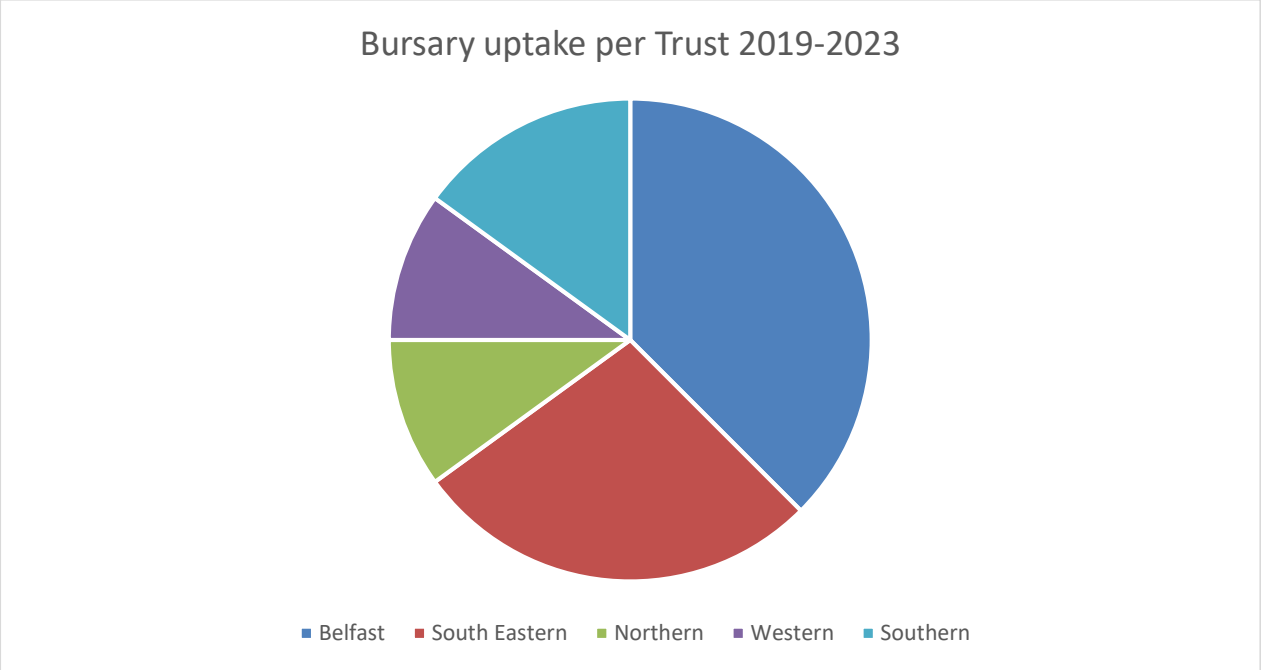
Within the first 4 years of the scheme 41 bursaries have been awarded to 27 individuals. 22 people have completed the PG Certificate in SUSUD and 19 have gone on to complete their PG Diploma in SUSUD also. Two participants have dropped out one prior to course commencing and one due to personal reasons. To date the PHA has invested £90,897.00 in workforce development via the bursary scheme. Further breakdown per year below:

Year	Course	Numbers
2019	PG Cert	6
2020	PG Dip	6
2021	PG Cert	8
2021	PG Dip	6
2022	PG Cert	8
2022	PG Dip	7
TOTAL		41

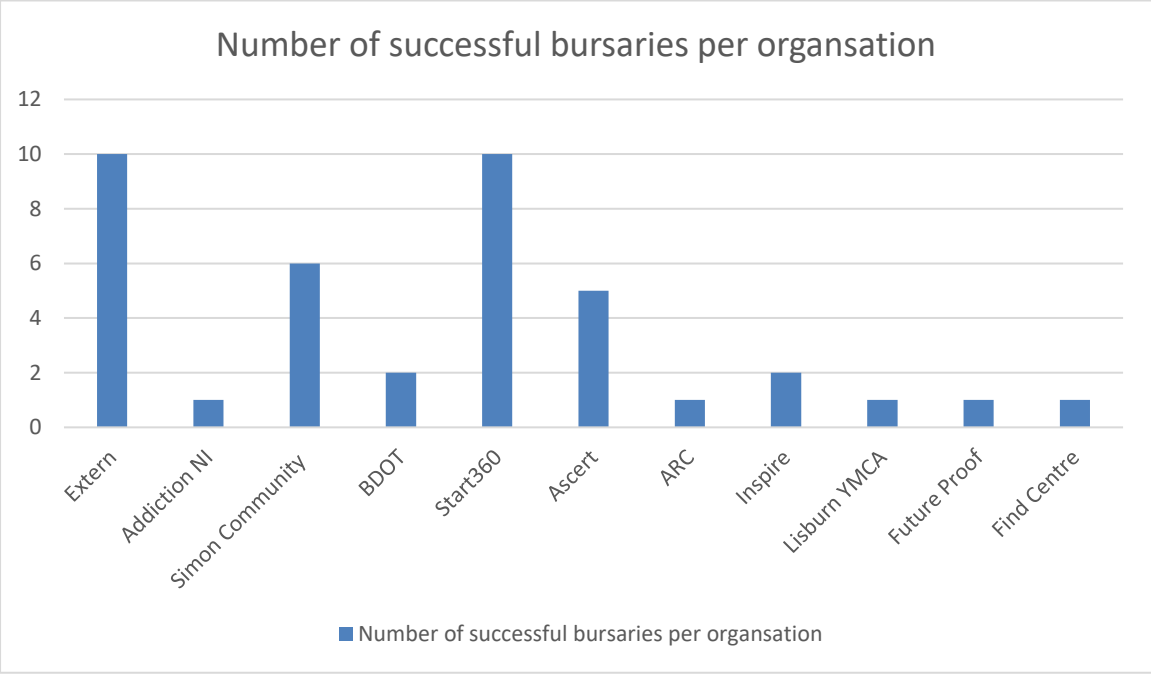
The bursary was awarded across all drug treatment services commissioned by PHA Health Improvement. The uptake per service type is outlined below with the majority being taken by Low Threshold Services and the smallest uptake from Youth Treatment and Hidden Harm.



The pie chart below outlines the bursary uptake per trust locality with services based within the Belfast Trust locality having the highest uptake of and services based within the Northern and Western Trust localities having the lowest uptake.



Some organisations have utilised the bursary opportunity for staff every year. Extern and Start360 have both had a total of 10 staff through the programme and a number of services have only availed of one member of staff as per bar chart below.



Participant Evaluation Questionnaire

A short survey was sent out to all 27 participants in the scheme. A copy of the survey is contained within Appendix 2 or at PHA Bursary Evaluation Form . 13 responses were gained.

Overall Results reflected:

1) 12 out of the 13 would have been very unlikely to have completed the qualification without the bursary support
2) All 13 still work for the same organisation.
3) In all areas monitored in confidence, knowledge, competence and leadership in SUSUD all survey respondents reported an increase following completion of the course (average out of 5 pre-course 2.96 and average post-course 4.42, 1 being poor and 5 being excellent)
4) Experience of the application process and criteria were all rated 4 and above (1 being poor and 5 being excellent)
5) None of the 13 respondents have went on to complete the Masters but 5 would like to.

Qualitative feedback: Unexpected or lasting benefits

"I got **promotion** within my organisation"

"The bursary provided an opportunity for me to **deepen my knowledge and critically look at models of care** that I would not have been aware of or competent to fully understand prior to the learning. It provided confidence in my work and understanding. I have a broader way in using my learning to support clients and a new language to reference from the knowledge learned."

"**My knowledge and confidence in SUSUD hugely increased** since completing this postgraduate

"The Course enabled me to **work better with staff and clients in this field**. I think it is **invaluable and is essential** for those working in the field of substance use."

"Being able to **network** and hear what other services are offering, including international information and getting the information directly from leading educators/practitioners"

"The teaching and material in this course have me **seriously considering continuing education in this area to Masters level** which prior to this opportunity I would not have had the confidence to consider."

"The opportunity the PHA Bursary has given me through the SUSUD programme has had a **profound impact in all areas of my professional practice**. The ability to reflect on interventions employed with clients and how these actions are grounded in theory, drawing on international and global models of treatment in providing person centred care, enhancing

my knowledge of the wealth of evidence-based research, globally and how this research can bolster and guide my work with clients. **This opportunity has been a real gamechanger in my professional life"**

Qualitative Feedback: Improvements to application process

A review of suggestions for improvement are:

1) Offer other course bursaries
2) Expanded to other staff members in PHA D&A organisations and not just to those who are funded within PHA roles.
3) Extended to mental health services
4) Fund the Masters in SUSUD and utilise this as an opportunity to tie research into PHA data.

Case Studies

Case Study 1: Female, manager level, worked in Drugs and Alcohol sector for over 20 years within a drugs treatment service. Previously had attained third level qualification in social work.

Case Study 1 reviewed their experience as follows:

- Would never have completed the course without the bursary due to lack of additional personal and organisational funds to cover such costs. For some organisations allowing staff time out to complete the course is already a huge financial/resource loss.
- Most enjoyable part of the course was the networking and the variety of organisations from which the participants came including social work, justice system, recovering substance users for example.
- Organisation also has mental health contacts. It is difficult to decide where substance use stops and mental health begins therefore these staff should also be included in this opportunity
- The international speakers were inspiring and this increased awareness of innovative practice going on around the world.
- Found the course validated the work already being done but also inspired improvement

Case Study 2: Male, volunteer Drug Outreach Worker, no previous formal education, 10 years experience within the sector all of which was voluntary.

Review of experience as follows:

- Never engaged in third level education previously and was allowed this opportunity by submitting a 3000 word assignment into Course Director
- Really enjoyed the opportunity to learn from the diverse group within the course
- Course Director was exceptional and offered all the support required
- Passed the course with commendation. Very emotional to have received such high results given previous educational attainment. It has boosted confidence and, following a break, would consider going back into education again
- Learning has impacted very positively on his practice

The case study reflected the positive impact this course can have on those working in the sector with little or no education. Follow up discussions with the course director did suggest that offering this opportunity to those with no third level education should be a priority however this should be done very sensitively as not all those will have the ability to pick up at this high standard.

Review of Recommendations

Recommendation 1: Moving forward the bursary should be advertised collectively as **one year course which incorporates both Certificate and Diploma** to alleviate drop off following completion of the Certificate and reduce administration.

Recommendation 2: **Youth treatment services and Hidden Harm services should be targeted** moving forward as they have had the lowest uptake

Recommendation 3: **Northern and Western Trust areas should be given priority** in future rounds of the bursary

Recommendation 4: **Priority should be given to those organisations who have never applied** previously to the fund.

Recommendation 5: Places should continue to only be offered to the **community and voluntary sector.**

Recommendation 6: **A maximum of one applicant per organisation** per year should be stipulated in the first tranche of applications.

Recommendation 7: Currently only PHA funded staff within Drug and alcohol commissioned services are allowed to apply. This could be **opened out to other staff within PHA Drugs and Alcohol commissioned organisations** due to the clear and positive impact demonstrated

across the organisation. Staff members also tend to stay working within the area so risk of losing skills base is very low.

Recommendation 8: Potential **to open applications out to PHA commissioned mental health services** staff due to the course content and interlinking nature of the two health themes. This also promotes variety within the course participants which enriches the learning across sectors.

Recommendation 9: Partnership with Queen's University is highly effective with clear impact of staff in terms of competency, knowledge, confidence and leadership in area of SUSUD. Continuation of this type of developmental opportunity is essential.

Recommendation 10: PHA should consider a **Masters bursary even on a part-funded basis**.

Recommendation 11: Many bursary recipients have previously obtained a third level qualification. PHA should consider reserving two places for applicants **without a third level qualification and work with employer and Queen's to offer additional support where appropriate**

Recommendation 12: Consideration for **PHA Drug and Alcohol staff to become involved in the course for example as guest speakers**.

Conclusion

PHA should continue to fund the bursary programme. The lasting impact this has had, within the staff and organisations who have benefited, has been very clear throughout this evaluation process. Staff retention and workforce development have also been difficult within the sector due to the intensive workload and crisis nature of the drug treatment services. This programme will continue to support community and voluntary providers to maintain and develop staff.

PHA should amend the current criteria and application form in line with the recommendations outlined in this evaluation. Recruitment should initially focus on those trust areas, organisations and staff who have not yet availed of this opportunity and then open this opportunity out across all staff within our commissioned drug and alcohol services. Finally, working with mental health colleagues, develop the scheme to incorporate staff from PHA mental health commissioned services also.

PHA should utilise the partnership with Queen's more fully and engage as guest speakers or within the networking or future planning elements of the course to benefit from the learning and progression brought by the course to our contract holders. Further options for the Masters should also be looked at within the 23/24 academic year and potential research opportunities maximised.

Appendix 1

PG Certificate Substance Use and Substance Use Disorders
at Queen's University Belfast

This multi-disciplinary programme is designed to enable substance use professionals, mental health workers, social workers, nurses and workers from allied health and social care sectors to gain an understanding of substance use disorders, including definitions, UK and international contexts and the application of theory in practice.

The overarching aims of the PG Cert, PG Dip and Masters in Substance Use and Substance Use Disorders is to enable professionals from a range of sectors working in substance use, mental health and related fields to build on their existing knowledge and skills and to use them effectively within their current work environment. It also aims to develop the participants' understanding of the range of theories informing substance use, and to assist workers to translate these theories into effective practice.

The programme will have a pragmatic focus and this will enable practitioners to learn about a range of multi-disciplinary assessment tools, methods of interventions and the necessary skills to work with substance use across a range of settings. Substance use problems permeate work with a range of service user groups, from the more obvious groups, i.e. working with substance use and mental health, to working with children and families, learning disability offenders and older people.

You can study flexibly by working around your professional duties. These programmes have been accredited by the Northern Ireland Professional in Practice Education and Training Partnership.

Candidates will obtain the PG Cert in Substance Use and Substance Use Disorders (SUDs) through the completion of three modules.
These will include:
Substance Use and Substance Use Disorders: Prevalence, Legislation and Theoretical Concepts
Substance use Disorders and Co-morbid mental health disorders
Substance use and Substance Use Disorders: International Contexts.

Substance Use and Substance Use Disorders (PG Cert) | Courses | Queen's University Belfast

PG Diploma Substance Use and Substance Use Disorders
At Queen's University Belfast

This multi-disciplinary programme is designed to enable substance use professionals, mental health workers, social workers, nurses and workers from allied health and social care sectors to gain an understanding of substance use disorders, including definitions, UK and international contexts and the application of theory in practice.

The PG Dip in Substance Use and Substance Use Disorders will build upon the knowledge gained in the PG Cert programme and will enable the candidates to enhance critical thinking skills, utilise methods of reflective analysis, and consider individual, multi-disciplinary and interdisciplinary team working within the sector. They will also be given a reflective period in which to analyse their learning from each of the teaching sessions and think about how the information may be best disseminated to colleagues in their respective teams. This reciprocal knowledge flow will be facilitated via an online discussion forum whereby participants will be afforded the opportunity to apply the information from teaching sessions to their work cases after sharing information with work-based colleagues.

The programme of study will develop practitioner confidence and skills in the complex areas of substance use and substance use disorders. Students can complete a further three modules which, combined with the modules from the PG Certificate, will thereby obtain the PG Diploma in Substance Use and Substance Use Disorders.

Substance Use and Substance Use Disorders (PGDip) | Courses | Queen's University Belfast

Appendix 2

Evaluation of PHA Bursary Programme 2019-2022

This form contains a few short questions to capture your feedback on the PHA Bursary Programme

* Required

1. What course/s have you completed under the PHA Bursary programme? *

Please select at most 2 options.

- [ ] PG Certificate in Substance Use and Substance Use Disorders
- [ ] PG Diploma in Substance Use and Substance Use Disorders

2. In which academic year/s did you receive the bursary/bursaries? *

- [ ] 2019/20
- [ ] 2020/2021
- [ ] 2021/2022
- [ ] 2022/2023

3. How likely would you have been to enrol in this course if you had NOT received the support of the bursary? *

Not Likely ☆ ☆ ☆ ☆ ☆ Highly Likely

4. Do you still work for the same organisation who supported you to apply for the bursary? *

- ◯ Yes
- ◯ No

5. Do you still work within Drugs and Alcohol Services?

- ◯ Yes
- ◯ No

6. Prior to completion of the course, how would you rate your abilities in the following area relating to SUSUD: *

Confidence Levels

Poor ☆ ☆ ☆ ☆ ☆ Excellent

7. Prior to completion of the course, how would you rate your abilities in the following area relating to SUSUD: *

Knowledge base

Poor ☆ ☆ ☆ ☆ ☆ Excellent

8. Prior to completion of the course, how would you rate your abilities in the following area within SUSUD: *

Competence

Poor ☆ ☆ ☆ ☆ ☆ Excellent

9. Prior to completion of the course, how would you rate your abilities in the following area within SUSUD: *

Leadership within the field

Poor ☆ ☆ ☆ ☆ ☆ Excellent

10. Having completed the course, how would you rate your abilities in the following area within SUSUD: *

Confidence levels

Poor ☆ ☆ ☆ ☆ ☆ Excellent

11. Having completed the course, how would you rate your abilities in the following area within SUSUD: *

Knowledge Base

Poor ☆ ☆ ☆ ☆ ☆ Excellent

12. Having completed of the course, how would you rate your abilities in the following area within SUSUD: *

Competence

Poor ☆ ☆ ☆ ☆ ☆ Excellent

13. Having completed of the course, how would you rate your abilities in the following area within SUSUD: *

Leadership with the field

Poor ☆ ☆ ☆ ☆ ☆ Excellent

14. Are there any other unexpected or lasting benefits you would like to tell us about?

15. How would you rate your experience of the PHA Bursary programme in terms of application process? *

Poor ☆ ☆ ☆ ☆ ☆ Excellent

16. How would you rate your experience of the PHA Bursary programme in terms of criteria? *

Poor ☆ ☆ ☆ ☆ ☆ Excellent

17. How would you rate your experience of the PHA Bursary programme in terms of communication and information provided? *

Poor ☆ ☆ ☆ ☆ ☆ Excellent

18. What is your overall rating of your experience of the PHA Bursary Programme? *

☆ ☆ ☆ ☆ ☆

19. What could we do to improve this experience in terms of application process, criteria, enrolment information etc? *

20. Have you gone on to complete a Masters in SUSUD? *

- ◯ Yes
- ◯ No

21. What were/are your next steps in terms of continued personal and professional development following completion of the course? *

22. Any other comments/suggestions?

HSC Public Health Agency

item 12

Title of Meeting	PHA Board Meeting
Date	27 April 2023
Title of paper	Register of Interests
Reference	PHA/05/04/23
Prepared by	Robert Graham
Lead Director	Andrew Dougal
Recommendation	For **Approval** ☐ For **Noting** ☒

1 Purpose

The purpose of this paper is to bring an updated Register of Interests to the PHA Board for noting.

2 Key Issues

Under Standing Order 6.8.1, PHA is required to establish a Register of Interests to formally record declarations of interest of Board members. These details are required to be kept up to date by members, but an annual review is carried out to ensure that the Register is correct.

Members were sent their forms and asked to inform the Secretariat of any changes. This Register represents the current situation.

3 Next Steps

Once noted by the Board, the Register will be published on the PHA website. Members are then asked to ensure that any further updates are reported to the Secretariat as soon as possible.

HSC Public Health Agency

REGISTER OF MEMBERS' DECLARED INTERESTS

(a) Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies):

Name	Position Held on PHA board	Name and Nature of Company	Office or Status e.g. Chairman/Director /Secretary, etc.	Address of Registered Office or Headquarters	Nature & Extent of Interest e.g. Shareholder and Number of Shares or % holding
Mr Andrew Dougal	Chair	Ulster Orchestra Foundation	Non-Executive Director	Seymour House 9 Gloucester Street Belfast BT1 4LS	Voluntary
Mr Aidan Dawson	Chief Executive	-	-	-	-
Dr Joanne McClean	Director of Public Health	-	-	-	-
Mr Stephen Wilson	Interim Director of Operations	-	-	-	-
Dr Aideen Keaney	Director of Quality Improvement	-	-	-	-
Mr Craig Blaney	Non-Executive Director	Vikela Armour	Shareholder	34 Minnowburn Mews Belfast BT8 8ST	2.5%
Mr John Patrick Clayton	Non-Executive Director	-	-	-	-
Ms Anne Henderson	Non-Executive Director	-	-	-	-
Councillor Robert Irvine	Non-Executive Director	-	-	-	-
Ms Deepa Mann-Kler	Non-Executive Director	VRNI Limited NEON is a trading name of VRNI Immersive tech content/ apps for health and wellbeing	Director	13 High Street Killyleagh BT30 9QF	100%
Professor Nichola Rooney	Non-Executive Director	-	-	-	-
Mr Joseph Stewart	Non-Executive Director	-	-	-	-
Ms Tracey McCaig	Director of Finance (SPPG)	-	-	-	-
Mr Brendan Whittle	Director of Social Care & Children (SPPG)	-	-	-	-

(b) Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the HSC.

Name	Position Held on PHA board	Name and Nature of Company	Office or Status e.g. Chairman/Director/ Secretary, etc.	Address of Registered Office or Headquarters	Nature & Extent of Interest e.g. Shareholder and Number of Shares or % holding
Mr Andrew Dougal	Chair	-	-	-	-
Mr Aidan Dawson	Chief Executive	-	-	-	-
Dr Joanne McClean	Director of Public Health	-	-	-	-
Mr Stephen Wilson	Interim Director of Operations	-	-	-	-
Dr Aideen Keaney	Director of Quality Improvement	-	-	-	-
Mr Craig Blaney	Non-Executive Director	Airtight Creative	Owner	4 Ballycrochan Park Bangor	Owner
Mr John Patrick Clayton	Non-Executive Director	-	-	-	-
Ms Anne Henderson	Non-Executive Director	-	-	-	-
Councillor Robert Irvine	Non-Executive Director	-	-	-	-
Ms Deepa Mann-Kler	Non-Executive Director	-	-	-	-
Professor Nichola Rooney	Non-Executive Director	-	-	-	-
Mr Joseph Stewart	Non-Executive Director	-	-	-	-
Ms Tracey McCaig	Director of Finance (SPPG)	-	-	-	-
Mr Brendan Whittle	Director of Social Care & Children (SPPG)	-	-	-	-

(c) Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the HSC.

Name	Position Held on PHA board	Name and Nature of Company	Office or Status e.g. Chairman/Director /Secretary, etc.	Address of Registered Office or Headquarters	Nature & Extent of Interest e.g. Shareholder and Number of Shares or % holding
Mr Andrew Dougal	Chair	-	-	-	-
Mr Aidan Dawson	Chief Executive	-	-	-	-
Dr Joanne McClean	Director of Public Health	-	-	-	-
Mr Stephen Wilson	Interim Director of Operations	-	-	-	-
Dr Aideen Keaney	Director of Quality Improvement	-	-	-	-
Mr Craig Blaney	Non-Executive Director	-	-	-	-
Mr John Patrick Clayton	Non-Executive Director	-	-	-	-
Ms Anne Henderson	Non-Executive Director	-	-	-	-
Councillor Robert Irvine	Non-Executive Director	-	-	-	-
Ms Deepa Mann-Kler	Non-Executive Director	-	-	-	-
Professor Nichola Rooney	Non-Executive Director	-	-	-	-
Mr Joseph Stewart	Non-Executive Director	-	-	-	-
Ms Tracey McCaig	Director of Finance (SPPG)	-	-	-	-
Mr Brendan Whittle	Director of Social Care & Children (SPPG)	-	-	-	-

(d) A position of authority in a charity or voluntary body involving the field of health and social care.

Name	Position Held on PHA board	Name and Nature of Company	Office or Status e.g. Chairman/Director/ Secretary, etc.	Address of Registered Office or Headquarters	Nature & Extent of Interest e.g. Volunteer, etc
Mr Andrew Dougal	Chair	-	-	-	-
Mr Aidan Dawson	Chief Executive	-	-	-	-
Dr Joanne McClean	Director of Public Health	-	-	-	-
Mr Stephen Wilson	Interim Director of Operations	-	-	-	-
Dr Aideen Keaney	Director of Quality Improvement	-	-	-	-
Mr Craig Blaney	Non-Executive Director	-	-	-	-
Mr John Patrick Clayton	Non-Executive Director	NIACRO	Executive Member (resigned with effect from November 2022)	Amelia House, 4 Amelia Street Belfast BT2 7GS	Executive Member
Ms Anne Henderson	Non-Executive Director	-	-	-	-
Councillor Robert Irvine	Non-Executive Director	-	-	-	-
Ms Deepa Mann-Kler	Non-Executive Director	-	-	-	-
Professor Nichola Rooney	Non-Executive Director	Children's Heartbeat Trust NI	Chair	H12, Howard Building, Twin Spires Centre, 155 Northumberland Street, Belfast, BT13 2JF	Volunteer
Mr Joseph Stewart	Non-Executive Director	-	-	-	-
Ms Tracey McCaig	Director of Finance (SPPG)	-	-	-	-
Mr Brendan Whittle	Director of Social Care & Children (SPPG)	National Children's Bureau	Trustee (Jan 2018 – Mar 2021)	23 Mentmore Terrace, Hackney, London	Trustee

(e) Any connection with a HSC organisation, voluntary organisation or other organisation contracting for HSC services

Name	Position Held on PHA board	Name and Nature of Company	Office or Status e.g. Chairman/Director/Secretary, etc.	Address of Registered Office or Headquarters	Nature & Extent of Interest e.g. Shareholder / Volunteer, etc
Mr Andrew Dougal	Chair	-	-	-	-
Mr Aidan Dawson	Chief Executive	-	-	-	-
Dr Joanne McClean	Director of Public Health	-	-	-	-
Mr Stephen Wilson	Interim Director of Operations	-	-	-	-
Dr Aideen Keaney	Director of Quality Improvement	Belfast Health and Social Care Trust	Consultant Paediatric Anaesthetist	Trust Headquarters, A Floor, Belfast City Hospital, Lisburn Road	Job planned with BHSCT to deliver 2.5DCC per week with supporting 3 PAs
Mr Craig Blaney	Non-Executive Director	-	-	-	-
Mr John Patrick Clayton	Non-Executive Director	British Association of Social Workers Northern Health and Social Care Trust South Eastern Health and Social Care Trust	-	Wellesley House, 37 Waterloo Street Birmingham B2 5PP Bretten Hall Bush Road Antrim BT41 2RL Ulster Hospital Upper Newtownards Road Dundonald BT16 1RH	Family member employed by British Association of Social Workers Family member employed as dentist Family member employed as GPST1
Ms Anne Henderson	Non-Executive Director	-	-	-	-
Councillor Robert Irvine	Non-Executive Director	-	-	-	-
Ms Deepa Mann-Kler	Non-Executive Director	-	-	-	-
Professor Nichola Rooney	Non-Executive Director	RQIA	Professional Adviser / Clinical Psychology	9th Floor, Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT	Sessional work / inspections
Mr Joseph Stewart	Non-Executive Director	-	-	-	-
Ms Tracey McCaig	Director of Finance (SPPG)	-	-	-	-
Mr Brendan Whittle	Director of Social Care & Children (SPPG)	Children in Northern Ireland (CiNI)	Non-Executive Director (2016 – March 2019)	Unit 9, 40 Montgomery Road Belfast BT6 9HL	Non-Executive Director

(f) Involvement in other organisations

Name	Position Held on PHA board	Name and Nature of Company	Office or Status e.g. Chairman/Director/Secretary, etc.	Address of Registered Office or Headquarters	Nature & Extent of Interest e.g. Shareholder / Volunteer, etc
Mr Andrew Dougal	Chair	-	-	-	-
Mr Aidan Dawson	Chief Executive	-	-	-	-
Dr Joanne McClean	Director of Public Health	-	-	-	-
Mr Stephen Wilson	Interim Director of Operations	-	-	-	-
Dr Aideen Keaney	Director of Quality Improvement	-	-	-	-
Mr Craig Blaney	Non-Executive Director	Northern Community Leisure Trust	Board Member	292 Old Belfast Road Bangor BT19 1LU	Board Member
Mr John Patrick Clayton	Non-Executive Director	Unison Northern Ireland Unite in ACTS Northern Ireland Committee of the Irish Congress of Trade Unions Bar of Northern Ireland The Open University Social Democratic and Labour Party (SDLP) New Ireland Commission – Reference and Experts Panel	Policy Officer Member Member Non-practicing member Associate Lecturer Member Experts Panel – personal capacity	Galway House 165 York St Belfast BT15 1GD Unite House 128 Theobalds Road London WC1X 8TN 45-47 Donegall Street Belfast BT1 2FG The Bar Library 91 Chichester Street Belfast BT1 3JQ 110 Victoria Street Belfast BT1 3GN	-
Ms Anne Henderson	Non-Executive Director	-	-	-	-

Councillor Robert Irvine	Non-Executive Director	Northern Ireland Fire and Rescue Service	NED	1 Seymour Street Lisburn BT27 4SX	-
Ms Deepa Mann-Kler	Non-Executive Director	Ulster University	Visiting Professor in Immersive Futures	Ulster University York Street Belfast BT15 1ED	-
		General Medical Council	Lay Member	Regents Place, 350 Euston Road, London NW1 3JN and 9th Floor, Bedford House, 16-22 Bedford Street, Belfast BT2 7FD	-
		West Midlands Police and Crime Commissioner	Independent Panel Member Police Misconduct Hearings	Lloyd House Colmore Circus Queensway Birmingham B4 6NQ	-
		Pharmaceutical Society of Ireland	Member Professional Conduct Committee	PSI House Fenian Street Dublin 2 D02 TD72	-
		Department of Health and Social Care	Independent Panel Member	Public Appointments Unit 1N09 Quarry House, Quarry Hill Leeds LS2 7UE	-
		Aura Studios	Executive Producer Virtual Production	Ormeau Baths Ormeau Avenue Belfast	-
Professor Nichola Rooney	Non-Executive Director	Queen's University	Honorary Chair, School of Psychology	QUB School of Psychology, David Keir Building, Malone Road, Belfast	Advisory
Mr Joseph Stewart	Non-Executive Director	Suffolk Sheep Society, NI Branch	Council Member	Fernaghy Road, Ballymena	-

		Livestock and Marketing Commission	Non-Executive Director	Lissue Walk Lisburn	Chair of Audit Committee
Ms Tracey McCaig	Director of Finance (SPPG)	-	-	-	-
Mr Brendan Whittle	Director of Social Care & Children (SPPG)	Alliance Party of Northern Ireland	Member 2019-2020	-	Member

1 April 2023