agenda

Title of Meeting	159th Meeting of the Public Health Agency Board
Date	14 December 2023 at 1.30pm
Venue	Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast

standing items

1 1.30	Welcome and Apologies		Chair
2 1.30	Declaration of Interests		Chair
3 1.30	Minutes of Previous Meeting held on 16 November 2023		Chair
4 1.35	Actions from Previous Meeting / Matters Arising		Chair
5 1.40	Chair's Business		Chair
6 1.45	Chief Executive's Business		Chair
7 2.00	Finance Report	**PHA/01/12/23**	Director of Finance

closing items

8 Any Other Business
2.15

9 Details of next meeting:

Thursday 18 January 2024 at 1.30pm

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

HSC Public Health Agency

minutes

Title of Meeting	158th Meeting of the Public Health Agency Board
Date	16 November 2023 at 1.30pm
Venue	Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast

Present

Mr Colin Coffey	-	Chair
Mr Aidan Dawson	-	Chief Executive
Dr Joanne McClean	-	Director of Public Health
Ms Heather Reid	-	Interim Director of Nursing, Midwifery and Allied Health Professionals
Mr Stephen Wilson	-	Interim Director of Operations
Mr Craig Blaney	-	Non-Executive Director
Mr John Patrick Clayton	-	Non-Executive Director
Ms Anne Henderson	-	Non-Executive Director
Mr Robert Irvine	-	Non-Executive Director
Professor Nichola Rooney	-	Non-Executive Director
Mr Joseph Stewart	-	Non-Executive Director

In Attendance

Dr Aideen Keaney	-	Director of Quality Improvement
Ms Tracey McCaig	-	Director of Finance and Corporate Governance, SPPG
Mr Robert Graham	-	Secretariat

Apologies

Ms Deepa Mann-Kler	-	Non-Executive Director
Mr Brendan Whittle	-	Director of Community Care, SPPG

126/23	**Item 1 – Welcome and Apologies**
126/23.1	The Chair welcomed everyone to the meeting. He said that he was delighted and proud to be chairing his first meeting of the Agency Board and that he looked forward to working with the Board and taking the Agency forward.
127/23.1	Apologies for the meeting were noted from Ms Deepa Mann-Kler and Mr Brendan Whittle.

127/23	**Item 2 – Declaration of Interests**
127/23.1	The Chair asked if anyone had interests to declare relevant to any items on the agenda. He advised that he is currently the Chair of the Agri-food and Biosciences Institute (AFBI), and will complete his term in that role in March 2024. He added that he is a Board member of InvestNI and he is also the Chair of Natural World Products.
127/23.2	Mr Clayton declared an interest in relation to Public Inquiries as Unison is engaging with the Inquiries.
128/23	**Item 3 – Minutes of previous meeting held on 19 October 2023**
128/23.1	The minutes of the Board meeting held on 19 October 2023 were **APPROVED** as an accurate record of that meeting, subject to an amendment in paragraph 123/23.2 where Mr Clayton asked that it be clarified that there is already an ethnic minorities forum in at least one Trust.
129/23	**Item 4 – Matters Arising**
129/23.1	The Chair went through each of the actions arising from the last meeting.
129/23.2	For action 1 relating to membership of the Board of the Institute for Pubic Health, the Chief Executive advised that he will be meeting with Dr Jenny Mack from the Institute to discuss this.
129/23.3	The Chief Executive reported that for action 2, he has spoken to Mr Gary Maxwell in the Department regarding the HSC Framework Document and that a new updated draft version will be shared with PHA shortly and will be circulated to Board members **(Action 1 – Chief Executive)**.
129/23.4	For action 3, the Chief Executive advised that a paper on campaigns is being prepared by Mr Wilson's team and will be submitted to the Department and on the back of that, correspondence will be sent to the Permanent Secretary from the Chair, indicating the Board's support for that paper. Mr Clayton asked for more information on the content of the paper. Mr Wilson explained that the paper will address a number of areas, starting with an overview of the outcomes from previous campaigns and evidence for the continued use of mass media campaigns. He added that there will be reference to how other Government departments are still using campaigns.
129/23.5	The Chair noted that actions 4 and 5 have been completed.
129/23.6	Ms Henderson noted that there was an agreement that the Chief Executive would attend the next meeting of the Procurement Board.

129/23.7 Professor Rooney advised that there was a discussion around Vaccine Management System (VMS) and that Ms McCaig had suggested it would be useful to bring a paper on this to a future meeting, but it had not been noted as an action **(Action 2 – Chief Executive)**.

130/23 Item 5 – Chair's Business

130/23.1 The Chair advised that he had attended the staff event on Tuesday at Titanic Belfast and that he felt it was an excellent event. He thanked all of those staff involved in organising it. Ms Henderson agreed that it was an excellent event, saying that it was well attended and was a good opportunity for staff to meet up and create that corporate identity.

130/23.2 Professor Rooney commented that it was disappointing that members of the senior team had not been present during one of the main speeches and that everyone should have been present to be supportive.

131/23 Item 6 – Updates from Non-Executive Directors

131/23.1 Professor Rooney advised that she is due to attend an event at Queen's University next week on an initiative jointly run by PHA and the Education Authority.

131/23.2 Mr Clayton said that he had no matters to update on, but normally he would give an update on the work of the Information Governance Steering Group. He advised that there was a number of actions emanating from its last meeting in September.

131/23.3 Mr Blaney reported that he had also attended the event on Tuesday and that he had also represented the Board at a retirement event for Ms Barbara Porter who had been the PHA's longest serving member of staff. He said that there was a great turnout at the event which showed the high esteem in which Ms Porter was held by her colleagues, and outside PHA, and he acknowledged the kind words the Chief Executive had given in this speech.

131/23.4 Mr Irvine said that he had nothing to report.

131/23.5 Ms Henderson advised that on Tuesday she will be sitting on the panel for the appointment of a new Director of Finance and that Professor Rooney will be chairing. She added that she has been speaking to Ms McCaig about the staffing of the new finance function.

131/23.6 Mr Stewart reported that the Governance and Audit Committee has not met since the last Board meeting.

132/23 Item 7 – Chief Executive's Business

132/23.1 The Chief Executive updated members on a number of areas, beginning with an overview of the programmes that HSCQI is currently involved in.

	He highlighted that there remain issues with recurrent funding, and this was raised at the Ground Clearing meeting with the Department on Wednesday afternoon. The Chair asked if PHA has an indication of the cost of those activities that are not statutory, but Ms McCaig explained that almost all of PHA's budget is for work that it is contracted to do with Trusts and the community and voluntary sector.
132/23.2	Ms Henderson asked if the HSCQI projects are in competition, but Dr Keaney explained that these are initiatives that are already happening and based on the available data and evidence, exemplar projects are now being identified for scale and spread.
132/23.3	The Chief Executive gave an update on work being carried out within the health intelligence and publications teams. He highlighted work that is taking place around organ donation. He added that an evaluation has been completed on the mass media campaigns that were carried out during 2022/23, and this has been shared with members.
132/23.4	The Chief Executive advised that a Maternity and Neonatal Safety Oversight Board has been established, and that the PHA Director of Nursing will sit on this group. He reported that a review of the Serious Adverse Incident (SAI) process is taking place and work should be completed within the next 8-12 months.
132/23.5	The Chief Executive reported that PHA is a member of the commissioning team responsible for the mobilisation of abortion services across Northern Ireland. He advised that PHA will also be working with SPPG to explore avenues to deal with the capacity challenges in the provision of chemotherapy.
132/23.6	The Chief Executive advised that PHA had a stand at the recent European Public Health conference in Dublin with a view to raising its profile and to share information about where job opportunities are advertised. He said that the Director of Public Health and one of the Deputy Directors had manned the stand, while four registrars had had posters accepted for the conference, while a fifth had an abstract accepted for oral presentation.
132/23.7	The Chief Executive reported that the uptake of flu vaccines is down in comparison to this time last year and he said that this reinforces PHA's concern that the lack of a media campaign is having an impact. He advised that there is a group which is looking at targeting specific cohorts of the population where this is low uptake.
132/23.8	The Chief Executive gave an overview of an issue raised by a local residents' group in relation to odours from a mushroom compost producer. Dr McClean advised that health issues have been raised and this has been ongoing since 2019. The Chair suggested that Dr McClean contact AFBI and he would supply contact details of the relevant individual **(Action 3 – Chair)**.

132/23.9	Professor Rooney asked why PHA is involved in this issue. Dr McClean explained that while most of this is being led by DAERA and the Northern Ireland Environment Agency (NIEA), PHA's involvement commenced when individuals alleged health issues.
132/23.10	Ms Henderson asked how much time and resource PHA is spending on the issue relating to chemotherapy. Dr McClean explained that PHA's input is in relation to providing professional public health advice in commissioning. She added that there has been a 42% increase in demand for these services, but it will be the Department and SPPG who will lead on this work. Ms Henderson commented that there is an inexhaustible demand on public health resources.
132/23.11	The Chief Executive reported that the UK COVID Inquiry will be visiting Northern Ireland in the spring of 2024 and PHA is presently working on its response to Module 2c. He advised that PHA has received a request which will require extensive input and will be a significant drain on capacity and will require PHA to contact former employees.
132/23.12	Mr Clayton asked about the work undertaken by Health Intelligence with regard to the impact of the cost of living on people's behaviour. He said that he would welcome seeing the findings. The Chair asked how the Public Sector Chairs' Forum can communicate the impact of the findings across all departments. Professor Rooney asked if this work was part of PHA's Corporate Plan. Mr Wilson advised that it was completed in conjunction with the Chief Data Advisor. Professor Rooney asked if this is the sort of work that PHA would normally undertake and Mr Wilson replied that it was an area of interest to the Board, and that he would get further details of the work **(Action 4 – Mr Wilson)**. Professor Rooney said that this type of work has to be part of PHA's Corporate Plan, and now that PHA has this data, it should act on it. The Chief Executive said that this work follows on from work that PHA has been doing on behaviour and agreed that there is a need to look at what PHA will now use the data for.
132/23.13	Mr Stewart said that the review of SAIs is long overdue and he hoped that the outcome will be that there is clarity on PHA's role and that the process will be more efficient.
132/23.14	Mr Stewart noted that at Tuesday's staff event, there was reference to a presentation made by the Chief Executive on Making Life Better 2. He said that he was not aware that this was being refreshed and this should come to the PHA Board. The Chief Executive explained that the presentation was a "stock take" on the current strategy and that will contribute to the development of Making Life Better 2. He said that the update has been requested by the Permanent Secretary and that he would share the paper with members **(Action 5 – Chief Executive)**.

133/23 **Item 8 - Update on Reshape and Refresh Programme**

133/23.1 The Chief Executive reported that there was no further update on the Reshape and Refresh programme as much of the focus over the last month was on the event on Tuesday. He advised that focus groups with staff are continuing to take place and that work with EY will come to an end in December when the last meeting of the Project Board will take place.

133/23.2 The Chair asked if this meeting will tie in with the December Board meeting and if the action plan can be shared. Professor Rooney suggested that it may be more appropriate to do this as a workshop. Ms Henderson sought clarity as to whether there is an implementation plan, but the Chief Executive explained that the development of a plan would be the focus of the workshop as EY will give PHA a proposed structure and operating model.

133/23.3 Professor Rooney asked the Chief Executive for his assessment of the views of staff on the operating model. The Chief Executive replied that views are mixed, and acknowledged that there is some anxiety about change. Mr Clayton asked about engagement with staff side as he noted that they had asked a series of questions. The Chief Executive advised that that a meeting with staff side is due to take place next week, but he added that engagement is being hampered by the current industrial action. Mr Wilson added that PHA's Joint Negotiating Forum (JNF) is currently stood down, but said that there is engagement with staff side on this work.

133/23.4 The Chair asked if members were clear with the proposed actions. Ms Henderson commented that this work was commissioned by the Department, and at this point she is still not entirely clear about the vision, although she understood the need to have a new Director of Finance.

133/23.5 The Chair asked if it would be worthwhile having a briefing session to ensure that when there is a meeting to discuss the action plan, there has been a discussion and all members understand the direction of travel. Mr Stewart commented that when he attended the Programme Board, papers were always sent out at short notice and there was a lot to read. He said that everything will need to be signed off at the final Programme Board meeting. Ms Henderson said that the main objective was to get PHA out of silo working and to become a more coherent organisation. The Chair said that he did not wish to get to a point where members feel that this new model is being imposed on them and asked what members would like to see happen. Mr Clayton agreed that it would be useful to have a briefing, but Ms Henderson said that this briefing should be delivered by the Executive Team. Mr Clayton said that there should then be a separate discussion about implementation and also a check to ensure that all elements of the Hussey Review have been addressed.

133/23.6 Professor Rooney commented that PHA has struggled with its structure as it was developed along professional lines and the Board has now bought into the need to restructure. She said that she would be interested to know if there is buy-in from staff, if the structure will actually be implemented and what difference it will make for the people of Northern Ireland. Ms McCaig advised that her view would be that a lot of time has been spent getting to this time and there is a need to move onto the implementation phase.

133/23.7 Dr McClean said that all staff recognise the need for change, and want to see change, but added that change can be difficult. She advised that the new structure moves away from silo working and looks at functions, whereas the Hussey Review had a much narrower focus. She said that implementation will be difficult, but there are foundations to build on. Ms Reid commented that PHA needs to review the core pieces of work that it needs to deliver on and how these link to PHA's objectives. She said staff are up for the change.

133/23.8 The Chief Executive noted that there have been multiple workshops on this and that PHA has been working closely with its Sponsor Branch. He added that the Programme Board is co-chaired by PHA and the Department and there is both Executive and Non-Executive representation so there have been opportunities for engagement.

133/23.9 Dr Keaney said that there is anxiety in her team because HSCQI is a hosted function, and it has not yet been determined where it will sit in the new structure.

133/23.10 The Chair suggested that this workshop should take place before Christmas. Ms Henderson agreed, but reiterated that it should be led by the Executive Directors. The Chair suggested that there should then be a workshop in January to discuss the implementation plan **(Action 6 – Chair/Secretariat)**.

133/23.11 Mr Wilson also agreed that there is an appetite for change among staff, but added that there is a lot of work to be done and that there are a lot of pressures on the leadership team to get the time and space to discuss this thoroughly. The Chair said that the Board needs to own this together and come up with a proper timeline.

134/23 Item 9 – Finance Report (PHA/01/11/23)

134/23.1 Ms McCaig presented the latest Finance Report. She gave an overview of the financial situation facing the HSC as a whole saying that there remains a £150m deficit, and this excludes any potential pay award. She reminded members that PHA has to make savings of £5.3m this year and last month a plan had been agreed to ensure that PHA finishes the year in a break-even position. However, she noted that there is a number of actions to be taken to achieve that.

134/23.2 Ms McCaig advised that there remains a query in terms of vaccine uptake, but any slippage generated should generally be returned centrally. The Chair asked if there are any Departmental monitoring rounds, but Ms McCaig replied that there are not as the whole system is in deficit. Ms McCaig advised that PHA has an interim savings plans with both recurrent and non-recurrent elements and it was agreed that PHA would hold that position until there is a better understanding of next year's budget. The Chair asked when this will be known, and Ms McCaig explained that she would have an early indication by January, but added that she was not expecting any significant increase to the PHA's Budget. The Chair asked if there could be an overview of the budget at the February Board meeting, but Ms McCaig explained that this will depend on when the budget is known, but that she would be briefing the Board in January, February and March.

134/23.3 The Chair said that he would like PHA to be as proactive as possible with regard to its budget and Ms McCaig noted that PHA will have to be reactive in the face of any further cuts imposed. Mr Stewart suggested that there are some broad assumptions that could be made, based on what a "flat cash" position would look like. Ms McCaig agreed, but noted that PHA could be asked to make further savings. She added that financial position is also being supported due to the current restriction on mass advertising campaigns.

134/23.4 Ms McCaig reported that PHA is still awaiting payment of funds due from prior year from the Special EU Programmes Body (SEUPB), but she expected that payment will be made. She advised that capital budgets are on track and that PHA has received confirmation of the £3.2m of funding for its contribution to the National Institute for Health Research.

134/23.5 Ms McCaig advised that she has been holding briefings with the Finance team in readiness for staff moving to PHA once a Director is appointed. She added that training for PHA staff has been arranged on financial management and financial governance responsibilities. She agreed to share the dates with members **(Action 7 – Ms McCaig)**. She added that she will be facilitating a session with Board members as part of the next Board meeting.

134/23.6 Mr Clayton asked whether there is potential for the underspend in the management and administration budget to be seen as a recurrent saving. Ms McCaig explained that as part of the mid-year plan PHA has not indicated that it will be using management and administration as a recurrent saving, but if PHA was required to further savings then decisions will have to be made which should consider risks and impact across the whole business. Mr Clayton noted that last year this was seen as a low risk area, but he assumed that this would change. Ms McCaig agreed, and added that any decision would have to come to the Board. The Chair asked if the Board has any powers to decide if it was going to stop any statutory work. Ms McCaig said that all PHA's work is statutory and a process would have to worked through to determine the

impact of stopping any such work.

134/23.7 Ms Henderson asked how vaccine uptake has been this year in comparison to last year. Dr McClean said that last year there was an issue in that PHA had received an over-allocation in its budget. In terms of the flu and COVID vaccines, she reported that both are slightly lower than this time last year. Ms Henderson commented that in the absence of a campaign it will be more difficult to encourage uptake. Dr McClean advised that for over 75s, the number of people vaccinated for flu was around 5,000 lower than last year, but for COVID, it was 30,000 lower.

134/23.8 Professor Rooney asked how much PHA has spent on EY and where that appears in the Report. Ms Henderson commented that it would be part of the management and administration budget. Ms McCaig said that she would be happy to provide a summary **(Action 8 – Ms McCaig)**.

134/23.9 Professor Rooney asked when PHA's involvement with the Strategic Investment Board (SIB) will end. The Chief Executive explained that until the new directorate is fully developed, PHA will still need that resource. Professor Rooney noted that PHA will have spent approximately £1.1m on employing 2 individuals over 4 years, and asked where this features in PHA's budget, but the Chief Executive pointed out that these are high salaried posts and when they are permanently filled, the costs will be similar.

134/23.10 The Chair suggested that it may be useful to schedule a briefing and that if in the meantime, members had any queries, Executive Directors would be happy to answer them.

134/23.11 The Board noted the Finance Report.

135/23 Item 10 – Performance Management Report (PHA/02/11/23)

135/23.1 The Chair noted the Performance Management Report and said that members may have many queries regarding its content. He asked how this should best be handled.

135/23.2 Ms Henderson said that there is a lot of information in this Report and asked if the Board could get an overview of the high-risk areas. In the Part B report, she highlighted action 37 which concerns the health protection service, where she said that if this area were to fail, it would present a huge risk to the organisation. She added that action 18 relating to Protect Life 2, is also a high risk, and in the Part A report, she highlighted action 9a relating to the implementation of Internal Audit recommendations where she welcomed the introduction of audit clinics.

135/23.3 The Chair asked how members wished to go through the Report. Mr Wilson said that he was content to deal with any queries from Non-Executives, but noted that PHA is a journey in relation to performance

management and to move to an Outcomes Based Accountability approach. Mr Clayton said that the Board as a whole should be discussing this Report.

135/23.4 Mr Clayton expressed concern that a number of areas that were previously rated "green" have moved to "amber" and asked if this was due to capacity, or the financial situation. Ms Henderson noted that the rating system is a work in progress and perhaps the ratings are now more realistic. Mr Wilson advised that there are overriding factors. For example, he said that PHA would have expected these to be at a certain level, but in the absence of a campaign that has not happened. He agreed that there are capacity and this Report needs to be read in conjunction with the Corporate Risk Register. He said that PHA is looking at the format of its Performance Management reports, but it has lost a key resource for this work.

135/23.5 Ms Henderson asked about the risks around the health protection service. Dr McClean advised that there is a risk because capacity of health protection consultants is around 50% of what it should be. However, in terms of mitigating this risk, she said that following COVID, there is more support in this area from staff from Nursing and Operations.

135/23.6 Ms Henderson asked if the service could collapse. Dr McClean replied that this could happen and in response to Ms Henderson's follow up question around mitigation, she reiterated that other staff would be brought in to support the service. She advised that Programme Managers have been brought in to do work that consultants would have done previously so the service is being run differently. However, she noted that if any staff went on sick leave or there were multiple absences, there would be an issue. Ms Henderson said that this is an ongoing issue for the organisation. She added that it is helpful that the Board is aware of this risk.

135/23.7 Mr Blaney noted that PHA has had trouble recruiting into roles and perhaps there is a need to look at how the organisation is perceived. Dr McClean advised that PHA has had difficulty recruiting consultants, but it has been able to bring in non-consultant staff. She agreed to forward a paper on staffing that was shared with the Department **(Action 9 – Dr McClean)**. The Chief Executive said that an inability to recruit is a concern expressed by many Chief Executives. He advised that PHA has lost staff to the UK Health Security Agency (UKHSA) as they can work from home.

135/23.8 The Chair undertook to arrange a meeting to discuss this Report further before it comes back to the Board **(Action 10 – Chair/Secretariat)**.

135/23.9 The Board noted the Performance Management Report.

136/23 Item 11 – Surveillance of Antimicrobial Use and Resistance in

Northern Ireland Annual Report 2019 – 2021 (PHA/03/11/23)

Dr Declan Bradley and Mr Chris Nugent joined the meeting for this item.

136/23.1 Mr Nugent delivered a presentation which he began by outlining that antimicrobial resistance (AMR) is a global challenge and that PHA has a role in undertaking surveillance of antimicrobial resistance and consumption. He advised that this report is for the period up to the end of 2021, but data is now available for up to the end of 2022.

136/23.2 Mr Nugent shared data on the number of bacteraemia across a range of bloodstream infections, both for gram negative and gram positive organisms. He presented data on antibiotic resistance and multi-drug resistance before moving on to give an overview of antibiotic consumption.

136/23.3 Mr Nugent advised that in terms of next steps and future work, PHA plans to contribute to the local implementation plan for antimicrobial resistance for the period 2024-29. He added that the AMR Implementation Group will be re-established to deliver the objectives of the plan. He said that there will be engagement with Trusts to support their drive for improvement.

136/23.4 Mr Nugent said that PHA will move to use Encompass to obtain secondary care prescribing information. He added that PHA will obtain a baseline from the first public awareness survey on antibiotic prescribing for respiratory infections and antimicrobial resistance which his being carried out in collaboration with UKHSA.

136/23.5 Mr Blaney asked whether resistance is built up by individuals personally by refraining from antibiotics or whether the drugs stop becoming resistant across the population as a whole. Mr Nugent explained that it would not be about the person, it is to do with the bug itself becoming resistant. Mr Blaney said that there is therefore a need for some form of education.

136/23.6 Mr Stewart said that asked what PHA is going to do base on the findings of this Report, and if it will undertake a campaign. Dr McClean replied that there will be a campaign. Dr Bradley added that this will look at both human behaviour and prescriber behaviour. He advised that next week is Antibiotic Awareness Week. He said that PHA can undertake behavioural interventions for prescribers as it has access to GP information. The Chief Executive reported that AMR has been introduced to the HSC performance framework and that there is work to be done in terms of education and ensuring antibiotics are used appropriately. He added that if trends continue, antibiotics will become useless and there will be a huge increase in unavoidable deaths.

136/23.7 Professor Rooney asked if there is a trigger point for this to be an emergency. Dr Bradley advised that this is already seen as an

existential crisis which UKHSA has now rated alongside climate change. He said that PHA can influence prescribing choices, and that there is a global need to reduce prescribing. Professor Rooney asked if this previously featured in PHA's strategy. The Chief Executive replied that it has been introduced into performance management with Trusts. Professor Rooney asked if this should now be one of PHA's top 5 priorities. Dr McClean advised that implementing the national action plan is a must for PHA. The Chief Executive said that, along with opioid prescribing, this is an important area for PHA. The Chair noted that he would welcome a more in-depth discussion on this.

136/23.8 Mr Clayton asked if PHA has a sense of how impactful a public information campaign would be. Dr Bradley advised that there were some questions in a recent health survey, but it would be difficult to unpick from the information that was being sought as this is a complex intervention. Mr Wilson added that there were 2 short time-limited campaigns and while there was some improvement in public knowledge, this has not been sustained.

136/23.9 The Board noted the Surveillance of Antimicrobial Use and Resistance in Northern Ireland Annual Report 2019 – 2021.

137/23 Item 12 – PHA Position Statement on "Stopping the Start: Our New Plan to Create a Smokefree Generation" (PHA/04/11/23)

137/23.1 Dr McClean said that it is very important that members are aware of this consultation. She advised that following a recent Government announcement, individuals under the age of 14 will no longer be able to legally buy tobacco. She added that vapes will also be banned. She said that PHA supports this consultation and that it represents a huge opportunity to have a say.

137/23.2 Ms Henderson said that the paper was excellent and that she was shocked by the fact that 1 in 4 cancer deaths are related to smoking.

137/23.3 Mr Clayton said that he was supportive of the paper and he asked whether any change would apply to Northern Ireland immediately. Dr McClean explained that this is a UK-wide consultation and all responses will be filtered out by region and therefore it is important that PHA responds.

137/23.4 The Board noted the position statement.

138/23 Item 13 – Any Other Business

138/23.1 There was no other business.

139/23 Item 14 – Details of Next Meeting

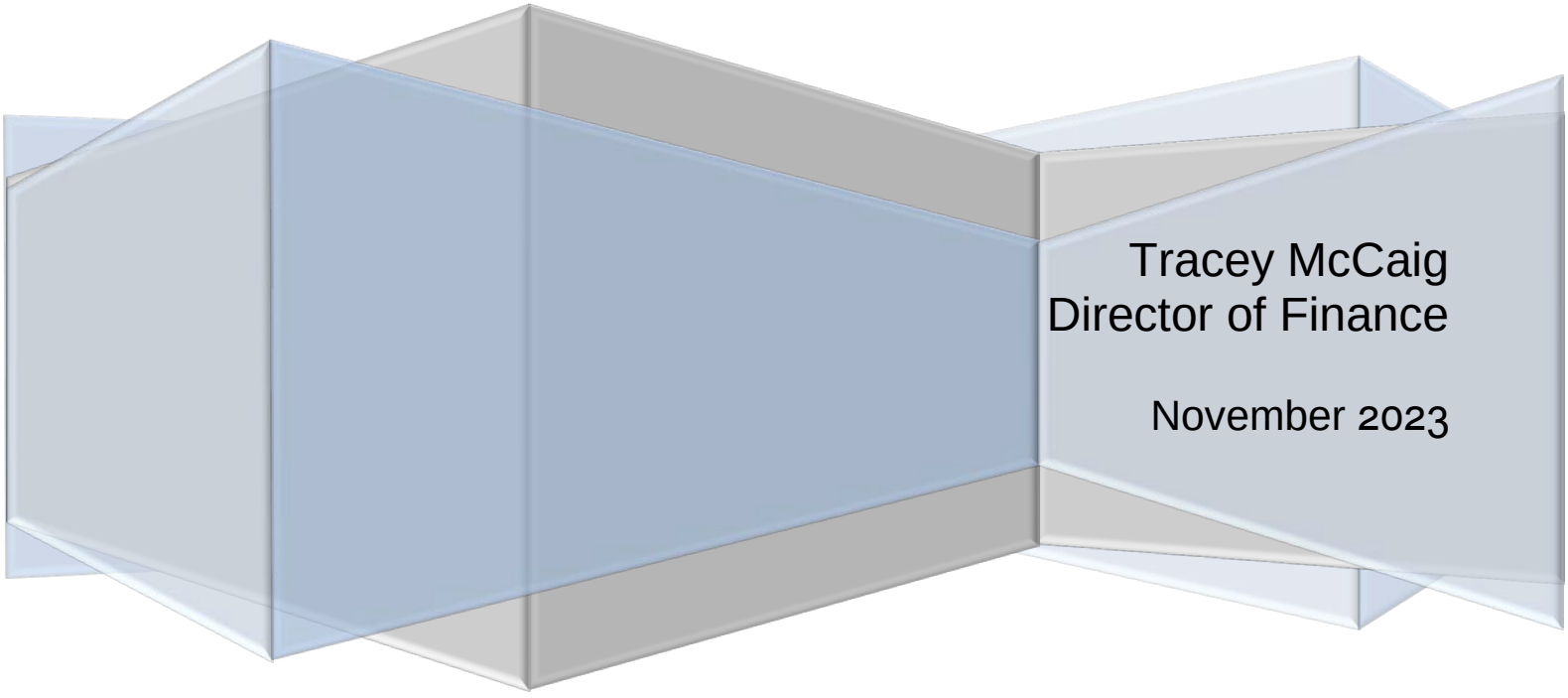
Thursday 14 December 2023 at 1.30pm

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

Signed by Chair:

Date:

Finance Report
October 2023



Tracey McCaig
Director of Finance

November 2023

Section A: Introduction/Background

1. The PHA Financial Plan for 2023/24 has set out the funds notified as available, risks and uncertainties for the financial year and summarised the opening budgets against the high level reporting areas. It also outlined how the PHA would manage the overall funding available, in the context of cash releasing savings targets applied to the organisation. It received formal approval by the PHA Board in the June 2023 meeting.

2. The Financial Plan detailed the quantum of cash releasing savings targets (£5.3m, plus an additional £3.2m in respect of the area of Research and Development), the plans in place in year to address the target applied and the resultant opening forecast deficit of £0.65m. A focus on reducing and closing this gap is continuing as plans are required to meet the target both in-year and recurrently.

3. This executive summary report reflects the draft year-end position as at the end of October 2023 (month 7). Supplementary detail is provided in Annex A.

Section B: Update – Revenue position

4. The Financial Plan indicated an opening position for the Agency of a £650k deficit for the year. This is summarised in Table 1.

Table 1: Opening financial position 2023/24

	R&D £m	Other £m	Total £m
Savings targets applied	3.20[1]	5.30	8.50
Actions (2023/24):			
R&D budget reduced pending DoH decision on expenditure (UK wider NIHR)[1]	3.20[1]		3.20
Programme: budget / expenditure reductions		3.60	3.60
Management & Administration: anticipated net slippage		1.10	1.10
Subtotal deficit	**-**	**0.60**	**0.60**
HSCQI budget provision (unfunded pressure)		0.05	0.05
Opening deficit position	**-**	**0.65**	**0.65**

[1] Assumes funding in respect of R&D will be provided in line with DoH decision.

5. The PHA has reported a surplus at October 2023 of £0.3m (September 2023, deficit of £0.1m) against the year to date budget position for 2023/24. The forecast year-end position is reported as breakeven (September 2023 forecast, breakeven).

6. The month 7 position is summarised in Table 2 below.

Table 2: PHA Summary Financial Position – October 2023

	Annual Budget	YTD Budget	YTD Expenditure	YTD Variance	Projected year end surplus / (deficit)
	£'000	£'000	£'000	£'000	£'000
Health Improvement	13,014	7,591	7,591	0	
Health Protection	9,627	5,616	5,616	0	
Service Development & Screening	14,672	8,559	8,559	0	
Nursing & AHP	7,983	4,657	4,657	0	
Centre for Connected Health	0	0	0	0	
Quality Improvement	24	14	14	0	
Other	0	0	0	0	
Programme expenditure - Trusts	**45,320**	**26,437**	**26,437**	**0**	**0**
Health Improvement	29,947	14,191	14,984	(792)	
Health Protection	17,160	10,917	10,348	569	
Service Development & Screening	3,759	1,425	1,459	(34)	
Research & Development	3,282	0	0	0	
Campaigns	394	156	238	(83)	
Nursing & AHP	801	179	156	23	
Quality Improvement	193	18	30	(12)	
Other	(1,362)	(794)	(216)	(578)	
Programme expenditure - PHA	**54,176**	**26,091**	**26,998**	**(907)**	**(2,180)**
Subtotal Programme expenditure	**99,496**	**52,528**	**53,435**	**(907)**	**(2,180)**
Public Health	16,578	9,668	8,971	697	
Nursing & AHP	5,148	3,012	2,732	280	
Operations	5,367	3,130	3,057	73	
Quality Improvement	717	383	385	(2)	
PHA Board	456	223	149	74	
Centre for Connected Health	456	272	227	46	
SBNI	840	487	428	59	
Subtotal Management & Admin	**29,562**	**17,175**	**15,949**	**1,226**	**2,180**
Trusts	272	127	127	0	
PHA Direct	0	0	0	0	
Subtotal Transformation	**272**	**127**	**127**	**0**	**0**
Trusts	147	0	0	0	
PHA Direct	3,444	1,664	1,683	(19)	
Other ringfenced	**3,591**	**1,664**	**1,683**	**(19)**	**0**
TOTAL	**132,921**	**71,494**	**71,194**	**300**	**(0)**

Note: Table may be subject to minor roundings

7. In respect of the reported position:

   - **Programme – Trusts**: A total of £45.3m has been allocated to Trusts at this point, with full spend against budget shown.

   - **Programme – PHA**: The remaining annual programme budget is currently £54.2m.

- A cumulative overspend of £0.9m is shown to date (month 6, £1.0m) against the Programme budgets listed. This reflects some areas of spend ahead of current budget.
- In line with the Financial Plan, the anticipated overspend for the year is c£2.0m with the overspend being met in 2023/24 by a forecast underspend in Administration budgets. A mid-year review of the financial plan has completed which reported that £4.1m of recurrent budget reductions have been identified in year. Work is ongoing to fully identify the remaining savings measures to meet the full financial target applied to PHA in 2023/24 and recurrently, pending the out-workings of refreshed Directorate structures and any resultant impacts on baselines.
- Savings plans will continue to be closely monitored throughout the year and will be regularly reported to the AMT and PPR Committee.

- **Management & Administration**: Annual budget of £29.6m.
  - An underspend of £1.2m is reported to date (month 6, £1.0m), reflecting underspends in Public Health, Nursing & AHPs and Operations. The primary surplus to date relates to the area of Public Health where staff costs have reduced due to role vacancies. Expenditure against funded budgets are reviewed with Directorate budget holders to understand any ongoing trends and incorporate these into the year-end forecast position.
  - The forecast full year underspend has been updated to £2.2m (month 6, £2.0m). The level of anticipated underspend will be subject to further refinement based on ongoing updates from Directorate budget managers and the review of assumptions made in the Financial plan in respect of anticipated cost pressures. Information has been received on the reduction of senior medical posts, however some assumptions have been made regarding the timing of the replacement or recruitment of these posts, which may have to be updated to increase expenditure forecasts if necessary.
  - The anticipated underspend will offset, in-year, cash releasing savings applied fully to Programme budgets. The favourable movement has

therefore enabled a reduction in the Agency's forecast deficit to report breakeven.

- **Ringfenced**: There is annual budget of c£3.9m in ringfenced budgets, the largest element of which relates to a Covid funding allocation for the Vaccine Management System (£2.7m), along with other funding allocations such as Safe Staffing (£0.3m) and Suicide Prevention (£0.3m) and smaller allocations for NI Protocol and for SBNI. A breakeven position is assumed against these budgets for the year, however they will be closely monitored for any risk to breakeven throughout the year.

8. As noted above, the projected year end position is a reduction in the overall deficit to breakeven (month 6, breakeven) and work will continue to identify measures to maintain this breakeven position.

Section C: Risks

9. The following significant assumptions, risks or uncertainties facing the organisation were outlined in the Financial Plan.

10. **Recurrent impact of savings made non-recurrently in-year**: The opening allocation letter has indicated that, whilst 2023/24 savings measures may be non-recurrent in nature, the funding reductions are recurrent and therefore PHA is expected to work to ensure savings are made recurrently going forward into 2024/25 where necessary. While PHA has identified a significant element of the £5.3m savings target applied, there remain challenges in delivering the full requirement recurrently. PHA colleagues have identified savings / budget reductions for £4.1m recurrently in-year following a mid-year review and are continuing to work on developing savings proposals to address the remaining gap pending costing of refreshed Directorate structures and any resulting impacts on baseline. Savings targets will continue to be monitored throughout the year with the identification of further recurrent savings plans finalised for 2024/25.

11. **EY Reshape & Refresh review and Management and Administration budgets**: The PHA is currently undergoing a significant review of its structures and processes, and the final report from EY will not be available until later in the year. There is a risk in implementing the outcomes of this review in a savings context, and careful management will be required at all stages of this process. In addition, there have been a number of material vacancies which are generating slippage and for which Directors are reviewing options for the remainder of the year.

12. **SEUPB / CHITIN income**: PHA receives income from EU partner organisations for the CHITIN R&D project. Claims are made on a quarterly basis, however PHA have not been receiving payments on a regular basis. At 31 March 2023, the value of funding due was c£4.3m however, PHA had an equal and opposite creditor listed for monies due to other organisations. Since year end a total of now c£2.1m has been received. R&D staff are continuing to work closely with colleagues in partner organisations and the relevant funding body to ensure the expected full reimbursement of all claims.

13. **Demand led services:** There are a number of demand led budgetary areas which are more difficult to predict funding requirements for, presenting challenges for the financial management of the Agency's budget. For example, smoking cessation / Nicotine Replacement Therapy (NRT) and Vaccines. The financial position of these budgets are being carefully tracked.

14. **Annual Leave:** PHA staff are still carrying a significant amount of annual leave, due to the demands of responding to the Covid-19 pandemic over the last two years. This balance of leave is being managed to a more normal level, and the assumption that this is expected to be at pre-pandemic levels by the end of 2023/24 has been included in financial planning and will be kept under close review.

15. **Funding not yet allocated**: At the start of the financial year there are a number of areas where funding is anticipated but has not yet been released to the PHA. These include Pay awards for the 2023/24 financial year. No expenditure will be progressed for any pay award payments to staff until such pay awards are approved by DoH and funding identified and secured.

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

Section D: Update - Capital position

17. The PHA has a capital allocation (CRL) of £10.5m. This all relates to projects managed through the Research & Development (R&D) team. The overall summary position, as at October 2023, is reflected in Table 3, being a forecast breakeven position on capital funding.

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

19. CHITIN (Cross-border Healthcare Intervention Trials in Ireland Network) is a unique cross-border partnership between the Public Health Agency in Northern Ireland and the Health Research Board in the Republic of Ireland, to develop infrastructure and deliver Healthcare Intervention Trials (HITs). The CHITIN project is funded from the EU's INTERREG VA programme, and the funding for each financial year from the Special EU Programmes Body (SEUPB) matches expenditure claims, ensuring a breakeven position. Further information on delays experienced in the reimbursement of costs is provided in Section C, above.

Table 3: PHA Summary capital position – October 2023

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	2,559	1,357	2,559	0
R&D - Trusts	6,224	0	6,224	0
R&D - Capital Receipts	(1,074)	(136)	(1,074)	0
R&D - Other	950	0	950	0
Subtotal HSC R&D	**8,659**	**1,221**	**8,659**	**0**
CHITIN Project:				
CHITIN - Other Bodies	1,178	0	1,178	0
CHITIN - Trusts	0	0	0	0
CHITIN - Capital Receipts	(1,178)	0	(1,178)	0
Subtotal CHITIN	**0**	**0**	**0**	**0**
Other:				
Congenital Heart Disease Network	683	14	683	0
iReach Project	405	0	405	0
R&D - NICOLA	731	0	731	0
Subtotal Other	**1,819**	**14**	**1,819**	**0**
Total PHA Capital position	**10,478**	**1,235**	**10,478**	**0**

20. PHA has also received three other smaller capital allocations for the Congenital Heart Disease (CHD) Network (£0.7m), iReach Project (£0.4m) and NICOLA (£0.7m), all of which are managed through the PHA R&D team.

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

Recommendation

22. The PHA Board are asked to note the PHA financial update as at October 2023.

Public Health Agency

Annex 1 - Finance Report

2023/24

Month 7 - October 2023

PHA Financial Report - Executive Summary

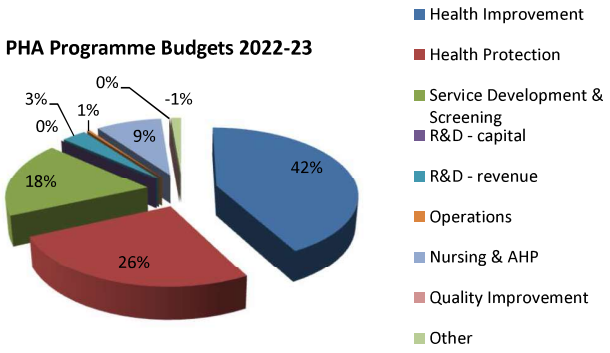
Year to Date Financial Position (page 2)

At the end of month 7, PHA is reporting an underspend of £0.3m against its profiled budget. This position is a result of PHA Direct programme budgets projected overspend for the financial year offset by underspends within Adminstration budgets (page 6).

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.

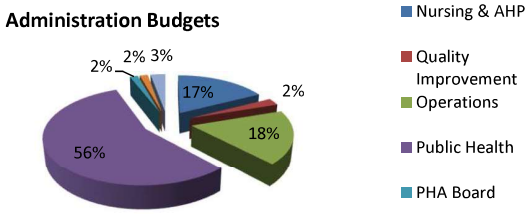


Administration Budgets (page 5)

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 which is offset by expenditure on the PHA Reshape and Refresh programme and other pressures noted in the Financial Plan.

Management will review the need for the recruitment of vacant posts to ensure business needs continue to be met.



Full Year Forecast Position & Risks (page 2)

PHA is currently forecasting a breakeven position for the full year.

This reflects the continued requirement to fully identify savings measures to meet the full cash releasing savings funding reductions applied to PHA in 2023/24.

Public Health Agency
2023/24 Summary Position - October 2023

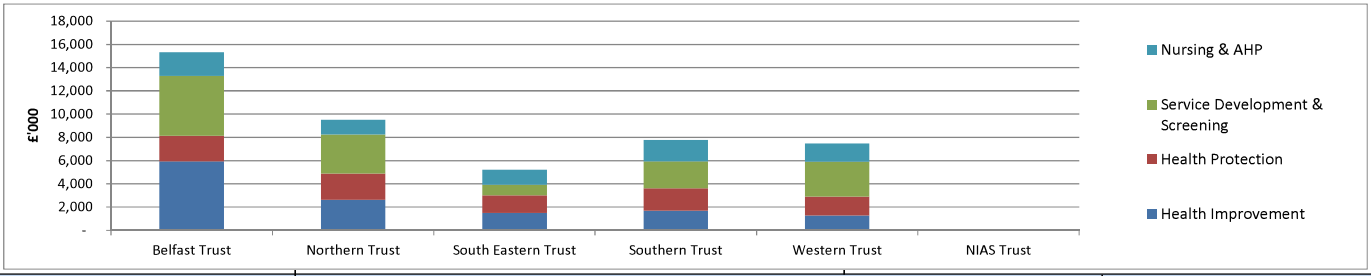
	Annual Budget					Year to Date				
	Programme		Ringfenced	Mgt &	Total	Programme		Ringfenced	Mgt &	Total
	Trust	PHA Direct	Trust & Direct	Admin		Trust	PHA Direct	Trust & Direct	Admin	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Available Resources										
Departmental Revenue Allocation	45,320	54,148	3,863	28,903	**132,235**	26,437	26,063	1,791	16,747	**71,038**
Assumed Retraction	-	-	-	-	**-**	-	-	-	-	**-**
Revenue Income from Other Sources	-	28	-	658	**686**	-	28	-	428	**456**
Total Available Resources	45,320	54,176	3,863	29,561	**132,921**	26,437	26,091	1,791	17,175	**71,494**
Expenditure										
Trusts	45,320	-	359	-	**45,679**	26,437	-	213	-	**26,650**
PHA Direct Programme *	-	56,356	3,504	-	**59,860**	-	26,998	1,597	-	**28,595**
PHA Administration	-	-	-	27,380	**27,380**	-	-		15,949	**15,949**
Total Proposed Budgets	45,320	56,356	3,863	27,380	**132,919**	26,437	26,998	1,810	15,949	**71,194**
Surplus/(Deficit) - Revenue	-	(2,180)	-	2,180	**-**	-	(907)	(19)	1,226	300
Cumulative variance (%)						***0.00%***	***-3.48%***	***-1.05%***	***7.14%***	***0.42%***

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*

The year to date financial position for the PHA shows an underspend £0.3m, which is a result of PHA Direct Programme expenditure being in an overspend position and being offset by an underspend within the area of Management & Admin.

The PHA is forecasting a breakeven position at year end, which includes the full absorption of the projected Management & Admin underspend.

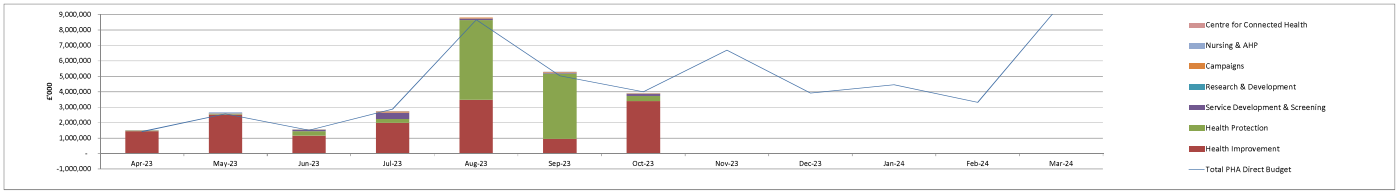
Programme Expenditure with Trusts



Current Trust RRLs	Belfast Trust	Northern Trust	South Eastern Trust	Southern Trust	Western Trust	NIAS Trust	Total Planned Expenditure	YTD Budget	YTD Expenditure	YTD Surplus / (Deficit)
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Health Improvement	5,921	2,615	1,474	1,700	1,280	24	**13,014**	7,591	7,591	-
Health Protection	2,203	2,282	1,560	1,941	1,641	-	**9,627**	5,616	5,616	-
Service Development & Screening	5,164	3,356	889	2,278	2,985	-	**14,672**	8,559	8,559	-
Nursing & AHP	2,016	1,251	1,277	1,855	1,555	29	**7,983**	4,657	4,657	-
Quality Improvement	24	-	-	-	-	-	**24**	14	14	-
Other								-		
Total current RRLs	**15,329**	**9,504**	**5,201**	**7,773**	**7,461**	**52**	**45,320**	**26,437**	**26,437**	**-**
Cumulative variance (%)										***0.00%***

The above table shows the current Trust allocations split by budget area. A breakeven position is shown for the year to date as funds have been issued to Trusts in July 2023.

PHA Direct Programme Expenditure



	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Total	YTD Budget	YTD Spend	Variance	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
Profiled Budget																	
Health Improvement - Belfast LC	553	552	339	699	834	220	1331	1518	217	833	1389	746	**9,231**	4,528	4,574	- 46	
Health Improvement - North LC	374	572	129	487	769	112	1122	732	549	842	704	585	**6,977**	3,565	3,745	- 180	
Health Improvement - South LC	113	271	471	316	453	326	51	682	516	468	484	591	**4,742**	2,001	1,971	30	
Health Improvement - South Ea	128	462	83	250	414	157	335	293	151	350	244	19	**2,887**	1,829	1,964	- 135	
Health Improvement - West LC	150	370	333	169	1012	160	74	1517	336	967	-674	1695	**6,110**	2,269	2,758	- 489	
Health Improvement - regional	-	-	-	-	-	-	-	-	-	-	-	-	**-**	-	-	-	
Staff costs - HSWI	-	-	-	-	-	-	-	-	-	-	-	-	**-**	-	26	- 26	
G&S costs - HSWI	-												**-**	-	- 55	55	
Adjustment													**-**	-	-	-	
Lifeline adjustment													**-**	-	-	-	
Health Improvement	1,318	2,228	1,356	1,920	3,482	975	2,912	4,742	1,770	3,460	2,148	3,637	**29,947**	14,191	14,983	(791)	*-5.6%*
Health Protection	42	204	184	122	5,143	4,030	1,192	1,631	1,521	632	234	2,226	**17,160**	10,917	10,347	570	*5.2%*
Service Development & Screeni	29	73	219	493	93	105	412	241	542	294	461	796	**3,759**	1,425	1,459	(34)	*-2.4%*
Research & Development	-	-	-	-	-	-	-	-	-	-	-	3,282	**3,282**	-	-	-	*0.0%*
Campaigns	1	1	9	90	18	28	10	37	65	41	87	10	**394**	156	238	(83)	*-53.2%*
Nursing & AHP	32	53	- 33	21	26	26	55	37	30	24	388	143	**801**	179	156	23	*13.0%*
Quality Improvement	-	-	-	-	18	-	-	-	-	-	-	175	**193**	18	30	- 12	*-65.3%*
Other	-	-	(212)	245	- 122	- 123	- 581	-	0	0	0	(567)	**(1,362)**	(794)	-216	(578)	*100.0%*
Total PHA Direct Budget	**1,421**	**2,558**	**1,522**	**2,890**	**8,658**	**5,041**	**4,000**	**6,688**	**3,927**	**4,451**	**3,317**	**9,702**	**54,176**	**26,091**	**26,996**	**(905)**	
Cumulative variance (%)																***-3.47%***	
Actual Expenditure	**1,608**	**2,765**	**1,643**	**2,898**	**8,801**	**5,414**	**3,867**	**-**	**-**	**-**	**-**	**-**	**26,996**				
Variance	**(187)**	**(207)**	**(121)**	**(7)**	**(143)**	**(373)**	**133**						**(905)**				

The year-to-date position shows an overspend of approximately 0.9m against profile. A year end overspend of c£2.2m is anticipated with the overspend being met in 2023/24 by a forecast underspend in Administration budgets. Whilst work has completed to identify £3.6m of budget reductions in-year, work is ongoing to fully identify the remaining savings measures to meet the full financial target applied to PHA in 2023/24 and recurrently.

Oct 23

Public Health Agency
2023/24 Ringfenced Position

	Annual Budget				Year to Date			
	Covid	NDNA	Other ringfenced	Total	Covid	NDNA	Other ringfenced	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Available Resources								
DoH Allocation	2,854	272	736	**3,863**	1,290	127	374	**1,791**
Assumed Allocation/(Retraction)	-	-	-	-	-	-	-	**-**
Total	2,854	272	736	**3,863**	1,290	127	374	**1,791**
Expenditure								
Trusts	-	212	147	**359**	-	127	86	**213**
PHA Direct	2,854	60	589	**3,504**	1,290	0	307	**1,597**
Total	2,854	272	736	**3,863**	1,290	127	393	**1,810**
Surplus/(Deficit)	**-**	**-**	**-**	**-**	**-**	**-**	**(19)**	**(19)**

PHA has now received COVID allocation of £2.9m (£2.7m for Vaccine Management System & £0.2m for Vaccinators and Covid Vaccine Storage) for financial year 2023/24.

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 Farm Families (£0.2m), Safe Staffing (£0.3m), NI Protocol (£0.1m) and funding for SBNI relating to EITP (£0.1m). A breakeven position for each of these areas is expected for the year.

PHA Administration
2023/24 Directorate Budgets

	Nursing & AHP £'000	Quality Improvement £'000	Operations £'000	Public Health £'000	PHA Board £'000	Centre for Connected Health £'000	SBNI £'000	Total £'000
Annual Budget								
Salaries	4,963	705	4,242	16,336	343	408	589	**27,588**
Goods & Services	184	12	1,125	242	113	47	251	**1,974**
Total Budget	**5,148**	**717**	**5,367**	**16,578**	**456**	**456**	**840**	**29,562**
Budget profiled to date								
Salaries	2,901	377	2,473	9,530	200	248	344	**16,073**
Goods & Services	111	7	656	137	23	24	143	**1,102**
Total	**3,012**	**383**	**3,130**	**9,668**	**223**	**272**	**487**	**17,175**
Actual expenditure to date								
Salaries	2,624	383	1,871	8,422	177	211	340	**14,028**
Goods & Services	108	2	1,185	549	- 28	15	88	**1,921**
Total	**2,732**	**385**	**3,057**	**8,971**	**149**	**227**	**428**	**15,949**
Surplus/(Deficit) to date								
Salaries	277	(6)	602	1,108	24	36	4	**2,045**
Goods & Services	3	4	(529)	(412)	50	9	55	**(819)**
Surplus/(Deficit)	**280**	**(2)**	**73**	**697**	**74**	**46**	**59**	**1,226**
Cumulative variance (%)	*9.31%*	*-0.46%*	*2.33%*	*7.20%*	*33.07%*	*16.77%*	*12.02%*	***7.14%***

PHA's administration budget is showing a year-to-date surplus of £1.2m, which is being generated by a number of vacancies, particularly within Public Health Directorate. 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£2.2m, which is contributing towards PHAs forecast deficit in Programme expenditure in the financial year'

PHA Prompt Payment

Prompt Payment Statistics

	Oct 23 Value	Oct 23 Volume	Cumulative position as at Oct 23 Value	Cumulative position as at Oct 23 Volume
Total bills paid (relating to Prompt Payment target)	£20,247,230	468	£47,104,867	3,058
Total bills paid on time (within 30 days or under other agreed terms)	£14,189,141	463	£40,462,653	2,938
Percentage of bills paid on time	**70.1%**	**98.9%**	**85.9%**	**96.1%**

Prompt Payment performance for October shows that PHA achieved its prompt payment target on volume but missed its target on value. Failure to meet the prompt payment target on value revolved around payment oo vaccine invoices. The year to date position shows that on volume, PHA is achieving its 30 day target of 95.0% but failing to achieve the 95% target on value. Prompt payment targets will continue to be monitored closely over the 2023/24 financial year.

The 10 day prompt payment performance remains very strong at 82.6% on volume for the year to date, which significantly exceeds the 10 day DoH target for 2023/24 of 70%.