agenda

Title of Meeting	161st Meeting of the Public Health Agency Board
Date	15 February 2024 at 1.00pm
Venue	Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast

1 1.00	Welcome and Apologies	Chair
2 1.00	Declaration of Interests	Chair
3 1.00	Minutes of Previous Meeting held on 30 January 2024	Chair
4 1.05	Actions from Previous Meeting / Matters Arising	Chair
5 1.10	Reshape and Refresh Programme	Chair
6 1.15	Updates from Committees: • Governance and Audit Committee **[PHA/01/02/24]** • Remuneration Committee • Planning, Performance and Resources Committee **[PHA/02/02/24]** • Screening Programme Board • Procurement Board • Information Governance Steering Group • Public Inquiries Programme Board	Committee Chairs
7 1.45	Operational Updates: • Chief Executive's and Executive Directors' Report	Chief Executive/ Executive Directors
	• Finance Report **[PHA/03/02/24]**	Director of Finance
	• Reports of New or Emerging Risks **[PHA/04/02/24]**	Mr Wilson
8 2.15	Performance Management Report **[PHA/05/02/24]**	Mr Wilson

9 Items for Noting:
2.30

- Joint PHA/SPPG/BSO Annual Report on Emergency Preparedness 2022/2023 **[PHA/06/02/24]** — Dr McClean
- Complaints Report **[PHA/07/02/24]** — Mr Wilson
- Director of Public Health Annual Report 2021 **[PHA/08/02/24]** — Dr McClean

10 Chair's Remarks — Chair
2.45

11 Any Other Business — Chair
2.50

12 Details of next meeting:

Thursday 21 March 2024 at 1.30pm

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

HSC Public Health Agency

minutes

Title of Meeting	160th Meeting of the Public Health Agency Board
Date	30 January 2024 at 2pm
Venue	Meeting Rooms, Linum Chambers, Bedford 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 (*via video link*)
Mr John Patrick Clayton	-	Non-Executive Director (*via video link*)
Ms Anne Henderson	-	Non-Executive Director
Ms Deepa Mann-Kler	-	Non-Executive Director (*via video link*)
Professor Nichola Rooney	-	Non-Executive Director
Mr Joseph Stewart	-	Non-Executive Director (*via video link*)

In Attendance

Mr Lindsay Stead	-	Assistant Director of Finance, SPPG (for item 9)
Mr Robert Graham	-	Secretariat

Apologies

Mr Robert Irvine	-	Non-Executive Director
Dr Aideen Keaney	-	Director of Quality Improvement
Ms Tracey McCaig	-	Director of Finance and Corporate Governance, SPPG
Mr Brendan Whittle	-	Director of Community Care, SPPG

1/24 **Item 1 – Welcome and Apologies**

1/24.1 The Chair welcomed everyone to the meeting. Apologies were noted from Mr Robert Irvine, Dr Aideen Keaney, Ms Tracey McCaig and Mr Brendan Whittle.

2/24 **Item 2 – Declaration of Interests**

2/24.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda.

2/24.2 Mr Clayton declared an interest in relation to Public Inquiries as Unison is engaging with the Inquiries.

2/24.3 For item 11, the Chair declared an interest as his wife works for CCEA (Council for Curriculum, Examinations and Assessment) and has a responsibility for developing resources in the area of Relationships and Sex Education (RSE).

3/24 Item 3 – Minutes of previous meeting held on 14 December 2023

3/24.1 The minutes of the Board meeting held on 14 December 2023 were **APPROVED** as an accurate record of that meeting.

4/24 Item 4 – Actions from Previous Meeting / Matters Arising

4/24.1 The Chair advised that there was one action from the previous meeting which related to sharing a paper with members relating to campaigns and that was done shortly after the meeting.

5/24 Item 5 – Updates from Board Committees

Governance and Audit Committee

5/24.1 The Chair noted that the Governance and Audit Committee (GAC) is due to meet on Thursday 1 February and there will be a fuller report at the next meeting.

Remuneration Committee

5/24.2 The Chair advised that the Remuneration Committee met on 16 and 22 January to consider the matter of Senior Executive Pay and that the outcome of that meeting was shared with members.

Planning, Performance and Resources Committee

5/24.3 The Chair said that a meeting of the Planning, Performance and Resources Committee is due to take place on Thursday 8 Friday. He asked if a copy of its terms of reference could be sent to him **(Action 1 – Secretariat)**.

6/24 Item 6 – Updates from other Programme Boards/Committees

Screening Programme Board

6/24.1 The Chair noted that the Screening Programme Board has not met since the last Board meeting.

Procurement Board

6/24.2 Ms Henderson advised that there is a lot of work to be carried out in the

area of procurement with a number of outstanding Internal Audit recommendations. Mr Stewart noted that updates on these would be brought to the Governance and Audit Committee. It was agreed that the Chair would meet with Ms Henderson, Mr Stewart and Mr Wilson to review these **(Action 2 – Chair)**.

Information Governance Steering Group

6/24.3 Mr Clayton reported that the Information Governance Steering Group (IGSG) met recently. He advised that a recent Internal Audit in this area has returned a satisfactory level of assurance. At the meeting, he said that one of the main issues discussed related to how quickly new staff can complete their online training. He noted that the Agency Management Team (AMT) is considering an "induction day" for new starts and that Mr Stephen Murray is to provide an update from HR regarding this. He added that the IGSG Action Plan will form part of the agenda for the GAC meeting on Thursday.

Public Inquiries Programme Board

6/24.4 Professor Rooney advised that the Chief Executive is due to present evidence at the Urology Inquiry shortly. The Chief Executive reported that he, along with Dr McClean and Mr Brian Donnelly from the Directorate of Legal Services (DLS) had met with the Inquiry barrister who outlined areas of questioning which he felt to be helpful and will allow him to be better prepared for the session. He noted that PHA is not a significant organisation for the Inquiry and that the work of the Inquiry is almost complete.

6/24.5 Professor Rooney said that the Programme Board has a lot of focus on the COVID Inquiry and that Dr McClean will be giving evidence to the Inquiry in April/May. Mr Wilson reported that PHA has a number of actions to follow up on across each of the four modules of the Inquiry, including a further Rule 9 request relating to Module 2c. He said that a comprehensive amount of work is required to be completed in a short period of time. The Chair asked if the work is manageable, but Mr Wilson replied that the issue for PHA is more about how much of the information is readily available.

6/24.6 Professor Rooney suggested that it would be useful to work out the cost of PHA of servicing the Inquiry. She echoed the concern around the loss of corporate memory with staff having left the organisation.

6/24.7 Ms Henderson asked about PHA's role in relation to urology. The Chief Executive explained that PHA's role relates to commissioning and the management of Serious Adverse Incidents (SAIs) as well as its governance responsibilities. Ms Henderson asked if PHA has collated all of the SAIs relating to urology and how maybe there are. Dr McClean replied that there are around 10.

At this point Ms Mann-Kler joined the meeting.

6/24.8 The Chief Executive outlined that PHA's role in relation to SAIs is to disseminate learning, but the focus of the Inquiry is around the practice of an individual, and that issue should have been removed from the SAI process and dealt with by the Trust through a different process. He reiterated that PHA's role is around disseminating regional learning.

6/24.9 Ms Henderson commented that SAIs expose PHA to weaknesses within the HSC system and that it is a big ask for PHA to be responsible for disseminating the learning. The Chief Executive noted that the issue with SAIs is that it is not possible to ignore what becomes known. He added that SAIs were set up as a learning tool, but for issues relating to the practice of individuals there are systems for appraisal and revalidation. Ms Reid explained that it is not the role of the Designated Responsible Officer (DRO) in PHA for any SAI review to provide clinical advice, but to look at the process. She added that the SAI process is currently being reviewed and that the Permanent Secretary has asked that this is completed within 12 months. She said that the implementation of any new process will take years.

6/24.10 Professor Rooney said that there are similarities with PHA's role in quality assurance and that PHA should review this. The Chair suggested that an update on this should be brought to the Board in a few months' time **(Action 3 – Chief Executive)**.

7/24 Item 7 – Risk Management

7/24.1 The Chair noted that the Corporate Risk Register has been reviewed as at 31 December and will be considered by the GAC at this meeting on Thursday. He asked if any new risks have been placed on the Register. Mr Wilson advised that a new risk regarding the impact of having to make savings in 2024/25 has been added.

7/24.2 Mr Clayton said that at the December Board meeting, there had been discussion around placing a new risk on the Register regarding the difficulties in recruiting public health consultants. Mr Wilson advised that this is still contained as a constituent part of the risk on staffing. Mr Clayton said that this will be discussed further at the GAC meeting on Thursday.

8/24 Item 8 – Chief Executive's and Executive Directors' Report

8/24.1 The Chair asked the Chief Executive and Directors if there were any specific issues they wished to bring to the attention of the Board. The Chief Executive said that in next year's Business Plan there will be a target around vaccinations as there has been a decline in childhood vaccinations which in England has led to an increase in measles cases, although that has not happened in Northern Ireland. He added that there has also been a reduction in the uptake of both COVID and flu

vaccines. He outlined that PHA will be establishing a Vaccination Programme Board and its terms of reference will be brought to the Board shortly along with a request for a Non-Executive Director to sit on it. He said that vaccination is a pillar of good public health.

8/24.2 Mr Stewart commented that reading the Report highlighted to him that PHA is involved in many work areas and he questioned whether it should be involved in all of them when it does not currently have the capacity. He highlighted in particular work around the primary care nursing workforce. The Chair said that following the workshop taking place in February, he wants to have clarity around PHA's core purpose, focus and strategic direction. Returning to Mr Stewart's query, Ms Reid explained that PHA is involved in primary care nursing as a means of ensuring that public health needs are being met and that HSC staff have the required knowledge and skills in that area. She added that it is about ensuring that public health messaging is being put out.

8/24.3 Mr Clayton noted that the update on the primary care nursing workforce made reference to work in areas of deprivation and advised that he has had some involvement with a project and would be happy to discuss this further with any of the Executive Directors. He asked if there was any update on cervical screening and the review of PHA's quality assurance processes. Dr McClean advised that she had written to all Trusts to establish an incident team. In terms of the quality assurance review, she explained that approaches had been to Public Health Wales and NHS England. While Public Health Wales were able to carry out a review, she said that they would not be able to prepare a report. For NHS England, an approach was made to management to approve the carrying out a review, but this was refused so she explained that one option was to engage their staff in a private capacity.

8/24.4 Dr McClean reported that the implementation of primary HPV testing is progressing well and will be used to clear the backlog. She said that Trusts have been asked to indicate how long this will take. She advised that the Belfast Trust should have the accreditation of its laboratory reinstated next week. She agreed to share the SITREP that is prepared with members **(Action 4 – Dr McClean)**. With regard to the review of slides in the Southern Trust, she reported that to date only approximately 1,000 slides have been reviewed and that the uptake has been low. She advised that she is attending a meeting of the All-Party Group on Wednesday to discuss cervical screening.

8/24.5 Mr Wilson noted that the potential reinstatement of the Northern Ireland Assembly will see a new Programme for Government which will then initiate the process for PHA to develop a new Corporate Plan.

8/24.6 Ms Henderson commended the work that has been carried out to date on screening. She suggested that for governance purposes, it would be useful for a short report to place on the record. She said that PHA has done a tremendous job in what has been a stressful and pressurised

environment. She added that PHA needs to be more creative in terms of getting messages out to improve uptake of the MMR vaccine.

9/24 **Item 9 – Finance Report (PHA/01/01/24)**

9/24.1 Mr Stead presented the Finance Report for month 8 and advised that the position is similar to that of month 7 with PHA carrying a small year to date surplus, but that it should achieve a year-end break-even position. He added that AMT is continuing to monitor expenditure and slippage, particularly the vaccine slippage.

9/24.2 Mr Stead said that PHA's management and administration budget continues to have an underspend of around £2m, and although staff turnover is reducing, it is unlikely that there will be many more job appointments in the last quarter. He noted the new PHA structure will inform the cost of the management and administration budget going forward.

9/24.3 Mr Stead advised that some slippage is being offset by expenditure within programmes, for example Nicotine Replacement Therapy. He added that there continues to be a timing issue in terms of the receipt of monies from the Special EU Programmes Body (SEUPB).

9/24.4 Mr Stead explained that it is difficult to pin down an accurate figure for slippage within the vaccine budget. He said that a review is being carried out across children and adult flu vaccines, as well as the shingles vaccine. He advised that the flu vaccine has been opened up to a new cohort making it difficult to estimate the uptake. He added that there could also be a delay in GPs making claims. He estimated that the slippage will be in the region of £150k/£200k, with PHA's overall slippage around £450k/£500k. He explained that Ms McCaig has alerted the Department of this situation.

9/24.5 The Chair asked if there is any update on the position for 2024/25. Mr Stead commented that he did not know what impact the reinstatement of the Assembly would have, but he expected an update within the next couple of weeks. Mr Wilson advised that a meeting has been scheduled with the Department on 1 March to discuss PHA's saving proposals.

9/24.6 The Board noted the Finance Report.

At this point Dr McClean left the meeting.

10/24 **Item 10 – Annual Report on the Specialist Training Programme in Public Health (PHA/02/01/24)**

10/24.1 The Chair asked if members had queries on the report noting that Dr McClean had had to leave the meeting.

10/24.2 Mr Clayton queried how the findings of this report link with the risk on

	the Corporate Risk Register in terms of the shortage of public health consultants. He noted the issue referenced in the report about the need to allow current consultants the time to mentor trainees. He added that the findings of the survey were interesting. Professor Rooney said that she would wish to understand more about the issue in relation to wellbeing.
10/24.3	Ms Reid agreed that there are capacity issues. She said that PHA is exploring training for non-medical staff by portfolio assessment as a way of trying to get senior staff trained by a different route.
10/24.4	The Board noted the Annual Report on the Specialist Training Programme in Public Health.
11/24	**Item 11 – Sexually Transmitted Infections in Northern Ireland Annual Report 2022 (PHA/03/01/24)**
11/24.1	The Chair asked if PHA works with CCEA to develop resources and Ms Reid replied that to her knowledge, PHA does. The Chief Executive added that PHA has a good working relationship with the education sector.
11/24.2	Mr Stewart commented that while this was a good report, he felt that there was a need to look at other initiatives as PHA appears to be continuing to do the same work, but not making the same impact. The Chief Executive agreed with the points made and said that while PHA is doing a lot of work, perhaps it needs to think of a different approach. Mr Wilson noted that many of the comparisons are being made with 2020/21 which was during the pandemic, therefore comparisons with 2018/19 would be more significant. He added that PHA had previously run successful media campaigns in this area and was due to run that campaign again this year. He suggested that the increase in the number of STIs could be linked to the improved accessibility of hone testing.
11/24.3	Mr Clayton noted that in the past PHA would have targeted interventions for higher risk groups, for example men who have sex with men (MSM), and suggested that as a consequence of there not being a campaign budget, this has not happened. Mr Wilson advised that PHA does work with Rainbow and will be carrying out a comprehensive body of work for Sexual Health Week 2024.
11/24.4	The Board noted the 2022 Annual Report on Sexually Transmitted Infections in Northern Ireland.
	At this point Mr Clayton left the meeting.
12/24	**Item 12 – Chair's Remarks**
12/24.1	The Chair advised that he had attended a meeting with Mr Peter

	Toogood and reiterated that need for PHA to be able to show how it is spending its funds effectively and getting outcomes. He said that if PHA is able to demonstrate this, then Mr Toogood will back PHA's efforts to secure more funding and put a case forward for PHA.
12/24.2	The Chair said that he would like to have a separate Board meeting for the Board to consider the progress against the recommendations of the EY report and receive an update from the Directors regarding this **(Action 5 – Secretariat)**.
12/24.3	The Chair asked for an update on the Integrated Care System (ICS). The Chief Executive advised that he will be having a meeting with Ms Martina Moore later this afternoon to discuss this. He added that he had attended a meeting with SOLACE (Society of Local Authority Chief Executives) before Christmas which had been useful. He said that the role of the Area Integrated Programme Boards (AIPBs) has changed over the last two years from a decision making one to a more collaborative one. *At this point Ms Henderson left the meeting.*
12/24.4	The Chief Executive commented that not having the Assembly in place has allowed time for reflection in terms of how ICS will work. He advised that PHA's role will be to provide population needs health assessments, but PHA needs to have better developed information systems.
13/24	**Item 13 – Any Other Business**
13/24.1	There was no other business.
14/24	**Item 14 – Details of Next Meeting** *Thursday 15 February 2024 at 1pm* *Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast* Signed by Chair: Date:

minutes

Title of Meeting	Meeting of the Public Health Agency Governance and Audit Committee
Date	10 October 2023 at 10am
Venue	Meeting Rooms 2&3, 2nd Floor, 12/22 Linenhall Street, Belfast

Present

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

In Attendance

Mr Stephen Wilson	-	Interim Director of Operations
Mr Stephen Murray	-	Interim Assistant Director of Planning and Business Services
Ms Claire Devine	-	Assistant Director of Finance, SPPG
Ms Caren Crockett	-	Head Accountant, SPPG
Mrs Catherine McKeown	-	Internal Audit, BSO
Mr Roger McCance	-	NIAO
Mr Robert Graham	-	Secretariat

Apologies

Mr Robert Irvine	-	Non-Executive Director
Ms Tracey McCaig	-	Director of Finance, SPPG
Ms Colette Kane	-	NIAO

50/23	**Item 1 – Welcome and Apologies**
50/23.1	Mr Stewart welcomed everyone to the meeting. Apologies were noted from Mr Robert Irvine, Ms Tracey McCaig and Ms Colette Kane.
51/23	**Item 2 - Declaration of Interests**
51/23.1	Mr Stewart asked if anyone had interests to declare relevant to any items on the agenda.
51/23.2	Mr Clayton noted that within some of the papers, there are references to Public Inquiries, and how the PHA is responding to these, and therefore given Unison's involvement with Inquiries, he felt he should declare an interest.

52/23 **Item 3 – Minutes of previous meeting held on 12 September 2023**

52/23.1 The minutes of the previous meeting, held on 12 September 2023 were **approved** as an accurate record of that meeting, subject to an amendment in paragraph 45/23.34.

53/23 **Item 4 – Matters Arising**

53/23.1 For action 1 around training on the 3 Lines Assurance Model for Committee members, Mr Wilson advised that he has spoken to Internal Audit and both Mrs McKeown and Mr Charles will facilitate a session for members at a date to be agreed.

53/23.2 For action 2 regarding the Maximum Acceptable Outage (MAO) for screening programmes, Mr Wilson advised that this is currently being reviewed. He explained that this relates to the PHA element of screening programmes and not the Trust element. Mr Stewart suggested that this clarification should be included in the Plan.

53/23.3 Mr Clayton asked whether this would have a knock-on impact on commissioning depending on the time of the year. Mr Wilson said that this is about the quality assurance element, and reiterated that this is being reviewed by the team.

54/23 **Item 5 – Chair's Business**

54/23.1 The Chair advised that he had no business to update on.

55/23 **Item 7 – Internal Audit**

Internal Audit Progress Report [GAC/40/10/23]

55/23.1 Mrs McKeown advised that there was no update since the last meetings, but that an audit of information governance is due to commence this month and the financial review audit is due to commence next month.

55/23.2 Members noted the Internal Audit Progress Report.

Mid-Year Follow up on Outstanding IA Recommendations 2022/23 [GAC/41/10/23]

55/23.3 Mrs McKeown reported that following the mid-year follow up on outstanding audit recommendations, 79% of the 76 recommendations had now been fully completed with 21% partially implemented.

55/23.4 Mrs McKeown advised that the oldest recommendation relates to procurement and goes back to 2014/15. She added that there are two recommendations relating to screening programmes from 2017/18 for which the implementation date has been moved to March 2025 to reflect the need for investment in this area. She reported that there is one

outstanding recommendation from the Family Nurse Partnership which is around the need for a new computer system, but work is due to commence on that shortly. She said that work is ongoing to ensure PHA contracts with providers are GDPR compliant following the information governance audit. She advised that there are two recommendations outstanding on Board Effectiveness, one relating to the development of a strategic plan and the other relating to individual Board development plans for members. She said that from the audit of Serious Adverse Incidents, a Partnership Agreement was to be drawn up between PHA and SPPG, and although this has not yet been signed, it is due to be signed shortly.

55/23.5 Mr Clayton asked about the recommendations on Board Effectiveness. He noted that a new approach is needed in terms of the development of a strategy. He said that he would welcome a wider discussion on individual training needs and perhaps this should be raised with the Interim Chair. Mr Stewart advised that this will be mentioned at the meeting on Friday. He added that there is still not yet agreement on the approach for developing a strategy but he hoped that this would be resolved by 31 March 2024.

55/23.6 Mr Clayton asked if there is clarity in terms of the investment required to address the screening recommendations. Mr Wilson said that he would have to get further information on this **(Action 1 – Mr Wilson)**.

55/23.7 Mr Stewart asked about the action plan to address recommendations around recruitment as the target date has now changed to March 2024. Mr Wilson advised that a paper is being presented at the Agency Management Team (AMT) meeting on Wednesday outlining that there are constraints with the current HRPTS system which is impacting on what HR colleagues are able to do.

55/23.8 Mr Stewart said that he wished to see many of these recommendations pertaining to limited audits cleared before the year end so it is important that these issues are dealt with. Mr Wilson advised that he is meeting with Ms Crockett and Ms Devine to look at instigating a series of audit clinics where there will be a focus on clearing outstanding audit recommendations. Mr Stewart welcomed this approach.

55/23.9 Members noted the Mid-Year follow up on outstanding Internal Audit recommendations.

Shared Services Audits [GAC/42/10/23]

55/23.10 Mrs McKeown advised that since the last meeting two audits have been completed within Shared Services, one relating to Accounts Receivable and one relating to Accounts Payable, and each received a satisfactory level of assurance. She added these will be presented to the Audit Committee of BSO next week.

Mid-Year Assurance Statement to the Public Health Agency from the Head of Internal Audit [GAC/43/10/23]

55/23.11 Mrs McKeown advised this Statement shows that to date two audits have been completed this year for PHA and these were presented to the Committee last month. She said that these related to the management of voluntary and community organisation contracts, and management of complaints and claims, and a limited level of assurance was given to each with a total of 6 significant findings.

55/23.12 Members noted the Mid-Year Assurance Statement to the Public Health Agency from the Head of Internal Audit.

56/23 Item 12 – PHA Mid-Year Assurance Statement [GAC/51/10/23]

56/23.1 Mr Wilson presented the Mid-Year Assurance Statement which he said follows the normal template in terms of picking up key issues.

56/23.2 Mr Wilson noted the reference to the SBNI unlawful expenditure as well as the fraudulent payment in Section 7. In the Internal Audit section, he said that Mrs McKeown had already made reference to the audits which had received limited assurance but he reiterated that it is hoped that the recommendations would be closed off as soon as possible.

56/23.3 Mr Wilson advised that the section on internal control divergences begins with those issues which are deemed to no longer be control issues. He said that the matter regarding SBNI unlawful expenditure has been dealt with following an assurance given at the last Committee meeting. He added that work around COVID-19 is now seen as normal business as there are now appropriate operational procedures in place, including the Vaccine Management System and the delivery of the COVID vaccine programme in line with Departmental policy.

56/23.4 Mr Wilson reported that in terms of those issues which continue to be considered issues, these are in the areas of finance, management of community and voluntary sector contracts and staffing issues. He noted that there is a figure required in terms of the percentage of consultant capacity and this would be updated. He said that members will be familiar with the issues being faced by HSCQI. He added that Public Inquiries continues to be an area that PHA has to deal with, but with limited resources and no additional capacity.

56/23.5 Mr Wilson advised that in terms of new issues, there is now a pause on campaigns. Mr Stewart said that the wording of this section needs to be strengthened given PHA's role in terms of health improvement and health protection with campaigns being a critical part of PHA's *raison d'être* as they are important in influencing people's behaviour in a positive way which will in turn reduce the demand on the HSC. Ms Mann-Kler echoed this and said that while she understood the rationale for pausing campaigns in other ALBs, she felt it made no sense to do

this for PHA. She asked whether this needed to be included on PHA's Corporate Risk Register. Mr Wilson said that he would consider this. He advised that PHA has been in discussion with the Department around this, but it has now received confirmation that there will be a pause. He added that PHA had submitted a bid for an amount of funding for organ donation, and was advised that only 10% of this was available. He said that PHA is now in a difficult position and there is an issue now in terms of the integrity of PHA's campaign programme. He added that the Department is not expecting any more bids from PHA. Mr Stewart said that this is an issue that the Board will want to raise with the Chair and an approach made to the Permanent Secretary where PHA's position is logged in terms of its role in health promotion and health protection and it not being able to take forward its statutory responsibilities.

56/23.6 Mr Clayton said that he agreed that this issue needs to be highlighted. He asked about the reference to RQIA reports and if this is standard wording around what progress has been made, or does it refer specifically to the recent review on Serious Adverse Incidents. He said that he would welcome clarity on that. He added that the wording around the ALB Self-Assessment would suggest that the assessment has been completed, when it has not, but he acknowledged that this could be a timing issue. Mr Wilson said that he would need to report back to the Committee regarding the section on RQIA **(Action 2 – Mr Wilson)**.

56/23.7 Mr Stewart noted that in the narrative on the audit of community and voluntary sector contracts, it indicates that the recommendation will be completed by March 2026 but at the last meeting an assurance could not be given that this would be the case. Mr Murray explained that this timeline is achievable, providing no other issues come from left field that diverts PHA's attention. He added that PHA is also relying on other organisations. He said that PHA has a plan to deliver against that timeline, but he acknowledged that it will be difficult. Mr Stewart suggested that these difficulties should be reflected in this Statement because if the Permanent Secretary were reading this, the issues are not apparent. Mr Murray undertook to make the necessary amendments **(Action 3 – Mr Murray)**.

56/23.8 Subject to minor amendments, the Committee **APPROVED** the Mid-Year Assurance Statement.

57/23 Item 13 – Draft Governance and Audit Committee Self-Assessment [GAC/52/10/23]

57/23.1 Mr Stewart advised that having gone through the draft assessment there was very little that he would wish to change. He noted that under question 2, there is a need for the Accounting Officer to attend a meeting of the Committee more often.

57/23.2 Ms Mann-Kler said that she was also content with the assessment and echoed Mr Stewart's comments regarding the attendance of the Accounting Officer, which Mr Clayton also agreed with.

57/23.3 Mr Clayton suggested an amendment under question 8 to reflect that some of the other members had attended specific training. Ms Mann-Kler asked whether there was any awareness of any training on governance in challenging times given the current environment and pressures on the HSC. Mr Stewart advised that he had previously attended an annual conference hosted by the Chief Executive's Forum and the annual NICON conference, both of which he would recommend.

57/23.4 Mrs McKeown advised that there is an updated template for this self-assessment available through the National Audit Office.

57/23.5 Subject to minor amendments, members **APPROVED** the draft Governance and Audit Committee self-assessment **(Action 4 – Mr Graham)**.

58/23 Item 6 – Corporate Governance

At this point Ms Levette Lamb joined the meeting

Corporate Risk Register as at 30 September 2023 [GAC/36/09/23]

58/23.1 Mr Wilson advised that following a review of the Corporate Risk Register no new risks have been added. He added that one risk, regarding Lifeline, has been removed and that no risks have had their rating altered. He advised that work has continued to implement the 3 Lines Assurance model, but due to a bereavement, PHA's lead in this area has been on leave so there has not been the same level of support.

58/23.2 Mr Clayton asked about risk 39 on cyber security. He advised that he felt assured following the Information Governance Steering Group (IGSG) meeting last week as PHA has conducted a review of its FOI processes following the recent PSNI data breach incident. He said that it would be useful to refer to this in the narrative. He noted the reference to a training session for Board members. Mr Wilson said that this would be through BSO and he would look into this **(Action 5 – Mr Wilson)**.

58/23.3 Mr Clayton noted that risk 61 around IT systems for screening programmes has been on the Register for some time and said that it would be helpful to receive a fuller update across each of the programmes as there could be different issues in each programme. He suggested that this could be done for the next iteration. He asked about risk 60 on the Integrated Care System (ICS) and if there has been any specific learning from the pilot for PHA.

58/23.4 Mr Stewart suggested that AMT needs to review both risks 59 and 61 as they both relate to screening and combine them into one new risk. Mr

	Wilson agreed and said that this will be looked at. In terms of the IT systems, he advised that matters have been progressing quickly with regard to a workaround for the HPV testing.
58/23.5	Mr Wilson confirmed that there is an ICS pilot in the Southern Trust area and that PHA is involve principally looking at population health planning from a health needs assessment perspective. He added that it has been a useful exercise in terms of looking at how an Area Integrated Programme Board (AIPB) could work. However, he felt that what AIPBs can deliver is quite limited. Mr Murray agreed and added that the AIPB needs to be realistic about what it can achieve. He advised that it is narrowing its focus to three areas. Mr Clayton asked if there is clarity about what PHA's role is. Mr Murray replied that PHA is a partner and has a significant role in providing information, but it is not accountable in that its role is to inform. Mr Stewart advised that he had a briefing from Dr Diane Corrigan on the ICS pilot and he would pass information on regarding this.
58/23.6	Members **APPROVED** the Corporate Risk Register.
	Risk Management Strategy and Policy [GAC/38/10/23]
58/23.7	Mr Wilson said that as PHA has now introduced the 3 Lines Assurance Model, it was timely to update the Risk Management Strategy and Policy.
58/23.8	Mr Stewart noted that PHA is working to ISO31000 but has not subscribed to it. He said that it is important that all staff are aware of this Strategy and AMT should ensure that this is the case.
58/23.9	Ms Mann-Kler asked if staff in key roles are trained in risk and assurance, and also asked if this Strategy will be brought to the Board. Mr Wilson confirmed that the Strategy will be brought to the Board. He said that it is incumbent on all organisations that staff at all levels have an awareness of risk management, and there are courses available. He added that PHA has placed emphasis on ensuring that staff complete suitable training and agreed that this is something that AMT should look at **(Action 6 – Mr Wilson)**.
58/23.10	Mr Clayton said that it is important that Committee members receive training in the 3 Lines Model as well as staff who deal with the biggest risks. Mr Wilson agreed and noted that over the last number of years there has been quite a turnover in staff at senior level so it is appropriate that this is looked at.
58/23.11	Mrs McKeown welcomed the fact that the Strategy has been updated to include the 3 Lines Assurance Model but suggested that there needs to be a definition of what the RAG rating mean.
58/23.12	Members **APPROVED** the Risk Management Strategy and Policy.

HSCQI Directorate Risk Register as at 30 September 2023 [GAC/37/10/23]

58/23.13 Mr Stewart thanked Ms Lamb for attending today's meeting and invited her to present the HSCQI Directorate Risk Register.

58/23.14 Ms Lamb advised that there are presently 4 risks on the Directorate Risk Register, 1 of which is rated "medium" and 3 of which are rated "high".

58/23.15 Ms Lamb said that the first risk relates to the staffing compliment within the team and although there have been discussions about what level of staffing is required, the team is always firefighting as there is an extensive programme of work. She advised that the workload of the directorate is monitored through AMT and PHA's Sponsor Branch. She said that the team is grateful that PHA has provided some funding for staff and that new staff are currently being recruited at Band 6, Band 4 and Band 3 level.

58/23.16 Ms Lamb explained that the second risk is about accommodation and the need to be able to bring staff in for network meetings in a conducive environment. She noted that some of the Trusts have established hubs and that HSCQI would aim to make use of these facilities but it would still require external venues for larger events.

58/23.17 Ms Lamb advised that the third risk, relating to finance, has now been rated as "high". She explained that since the established of HSCQI, it has been funded through slippage. She added that there have been ongoing discussions between the Chief Executive, Director of Finance and PHA's Sponsor Branch on how to stabilise the financial position and there is now funding from the Department for 2023/24 with indications that this could continue into 2024/25. Mr Stewart advised that he had raised this matter with the Permanent Secretary.

58/23.18 Ms Lamb said that the final risk relates to dealing with competing priorities and particularly the impact of the recent industrial action which led to the cancellation of a recent event.

58/23.19 Ms Mann-Kler thanked Ms Lamb for her update. She said that in terms of innovation and improvement, the work of HSCQI is so valuable to the HSC system and leads to improved patient experience and improved service outcomes and it saddens her that HSCQI does not sit at the heart of the system and that there is no stability with regard to its funding. She added that the work of HSCQI is more important now than ever, and she asked if this should be raised with the Chair. She said that there is a very talented team and she has always felt uncomfortable that it does not have the support it needs. Mr Stewart echoed this and advised that this is why he raised that at the PHA's Mid-Year Accountability Review meeting.

58/23.20 Mr Clayton asked whether the funding for HSCQI is part of PHA's overall

budget or separate, but Ms Lamb replied that she did not know because she was not involved in the discussions. Mr Murray said that it is PHA's intention to put the onus on this back to the Department because it is their work and therefore they should find the funding for it. He added that there is a need for a sustainable funding model for HSCQI going forward. Ms Lamb commented that an early decision on the budget is needed because getting a decision during the year is unacceptable.

58/23.21 Ms Lamb thanked members for their kind comments about the work of HSCQI. She advised that Dr Cathy Jack has delivered a presentation on the work of the HSCQI Alliance at a recent meeting of the Performance Transformation Executive Board (PTEB) and it had been well received.

58/23.22 Members noted the HSCQI Directorate Risk Register.

At this point Ms Lamb left the meeting.

Complaints Report [GAC/39/09/23]

58/23.23 Mr Wilson reminded members that the handling of complaints was previously undertaken by the Nursing directorate but has now transferred to Operations and that this is the first quarterly report. He added that this report will also be brought to the PHA Board.

58/23.24 Mr Wilson advised that for the period up to 30 September 2023, PHA has received 7 complaints, 6 of which were acknowledged within 2 working days and 5 of which were responded to within 20 working days. He said that there is a table showing the average length of time of dealing with a complaint.

58/23.25 Mr Wilson explained that 2 complaints which were previously accepted under the complaints process are now being dealt with under a different process as they are internal to the HSC and not subject to the HSC Complaints Procedure. He assured members that they will be subject to further investigation.

58/23.26 Mr Wilson advised that one complaint has been forwarded to the Ombudsman as the complainant was dissatisfied. He reported that at present there are no open complaints.

58/23.27 Mr Stewart asked if members could receive the HSC Complaints Procedure **(Action 7 – Mr Wilson)**.

58/23.28 Mr Clayton asked if work to update PHA's Complaints Policy is progressing. Mr Wilson advised that there are some resource issues, but a member of staff has been recruited to support Inquiries and complaints so this work will be taken forward. He added that the learning from the recent audit will be taken forward.

58/23.29 Mr Clayton commented that this is a useful report and that at the year end it would be helpful to see how learning has been applied.

58/23.30 Mr Wilson said that he was cognisant the report only deals with complaints, but there is work to try to capture information about compliments.

58/23.31 Members noted the Complaints Report.

59/23 Item 11 - External Auditor's Report to those Charged with Governance (Final) [GAC/51/10/23]

59/23.1 Mr McCance advised that this Report has not yet been finalised and he will bring it to the next meeting.

60/23 Item 8 – Information Governance

Information Governance Action Plan 2023/24 [GAC/44/10/23]

60/23.1 Mr Wilson advised that this is the current Action Plan for 2023/24 and he invited Mr Murray to give members an update on progress as he had been unable to attend the meeting of the Information Governance Steering Group (IGSG) last week.

60/23.2 Mr Murray said that one of the areas of focus at IGSG was training and awareness. He reported that some progress has been made in terms of new starts and the induction process and ensuring senior staff are implementing the new process. Mr Stewart queried whether the target should be rated "red" given that only 44% of staff had completed their training within one week. Mr Murray responded that all new starts undertake the training and this is about having the mechanisms in place, although he conceded that the figure is below target. Mr Stewart suggested that rating the target "red" will focus attention. Mr Murray noted that training rates for eLearning have increased and that the Information Governance training has moved from 3-yearly training to annual.

60/23.3 Mr Murray advised that work is ongoing to get the outstanding Information Asset Registers signed off and that he has written to Dr Joanne McClean regarding this. Mr Stewart commented that there will always be a reason for not completing this work and it needs to be resolved.

60/23.4 Mr Murray reported that good progress in being made in other areas and highlighted that PHA has been reviewing its FOI processes following the data breach in PSNI. He said that there is a need for information to be forwarded to the FOI team more quickly so that there is more time to analyse it.

At this point Ms Mann-Kler left the meeting.

60/23.5 Mr Clayton said that it would be useful to share with Board members the paper which went to AMT around FOI processes **(Action 8 – Mr Graham)**. He added that he assumed that this would be an area that would be reviewed given the PSNI data breach. He said that the area of training does need to be looked at, given that there seems to be issues in particular directorates.

60/23.6 Members noted the Information Governance Action Plan.

Information Governance Strategy and Framework [GAC/45/10/23]

60/23.7 Mr Wilson advised that following a review, there have been minimal changes to the Strategy, but perhaps some elaboration in some areas.

60/23.8 Mr Clayton said that at the July IGSG meeting, there was some discussion around when this Strategy may be reviewed again in the context of the Reshape and Refresh programme. He noted that there was also a discussion about the frequency of updates from IGSG to this Committee, but he suggested that there is probably a timing issue as IGSG has met twice since this Committee last met. He suggested that there should be an Annual Report which goes to the Board which should come to this Committee first.

60/23.9 Members **APPROVED** the Information Governance Strategy and Framework.

Records Management Policy [GAC/46/10/23]

60/23.10 Mr Stewart noted that this Policy has been updated and asked how it is possible to ensure that staff are working to this policy. Mr Wilson agreed that there are challenges for PHA, particularly with the turnover of staff. Mr Stewart said that this is an area that he has been concerned about, in terms of when staff leave, that there is a record of decisions that have been made and the background to that.

60/23.11 Mr Wilson advised that as part of the Inquiries work, PHA has been interviewing key staff and emphasising the need for good records. As part of the Reshape and Refresh programme, he said that there will be a look at how policies are taken on board across the new structure.

60/23.12 Mr Clayton commented that this was also discussed at the last IGSG meeting and that there is a need for PHA to carry out an exercise to test its own systems. He said that this policy gives staff a good sense of why records are important and how they should be retained. Mr Stewart agreed that there needs to be a method of sampling records on a regular basis. He added that there needs to be a central repository of data. Mr Murray said that going forward, PHA is looking at how it can use MS Teams infrastructure as a filing system. Mr Stewart commented that there should be a target that AMT will put this in place. He added that when PHA is aware that staff are leaving, they should be spoken to

about the information that they hold. Mr Wilson confirmed that this approach has started.

60/23.13 Members **APPROVED** the Records Management Policy.

Data Breach Incident Response Policy [GAC/47/10/23]

60/23.14 Mr Wilson said that this extant policy has been updated and will be brought to the attention of all staff.

60/23.15 Mr Clayton asked whether the Committee should be sighted on Post Incident Reports saying that he assumed that any learning from data breaches would be reported. He also asked how the decision is made as to whether to contact the Information Commissioner's Office (ICO). Mr Wilson replied that following any data breach, a full assessment would be carried out and he would work with Mr Murray on this. With regard to notifications to the ICO, he said that PHA would liaise with the ICO as it has a role to provide advice.

60/23.16 Members **APPROVED** the Data Breach Incident Policy.

61/23 Item 9 – Contract Assurance Process – 2023/24 Report [GAC/48/10/23]

61/23.1 Mr Murray advised that this paper relates to the recent audit on community and voluntary sector contracts. He explained that there is an assurance process in place for PHA to assure itself that organisations are meeting certain standards. He said that paper outlines the current position of the 2023/24 audit where suppliers have been asked to submit certain documents which relate to 2022/23. He added that when information is submitted it is uploaded onto a central Sharepoint site so it can be shared with contract leads.

61/23.2 Mr Murray reported that as at 30 September, 81% of 110 organisations have returned all of the documentation required and 11% have yet to provide any information. Of the 110 organisations, he advised that 103 contract assurance returns have been made, and of these 15 organisations have noted concerns but with issues not deemed to be significant, while one organisation has highlighted that it is currently under statutory inquiry.

61/23.3 Mr Murray advised that 107 organisations have submitted bank statements, 101 have submitted annual accounts and 103 have submitted insurance documentation. He said that there are some issues about the level of assurance that PHA is seeking, particularly around insurance and Mr Stewart said that he would like to understand why PHA requires this information.

61/23.4 Mr Murray said that PHA will continue to follow up on the outstanding returns, but he wished to provide assurance that there are processes in

place.

61/23.5 Mr Clayton expressed surprise that there is still information outstanding. He asked that if there was a case where an organisation had a gap in its structure, for example there wasn't a Chair in place, if PHA would seek assurance that action is being taken. Mr Murray replied that it would be expected that the contract lead would follow up on this.

61/23.6 Members noted the Contract Assurance Process Report.

62/23 Item 10 – Finance

Fraud Liaison Officer Update Report [GAC/49/10/23]

62/23.1 Ms Devine said that there are no new cases of fraud to report on. She advised that £56k has been received by PHA from the bank where there was an account into which a fraudulent supplier received money. She added that all avenues are followed up to recover the remaining funds, but due to the materiality of the amount, the case is not being taken forward by the National Fraud and Cyber Crime Reporting Centre.

62/23.2 Ms Devine advised that the next section of the Report contained details of work that will be taken forward by Ms Crockett under the Fraud Action Plan. She added that last year's report has been included which shows that following a review by Internal Audit on the fraud case all of the recommendations made have now been closed.

62/23.3 Mr Clayton said that it was good to know that progress has been made in recovering some of the funds, and he surmised that it was not all of the funds due to how the payments were made. Ms Devine said that some of the funds had already been moved on, but that the bank is going to review how it handled the situation at its end.

62/23.4 Members noted the Fraud Liaison Officer Update Report.

63/23 Item 14 – SBNI Declaration of Assurance [GAC/53/10/23]

63/23.1 Mr Wilson noted that within the Internal Controls section there is reference to the fact that formal accountability meetings have now taken place between the SBNI Chair and the PHA Chief Executive. He added that a Business Plan has also been agreed.

63/23.2 Mr Wilson advised that a review of the Memorandum of Understanding has now commenced, and this will be carried out within the context of the Reshape and Refresh work. He added that the Chief Executive has met with the Department of Health regarding this.

63/23.3 Members noted the SBNI Declaration of Assurance.

64/23	**Item 15 – Any Other Business**
64/23.1	There was no other business.
65/23	**Item 16 – Details of Next Meeting**
	TBC
	Signed by Chair:
	Joseph Stewart
	Date: 1 February 2024

HSC Public Health Agency

minutes

Title of Meeting	Meeting of the Planning, Performance and Resources Committee
Date	16 October 2023 at 2.00pm
Venue	Meeting Rooms, Linum Chambers, Bedford Street, Belfast

Present

Professor Nichola Rooney	-	Interim Chair
Ms Anne Henderson	-	Non-Executive Director
Mr Craig Blaney	-	Non-Executive Director

In Attendance

Mr Stephen Murray	-	Interim Assistant Director of Planning and Business Services
Mr Stephen Wilson	-	Interim Director of Operations
Mr Lindsay Stead	-	Assistant Director of Finance, SPPG
Mr Robert Graham	-	Secretariat

Apologies

Ms Karyn Patterson	-	HR Business Partner, BSO
Ms Tracey McCaig	-	Director of Finance, SPPG

42/23	**Item 1 – Welcome and Apologies**
42/23.1	The Chair welcomed everyone to the meeting. Apologies were noted from Ms Karyn Patterson and Ms Tracey McCaig.
43/23	**Item 2 – Declaration of Interests**
43/23.1	The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.
44/23	**Item 3 –Minutes of Previous Meeting held on 21 September 2023**
44/23.1	Members **APPROVED** the minutes of the meeting held on 21 September 2023.
45/23	**Item 4 – Matters Arising**
45/23.1	The Chair sought an update on performance management. Mr Murray said that this action related to the scale of resource needed in PHA for performance management. He outlined that this is fundamental to the

Reshape and Refresh programme because at present there is no additional resources within Operations. Therefore, he said that there is a question in how PHA can get those skills.

45/23.2 The Chair asked how much discussion there has been on this. She felt that the Programme Board needs to be more strategic and not spending time on the internal workings of the organisation. Mr Murray said that within the Operations directorate, there would be no hesitation in putting forward ideas to trigger a debate about what skill mix is needed. He added that it is important there are performance management roles within each of the multi-disciplinary teams. The Chair asked who this feedback is being given to, but Mr Murray replied that at present this is internal thinking. Mr Wilson noted that at present, the focus of discussions has been on the structure, but not the detail and that is where the discussion needs to start to go. He advised that the new structure is starting to be socialised and there have been engagement sessions with staff regarding it, but he added that the resourcing element has not yet been discussed and that needs to start to happen.

45/23.3 Mr Blaney sought clarity that this work is taking place alongside the EY work, and Mr Wilson replied that EY is facilitating this process. Mr Wilson said that there needs to be a closer look at the detail.

45/23.4 The Chair noted that the contract with EY ends in November and said that from that point, the Programme Board will need to be more strategic. She asked if quality assurance will be part of performance management but Mr Murray said that it would remain within the relevant professional area. Mr Murray outlined that PHA needs to have the expertise to pull together corporate reports on big areas of work and if the approach is to have multi-disciplinary teams then there needs to be a performance management element, which is currently missing. He said that Operations is trying to create that capacity.

45/23.5 Ms Henderson commented that there are many parts to this review and asked if they will all be implemented at once, or would it be possible to have a pilot or interim solution. Mr Murray said that he shared members' frustration and pointed out that Operations did bring in new staff, but they have now been moved on to support other current pressures. He added that following a recruitment exercise last week, some new managers have been appointed. He said that it has been frustrating as it feels like one step forward, then two steps back, but there is a commitment to move towards having more performance management resources. He suggested that a paper could be written which would outline the suggested direction and Ms Henderson said that she would welcome this **(Action 1 – Mr Murray)**.

45/23.6 Ms Henderson asked if the Strategic Planning Teams (SPTs) are under threat given the staff have been relocated. Mr Murray explained that they continue to meet but pointed out that Ms Julie Mawhinney was leading work on embedding Outcomes Based Accountability (OBA). He

advised that for the Mental Health SPT there is a dedicated manager. He said that the SPTs are still very much in a pilot phase with different levels of contribution and commitment being made to them, but with staff being pulled in different directions the SPTs have not progressed as quickly as he would have liked. He added that he hoped that Ms Mawhinney would be returning to her role soon.

45/23.7 Ms Henderson asked how soon a paper could be prepared. Mr Murray replied that as the paper would feed into the discussions on the structure of the organisation it would need to be completed within the next few weeks. Mr Wilson noted that PHA is not starting with a blank sheet, it is about shaping what has been done and putting the building blocks together. He added that Mr Murray himself is also under pressure because of the loss of his staff.

45/23.8 The Chair agreed that a paper would be helpful given that staff are being moved to different work areas because of shortages. Mr Murray said that it was an immediate response to an urgent situation. The Chair said that performance management is important to the organisation. Mr Murray agreed and said that going forward, it will be part of the functioning of the SPTs and that there is a need to scope out what performance management resources there are currently and how to bring these together into a more centralised team. He added that there is also the digital element to consider.

46/23 Item 5 – Resources

Mid-Year Review of PHA Financial Position 2023/24

46/23.1 Mr Stead advised that the Agency Management Team (AMT) had agreed to develop a plan to bring the Financial Plan into balance and that this paper is the mid-year review of that process. He added that a process has to be developed to look at how savings can be delivered on a recurrent basis.

46/23.2 Mr Stead outlined that at the start of the year there was a £650k deficit in PHA's savings plan, but by the end of month 5 this had changed to a forecast break-even position. He explained that this has been due to several factors, notably a surplus in the management and administration budget. He said that staff turnover is still a net drain, but he hoped that this can be stabilised over the rest of the year. He added that slippage has increased in the campaigns budget because there is a ban on campaign advertising.

46/23.3 Mr Stead gave members an overview of the savings proposals outlined in the Financial Plan and the revised proposals based on the current position and he drew members' attention to 3 areas – management and administration, programme slippage and campaigns. He said that the total potential savings has increased from £4.7m to almost £7m. He explained while a thorough review of budgets has been carried out, one

area that there needs a robust handle on is vaccines. He added that a review of demand-led services was also carried out. He advised that if PHA's savings target of £5.3m is deducted from the £6.9m, this leaves a current projected surplus of £1.6m.

46/23.4 Mr Stead said that at the September Board meeting, it was noted that PHA may have slippage so a range of areas where there are cost pressures has been developed and this is contained within the paper and these come to a total of £1.8m, which would then leave PHA with a deficit of £200k. He said that while this would put PHA in a break-even position at this point in time, the position will likely change as the year progresses. He added that there needs to be an in-depth review of the vaccine budget and he noted that there will be an impact if the Department's position changes with regard to campaigns.

46/23.5 Mr Blaney sought clarity that PHA is only funding one campaign and Mr Wilson confirmed that this is the case. The Chair asked whether this ban means no advertising and Mr Wilson replied that it relates to mass media. Mr Blaney said that this ban will impact PHA disproportionately more than Trusts and that it is part of PHA's remit to put out public messaging encouraging people to eat healthier or not to smoke. Mr Wilson agreed and said that this is why this has been included as a divergence in PHA's Mid-Year Assurance Statement.

46/23.6 Mr Stead outlined that PHA has to find £1.2m to meet its savings target given that £4.1m has already been identified. He said that there are two options, one being to consider that as the level of slippage within the management and administration budget is usually around £1m, this could be used non-recurrently to reduce the gap while more intense work is undertaken to look for a recurrent solution. He advised that the second option is to find the savings immediately from programme budgets, but the impact of the outworking of the Reshape and Refresh programme needs to be considered, and also the possibility of further saving being required. He said that the view of AMT is to go with Option 1.

46/23.7 Mr Stead advised that a lot of work has been undertaken to compile the information in this paper and there will be a need to reflect on it on a monthly basis. However, he said that this reflects a fair summary of the position as at this point in time.

46/23.8 Mr Blaney said that the estimate of the slippage seems reasonable, but added that at some point there may be a sense that PHA does not need this funding. He asked if there are areas where PHA is failing because it does not have the staffing resources. Mr Murray said that the level of slippage in the management and administration budget would be normal for the size of the organisation. However, he noted that as there is almost £2m of slippage, this needs to be brought back into line.

46/23.9 Mr Murray said that PHA needs to have a 2/3-year strategy of finding the

savings for bridging the gap rather than having a “big bang” approach.

46/23.10 Ms Henderson said that the paper was very clear, and that quite a bit of work has gone into developing the list of pressures and that there was likely to have been discussion about how real these pressures are. She agreed that Option 1 would be the preferred option and said that the approach outlined has been well thought out. She asked how different PHA is from any other organisations. Mr Stead replied that Trusts are also struggling to recruit staff in the current labour market which is impacting on their ability to deliver services.

46/23.11 The Chair noted that PHA is constantly in the position where it is filling short term gaps and she felt that if PHA knows that it will have these efficiencies, it should forecast its financial position and make courageous decisions. Mr Murray agreed and said that it would also help if there was a 3-year budget cycle and it would then be easier to fund initiatives rather than making short term commitments. He added that the Plan is based on PHA having slippage of £1m, with £1.7m being the top end. Mr Blaney asked if developing a campaign would help, but Mr Wilson explained that at this stage PHA would be past the point of being able to conduct research for a campaign and it has advised the Department of this.

46/23.12 The Chair asked if PHA has a plan for other areas if the level of slippage increases. Mr Stead replied that there may be an opportunity for Local Authorities to obtain funding, or PHA could work with Community and Voluntary Sector bodies like it did last year. Mr Blaney suggested that PHA could put messaging on social media advising that there may be funding available for groups. Mr Murray advised that PHA has a list of contracts with Local Councils that could be enhanced and that there will be the opportunity to do some small-scale work. He added that the community and voluntary sector would welcome additional funding. The Chair said that it would make sense to use the underspend through some form of priority list. Mr Murray said that PHA would need to ensure that any funding can be justified and is in line with PHA’s corporate priorities.

46/23.13 Mr Blaney asked about vaccines and said that this is an area that needs to be monitored. Mr Stead explained that the uptake rates for vaccine programmes are estimated and he suggested that not having a flu campaign may have an impact on the uptake rate. He said that the projection needs to be monitored. Mr Murray commented that it can be difficult to track this because PHA is working with the Department. Mr Blaney said that it would be surprising if there was a good uptake in the absence of a campaign. If the uptake was 10% lower, he asked what the cost impact would be, but Mr Murray explained that if PHA has purchased the vaccine then the money is already spent. Mr Blaney asked if this meant there was potential for wastage. Mr Murray replied that there will always be some element of wastage but noted that some vaccines have a longer shelf life than others. He added that the levels

bought are based on the agreed uptake rate.

46/23.14 The Chair said that it would be interesting to compare the uptake rate when there is no campaign. She thanked Mr Stead for the paper on the mid-year position.

Overview of Trust spend

46/23.15 Mr Murray presented data on Trust spend and explained that the spreadsheet is broken down by Trust, but also by area e.g. health protection, health improvement, screening etc. He pointed out that for cervical screening, PHA holds the budget for the Western Trust, but not for the other Trusts. Mr Blaney said that whichever organisation is paying for the service should be responsible for it. Mr Murray said that for more recent investment areas, PHA holds the budget, but for older ones, it is a mixed picture.

46/23.16 Ms Henderson asked if there are other areas where this is the case. Mr Murray replied that within Drugs and Alcohol some funding is within the SPPG baseline. Mr Blaney asked if PHA is responsible for it, but Mr Murray replied that it would be a joint responsibility, but clarified that PHA will monitor any funding for which it is accountable. Mr Blaney asked if there could be confusion that SPPG may think that PHA is monitoring its expenditure but Mr Murray said that would not be the case.

46/23.17 Ms Henderson noted that PHA would have most discretion within the Health Improvement budget. Mr Murray went through some of the areas of expenditure, including accident prevention, breastfeeding and drugs and alcohol.

46/23.18 Ms Henderson asked that if PHA had a blank sheet, would it invest in the same areas. Mr Murray said that PHA would like to spend time over the next number of years re-energising and re-aligning its investments to check that they are still in line with PHA's strategic direction. He added that many of the areas continue to do good work and they are kept under review, but said that it would be useful to see how they are working together to achieve good outcomes. He said that while there is no question that the money is being invested well, the question is whether it is doing the right thing. He added that if PHA feels that a Trust is not delivering, PHA can tell the Trust that it will reinvest the money elsewhere. He assured members that Trust investments are well monitored and that PHA is getting the service it is paying for. Ms Henderson asked if PHA could stop making payments to Trusts instantly, but Mr Murray explained that there would have to be a process that is gone through first and stopping payments would be a last resort.

46/23.19 The Chair noted that in Northern Ireland an individual is six times more likely to die in the most deprived areas and asked if this influences PHA's thinking. Mr Murray said the drugs and alcohol contracts that are

being re-procured are non-discriminatory, but for Tier I and Tier II services, there are more targeted interventions. He advised that evidence would suggest that campaigns and information sharing do not work and that alcohol is more of an issue than drugs. He said that all of PHA's contracts would target areas of higher deprivation.

46/23.20 Mr Blaney asked how items appear on the spreadsheet. Mr Murray explained that these are legacy areas which have been on the list for many years, but he added that PHA does look at the services to ensure that they are still in line with PHA's strategic priorities. Mr Blaney asked if new areas are introduced each year, but Mr Murray replied that the list does not change.

46/23.21 Mr Blaney asked about correlation with need. Mr Murray said that PHA does keep an eye on equality and the capitation formula. He explained that when a budget was allocated previously, each of the former Boards would have received an allocation, but now PHA receives one amount and it is for PHA to determine how it should be distributed. He added that most PHA investments have a local element.

46/23.22 Mr Blaney said that there are always new methodologies and new technologies. Mr Murray agreed and said that this is where procurement is important because if Trusts are not doing the right thing then there could be other providers for a service. However, he noted that for drugs and alcohol there is a limited number of providers so PHA's role is to ensure that the services being delivered are of a high quality.

46/23.23 The Chair asked whether PHA is spending its money equitably in Trusts, and for example, does mental health received the appropriate proportion of funding. Mr Murray replied that historically PHA would receive allocations for certain areas of work and that for example, if a new strategy was developed, then specific funding would come with that. The Chair asked if PHA is looking strategically at areas for investment. Mr Murray advised that PHA would look at the evidence base, look at needs, carry out an analysis and look at filling gaps. He said that PHA would never have the funds to do a third of what it would like to do. He suggested that PHA could only invest in areas of higher deprivation, but then that would leave other areas with nothing and be difficult politically.

46/23.24 Mr Blaney asked if the total amount PHA spends is appropriate, but Mr Murray said that PHA has a small budget.

46/23.25 Ms Henderson asked if PHA has made any assessment as to whether Trusts are as effective as the community and voluntary sector, or if there are any indicators that the community and voluntary sector performs better. Mr Murray said that he could not answer that question, but advised that Trust services would be monitored more effectively.

46/23.26 The Chair commented that there has been a lot of discussion about monitoring, but what is important is the output and if PHA is making an

impact. She asked if the SPTs will be measuring that. Mr Murray advised that PHA is aiming to make its corporate reporting more outcomes-based. He noted that the more information that PHA asks for, more sophisticated systems need to be put in place to be able to provide it. The Chair said that PHA needs to have performance management staff in place, but she felt assured that Trust funding is being monitored. Mr Murray agreed that it is important to show that all investments in a particular area are having an impact and he assured members that Trusts are delivering good services.

46/23.27 Mr Murray said that he would be content to share the information presented today with members **(Action 2 – Mr Murray)**. The Chair asked if any further update was required. Mr Murray advised that as the information does not change a lot year-to-year, he could come back if there are any major changes in the pattern of investment. Mr Blaney said that he would like to see some changes.

47/23 Item 6 – Planning

Development of PHA Business Plan 2024/25

47/23.1 Mr Wilson noted that this meeting was originally due to take place in November, by which point work would be commencing on the development of the next PHA Business Plan. He advised that a paper will be prepared, but that the timelines will be largely similar to those from last year. He said that he wished to place this on the agenda today to acknowledge that this work will be happening.

48/23 Item 7 – Any Other Business

48/23.1 There was no other business.

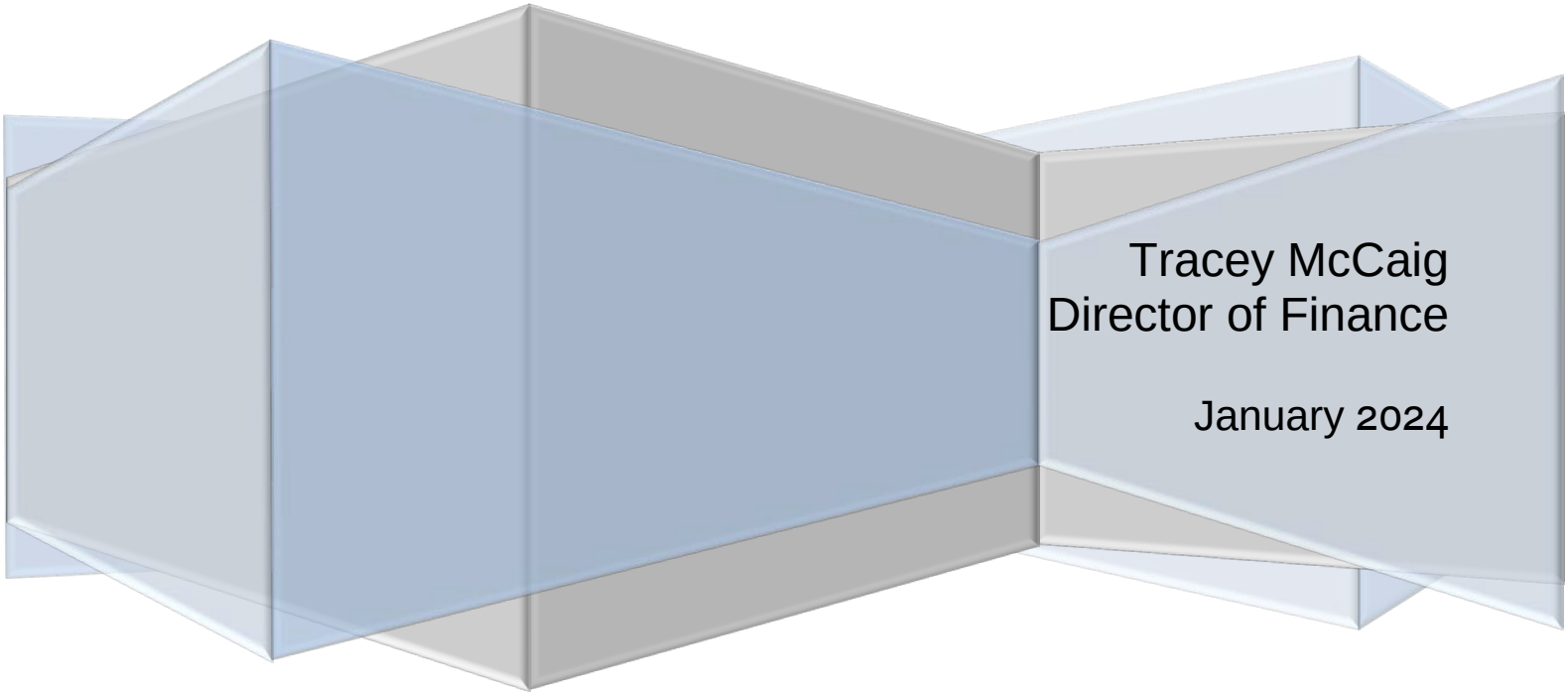
49/23 Item 8 – Details of Next Meeting

TBC

Signed by Chair:

Date:

Finance Report
December 2023



Tracey McCaig
Director of Finance

January 2024

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 December 2023 (month 9). 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 December 2023 of £0.8m (November 2023, surplus of £0.4m) against the year to date budget position for 2023/24. The forecast year-end position is reported as breakeven (November 2023 forecast, breakeven).

6. The month 8 position is summarised in Table 2 below.

Table 2: PHA Summary Financial Position – December 2023

	Annual Budget	YTD Budget	YTD Expenditure	YTD Variance	Projected year end surplus / (deficit)
	£'000	£'000	£'000	£'000	£'000
Health Improvement	13,335	10,001	10,001	0	
Health Protection	9,627	7,220	7,220	0	
Service Development & Screening	14,796	11,097	11,097	0	
Nursing & AHP	7,983	5,987	5,987	0	
Centre for Connected Health	0	0	0	0	
Quality Improvement	24	18	18	0	
Other	0	0	0	0	
Programme expenditure - Trusts	**45,765**	**34,324**	**34,324**	**0**	**0**
Health Improvement	29,636	19,856	19,826	30	
Health Protection	16,865	15,573	15,539	34	
Service Development & Screening	3,815	2,176	1,968	208	
Research & Development	3,282	0	0	0	
Campaigns	394	337	334	3	
Nursing & AHP	801	246	240	6	
Quality Improvement	143	57	57	0	
Other	(1,186)	(1,145)	(256)	(889)	
Programme expenditure - PHA	**53,749**	**37,100**	**37,708**	**(608)**	**(2,326)**
Subtotal Programme expenditure	**99,514**	**71,424**	**72,032**	**(608)**	**(2,326)**
Public Health	16,672	12,433	11,657	776	
Nursing & AHP	5,150	3,869	3,503	366	
Operations	5,368	4,025	3,980	45	
Quality Improvement	717	510	490	20	
PHA Board	456	287	200	87	
Centre for Connected Health	467	354	293	61	
SBNI	840	624	570	55	
Subtotal Management & Admin	**29,669**	**22,103**	**20,694**	**1,410**	**2,326**
Trusts	272	164	164	0	
PHA Direct	0	0	0	0	
Subtotal Transformation	**272**	**164**	**164**	**0**	**0**
Trusts	147	0	0	0	
PHA Direct	3,582	2,346	2,370	(24)	
Other ringfenced	**3,729**	**2,346**	**2,370**	**(24)**	**0**
TOTAL	**133,184**	**96,037**	**95,259**	**778**	**0**

Note: Table may be subject to minor roundings

7. In respect of the reported position:

- **Programme – Trusts**: A total of £45.7m has been allocated to Trusts at this point, with full spend against budget shown.

- **Programme – PHA**: The remaining annual programme budget is currently £53.8m.

- A cumulative overspend of £0.6m is shown to date (month 8, £0.9m) 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 £1.4m is reported to date (month 8, £1.4m), 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 is £2.3m (month 8, £2.2m). 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 breakeven (month 8, 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£2.5m 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. Last month in receipt of some information on Shingles vaccine which is showing a stock carry-forward level in the VMS system – further investigation has confirmed that these inventory levels are expected to reduce by year end as GPs have increased ordering however a risk of slippage still remains until final uptake in vaccine cohorts is known with certainty over the coming months.

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 £8.9m. This all relates to projects managed through the Research & Development (R&D) team. The overall summary position, as at December 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 – December 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	2,399	1,884	2,399	0
R&D - Trusts	4,362	0	4,362	0
R&D - Capital Receipts	(1,077)	(136)	(1,077)	0
R&D - Other	1,429	730	1,429	0
Subtotal HSC R&D	**7,113**	**2,478**	**7,113**	**0**
CHITIN Project:				
CHITIN - Other Bodies	177	0	177	0
CHITIN - Trusts	0	0	0	0
CHITIN - Capital Receipts	(177)	0	(177)	0
Subtotal CHITIN	**0**	**0**	**0**	**0**
Other:				
Congenital Heart Disease Network	683	170	683	0
iReach Project	405	0	405	0
R&D - NICOLA	731	0	731	0
Subtotal Other	**1,819**	**170**	**1,819**	**0**
Total PHA Capital position	**8,932**	**2,648**	**8,932**	**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 December 2023.

Public Health Agency

Annex 1 - Finance Report

2023/24

Month 9 - December 2023

PHA Financial Report - Executive Summary

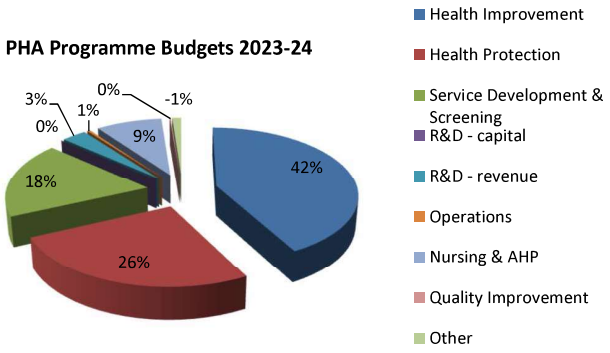
Year to Date Financial Position (page 2)

At the end of month 8, PHA is reporting an underspend of £0.8m against its profiled budget. 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.

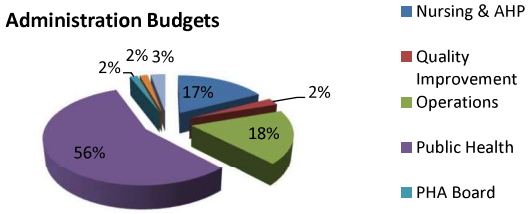


Administration Budgets (page 5)

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 - December 2023

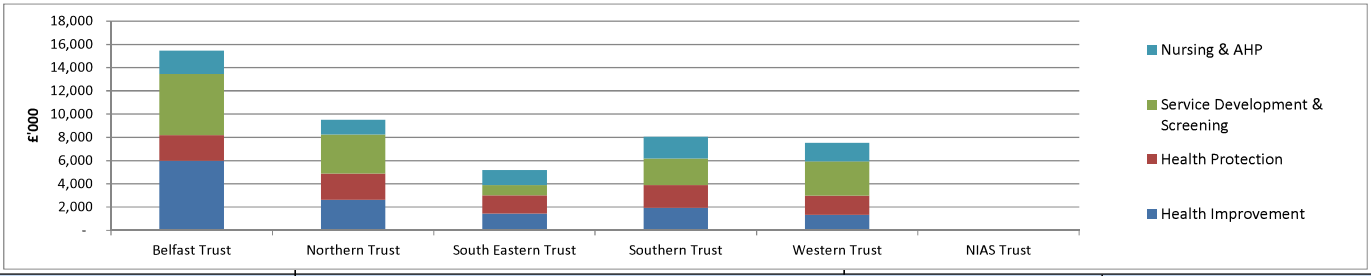
	Annual Budget					Year to Date				
	Programme		Ringfenced	Mgt &	Total	Programme		Ringfenced	Mgt &	Total
	Trust	PHA Direct	Trust & Direct	Admin		Trust	PHA Direct	Trust & Direct	Admin	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Available Resources										
Departmental Revenue Allocation	45,765	53,703	4,001	28,943	**132,412**	34,324	37,054	2,510	21,561	**95,449**
Assumed Retraction	-	-	-	-	**-**	-	-	-	-	**-**
Revenue Income from Other Sources	-	46	-	726	**772**	-	46	-	543	**589**
Total Available Resources	45,765	53,749	4,001	29,669	**133,184**	34,324	37,100	2,510	22,104	**96,038**
Expenditure										
Trusts	45,765	-	359	-	**46,124**	34,324	-	274	-	**34,598**
PHA Direct Programme *	-	56,075	3,642	-	**59,717**	-	37,708	2,260	-	**39,968**
PHA Administration	-	-	-	27,343	**27,343**	-	-		20,694	**20,694**
Total Proposed Budgets	45,765	56,075	4,001	27,343	**133,184**	34,324	37,708	2,534	20,694	**95,260**
Surplus/(Deficit) - Revenue	-	(2,326)	-	2,326	**-**	-	(608)	(24)	1,410	778
Cumulative variance (%)						***0.00%***	***-1.64%***	***-0.97%***	***6.38%***	***0.81%***

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 £0.8m, 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.

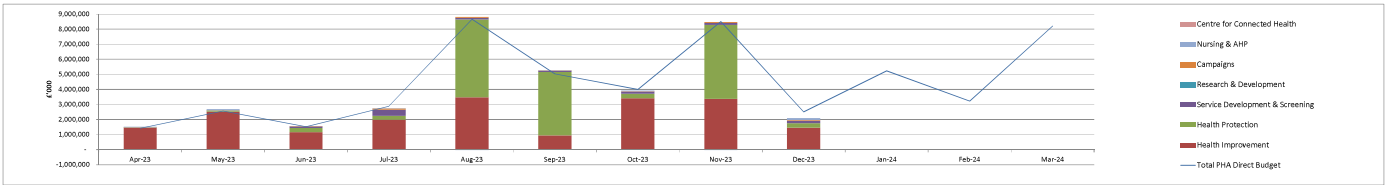
Programme Expenditure with Trusts



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	5,981	2,615	1,450	1,933	1,332	24	**13,335**	10,001	10,001	-
Health Protection	2,203	2,282	1,560	1,941	1,641	-	**9,627**	7,220	7,220	-
Service Development & Screening	5,254	3,356	889	2,311	2,985	-	**14,796**	11,097	11,097	-
Nursing & AHP	2,016	1,251	1,277	1,855	1,555	29	**7,983**	5,987	5,987	-
Quality Improvement	24	-	-	-	-	-	**24**	18	18	-
Other								-		
Total current RRLs	**15,479**	**9,504**	**5,177**	**8,040**	**7,513**	**52**	**45,765**	**34,324**	**34,324**	**-**
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	1,318	2,228	1,356	1,920	3,482	975	2,912	4,172	1,493	3,995	2,148	3,637	**29,636**	19,856	19,825	31	*0.2%*
Health Protection	42	204	184	122	5,143	4,030	1,192	4,131	525	632	234	426	**16,865**	15,573	15,538	35	*0.2%*
Service Development & Screen	29	73	219	493	93	105	412	371	380	267	425	947	**3,815**	2,176	1,968	208	*9.5%*
Research & Development	-	-	-	-	-	-	-	-	-	-	-	3,282	**3,282**	-	-	-	*0.0%*
Campaigns	1	1	9	90	18	28	10	122	60	26	27	5	**394**	337	334	3	*1.0%*
Nursing & AHP	32	53	33	21	26	26	55	37	30	24	388	143	**801**	246	240	6	*2.4%*
Quality Improvement	-	-	-	-	18	-	-	16	23	25	-	61	**143**	57	57	0	*0.0%*
Other	-	-	(212)	245	122	123	581	351	0	256	0	(297)	**(1,186)**	(1,145)	-256	(889)	*100.0%*
Total PHA Direct Budget	**1,421**	**2,558**	**1,522**	**2,890**	**8,658**	**5,041**	**4,000**	**8,498**	**2,511**	**5,225**	**3,221**	**8,204**	**53,750**	**37,100**	**37,706**	**(606)**	
Cumulative variance (%)																***-1.63%***	
Actual Expenditure	**1,608**	**2,765**	**1,643**	**2,898**	**8,801**	**5,414**	**3,867**	**8,533**	**2,177**	-	-	-	**37,706**				
Variance	**(187)**	**(207)**	**(121)**	**(7)**	**(143)**	**(373)**	**133**	**(35)**	**334**				**(606)**				

The year-to-date position shows an overspend of approximately £0.6m against profile. A year end overspend of c£2.3m is anticipated with the overspend being met in 2023/24 by a forecast underspend in Administration budgets. Whilst work has completed to identify £4.1m of budget reductions in-year, the remianing £1.2m has been identified recurrently from Managment & Administration budgets to meet the full financial target applied to PHA in 2023/24 and recurrently.

Dec 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	2,867	272	756	**3,896**	1,863	164	483	**2,510**
Assumed Allocation/(Retraction)	105	-	-	105	-	-	-	**-**
Total	2,972	272	756	**4,001**	1,863	164	483	**2,510**
Expenditure								
Trusts	-	212	147	**359**	-	164	110	**274**
PHA Direct	2,972	60	609	**3,642**	1,863	-	397	**2,260**
Total	2,972	272	756	**4,001**	1,863	164	507	**2,534**
Surplus/(Deficit)	**-**	**-**	**-**	**-**	**-**	**-**	**(24)**	**(24)**

PHA has now received COVID allocation of £3.0m (£2.7m for Vaccine Management System & £0.3m 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	16,430	343	418	589	**27,691**
Goods & Services	186	12	1,126	242	113	49	251	**1,979**
Total Budget	**5,150**	**717**	**5,368**	**16,672**	**456**	**467**	**840**	**29,669**
Budget profiled to date								
Salaries	3,725	502	3,180	12,261	257	321	442	**20,688**
Goods & Services	144	9	845	172	29	33	183	**1,415**
Total	**3,869**	**510**	**4,025**	**12,433**	**287**	**354**	**624**	**22,103**
Actual expenditure to date								
Salaries	3,354	487	2,445	10,944	226	274	440	**18,170**
Goods & Services	149	3	1,535	713	- 26	19	130	**2,524**
Total	**3,503**	**490**	**3,980**	**11,657**	**200**	**293**	**570**	**20,694**
Surplus/(Deficit) to date								
Salaries	371	15	735	1,317	32	48	2	**2,518**
Goods & Services	(5)	6	(690)	(541)	55	14	53	**(1,109)**
Surplus/(Deficit)	**366**	**20**	**45**	**776**	**87**	**61**	**55**	**1,410**
Cumulative variance (%)	*9.47%*	*3.98%*	*1.11%*	*6.24%*	*30.29%*	*17.34%*	*8.73%*	***6.38%***

PHA's administration budget is showing a year-to-date surplus of £1.4m, 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£2.3m, which is contributing towards PHAs forecast deficit in Programme expenditure in the financial year. As part of the Mid Year Review £1.2m has been offered up from the Administration budgets to meet the £5.3m 23/24 savings target.

PHA Prompt Payment

Prompt Payment Statistics

	Dec 23 Value	Dec 23 Volume	Cumulative position as at Dec 23 Value	Cumulative position as at Dec 23 Volume
Total bills paid (relating to Prompt Payment target)	£3,196,416	284	£58,774,890	3,807
Total bills paid on time (within 30 days or under other agreed terms)	£2,997,831	274	£49,516,938	3,650
Percentage of bills paid on time	**93.8%**	**96.5%**	**84.2%**	**95.9%**

Prompt Payment performance for December shows that PHA met its prompt payment target on volume, but missed it on volume. 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%.

HSC Public Health Agency

item 7

Title of Meeting	PHA Board Meeting
Date	15 February 2024
Title of paper	Reports of New or Emerging Risks
Reference	PHA/04/02/24
Prepared by	Karen Braithwaite
Lead Director	Stephen Wilson
Recommendation	For **Approval** ☐ For **Noting** ☒

1 Purpose

The purpose of this paper is to bring the Corporate Risk Register, as at 31 December 2023, to the PHA Board for noting.

2 Background Information

In line with the PHA's system of internal control, a fully functioning risk register has been developed at both directorate and corporate levels. The purpose of the Corporate Risk Register is to provide assurances to the Chief Executive, Agency Management Team, the Governance and Audit Committee and the PHA Board that risks are being effectively managed in order to meet corporate objectives and statutory obligations.

To support these assurances, a process has been established to undertake a review of both directorate and corporate risk registers on a quarterly basis i.e. the end of each financial quarter.

The previous review was undertaken as at 30 September 2023 and the Corporate Risk Register was approved by AMT on 4 October 2023 and forwarded to the Governance and Audit Committee for approval at its next meeting which took place on 10 October 2023.

The attached Corporate Risk Register reflects the review as at 31 December 2023 and has been carried out in conjunction with individual directorate register reviews for the same period. This was approved by AMT at its meeting on 24 January 2024 and by the Governance and Audit Committee at its meeting on 1 February 2024.

3 Key Issues

Following review, the following updates have taken place:

- One risk has been removed from the register this quarter.
- No risks have had their risk rating altered this quarter.

4 Next Steps

The next review will be undertaken as at 31 March 2024.

PHA Corporate Risk Register

Date of Review:
31 December 2023

Introduction

Managing risk is a key component of the wider governance agenda for the PHA. It is therefore essential that systems and processes are in place to identify and manage risks as far as reasonably possible.

The purpose of risk management is not to remove all risks but to ensure that risks are identified and their potential to cause loss fully understood. Based on this information, action can then be taken to direct appropriate levels of resource at controlling the risk or minimising the effect of potential loss.

The PHA has recognised the need to adopt such an approach and has a systematic and unified process in place to ensure a fully functioning risk register at both corporate and directorate levels as set out in the PHA Risk Management Srategy and Policy.

The Corporate Register that follows identifies corporate risks, all of which have been assessed using a 'five by five' risk grading matrix (see below) which is in line with DoH guidance. This ensures a consistent and uniform approach is taken in categorising risks in terms of their level of priority so that appropriate action can be taken at the appropriate level of the organisation.

IMPACT	Risk Quantification Matrix				
5 - Catastrophic	High	High	Extreme	Extreme	Extreme
4 – Major	High	High	High	High	Extreme
3 - Moderate	Medium	Medium	Medium	Medium	High
2 – Minor	Low	Low	Low	Medium	Medium
1 – Insignificant	Low	Low	Low	Low	Medium
LIKELIHOOD	A Rare	B Unlikely	C Possible	D Likely	E Almost Certain

Overview of Risk Register Review as at 31December 2023

Number of new risks identified	1 CR 72 Financial Planning Context 24/25
Number of risks removed from register	2 CR 61 IT systems to support Screening Programmes CR 69 Financial Planning Context 23/24
Number of risks where overall rating has been reduced	0
Number of risks where overall rating has been increased	0

CONTENTS

Corporate Risk		Lead Officer/s	Risk Grade	Page
39	Cyber Security	Director of Operations	→ HIGH	6
55	Public Health Agency Staffing Issues (Public Health & HSCQI merged)	All Directors	→ HIGH	11
59	Quality Assurance and Commissioning of Screening	Director of Public Health	→ HIGH	17
60	Impact of Migration to SPPG on PHA	Chief Executive	→ MEDIUM	21
64	Cyber Security (compromise of HSC network due to cyber-attack on a supplier or partner organisation)	Director of Operations	→ HIGH	23
68	Information Governance	Director of Public Health	→ HIGH	26
71	Public Inquiries – PHA ability to respond to requests from various Public Inquiries	Director of Operations	→ HIGH	28
72	Financial Planning Context 24/25	Chief Executive	HIGH	Appendix 1

Key:

Risk rating:

↑ increased from previous quarter

↓ decreased from previous quarter

→ remained the same as previous quarter

Control Effectiveness RAG Rating:
RED
AMBER
GREEN

Corporate Risk 39					
RISK AREA/CONTEXT: Cyber Security					
DESCRIPTION OF RISK: Information security across the HSC is of critical importance to delivery of care, protection of information assets and many related business processes. If a cyber incident should occur, without effective security and controls, HSC information, systems and infrastructure (including those used by the PHA, as well as Trusts providing services for the PHA) may become unreliable, not accessible when required (temporarily or permanently), or compromised by unauthorised 3rd parties including criminals. This could result in significant business disruption. It could also lead to unauthorized access to any of our systems or information, theft of information or finances, breach of statutory obligations, substantial fines and significant reputational damage.				**DATE RISK ADDED:** June 2017	
LINK TO ASSURANCE FRAMEWORK: Corporate Control Arrangements Dimension					
LINK TO ANNUAL BUSINESS PLAN 2023/24: Corporate Objective 5 Our Organisation Works Effectively					
GRADING	**LIKELIHOOD**	**IMPACT**		**RISK GRADE**	
Current	Possible	Major		**HIGH**	
Target	Possible	Moderate		MEDIUM	
LEAD OFFICER: Director of Operations					
Existing Controls	**1st, 2nd & 3rd lines of Assurance**	**Gaps in Controls and Gaps in Assurances**	**Control Effectiveness RAG rating (RED)**	**Action Plan/Comments/ Timescale**	**Review Date**
Technical Infrastructure: • HSC security hardware (eg firewalls); • HSC security software (threat detection, antivirus, email & web filtering); • Server/client patching; • 3rd party Secure Remote Access; • Data & system backups	1st and 2nd line Technical risks assessments and penetration tests; 1st and 2nd line Reports to GAC/PHA board on reported incidents as appropriate. 1st & 2nd line PHA represented on cyber programme board	Gaps in Assurance: • Level of corporate recognition and ownership of cyber security threat as a service delivery risk. • An HSC Cyber Gap analysis (ISO 27001) was carried out. (external carried out by DXC) - need to work through the recommendations		BSO ITS provides PHA IT services. PHA will continue to work with BSO ITS, DHCNI and through the HSC Cyber Scurity Programme Board. Work has continued in a number of priority work streams including Incident response and third party management. Further cyber projects are being undertaken to enhance	~~Dec 2023~~ Mar 2024

Policy, Process: • Regional & local ICT/information security policies; • Data protection policy; • Change Control Processes; • User Account Management processes; • Disaster Recovery Plans; • Emergency Planning & Service/Business Continuity Plans; • Corporate Risk Management Framework, processes & monitoring; • Regional & local incident management & reporting policies & procedures; **User Behaviours – influenced through:** • Induction; • Mandatory Training; • HR Disciplinary Policy; • Contract of employment; • 3rd party contracts/data access agreements • Metacompliance monthly training now operational PHA BCP tested and updated February 2018 with a focus on cyber security	1st & 2nd line External security review carried out by ANSEC (external security company) 3rd line Internal Audit/BSO ITS self-assessment against 10 Steps towards NCSC; 3rd line: An HSC Cyber Gap analysis (ISO 27001) was carried out (externally carried out by DXC)	• External security review carried out by ANSEC (ext security co) Gap in Controls: – • programme not delivered yet. • SoC sent to DoH for consideration which shows gaps: ASEAM (securuity incident management system) Privleged accounts management (PAM) • Lack of resources (can't move forward with programme until funding available)	capabilities across the region, under 3 key work streams:. • Communications and culture which contains Cyber training for all staff, Senior Teams, ICT, Department specific • Strategy and Policy, the development and implementation of HSC wide Cyber Security policies, standards and processes and Supplier Management • Technical and Infrastructure including a HSC Network Security Review, Implementation of Network Discovery and vulnerability Management Tools and Incident Response management See below for update on key projects ongoing under these workstreams Debrief of full HSC-wide cyber incident response test - Training programme for Board members will continue to be delivered in consultation with Regional Cyber Security Programme Board) Update from Cyber Security Progamme Board – revised training being planned for roll-out with ALB	

PHA member of the Regional HSC Cyber Security Business Continuity Group BSO cyber project manager co-ordinating regional cyber security work. Regional cyber security programme board (BSO representing PHA) taking forward actions arising from DXC report and recommendations Ongoing work being taken forward and overseen by the Regional Cyber Security Programme Board. Internal Audit of 'user behaviour' relating to cyber security (conducted January 2020) provided satisfactory assurance. A regional cyber Incident Response Plan has been developed to effectively manage a cyber incident within the HSC. A desktop testing exercise of the process took place on 21/6/19 with all HSC ICT organisations and local incident response colleagues.			Board members and senior teams. Targetted training and 'all users' training to be provided Metacompliance – commenced May 2022 –March 2023 is complete and new schedule running from April 2023 to March 2024 full schedule of training materials will be issued across HSC on monthly basis. HSC cyber elearning material currentl~~y under review with launch date planned for November 2023.~~ review planned for completion in Feb 2024 with relaunch in March 2024.	

Cyber Incident Response Action Plan finalised and launched A baseline audit against ISO27001 across all ICT Departments and Internal audits against NSCS Cyber Essentials 10 steps have been completed and recommendations accepted Regional IT Security/cyber security training was refreshed and launched in September 2020. Several Business Cases have been approved and implemented re ongoing resource funding for Cyber staff across HSC this includes: (i) Cyber Resource for one year (ii) Tactical Business Case for resource to implement the tactical recommendations from the network security review. PHA Business Continuity Plan test carried out 13 March 2023 Full HSC-wide cyber incident response test - Incident				

response plan completed on 1 June 2023				

Corporate Risk 55

RISK AREA/CONTEXT: Public Health Agency Staffing Issues

DESCRIPTION OF RISK:

The Public Health Agency has a number of senior vacancies in key areas as well as a number of posts filled on a temporary basis.The vacancies, and the increasing demands, particularly due to the legacy impact of COVID-19, work to rebuild services and the transformation agenda mean that the existing staff resources are stretched significantly in a number of areas. The number of temporary staff adds further instability. This is not a sustainable position, with constrained capacity in a number of key areas and functions, potential delays taking forward new initiatives, the potential for significant issues to be missed, reduced organisational resilience at times of pressure or emergency limited ability to respond adequately to and deliver on statutory responsibilities and the personal strain on individuals, with the potential for increased sickness absenteeism and further loss of staff.

A number of staffing-related risks have been identified in the organisation including:

- A number of consultant in public health posts are vacant and attempts to fill them have been unsuccessful. Following recent retirements and leavers the position within the Health Protection service has become acute.
- Director of Operations and AD for Planning and Business Services both temporary appointments. AD for Comms and Health Intelligence not filled.
- ~~AHP Post vacanct and AD for AHPs off long term.~~
- ~~A number of consultant in public health posts are vacant and attempts to fill them have been unsuccessful.~~

The ongoing reshape and refresh review programme is likely to further delay the ability to progress with permanent appointments and agreed structures

DATE RISK ADDED:
June 2020

HSCQI Risk added August 2020.

Merged June 2022.

Updated to cover all Directorate risks as at September 2023.

LINK TO ASSURANCE FRAMEWORK: Corporate Control Arrangements Dimension and Operational Performance and Service Improvement Dimension

LINK TO ANNUAL BUSINESS PLAN 2023/24: Potentially all corporate objectives; particularly corporate objectives 4 (working together to ensure high quality services) and 5 (our organisation works effectively).

GRADING	LIKELIHOOD	IMPACT	RISK GRADE
Current	Likely	Major	**HIGH**
Target	Possible	Moderate	**MEDIUM**

LEAD OFFICER: All Directors

Existing Controls	1st, 2nd & 3rd lines of Assurance	Gaps in Controls and Gaps in Assurances	Control Effectiveness RAG rating	Action Plan/Comments/ Timescale	Review Date
Interim leadership arrangements have been put in place in health protection to ensure safe high quality health protection service being provided. This has involved re-deployment of staff from other parts of the directorate to support health protection function including acute response, surveillance and governance. ~~Experienced member of staff on bank providing leadership to health protection including line management.~~ 3 Deputy Director posts appointed since April 23 to support DPH in providing leadership across the directorate. These will focus on • Governance and standards • Training and workforce • Epidemiology and public health science	1st & 2nd line: • Reports to CEx and AMT. • Updates to GAC via Corporate Risk register • Briefing provided to PHA Board. 3rd line: • Ongoing engagement with HSCQI Leadership Alliance and Network. • Link with DOH Safety and Quality Standards branch. • Appointment of 3 Deputy Directors in Public Health since April 2023.	• ~~Number of temporary posts.~~ • ~~Skill mix issues~~ • ~~Delays in HR/RSSS recruitment process Length of time for JD evaluations to be returned to recruiter, & lack of communication, leading to further delays in recruitment.~~ • There is considerable instability in the health protection workforce with an increasing number of vacant posts and challenges in recruitment across the various disciplines including medical, surveillance and epidemiology and administration roles. This presents a significant risk to business continuity, delivering on our statutory responsibilities in relation to notifiable diseases and managing existing and ongoing incidents, outbreaks and situations across Northern Ireland.		~~An EOI has been issued to recruit 3 Deputy Director posts to support DPH in providing leadership across the directorate. These will focus on~~ • ~~Governance and standards~~ • ~~Training and workforce~~ • ~~Epidemiology and public health science~~ Public Health Continue to secure consultant expertise through retire and return scheme. Interim Deputy Director posts in place Continue advertisement of Consultant Posts. Introduction of SpR rota for acute response (Delegated responsibility to release Consultant capacity. Continue upskilling nursing workforce (increase numbers undertaking masters in public health) Implement recommendations from workforce plan including	~~Sept 2023~~ Mar 2024

Locum consultant in place to support health protection. Consultants on retire and return are providing support to the service. Consultant posts have been advertised. Most recent offer made in October 2023. No candidates on waiting list. HR developing new process for recruitment of PH consultants Public health specialist/consultant workforce report developed and approved by AMT in January 2023. The report includes a number of recommendations to increase the supply of specialist and consultant public health staff who are registered with a certificate of completion of training or equivalent. Working with HR to implement a number of steps with individuals in relation to long term sick and absenteeism due to work related stress. £1.8M investment from DoH secured to enhance health protection staffing. Recruitment to the posts		• Number of vacant Consultant posts (as at ~~Sept~~ Dec 2023) • A key deficit is data/analytics/epidemiology, with both a need to enhance capacity, but also ensure wider data flows both within the PHA and also other HSC settings, is efficient (the recent Hussey 'Review' has included a specific recommendation regarding this). **HSCQI** **Gaps in assurance:** • Unable to respond with agility to requests from the system. Prioritisation given to strategic areas of work as determined by the HSCQI Leadership Alliance. **Gaps in control:** • Funded Staffing levels are insufficient to build a reliable and responsive HSCQI infrastructure for NI HSC services. • Lack of recurrent funding makes it difficult to recruit.	expanding training numbers and supporting staff with suitable experience to become registered as specialists by the portfolio route. Develop action plan to ensure the recommendations are implemented – Establish strong consultant led multidisciplinary teams in health protection and across directorate to make best use of skills of all staff – ensuring specialised skills of consultants are used to best effect. ~~Health Protection Service reframing and development is currently underway taking into consideration learning from the pandemic response and transitioning to a new normal. This includes the development of an Action Plan focusing on opportunities for learning, staff development and CPD, a robust communication framework, revisiting the core purpose and function of the HP service with particular emphasis on re-shaping the acute response service and improving multi-disciplinary working across the Agency.~~ Reform of Acute response service is ongoing.	

created largely complete – some posts still to be recruited on a permanent basis. Bank staff list created following the closure of contact tracing service. Staff from the bank have received training and are able to provide support to acute health protection service both in hours and out of hours. Redeployments across admin team to provide cover for key areas. **HSCQI** • On-going monitoring and prioritising of HSCQI work. • Ongoing Director review of existing HSCQI Directorate structures and support arrangements. • Prioritisation of Regional HSCQI Improvement Programmes and training. Learning System, scale and spread activity and other programmes of work. • Discussions ongoing between Director of HSCQI, PHA CEO and DoH Safety and Quality Standards branch, and			Training and development of a resilient workforce under a delegation framework to support emergency response and emerging situations has been completed. A business case for recurring funding to employ a resilience workforce is in progress. Review of administrative support arrangements agreed with unions and commenced in January 2023 and report shared. Recruitment is underway for Band 3 administrative support staff within the Public Health Directorate. ~~2 new Band 3 staff have taken up post but 1 has since left. A waiting list has been exhausted and new process underway and a waiting list will be created for future vacancies. Director of Finance and Operations position interviewed but not appointed. Next steps under consideration.~~ Operations • Director of Finance and Operations position interviewed and appointed. Successful candidate is due to take up post in March 2024.	

HSCQI Leadership Alliance re workload and capacity • A number of temporary funded posts have been extended. (HSCQI) Nursing & AHP • Temporaty post for Director of Nursing and AHP has been appointed and started May 2023			**HSCQI** • Q2020 Project Manager post matched as band 6. Post approved at scrutiny. Funding agreed and recruitment in process. • Temp Q2020 project manager in post via PHA ITM for 6 months until end March 2024. • Permanent Band 4 PA vacant since Nov 23 due to redeployment of postholder. Recruitment being progressed and closing date for applications is 10.1.24. • PHA CEO has approved the recruitment of a temporary band 4 programme support administrator for 12 months. JD ~~to be~~ matched ~~before~~ and recruitment ~~can~~ being progressed. • PHA CEO has approved the recruitment of a temp 8C Assistant Director for 18 months via management of change process. • A temporary 0.6 WTE band 3 agency administrator is in post to support the HSCQI programme of work. ~~Review November 2023.~~ Review end Jan 2024 • Ongoing discussions around funding/temporary funding	

			between Director HSCQI, CEO PHA, DOH Safety and Quality Standards branch, and chair of HSCQI Leadership Alliance. Review ~~January~~ by March 2023	

Corporate Risk 59

RISK AREA/CONTEXT: Quality Assurance and Commissioning of Screening

DESCRIPTION OF RISK:
The commissioning and quality assurance of population screening programmes is a core PHA function. However, a range of issues and concerns constitute actual and potential risks to the sustained provision of these functions and public confidence in particular screening programmes. This includes:

Cervical Screening Cytology review in Southern Trust – A precautionary slide review is being undertaken in the Southern Trust of approx. 17,000 women following a report by the Royal College of Pathologists. The PHA is co-chairing the response to this report, alongside the Trust. There is a risk to both public confidence in the cervical screening programme and an associated risk of reputational damage to the PHA through adverse criticism both within mainstream media and online.

Screening programme IT systems - The IT systems under-pinning individual screening programmes are becoming outdated, with some at risk of losing functionality over the medium term 3-5yrs. This will compromise the safe delivery of these programmes. There is no joined up, cross organisation strategic plan for maintenance and development of screening IT systems, with instead a piecemeal approach taken as and when needed.
In particular:

- Breast Screening Select requires to be implemented in NI as a matter of urgency to ensure the continued functioning of the breast screening programme
- The cervical screening programme is operationalized across 3 different IT systems with limited integration. The cervical screening call recall functionality on NHAIS (a 30 year old system) is not included in the core project for replacing NHAIS with the new Digital Identity Service. The current IT provision does not adequately support necessary changes to the programme or the flexibile ability to extract data for quality assurance and monitoring purposes (of process or outcomes).

Screening programme governance, risk management and control framework: Recent Internal audits have identified a number of findings and recommendations pertaining to the assurance framework for screening systems. Whilst many of these are being addressed sucessfullly eg. Introduction of HPV screening test to support quality assurance in cervical screening, additional resources are required to ensure full implementation and appropriate mitigation of potential risks.

PHA Staffing - staffing within individual screening programmes is relatively small-scale (and therefore vulnerable during a pro-longed absence/illness). Taking a whole team perspective, there is limited resilience in terms of technical competencies, specifically, in terms of Information analysis and IT systems (**see CR55 above**) .

DATE RISK ADDED:
Risks revised Dec 2023

LINK TO ASSURANCE FRAMEWORK: Safety and Quality Dimension			
LINK TO ANNUAL BUSINESS PLAN 2023/24: Corporate Objectives 1 – 4			
GRADING	**LIKELIHOOD**	**IMPACT**	**RISK GRADE**
Current	Likely	Major	**HIGH**
Target	Possible	Moderate	**MEDIUM**
LEAD OFFICER: Director of Public Health			

Existing Controls	**1st, 2nd & 3rd lines of Assurance**	**Gaps in Controls and Gaps in Assurances**	**Control Effectiveness RAG rating**	**Action Plan/Comments/ Timescale**	**Review Date**
Screening Programme Board re-established to provide broader oversight (at CEx/Director level across regional organisations) **IT systems** • Project structure for implementation of Breast Screening Select has been established, business case approved and implementation ongoing. • Processes are in place within each programme to manage any identified current risk – manual processes /	**1st and 2 line assurance** • Reports to AMT and briefing/updates to PHA Board; • Report on screening internal audit follow-up to GAC. • Quarterly performance monitoring meetings with BSO • Quality assurance site visits re-established in cancer screening programmes **3rd line assurance:** • Regular updates provided to CMO group through sponsorship arrangements	• Commissioning and delivery of screening programmes is a HSC wide system based approach (ie. a number of partners). PHA relies upon each part of the system having appropriate controls in place • Limited resources (staffing, financial and technical) particularly to establish and support an enhanced QA structure for the newborn and antenatal screening programmes.		**Southern Trust Cervical Cytology Review**: Ongoing support to the cytology review in Southern Trust including co-chairing the Steering and Operational Groups, development and maintainance of an Information system to manage all affected patients through the process and public messaging. • A programmed series of messaging to media/ public is underway on work being taken forward to ensure that public confidence is maintained in the service **IT systems:**	June 2024

reporting /monitoring/failsafe systems. • Technical review of screening IT systems completed by BSO ITS **Screening programmes –** programme-specific restoration plans have been implemented and screening programmes are now back on stream. Consultant screening group providing regional oversight; regular updates provided to CMO Sponsorship meetings. Ongoing monitoring of uptake, activity and capacity within each programme with escalation of risks and concerns as required. Baseline screening budget reviewed, Recurrent funding needs for full recovery have been highlighted in the 3 year investment priorities. **Programme specific issues:** • Cytology revew – PHA staff in membership of Southern Trust Cervical			• Ongoing meetings with the Encompass team with screening programme teams to ensure intregrity of interfaces is mainitained with Encompass going live. • Manual data sharing for cervical screening has gone live with Wales. Discussions are ongoing with England to develop processes to minimise risks in preparation for when their new system is launched. • Separate workstream to be established within the NIDIS project to extend the scope to replace the NHAIS functionality. • Ongoing pressures in Diabetic eye, and cervical screening programmes continue to be a feature.Need for additional recurrent funding to be raised as inescapable for 2024/25 • Ongoing large project work to support programme changes – primary HPV implementation, Breast screening select implementation.	

Cytology Review Steering group and subgroups, advising on the delivery and assurance of the review programme. • Quarterly performance management meetings established with BSO-, with review of progress against audit action plan and SLA. **Staffing** – approval received to redirect programme monies to PHA staffing budget and 2xband 7 appointed				

Corporate Risk 60					
RISK AREA/CONTEXT: Impact of Migration to SPPG on PHA					
DESCRIPTION OF RISK: Further to closure of the HSC Board in March 2022, there is a risk that the public health influence into commissioning may be diluted, lack of clarity about roles and responsibilities of PHA staff. With the ICS work still at a development stage, there is a risk to public health as there is a vacuum in planning.				**DATE RISK ADDED:** December 2020	
LINK TO ASSURANCE FRAMEWORK: Safety and Quality Dimension					
LINK TO ANNUAL BUSINESS PLAN 2023/24: Potentially all corporate objectives; particularly corporate objectives 4 (working together to ensure high quality services) and 5 (our organisation works effectively).					
GRADING	**LIKELIHOOD**	**IMPACT**		**RISK GRADE**	
Current	Possible	Moderate		**MEDIUM**	
Target	Unlikely	Minor		**LOW**	
LEAD OFFICER: Chief Executive					
Existing Controls	**1st, 2nd & 3rd lines of Assurance**	**Gaps in Controls and Gaps in Assurances**	**Control Effectiveness RAG rating**	**Action Plan/Comments/ Timescale**	**Review Date**
• PHA CX a member of the Oversight Board; • PHA staff are represented on a number of the migration workstreams; • Finance Task and Finish Group report submitted to HSCB Migration Governance Steering Group. • New hub and spoke model group established in PHA involving staff from across all directorates to look at how PHA contributes to	1st and 2 line assurance – Reports to AMT and Board • LCGs will continue with PHA input as appropriate until September 2023. This will allow for discussion on appropriate planning models with PHA input as appropriate. • Correspondence from Interim Director of	• Uncertainty regarding the future arrangements (including responsibilities and roles) • Uncertainty regarding future input (& time commitment) from PHA staff; • Uncertainty regarding role of DPH and DNAHP on SPPG Heads of Service group		• Continuing input of PHA staff into development of new planning model, function workstreams etc, to ensure that PHA is taken account of in the new arrangements. (ongoing – review September 2023); • New hub and spoke model group established in PHA involving staff from across all directorates to look at how PHA contributes to the ICS work. This group meets	~~September 2023~~ Mar 2024

the ICS work. This group meets on a monthly basis to update on key developments	Finance to Chair and CEO providing assurance re. Finance Function. • Joint Assurance Meetings involving AMT and SPPG Directors in place and providing platform for issues to be raised. 3rd line assurance: • Revision of Framework document raised with Sponsorship branch and Perm Secretary during Accountability meetings.		on a monthly basis to update on key developments • Revisit need for review of HSCNI framework document by DoH as a priority for PHA to clarify roles re commissioning in the emergent ICS context • Joint working group established between PHA and SPPG to develop guidelines / principles for inputting to commissioning processes.	

Corporate Risk 64					
RISK AREA/CONTEXT: Cyber Security (compromise of HSC network due to cyber-attack on a supplier or partner organisation)					
DESCRIPTION OF RISK: There is a risk to the HSC network and organisations in the event of a cyber-attack on a supplier or partner organisation resulting in the compromise of the HSC network and systems or the disablement of ICT connections and services to protect the HSC and its data. The impact and residual risk on the ability of the HSC to continue to deliver services to patients/service users/clients, compromise or loss of personal and organisational information, and loss of public confidence.				**DATE RISK ADDED:** September 2021	
LINK TO ASSURANCE FRAMEWORK: Corporate Control Arrangements Dimension					
LINK TO ANNUAL BUSINESS PLAN 2023/24: Corporate Objective 5 Our Organisation Works Effectively					
GRADING	**LIKELIHOOD**	**IMPACT**		**RISK GRADE**	
Current	Likely	Major		**HIGH**	
Target	Possible	Moderate		MEDIUM	
LEAD OFFICER: Director of Operations					
Existing Controls	**1st, 2nd & 3rd lines of Assurance**	**Gaps in Controls and Gaps in Assurances**	**Control Effectiveness RAG rating (RED)**	**Action Plan/Comments/ Timescale**	**Review Date**
Cybersecurity Strategy, Programme & Workplan (via Regional Cyber Security Progamme Board) Information Governance Team support & advisory services	1st & 2nd line: Technical risks assessments and penetration tests; 1st & 2nd line: HSC SIRO Forum for shared learning and collaborative action planning and delivery; 1st & 2nd line: IGAG oversight	Gaps in Control: • Business continuity plans to be up to date in relation to a cyber incident, implemented and regular testing		PHA Business Continuity Plan exercise testing against the impact of a cyber incident was held on 13 March 2023. PHA Business Continuity Plan reviewed and updated following the exercise and approved by AMT August 2023. Work also underway to	~~Dec 2023~~ Mar 2024

Info Gov Advisory Group (regional) Corporate Risk Management framework PHA BCP tested and updated February 2018 with a focus on cyber security PHA member of the Regional HSC Cyber Security Business Continuity Group BSO cyber project manager co-ordinating regional cyber security work. Regional cyber security programme board (BSO representing PHA) taking forward actions arising from DXC report and recommendations. Ongoing work being taken forward and overseen by the Regional Cyber Security Programme Board. Cyber Incident Response Action Plan finalised and launched Regional IT Security/cyber security training was refreshed and launched in September 2020.	1st & 2nd line: Reports to GAC/PHA board on reported incidents as appropriate. 1st & 2nd line: HSC Supplier framework developed for contractors who provide any service to HSC (approved by SIRO as part of Programme Board). Worked with PALS, Legal & CPD. 3rd line: IA report on 3rd party suppliers undertaken 2022	• Develop and test an Information Governance emergency plan in response to a Cyber attack • ICT Security and data protection clauses in all contracts. Partner organisations to meet security and IG standards of the HSC being addressed via supplier framework for new contracts going forward • Legal binding agreements are in place where contracts not required • Review existing contracts for Security and Data Protection clauses Gaps in Assurance: • Business Continuity Plan Test carried out annually	review Business Impact Analysis reports and develop/document Directorate Level Plans. With the QUB and other cyber incidents, HSC SIROs are commissioning, through the Information Governance Advisory Group, a Regional IG Task & Finish Group to address the risks/review data flows from HSC/Partner organisations and issues associated with data loss by a partner organisation. Proposal considered at IGAG 27/5/21. This action currently with DHCNI for decision/funding, etc. Ongoing – lack of funding is holding up progress. Development and testing of IG emergency plan in response to cyber attack being led by IGAG. Currently with DHCNI to support financially. IGAG regularly seek input from DoH/DHCNI. – ~~Sep2023~~ ongoing regionally – review progress at March 2024 Assistant IG Manager appointed to support Service Leads in a review of new and existing contracts in line with UK GDPR (working wih Cyber Security colleagues, PaLS and DLS as appropriate). IG awareness	

Information Governance Team support & advisory services Info Gov Advisory Group (regional) available Supplier on Retainer contract established to provide further cyber incident preparedness support in the event of an incident. HSC Supplier framework – to include Security and IG clauses, risk assessment and security management plans, approved by Cyber Security Programme Board in June 2022 now being implemented			raising ongoing across PHA in relation to data sharing and other IG documentation to be considered/completed as required (ongoing – progress reported at PHA IGSG – next mtg March 24)	

Corporate Risk 68			
RISK AREA/CONTEXT: Information Governance			
DESCRIPTION OF RISK: Information governance data sharing arrangements not in place to facilitate health surveillance to function fully and meet the requirements of international health regulations law and stakeholders' requests including WHO and UKHSA. Reputational risk to organisation.			**DATE RISK ADDED:** Dec 2022
LINK TO ASSURANCE FRAMEWORK: Safety and Quality Dimension			
LINK TO ANNUAL BUSINESS PLAN 2023/24: Corporate Objective 5 Our Organisation Works Effectively			
GRADING	**LIKELIHOOD**	**IMPACT**	**RISK GRADE**
Current	Almost Certain	Moderate	**HIGH**
Target	Possible	Moderate	**Medium**
LEAD OFFICER: Director of Public Health			

Existing Controls	1st, 2nd & 3rd lines of Assurance	Gaps in Controls and Gaps in Assurances	Control Effectiveness RAG rateing (RED)	Action Plan/Comments/ Timescale	Review Date
Final version of the Four Nations Data Sharing Agreement signed and returned to UKHSA 20/07/23 Completed document with all nations signed awaited return to PHA Genomics / CLIMB COVID consortium agreement expired and PHA has not signed the	1st and 2nd line Preparation of reports for AMT and the Board 3rd line Regular engagement with DLS to advise on risk and approach to take.	Requests for mpox (monkeypox) and hepatitis of unknown etiology in children under the International Health Regulations (for managing public health emergencies) were not met by PHA because of uncertainty about the legal position for data sharing, legal advice is awaited		External support, Gartner, commissioned to support information governance work. Action plan in place for review work which is ongoing. Revised drafted MOU, DPIAs and DAAs will require DPO review and sign off.	~~Sept 2023~~ Mar 2024

proposed replacement agreement under legal advice. Correspondence between PHA's legal adviser and UKHSA is ongoing.			Application of the Data Sharing Framework Agreement to be completed through individual Framework Agreement Addendums CLIMB COVID DSA is with DLS Legal adviser for consideration and is not signed. Position paper to be developed for AMT consideration setting out the relative risk to PHA of providing information to WHO and recommendations for how to progress. new date required for AMT presentation.	

Corporate Risk 71					
RISK AREA/CONTEXT: RISK AREA/CONTEXT: Public Inquiries - Reputational damage to the PHA as a result of criticism received from any of the statutory public inquiries that the Agency is actively engaging with. This risk encompasses the ability of the PHA to respond to the requests made of it by each Public Inquiry.~~Public Inquiries – Reputational damage that may flow from the outcome of any public inquiry results in criticism of the PHA. PHA ability to respond to requests from various Public Inquiries.~~					
DESCRIPTION OF RISK: There is a risk that the PHA may suffer reputational damage and loss of professional credibility if the outcome of any public inquiry results in criticism of the PHA. The PHAs ability to adequately respond to Public Inquiries in a timely and complete manner is critically important. Factors such as loss of corporate memory with many key members of staff no longer in PHA employment, capacity of current staff to devote the time required to input into responses, no dedicated Public Inquiries Team within PHA and no corporate document retrieval system to readily locate relevant files are relevant. There is also the risk of adverse impacts on other significant PHA deliverables, if key staff are required to reallocate their time to input into the work of ongoing Public Inquiries. There has been no dedicated support / increase in core funding for staff from DoH. The PHA is actively involved in four open public inquiries alongside a requirement to review the work undertaken in respect of the now closed Hyponatraemia and Neurology Inquiries. ~~Public Inquiries currently ongoing include the Muckamore Abbey Hospital Inquiry, the Urology Services Inquiry and the UK Covid-19 Inquiry. There is also a need to review the roles and responsibilities for the implementation of recommendations from the Hyponatraemia Inquiry.~~				**DATE RISK ADDED:** 30 April 2023	
LINK TO ASSURANCE FRAMEWORK: Corporate Control Arrangements Dimension					
LINK TO ANNUAL BUSINESS PLAN 2023/24: Corporate Objective 5 Our Organisation Works Effectively					

GRADING	**LIKELIHOOD**	**IMPACT**	**RISK GRADE**
Current	Likely	Major	**HIGH**
Target	Unlikely	Moderate	MEDIUM

LEAD OFFICER: Director of Operations

Existing Controls	**1st, 2nd & 3rd lines of Assurance**	**Gaps in Controls**	**Control Effectiveness RAG rating**	**Action Plan/Comments/ Timescale**	**Review Date**

		and Gaps in Assurances **(RED)**		
A formal governance structure has now been put in place in relation to PI work within the Agency: - A PI Programme Management Board chaired by the CEXE - A PI Steering Group chaired by the Director of Operations. These groups are supported by a dedicated Inquiries team aligned to the Operations Directorate who co-ordinate the day to day response.~~The progression of the PHA PI response is co-ordinated by a small Inquiries team within the Operations Directorate (1x band 8A, 2x band 6) with input from a Senior Ops Manager (Delivery). Support is also provided from a number of staff nominated from wider PHA Directorates who sit within the PI Steering Group.~~ The Agency has dedicated legal support for its PI work through a named Solicitor Consultant financed by PHA.	1st & 2nd line: -Dedicated Inquiries team led by staff working at AfC Ba 8A level with access to a formal Steering Group chaired by Director of Operations. ~~staff to support the work of Public Inquiries being identified;~~ 1st & 2nd line - Dedicated input by DLS Solicitor Consultant - Fortnightly reporting to PI Programme Management Board chaired by CEXE and containing Director and NED representation. - Update reports and escalation pathway to PHA board as appropriate. 3rd line - None Identified	Gaps in Assurance: • The PI governance structure remains relatively ~~is~~ new and ~~embedding,~~ it will take time for a level of corporate ownership and accountability to be established. This process will also need to be considered against wider structural change within the PHA. Gaps in Control: • No dedicated financial support from DoH (ie no increase in core funding) • Concerns that the current staff resource may be inadequate given the envisaged extent and longevity of PI work which will take place well into 2027. • Scoping the work of the Public Inquiries Team to be undertaken ~~especially~~ in relation to recommendations from now closed Inquiries. • PHA response will neccesiate successfully engaging with a number of	Public Inquiry internal governance structure is now in place. ~~*scheduling will be kept under review.*~~ ~~*Dec 23*~~ Public Inquiry work has largely been reactive based on the demands of each Inquiry and this may continue for some time given the sustained flow of work from Modules 2C, 3, 4 and soon 6 of the Covid-19 Inquiry. The PHA is also now in receipt of further short deadline requests from the Urology Inquiry which require a response. Through the creation of a long term formal PI work plan it is envisaged that the Agency will be able to respond in a more planned fashion to the demands placed upon it. This will also neccessate an agreement around longer term staff resourcing and lines of accountability within the new PHA structure.	~~Dec 2023~~ Mar 2024

		senior staff who have left the organisation. • Psychological impact for staff responding to Inquiries / reliving experiences remains a live issue under consideration.		

APPENDIX 1

RISKS ADDED TO CORPORATE RISK REGISTER AS AT 31 DECEMBER 2023

Corporate Risk 72					
RISK AREA/CONTEXT: Financial Planning Context 24/25 Finance / Operational Performance and Service Improvement Dimentions					
DESCRIPTION OF RISK - Financial Planning Context 2024/25. In light of the current financial planning context for 2024/25, PHA has been asked by DoH to identify the implications of delivering further savings of 2% / 5% /10% against its baseline budget of £115m. To achieve the savings, PHA will need to prioritise current investments. This will require the PHA to potentially stop a significant number of existing contracts it has in place with Providers by March 2025. It will be difficult to manage contract termination processes and will likely result in significant negative public, media and political reaction.				**DATE RISK ADDED:** January 2024	
LINK TO ASSURANCE FRAMEWORK: Corporate Control Arrangements Dimension					
LINK TO ANNUAL BUSINESS PLAN 2023/24: Corporate Objective 5 Our Organisation Works Effectively					
GRADING	**LIKELIHOOD**	**IMPACT**	**RISK GRADE**		
Current	Likely	Major	**HIGH**		
Target	Likely	Moderate	**MEDIUM**		
LEAD OFFICER: Chief Executive					

Existing Controls	1st, 2nd & 3rd lines of Assurance	Gaps in Controls and Gaps in Assurances	Control Effectiveness RAG rating	Action Plan/Comments/ Timescale	Review Date
PHA approach will be guided by AMT and PHA board direction PHA has developed an initial savings plan setting out the impacts of reducing the PHA budget by 2% 5% and 10% PHA has agreed a financial Plan setting out how it will	1st and 2nd line assurances AMT/ PHA board to be updated on budget position on a regular basis. PHA Board presented with options for realaising the Savings in January 2024 for approval			PHA officers to meet with DoH DoF in February to discuss consequences of savings options on PHA core business	Mar 2024

deliver £5.3m savings from 2023/24	PHA submission to DoH setting out options for delivering 2% /5% /10% savings, approved by PHA Board in January 2024			

APPENDIX 2

RISKS REMOVED FROM CORPORATE RISK REGISTER AS AT 31 DECEMBER 2023

Corporate Risk 61					
RISK AREA/CONTEXT: IT systems to support Screening Programmes					
DESCRIPTION OF RISK: ~~The commissioning and quality assurance of population screening programmes is a core PHA function. However, ongoing issues and concerns relating to IT systems, constitute potential risks to the sustained provision of these functions:~~ ~~The IT systems under-pinning individual screening programmes are becoming outdated, with some at risk of losing functionality over the medium term 3-5yrs. This will compromise the safe delivery of these programmes. There is no joined up, cross organisation strategic plan for maintenance and development of screening IT systems, with instead a piecemeal approach taken as and when needed.~~ ~~In particular:~~ ~~- Breast Screening Select requires to be implemented in NI as a matter of urgency to ensure the continued functioning of the breast screening programme~~ ~~- The cervical screening programme is operationalized across 3 different IT systems with limited integration. The cervical screening call recall functionality on NHAIS (a 30 year old system) is not included in the project for replacing NHAIS with the new Digital Identity Service. The current IT provision does not adequately support necessary changes to the programme or the flexibile ability to extract data for quality assurance and monitoring purposes (of process or outcomes).~~				**DATE RISK ADDED:** December 2020 Removed Dec 2023 and merged with CR 59 Quality Assurance and Commissioning of Screening	
LINK TO ASSURANCE FRAMEWORK: Safety and Quality Dimension					
LINK TO ANNUAL BUSINESS PLAN 2023/24: Corporate Objectives 1 – 4					
GRADING	**LIKELIHOOD**	**IMPACT**	**RISK GRADE**		
Current	Likely	Major	**HIGH**		
Target	Possible	Moderate	**MEDIUM**		
LEAD OFFICER: Director of Public Health					
Existing Controls	**1st, 2nd & 3rd lines of Assurance**	**Gaps in Controls and**	**Control Effectiveness RAG rating**	**Action Plan/Comments/ Timescale**	**Review Date**

		Gaps in Assurances		
• ~~**Screening Programme Board** re-established (Nov 20) – to provide broader oversight (at CEx/Director level)~~ • ~~Project structure for implementation of Breast Screening Select has been established, business case approved and implementation ongoing.~~ • ~~Processes are in place within each programme to manage any identified current risk – manual processes/reporting/monitoring/failsafe systems.~~ • ~~Additional failsafes put in place in bowel screening programme in response to recent SAI. Review group established by BSO in response to SAI in bowel screening linked to inconsistencies between 2 databases.~~ • ~~Technical review of screening IT systems completed by BSO ITS~~	~~Reports to AMT and briefing/updates to PHA Board;~~	• ~~Limited resources (staffing, financial and technical);~~ • ~~Absence of cross organisation strategic approach~~	~~Ongoing meetings with the Encompass team with screening programme teams to ensure intregrity of interfaces is mainitained with Encompass go live~~ • ~~Manual data sharing for cervical screening has gone live with Wales. Discussions are ongoing with England to develop processes to minimise risks in preparation for when their new system is launched.~~ ~~Discovery exercise on cervical call recall systems undertaken by PHA chief data advisor to identify immediate risks and options for interim solutions.~~ • ~~Separate workstream to be established within the NIDIS project to extend the scope to replace the NHAIS functionality.~~	~~Sept 2023~~

Corporate Risk 69				
RISK AREA/CONTEXT: Financial Planning Context 23/24 Finance / Operational Performance and Service Improvement Dimentions				
DESCRIPTION OF RISK ~~In light of the current financial planning context for 2023/24, PHA has been asked to progress with delivering on all low and medium priority rated savings proposals identified by PHA in its savings plan and to deliver and additional £1m of savings to achieve total cash release savings of £5.3m in 2023/24. To achieve the savings, PHA will need to prioritise current investments. This will require the PHA to potentially stop a significant number of existing contracts it has in place with Providers by March 2024. It will be difficult to manage contract termination processes and will likely result in significant negative public, media and political reaction.~~				**DATE RISK ADDED:** January 2023 Updated/Removed January 2024 New 2024/25 Risk added.
LINK TO ASSURANCE FRAMEWORK: Corporate Control Arrangements Dimension				
LINK TO ANNUAL BUSINESS PLAN 2023/24: Corporate Objective 5 Our Organisation Works Effectively				
GRADING	**LIKELIHOOD**	**IMPACT**		**RISK GRADE**
Current	Likely	Major		**HIGH**
Target	Likely	Moderate		**MEDIUM**
LEAD OFFICER: Chief Executive				

Existing Controls	1st, 2nd & 3rd lines of Assurance	Gaps in Controls and Gaps in Assurances	Control Effectiveness RAG rating	Action Plan/Comments/ Timescale
~~PHA approach wil be guided by AMT and PHA board direction~~ ~~PHA has developed an initial savings plan setting out the impacts of reducing the PHA budget by 3% and 5%~~ ~~PHA has agreed a financial Plan setting out how it will~~	~~1st and 2nd line assurances~~ ~~AMT/ PHA board to be updated on budget position on a regular basis.~~ ~~PHA Board presented with a Financial Plan in June 2023 for approval~~			• ~~*A more detailed savings plan setting out specific impct of delivering the savings required on a recurrent basis to be developed by September 2023.*~~ • ~~*Draft paper on proposed approach for identifying recurrent savings to be discussed with PPR Committee October 2023*~~

~~deliver *£4.65m of the* £5.3m savings~~	~~PHA submission to DoH setting out options for delivering 2% /5% /10% savings, approved by PHA Board in January 2024~~		• ~~Financial plan to reach financial breakeven to reviewed on a monthly basis.~~ ~~PHA officers to meet with DoH DoF in February to discuss consequences of savings options on PHA core business~~

HSC Public Health Agency

item 8

Title of Meeting	PHA Board Meeting
Date	15 February 2024
Title of paper	Performance Management Report
Reference	PHA/05/02/24
Prepared by	Stephen Murray / Rossa Keegan
Lead Director	Stephen Wilson
Recommendation	For **Approval** ☐ For **Noting** ☒

1 Purpose

The purpose of this paper is to provide the PHA Board with a report on progress against the objectives set out in the PHA Annual Business Plan 2023/24.

2 Background Information

PHA's Annual Business Plan was approved by the PHA Board in March 2023. Against this plan 37 actions were developed against 10 priorities for 2023/24.

3 Key Issues

The attached paper provides the progress report, including RAG status, on the actions set out in the PHA Annual Business Plan 2023/24 Part A as at 30 December 2023.

Of the 37 actions across 10 Key Priorities

- 3 action has been categorised as red (significantly behind target/will not be completed)
- 15 actions have been categorised as amber (will be completed, but with slight delay)
- 19 actions have been categorised as green (on target to be achieved/already completed).

For the Business Plan Part B, it was agreed that any actions rated Amber or Red would be reported on by exception to the Board. As at 31 December 2023, 13 actions have been categorised as amber and 2 actions have been categorised as red – an exception report is included.

4 Next Steps

The next quarterly Performance Management Report update will be brought to the Board in May 2024.

PERFORMANCE MANAGEMENT REPORT

Monitoring of Targets Identified in

The Annual Business Plan 2023 – 2024 Part A

As at 31 December 2023

This report provides an update on achievement of the actions identified in the PHA Annual Business Plan 2023-24 Part A.

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

There are a total of 37actions across 10 Key Priorities in the Annual Business Plan. Each action has been given a RAG status as follows:

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

Of the 37 actions, 19 are currently rated Green 15 are current rated with an Amber RAG status and 3 with a Red RAG status.

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

	Key Priorities				
	Action from Business Plan:	**Progress**	**Achievability (RAG)** June Sept Dec	**Mitigating actions where performance is Amber / Red**
1a	All children and young people have the best start in life	Vaccination By December 2023, increase by 1% the uptake rates for pre-school immunisation (based on December 2022 position)			Director of Public Health Joanne McClean Downward trend in vaccine uptake over the last few years has continued and is also seen in the other UK nations.

COVER statistics	Q3 Oct-Dec 22 (%)	Q4 Jan-Mar 23 (%)	Q1 Apr-Jun 23 (%)	Q2 Jul-Sep 23 (%)	Diff %
12 months					
DTaP/IPV/Hib/HepB	92.5	92.4	91.6	92.5	0
PCV	94.6	94.6	94	94.6	0
Rotavirus	88.8	89.7	89.4	89.1	0.3
MenB	92.8	92.6	91.7	92.4	-0.4
24 months					
DTaP/IPV/Hib/HepB	94.4	94.0	93.8	93.1	-1.3
MMR1	89.5	89.4	89.3	88.8	-0.7
PCV booster	90.2	91.8	89.8	89.1	-1.1
Hib/Men C	89.8	89.8	89.8	89	-0.8
Men B	89.0	89.2	88.6	88.1	-0.9
5 years					
DTaP/IPV/Hib/HepB	94.0	93.6	94.4	94.4	0.4
DTaP/IPV/Hib/HepB (booster)	87.9	86.9	86.1	85.9	-2
MMR1	93.9	93.5	93.5	93.6	-0.3
MMR2	87.5	86.4	85.6	85.4	-2.1
Hib/Men C booster	93.3	92.9	93	93.1	-0.2

Source: PHA Health Protection Vaccine Surveillance Team

		Key Priorities					
	Action from Business Plan:		**Progress**	**Achievability (RAG)** June	Sept	Dec	**Mitigating actions where performance is Amber / Red**
1b		Family Support Complete the re-tender of the regional Early Intervention Support Service for families by June 2023 and expand service to increase number of families supported from 630 to 800 by March 2024 (subject to additional funding from DoH being allocated, as planned)	Re-tender process complete; new contracted services scheduled to commence from 1st October 2023 Additional funding from DoH allocated and approved by AMT in August 2023; co-design process complete with providers re service enhancement/expansion and scheduled to commence from 1st October 2023. Dec 23 Update: Re-procured and enhanced service provision commenced from 1st October 2023; work also underway re short-term substance use pilot.				Director of Public Health Joanne McClean
2a	All older Adults are entitled to live healthier and more fulfilling lives	Vaccination Implement the 'Shingrix for All' vaccine programme with phased introduction from September 2023	This programme was successfully implemented on 1st September 2023. .				Director of Public Health Joanne McClean
2b		Falls prevention	On track				Director of NMAHP

	Key Priorities						
	Action from Business Plan:		**Progress**	**Achievability (RAG)**			**Mitigating actions where performance is Amber / Red**
				June	Sept	Dec	
		Implement the Regional Falls Pathway and Bundle for Care Homes in 10 % of care homes in each Trust area by March 2024	ECCF launched on 7 August 2023. Falls steering group meeting to plan implementation strategy including CEC training on products. SEPT 23 Falls work continues to be implemented at a local level, however process delayed due to Falls resources launch being delayed from April 2023 to August 2023. Enhancing Clinical Care Framework (ECCF) launched on 7 August 2023. Falls steering group reconvened to plan implementation strategy. Sustainability, Spread and Scale Workplan shared. PHA is progressing Care Home training module with CEC and has facilitated information sessions across the region. Dec 23 Post falls guidance tool has been updated to reflect updated NICE Guidance. Information session with care homes held on 21st December via MS Teams. Trust care home support teams continue to work on implementation with locality care homes.				Heather Reid Work to progress the implementation of resources continues with independent sector and Trust Care Home in reach teams. PHA Nursing/ AHP coordinating a regional approach to the implementation

	Key Priorities						
	Action from Business Plan:		**Progress**	**Achievability (RAG)** June	Sept	Dec	**Mitigating actions where performance is Amber / Red**
			CEC module being piloted with a group of care homes, plan to launch in Spring 2024. Providers of IT systems to care homes have copies of the pathway and bundle to upload to their IT platforms. Encompass also building forms onto their platform.				
3a	All Individuals and communities are equipped and enabled to live long and healthy lives	Screening Implement primary HPV testing into the cervical screening programme by March 2024	Implementation of primary HPV – An implementation project structure has been established with the key organisations represented. A project team and board have been established and work is progressing across a number of workstreams. The PHA is leading the project with significant input from SPPG and the Pathology Network. While planning has progressed during 2022/23, it is anticipated that primary HPV testing will be introduced during 2023/24. pHPV testing introduced for all new samples received at laboratories from 11 December 2023				Director of Public Health Joanne McClean

3b		Alcohol and Drugs Joint Draft Commissioning Framework for Alcohol and Drug services to be approved by PHA Board by May 2023 and procurement of phase 1 services completed by March 2024	Substance Use Strategic Commissioning and Implementation Plan (The Plan) drafted. The Plan has been agreed by the SUS HSC Advisory Board, the SUS Programme Board and CMO. The Plan has been approved at PHA AMT and SPPG SMT in June The Plan was presented to PHA PPR Committee in early June and a number of issues were highlighted that required further clarification prior to the document being considered by PHA board. Due to the delay in approving the document there will potentially be a short delay in completion of phase 1 of the procurement process. . Dec 23 update: The public consultation closed on 24 November, receiving 40 responses, 14 of which were directly from the general public. The team are reviewing, analysing and editing the Plan as appropriate. Once updated the Plan will be presented for scrutiny and approval via the SUS Programme Board, PHA AMT, SPPG SMT and PHA Board across February-March 2024. Phase 1 of the regiaonl D&A procurement process is underway, with the pre-				Director of Public Health Joanne McClean

	Key Priorities						
	Action from Business Plan:		**Progress**	**Achievability (RAG)** June	Sept	Dec	**Mitigating actions where performance is Amber / Red**
			procurement work being finalised by March 2024.				
3c		Mental Health / Suicide prevention Draft PHA Mental Health, Emotional Wellbeing and Suicide Prevention commissioning framework developed by March 2024.	Dec 23 Update: Focus in 23/24 has shifted onto re-procuring the contracts that are currently covered by DAC's. Project initiation Document for Protect Life 2 Comissioning was presented to, and endorsed by the Procurment Board on 30 November 2023. Initial work has been undertaken in developing the Commissioning framework but this will not be concluded in year as a result of staff absences (2 key staff have been off on long term illness but are now back to work) and will need to be carried forward into 24/25				Director of Public Health Minimal impact on DAC's anticipated. Joanne McClean

	Key Priorities						
	Action from Business Plan:		**Progress**	**Achievability (RAG)** June	Sept	Dec	**Mitigating actions where performance is Amber / Red**
3d		Cardiovascular Disease prevention Cardiovascular population health profile to be produced by March 2024	Phase 1: The development of the NI population simulation module is advancing on schedule and progress aligns with projected milestones. The expectation is that by the Q2/ 2023, it will transition into the crucial validation, testing, and refinement stages to further enhance its efficacy and reliability. Phase 2: The research component commences Q2/2023, a pivotal step that aims to furnish the model parameters necessary for seamless integration into the Population Simulation Model. This phase is expected to compete by the Q4/ 2024. Upon completion, the primary deliverable will be a sophisticated Cardiovascular Population predictive model. This advanced tool is designed to aid in intricate, multifaceted scenario planning and provide valuable metrics for measuring the success of interventions.				Director of Public Health Joanne McClean

		Key Priorities					
	Action from Business Plan:		**Progress**	**Achievability (RAG)** June	Sept	Dec	**Mitigating actions where performance is Amber / Red**
3e		Cancer Prevention Mutli- disciplinary working group to be established by May 2023 to develop an action plan for addressing primary and secondary cancer prevention in line with the 2022 cancer strategy by March 2024	Work to reorganise teams and establish multidisciplinary teams as the routine way of working is progressing well. While the team to implement this action is not in place it will be soon and on course to be completed on time.				Director of Public Health Joanne McClean Due to staffing pressures and re-deployment of staff, the team to implement this is not yet in place. Co-chairs have now been identified
3f		Smoking Regional tobacco commissioning team to be established by June 2023	Further to an internal process a regional tobacco commissioning team has been established. 1x B8a post & 2xBand 7 posts re-prioritised to focus on this Teams development in June 2023. Team to be further expanded Sept - Dec 23 (+1 B7 &+ 1B6) delayed in line with HI Review Process				Director of Public Health Joanne McClean Team to be further expanded, internal HI Review process ongoing
4a	All health and wellbeing	Quality Improvement	June 2023 - HSCQI workplan for 2023/24 is in draft. The workplan cannot currently be				Director of HSCQI

	Key Priorities						
	Action from Business Plan:		**Progress**	**Achievability (RAG)** June	Sept	Dec	**Mitigating actions where performance is Amber / Red**
	services should be safe and high quality	HSCQI workplan agreed by the HSCQI Alliance by June 2023	agreed as HSCQI have not been allocated a programme budget for 2023/24, as at end June 2023. **Sept 2023 onwards** - HSCQI non recurrent programme funding for 2023/24 allocated by DoH in August 2023. HSCQI workplan has been agreed. .				Aideen Keaney

	Key Priorities						
	Action from Business Plan:		**Progress**	**Achievability (RAG)**			**Mitigating actions where performance is Amber / Red**
				June	Sept	Dec	
4b		Infection/ prevention Control Re-establish the HSCA/AMR improvement Board by May 2023 and agree an action plan by March 2024, for reducing anti-microbial use in line with regional targets set.	HCAI-AMR Improvement Board re-establishing Q3 2023 supported by Antimicrobial Resistance Programme Manager (started in post end of June 2023). PHA HCAI-AMR team highly engaged with DoH and UKHSA in the development of the UK National Action Plan for AMR and on track to deliver by March 2024. IPC Manual launch - All sections are signed off and the content for the site has gone to the web developer to build the site. I anticipate the launch will happen in this financial year i.e. before the end of March 2024.				Director of Public Health Joanne McClean

		Key Priorities					
	Action from Business Plan:		**Progress**	**Achievability (RAG)** June	Sept	Dec	**Mitigating actions where performance is Amber / Red**
4c		Health Protection Response All standard operating procedures for acute response to be reviewed and updated by March 2024.	Review of standard operating procedures has commenced. Progress delayed due to reduced Consultant capacity relating to long term sickness absence and resignations. As of 7/12/2023, 23% of SOPS were retired as no longer relevant or duplicates. 82% have been completed or are in progress. 18% need further review. Permanent HP consultant posts have been advertised along with locum HP consultant posts.				Director of Public Health Joanne McClean
5a	Our organisation works effectively	Quarterly update reports on PHA Business Plan to be provided to PHA Board	First report brought to PHA Board Aug 23. Second report brought to PHA Board Nov 23.				Director of Operations Stephen Wilson

	Key Priorities						
	Action from Business Plan:		**Progress**	**Achievability (RAG)** June	Sept	Dec	**Mitigating actions where performance is Amber / Red**
5b	Implement the agreed action plan for 2023/24 that sets out the key programmes of work that will be progressed by PHA officers in meeting Ministerial, DOH and PHA Corporate priorities.	90% of actions in the 23/24 Action Plan to be RAG rated as Green and exception reports to be provided to PHA board to address those rated Red/Amber.	As at December 31st 2023 over 75% of the items on the Action Plan are rated as Green.				Director of Operations Stephen Wilson Directors working to bring at-risk actions back on track.
6a	Continue to shape and influence the design and implementation of the proposed new Integrated Care system and ensure the	PHA to be appropriately represented on the 5 pilot Area Integrated Partnership Boards to be established in each Trust area	PHA has senior public health representation on the Southern Pilot AIPB. Timing of roll out of AIPBs in the remaining areas awaits the DoH evaluation of the pilot and decisions on their remit and mbership.				Director of Operations Stephen Wilson Director of Public Health Joanne McClean

		Key Priorities						
	Action from Business Plan:		**Progress**	**Achievability (RAG)**			**Mitigating actions where performance is Amber / Red**
				June	Sept	Dec	
6b	role of the Public Health Agency is embedded appropriately into the new planning and commissioning model being established.	Population health profile information to be produced by June 2023 to help inform the test model for the Southern AIPB.	An initial population health profile was presented to the AIPB in June 2023 setting out key issues impacting on the health and wellbeing of the local population. A dashboard was developed and presented in July 2023 to the AIPB and to the ICS Regional Working Group (RWG) on 6th September. PHA staff from the public health, nursing, AHP, health intelligence and health improvement teams have provided presentations and professional advice to the AIPB between July and December which supported the AIPB's decisions on its action plan priorities.Further work is ongoing.				Director of Operations Stephen Wilson Director of Public Health Joanne McClean

		Key Priorities					
	Action from Business Plan:		**Progress**	**Achievability (RAG)** June	Sept	Dec	**Mitigating actions where performance is Amber / Red**
6c		Ensure PHA priorities relating to health protection, prevention and early intervention are reflected in draft AIPB plans	The test AIPB action plan is focussing on secondary prevention in Frailty and is being informed by senior PHA staff with expertise in this area. Primary prevention is led by CPPs. AIPBs in other Trust areas have yet to formally commence				Director of Operations Stephen Wilson Director of Public Health Joanne McClean PHA reps will continue to work with AIPB members and highlight key public health issues to be considered in setting the planning priorities.

	Key Priorities						
	Action from Business Plan:		**Progress**	**Achievability (RAG)** June	Sept	Dec	**Mitigating actions where performance is Amber / Red**
7a	Our Organisation Works Effectively Work with DoH to implement phase 2 of the	Phase 2A of the Reshape and Refresh programme (Detailed implementation plan) completed by end of May 2023	Phase 2a of the Reshape & Refresh programme was completed at end May 2023. Key deliverables such as V1 Operating Model, Change & Transition status report and Functions Placement Roundtable outputs were signed off at Programme Board in July 23.				Chief Executive Aidan Dawson

	Key Priorities						
	Action from Business Plan:		**Progress**	**Achievability (RAG)** June	Sept	Dec	**Mitigating actions where performance is Amber / Red**
7b	Reshape and Refresh of the PHA and agree a new operating model that will deliver a re-focused professional, high quality public health service for the population of NI	Implementation of phase 2B (Continue to Transform) to commence by end of May 23 and conclude by November 23.	Phase 2B, which commenced in June 2023, overseen the development of a Target Operating Model, facilitated by EY. The Target Operating Model contained a number of core componenets, which through implementation, would provide the Agency with a framework to operate more effectively.These include: • Governance and accountability • People & development • Data & Intelligencce • Functions & Structures • Culture & engagement The Programme Board approved the Target Operating Model in December 2023 subject to further refinement relating to the organisational structure which will be finlaised during January 24. Implementation of the Target Operating Model is planned for March 2024.				Chief Executive Aidan Dawson The timescales associated with overall completion of phase 2b have been impacted as a result of competing priorities, evolving external landscape and industrial action. A revised project plan with clearly defined timescales has been developed to support the smooth implementation from March 2024.

	Key Priorities						
	Action from Business Plan:		**Progress**	**Achievability (RAG)** June	Sept	Dec	**Mitigating actions where performance is Amber / Red**
7c		Monthly newsletters published to provide staff with regular updates of progress and key milestones.	An update on Reshape & Refresh has been featured in a variety of settings including CX virtual engagement session, weekly news bulletin. A weekly change and comms group continue to meet and identify ways and methods to best communicate key messages. A variety of methods have been used during phase 2a & 2b including: - large staff engagement sessions - team sessions, - newsletter, - video series, - updates on intranet site, - integration with Organisation Development & Engagement Forum (ODEF). A new virtual engagement tool Mural was launched in December 2023 which includes an overview of Operating Model detail alongside a mechanism to provide feedback.				Chief Executive Aidan Dawson.

	Key Priorities						
	Action from Business Plan:		**Progress**	**Achievability (RAG)** June	Sept	Dec	**Mitigating actions where performance is Amber / Red**
8a	Our Organisation Works Effectively PHA will place additional focus on staff welfare and wellbeing and agree and implement a range of appropriate actions	95% of Individual appraisals and personal development plans agreed by end of July 2023 which clearly demonstrate the staff member's role in helping to contribute to the Agency's ABP key priorities. (subject to sickness absence, maternity and those seconded out of the PHA)	At 30th June 2023 compliance stood at 63.24%. At 31st July 2023 compliance stands at 82.84% At 30th September 2023 compliance stands at 87.88%. At 31st December 2023 compliance stands at 89.23%				Director of Operations Stephen Wilson Director of HR Robin Arbuthnot Regular reports go to Directors on the outstanding appraisals with plans in place to have such completed.

		Key Priorities					
	Action from Business Plan:		**Progress**	**Achievability (RAG)** June	Sept	Dec	**Mitigating actions where performance is Amber / Red**
8b		A recruitment strategy to be agreed by 30th June 2023 which will include the defined reasons for use of temporary contracts and exit strategy arrangements.	This is delayed although building blocks are all in place including key work on: • a new internal Talent Mobility process implemented as a 'proof of concept' model to replace former EOI process. • Full review of all temporary positions is completed (see 8c) which will be in keeping with any future parameters determined. • An exit strategy is in place for all temporary posts which are being executed. • A new process for onward management of temporary positions aligned to scrutiny process is in place. • The 'recruitment strategy' has now been determined to be incorporated into the People Plan which is out for consultation until 17th January 2024 consultation. It is expected the People Plan will be approved in Q4 .				Director of HR Robin Arbuthnot From the time of writing the business plan, it was decided the recruitment strategy should form part of the overall People Plan which is scheduled for implementation by Q 4 2024.

		Key Priorities					
	Action from Business Plan:		**Progress**	**Achievability (RAG)** June	Sept	Dec	**Mitigating actions where performance is Amber / Red**
8c		All temporary contracts to be reviewed and aligned to the parameters within the agreed recruitment strategy by 30th September 2023.	An Exit strategy is in place for all temporary positions which will align with the parameters expected to be included in the recruitment element of the People Plan. Exit strategies are being actively managed with a new process in place to ensure robust governance arrangements are in place and aligned to the scrutiny process.				All Directors

8d		Staff absence will be effectively managed to ensure appropriate and timely support for staff and with the aim of working towards the agreed target	Staff absence is reported to AMT on a monthly basis. Although overall sickness absence rates have increased (4.83% at end of Q1 23/24), all long term absence is actively managed with support from Occupational Health. There are a range of HWB resources to support staff and the Staff Experience workstream of the Organisation Development Engagement Forum (ODEF) have staff health & well being as a key area in their action plan for the current year. Regular reports are provided to Directors on sickness absence in their Directorate to ensuring ongoing management of such. As part of the work of ODEF a new H&WB survey has been approved for launch in November as part of the live well work well programme of work. This will see local champions identified alongside a programme of work to ensure further development of the ongoing work to support staff H&WB.				All Directors

	Key Priorities						
	Action from Business Plan:		**Progress**	**Achievability (RAG)** June	Sept	Dec	**Mitigating actions where performance is Amber / Red**
8e		Hybrid working pilot scheme to be fully implemented with evaluation undertaken which will feed into any future arrangements by March 2024	The Pilot scheme moved to full implementation from 1st April 2023. The working group has developed a staff questionnaire which will be issued in Feb 2024 to inform the evaluation.				Director of HR Robin Arbuthnot Hybrid working pilot arrangement extended to Mar 2024 to facilitate evaluation.

<table>
<tr><td></td><td colspan="4">Key Priorities</td></tr>
<tr><td></td><td colspan="2">Action from Business Plan:</td><td>Progress</td><td>Achievability (RAG)
June Sept Dec</td><td>Mitigating actions where performance is Amber / Red</td></tr>
<tr><td>8f</td><td></td><td>Staff will have completed all mandatory training as required by the organisation. 90% compliance by end of December 2023</td><td>
<table>
<tr><th>Date</th><th>June 23</th><th>Sept 23</th><th>Dec 23</th></tr>
<tr><td>Cyber Sec</td><td>86.95%</td><td>92.08%</td><td>90.59%</td></tr>
<tr><td>DSE</td><td>62.56%</td><td>81.19%</td><td>85.19%</td></tr>
<tr><td>Equality</td><td>65.02%</td><td>84.16%</td><td>84.44%</td></tr>
<tr><td>Equality-Line Mgr</td><td>44.35%</td><td>92.08%</td><td>86.67%</td></tr>
<tr><td>Fire Safety</td><td>68.47%</td><td>81.68%</td><td>85.68%</td></tr>
<tr><td>Fraud</td><td>62.56%</td><td>80.45%</td><td>79.75%</td></tr>
<tr><td>Health & Safety</td><td>70.20%</td><td>83.66%</td><td>83.46%</td></tr>
<tr><td>IG Awareness</td><td>49.51%</td><td>65.35%</td><td>71.29%</td></tr>
<tr><td>Manual Handling</td><td>43.35%</td><td>67.82%</td><td>69.38%</td></tr>
<tr><td>Risk Mgmt</td><td>79.06%</td><td>87.38%</td><td>84.20%</td></tr>
</table>
</td><td></td><td>All Directors

Line managers are able to use the ‘MyTeam’ function on LearnHSCNI to identify staff who are not compliant so appropriate action can be taken. Directors are also provided with updated compliance reports on a monthly basis. DSE and Manual Handling are new modules.
IG Awareness has changed from last 3 years to 1 year with some back end issues affecting recording of training.</td></tr>
</table>

	Key Priorities						
	Action from Business Plan:		**Progress**	**Achievability (RAG)** June	Sept	Dec	**Mitigating actions where performance is Amber / Red**
8g		To develop a People Plan by the 30th September 2023 to support the delivery of the PHA's strategic objectives and take forward implementation in line with agreed milestones.	This is under development. Closely aligned to the ODEF action plan, the latter is now agreed and in progress allowing for this plan to be developed over the summer months. A draft People Plan was shared with ODEF members early September as the first stage of consultation before being released for wider staff consultation in early December 2023 with a closing date of 17th January 2024.				Director of Operations Stephen Wilson Director of HR Robin Arbuthnot A draft People Plan will be further consulted on in Q3 with a view to having an approved document in Q4.

	Key Priorities						
	Action from Business Plan:		**Progress**	**Achievability (RAG)** June	Sept	Dec	**Mitigating actions where performance is Amber / Red**
9a	Our Organisation Works Effectively Ensure good financial governance and stewardship of PHA budgets and expenditure decisions and implement a new performance management framework for the organisation to establish clear processes of accountability and performance reporting	90% of Internal Audit recommendations from 2022/23 addressed and progress reported to GAC by October 2023	Mid-year internal audit follow up complete with 79% of outstanding recommendations complete overall and report was presented at GAC in October. Of these, 8 recommendations remained outstanding from 22/23 (67% of total recommendations issued during 22/23)..				Director of Operations Stephen Wilson Director of Finance Tracey McCaig Early engagement by relevant managers with Internal Audit colleagues to fully assess progress to implement Audit recommendations Audit clinics have been set up for January 24 to progress towards completion

	Key Priorities						
	Action from Business Plan:		**Progress**	**Achievability (RAG)** June	Sept	Dec	**Mitigating actions where performance is Amber / Red**
9b	across all levels of the organisation.	100% of Internal Audit recommendations from 2022/23 addressed and progress reported to GAC by March 2024	Audit clinics have been set up for January 24 to progress remaining internal audit recommendations towards completion by end of March 2024. Two limited assurance reports and one satisfactory report have been issued in 2023/24 to date. Continued focus from all Directorates will be required in the remainder of the year to close outstanding recommendations to ensure the overall audit opinion for the year is maintained.				Director of Operations Stephen Wilson Director of Finance Tracey McCaig Early engagement by relevant managers with Internal Audit colleagues to fully assess progress to implement Audit recommendations
9c		All Directorate Business Plans approved by 30 May 2023	Operations Directorate Plan complete NMAHP Directorate Plan complete PHD Directorate Plan complete HSCQI Directorate Plan complete				All Directors

		Key Priorities					
	Action from Business Plan:		**Progress**	**Achievability (RAG)** June	Sept	Dec	**Mitigating actions where performance is Amber / Red**
9d		Delivery of a balanced Financial Plan by end of May 2023, taking into account budgetary uncertainties and agreed investment plan – approval by Board in June 2023	Financial Plan approved by the PHA Board in June 2023, with a forecast financial deficit forecast (£0.65m). A mid-year review of financial performance against the Board approved Financial plan was completed during October which was formally approved by AMT and presented to PPRC. The latest Month 8 position indicates a breakeven forecast, due primarily to lower than anticipated management & administration costs due to staff turnover, campaign advertising and other baseline slippages. A number of demand led risks remain, including vaccines, and this position will be closely monitored throughout the remainder of the year.				Director of Operations Stephen Wilson Director of Finance Tracey McCaig Work ongoing in respect of plans to address remaining savings gap in 2023/24.

		Key Priorities					
	Action from Business Plan:		**Progress**	**Achievability (RAG)** June	Sept	Dec	**Mitigating actions where performance is Amber / Red**
9e		Budget holders to manage their agreed budgets to support the statutory breakeven target of +0.25% or circa 0.3m within 2023/24	Financial Plan approved by the PHA Board in June 2023, with a forecast financial deficit forecast (£0.65m). A mid-year review of financial performance against the Board approved Financial plan was completed during October and indicated a breakeven forecast, due primarily to lower than anticipated management & administration costs. This position has been maintained as at Month 8 and will be closely monitored by finance alongside budget holders throughout the remainder of the year. The latest accountability meetings have been held by the Chief Executive and Deputy Secretary with each Directorate during December/January.				All Directors Director of Finance Tracey McCaig Work ongoing in respect of plans to address remaining savings gap in 2023/24. Month 8 forecast maintained at breakeven.
9f		90% of quarterly PMRs for PHA contracts with external providers are submitted on time, KPIs are being achieved and next quarterly payments approved.	System for tracking PMR returns and KPI achievement is operational as at the end of December 2024. First data returns currently being collated and being analysed.				All Directors

	Key Priorities						
	Action from Business Plan:		**Progress**	**Achievability (RAG)** June	Sept	Dec	**Mitigating actions where performance is Amber / Red**
10a	Our Organisation Works Effectively Ensure that the level of public and professional awareness, recognition and confidence in the PHA as the leading Public Health organisation in Northern Ireland is maintained in order to encourage wider engagement with and support for	2% year on year increase in unprompted and prompted public awareness levels of PHA (including role and functions) established through quantitative/qualitative research programme as at March 2024.	Follow up Omnibus survey (May 2023) confirms no significant change in recognition of PHA Brand and how it is perceived. Findings include: - 2% decrease in PHA brand recognition (prompted) - Respondents own opinion of PHA remains a tie between neutral and positive. Negative opinion is very low <2%. - Respondents trust in the PHA and its values remains around 50%. High levels of uncertainty remain.				Director of Operations Stephen Wilson DoH pause in campaign advertising activity will undoubtedly impact on the feasibility of meeting the year on year target. Tactical led communications around programmes of work will help inform public audiences eg.planned MMR vaccination catch up.

	Key Priorities						
	Action from Business Plan:		**Progress**	**Achievability (RAG)** June	Sept	Dec	**Mitigating actions where performance is Amber / Red**
10b	public health priorities.	PHA Public Inquiry team established by end of June 23.	A formal structure is now in place to govern public inquiry (PI) work within the Agency. As at January 24, the PHA PI response is co-ordinated through a PI Programme Management Board (chaired by Chief Executive) and a PI Steering Group (chaired by Director of Operations). The PI Programme Management Board meets on a fortnightly basis to oversee the Agency's response to historic, active and impending statutory public inquiries. The PI Steering Group meets as and when required to co-ordinate the individual asks made of the Agency by a given Inquiry - this group is supplemented by a small core PI working group.				Director of Operations Stephen Wilson

	Key Priorities						
	Action from Business Plan:		**Progress**	**Achievability (RAG)** June	Sept	Dec	**Mitigating actions where performance is Amber / Red**
10c		100% of Inquiry Rule 9 statements are provided in a timely manner in accordance with agreed deadlines.	The receipt and onward progression of PI Rule 9 requests are now actively monitored within the formalised PI governance structure to ensure that the Agency can respond to any requests in a timely manner. During the preceding quarter, in line with Rule 9 requests received, the Agency has successfully submitted an addendum statement for the MAH Inquiry and an updated witness statement, exhibits and disclosure bundle in respect of module 2 of the Covid-19 Inquiry. Work has also commenced on the PHA witness statement for module 3 and 4 of the Covid-19 Inquiry.				Director of Operations Stephen Wilson

HSC Public Health Agency

PERFORMANCE MANAGEMENT REPORT

Monitoring of Targets Identified in

The Annual Business Plan 2023 – 2024

Part B - Exception report

As at 31 December 2023

There are a total of 59 actions in the Annual Business Plan – Part B. Each action has been given a RAG status as follows:

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

Of these 59 actions 44 have been rated green, 13 as amber and 2 as red.

Outcome	Red	Amber	Green	Total
1) All children and young people have the best start in life			5	**5**
2) All older adults are enabled to live healthier and more fulfilling lives		1	3	**4**
3) All individuals and communities are equipped and enabled to live long and healthy lives		7	8	**15**
4) All health and wellbeing services should be safe and high quality		2	9	**11**
5) Our organisation works effectively	2	3	19	**24**
Total	**2**	**13**	**44**	**59**

HSC Public Health Agency

This document contains those actions from Part B of the Dec 2023 Corporate Monitoring Report that received an Amber or Red RAG status.

		Outcome 2: All older adults are enabled to live healthier and more fulfilling lives			
	Priority	**Action**	**Progress** *(Performance measures from ABP in blue for reference)*	**Achievability (RAG)** **Jun/Sep/Dec/Mar**	**Mitigating actions where performance is Amber / Red**
6	2	Monitor District Nursing (DN) Compliance with Nursing Quality Indicator	Compliance with the SSKIN bundle for pressure ulcers: Q1 – 95 %, Q2 – 95 %, Q3 – 100 %, Q4 – 100 % Compliance with all elements of MUST: Q1 – 75 %, Q2 – 75 %, Q3 – 85 %, Q4 – 95 % Compliance with all elements of the Palliative Care Quality Indicator: Q1 – 60 %, Q2 – 60 %, Q3 – 75 %, Q4 – 80 % Please note 2-month lag in monitoring.		Quality improvement plans and internal assuarce measures in place for trusts who have not met targets. Director of NMAHP Heather Reid Sandra Aitcheson

		Outcome 3: All individuals and communities are equipped and enabled to live long and healthy lives			
	Priority	**Action**	**Progress** *(Performance measures from ABP in blue for reference)*	**Achievability (RAG)** **Jun/Sep/Dec/Mar**	**Mitigating actions where performance is Amber / Red**
10	1	Undertake review of current PHA arrangements for implementation of vaccine programmes and implement a PHA wide co-ordinated approach in partnership with SPPG and other stakeholders with appropriate oversight arrangements. By April Implement recommendations to establish the new PHA model of vaccination arrangements Review all immunisation programme uptake, looking at comparators with other UK administrations whether we are achieving WHO / JCVI / DoH recommended uptake for all vaccines in adult and children	*Completion of review of arrangements by April 2023* *Establish project team to implement the recommendations by end of May 2023* *Implement improved communications system to support workflow by end of June 2023* *Implementation of recommendations from review of current arrangements for vaccination by March 2024* PHA immunisation team have implemented JIRA communication system and are actively using it to plan new programmes of work. The team are working to establish the immunisation oversight/programme board. Invitation letters will be sent to participating organisations in due course. SPPG finance colleagues have been supporting the immunisation team in recent months to ensure good programme governance. *Increase in uptake rates across all programmes (based on 22/23 baseline) by March 2024.*		Director of Public Health Joanne McClean Louise Herron Downward trend in vaccine uptake over the last few years has continued and is also seen in the other UK nations.

		Outcome 3: All individuals and communities are equipped and enabled to live long and healthy lives							
	Priority	**Action**	**Progress** *(Performance measures from ABP in blue for reference)*	**Achievability (RAG)** **Jun/Sep/Dec/Mar**				**Mitigating actions where performance is Amber / Red**
13	1	**Sexual Health** Work with DoH in the development and implementation of the refreshed Sexual Health Action Plan including work towards becoming a HIV Fast Track City/Region Undertake mapping of services currently commissioned by PHA/SPPG for STI prevention and treatment Work with HSC and SPPG to Develop plan to ensure HIV testing is in line with WHO testing thresholds	*Refreshed Sexual Health Action Plan agreed by March 2024.* *Contribute to development of SHAP refresh including identifying actions to be led by PHA* - Update – PHA Health protection, health improvement service development have been involved in editing SHAP, participated in SHAP workshop March 2023, will be identified as led for various actions. - Note consultation on SHAP will be led by DoH (by March 24) *Sustained access to online testing for STI* (currently average 3600/month) *Increased testing -* highest ever monthly online tests ordered March 2023 during STI campaign *Reduction in incidence of Gonorrhoea and early syphilis diagnosis –* - *Baseline GC 737 Q1/2 2022* - *Baseline syphilis – 47 Q1/2 2022*					Director of Public health Dr Joanne McClean Rachel Coyle Multi-media STI campaign Feb-March 2023 SHAP – launched Nov 23 STI diagnosis – remain high consistent w rest of UK/ROI/Europe . Mitigating - pilot currently running of throat gonorrhoea testing in young

		Outcome 3: All individuals and communities are equipped and enabled to live long and healthy lives						
	Priority	**Action**	**Progress** *(Performance measures from ABP in blue for reference)*	**Achievability (RAG)** **Jun/Sep/Dec/Mar**				**Mitigating actions where performance is Amber / Red**
			Sept 23 – GC diagnosis decreased slightly in Q1 2023, this will continue to be monitored closely					people; Traffic Lights (sexual health) training carried out with limited no. school nurses, plan to expand.
16	2	**Migrant Health** Continue to explore the regional expansion of NINES and develop business case.	*Produce report/position paper on unfunded activity relating to migrant health/NINES* ***Complete*** *Develop business case for regional expansion* ***Complete, led by SPPG/DOH*** *Set up a task and finish group to be co-chaired by PHA/SPPG to look at provision of initial health assessment to vulnerable migrants accommodated in all trust areas.* ***Update – operational group chaired by regional lead for refugees and asylum seekers (DOH) and AD commissioning SPPG*** *Service Measures:* *Reduction in waiting times for*					Director of Public health Dr Joanne McClean Rachel Coyle DOH/SPPG have led on securing non-recurrent funding – allocations to Trusts services July/Dec 2023, although challenges remain due to

		Outcome 3: All individuals and communities are equipped and enabled to live long and healthy lives						
	Priority	Action	Progress *(Performance measures from ABP in blue for reference)*	Achievability (RAG) Jun/Sep/Dec/Mar				Mitigating actions where performance is Amber / Red
			- *Initial health assessment* - *TB screening* - *BBV screening* - *BCG administration* *No./% of individuals supported with GP registration* *No./%. of eligible individuals offered first dose of MMR* *Infection/TB/BBV rates* Data reporting to be agreed via operational group					non-recurrent nature. Last 9 months has seen increase in screening activity across trusts, esp. in BHSCT, however significant service pressures remain.
19	2	**Cardio Vascular Disease** Establish baseline population profile and risk factors for Cardio Vascular Disease. Establish baseline incidence of emergency admissions with cardiovascular disease, and the distribution of severe cardiovascular	*Establish baseline population risk factors - relying on baseline GP QOF data or GPIP subject to access, regional health and wellbeing surveys conducted by NISRA and any other relevant information sources identified.* Mass media campaigns paused. Communications reach will be significantly reduced without mass media advertising. Campaign evaluation survey will not be commissioned if there isn't mass media campaign					Director of Public Health/Operations Dr Joanne McClean Declan Bradley

		Outcome 3: All individuals and communities are equipped and enabled to live long and healthy lives						
	Priority	**Action**	**Progress** *(Performance measures from ABP in blue for reference)*	**Achievability (RAG)** **Jun/Sep/Dec/Mar**				**Mitigating actions where performance is Amber / Red**
		disease in the population, using secondary care data. Work to increase awareness of signs and symptoms of heart attacks and strokes so that people receive early treatment.	advertising.FAST campaign evaluation report produced in 23/24 FAST campaign evaluation report					Stephen Wilson Communication activity undertaken to develop awareness of signs and symptoms through non paid for channels
20	2	**Cancer prevention** Develop an approach to primary and secondary prevention of cancer in line with 2022 cancer strategy.	*Improved performance against the suite of metrics as set out in the Baseline Health Survey 2021/22* Due to staffing pressures and re-deployment of staff, the team to implement this is not yet in place. Co-chairs have now been identified					Director of Public Health Dr Joanne McClean Louise Herron Limited staffing capacity has created delays for a number of actions. Co-chairs have now been

		Outcome 3: All individuals and communities are equipped and enabled to live long and healthy lives			
	Priority	**Action**	**Progress** *(Performance measures from ABP in blue for reference)*	**Achievability (RAG)** **Jun/Sep/Dec/Mar**	**Mitigating actions where performance is Amber / Red**
					identified and plan to meet to identify staff members to start a steering group to implement these actions.
21	2	**Tobacco** Lead on Implementation of the Ten-Year Tobacco Control Strategy for NI and inform and support development of the new DoH Strategy (from 2024) Undertake incentivized quitting in pregnancy programme in two locations in NI. Locations to be based on greatest need considering smoking prevalence and NIMATS data. Progress regional rollout of smoking cessation services in Maghaberry	*Annual Smoking rates in NI - with particular focus on health inequalities* *% of current smokers quitting - with a particular focus on children and young people, pregnant smokers and their partners and manual workers* *Establish a regional PHA commissioning Tobacco Team to by Sept 23.* B8a & 2xB7 secured June 2023. Team to be further expanded Sept -Dec 23 (+1 B7 &+ 1B6)		Director of Public Health Joanne McClean Colette Rogers End Term Review published Sept 23. Strategy Project Group being established. No further progress on

		Outcome 3: All individuals and communities are equipped and enabled to live long and healthy lives			
	Priority	**Action**	**Progress** *(Performance measures from ABP in blue for reference)*	**Achievability (RAG)** **Jun/Sep/Dec/Mar**	**Mitigating actions where performance is Amber / Red**
		and Magilligan prisons based on successful Hydebank Wood pilot. Progress expansion of HSCT services to roll out the Ottawa model for smoking cessation in NI. Progress a targeted small grants programme to enable roll out of shared service model in communities of increased socioeconomic deprivation and smoking prevalence. Consider NICE guidelines NG209 and possible expansion of current services to offer nicotine dependency support regarding cessation of both tobacco cigarettes and/ or e cigarettes- depending on service user need. Design and implementation of mixed methodology Health Intelligence study which will assess (a)	Vaping Task & Finish Group established – collectively developing resources for young people, parents & general public. The Health Intelligence Research Study into Youth Vaping Behaviours in N Ireland is ongoing. This is a large and complex study, involving quantitative and qualitative modules. An extensive data cleaning process has commenced in preparation for the statistical and thematic analyses. It is expected that the final report on all of the findings will be completed in Spring 2024.		service developments at this time. Team to be further expanded, internal HI Review process ongoing.

		Outcome 3: All individuals and communities are equipped and enabled to live long and healthy lives			
	Priority	**Action**	**Progress** *(Performance measures from ABP in blue for reference)*	**Achievability (RAG)** **Jun/Sep/Dec/Mar**	**Mitigating actions where performance is Amber / Red**
		knowledge, attitudes and behaviours of young people with regard to e-cig use/vaping and (b) related observations of teaching staff on youth vaping within the school environment.			
23	3	Lead on the coordination and Delivery of the Strengthening Communities for Health partnership by the delivery of PHASE 2 of the Community Development Action Plan that will increase communities capacity and will see the development of a commissioning framework for supporting Community-led approaches to addressing health inequalities,	*Delivery of the ELEVATE programme to see minimum of 8 training sessions delivered* *Continue to promote the online portal and review usage rates* *5 engagement events with C&V and statutory sector to refine training needs* *Provide support to development of guidance on Community level of the ICS through Strengthening Communities for Health Steering Group* *6 Community Development Practitioners' Forum sessions delivered in partnership with Project Echo* *Comprehensive map of investment produced in partnership with other funders*		Director of Public Health Dr Joanne McClean Diane McIntyre A timeline for the retendering of the Elevate programme has been agreed and external support secured. Discussions have taken place with ICS NI colleagues

		Outcome 3: All individuals and communities are equipped and enabled to live long and healthy lives						
	Priority	Action	Progress *(Performance measures from ABP in blue for reference)*	Achievability (RAG) Jun/Sep/Dec/Mar				Mitigating actions where performance is Amber / Red
			The current Elevate programme is on target to deliver all training sessions in year, however, the application process for Year 2 of the Practitioners Forum has been delayed due to staffing resources and will now be completed in Qtr 4.					on potential support / alignment of this resource with the emerging AIPB's, including how the C&V sectors could be further supported to engage with the AIPB structures.

		Outcome 4: All health and wellbeing services should be safe and high quality			
	Priority	**Action**	**Progress** *(Performance measures from ABP in blue for reference)*	**Achievability (RAG)** **Jun/Sep/Dec/Mar**	**Mitigating actions where performance is Amber / Red**
26	1	PHA led multi-disciplinary Editorial Board will review and update across 23/24 the NI Regional Infection Prevention Control (IPC) Manual, and promote its use in all healthcare settings, including independent sector care homes.	• *From training sessions care home managers will have a demonstrable (measure to be agreed) increase in knowledge/awareness of IPC in care home setting.* • *Updated Manual will lead to the development of learning resources that will be hosted on new Regional Learning Management System by Mar 24.* All sections of the manual are signed off and the content for the site has gone to the web developer to build the site. It is anticipated the launch will happen in this financial year i.e. before the end of March 2024.		Director of Public Health Dr Joanne McClean Caroline McGeary,
27	2	Introduce Breast Screening Select software in Northern Ireland	*New system implemented and operational by Dec 24* Likely to be by April/May 24. This is a complex project involving multiple partner organisations including: NHS England, (NHSE); Public Health Wales (PHW) and private sector companies. Mitigation is in accordance with the project risk and issues register.		Director of Public Health Dr Joanne McClean (Tracy Owen) The Project Team is

		Outcome 4: All health and wellbeing services should be safe and high quality			
	Priority	**Action**	**Progress** *(Performance measures from ABP in blue for reference)*	**Achievability (RAG)** **Jun/Sep/Dec/Mar**	**Mitigating actions where performance is Amber / Red**
					working closely with: the Department of Legal Services to finalise the information governance requirements and contracts, and NHSE (who are part of the project structure) to modify the software to meets the requirements of the NI Breast Screening Programme and plan the necessary

		Outcome 4: All health and wellbeing services should be safe and high quality			
	Priority	**Action**	**Progress** *(Performance measures from ABP in blue for reference)*	**Achievability (RAG)** **Jun/Sep/Dec/Mar**	**Mitigating actions where performance is Amber / Red**
					data migration.

		Outcome 5: Our organisation works effectively			
	Priority	**Action**	**Progress** *(Performance measures from ABP in blue for reference)*	**Achievability (RAG)** **Jun/Sep/Dec/Mar**	**Mitigating actions where performance is Amber / Red**
37	1	Complete the transition of the acute health protection service, using learning from the COVID response, from interim arrangements put in place during the COVID pandemic to a business as usual arrangement which is consultant led, delivered by PHA staff with robust arrangements	Agency use at Consultant level (working at 40% of overall capacity). Roster of SpR's with delegated responsibility in place to release consultant capacity. *All SOPs used for acute response are reviewed and updated during 23/24 -* Ongoing with MDT of specialty doctors, SpR's and HP nurses. 23% of SOP's retired.		Director of Public Health Dr Joanne McClean

		Outcome 5: Our organisation works effectively			
	Priority	**Action**	**Progress** *(Performance measures from ABP in blue for reference)*	**Achievability (RAG)** **Jun/Sep/Dec/Mar**	**Mitigating actions where performance is Amber / Red**
		in place to respond appropriately to incidents and calls on a 24/7 basis.	82% of SOP's completed or are in progress, 18% outstanding for review. *100% of outbreaks and incidents where an outbreak control or incident management team is convened have a named consultant lead* - Significant reduction in Consultant capacity necessitating more frequent change in personel within the acute response service. Named Consultant for each outbreak is not currently deliverable at this time. *An outbreak / or incident report is completed for every outbreak or incident where an IMT or OCT are convened*. The aforementioned operational plan (see mitigating actions) will detail roles and responsibilities for delivering outbreak and incident reports. 100% of calls to the duty room are responded to on the same day. User feedback system implemented in acute response service. Work with colleagues across PHA to implement a service user feedback system by September 2023. Bank staff are supporting the duty room resilience in the short-term.		Alison Griffiths An operational plan is in progress that reflects collective leadership and ownership, detailing roles and responsibilities for any emerging incidents and outbreaks. Actions are ongoing to secure recruitment of qualified PH Consultants.

		Outcome 5: Our organisation works effectively			
	Priority	**Action**	**Progress** *(Performance measures from ABP in blue for reference)*	**Achievability (RAG)** **Jun/Sep/Dec/Mar**	**Mitigating actions where performance is Amber / Red**
38	1	Review current policy requirements in relation to climate change and develop a PHA Plan setting out our organizational responsibilities and key actions that need to be progressed.	*Draft Plan developed by March 2024*		Director of Public Health Dr Joanne McClean Further Discussion is needed about how we take this forward
43	4	Develop a new PHA Corporate Website providing greater functionality for engagement with target audiences.	*Corporate website redevelopment project team in place by end of August 2023. Project plan agreed by end of Nov 2023.* Original plan for development by BSO ITS has had to be stood down due to elongated time frame (2 years). Discussions with BSO ITS have confirmed an alternative delivery option via external support is required. Delay in staff appointment has impacted the project timeline. Revised PID to be completed.		Director of Operations *Stephen Wilson* Additional staff member recruited. Revised PID under development.

		Outcome 5: Our organisation works effectively			
	Priority	**Action**	**Progress** *(Performance measures from ABP in blue for reference)*	**Achievability (RAG)** **Jun/Sep/Dec/Mar**	**Mitigating actions where performance is Amber / Red**
50	4	Review and update the PHA corporate plan in line with DoH guidance and timescales (when notified).	*PHA Draft Corporate Plan to be developed by March 2024.* *Timescales and context for developing new Corporate plan still to be advised by DoH*		Director of Operations Clarification from DoH pending – Target to be extended into 24/25 Stephen Wilson
54	4	Establish an Accommodation Review Project Board to oversee the development of an Accommodation Strategy that will set out options for securing suitable accommodation for the PHA.	*PHA Accommodation Review Project Board established by July 2023* *By January 2024, Initial scoping of PHA accommodation needs completed and initial options for future accommodation models developed.* *PHA accommodation needs are included in regional plans* Terms of Reference for the Accommodation Review Project Board have been drafted. AMT will be asked for nominations to the Board so that meetings can be arranged . The work that has been completed in		Director of Operations S Wilson The broad requirements of the PHA in regard to accommodation are also detailed in the Property Asset Management

		Outcome 5: Our organisation works effectively			
	Priority	**Action**	**Progress** *(Performance measures from ABP in blue for reference)*	**Achievability (RAG)** **Jun/Sep/Dec/Mar**	**Mitigating actions where performance is Amber / Red**
			regard to the introduction of the Pilot Hybrid Working Scheme and the Desk Booking System will assist with much of the initial scoping work in regard to Directorate and organisational needs.		Plan that was submitted to the Department in September

HSC Public Health Agency

item 9

Title of Meeting	PHA Board Meeting
Date	15 February 2024
Title of paper	Joint PHA/SPPG/BSO Annual Report on Emergency Preparedness 2022/2023
Reference	PHA/07/02/24
Prepared by	Mary Carey / Catherine Curran / Liz Fitzpatrick
Lead Director	Joanne McClean
Recommendation	For **Approval** ☐ For **Noting** ☒

1 Purpose

The purpose of this paper is to present the annual Joint Emergency Planning Report for 2022-23 to the PHA Board for noting.

2 Background Information

The attached Joint Public Health Agency (PHA)/Strategic Planning and Performance Group (SPPG) and Business Services Organisation (BSO) Annual Report on Emergency Preparedness for the reporting period 2022-2023 seeks to provide an overview and update on Emergency Preparedness arrangements across the Health and Social Care (HSC) organisations.

3 Key Issues

The key areas reflected in this report are;

- Leadership
- Multi-agency collaboration including cross-border initiatives
- Planning, Validating and Review of plans for the PHA, HSCB and BSO
- Key issues and areas of risk identified for the reporting period
- Incidents notified and responded to by PHA, HSCB, BSO and HSC Trusts for the reporting period
- Lessons learnt through exercising, debriefing and actions taken
- Training and exercising including associated expenditure
- Business continuity management

- Agreed action plan
- Relevant appendices.

This report was approved by the Agency Management Team at its meeting on 8 November 2023 and by the Governance and Audit Committee at its meeting on 1 February 2024.

4 Next Steps

Following approval by the Agency Management Team the Report was signed off by the Chief Executives of the 3 organisations and submitted to the Department of Health as it was due for submission in November 2023.

JOINT PUBLIC HEALTH AGENCY (PHA) / STRATEGIC PLANNING AND PERFORMANCE GROUP (SPPG) / AND BUSINESS SERVICES ORGANISATION (BSO) ANNUAL REPORT ON EMERGENCY PREPAREDNESS 2022/2023

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1. Context

The following Joint Public Health Agency (PHA), Strategic Planning and Performance Group (SPPG) and Business Services Organisation (BSO) Annual Report on Emergency Preparedness for 2022/23 seeks to provide an overview and update on Emergency Preparedness arrangements across the Health and Social Care (HSC) organisations.

2. Leadership

The PHA and SPPG have received the Annual Reports on Emergency Preparedness from the Belfast Health and Social Care Trust (BHSCT), the South Eastern Health and Social Care Trust (SEHSCT), the Western Health and Social Care Trust (WHSCT), the Northern Health and Social Care Trust (NHSCT), the Southern Health and Social Care Trust (SHSCT), and the Northern Ireland Ambulance Service Trust (NIAS).

The purpose of these reports is to provide assurance that the necessary accountability arrangements are in place in all HSC organisations to ensure the responsibilities required of them in respect of Emergency Preparedness are supported.

In line with the Emergency Preparedness for Health and Social Care Organisations (8 April 2010) circular and the updated Emergency Planning Policy, Governance and Reporting changes (September 2022) the PHA, SPPG and BSO have established governance arrangements in place to support delivery of the emergency preparedness agenda via the Chief Executive for each organisation to a responsible Director and identified manager. In the PHA Director lead is the Director for Public Health, in SPPG the Director for Strategic Performance and in BSO the Director of People and Place.

3. Multi-agency collaboration including any cross-border initiatives

3.1 Northern Ireland Emergency Preparedness Group (NIEPG)

The HSC engages fully with its multi-agency partners in enhancing emergency preparedness.

The Civil Contingencies Group Northern Ireland CCG (NI), chaired by the Deputy Secretary of Civil Contingencies in The Executive Office, is the principal strategic emergency preparedness body for the public sector and comprise of representatives for the local government sector, government departments and emergency services.

The NIEPG is a sub-group of the Civil Contingencies Group NI CCG (NI) the purpose of which is to ensure that planning at local level is in line with the strategic direction provided by CCG (NI). It provides direction to the work of the Northern, Southern and Belfast Emergency Preparedness Groups (EPGs), facilitates cohesion between these groups and ensures effective communication between the EPGs, regional working groups and CCG (NI). HSC Trusts are represented on each of the EPGS and the PHA and SPPG are both represented along with HSC Trust Medical Directors and Emergency Planning Leads on NIEPG.

Representation of the PHA and SPPG on NIEPG fulfils the following;

- Engagement with partner organisations;
- Where appropriate, health representation on key planning and priority projects;
- Contributes to discussions around the provision of a joint approach to emergency preparedness, response and recovery;
- Supports an escalation pathway from Health to multi-agency partners; and
- Contributes to the delivery of the work programme where appropriate for Health.

The PHA Senior Emergency Planner and SPPG Complaints and Litigation Manager (remit also included emergency preparedness for SPPG) are represented on this group and report on proceedings to the chairs of JEP Board.

During the reporting timeframe NIEPG met on the following dates;

- 26th April 2022
- 26th September 2022
- 15th December 2022

The Terms of reference for this group can be seen in appendix 1.

3.2 The Cross-Border Emergency Management Group (CBEMG)

The PHA are members of the Cross-Border Emergency Management Working Group (CBEWG). The purpose of this group is to facilitate increased co-operation in cross border emergency management. This group focuses on the operational preparedness and response in the border area with a specific focus on cross border communication between statutory agencies in the event of an emergency. To date, the main focus of the group's agenda has been on the non-health related aspects of a cross border response with a focus on the development of the *Cross-Border Emergency Management Operational Plan (2021-2024)* and the *Multi-Agency Protocol for Cross Border Notification (October 2022).* The key objectives of this group can be seen in the in the Terms of Reference at appendix 3.

Membership of this group includes health representatives from the PHA and SHSCT. The following meetings were held during the reporting timeframe; -

- 21st July 2022
- 22nd February 2023

3.3 Critical Threats Preparedness (CTP) Steering Group and Critical Threats Preparedness Tactical Working Group

The PHA Senior Emergency Planner represents the PHA on the CTP which sits under the auspices of CCG(NI). It is chaired by the Department of Justice (DoJ) and has members from Governance departments, agencies and key stakeholder groups who have a key role in preparing

for and managing a multi-agency response to critical threats. The role of the CTP Steering Group is to understand the critical threats picture for NI (taking account of the National Security Risk assessment (NSRA)) and to set the strategic direction for and provide oversight of a co-ordinated multi-agency preparedness and response capability in respect of critical threats for NI. The group is supported by the Critical Threats Preparedness Tactical Working Group who take forward where necessary the action from the steering group which support tactical planning. The PHA Emergency Planning and Business Continuity manager represents the PHA on this group.

The CTP Steering Group last met in August 2020. The CTP Tactical Working Group met on the following dates during the reporting timeframe;

- 27th April 2022
- 22nd November 2022

3.4 Community Risk Register Task & Finish Group

The PHA is a member of the Community Risk Register Task and Finish Group. The purpose of the group is to develop a digital, public facing resource to highlight the impacts on families, businesses and communities, of the themed risks within the Northern Ireland Risk Register that is developed by the Executive office. Examples of the potential risks are identified in the NI Risk Register published by The Executive office (TEO) in June 2022, see table below:-

Examples of Potential Risks -NI Risk Register June 2022

Examples of potential risks:		
Economic crisis	Interruption to supply chain	Wildfire
Cyber attack	Terrorist incident	Air pollution
Pandemic	Heatwave	Power outage
Food contamination	Snow and Ice	Industrial fire
Fluvial flooding	Drought	Reservoir/Dam breach
Infectious disease	Disruption to water supply	COMAH incident

The purpose of the Community Risk Register is to progress community resilience in an integrated manner, within local government workstreams and strengthening existing Community Resilience Groups. It is to encourage individuals and communities to contribute to resilience building and adopt a 'whole society' approach. This group met on 13th October 2022. The PHA Emergency Planning Co-ordinator represents the PHA on this group.

3.5 Four Nations meetings

The PHA are represented on the following national EPRR groups;

Meeting	Chair	Representative

4 Nations Health Protection Committee	UKHSA	Director of Public Health/ Senior Emergency Planner
EPRR – 4 Nations Group	4 nation rotating chair, currently PHW	Senior Emergency Planner
4 Nations Oversight Group	UKHSA	Director of Public Health/ Senior Emergency Planner
4 Nations Border Health	DHSC	Senior Emergency Planner

3.6 Northern Ireland (NI) Port Health Forum:

The NI Port Health Forum is chaired by the Senior Emergency Planner for the PHA, Health Protection. The purpose of the group is to support the PHA Health Protection service in meeting its responsibilities for:

- Liaising with other agencies involved in providing health related activities at ports;
- Contributing to health protection related planning in ports;
- Conducting a review of port health plans as required;
- Providing training and continuing education related to port health;
- To facilitate collaborative working with health protection colleagues to respond to a health protection incident on ships or aircrafts; and
- To ensure consistency of approach across all ports in NI.

The group meets on a six-monthly basis and met on the following dates during the reporting timeframe:

- 12 October 2022
- 30 January 2023

An additional meeting was held on the 14 December to hold a debrief for Covid for the NI aviation sector. A copy of the debrief report can be seen in appendix 3.

The NI Port Health Forum Terms of Reference can be viewed in appendix 4.

3.7 Environmental Public Health Programme Board (EPHPB) 4 Nations

The PHA Environmental Hazards lead is a member of The Environmental Public Health Programme Board which aim to protect public health and provide leadership and oversight of environmental public health matters and to identify environmental public health synergies with the devolved administrations, providing a forum for co-ordination of activities and sharing good practice.

Representatives from the 4 nations attend including the Department of Health, Department for Environment, Food and Rural Affairs, the Environment Agency and Devolved administration equivalents, Public Health Wales, Public Health Scotland and the Health and Safety Executive. The priorities of the group are:

- to identify gaps and priorities in environmental public health in line with government policy and to promote appropriate projects/collaborations to fill these gaps and to achieve health protection goals;
- to review strategic plans across PHE that are relevant to environmental public health; and
- to review R&D priorities and research strategies relevant to environmental public health and to identify opportunities for joint research.

The board meets on a quarterly basis and met on the following dates during the reporting timeframe:

- 20th April 2022
- 13th September 2022
- 25th January 2023

3.8 Environmental Public Health Practice Network (EPHPN) 4 Nations

The PHA Environmental Hazards lead is a member of the Environmental Public Health Practice Network which is a forum with the aim of developing a harmonised approach to dealing with non-infectious environmental public health issues. These include chemical, environmental hazards and radiological matters within UKHSA and with the Devolved Administrations.

Representatives from the 4 Nations attend including UKHSA Health Protection Teams, the Radiation, Chemicals and Environmental Hazards Directorate (RCE), Public Health Agency, Public Health Wales and Public Health Scotland. The forum is accountable to the EPHPB. The priorities of the network include:

- to provide a platform for discussion of non-infectious environmental public health hazards, identifying common issues, training needs, good practice and recommendations for addressing key issues;
- to promote teamwork and coordination;
- to promote a consistent local and national approach within UKHSA, thereby promoting uniformity and standardisation; and
- to promote liaison between RCE, local health protection teams and others as appropriate and make recommendations to improve the effectiveness of operational response of UKHSA on non-infectious environmental public health hazards.

The group met on the following dates during the reporting timeframe:

- 5th April 2022
- 22nd June 2022
- 7th September 2022
- 7th December 2022
- 24th March 2023

3.9 National Action Radon Plan Group

In 2018 following public consultation, the first UK National Radon Action Plan (NRAP) was published. Radon is a radioactive gas from natural sources and the largest source of radiation exposure to the UK population. Long term exposure to high radon levels significantly increases the risk of lung cancer. The NRAP ensures compliance for the UK with The Ionising Radiation (Basic Safety Standards) (Miscellaneous Provisions) Regulations 2018. The NRAP must be updated at intervals of no more than five years.
The group serves two functions:

- to update the NRAP; and
- to ensure good cross-government communications on radon-related matters following the creation of UKHSA.

The PHA Environmental Hazards lead is a member of the group which meet quarterly to contribute to and review the revised publication and make sure it has gained the necessary approvals within the respective organisations. The group also provides an opportunity for shared learning and discussion of updated research and issues.

The group meets on a quarterly basis and met on the following dates during the reporting timeframe:

- 15th December 2022
- 10th February 2023

The group stood-down meetings during the Covid-19 response and then recommenced on 15th December 2022.

3.10 Drinking Water & Health Liaison Group

The PHA Environmental Hazards Lead attends the Drinking Water and Health and Liaison Group which aims to advise on public health issues associated with both public and private drinking water supplies, enhancing working relationships, co-ordination of approaches and understanding between group members and the organisations that they represent. Where relevant, matters will be referred to DoH Chief Medical Officer (CMO), Director Public Health (DPH) and Chief Executive of Northern Ireland Water (CXNIW) for endorsement/ approval. The group is attended by members from the Department of Health, NI Water, the Environmental Health Northern Ireland (EHNI) and Drinking Water Inspectorate.

Matters considered include to review:

- Health Notification Values (HNVs) and associated procedures and action;
- Derogation procedures including Authorised Departures (ADs) and undertakings;
- Current issues e.g. lead, Cryptosporidium, public buildings, private supplies, contaminated land, algal blooms, etc;
- Water quality incidents, shared learning points;
- Timeframe review of drinking water and health guidance;
- Consideration of potential research topics; and
- Other matters referred to it by the DoH CMO, the DPH CXNIW or any of the organisations represented on the Group.

The group meets on a 6-monthly basis and met on the following dates during the reporting timeframe:

- 3rd October 2022

3.11 Health Emergency Preparedness meetings

Governance Arrangements to meet requirements of the HSC 44/2022 DOH and HSC Emergency Planning Policy Circular – September 2022.

The revised Emergency Planning Policy Circular issued in September 2022 outlines the roles and responsibilities for all HSC Organisations in respect of Emergency Preparedness and Resilience. In particular it references the enhanced monitoring and performance management function of the SPPG, and details the development of a new overarching HSC Emergency Preparedness Monitoring Group and the Emergency Preparedness Group to support the SPPG's revised monitoring function.

3.11.1 The Health and Social Care Emergency Planning Forum

This group meets on an annual basis the purpose of which is to provide strategic direction and focus on defining agreed annual priorities for the HSC emergency preparedness. The forum is chaired by the DoH and membership includes director level representation for HSC Trusts, NIFRS, NIBTS, BRC, PHA, BSO and SPPG.

Prior to the implementation of the new policy the last meeting of the forum was in February 2022. The Forum has not convened during the reporting timeframe.

3.11.2 Joint Emergency Planning Board (JEP Board)

The Joint Emergency Preparedness (JEP) Board, chaired by the Director of Public Health (PHA) and the Director of Strategic Performance (SPPG). The purpose of this group is to ensure that there is an appropriate and proportionate level of HSC preparedness across the three organisations to enable an effective HSC response to emergencies which have a significant impact on the local community. The forum meets on a 6 monthly basis as follows;

- 13th October 2022

- 27th April 2023.

The Terms of reference for this group can be referred to in appendix 5.

3.11.3 Joint Emergency Planning Team (JEP Team)

The PHA, SPPG and BSO are responsible for the development of plans that support the co-ordination of a response to a major incident by Health Silver. The JEP Team are responsible for the maintenance and development of the PHA, SPPG, BSO Joint Emergency Response Plan (JERP) within the context of the requirements of Building Resilience Together, Civil Contingencies Framework for Northern Ireland (2021).

The role of the Joint Emergency Preparedness (JEP) Team is to advise and support Trusts and multi-agency partners to ensure that PHA, SPPG, BSO, Trusts and other HSC provider organisations are adequately prepared to respond to major incidents including CBRN incidents, adverse weather and major events.

The Team is chaired by the PHA Emergency Planning and Business Continuity Manager and reports up to the JEP Board via the PHA Senior Emergency Planning Manager. The JEP Team meet bi-monthly and met on the following dates during the reporting timeframe: -

- 20th September 2022
- 27th October 2022
- 13th December 2022
- 22nd March 2023

Terms of reference for this group can be referred to in appendix 6.

3.11.4 The HSC Emergency Preparedness Monitoring Group

The HSC Emergency Preparedness Monitoring Group chaired by the Director of Performance, Safety and Service Improvement (PSSID), SPPG and the Director of Public Health, PHA has in membership Directors and EP leads from the HSC Trusts and NIBTS, and the EP leads of the PHA, SPPG and BSO. The Group meets three times a year. HSC Trusts are expected to provide updates and assurances in respect of: -

- Emergency Preparedness Core Standards;
- Annual Emergency Preparedness Reports;
- Completion of annual training and exercising requirements;
- Horizon planning and associated risk assessments;
- Identification of resources to meet annual emergency preparedness commitments; and
- Any other DOH Emergency Planning Branch priorities as agreed.

The HSC Emergency Preparedness Monitoring Group held its first meeting on 2 March 2023. In the absence of the Health Emergency Planning Forum having met to identify key priorities, the Group agreed that work on the review and update of the HSC NI Mass Casualty Plan (2018), and the development of a Paediatric Mass Casualty Plan should be taken forward of, with a view to

re-establishing the HSC Mass Casualty Task and Finish Group and a revised and tested plan being in place by end March 2025.

3.11.5 PHA/SPPG/ HSC Trusts Emergency Preparedness Group meetings

This group meets on a six-monthly basis (with the ability to reconvene to address areas of planning with Trusts) the purpose of which is to facilitate a forum for Trust EP leads to raise any concerns or queries in respect of emergency preparedness, discuss training, learning from incidents and horizon scanning for major events and associated risk assessments. The meetings also identify issues for escalation and consideration by the DoH Emergency Planning Branch. Following implementation of the updated policy a meeting was held on the 6th of October 2022 and a follow up meeting convened in April 2023. These meetings are chaired by the EP leads in the SPPG and PHA. The Group ensures that:-

- Trust plans are compatible with the Joint Response Emergency Plan (JREP);
- acts as a co-ordination group for the health response to multi-agency emergency planning fora; and
- shares learning and provides a forum for the discussion of issues in relation to plan development, validation and training.

In the timeframe this Group agreed the timescales for submission of the HSC Core Standards and Annual Reports from the HSC Trusts, and the planning and preparation for involvement in Exercise Red Wave scheduled for June 2023. In addition, the Group enabled a solution to a significant gap in the delivery PRPS training across the Trusts, and through discussion this training was facilitated by NIAS through the NARU.

4. Planning, Validating and Reviewing

The scale and spread of COVID-19 during winter 2020, and into successive waves throughout 2021, proved challenging and highlighted the need for more robust business continuity arrangements and emergency response arrangements to be in place to ensure the continuity of the PHA, SPPG and BSO core services while the organisation(s) are responding to an incident.

To address these challenges a number of key areas of planning were taken forward by the PHA, SPPG and BSO during the reporting period, as follows;

4.1 Health Protection Incident Response Plan (HPIRP)

The Health Protection Incident Response Plan, March 2023 is a newly developed plan and provides the framework of how the PHA assess, responds to and recovers from any Routine, Standard or Enhanced response to public health incidents. It provides a framework for the public health response for incidents and emergencies.

The plan is applicable to all PHA staff who will have a role within the response and is supported by a training programme which is delivered to staff by the PHA Emergency Planning Team and the PHA Duty Room Health Protection Nurses.

An exercise to test the HPIRP was carried on 9th March 2023 - Exercise Progressio. Further information on this exercise can be viewed at section 8.

4.2 Emergency Operations Centre (EOC) Plan

The EOC Operational Plan was reviewed during the reporting period to reflect the Health Protection Incident Response Plan, revised Joint Response Emergency Plan April 2022 and lessons learnt from incidents. The purpose of the EOC operational plan is to provide guidance on the activation, operational management, logistical requirements and stand down of an EOC for a joint and single agency response. The plan outlines staff roles, responsibilities and operational processes including records management processes for a physical and virtual EOC. EOC training will be delivered to PHA, SPPG and BSO staff during 2023.

4.3 PHA, SPPG, BSO Severe Weather Command and Control Plan

The Severe Weather Warning Command & Control Plan updated in November 2022 details the process to follow in the event of adverse weather warnings being issued by the MET Office in order to mitigate or reduce any negative impact on service provision. The Plan is developed to support the Multi-Agency Severe Weather Plan which is activated in accordance with the Civil Contingencies Group (NI) Protocol for Multi-Agency Co-ordination of Local Level Response and Recovery and the Protocol for the Escalation of the Multi-Agency Response from the Local to the Strategic level.

The plan will involve a risk assessment being conducted on receipt of a warning which will determine the level of involvement between PHA, SPPG and BSO, and indeed in more severe incidents will determine if Health Silver should be convened. Throughout the reporting period the PHA Emergency Planning and Hazards Team and SPPG Lead for Emergency Planning have attended Local Impact Assessment Calls (LIAC) when requested. Further information on these calls can be viewed in Table 1.

4.4 BSO Emergency Preparedness

The revised Emergency Planning Policy Circular issued in September 2022 outlines the roles and responsibilities for all HSC Organisations in respect of Emergency Preparedness and Resilience. Where a tactical level emergency response is required which is impacting on HSC Service Delivery, the BSO will support SPPG who will lead Health Silver. The BSO continues to have a significant number of senior staff across all business areas trained in Strategic Crisis and Emergency Management.

4.5 Business Continuity Planning

4.5.1 HSC Industrial Action

Health and Social Care experienced a protracted timeframe of action short of strike and full industrial action during the timeframe of early December 2022 through post the reporting timeframe.

While the action did not involve the activation of Health Silver, the SitRep process was established which required HSC Trusts to provide detail of mitigations taken in preparation for industrial action, which was submitted to the SPPG the day before intended action. Further, the Trusts

were required to submit an impact SitRep the day after the action, to advise of actual impact on services as a result of the action taken.

Impacts included actual cancellations (booked and cancelled); activity not going ahead due to services being closed or retracted to Christmas day levels, e.g. Minor Injuries and District Nursing; and activity not going ahead due to not booking in the first place because of knowledge of planned days of action e.g. reduced clinics.

During the timeframe of Industrial Action, the Director of PSSID met weekly and more often if necessary to discuss derogations achieved or under negotiation, as well as mitigations and impacts.

In total there were 7 days when full discontinuous industrial action was undertaken. These were 12 December 2022, 20 December 2020, 20 January 2023, 26 January 2023, 21 February 2023 and 31 March 2023, with further planned discontinuous action planned in April 2023. Continuous and action short of strike lasted from 5 December and was still in place at the end of the reporting timeframe.

4.5.2 PHA Escalation Task and Finish Group

The PHA Winter Surge Plan (October 2022) was developed to provide an overview of arrangements for responding to a surge in public health incidents including SARS-CoV-2 following the stand down of the regional contact Tracing Service in April 2022. This plan was submitted to the DoH Test, Trace, Protect Transition Oversight Board. To support the development of operational plans for surge, the PHA Escalation plan Task and Finish Group was established. This group was stood down in August 2023 as the associated workstreams are now subsumed under the PHA; SPPG; BSO Pandemic preparedness Task and finish Group.
Terms of reference for this group can be seen in appendix 7.

4.5.3 The Emergency Operations Centre (EOC) Task and Finish Group

The EOC Task and Finish Group was established in March 2022 with representatives from the PHA, SPPG and BSO to discuss the operational and logistical arrangements for the provision and management of an EOC. The Group facilitates partnership working to share information, to prepare and plan for the present and future locations of the EOC and discuss a collaborative assessment of risk. The following outputs were achieved during the reporting period:-

- Conference Room 4, 2nd floor Linenhall Street was reinstated as the EOC in December 2022;
- The PHA Emergency Planning team secured additional I.T (laptops and screens) and office furniture for the EOC; and
- Work is ongoing with BSO ITS and DHIC on the adoption and development of MS Teams and ‘virtual’ EOC arrangements.

Terms of reference for this group can be referred to in appendix 8.

4.6 Events Planning - ISPS Handa World invitational Golf 8th August to 14th August 2022

Planning for the ISPS Handa World Invitational Golf Tournament commenced in May 2022. The PHA Emergency Planning Co-ordinator and SPPG Emergency Planning Lead was a member of the Multi-Agency Silver planning group and the PHA Senior Emergency Planning Manager was part of the GOLD Strategic Command Group to lead on HSC planning for this event. The EP role within Multi-Agency Silver was to contribute to the development of the organiser's major incident plans for the event from the perspective of a health response for NI and to ensure appropriate procedures were in place by the medical events team for a major incident response and management of an outbreak.

5. Key Issues/Risks

Key Issues/Risks

With reference to Trust Annual Reports and as reflected within the Core Standard returns, areas of future risk are summarised as follows;

5.1 NIAS supported Training

As referred to above, due to pressures associated with Covid, NIAS have been unable to support training specifically related to HMIMMS/HAZMAT and CBRN[1] for the past three years. Coupled with staff turnover, this is a significant risk across the HSC, which has been escalated to Emergency Planning Branch, DOH. Meetings are ongoing with NIAS to establish if other agencies such as NARU (National Ambulance Resilience Unit) can assist.

Issues identified by DOH Emergency Planning Branch include;

- Resource implications for the implementation of updated IOR for NI;
- Ten Second Triage Tool and MIT- NI position required on implementation date, training and associated funding for resources to deliver specific training;
- CBRN and Marauding Terrorist Training (MTA)- requirement for resources and funding; and
- Identification of resources to support the delivery of the accredited ALSG Hospital Major Incident Medical Management Systems (HMIMMS).

5.2 Cyber Incidents

There is an increased risk of Cyber Incidents across the HSC to include HSC suppliers and partnering organisations, such as Universities. During July 2022, the HSC was subject to a Cyber Attack which focused on the finance systems. Therefore, in line with Business Continuity

[1] There is no single course for CBRN. NIAS have previously facilitated the National Ambulance Resilience Unit in delivering the PRPS Instructor Course, and Decontamination Structure Training delivered by manufactures of the Mobile Decontamination Units.

arrangements, all organisations have identified their core functions, ICT systems required, strategies to maintain continuity as well as maximum timeframe of tolerable outage.

Cyber Incidents during the reporting period 2022-2023

Incident Type	Number
Supplier Compromise	9
HSC Phishing Attack	58
Supplier Mailbox compromise	23

5. 3 Training organised by the PHA

Trusts continue to deliver a programme of training within the limitations of their resources.

A dedicated recurring emergency planning budget of £30,000 per annum was agreed with the Department of Health in 2012. This budget is managed by the Senior Emergency Planner PHA and covers the provision of an annual emergency planning training programme for the PHA, HSCB, BSO, and six HSC Trusts.

Annually approximately 50% of this budget is dedicated to the provision of the ALSG Hospital Major Incident Medical Management Systems (HMIMMS) training for Trusts. This leaves approximately £15,000 for all other emergency preparedness training for the PHA, HSCB, BSO and HSC Trusts. As noted above, due to resourcing pressures in NIAS and the impact of Covid this training has not been delivered for HSC Trusts since 2019.

Following completion of a training needs analysis and a review of training expenditure, it is apparent that the budget allocation does not sufficiently meet HSC organisations' emergency preparedness training needs. The 2017 and 2018 mass terrorist events, the threat of a cyber security incident, the risk of pandemic disease and High Consequence Infectious Diseases (HCID) and the increasing number of mass gathering events in NI have highlighted the need for accredited specialised training courses for emergency response for HSC NI.

The delivery of a robust adequately resourced emergency preparedness training programme will support organisational resilience, staff succession planning, and capability to respond to incidents and support business continuity for the HSC NI. This is an area of concern raised by all HSC Trusts including NIAS.

Further information on the HSC emergency preparedness training and associated expenditure held during the reporting period can be found in table 3, section 8.

6. Incidents Notified and responded to by the PHA, SPPG and BSO

The Joint Response Emergency Plan matrix has been developed to highlight 4 levels of Joint Response, ranging from Level 1 – 4. Level 1 is the lowest level of Joint Response and Level 4 is

the most serious incident requiring the highest level of Joint Response. During the reporting timeframe the PHA, SPPG and BSO responded to a range of low-level incidents.

Table 1 identifies the incidents that the PHA and SPPG were alerted to between 1st April 2022 and 31st March 2023.

Table 1: – Incidents notified and responded to by PHA and SPPG

Date	Incident Type	Level of Involvement	JERP Level
PHA led incidents			
17th May 2022 – 29th August 2022	Monkeypox (MPX) IMT & Steering Group meetings	The PHA Health Protection Service set up a tactical co-ordinated response via an IMT and Steering Group, following the implementation of an enhanced incident response by UKHSA on 15.05.22. Membership of the groups involved external representation from HSC Trusts and SPPG. The IMT was chaired by the Assistant Director for Public Health. The steering group was chaired by the Deputy Director of Public Health. A daily Sitrep was submitted to DoH. An HP consultant attended the weekly National IMTs and fed back national updates to the IMT.	2
29 September 2022 – 7th October 2022	STec (E.coli)	Cases of STEC O26:H11 had been identified in NI. On the 26.09.22 the PHA Health Protection Services set up and co-ordinated its response via an IMT. The Assistant Director for Public	2

Date	Incident Type	Level of Involvement	JERP Level
		Health co-chaired the IMT with a Health Protection consultant. Membership of the group involved external representation from HSC Trusts and SPPG. A PHA advice line was set-up to assist in the co-ordination of the response.	
28th November – 4th December 2022	Meningococcal Meningitis	Following the confirmation of cases of meningococcal meningitis with the potential to spread within a complex environment the PHA Health Protection Service established and IMT chaired by a Health Protection consultant. A PHA advice line was set-up to assist in the co-ordination of the response.	1
02 December 2022 – 6th January 2023	Invasive Group A Streptococcal Disease (iGAS)	Following a confirmed case of Sepsis within NI and the potential to spread within a complex environment. The PHA Health Protection Service set up and co-ordinated its response via an IMT. A Health Protection consultant chaired the IMT. A daily Sitrep was submitted to DoH.	2
Multi-agency Led Incidents			
8th August 2022	Avian Influenza	Following the confirmation of bird flu cases in NI. Belfast City Council and DAERA convened multi-agency Avian	2

Date	Incident Type	Level of Involvement	JERP Level
		Influenza meetings to discuss the response. A Health Protection Consultant and SpR attended the meetings on behalf of the PHA.	
2 September 2022 Severe Weather Events – Local Impact Assessment Calls (LIAC)	Yellow warning for rain	Multi-agency Impact assessment call in response to an amber warning. Media comms sent out via PHA.	1
3rd October 2022 – 4th October 2022	Fire, Belfast City Centre	NIFRS notified the PHA of a fire on 03.10.22 at a property within Belfast which required evacuation of hotel guests in a neighbouring property and a number of businesses and organisations. PHA Environmental Hazards lead represented the Health Protection Team on the Tactical Co-Ordination Group chaired by NIFRS.	1
22 December 2022 Severe Weather Events – Local Impact Assessment Calls (LIAC)	Contingency planning for the Christmas holiday timeframe	Multi-agency preparation call for severe weather over the Christmas holiday period. PHA Emergency Planning Co-ordinated attended the call. Comms to the public was sent out via PHA comms team.	1
9 March 2023		Multi-agency Preparation call for severe weather. SPPG joined the tactical Local	1

Date	Incident Type	Level of Involvement	JERP Level
Severe Weather Events – Local Impact Assessment Calls (LIAC)	Amber warning for Snow and Ice	Impact Assessment calls in response to an amber warning for the east of NI for snow and ice for an 18-hour timeframe in addition to an existing yellow weather warning.	

The Summary of Incident Notifications to HSC Trusts 2022/23 can be viewed in appendix 9.

National IMTs PHA Health Protection Team were involved in 2022 – 2023

Table 2 identifies the National (Enhanced) Incident Management Team meetings (UKHSA) that the PHA Health Protection Team were involved in during the time timeframe 1st April 2022 to 31st March 2023**.**

The definition of an Enhanced Incident *when the scale of the incident response requires a more significant mobilisation of resources and thus a greater level of strategic response. There is often an associated increase in interest in the incident from government and other external bodies.* (ref: UKHSA Incident response Plan, October 2021).

Table 2:- National IMTs PHA Health Protection Team were involved in from 1st April 2022 to 31st March 2023

Incident Name	Description	Start of incident (date)	Incident Status
NRC Winter IMTs	The national Winter IMT utilised situational awareness to inform risk assessments and decision making to advise the UKHSA's appropriate operational response to potentially multiple concurrent winter related health security risks. The IMT was initially activated in preparedness / watch mode to provide shared situational awareness and joint understanding of risks and will consider any emerging issues that might require escalation as indicated via the dynamic risk assessment (DRA) protocol. The hazards risks within scope for the Winter IMT include seasonal respiratory and gastrointestinal infectious disease and health risk associated with extreme weather, especially in relation to more susceptible and vulnerable groups.	October 2022	Stood-down de-escalation to BAU arrangements) 28/03/23
NICC59 Ukraine	In response to a risk assessment of impacts associated with the situation in Ukraine, UKHSA had established a national enhanced incident response. Members from the Devolved Administrations attended the daily UKHSA IMTs. An HP Consultant and/or a member of the EP Team attended the weekly Ukraine IMTs. Briefing notes from the national IMTs were circulated to DPH, ADHP and DoH	Enhanced incident 25.02.22	Closed 23/01/23
NICC68 Monkeypox	In May 2022, UKHSA was notified of confirmed cases of Monkeypox virus. UKHSA activated their enhanced incident response, co-ordinating the four nations public health response to this incident. An HP Consultant attended the	Enhanced Incident 15.05.22	Stood-down 25/01/23

	weekly IMTs and reported back to the PHA IMT weekly meetings.		
NICC72 Polio	Detection of polio virus in London sewage and launch of IPV booster campaign in London. An HP Consultant attends the IMTs when scheduled.	Enhanced incident 11/08/22 Deescalated to Standard Incident 11/07/23	Open
NICC77 STEC	STEC Exceedance had been declared as a National Enhanced incident on 7th September 2022. An HP Consultant attended the weekly IMTs.	Enhanced incident 07.09.22	Stood down 27/09/22
NICC79 Ebola virus Disease (EVD) in Uganda	Health authorities in Uganda declared an outbreak of EVD following confirmation of a case, infected with the Sudan ebolavirus (SUDV), in Mubende District, Central Region, Uganda. An HP Consultant attended the weekly IMTs.	Standard Incident 20.09.22	Stood Down 11/01/23
NICC80 Avian Influenza	Recent incidence of H5N8 in wild birds and poultry reported in Northern Ireland, UK & ROI. An HP Consultant and/or a member of the EP Team attended the weekly IMTs.	Standard Incident 10.10.22	Closed 02/03/23
NICC81 Diphtheria	Increase in cases of diphtheria in the UK and WHO European Region amongst asylum seekers and refugees. An HP Consultant attended the weekly IMTs.	Standard Incident 12th March 2022	Open
NICC82 Flu A	Influenza Detection Issues - Wales and NI reporting a failed detection of Flu A. An HP Consultant attended the IMTs.	Standard Incident 16.11.22	Closed 08/03/23
NICC83 GAS	Incidence of scarlet fever and invasive group A streptococcus. Following an unusual seasonal persistence of GAS activity into the summer and subsequent decline over the school summer holidays, UKHSA saw a renewed increase in scarlet fever and iGAS in the autumn. An HP Consultant attended the weekly IMTs.	Enhanced Incident 5.12.22	Stood-down 18/05/23

NICC84 Infant Formula	Infant and neonatal supplements and food products lead contamination. An HP Consultant attended the weekly IMTs.	Enhanced incident 09.12.22	Closed 25/01/23
NICC86 Covid Contingencies on China	Re-emergency of COVID-19 in china with implications for global travel. An HP Consultant attended the weekly IMTs.	Standard Incident 03.01.23	Stood-down 24/02/23
NICC87 Pseudomonas Aeruginosa	Cases of Pseudomonas aeruginosa were initially identified in a haematology unit in Northern Ireland in August 2022 from samples dated 01/12/21 and 10/01/22.	Standard Incident 16.01.23	Closed 15/06/23
NICC62	Increase in cases of diphtheria in the UK and WHO European Region amongst asylum seekers and refugees	Standard Incident September 22	Stood Down
NICC65	Acute Hepatitis in children	March 2022	Stood Down
NICC66	Group A Streptococcus (GAS) and varicella zoster virus (VZV, chickenpox) activity has been observed across England with a number of outbreaks reported in nursery and primary school settings.	April 2022	Stood Down
NICC74	Standard incident in response to risks arising from avian influenza in the South East of England which require management and which have implications for the wider national management of avian influenza.	June 2022	Stood Down
NICC77	Exceedance in STEC activity in the UK-There has been a significant increase in the number of cases of Shigatoxin producing E. coli (STEC) notified to UKSHA surveillance systems over the last three weeks but with significant escalation in this increasing trend since the beginning of September.	September 2022	Stood down

NB: **Stood-down** - Business as Usual with monitoring meetings depending on the type and scale of the incident. **Closed** -the incident is declared as over entirely. **Open** – meetings still ongoing about the incident.

7. Lessons identified from the local incidents responded to in Table 1

7.1 MonkeyPox (MPox) – 17th January 2023

On 17th January 2023, a debrief in relation to the management of the MPox outbreak in Northern Ireland was facilitated by the PHA Emergency Planning Co-ordinator. The Public Health Agency was alerted to the incidences of MPox in the UK population by UKHSA on 17th May 2022. The first cases of MPox and the associated HSC actions in Northern Ireland commenced on 17th May 2022.

The debrief was attended by members of the Public Health Agency (PHA), Strategic Planning and Performance Group (SPPG), and HSC staff from Belfast Health Social Care Trust (BHSCT).

Learning identified: -

- awareness of roles and responsibilities of each organisation involved in the response;
- clear lines of communication required at the start of an incident between organisations;
- pathways to be reviewed in regards to the transportation of patients to healthcare facilities outside of NI;
- review of the meetings protocol to reduce the frequency of meetings and the numbers attending meetings, this will assist in reducing the pressure on individuals;
- review membership of the group at the start of every incident; and
- identification of methods for sharing information across the range of stakeholders as not everyone had access to the HSC SharePoint site

7.2 STec (Shiga toxin-producing Escherichia coli) Outbreak (E. coli) – 8th November 2022 (external debrief) and 16th November 2022 (internal debrief)

On 26th September 2022, an outbreak of E. coli (STEC O26) was declared. The PHA moved from a Routine response to a Standard response on 27th September 2022. A daily Incident Management Team (IMT) was held and an Emergency Operations Centre was opened to assist with the management of the incident. Membership of the IMT included Environmental Health Officers from Belfast City Council and Belfast Health Social Care Trust (BHSCT) Senior Social Work staff from the Early Years Team.

Two debriefs were completed for the outbreak, an external debrief with partner organisations and an internal debrief for health protection.

Learning identified: -

- awareness training to be provided to health protection staff on the levels of incident response and the structures that are part of the overall management of the incident;

- devise a process for the standardised recording of information within HP Zone;
- review the storage and availability of key contacts such as GPs etc.;
- consider a process to alert labs as early as possible to the incident warning them of the potential increase in samples;
- consider regular joint training with local councils Environmental Health Officers (EHO);
- development of standard script templates for a range of potential incidents that can be adapted to the incident specific as and when needed;
- Corporate Comms to be members of an Incident Management Team.

8. Training, testing and exercising

A joint training and exercise programme for 2022-2023 was developed for PHA, SPPG and BSO staff. The programme was proposed and approved at JEP Board on 13th October 2022. This training and exercise programme was to support organisational resilience, staff succession planning and the capability to respond to incidents and support business continuity for the PHA, SPPG and BSO.

9. Training funded by PHA training budget

A dedicated recurring emergency planning budget of £30,000 per annum was agreed in 2012. It has been the responsibility of the PHA to oversee this budget and source relevant training for key staff within HSC partner organisations. The annual Training Needs Analysis (TNA) was completed by the HSC organisations for 2022 – 2023.

Table 3, below highlights emergency preparedness training provided to HSC organisations and Multi-agency organisations during 2022-2023. This training was delivered by an external training provider and funded by the PHA emergency planning training budget.

Table 4, highlights the internal training provided to PHA, SPPG and BSO staff. This training was provided by the PHA Emergency Planning and Hazards Team during 2022-2023.

Table 3:- External Emergency Preparedness training provided to the HSC and partner organisations funded by the PHA emergency planning training budget

Date(s)	Venue	Programme	Provider	Participants	Costs
16.6.22 14.9.22 05.04.23	Online	STAC (Scientific Technical Advice Cell)	UKSHA	PHA – 17 NIFRS – 2 N I Water – 2 DEARA – 3 PSNI – 2 HSENI – 2 FSA – 2 Armagh BC – 1 NIAS – 1 **Total - 32**	£2057 per course = £6,171
26.10.22 23.11.22	Online	Loggist Skills Familiarisation	UKSHA	PHA – 12 SPPG – 9 NHSCT – 3 SHSCT – 8 SETRUST – 11 NIBTS – 1 WHSCT – 5 BHSCT – 3 **Total - 52**	£820 per course = £1,620
28.11.22 29.11.22	The Mount	Developing and Embedding Business Continuity Management	Emergency Planning College	PHA – 2 SPPG – 1 BSO – 1 SETRUST – 2 SHSCT - 2	£4450 + £1320 = £5,770

Date(s)	Venue	Programme	Provider	Participants	Costs
				BHSCT – 1 **Total - 9**	
01.02.23 02.2.23	The Mount	Tactical Emergency Management	Emergency Planning College	PHA – 4 SETRUST – 1 SHSCT – 1 WHSCT – 3 BHSCT – 2 **Total - 11**	£5750 + £1320 = £7,070
27.02.23 28.02.23	The Mount	Emergency Control and Coordination Centres' Operations	Emergency Planning College	PHA – 3 BHSCT – 1 WHSCT – 6 SETRUST – 2 SHSCT – 1 **Total – 13**	£5750 + £1320 = £7,070
28.03.23 29.03.23	The Mount	Strategic Crisis Emergency Management	Emergency Planning College	NIBTS – 1 SPPG – 5 WHSCT – 4 SHSCT – 3 **Total - 13**	£4450 + £1320 = £5,770
				TOTAL	**£33,471***
***Additional funding (£3, 471) was met by the PHA Health Protection Service**					

Table 4:- Internal Emergency Preparedness training provided to PHA, SPPG and BSO staff by the PHA Emergency Planning and Hazards Team

Date(s)	Venue	Programme/ Topic	Participants	Costs
15.06.22 13.12.22 20.12.22	On – line	Internal Loggist training	PHA Admin staff 15/06/22 - 9 13/12/22 – 2 20/12/2022 – 4	N/A
28.06.22 02.08.22 13.09.23 25.01.23	The Mount	JREP Silver Command Training	PHA/SPPG/BSO PHA - 34 SPPG - 7 BSO – 14 **Total – 55**	£3249.74
26.10.22	On-line	CBRN/ Hazmats Training	PHA Specialist Registrars- 11 **Total - 11**	N/A
9.11.22	Level 4, LHS	CBRN/Hazmats training	PHA Duty Room Staff **Total - 10**	N/A
10.11.22	The Mount	HSC Silver Training and Table-top Exercise	PHA/SPPG/BSO PHA – 8 SPPG – 5 BSO – 4 **Total -17**	£913.20
9.03.23	The Mount	Incident Response Plan Training and Exercise	PHA Health Protection Staff **Total -13**	£956.10
			Total	**£5119.04***
***Funded by the PHA Health Protection Service**				

9.1 Chemical, Biological, Radiology and Nuclear (CBRN) Multi-agency Familiarisation Day (Aldergrove 29th March 2023)

The PHA Emergency Planning Co-ordinator was a member of the CBRN planning group for this event. This event was organised by the Department of Justice (Lead Government Department with the responsibility for Chemical, Biological, Radiological, and Nuclear (CBRN) planning and preparedness).

The purpose of the day was to raise awareness of the Civil Contingency Arrangements in Northern Ireland in preparedness, response and recovery to a CBRN incident. It outlined the roles of responders (PSNI, NIFRS, & NIAS), and those of government departments and agencies to include Department of Justice, Department of Health, Public Health Agency, and the Department for Environment and Rural Affairs. Speakers from each of these organisations presented on the role of each organisation within a Northern Ireland context. Speakers from the Home Office, United Kingdom Health Security Agency, and the Department for Farming and Rural Affairs provided details on the context from a national perspective and how an incident in Northern Ireland relates into the wider UK response.

The training was followed by a practical demonstration of the various capability assets within Northern Ireland. The CBRN planning group met on the following dates during the reporting period:-

- 9th December 2022
- 9th January 2023
- 9th February 2023
- 17th February 2023
- 27th March 2023

The CBRN Multi-agency Familiarisation Day Agenda can be viewed in appendix 10.

9.2 Generic Emergency Preparedness e-Learning course

The PHA Emergency Planning and Hazards team are currently developing a generic Emergency Preparedness 'E' learning course. The course aims to raise awareness amongst PHA, SPPG and BSO staff on emergency planning, preparedness and response arrangements.

The one-hour module will inform staff of the statutory duties and legal framework for Emergency Planning in NI; the principles of Emergency Planning; the roles and responsibilities of the PHA, SPPG and BSO and staff in supporting an emergency response; emergency planning phases and how the organisations assess, respond to and recover from incidents.

Additional information for staff on information management, training and exercising and staff welfare is referenced throughout the training module.

During the reporting period, staff from PHA, SPPG and BSO participated in a number of exercises as outlined in Table 5 to test the PHA's escalation and response plans.

Table 5: – PHA, SPPG and BSO Exercise Table 2022-2023

Exercise Name	Date	Attendees	Exercise Type	Provider
PHA Internal Exercises				
Health Silver Exercise Agmen	10th November 2022	PHA HP Consultants; PHA Duty Room staff, SPPG senior management & BSO senior management	Table-top exercise to test the Health Silver Command tactical response to a mass casualty incident	PHA Emergency Planning Team,
Measles Outbreak Exercise	20th February 2023	Duty room staff, Health Protection staff	Table-top exercise to test the standing operating procedure and duty room response for a measles outbreak	PHA Emergency Planning Team
Exercise Progressio	9th March 2023	PHA HP Consultants, Duty Room, Surveillance, PHA Operations, SpR's	Table-top Exercise to test the final draft of the PHA Incident Response Plan.	PHA Emergency Planning Team
PHA Business Continuity Exercise 'Over the Horizon'	13th March 2023	Interim Director-PHA Operations, Interim Assistant Director PHA Operations, Assistant Director Nursing, Regional Senior Improvement Advisor,	Table-top exercise to test the PHA Corporate Business Continuity Plan and to raise awareness of the plan with key staff	Assistant Information Governance Manager, PHA and Operations Manager PHA

		PHA Emergency Planner		
External Exercises				
Multi-agency Live Exercise Red Wave	Phase 1 – 6th July 21 Phase 2 – 15th October 2021 Phase 3 – 22nd September 2022 Phase 4 – 8th February 2023 Phase 5 – 12th June 2023	PSNI, NIFRS, BHSCT, NIAS, SPPG, PHA, Local Councils, Translink, Belfast Port Harbour, DoH	Exercise Red Wave exercised the interoperability of emergency services and partner agencies responding to an MTA incident on a Cruise Ship; this included operational, tactical and strategic command levels. Phase 1 – initial call to control rooms Phase 2 – initial response- table-top Phase 3 – Command & Control – table top Phase 4 – The reconciliation process – table-top Phase 5 – Live Play Exercise – MTA on a cruise ship	Police Service Northern Ireland (PSNI)
Exercise Pandora	28th September 2022	HSC Trusts EP leads, PHA Consultant in Public Health Medicine, PHA Nurse Consultant, Senior Planning and Commissioning Manager, Strategic Planning and	Five Nations' Prison Health Virtual Table-top Exercise UKHSA Vulnerable People and Inclusion Health	UK Health Security Agency (UKHSA)

		Commissioning group DoH NI, DoJ,		
Multi-agency Cloghan Point Oil spill External Emergency Plan Exercise	25th November 2022	PHA Emergency Hazards Lead, NIEA, LSS and Ambipar Response, Mid and East Antrim Borough Council, NIFRS, MCGA	Table-top desktop for the testing of External Emergency Plans	Civil Contingencies Resilience, TEO

9.3 Health Silver Exercise Agmen – 10th November 2022

On 10th November 2022, the PHA, SPPG and BSO participated in a table top exercise to test the Health Silver Command tactical response to a mass casualty incident. The event was attended by members of Health Silver and other senior staff within the three organisations. Health Silver was asked through injects to consider the potential impacts on Trusts and the wider HSC, and agree actions that would be required by Health Silver to ensure an effective response to such an incident. The scenario simulated a mass casualty event involving a train derailment.

The scenario exercised the newly revised Joint Response Emergency Plan (JREP) 2022, Mass Casualty Plan, reviewed the Information Management Systems required to support a Major Incident/Mass Casualty event, and identified learning opportunities.

Learning identified:

- the establishment of a Mass Casualty inbox/email system for Directors and ADs on call, the Communications team and the SPPG EP Lead.
- ensure all Directors and ADs on call have access to the JREP and associated action cards for each directorate of the SPPG.
- the requirement for the Mass Casualty Task and Finish Group to re-establish to take forward to the review and update of the current 2018 plan.
- to develop an agreed Situation Report with HSC Trusts and a Paediatric Mass Casualty Plan.
- ensure adequate administrative support in regards to supporting an EOC and Health Silver, should the JREP/Mass Casualty arrangements be activated.
- review current incident response arrangements and escalation triggers for a Health Protection incident.
- revise the Emergency Operations Centre (EOC) guidance and facilitate EOC training for all staff involved in a major incident.

Exercise Amgen Debrief Report can be viewed in appendix 11.

9.4 Measles Outbreak Exercise – 20th February 2023

On the 20th February, an internal PHA exercise involving specific Duty Room staff was held to exercise:

- The Duty room response to measles notification;
- The measles SOP, letters, scripts and use of contact tracing team; and
- The escalation processes and convening of the Problem Assessment Group (PAG).

The PHA Emergency Planning Co-ordinator and Specialty Registrar (SpR) were in attendance to observe and manage the exercise. The exercise was a scenario confirming a probable and confirmed measles notification via the Duty room and both cases were children who attended the same nursery.

Learning identified;

- Review of Standing Operating Procedures (SOP) as part of regular training to ensure accuracy;
- Regular review and maintenance of SharePoint;
- SharePoint 'champions' to provide training for staff;
- Hard copies of guidance as a 'back up' in case of IT failures;
- Consider the use of additional bank staff from the Nursing directorate due to their medical training, knowledge of the duty room and HP zone etc.; and
- Consider the recording of average daily activity to allow for an accurate understanding of the 'normal business' levels and additional capacity arrangements for rising tide or surge.

Exercise Measles Outbreak Debrief Report can be viewed in appendix 12.

9.5 Health Protection Exercise Progressio – 9th March 2023

On Thursday 9th March the Health Protection Emergency Planning and Environmental Hazards Team, Specialty Registrar (SpR) in Public Health and a Health Protection Consultant, facilitated a table-top exercise (TTX) to exercise the newly developed PHA Health Protection Incident Response plan (IRP).

The exercise scenario was an E.coli outbreak at a local food festival in 'Anytown' a town situated 1 mile from the Republic of Ireland (RoI) border. The aim of the exercise was to test the final draft of the newly developed PHA Health Protection Incident Response Plan.

Learning identified:

- The requirement and development of business continuity plans for the PHA for the identification of services that can be stood-down and the development of realignment plans to support a business continuity incident.
- Consider UKHSA's model around chairmanship of IMT's. UKHSA rotate the chair role; shadow 1 day and chair IMT 2 consecutive days.
- To explore further with the Environmental Health Officers if they would assist in completing the enhanced/gastrointestinal questionnaires, as this will support the duty room officers and health protection nurses in the co-ordination of the incident response.
- Review of the PHA resilience rota to support the PHA during an enhanced or standard incident.
- The Strategic Planning & Performance Group (SPPG) role in a PHA enhanced response.
- To explore further where data should be recorded i.e. on an excel database, HP zone or SharePoint and ensure early involvement from the Health Protection services.

Exercise Progressio Debrief Report can be viewed in appendix 13.

9.6 PHA Business Continuity Exercise 'Over the Horizon'- 13th March 2023

On Monday 13th March the PHA Assistant Information Governance Manager and the PHA Operations Manager facilitated a table-top exercise to test the robustness of the PHA Corporate Business Continuity Plan and to enhance PHA Business Continuity Preparedness, capacity and linkages, through testing the robustness of the PHA Corporate Business Continuity Plan and the overall Agency response during an incident.

The exercise scenario was set as normal business across the organisation with Hybrid Working in place and a strike scheduled to take place. PHA Board were due to hold an in-person meeting at 2pm in Linenhall Street, Belfast where a number of visitors were due to be giving presentations. The exercise scenario reflected that a number of people were on leave for Easter.

Learning identified:

- Consideration of a flowchart clearly outlining the process for dealing with a cyber-attack with particular focus on communicating with IT.
- Possible re-establishment of WhatsApp groups while recognising GDPR implications.
- Longer-term: possible review/new Business Impact Analysis (BIA) to be carried out.
- Further explore and develop the link between Business Continuity and Emergency Planning.
- Further awareness raising of Business Continuity generally, including development of Action Cards for staff.
- Communication with IT regarding other options including Desk Alerts access and a BCP Teams Channel.
- BCP to be updated to include reference to new working arrangements such as Desk Booking System.

Exercise Over the Horizon Debrief Report can be viewed in appendix 14.

9.7 Multi-agency Exercise Red Wave Phase 3 and Phase 4

The JESIP Tactical Working Group (JESIP TWG) were tasked to set out an Exercise Programme for 1st responding agencies and multi-agency partners using the key risk and threat information from the National Security Risk Assessment (NSRA). One of the objectives for the group was to develop and deliver the first 2-year exercise plan, to cover the elements required to respond to a 'Marauding Terrorist Attack' (MTA) on a Cruise Ship.

Phase 3 primarily looked at how each organisation implemented their Command &

Control structure. This was a table-top exercise held on the 22nd September 2022 and included multi-agency representation, with a 'walk and talk through' the incident. Appropriate levels of Command & Control were considered for each stage of the Exercise.

Phase 4 involved the reconciliation of patient, casualty numbers and the Survivor Reception Centre and Hostage Centre. HSC Trusts Emergency Planning Leads attended phase 4. There was no in-dept post exercise report for Phase 4 as there were significant milestones at phase 3 and phase 5 these are the only two phases which will have debrief reports.

A multi-agency de-brief was conducted following phase 3 and the following learning was identified.

Learning identified:

- If an international terrorist incident this would affect the military response received;
- Awareness of roles and responsibilities – knowing who is responsible for what;
- Ensuring the Cruise Ship security know how to respond and when;
- Limited structure for sharing information, understanding of everyone's roles and responsibilities;
- Great interaction with multi-agencies but some have limited knowledge on Port Operations and available resources; and
- Point of contact for each agency and the facility to share information as soon as incident develops.

The PHA Emergency Planning and Business Continuity Manager was a member of the Exercise Red Wave Multi-Agency Planning Team from phase 3 to 5.

9.8 Exercise Pandora- 28 September 2022

Exercise Pandora was a virtual national table-top exercise held on 28 September 2022 to identify gaps and vulnerabilities in the preparedness of the prison healthcare systems in the UK and Republic of Ireland for winter pressures related incidents. The exercise was sponsored by the Five Nations Health & Justice Collaboration through the UKHSA Vulnerable People and Inclusion Health Division.

The exercise participants were presented with a fictional escalating scenario set over a five-week period during December 2022 and January 2023. This scenario included a range of challenges that may be faced by prison healthcare systems during the coming winter, including simultaneous outbreaks of COVID-19 and seasonal influenza, high levels of staff absence, severe winter weather and industrial action from key staff groups.

The exercise highlighted the strong collaborative work that takes place between the five nations and reflected upon the improvements that have been made to contingency plans and incident management over the course of the COVID-19 pandemic.

The UKHSA report is marked 'official sensitive' therefore the identified learning cannot be shared by the PHA for the purpose of this report but will be referred to assist with the development of pandemic preparedness plans for the NI prisons health care systems.

9.9 COMAH Exercising Programme Group

The Health and Safety Executive for Northern Ireland (HSENI) are the competent authority for Control of Major Accident Hazards (COMAH) legislation in Northern Ireland. As such, they require the site operators to test/exercise their emergency planning arrangements (and any related plans) on a three-yearly cycle. The HSENI and the training provider Risk and Resilience led on the development and delivery of the exercises.

There were two sites exercised within the reporting period 2022-2023, these were exercise 1-Cloghan Point Oil Terminal held on 25.11.22, and exercise 2 - Gas Networks Ireland held on 31.01.23. PHA were represented at exercise one and provided information relating to potential public health impacts contained in the scenarios.

The exercises are designed to exercise the External Emergency Plans for the Upper Tier COMAH sites.

The exercises were in the following formats – exercise 1) Oil Spill Discussion exercise; exercise 2) Crisis Communications for a pipeline explosion Simulation Exercise.

After each exercise HSENI reviewed the External Plans with the site operators. Participating agencies include NIFRS, PSNI, NIAS, Local Councils, Belfast Harbour Commissioners, NIEA,

PHA, DfE, GBBCA, Translink, DfI (Roads), Met Office, and the various COMAH Operators. The PHA Emergency Planning Co-ordinator and a Health Protection Consultant participated in all exercises. HSENI as the competent authority are very specific in that the exercises are testing the suitability of the COMAH External Emergency Plans, and any feedback from participants is only to address that point. If individual agencies feel that there is learning for the wider group, or internally, then it

is for them to address. For PHA, it was identified that there was a need for greater clarity and understanding amongst partners, in the activation procedures and the role of STAC. This was addressed by sharing UK Government Guidance on STAC for Local Responders.

10. Business Continuity Management

PHA, SPPG and BSO have in place business continuity plans for their respective organisations which aligns with the requirements of the ISO 22301/22313.

10.1 PHA

During 2022/2023, as staff began returning to the office following the Pandemic, PHA undertook a desktop exercise to test its Corporate Business Continuity Plan. This took place on 13th March 2023 with participants nominated by their Directors. Some updates were identified for the Plan following the Exercise, with Directors asked separately to review their key services and identify any changes in priority following learning from COVID-19. A final, updated version of the PHA Corporate Business Continuity Plan was approved by AMT in July 2023 and rolled out across the Agency thereafter.

As work continues across PHA and regionally in relation to Cyber Security and Business Continuity and Emergency Response planning, the PHA Corporate Business Continuity Plan will be kept under review and updated, as appropriate, to ensure that the PHA is as well prepared as possible. Further information on the table-top can be viewed in section 8.

10.2 SPPG

During the reporting timeframe work was undertaken in the review and update of the Corporate SPPG Business Continuity Plan (April 2022), and the individual directorate plans. It is intended that a revised and updated Business Continuity Plan will be completed by end of March 2024 and tested during 2024/2025. The Business Continuity Plan was activated during the year when damage to the NI water mains meant that SPPG Headquarters, Linenhall Street was inaccessible to staff for a timeframe of two days. Business Continuity arrangements were also initiated during the period of Industrial Action from December 2022 – March 2023, when SitReps were completed to ensure staff absence did not impact adversely on the core critical functions of the SPPG.

The cascade communication process was initiated during this activation OOH, and enabled managers to ensure that staff did not attempt to access Linenhall Street the following day in light of the protracted outage.
Due to the working from home/hybrid working arrangements there was no detrimental impact on the business of the SPPG during this interruption.

10.3 BSO

Given its remit in supporting HSC, the BSO have a comprehensive Business Continuity Planning process. BSO SMT requires the BCP to updated twice a year, along with evidence of departmental testing. Version control and full audit logs are inbuilt within the SharePoint site.

Following on from the strategic review of BSO operations, we again reviewed areas of work which must continue should an interruption to normal business occur, along with areas that could be stood down. The BSO ranks its services between Priority 1 (cannot be deferred or delegated) and Priority 4 (These services will be stood down if disrupted or if staff are required to work elsewhere, but will be reinstated as soon as possible).

Given the critical support role the BSO provide to wider HSC, the majority of BSO functions are listed as Priority 1. Any services listed as Priority 4 will primarily support BSO Priority 1 services.

11. Core Standards Assurance

11.1 PHA

The PHA Emergency Planning HSC Core Standards for the timeframe 2022-2023 have been scored as partial (amber). The return has met partial compliance on for 7 standards (4, 5, 8,9, 26, 27 and 28). The PHA's ability to co-ordinate a response to a public health incident (single or multiple) is limited due to (a) a gap in the staff levels for Health Protection Consultants and (b) the absence of a dedicated resource to co-ordinate the development of PHA operational service continuity plans and completion of updated BIA for the organisation. As an interim contingency measure and to meet our requirements to develop an organisational escalation plan for pandemic response, the PHA Emergency Planning Team are taking forward the development of Directorate BCPs on behalf of PHA Operations Directorate.

The business case for dedicated Business Continuity resource is being taken forward by PHA Operations Directorate. The service development plans incorporating for the enhancement of the consultant staff group are being addressed by the Director for Public Health and the PHA Chief Executive. This is the first time the organisation has submitted partial compliance against the core standards.

11.2 SPPG

The SPPG Emergency Planning HSC Core Standards for the timeframe 2022-2023 were submitted to the DoH Emergency Planning Branch with a green RAG self-assessment indicating substantial compliance

11.3 BSO

The Emergency Planning HSC Core Standards for the timeframe 2022-2023 was submitted to the DoH Emergency Planning Branch with a green RAG self-assessment indicating full compliance.

11.4 HSC Trusts

HSC Trusts were required to submit their Emergency Planning HSC Core Standards and Annual Reports on Emergency Preparedness for 2022/23 to the SPPG no later than 30 June 2023.

In line with the monitoring processes as outlined in the revised Policy Circular (September 2022), the SPPG and PHA Emergency Preparedness leads reviewed the submissions received, and met with the HSC Trusts to discuss the key pressures and gaps.

Of note in the reporting period, the NIAS reported an overall non-compliant position (RED), with 20 standards being partial and 8 being non-compliant. This return reflected ongoing discussions and concerns that had been escalated to SPPG and PHA by NIAS over the year. In particular the NIAS is developing an improvement plan to address findings and recommendations from an external review regarding NIAS EPRR arrangements, and the requirements of the Kerslake report (Manchester Arena).

The HSC Trusts reported issues regarding their ability to undertake HAZMAT/CBRN training/decontamination training and their inter dependability on NIAS to support them in this area of work.

SPPG and PHA raised these Trust and NIAS concerns with the DOH Emergency Planning Branch at Director level, and discussions remain ongoing at the time of the reporting period towards an interim and longer terms remedy.

Further a number of the Trusts reported pressures around Cyber Security and the requirements of the NIS Regulations, as well as general resource shortages in supporting the emergency preparedness agendas.

The following scores were recorded by the HSC Trusts with regards to Emergency Preparedness Core Standards: -

NIAS – Non Compliant (RED)
BHSCT – Substantial
SEHSCT – Substantial
NHSCT – Substantial
WHSCT – Substantial
SHSCT – Partially compliant (AMBER)

Action plan for the next 12 months to manage identified risks and areas <u>of concern raised during responses to actual incidents.</u>

Actions identified and areas of concern raised are noted in the Joint Emergency Preparedness Board Work Programme.

12. Conclusion

2022/2032 PHA, SPPG and BSO encountered a number of significant challenges following on from Covid-19. Despite these pressures, PHA, SPPG and BSO staff

continued to ensure key issues were addressed during this timeframe and delivered a comprehensive exercise and training programme for staff as reflected in this report. In addition, the PHA lead on the co-ordination of a number of public health incident responses as well as participating in a significant number of national IMTS.

Appendix 1:- Northern Ireland Emergency Preparedness Group (NIEPG)

Terms of Reference

Background
The Civil Contingencies Group, Northern Ireland CCG (NI), chaired by the Deputy Secretary of Civil Contingencies in The Executive Office, is the principal strategic emergency preparedness body for the public sector and comprise of representatives for the local government sector, government departments and emergency services.

Purpose
The Northern Ireland Emergency Preparedness Group is a sub group of CCG (NI). Its purpose is to ensure that work at local level is in line with strategic direction provided by CCG (NI). It provides direction to the work of the Northern, Southern and Belfast Emergency Preparedness Groups (EPGs), facilitates cohesion between these groups and ensures effective communication between the EPGs, regional working groups and CCG (NI).

Note
The NI Emergency Preparedness Group can step into a co-ordination role on the activation of NICCMA in accordance with Para 6.2 of the Framework. When it is activated in RESPONSE mode the NIEPG is to agree a new set of operational Terms of Reference, pertinent to the operation A template for these Terms of Reference is attached in Annex 1. These TORs are to be approved by CCG (O). Once activated in RESPONSE mode the NIEPG will revert to the title SCG (NIEPG), on all other occasions it is simply known as NIEPG. A standard agenda for SCG (NIEPG) is attached in Annex 2.

Membership
Membership of the group will consist of nominated representatives from the following organisations:

Core Members
Joint Chairs: SOLACE representative and PSNI ACC
EPG Joint Chairs (Local Government and PSNI)
Regional Officer: Local Government Civil Contingencies (Secretariat)
PSNI HQ (Emergency Planning)
EPG Resilience Managers
The Executive Office
PSNI EPG Sergeants
NIFRS HQ
NIAS HQ
HMCG
PHA
DOJ

DFI
DFC
Education Authority
MOD
Health Trusts

Members co-opted as necessary, depending on the relevant work streams

Functions
The functions of the Sub-Group are to:

- Deliver the strategic priorities and underlining objectives as detailed within the local level Civil Contingencies Resilience Strategy for Northern Ireland;

- Agree a joint approach to emergency preparedness, response and recovery across the EPGs, in line with direction set by Civil Contingencies Group (NI);

- Consider the decisions from the Civil Contingencies Group (NI) that have relevance for local civil emergency preparedness; including the implications of legislation and NI initiatives;

- Establish regional working groups to undertake projects when appropriate to aid the EPGs;

- Oversee the functions and the work streams that have been allocated to the EPGs and regional working groups;

- Using the NI Community Risk Register, compile and agree a risk based work programme to provide a robust basis for planning;

- Receive reports from the EPGs outlining progress with actions and identifying gaps in planning;

- Report to CCG (NI) on the operation of EPGs and regional working groups.

- Identify and develop mechanisms /arrangements (including access to resources) to facilitate the local emergency preparedness structures to effectively deliver their respective work programmes.

Quorum
A quorum will be only achieved if local government and PSNI are present with at least three other core members present.

Frequency of Meetings
Meetings will take place three times a year, or more frequently if required.

Agenda
The Secretariat will prepare an agenda for the meeting in liaison with the Joint Chairs and EPG Resilience Managers with all members of the group entitled to submit items for inclusion.

Record and Reporting of Meetings
A record of all meetings shall be formally recorded by the Secretariat and made available to each member as soon as possible after each meeting.
Responsibility for any action required shall be clearly defined.
The minutes of each meeting shall be formally approved at the following meeting.

A summary report of each meeting will be produced and provided to CCG (NI).

Review of Terms of Reference
These Terms of Reference will be reviewed on an annual basis and if necessary, more frequently, to ensure that they continue to reflect the aim and purpose of the group. The Terms of Reference are consistent with those of the other EPGs in NI.

Annex 1: Terms of Reference Template for establishing Strategic Co-ordination Group : NI Emergency Preparedness Group (SCG (NIEPG))Terms of Reference

1. Background:

The Northern Ireland Emergency Preparedness Group is a subgroup of CCG (NI). Its purpose is to ensure that work at local level is in line with strategic direction provided by CCG (NI) and provides direction to the work of the Northern, Southern and Belfast Emergency Preparedness Groups (EPGs). It also facilitates cohesion between these groups and ensures effective communication between the EPGs, regional working groups and CCG (NI).

2. Purpose:

Outline reason for activation:

1. NIEPG is experienced at delivering multi agency cohesion and will provide the co-ordination of TCGs where more than one is activated, ensuring the local level speak with one voice to Central Government and the principle of subsidiarity is implemented. SCG (NIEPG) in response mode can be activated during a local or regional level emergency, during a Level 1 emergency and when NICCMA (NI Central Crisis Management Arrangements) has been activated.
2. SCG (NIEPG) can activate itself for an operational response to a local and or a Level 1 emergency.
3. If CCG (O) determines there is a co-ordination gap, with a lead government Department (LGD) unable to facilitate multi agency cohesion, it can request SCG (NIEPG) to step into that role.

The process for Activated SCG (NIEPG) in response mode is outlined in Figure 19 within the Northern Ireland Civil Contnigencies Framework and is as follows:

3. Scope:

3.1 Chairing

3.2 Review Mechanism

4. Functions:

To effectively discharge its role, the SCG (NIEPG) will deliver the following functions: Alignment to the Role and Responsibilities of a SCG as detailed within Appendix E of JESIP Joint Doctrine: The Interpretability Framework 2022 and the NI Civil Contingencies Framework

This may include:

a. Determine and share clear strategic aims and objectives and review them regularly

b. Establish a working framework for the overall management of the incident response

c. Prioritise objectives and allocate personnel and resources accordingly

d. Formulate public communication plans and manage media enquiries and releases, possibly delegated to one responder organisation

e. Direct planning and operations beyond the immediate response to manage the recovery process

f. Consider the establishment of subgroups to support information flow.

5. Constraints:

Extracted from JESIP Joint Doctrine: The Interpretability Framework 2022.
The SCG does not have the collective authority to issue executive orders to individual responder organisations. Each organisation retains its own command authority and defined responsibilities, and exercises command of its own operations in the normal way. However, the co-ordinated direction and instructions generated by the SCG will be translated by each responder organisation into appropriate commands, passed on through their respective command structures and transmitted directly to all subordinate Tactical Co-ordinating Groups (TCGs).

6. Meetings:

6.1 Frequency:

6.2 Attendance:

6.3 Papers: A structured agenda, based on the template attached in Annex 2 will be prepared in advance of the meeting and log of key decisions and recommendations will be maintained

7. Membership:

The membership of the SCG (NIEPG) is set out below:

Name	Organisation

8. Accountability and Governance:

Annex 2: Strategic Co-ordination Group: Northern Ireland Emergency Preparedness Group

SCG (NIEPG)

Aligned to Section 6.2 and Appendix 8 of the NI Civil Contingencies Framework.

	Item	Item Lead
1.	Introductions (by exception and only where deemed necessary)	Chair
2.	Declaration of items for urgent attention	Chair
3.	Confirmation of decisions on urgent items	Chair
4.	Adjourn as necessary to action urgent issues	
5.	Situational briefing (including any clarifications or recent updates from information manager/attendees by exception only)	All Members
6.	Review and agree strategy and priorities	Chair
7.	Review outstanding actions and their effect	Chair
8.	Determine new strategic actions required	Chair
9.	Confirm whether there are any priority actions for vulnerable people or critical infrastructure	Chair
10.	Allocate responsibility for agreed actions and requests for collaboration	Chair
11.	Confirm date and time of next meeting and required attendees (alongside an established meeting rhythm)	Chair
12.	Post Meeting: Distribute record of meeting and recommendations	Sec/Chair

Appendix 2: Cross Border Health Services Representatives Group – Terms of Reference

Cross Border Emergency Management Group

Terms of Reference

Prepared by the Cross-Border Emergency Management Group

Final Version September 2021

Background

The incidence of emergencies and disasters caused by natural and/or human made factors such as the recent severe weather events has increased significantly in recent years. These have led to loss of lives, property and environmental destruction and have resulted in the loss of social and economic activities in the affected areas. These emergencies and disasters can occur anywhere on the island of Ireland and do not respect borders. In all of these emergency or disaster situations, the authorities on both sides of the border have to respond by deploying resources necessary to contain the respective disaster in order to minimise the suffering and to safeguard the lives of the affected communities.

It is essential that the statutory agencies with responsibility for emergency management prepare for and respond to the emergencies or disasters that occur along the border areas in a coordinated and effective manner.

The statutory agencies with responsibility for emergency management in both jurisdictions operate within their own emergency management structures, frameworks and legislation that have evolved separately.

In the Republic of Ireland, the statutory agencies operate within the Major Emergency Management Framework[1] that was established by the Government in 2006. National, regional and local groups have been established to deal with major emergency management.

In Northern Ireland, the statutory agencies operate primarily within the NI Civil Contingencies Framework (2021), whilst some are duty bound by the Civil Contingencies Act (2004)[3]. Non-statutory sub regional groupings have been established to co-ordinate a multi-agency emergency management response.

Good cross border co-operation has existed between the principal response agencies on an organisational level for many years resulting in some cases in Memoranda of Understanding and other formal arrangements. While this is vital and will continue, there is a need for greater collaboration between all of the agencies on a collective basis to plan for and deal with the consequences of emergencies or disasters that may occur along the border area.

Reference is made in the Major Emergency Framework (ROI) and the Civil Contingencies Framework (NI) to increased cooperation in the emergency management area. The North South Ministerial Council[4] has also identified emergency planning as one of their key areas for improved cross border collaboration. This is reinforced at European level within the European Community Civil Protection Mechanism[5].

Therefore, the need has been identified to establish a Cross Border Emergency Management Group that can increase co-operation between all of the statutory agencies involved in emergency management and that can develop strategies and procedures for emergency and disaster prevention, preparedness, mitigation and response within the border corridor.

Name of the Group

The group will be called 'Cross Border Emergency Management Group.

Purpose

"To act as a multi-agency group for agencies involved in emergency management on a cross border basis."

Strategic Objectives-The strategic objectives of the Cross-Border Emergency Management Group are to:

- act as a multi-agency emergency planning group for the statutory agencies in Northern Ireland and the Republic of Ireland;
- enhance cross border co-operation and resilience in Emergency Management and Civil Protection consistent with the principles of the emergency management cycle[1,2].
- develop joint protocols, training and the sharing of information in line with the parent emergency management framework documents;
- strengthen and coordinate cross border emergency management arrangements in the areas of risk assessment, prevention, preparedness, mitigation and response;
- further the development of a support network between the respective agencies;
- ensure as far as possible the interoperability of major emergency plans and response arrangements both in Northern Ireland and the Republic of Ireland.

Membership

There should be equal representation from both jurisdictions on the Cross-Border Emergency Management Group.

Representatives to the Group should be nominated from the respective parent government departments and the regional emergency management groups in each jurisdiction.

The composition of the Cross-Border Emergency Management Group will contain representatives from the following agencies:

Northern Ireland

A total of ten nominated representatives from the Southern and Western Emergency Preparedness Groups

- Local Government Emergency Planning Representatives from areas within both the Northern and Southern Emergency Preparedness Groups which straddle the border corridor
- PSNI
- NIAS
- PHA and HSCT
- NIFRS
- Maritime and Coastguard agency
- A nominee from PSNI HQ.

Republic of Ireland

- Representatives of the North West MEM Regional Working Group (representing Sligo, Leitrim, Donegal)
- Representatives of the North East MEM Regional Working Group (representing Cavan, Monaghan, Louth and Meath)
- An Garda Síochána
- Local Authorities (including Fire Service)
- Health Service Executive (including National Ambulance Service)
- National Directorate for Fire and Emergency Management
- An Garda Síochána Headquarters
- HSE National Representation

Other members may be co-opted on a temporary basis as necessary. A map of the geographical area encompassed by the group is attached in Appendix 1.

Governance Arrangements

The Cross-Border Emergency Management Group will carry out its mandate within the existing emergency management structures in each jurisdiction. These reporting structures are outlined in Appendix 2.

Membership of the CBEMG confirms endorsement of all documents produced by the group as detailed in Appendix 3 of this document.

MandateThe mandate of the Cross-Border Emergency Management Group is to:

1. The identification and implementation of best practice in Civil Protection and emergency management on a cross border basis in the areas of risk management, preparedness and response;
2. The development and maintenance of procedures for notification, activation and ongoing communications during a major emergency event in the border region.
3. The development of ongoing cross border joint training and exercise programmes.
4. Participation in cross border projects as appropriate with a view to improving sustainable cross border emergency management.
5. Reporting back to their own respective organisations and to other regional structures on the work of the Group.
6. Preparation of an annual report to submit to the relevant cross border, national bodies or government departments with responsibility for emergency management in each jurisdiction.

Quorum

The minimum number of attendees at any meeting of the Group should be 50% plus one with at least three representatives being present from each jurisdiction.

Chairperson

The Cross-Border Emergency Management Group will elect a chairperson from within each jurisdiction for a timeframe of two years. The Northern Ireland nominee will chair meetings in NI and the Republic of Ireland nominee will chair meetings in ROI.

Frequency of meetings

Minimum of two meetings per year but more as required. Meetings are to be alternated between jurisdictions.

Sub Groups

Sub Groups may be established to progress various areas of work as and when required. *Terms of Reference will be developed for each sub group.*

Review

The Terms of Reference may be reviewed to take account of changes in legislation, guidance or structural changes within organisations in either jurisdiction.

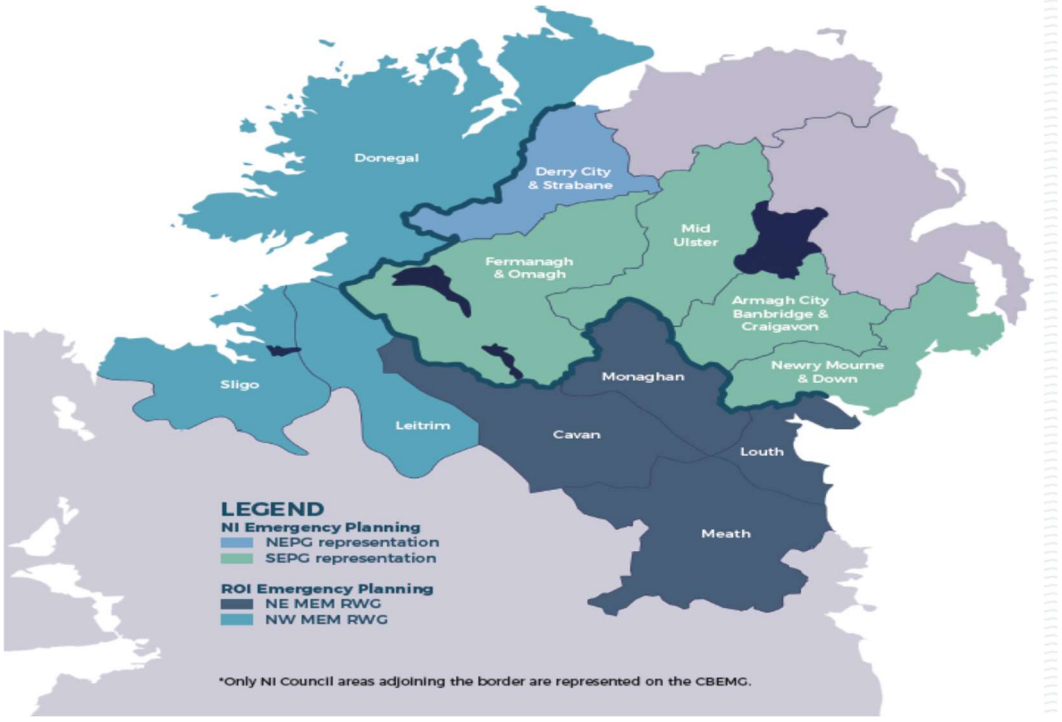
Consultation Process

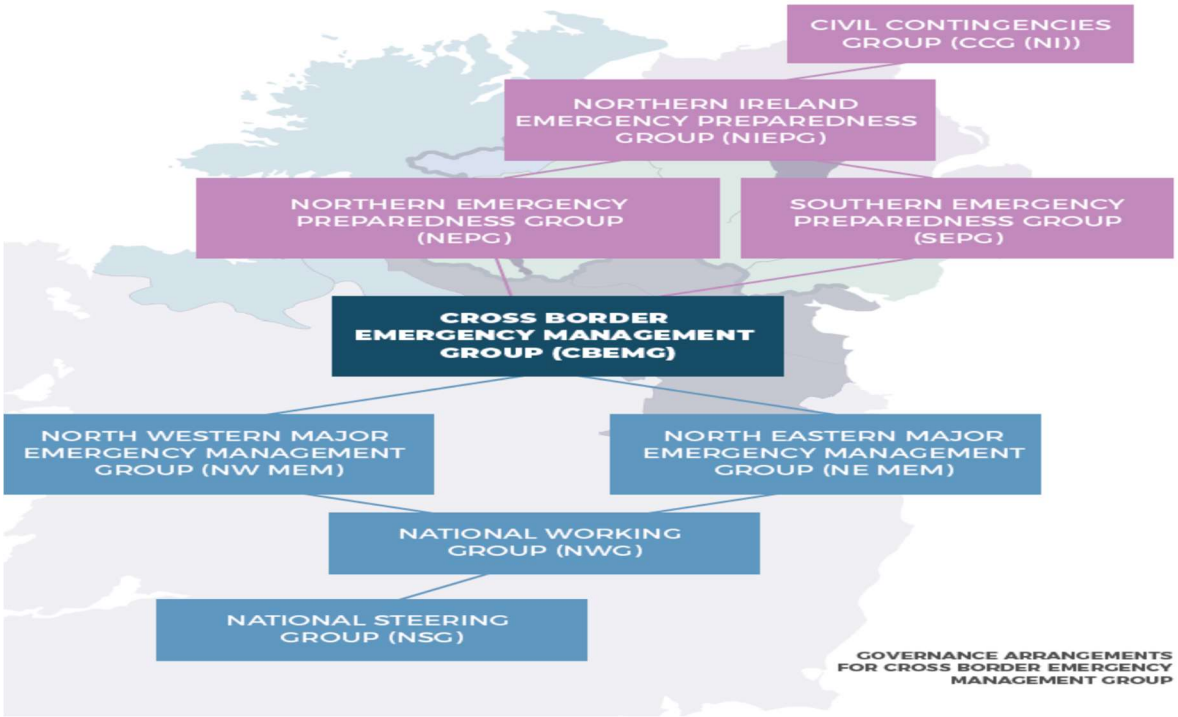
Appendix 3 outlines the consultation process to be followed by the group and its sub groups when developing/updating plans and documentation. Adhering to this process will ensure all member organisations are given adequate opportunity to provide comment and input into the development and approval of all plans and documentation.

References:

1. Department of the Environment Community and Local Government (DoELCG) - Major Emergency Management Framework 2006
2. Office of First Minister and Deputy First Minister (OFMDFM) – The Northern Ireland Civil Contingencies Framework 2005
3. Civil Contingencies Act (2004)
4. North South Ministerial Council, Areas for Co-operation (Accessed 2014)
5. EU Council Decision 2007/779/EC, establishing a Community Civil Protection Mechanism
6. Framework for Civil Contingencies Northern Ireland 'Building Resilience Together' 2021

Cross Border Emergency Management Group Boundaries





GOVERNANCE ARRANGEMENTS FOR CROSS BORDER EMERGENCY MANAGEMENT GROUP

Process of Consultation and Approval for Documents / Protocols Developed by the CBEMG.

1. All documents will be developed in accordance to the requirements outlined within the CBEMG Strategic Plan by the dedicated sub group.
2. Each sub group will have Terms of Reference approved by the CBEMG
3. All products developed by the sub groups will be submitted in draft form to the CBEMG for consideration and approval.
4. To ensure all agencies are afforded an opportunity to consult within their own organisation a timeframe of consultation will be facilitated. This will normally be 8 weeks, or within the timeframe of the next meeting date, whichever is the longest. All documents will be emailed by the Chair of the relevant sub group to each organisation's representative on the CBEMG and this will be recorded using a standardised template incorporated into each document.
5. All feedback received will be considered by the sub group, relevant revisions made and the document re submitted to the group for final approval.
6. On approval by the CBEMG, all documents will then require endorsement by each of the inter-agency MEM/EPG groups in both jurisdictions. If regional/national multi-agency endorsement is required, this should be escalated through established channels.

Standardised Template for Consultation

Name of Document/Version				
Organisation	Designated Contact	Date circulated	Comments Received Yes/No	Date Process Complete (Signature of Chair)

Appendix 3:- Northern Ireland Port Health Forum Debrief Report

NI Port Health Forum

Debrief Report- Covid response

NI Airports

14th December 2022

Compiled by: Mary Carey

Date: January 2023

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1. Background

1.1 On 31 December 2019, the World Health Organization (WHO) was informed of a cluster of cases of pneumonia of unknown cause detected in Wuhan City, Hubei Province, China

1.2 On 12 January 2020, it was announced a novel coronavirus had been identified in samples obtained from cases and initial analysis of virus genetic sequences suggested that this was the cause of the outbreak. This virus is referred to as SARS-CoV-2 and the associated disease as COVID-19.

1.3 Up to 30 October 2020, over 45 million cases have been diagnosed globally with more than 1.1 million fatalities. Coronaviruses are a large family of viruses with some causing less severe disease, such as the common cold, and others causing more severe disease, such as Middle East respiratory syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS) coronaviruses.

1.4 SARS coronavirus (SARS-CoV) emerged in November 2002 and caused severe acute respiratory syndrome (SARS). That virus disappeared by 2004. Middle East respiratory syndrome (MERS) is caused by the MERS coronavirus (MERS-CoV). Transmitted from an animal reservoir in camels, MERS was identified in September 2012 and continues to cause sporadic and localised outbreaks. The third novel coronavirus to emerge in this century is SARS-CoV-2, which causes coronavirus disease 2019 (COVID-19).

Impact of COVID-19 in Northern Ireland

Impacts of the pandemic may be direct from COVID-19, or may be indirect from changes to the healthcare system or lockdown measures. The overall harm to health is encapsulated by the following categories:

- Health impacts from contracting COVID-19.
- Health impacts from changes to health and social care made in order to respond to COVID-19, such as changes to emergency care, changes to social care, changes to elective care and changes to primary and community care.
- Health impacts from factors affecting the wider population, both from damage to the social fabric of society and the economic impacts increasing deprivation in part due to loss of employment.

The potential for a range of indirect impacts on health and health inequalities as a result of the measures introduced to control the pandemic were described as part of a rapid health impact assessment (HIA) published in the British Medical Journal (BMJ). The indirect impacts were theorised to occur through a variety of pathways, including:

• Changes to employment and income, which is known to affect life expectancy.

• Access to education for children and adults.

• Social isolation, family violence and abuse.

• Changes in the accessibility and use of food, alcohol, drugs and gambling.

• Changes in physical activity and transport patterns.

• Changes in the availability and use of healthcare services.

2. Debrief Process

2.1. Aim

2.1.1. The aim of completing the debrief was to facilitate port health partners in the NI aviation sector to share their experiences and views in a secure and confidential and open discussion.

2.1.2. Participants were asked to provide written feedback on their experiences in line with the objectives below.

2.2. Objectives

2.2.1 The objectives were:

- To explore what aspects staff felt went well and why;
- To explore aspects for improvement and why;
- To identify learning

2.3. Areas for discussion

2.3.1 Each participant was asked to consider the objectives in relation to the above areas for discussion. Any actions would be captured and agreed and the findings of each debrief would be amalgamated with responses from the feedback forms, and these are included in this report.

2.3.2 The topics that were highlighted in the debrief are summarised here and the actions are in a table in Appendix 1.

3 Debrief Outcomes

3.1. The summary of the debrief discussions is provided below against the areas that are listed in Section 2.2.

3.2 Aspects that went well:

3.2.1 It was agreed that the agencies were well prepared and understood their respective roles and responsibilities.

3.2.2 Establishment of the Port Health Forum Covid briefing meetings and the points of contact in each organisation worked well.

3.2.3 Lines of communication with the PHA were supportive as airline operators were in contact with NI airports in relation to queries around arrangements for NI. Knowing the contacts in each of the agencies meant that information could be provided to operators on a timely basis.

3.2.4 Support from the NI Ambulance Service (NIAS) in responding to calls and providing training to first responders (airports) at the initial stages of the pandemic was appreciated.

3.2.5 The site visits by the PHA to view the contingency arrangements for airports and UK Border Force regarding implementation of the Covid guidance was helpful and assisted in the review of plans and communications with management teams.

3.2.6 Co-operation with airport operators and the co-ordination of on-site operational planning worked well.

3.2.7 From a public health perspective, joint working with airport colleagues worked well and was essential particularly in the early stages of the response when there were frequent changes to guidance and communications particularly as the intelligence around the virus changed. This had implications for public communications and travel including the provision of specific guidance and communications for points of entry. Colleagues were frequently contacted with

relatively short notice to support changes to public guidance for airports and were always supportive in their response.

3.2.8 A key challenge for UK Border Force was when flights to the NI and the UK were stood down as part of the wider global response to the pandemic. UK Border Force staff were redeployed to fast parcel depots and freight work. This involved working partner law enforcement agencies to detect illicit movement of goods. This was a new role for many staff.

3.2.9 Introduction of the Test, Trace and Protect (TTP) initiative was supportive in terms of keeping staff and passengers safe while minimising the spread of the virus. The system was labour intensive in terms of the level of information required.

3.3 Aspects for Improvement:

3.3.1 It was acknowledged that as part of future planning the availability of finance should be considered. A key issue for airports was that they were part of the competitive market for PPE without the allocation of additional funding, particularly during the early stages of the pandemic response.

3.3.2 Guidance around the level of PPE required should be considered as part of pre planning for airports. Sourcing the correct PPE was challenging and required advice and support from the PHA, NIAS and the airport emergency planners. This support was invaluable in terms of procurement the correct PPE, the delivery of on-site training with support from NIAS and the development of local guidance for staff.

3.3.3 It was agreed that future planning should consider equity in terms of access to PPE supply chains in terms of procurement for all front-line staff including the emergency services not linked to health. National public health guidance advises on the level of PPE required for operators and it was difficulty to obtain supplies during the early stages of the pandemic due to global demand. The aviation sector is not part of the NHS procurement process and there were significant concerns around access to supplies for front line emergency staff working in the sector.

3.3.4 It was agreed that contingency planning for airports should consider the provision of a budget to support funding is for PPE as part of emergency planning and response.

3.3.5 Concerns were expressed around the regional and national vaccination deployment model. Border Force, front-line airport staff and emergency responders were not identified as a priority occupational group for vaccination. In light of the role this group of staff have in supporting public health measures at borders, future planning should consider including them in the prioritisation framework for vaccination. It was acknowledged that vaccines were limited at a point and time and the distribution of vaccines was determined on a priority basis in line with national policy. Going forward, consideration should be given to the development of national policy for the prioritisation process. This should consider refinement of eligibility criteria taking cognisance of the spectrum of the population to be considered from those who are vulnerable to frontline services for health and other essential workers, to those who are dealing with increased risk situations and other emergency services. It was acknowledged that the vaccination programme was implemented in line with nationally agreed policy.

3.3.6 Communications and management of staff was challenging at times in light of the frequent changes to guidance and messaging around self-isolation.

3.3.7 During the early stages of the Covid response, correspondence around guidance and visual display materials was received from a number of national sources. This contributed to confusion around which materials should be used, those received from local sources or national sources. This was resolved at the time and it was agreed that all materials regarding public health messaging for NI would be sent via the PHA and communications around regulations would be sent to UK Border Force from the UKHO.

3.3.8 The absence of supporting NI legalisation around the requirement to comply with the completion of the Passenger Location Forms (PLFs) was challenging for Border Force staff. This is something that should be considered as pat of future planning as Border Force were limited in terms of what action they could take with non-compliant individuals.

3.3.9 The difference in travel legislation and isolation guidance around travel between NI and RoI contributed to difficulties for Border Force. Members of the public

could travel to NI via Dublin potentially evading the requirement for mandatory quarantine if they travelled from a country which was on the UK red list country but not on the RoI list. Border Force were limited in that action could be taken in relation to these circumstances and on reflection the police or immigration enforcement may have been best placed to manage these situations.

3.3.10 Implementation of the PLF during the early stages of development was difficult. Review of the PLFs from a flight took approximately 10 minutes per passenger. This risked contributing to major operational issues particularly with flights containing up to and over 100 passengers. A paper system was in place until the supporting technology was developed and implemented to support a national electronic system. The UK Home Office was responsible for the PLF system. It was agreed that Border Force would share learning from the PLF system with UK colleagues and the UK Home Office.

3.3.11 Development of the PLF system was driven by the UK Home Office and not public health. Public Health have existing arrangements in place for the follow up of people via contact tracing and the information on the PLFs was not required as part of this process.

4. Summary of agreed actions

ACTION	Responsible
1. Issue around the procurement of PPE for border health first responders (ports and airports) to be raised as part of national discussions around planning for future pandemics.	PHA
2. Access by the aviation sector emergency responders to national agreed supply chains for PPE. Issue to be raised as part of future planning by airports and PHA. Escalation of issue to Department for Infrastructure by Airports and to UKHSA as part of future pandemic planning by the PHA.	GBBCA, Belfast International, DCA, PHA

3. Concerns raised around access to the vaccination programme for airport emergency responders to be raised as part of national planning for future pandemics	PHA

5. List of Participants

Name	Role
Mary Carey, PHA	Senior Emergency Planner, PHA (Chair)
Catherine Curran	Emergency Planning and Business Continuity Manager, PHA
David Cromie,	Consultant, Public Health (Health Protection), PHA
Gemma McKenna	Environmental Hazards, PHA
Una McKeown	Belfast International Airport
Mark Bothwell	Belfast International Airport
Daniel Keenan	Border Force
Seamus MacMahon	George Best, Belfast City Airport
Gerard McCloskey	City of Derry Airport
Sharon Kelly	PHA (note taker)

Appendix 4:- Northern Ireland Port Health Forum Terms of Reference

TERMS OF REFERENCE

1.0 COMMITTEE	Port Health Forum
2.0 PURPOSE	The purpose of the Port Health Forum is to support the NI Public Health Agency (PHA) in meeting its responsibilities for: • Liaising with other agencies involved in providing health- related activities at ports • Contributing to health protection related planning in ports • Conducting a review of port health plans as required • Providing training and continuing education related to port health • To facilitate collaborative working with health protection colleagues to respond to a health protection incident on ships or aircrafts. • To ensure consistency of approach across all ports in NI.
3.0 MEMBERSHIP	**Chair:** Ms. Mary Carey, Senior Emergency Planner, PHA Port Health Unit, Belfast City Council Regional Officer: Local Government Civil Contingencies EHO Mid and East Antrim EHO Derry City and Strabane City EHO Ards and North Down EHO Causeway Coast and Glens EHO Newry Mourne and Downe Border Force, Home Office EP Belfast International Airport EP George Best Belfast City Airport City of Derry Airport

	EHO Antrim and Newtownabbey Belfast Harbour Foyle Port Maritime Coastal Agency (MCA)
4.0 DUTIES	4.1 To advise the Public Health Agency (PHA) on health protection matters relating to Ports (airports and seaports) in Northern Ireland 4.2 To consider how national and local policy/guidance in relation to health protection in Ports might be implemented in Northern Ireland Ports. 4.3 To consider the provision of health protection services within Ports in Northern Ireland and make recommendations to the PHA where areas of potential improvement have been identified. 4.4 To act as a forum where public health, environmental health practitioners and other port health forum partners can share best practice and network in relation to health protection in Ports. 4.5 To review the learning from health protection incidents in ports and amend local arrangements and processes accordingly. 4.6 To facilitate joint training in health protection in Ports.
5.0 AUTHORITY	The NI Port Health Forum operates under the authority of the Joint Emergency Planning Board (JEP Board)
6.0 MEETINGS	**6.1 Quorum –** A quorum is the minimum number of members of a committee necessary to conduct business. A Quorum will be defined as representation from each organisation. If a member is unable to attend a meeting a representative should be nominated in their place.

	6.2 Frequency of Meetings – NI Port Health Forum will meet every six months **6.3 Papers** - Minutes and action logs will be circulated to committee members within 10 days before meetings and will detail action points and responsibilities.
REPORTING	The chair of the NI Port Forum will report to the PHA; SPPG; BSO Joint Emergency Planning Board.
CONFLICT/ DECLARATION OF INTEREST	Under the responsibilities will come a requirement for group members, co-opted members and members of the forum to declare personal or commercial interests that may conflict with the impartial working of committee when making decisions.
REVIEW	May 2024

Appendix 5:- The Joint Emergency Planning Board (JEP) Terms of Reference

TERMS OF REFERENCE

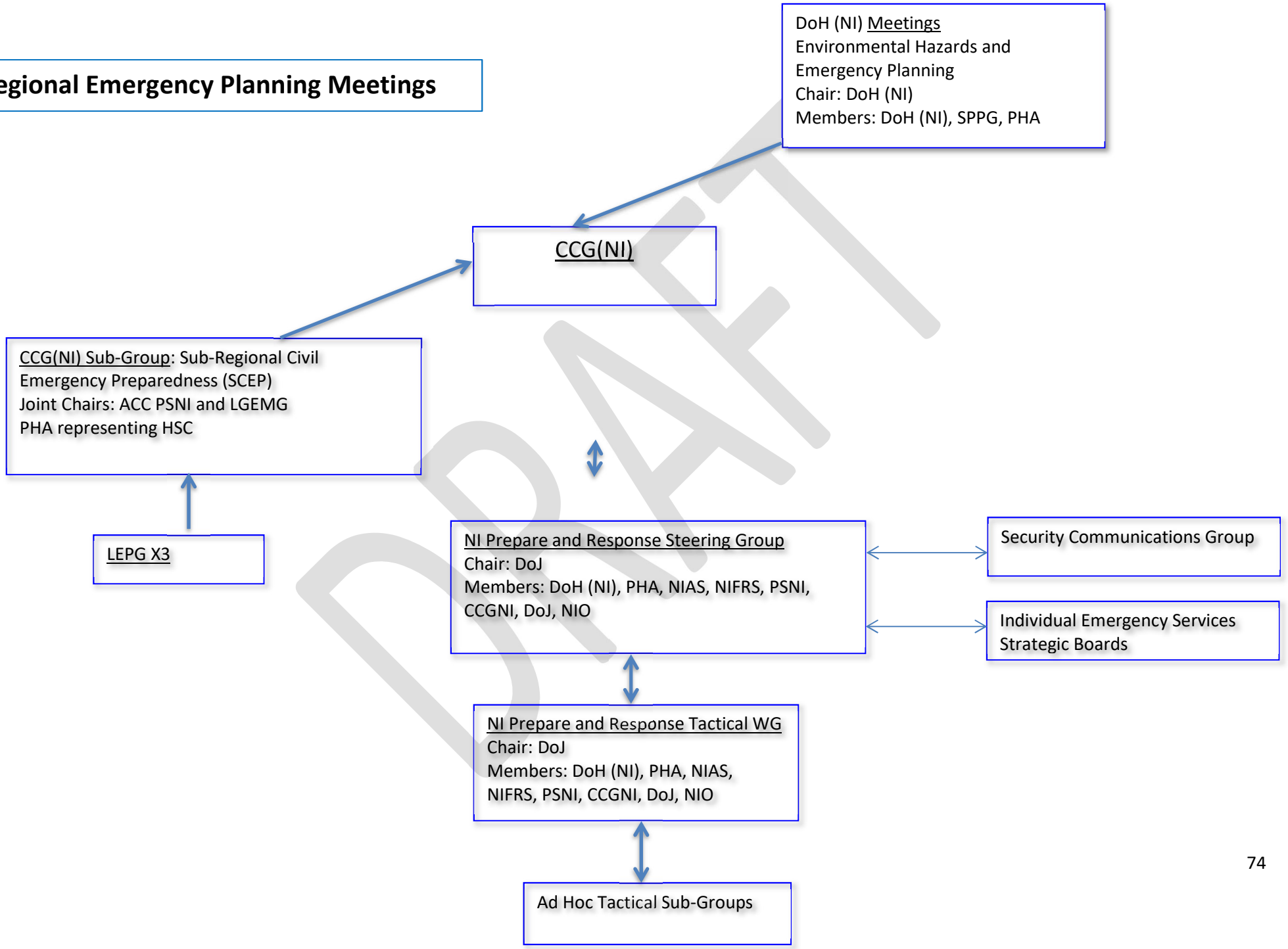
1.0 COMMITTEE	Joint Emergency Preparedness Board
2.0 PURPOSE	The Strategic Planning and Performance Group (SPPG), Public Health Agency (PHA) and Business Services Organisation (BSO) seeks assurance on HSC preparedness to manage a response to emergency incidents in adherence to the *Circular, HSC (PHD) 44/2022 Emergency Preparedness for HSC* and within the context of the requirements of the Civil Contingencies Framework for Northern Ireland (2021). The role of the JEP Board is to ensure that there is an appropriate and proportionate level of HSC preparedness across the three organisations to enable an effective HSC response to emergencies which have a significant impact on the local community.
3.0 MEMBERSHIP	**Chair:** Director of Public Health and Director of Strategic Performance (chairing of meetings will alternate between both chairs) <u>SPPG</u> Complaints/Litigation/Emergency Planning/Business Continuity Lead, SPPG Head of Business Support, Integrated Care, SPPG Head of Social Work Governance, SPPG Head of Communications SPPG Commissioning Representative, SPPG <u>PHA</u> Senior Emergency Planner PHA Assistant Director of Planning and Business Services PHA

	Head of Health Protection, PHA Director of Nursing, Midwifery and AHPs, PHA Director of HSC Quality Improvement BSO Director of Human Resources BSO Head of Corporate Services, BSO Head of Logistics, BSO Division Head of Procurement, BSO ICT representative, BSO Head of Emergency Planning Branch (Chief Medical Officers Group), DoH (NI) Additional representation from partner organisations may be sought in line with agenda items.
4.0 Purpose	The purpose of the JEP Board is to; 4.1 To coordinate HSC preparedness for major emergencies including CBRN incidents, adverse weather and major events. In this way enable the HSC to best respond to their individual and collective impacts. 4.2 Approve the annual work programme 4.3 Establish Task and Finish Groups via JEP Team to take forward specific tasks as required. 4.4 Seek assurances following the HSC EP Monitoring Meetings that HSC Trusts are adequately prepared to meet their responsibilities for emergency preparedness as outlined in the *Emergency Preparedness Circular, HSC (PHD) 44/2022.* 4.5 Assess the preparedness of the HSC EPRR arrangements through review of core standards, annual reports and HSC EP Monitoring meeting 4.6 Escalate key risks to relevant Executive Teams and NI DoH.

	4.7 Ensure the Joint Response Plan and other related Plans, are up to date and interlinked where appropriate and tested appropriately 4.8 Regularly review capacity within the three organisations to meet the growing emergency preparedness agenda. 4.9 Work collaboratively with multi- agency partner organisations as outlined in the Civil Contingencies Framework NI September 2021.
5.0 AUTHORITY	The JEP Board operates under the authority of the PHA Medical Director/ Director of Public Health The existing arrangements within and between Directorates for the detailed operational planning for major incidents and major event preparedness will continue, with JEP Board holding an overview of that work and enabling identification and closure of any gaps in current arrangements. Incident response structures are separate from JEP Board and will reflect the Joint Emergency Response Plan. JEP Board members will be involved in the response structures as appropriate.
6.0 MEETINGS	**6.1 Quorum –** A quorum is the minimum number of members of a committee necessary to conduct business. A quorum will be defined as a representative from the SPPG, PHA and BSO. If a member is unable to attend, they should nominate a relevant deputy of similar level of seniority from their organisation. **6.2 Frequency of Meetings -** JEP Board will meet bi-annually with dates issued at the start of the financial year. Stakeholders outside the PHA/SPPG/BSO will be invited as required. Special meetings may be required prior to any major events.

	6.3 Papers - Minutes and action logs will be circulated to committee members one week prior to the meeting and will detail action points and responsibilities.
REPORTING	The JEP Board will report by exception through the Chairs to senior executive teams of the PHA, SPPG and BSO.
CONFLICT/ DECLARATION OF INTEREST	Under the responsibilities will come a requirement for Board members, co-opted members and members of working groups to declare personal or commercial interests that may conflict with the impartial working of committee when making decisions.
OTHER EMERGENCY PREPAREDNESS GROUPS LINKING TO THE JEP BOARD	Figure 1 shows the proposed structures of the JEP Board and Team and how they relate to each other as well as depicting the other main emergency preparedness groups that PHA, SPPG and BSO are required to participate in. Membership and responsibility for chairing the other various groups is set out in the individual boxes in the diagram figure.
REVIEW	April 2024

Regional Emergency Planning Meetings



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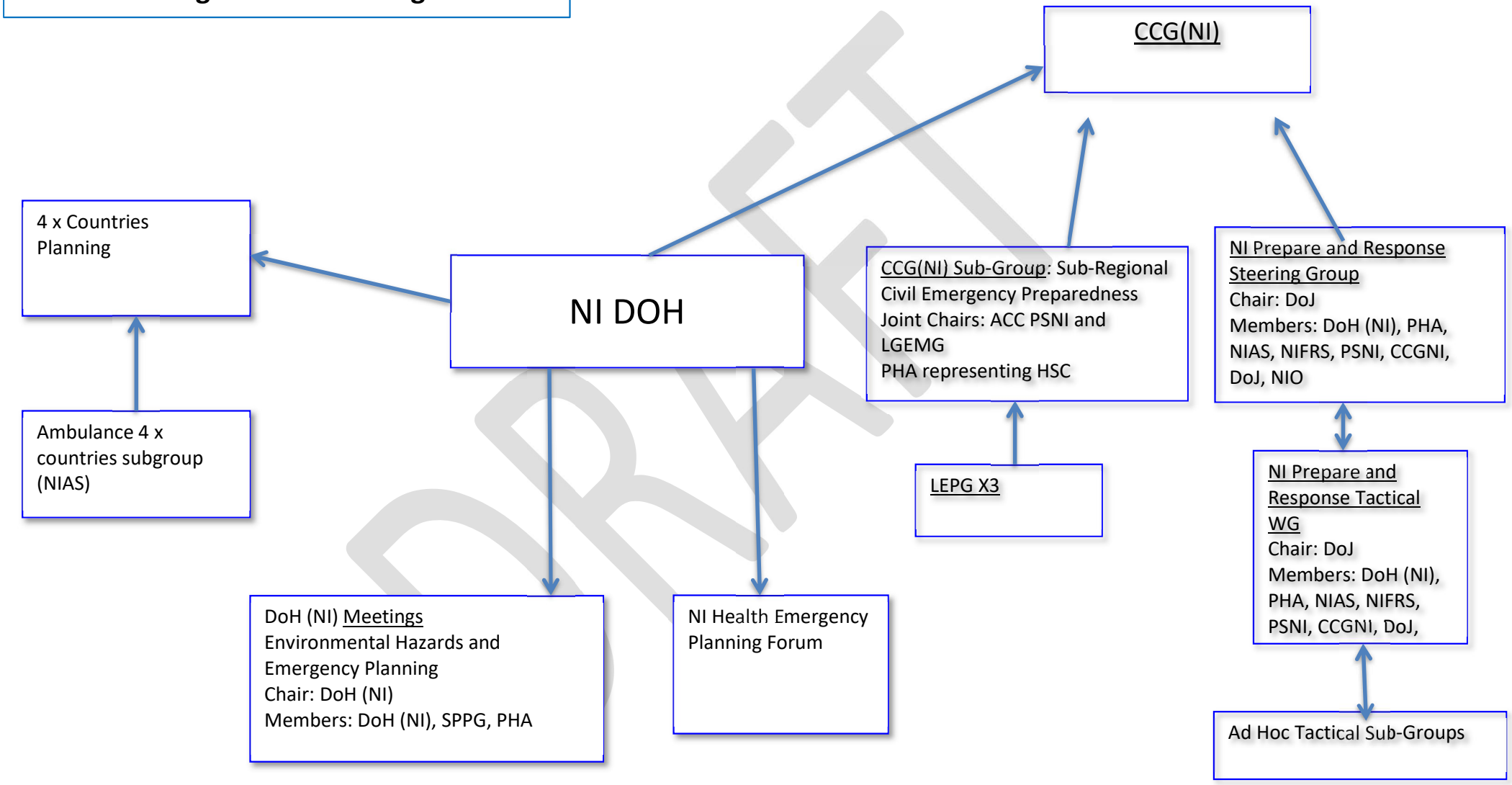
National & Regional EP Meetings



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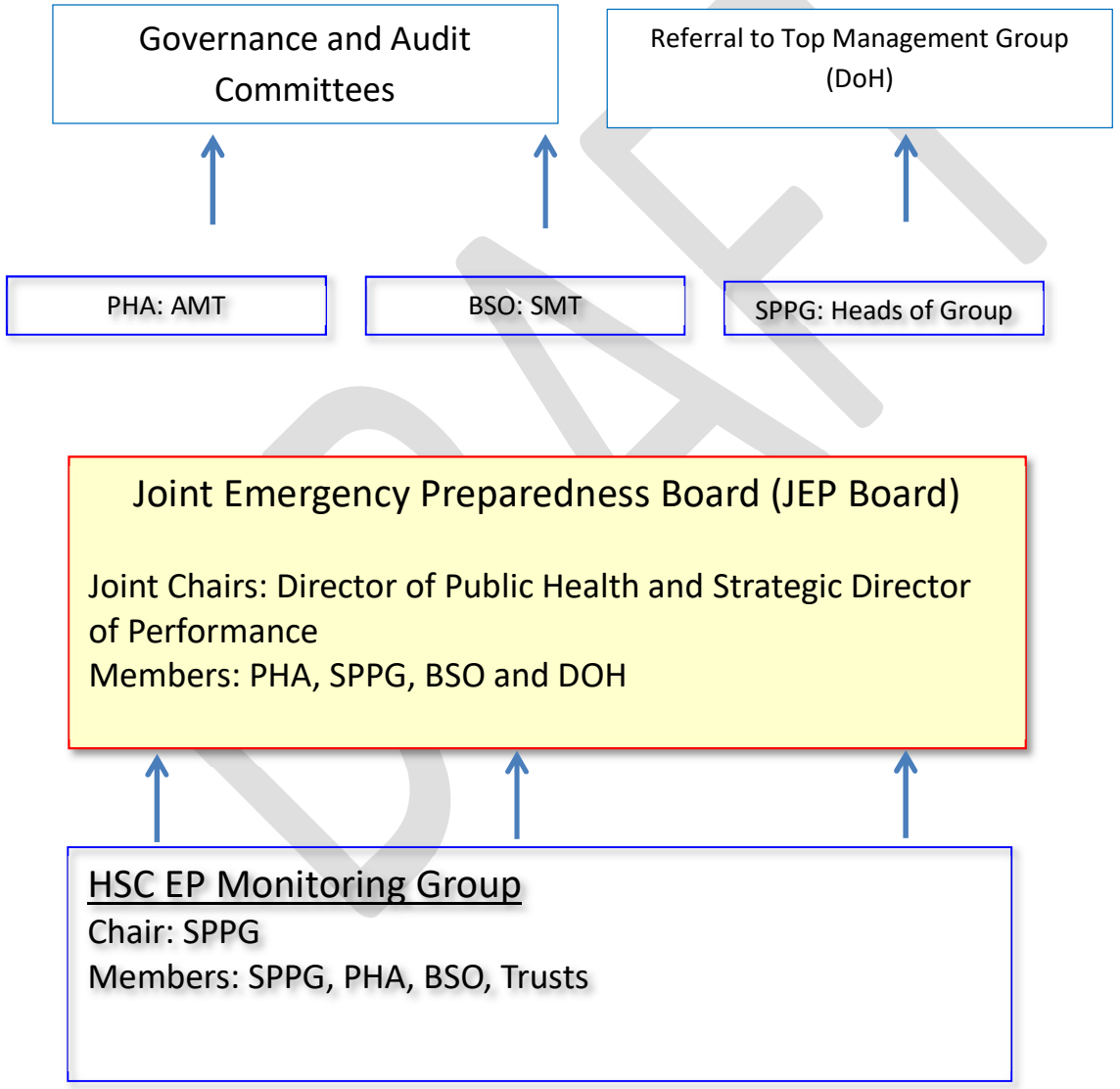
Health Emergency Planning Meetings



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Appendix 6:- Joint Emergency Planning Team Terms of Reference

1.0 COMMITTEE	Joint Emergency Preparedness Team (JEP Team)
2.0 PURPOSE	The Strategic Performance and Planning Group (SPPG) – Public Health Agency (PHA) and Business Services Organisation (BSO) are responsible for the development of plans that support the co-ordination of a response to a major incident by Health Silver. The JEP Team are responsible for the maintenance and development of the PHA:SPPG:BSO Joint Emergency Response Plan (JERP) within the context of the requirements of Building Resilience Together, Civil Contingencies Framework for Northern Ireland (2021). The role of the Team is to advise and support Trusts and multi-agency partners to ensure that PHA:SPPG:BSO, Trusts and other HSC provider organisations are adequately prepared to respond to major incidents including CBRN incidents, adverse weather and major events. The team will report up to the JEP Board.
3.0 MEMBERSHIP	**Chair:** Mrs Catherine Curran, Emergency Planning & Business Continuity Manager, PHA Mrs Liz Fitzpatrick, SPPG Emergency Planner and Governance Lead Mr Kevin Carland, BSO Head of Corporate Services Mrs Ciara O'Hanlon, PHA Emergency Planning Co-ordinator Mr Philip Martin, PHA Emergency Planning Co-ordinator Ms Gemma McKenna, PHA Environmental Hazards Lead Members can be co-opt in to join the meeting as determined by the agenda.
4.0 DUTIES	The duties of the JEP Team are to; 4.1 Ensure the completion of all actions from JEP Board meetings; 4.2 Under direction of the Team chair, develop and deliver an annual work programme for approval by JEP Board. 4.3 Review and update the Joint Emergency Response Plan annually and post incidents. 4.4 Develop the Emergency Preparedness and Response annual report each year in line with NI DoH guidance. 4.5 Develop and deliver an annual exercise and training programme in line with the requirements of the emergency planning controls assurance standards.

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	4.6 Ensure an Emergency Operations Centre plan and other related plans are in place and updated annually to support the Joint Emergency Response Plan. 4.7 Ensure SPPG, PHA and BSO have the following supporting processes in place for an EOC, that will enable them to deliver an effective response to a major incident. • Setting up of an EOC; • Staff are provided EOC training; • Staffing of an EOC-redeployment of staff; • I.T. capabilities i.e. equipment and network capacity • EOC is regularly maintained when not activated i.e. checking of equipment and I.T updates. 4.8 Escalate key risks or any concerns regarding Emergency Preparedness to the JEP Board.
5.0 AUTHORITY	The JEP Team operates under the authority of the JEP Board.
7.0 MEETINGS	**7.1 Quorum –** A quorum is the minimum number of members of a committee necessary to conduct business. A quorum will be defined as full representation as listed in section 3 and members co-opt onto the meeting when required. **7.2 Frequency of Meetings -** JEP Team will meet bi-monthly and the various subgroups will meet as required. **7.3 Papers** - An action log and any key documents will be circulated to committee members within 10 days before meetings and will detail action points and responsibilities.
REPORTING	The JEP Team will report through the Chair to JEP Board via the PHA Senior Emergency Planning Manager.
CONFLICT/ DECLARATION OF INTEREST	Under the responsibilities will come a requirement for group members, co-opted members and members of working groups to declare personal or commercial interests that may conflict with the impartial working of committee when making decisions.
OTHER EMERGENCY PREPAREDNESS GROUPS LINKING TO THE JEP TEAM	Other main emergency preparedness groups that PHA, SPPG and BSO are required to participate in, are as follows:- • JEP Board • HSC EP Monitoring Group • Health Emergency Planning Forum
REVIEW	September 2023

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Appendix 7:- PHA Escalation Task and Finish Group Terms of Reference

1.0 Background

The Public Health Agency (Agency) was asked to produce a detailed plan to be submitted to the DoH Test, Trace, Protect Transition Oversight Board for Friday 30 September setting out a winter surge plan for the agency relating to the management of new variants of COVID-19, outbreaks and any future surge of SARS coV2. This plan will be supported by the development of an operational plan for surge which will be developed and implemented as and when required by the PHA.

The plan should cover a range of response levels and associated public health activity. The plan should include but is not limited to the following;

- Surge Response
- Surveillance
- Information management systems
- Staff
- Training
- Facilities and equipment
- Business Continuity

The *PHA Escalation Plan Task and Finish Group* has been established to develop the Agency surge plan and to take forward the actions required for the delivery of a robust contingency plan which will be tested as part of a series of desktop exercises.

2.0 Responsibility of PHA Escalation Plan Task and Finish Group

The purpose of this group is to lead on the development of the Agency's operational surge plan focusing on the following;

- Provision of Health Protection expertise and leadership
- Provision of technical knowledge (Public health, health protection, surveillance)
- Develop and implement a process to support the realignment and training of staff to support a surge response when required.
- Management of the Contact Tracing Bank for delivery of a contact tracing service.
- Identify areas where additional funding is required and co-ordinate submission of business cases by the relevant service lead.
- Management of contact tracing facilities including supporting equipment and telecommunication requirements.

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3. Membership

Membership of the PHA Escalation Task and Finish Group is as follows;

- Chair- PHA Senior Emergency Planner
- PHA Surveillance
- PHA Health Protection
- PHA Operations- Facilities Management
- PHA Operations- staff management and support
- PHA Operations- Business Continuity Planning
- PHA Operations- Data Governance *(by exception)*
- Emergency Planning
- BSO HR
- BSO ICT
- Admin support- PHA *Emergency Planning Team*

Note: other members of the Agency may be co-opted in to the group to advise on or lead on areas requiring specific planning.

4. Authority

The PHA Escalation plan Task and Finish Group works under the authority of the Agency Management Team and reports directly to the DPH.

5. Meetings

Meetings will take place on a three-weekly basis. the Updated action log will be circulated three days after the meeting. Additional papers will be circulated 2 days in advance of the next meeting.

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Appendix 8:- EOC Task and Finish Group Terms of Reference

PURPOSE

The EOC Task and Finish Group is established to discuss the operational and logistical arrangements for the provision and management of an EOC and to enable multi-agency co-ordination aligned to the *recently reviewed* Joint Response Emergency Plan (JREP) 2022.

The Group will facilitate *multi-agency* partnership working to share information, to prepare and plan for the present and future locations of the EOC and discuss a collaborative assessment of risk.

SCOPE

The Group shall be responsible for the following activities:

- Logistical arrangements for the present location of the EOC in CR4.
- Assessing alternative locations for the EOC.
- Development and management of 'virtual' and EOC arrangements (incl MS Teams.
- Planning, delivering, monitoring and reviewing the EOC training.
- Development of contingency arrangements for the EOC

GOVERNANCE

The group is accountable to the Senior Emergency Planner, PHA, Health Protection. Members will report to their respective organisations on the work of this group.

MEMBERSHIP

Membership of the group will include;

- PHA Emergency Planning Team
- HSCB Emergency Planning Lead
- BSO Emergency Planning Lead

ADMINISTRATIVE ARRANGEMENTS

The Group shall meet on a bi-monthly basis (or at an interval agreed necessary by the group) to fulfil its objectives.
Secretariat support for the Group will be provided by the PHA.
Each meeting shall have a structured agenda circulated in advance.
An action log shall be made of each meeting and circulated to individuals representing the organisations listed above following each meeting.
Responsibilities for any action required shall be clearly defined.

QUORUM

A staff representative from each organisation to be present at each meeting.

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REVIEW

These terms of reference shall be kept under timeframe review by the core members. Any member organisation can recommend changes to the terms of reference and these must be considered and agreed by the Group at the earliest opportunity before implementation.

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Appendix 9:- Summary of Incident Notification HSC Trusts 2022/23

	BHSCT	*NHSCT	SEHSCT	WHSCT	*SHSCT	NIAS
Number of Incidents Notified to Trust to include internal incidents	16 Potential MI- 5 Declared MI- 0	8 Potential MI- 1 Declared MI - 0	4 Potential MI- 0 Declared MI- 0	7 Potential MI- 3 Declared MI- 0	9 Potential MI-1 Declared MI- 0	33 Potential MI-3 Declared MI-0
Number of Incidents responded to by Trusts	11	7	4	7	9	33
Nature of Incident(s)	Airport Alert (3); RTC (2); Building collapse (1); Security Alert (6); Fire (1); Severe weather warning (1); Ukrainian response (Community Assistance) (1); Flooding (1)	Security Alert (4); Bust gas mains (1); Airport Alert (1); Transport disruption (1) Industrial Action (1)	Security Alert (1); Severe Weather (1), Industrial Action (2)	Cyber Incident (1); Security Alert (3) (1 was a potential major incident that may have potential effect on hospital systems, 2 were security alerts that the Trusts did not get notification and did not respond) Flooding (1); Severe Weather (3), Industrial Action (1)	Security Alert (2); Gas Leak (1); Severe weather (3); Cyber Incident (1); Industrial Action (2)	Airport Alert (3), RTC (2), Light Aircraft Crash (1) Supply issue (1), HRPTS (2), Radio & Telephony failure (8), C3PCS (1), Power supply/outage (4), BT Strike (5), FPL system (1), Fire (2), Depleted oxygen supply (1), carbon monoxide (1), floor collapse (1)

DRAFT

Number of ESC's Activated	7	5	0	2	3	N/A

*The NHSCT and SHSCT have designated "Service Pressures" as an Incident. As this is an ongoing operational response, this has not been included within the above figures.

DRAFT

Appendix 10:- CBRN Multi-agency Familiarisation Day Agenda 29th March 2023

AGENDA

Chemical, Biological, Radiological and Nuclear (CBRN) Familiarisation Day
Wednesday 29th March 2023, 9.30am-2pm
Aldergrove Flying Station, Killead, Co Antrim BT29 4EL

Aim

To raise awareness of the national response to a CBRN incident and how Northern Ireland is embedded within these arrangements.

Objectives

1. Raising awareness of the Civil Contingencies Arrangements in Northern Ireland in preparedness, response and recovery to CBRN incidents.
2. Outlining the roles, responsibilities and capabilities of PSNI, NIFRS and NIAS.
3. Understanding the roles and responsibilities of Government Departments to include DOJ, DOH (PHA) and DAERA.
4. Understanding how Northern Ireland is embedded into National Arrangements.
5. Consideration of awareness of the profile of CBRN leading into the next multi-year training and exercising programme.

Audience

Relevant organisations from EPGs, NIEPG and government departments.

Agenda

Planning Team Agenda			
Time	**Item**	**Lead**	
9.30 -9.45	Registration	Resilience Team **Claire Carleton /Jonny**	Background Housekeeping
9.45 -10.00	Introduction to Day and Setting the Context	DOJ **Albert Kirkwood**	Lead Government Dept. Role and Responsibilities Aim and outcome of the event.

			NI CONOPS - review
10.00 -10.15	Overview of the Civil Contingencies Arrangements	TEO **Ben McComb**	Link to National Civil Contingencies Structures
10.15 -11.00	Context from a National Perspective -how Northern Ireland bolts into UK Response	Home Office: **Jake Stringer** UKHSA: **David McQuirk** DEFRA: **Rebecca Fox / Mark Richardson**	
COMFORT BREAK			
11.15 – 12.00	NI Government Depts: Roles & Responsibilities	DOJ**: Albert Kirkwood** DOH: **Craig Donnachie** PHA: **Mary Carey/Philip Martin** DAERA: **Stephen Wilson**	
12.00-12.30	Role of National CBRN Centre Role of MOD	Role and Capabilities **TBC: Gordi** **TBC:**	
12.30 -13.00 (10mins each)	NI Emergency Responders: Roles and Responsibilities and Capabilities (to include NILO role)	PSNI: **James Haughey** NIAS: **Sean Graham** NIFRS: **Paul Gould**	
13.00- 13.10	Scoping of Training & Exercising Needs and Questions	DOJ: **Andrew Chambers – explain conops for people to give feedback**	Add Q&A for 20 mins
Lunch – followed by a practical demonstration of the various capability assets within Northern Ireland			

Appendix 11:- Exercise Agmen Debrief Report

PHA SPPG BSO

Health Silver Table-top

Exercise Agmen

Debrief Report

Compiled by: Philip Martin

Date: 4th April 2023

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Executive Summary

On 10th November 2022, the Public Health Agency (PHA), Strategic Planning and Performance Group (SPPG) and Business Services Organisation (BSO) facilitated a table-top exercise (TTX) to exercise the Health Silver Command tactical response to a mass casualty incident.

The TTX was attended by members of Health Silver and other senior staff within the three organisations. Health Silver were requested, via a number of injects, to consider the potential impacts on Trusts and the wider HSC, and agree actions that would be required by Health Silver to ensure an effective response to such an incident. The scenario used to simulate a mass casualty event was a train derailment.

The scenario exercised the Joint Response Emergency Plan (JREP) 2022, Mass Casualty Plan, reviewed the Information Management Systems required to support a Major Incident/Mass Casualty event, and to identify any learning opportunities.

A structured debrief was completed upon conclusion of the TTX and the results of that debrief forms the basis of this report. Additional issues are included from the facilitators notes.

1. Aim and Objectives of the TTX

1.1. Aim

- To exercise Health Silver Command tactical response to a mass casualty incident.

1.2. Objectives

- To exercise the JREP – Mass Casualty Response Plan.
- To practice Health Silver command, control, and co-ordination arrangements.
- To review the Information Management Systems required to support a Major Incident and/or a Mass Casualty event.
- To identify learning opportunities.

2. Setting the Scene

2.1. For the purposes of the TTX, the time and date were 1400hrs on Saturday 17th December 2022. Northern Ireland (NI) was experiencing an exceptionally cold start to the winter, there were early indications of increased pressure on the local health sector including increases in ED attendances, admissions and in ambulance workload.

2.2. Seasonal influenza and norovirus were detected in local health services in the previous weeks, including acute hospitals and nursing homes. Some local nursing homes have temporarily closed to new admissions following suspected norovirus outbreaks.

2.3. General Practices were reporting additional pressures caused by increased patient presentations. Hospital Emergency Departments were reporting increased attendance of ‘at risk’ groups suffering from cold related injuries and illnesses, impacting on their trolley waiting times.

2.4. Trusts were experiencing an increase in ‘length of stay’ combined with increasing numbers of delayed transfers of care above normal levels for winter and medically fit patients awaiting discharge. Ambulance crews were reporting regular and long delays at emergency departments.

2.5. In addition to the information already received, a significant number of acute beds had been closed for infection control purposes, through norovirus and other similar conditions.

2.6. The Met office had issued a YELLOW warning (be aware) - with strong winds and rain coming into Northern Ireland from the North East.

3. Debrief Process

3.1. Debrief Format

3.1.1. A structured debrief was completed at the conclusion of the scenario. Participants were asked to complete two sticky post its in line with each objective below.

3.2. Aim

3.2.1. The aim of the debrief was to allow staff from all the agencies to share their experiences and views in a secure, confidential and open discussion.

3.3. Objectives

3.3.1. The objectives were:

- To explore what aspects staff felt went well and why;
- To explore aspects for improvement and why;
- To identify personal learning from the TTX.

3.4. Areas for discussion

3.4.1. The participants were asked to consider their responses around the particular headings of JREP, Mass Casualty Plan, Health Command Control and Coordination (C3) arrangements, Situational Awareness and Information and Management Systems, and Communications.

3.4.2 The comments that were highlighted in the debrief, and the comments from the feedback forms, are summarised in line with the exercise objectives, which are detailed in section .

4. Debrief Outcomes

4.1. JREP

4.1.1. The processes that are part of the JREP allowed those participating to respond to the incident, as it developed, in a structured and organised way. It was useful to reference the plan at different stages in the incident to provide guidance around decision-making and next steps.

4.1.2. It was queried whether sufficient staff had attended the JREP training and that it was felt that there may be a potential gap if the limited number of staff that had been trained, were not available when an incident occurred. In this discussion, it was highlighted that there was not universal cover for out of hours on-call rotas across organisations and that this would need addressed; this would also need to take account of administrative support for an incident.

4.1.3. There was some reluctance within the groups to create a virtual Emergency Operations Centre (EOC) in the initial stages of the incident, and it was not certain if this would allow for a fully functioning EOC. There was discussion about use of IT solutions, which software (Zoom, MS Teams) was preferred and how then would the virtual EOC transition into a physical EOC, if required.

4.1.4. Some organisations had greater confidence in the On-call rotas and with the processes that were in place to ensure they were updated regularly.

4.2. Mass Casualty Plan

4.2.1. As part of the activation process for the Mass Casualty Plan, some felt that there may be gaps in the range of Contact Details that were part of the alerting procedure, and that it was not immediately clear where the information was held.

4.2.2. There was consensus that providing a SitRep would be a requirement of the Incident Management and that a readily available a pre-agreed SitRep template would be advantageous.

4.2.3. When considering the arrangements for the potential transfer of patient to the Republic of Ireland, it was agreed that patients would be transferred although the process might require review and be placed on a more robust footing.

4.2.4. It was highlighted that there is no specific Paediatric Mass Casualty Plan.

4.2.5. It was agreed that the working relationships within the different organisations were conducive to a willingness to participate in the exercise and seek opportunities for learning and to develop a knowledge of the plan and its implementation.

4.2.6. As part of the Mass Casualty Plan and also linked to the Situational Awareness objective, the provision of a Mass Casualty Dashboard was discussed. This was in the context of information relating to the numbers of casualties from the incident and their progression within the healthcare settings that were responding.

4.2.7. The direct question of whether or not a real time information system would enhance the activation and implementation of the Mass Casualty Plan was considered by the participants.

4.3. Health C3 Arrangements

4.3.1. Participants agreed that they would be able to access the contact details of partner organisations who might be asked to participate in the response to a Mass Casualty incident, although within some groups there was a lack of clarity as to where to source updated details. There was a lack of knowledge of the on-call arrangements of partner organisations.

4.3.2. All were very satisfied that the relationships across the three organisations had been reinforced by such exercises and experiences over recent events. The matter of flushing out the need for greater clarity and assurance around the out of hours

arrangements, particularly for the longer-term support to a large-scale incident over some duration was part of the discussions in relation to C3.

4.4. Situational Awareness and Information Management Systems

4.4.1. For information access and wider awareness, conversation centred around the membership of Health Silver from the three organisations represented. The appropriate level of representation was needed and this linked to the availability of key staff and training.

4.4.2. Those participating felt there was a good understanding of the requirement for Health Silver, its role, and what was needed in an emergency response. Participants decided quickly which individuals would fulfil key roles and these decisions expedited aspects of the response.

4.4.3. It was felt that the exercise reinforced the joint nature of any such response and that the lessons and experiences that have been embedded as a result of the pandemic response have enhanced the response to incidents. Particular mention was made of how there is now greater clarity in relation to SitRep reporting and how this meets information requirements.

4.5. Communications

4.5.1. The early inclusion of the organisational Communications Teams was seen as a positive aspect from all participants. The coordination of messaging was a critical aspect of the coordinated response. Communications Teams have the sector specific expertise.

4.5.2. The aspect of what was described as internal communications (internal to Health) was an area that was discussed, in particular the link to Department of Health communications, both the SitRep requirements and the wider messaging lead role.

5. Observations from Facilitators

5.1. A question was asked, at the exercise, regarding the repatriation of patients' scheme. The query was whether Trusts managed the scheme themselves at a Bronze level, and it was agreed that they did.

5.2. BSO colleagues recognised that an on-call rota for their organisation is required, particularly in the event of a major incident. Discussions within the organisation are currently taking place in regards to establishing an on-call rota.

5.3. BSO and SPPG colleagues were not aware how the PHA on-call alert worked i.e. 1st on-call, 2nd on-call and then 3rd on-call. It was highlighted that each organisation needs to be aware of how the 3 organisations on-call system works particularly in regards to a major incident.

5.4. It was noted that BSO/PHA and SPPG Emergency Planning Leads are not on-call.

5.5. It was highlighted that in the event of a major incident key contact numbers would need to be accessible for the 3 organisations. JREP contacts directory needs to be shared with the 3 organisations and/or put on the JREP portal.

5.6. A brief discussion took place in relation to the transferring of patients to care homes to make additional capacity within the hospitals for major incident patients. It was noted that SPPG, Trusts or PHA cannot make care homes take patients to assist with capacity within a hospital.

5.7. A discussion took place which considered whether the EOC would be virtual or physical. This discussion continued, and explored whether the EOC would remain virtual for this incident as it progressed and should a physical EOC be operating from the start of the incident or if and when it should move from the virtual EOC (if operating) to a physical EOC.

6. List of Participants

Name	Role
Lisa McWilliams	SPPG
Shirlie Murtagh	SPPG
Louise McMahon	SPPG
Tracey McCaig	SPPG
Stephen McDowell	SPPG
Anne Kane	SPPG
Liz Fitzpatrick	SPPG
Frances McNicholl	SPPG
Paula Smyth	BSO
Karen Hunter	BSO
June Turkington	BSO
Robin Arbuthnot	BSO
Tracy Owen	PHA
Stephen Murray	PHA
Siobhan Donald	PHA
Caroline McGeary	PHA
Jackie McCall	PHA
Emma Hunter	PHA
Emma McGrath	PHA
Maeve Middleton	PHA
David Irwin	PHA

6.1 Exercise Control (ExCon)

Name	Role
Mary Carey	Facilitator
Philip Martin	ExCon
Catherine Curran	ExCon
Ciara O'Hanlon	ExCon
Gemma McKenna	ExCon
Sharon Kelly	ExCon

Appendix A – SPPG Action Plan

Action Plan discussed and agreed, 5 December 2022

Plan agreed by: Lisa McWilliams, Director of Strategic Performance; Louise McMahon, Director of Primary Care; Tracey McCaig, Director of Finance and Corporate Governance; Stephen McDowell, Head of Information; Anne Kane, Interim Head of Governance and Safety; Liz Fitzpatrick, Emergency Planning Lead

Ref	Actions Required	Personnel	Timescale	RAG status/Action Taken
1	Establishment of and access to Mass Casualty Inbox on email systems of; - Directors - ADs on Call - Communications Team - SPPG Emergency Planning Leads	SPPG EP	**December 2023**	Action completed
2	Finalise MC SitRep		**January 2023**	ongoing
3	Consider role of an AD on call and how the MC Plan/JREP/Silver would be activated. Current arrangement stipulates that only a Director can activate Health Silver. - Training required for ADs on call - Ensure all Directors, relevant ADs have a hard copy of the JREP/Action Plans/Directorate Plans and can access the EP Online Portal - In line with the above review/update Directorate/Action Plans/composition of Silver	SPPG Senior Team and EP	**February 2023**	Action completed

	IMT taking into consideration revised organisation structure			
4	Formalise/Establish an MOU with ROI for transfer of causalities	SPPG	**March 2023**	**Update: Action to be taken forward by the re-established Mass Casualty Task and Finish Group**
5	Finalise/Develop Paediatric Mass Casualty Plan	SPPG via EP Monitoring Meetings	**July 2023**	**Update: Action to be taken forward by the re-established Mass Casualty Task and Finish Group**
6	Decision required as to whether or not a MC Dashboard should be established	SPPG Senior Team	**Dec 2023**	Agreed not to progress with the Dashboard. Comments also sought from Unscheduled Care Lead – SitRep reporting is just as accurate/timely, if not more so.
7	Decision required regarding the development of an in-hours/out of hours rota for specifically for co-ordinators/leads (note takers/Loggists) – similar to structures in place within PHA. Consider strengthening arrangements in place with PHA, building on learning from COVID-19 and joint working arrangements. Skills/ experience should be shared across organisations. Separate to this, arrangements for renumeration of staff if colleagues are required to work out of hours should be formalised. Currently only a "goodwill" arrangement is in place.	Director of Strategic Performance	**June 2023**	Director to discuss with Deputy Secretary re PHA providing support to SPPG specifically for incidents which occur out of hours. Correspondence to be issued via DP to PHA CX.

Appendix B – PHA Action Plan

Ref	Actions Required	Personnel	Timescale	RAG status/Action Taken
1	PHA EP Team to facilitate additional training for the JREP and Mass Casualty Plans	EP Team	**August 2023**	Ongoing
2	Review current staffing roles to provide support for a large incident	EP Team	**March 2023**	Ongoing
3	Review current Incident response arrangements and escalation triggers for a Health Protection incident	EP Team	**March 2023**	Complete
4	Exercise the escalation procedures for a Health Protection incident	EP Team	**March 2023**	Complete
5	Provide EOC training for staff	EP Team	**March 2023**	Ongoing
6	Develop EOC guidance	EP Team	**April 2023**	Complete
7	Provide Strategic Incident Management training for key roles across the 3 organisations	EP Team	**March 2023**	Complete

Appendix 12:- Exercise Measles Outbreak Debrief Report

Measles Outbreak

Debrief Report

Compiled by: Ciara O Hanlon

Date: 13 March 2023

Executive Summary

An internal PHA exercise involving specific Duty Room staff was held on the 20th Feb to 'test' the following;

- Duty room response to measles notification.
- To exercise measles SOP, letters, scripts and use of contact tracing team.
- To exercise escalation processes and use of Problem Assessment Group
- To identity learning for future measles notifications and complete debrief

A debrief was held on the 23rd February and staff were asked to complete Debrief Forms with additional comments and learning. This report groups the responses from the debrief and comments received.

6 Background

6.1 The internal PHA exercise was a scenario confirming a probable and confirmed measles notification via the Duty room on Monday 20th Feb. Both cases are children and attend the same nursery.

7 Debrief Process

7.1 Debriefs forms were circulated after the exercise. Collated responses are in Appendix 2.

An 'in person' debrief meeting was held on 23rd February. Debrief Agenda in Appendix 3.

7.2 The aim of completing the debriefs was to allow staff involved in the exercise to share their experiences and views in a secure and confidential and open discussion.

The objectives were:

- To explore what aspects staff felt went well and why;
- To explore aspects for improvement and why;
- To identify learning;

7.2.1 Each participant was asked to consider their responses in relation to the above areas for discussion. Any actions would be captured and agreed

and the findings of each debrief would be amalgamated with responses from the feedback forms, and these are included in this report.

7.2.2 The topics that were highlighted in the debrief are summarised in Appendix 4.

8 Discussion Outcomes

8.1 What went well and why?

- Clear questions by duty room team in regards to case clinical history
- HP team attempted to gather case contact information and further information regarding travel etc.
- Proforma worked very well. Was able to get good information with proforma.
- Very useful exercise especially from a public facing (albeit on the phone) view point
- Great to be able to have input into script and decision making to allow the process to run smoother.

The general consensus among staff that the exercise was a valuable learning experience and involvement in future exercises would be welcomed.

Action	Owner
Duty room to organise and participate in one live exercise per quarter	Speciality doctors to arrange for April/May 2023
Duty room to arrange and participate in CPD sessions.	Alison Griffiths and Fiona Morris

8.2 Aspects for improvement and why?

- Admin staff to attend more meetings to be aware of medical terminology and familiarise with ‘pace’ of meetings and information exchange.
- Terminology used in the script – e.g. immunosuppressed persons and ensuring parents understanding.
- Clarification of full patient details when discussing case.
- Guidance on the follow up for high risk contacts. E.g. Clear guidance on who receives MMR as it is hard to find and locate information in guidance.

Action	Owner
Ensure language in scripts are easy to understand and avoid 'technical/medical' terminology and abbreviations	Health Protection nurse lead for area
Request for communication team to 'proof' scripts	Communication team in response to request from senior HP staff
To ensure accuracy of notes of meetings, staff should speak slower/clearer to assist the notetaker	EP team to raise issue at loggist training sessions

8.3 What did you learn and how will you use it in the future?

- Learnt about the process of undertaking risk assessment. Identified potential areas which need addressed.
- Will use learning today to ensure a more succinct undertaking of risk assessment in the future.
- I learnt that all voices were listened to and freedom and time to explore other options.
- Learnt about setting up an incident room, details in scripts and SOPs.
- A review is required of the acute response workforce Multidisciplinary team – to ensure all the appropriate personnel are available to support an incident when we move from a standard to an enhanced response.
- Trigger points for onboarding of bank staff – ensuring there is a robust system in place to mobilise the bank workforce.
- Hold CPD session and training on topic prior to exercise
- Link in with EP training – especially around escalation procedures and role of PAG.
- Trial of scripts and updated SOPs in an exercise environment.

Action	Owner
Continued work with Emergency Planning team on risk assessment and escalation procedures	EP team alongside EP link HPN (Kelly Neville)
Continue to define roles, responsibilities and procedures within Duty Room and wider health protection multidisciplinary team	QI HPN (Kyla Emerson)

8.4 If a similar event was to happen next week please Identify what you would want to happen differently

- Clear defined roles and responsibilities for all member of the internal incident management team.

- Formalise escalation procedures – use of small group PAG to formally risk assess and then declare incident.
- Ensure patient details are clarified prior to discussing case.
- Further training on management guidance of high-risk contacts.
- Ensure SharePoint has current information and not other/previous versions.
- Have pre-published an aid memoire of what guidance is available and where it can be found for all involved.
- Interactive white board for dynamic information gathering/situation update/aspect ownership

Action	Owner
Review of SOPs as part of regular training to ensure accuracy	Health protection lead consultant and nurse for each area
Regular review and maintenance of SharePoint. SharePoint 'champions' to provide training and negate over reliance on a small number of staff.	Duty room team
Hard copies of guidance as a 'back up' in case of downtime	Health Protection admin team
Escalation procedures and the need for additional bank staff to consider Health Protection nurses from Nursing directorate due to their medical training, knowledge of the DR and HP zone. etc.	Fiona Brown (completed)
Recording of average daily activity to allow for an accurate understanding of the 'normal business' levels and additional capacity arrangements for rising tide or 'surge'.	Duty room senior management

Appendix 13

Measles Exercises Debrief

Date: 24th February

Time: 11:00-12:00

Venue: LHS/MS Teams

1. **Welcome and Introductions**
2. **Meeting Etiquette**
    a. **Focus of discussions**
        i. Aspects that went well and why
        ii. Areas for improvement and why
        iii. Recommendations and actions- short and long term
3. **Incident Response**
    a. Incident Co-ordination
4. **Review of actions and next steps**

Appendix 14:- Exercise Progressio Debrief Report

Exercise Progressio

Thursday 9th March 2023

The Mount, Belfast

Compiled by: Catherine Curran, PHA Emergency Planner

Date: 14th March 2023

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GLOSSARY

Acronyms	Definition
Table-Top Exercise (TTX)	A tabletop exercise is a facilitated discussion of a scripted scenario in an informal, stress- free environment that is based on current applicable policies, plans, and procedures. The TTX design process facilitates conceptual understanding, identifies strengths and weaknesses, and/or achieves changes in policies and procedures.
Incident Response Plan (IRP)	IRP provides the framework of how the PHA assesses, responds to and recovers from any Standard or Enhanced responses to public health related events or incidents, both local and National.
Impact Assessment Group (IAG)	The IAG is a group convened by the Duty Room Consultant and including the Duty Room Coordinator, Case Lead (if necessary), any other individuals who may have a specialist input in the field.
Incident Management Team (IMT)	An incident management team is dispatched or mobilised during complex emergency incidents to provide a command and control infrastructure in order to manage the operational, logistical, informational, planning, fiscal, community, political, and safety issues associated with complex incidents.
Dynamic Risk Assessment (DRA)	A structured and auditable process of identifying potentially significant events, assessing their likelihood and impacts, and then combining these to provide an overall assessment of risk, as a basis for further decisions and action.
Specialty Registrar (SpR)	A Specialist Registrar (SpR) is a doctor who is receiving advanced training in a specialist field of medicine in order to become a consultant in that spec.
Shiga toxin-producing (STEC) E.Coli	STEC is a bacterium that can cause severe foodborne disease. Primary sources of STEC outbreaks are raw or undercooked ground meat products, raw milk, and faecal contamination of vegetables.
Hypothesis	a supposition or proposed explanation made on the basis of limited evidence as a starting point for further investigation.

Executive Summary

On Thursday 9th March the Health Protection Emergency Planning and Environmental Hazards Team, Specialty Registrar (SpR) in Public Health and a Health Protection Consultant, facilitated a table-top exercise (TTX) to exercise the newly developed Public Health Agency (PHA) Health Protection Incident Response plan (IRP).

The exercise scenario was an E.coli outbreak at a local food festival in 'Anytown' a town situated 1 mile from the Republic of Ireland (RoI) border. For the purpose of this exercise towns and healthcare settings were given false names.

The aim of the exercise was to test the final draft of the PHA Health Protection Incident Response Plan.

The objectives of the exercise were;

- To explore procedures required to support situational awareness and response activation;
- To explore leadership and co-ordination arrangements for an incident response as outlined in the draft IRP; and
- To explore escalation arrangements and identify further planning required to support the PHA response to a protracted incident.

Debrief Process

A 'hot' debrief was completed at the end of the exercise. An exercise evaluation form was circulated to participants after the exercise for completion, where further learning was identified.

The aim of the debrief was to allow participants to share their views in a secure, confidential and open discussion arena.

What Went Well?

- The TTX brought awareness of the Health Protection response during an incident to key staff within the Health Protection Directorate and the PHA Operations Directorate.

- Great opportunity to learn about the incident response plan by running through a complex scenario in real time.
- The plan clearly demonstrates collaborative working across departments within the PHA. This is vital in the management of an acute incident and will help to ensure a robust response.
- Increased knowledge on knowing what is expected from the team i.e. individual roles during an enhanced incident.
- External facing EP SharePoint available to share guidance specific to the incident with the wider HSC staff.
- The exercise highlighted the need for a more integrated approach to business continuity and emergency preparedness.
- It was agreed by participants that the exercise was worthwhile and expressed an interest in having regular sessions like these.

Areas for further development

- The requirement and development of business continuity plans for the PHA for the identification of services that can be stood-down and the development of realignment plans to support a business continuity incident.
- Consider UKHSA's model around chairmanship of IMT's. UKHSA rotate the chair role; shadow 1 day and chair IMT 2 consecutive days.
- To explore further with the Environmental Health Officers if they would assist in completing the enhanced/gastrointestinal questionnaires, as this will support the duty room officers and health protection nurses in the co-ordination of the incident response.
- Review of the PHA resilience rota to support the PHA during an enhanced or standard incident.
- The Strategic Planning & Performance Group (SPPG) role in a PHA enhanced response.
- To explore further where data should be recorded i.e. on an excel database, HP zone or SharePoint and ensure early involvement from the Health Protection services.

1 Background of the Exercise

1.1 Background

On Thursday 9th March the Health Protection Emergency Planning and Environmental Hazards Team, Specialty Registrar (SpR) in Public Health and a Health Protection Consultant, facilitated a table-top exercise (TTX) to exercise the newly developed Public Health Agency (PHA) Health Protection Incident Response plan (IRP).

1.2 Health Protection Incident Response Plan

The IRP provides the framework of how the PHA assesses, responds to and recovers from any Standard or Enhanced responses to public health related events or incidents, both local and National. The IRP clarifies the roles and responsibilities of the service and the resources that may be utilised, as well as providing a clear authority structure.

It ensures a standardised Public Health response for incidents and emergencies, including the periods before, during and immediately following a public health emergency in order to meet statutory requirements and is supported by the Emergency Preparedness, Resilience and Response (EPRR) arrangements at the local level.

It ensures effective arrangements are in place to deliver a co-ordinated public health response during an emergency or incident. It applies to all PHA staff who will have a role within the response, either directly or indirectly.

The TTX exercise was attended by staff from the Health Protection Directorate and the PHA Operations Directorate. The List of attendees can be viewed at appendix 1.

2 Aim and Objectives of the Exercise

2.1 Aim

To test the final draft of the PHA Health Protection Incident Response Plan.

2.2 Objectives

- To explore procedures required to support situational awareness and response activation;
- To explore leadership and co-ordination arrangements for an incident response as outlined in the draft IRP; and
- To explore escalation arrangements and identify further planning required to support the PHA response to a protracted incident.

3 Type of Exercise

Exercise Progressio was a table-top exercise held at The Mount, Belfast from 12 noon to 4 pm on the 9th March 2023. It involved a realistic scenario with 4 injects which permitted open discussions amongst participants. The Incident Response Plan was circulated to all participants on 27th February 2023.

At the start of the exercise the lead facilitator requested each table to identify a scribe and a spokesperson to provide feedback to the room. Participants were also requested to nominate staff to fulfil the following roles:

- Incident Director
- Duty Room Co-ordinator
- Note Taker
- Loggist
- Members of the IMT

The above roles & responsibilities can be viewed in more detail at appendix 2.

4 Scenario Summary

The TTX commenced with a slide on the overview of the Incident Response Plan followed by a presentation on Setting the Scene: Shiga toxin producing E Coli (STEC).

The exercise scenario was an E.coli outbreak at a local food festival in ‘Anytown’ a town situated 1 mile from the Republic of Ireland (RoI) border. For the purpose of this exercise towns and healthcare settings were given false names. A map of the location’s was given to participants at the start of the exercise.

The PHA Surveillance Lead gave a report synopsis to the participants at inject 2a; The Rapid Review: Epidemiology of STEC in Northern Ireland.

A copy of the injects and presentations can be requested via the PHA Emergency Planning & Environmental Hazards Team.

4.1 Setting the Scene

For the purpose of the exercise the outbreak happened on Saturday 1st June. This was the first day of the local food festival in Anytown which is situated 1 mile from the RoI border. Pupils and students from local schools and colleges attended as did a group of about 20 from a local senior citizen's residential accommodation community. The festival was open to the general public, and was advertised as a family friendly event. In all 3,000 people are thought to have visited the food festival, from a catchment area of a radius of approximately 60 miles from the event. A tour bus of 30 residents from a residential care home in Oldcastle also attended the festival. The festival was also attended by a North/ South scouts group, which included 60 children aged from 10-14.

There was a stall at the food festival offering free tasters of bottled orchard fruits, farm produce and fresh berries from across the region. The stall was very popular with passing visitors throughout day 0 and the vendor restocked the product samples at 14:00 from a new batch.

5 Results

During the exercise implementation the participants engaged in a number of discussions. The participants were consistent with what was anticipated in inject 1a, 1b &1c. Whilst the group considered the information within the injects, they moved quickly through the Impact Assessment Group (IAG) actions and quickly decided that an Incident Management Team (IMT) would be necessary at Inject 1c.

The groups discussed how the incident would be managed, processes relating to this and in general terms the management within HP Zone. The specifics of record

keeping during an incident were outside of the exercise objectives and therefore not covered in any detail on the day.

5.1 Summary of Discussions

Below is a summary of the key discussions that took place:-

- no referencing was made to the IAG Agenda, although the discussion regarding the need for an IMT did include the majority of the points on the Agenda.

- the resource requirements (staffing) required for the Duty Room to cope with the number of inquiries that were now open. However, there was no reference, in the discussion about Duty Room staffing, to the number of calls that are normally managed within routine business in the Duty Room, within a normal working day, and how the additional cases were going to impact on routine business. However, as participants were focused on the scenario on the day, in a normal working day routine business would be maintained at regular intervals throughout the day.

- the need to have a hypothesis generated and control measures implemented to identify where the source is coming from is vital to a secondary management outbreak.

- ensuring the following cells were set-up for; food industries, schools, surveillance and communications.

- the information received to-date would be escalated to Director of Public Health and shared with Health Service Executive (HSE) colleagues in the Republic of Ireland.

- the redeployment of staff and how an additional 10 staff may be required, as it was projected that there would potentially be up to 250 cases. Staff required would be Specialist Registrars, Health Protection Nurses, Consultants and Locums.

- the availability of additional staff and what tasks they could be allocated. The discussion was around staff skills, their experience, training and how quickly they could be in post.

- the Incident Director (ID) was clear that whilst Environmental Health staff would be part of the IMT, the IMT would agree the messaging that would go out and the sharing of information with the different agencies.

- based on experience from previous incidents, it was felt there should be an 'Operational' Health Protection meeting, separate from the multi-agency IMT, to deal specifically with internal PHA matters.

- it was agreed that admin support should be included on the Impact Assessment Group Chair's Agenda, under roles & responsibilities and also on the IMT Agenda.

- at inject 3, it was discussed that the incident would move to an enhanced response level. This was done without any reference to the original risk assessment. Although discussed in detail the outcome of the dynamic risk assessment [hard copies of which were on the tables], the findings were not recorded.

- how sampling could be attained through GP's and schools, during an incident.

- acquiring the line listing – how it would be possible and the governance around this process. This was an issue during the recent E.coli incident in December.

6 Evaluation of Results

A 'hot' debrief was completed at the end of the exercise. An exercise evaluation form was circulated to participants after the exercise for completion, where further learning was identified. The key learning points identified from the 'hot' debrief and the exercise evaluation form have been combined. The key learning points can be viewed in section 6.2- Discussion Outcomes.

6.1 Debrief Process

For the 'hot' debrief participants were asked to complete two sticky post its; pink and green. The pink sticky represented a 'positive' and green sticky represented a 'negative'. The participants were asked to consider their responses under the following areas;

- Health Protection Incident Response Plan;
- Leadership;
- Escalation & Co-ordination;
- Situational Awareness;
- Resources;
- Communications – internal/external; and
- Further planning

6.1.1 Aim

The aim of the debrief was to allow participants to share their views in a secure, confidential and open discussion arena.

6.1.2 Objectives

- To explore what aspects staff felt went well and why;
- To explore aspects for improvement and why;
- To identify any resourcing gaps that would impede the ability to respond to an incident;
- To identify personal learning from the TTX.

6.2 Discussion Outcomes

The key learning points identified by the participants are documented in the Summary of Hot Debrief, in appendix 3. The key learning points have been collated into an Action Log in appendix 4.

6.2.1 Health Protection Incident Response Plan

<u>What went well</u>

- The escalation points within the plan are a good guide and a clear tool for escalation.
- The TTX brought awareness of the Health Protection response during an incident to key staff within the Health Protection Directorate and the PHA Operations Directorate.
- The Health Protection Incident Response Plan is a very sensible and useful document, really welcomed.
- The Incident Management Chairs agenda is a helpful tool for chairing the Incident Management Meetings.
- The Dynamic Risk Assessment template within the plan makes it easily accessible.
- Great opportunity to learn about the incident response plan by running through a complex scenario in real time.
- The IRP included learning from recent incidents.
- The plan clearly demonstrates collaborative working across departments within the PHA. This is vital in the management of an acute incident and will help to ensure a robust response.

Key Challenges

- Ensuring a hypothesis is generated to identify and implement control measures; however, control measures would be challenging to implement due to not knowing where the outbreak source is coming from.
- Throughout the pandemic elements of I.T. were challenging to address i.e. network capacity and acquiring additional emails to be set-up for an incident.

Identified learning

- To have electronic links to other resources/documents included in the plan.
- An Executive Summary to be inserted at the start of the plan for ease of read.
- Review IMT membership and ensure appropriate staff are formally represent at these meetings i.e. Business Support Manager, Comms, Health Improvement and Admin Support.
- Consider transforming the Impact Assessment Group agenda into a checklist rather than an agenda.
- Link with BSO regarding the identification of I.T. support as part of the plan.

- Role of the Strategic Planning and Performance Group (SPPG) to be clarified within the plan as Primary Care and Trust services could be impacted during the incident.
- Development of action cards and key roles and responsibilities to be included in the plan.
- More focus required on the hypothesis generation and effective control measures within the plan.

6.2.2 Leadership

What went well

- Increased knowledge in convening IMT/OCTs and who should be involved
- Opportunity for senior management staff across the organisation to participant in the TTX.

Key challenges

- The Incident director does not necessarily need to be a health protection consultant. Needs to be collective leadership across organisation not just focused on 1 health protection consultant.
- Can be difficult at times to hold down decision making and capture decisions in a crisis.
- Lack of clarity regarding roles especially who is the overall incident lead. With multiple cells set-up it would be challenging for the health protection consultant to have oversight of all, given they are heavily involved in the operational response.

Identified learning

- Consider UKHSA's model around chairmanship of IMT's. UKHSA rotate the chair role; shadow 1 day and chair IMT 2 consecutive days. UKHSA have a cohort of senior nurses and consultants that are trained in chairmanship skills.
- Maintenance of the cohort of trained loggists who support the IMTs.
- Consider if for enhanced incidents, there should be a separate role for an incident director and the health protection consultant. The incident director would have responsibility for overall coordination and resourcing of the response, and the health protection consultant would be responsible for providing health protection

expertise, supporting the risk assessment, and providing advice regarding individual cases and contacts.

6.2.3 Escalation and Co-ordination

What went well

- Increased knowledge on knowing what is expected from the team i.e. individual roles during an enhanced incident.
- Awareness of the PHA Escalation Task and Finish Group established to develop the agency Winter Surge plan and take forward the actions required for the delivery of a robust contingency plan.
- Increase knowledge of the departments that can support us during an incident i.e. Digital interface BSO and Digital Health Care NI (DHCNI).

Key challenges

- Ensuring a Dynamic Risk Assessment is completed and signed off by the lead consultant for every incident.
- The length of time to complete an enhanced questionnaire when gathering information on the incident from the patient – 1 interview would take 30 minutes.
- For this type of incident 5 nurses would be required for contact tracing alone, this would impact on the normal 'day to day' business within the duty room.
- Identifying where the source is located and how a secondary outbreak would be managed, this can be time consuming.
- Acquiring of samples from patients via GP's and Schools effected by the incident.

Identified learning

- To explore further with the Environmental Health Officers if they would assist in completing the enhanced/gastrointestinal questionnaires, as this will support the duty room officers and health protection nurses in the co-ordination of the incident response.
- Consider using the PHA resilience staff to relay the negative results to parents of the children and affected individuals (as per exercise scenario) as this would free up the heath protection consultants and the duty room acute response nurses to effectively manage the outbreak.

- Discuss with BSO I.T if it would be possible to put the enhanced/gastrointestinal questionnaires online.
- Explore further if and how sampling could be attained through GP's and schools, during an incident.
- Review the laboratory form to consider including the name of the school on the form during an incident i.e. It was suggested to put name of school in question on the laboratory forms.

6.2.4 Situational Awareness

What went well

- Increase knowledge of the Dynamic Risk Assessment and how to risk assess a public health incident.

Key challenges

- Where should Data be recorded in the 1st instance- difficult to keep track of the amount of information/data coming in during an incident i.e. surveillance data. HP Zone is not a surveillance tool. However, in the absence of an alternative platform HP Zone remains in the first incident.

Identified learning

- To explore further where data should be recorded i.e. on an excel database, HP zone or SharePoint and ensure early involvement from the Health Protection services.

6.2.5 Resources

What went well

- Confident the duty room bank system works when calling in additional nurses to assist in a standard or enhanced response. This has been tested during the recent E.coli and iGAS incidents response.
- That there is a resilience rota that includes staff who are well skilled and have the expertise to assist in an incident.
- An incident email address can be set-up via contacting I.T, if required. This requires a minimum of 48 hours' notice to I.T, during office hours.

- External facing EP SharePoint is available to share guidance specific to the incident with the wider HSC staff.

Key challenges

- The minimum lead time for laptops is 3 days; this is due to the updates of the software to be installed onto the laptops before they can function.
- Accessing extra resources outside of the Health Protection team to support the IMT's. This type of incident would require additional staff i.e. consultants, nurses, admin staff, and activation of service business continuity plans.
- The exercise identified the need for the development of realignment plans to ensure staff are deployed to support a standard or enhanced incident response, based on their core competencies and skill set and work within their banding.
- Maintaining the key skills of the additional staff called in to support an incident response i.e. requirement of regular training on a rotational basis.
- The exercise highlighted the need to have access to a core group of admin support staff to carry out admin duties at IMT's.
- The scenario highlighted the adequate number of consultants required to support an enhanced incident.

Identified learning

- Consideration around exploring the possibility of UKHSA supporting the PHA during a standard and enhanced incident. To be discussed with the Director of Public Health.
- Review of the PHA resilience rota to support the PHA during an enhanced or standard incident.
- Duty room to consider the establishment of a core group of admin support staff who can be called upon on a voluntary basis at the weekends, to support IMT's during an enhanced or standard incident.

6.2.6 Communications – Internal and External

What went well

- The exercise gave an opportunity for participants to gain and understand the amount of work that goes on within Public Health in regards to a business continuity incident response.
- The exercise highlighted the need for a more integrated approach to business continuity and emergency preparedness.

Key challenges

- PHA communicates with other healthcare settings alerting them that the PHA have moved to an enhanced incident. i.e. GP's, Trusts and Environmental Health Officers.

Identified learning

- PHA Health Protection services informs other healthcare settings that the PHA have escalated to an enhanced incident.

6.2.7 Further Planning

What went well

- It was agreed by participants that the exercise was worthwhile and expressed an interest in having regular sessions like this.

Key challenges

- During an incident the Health Protection Epi Surveillance Team could be sitting on a number of different groups, which has an impact on the resources of the team to provide information quick and efficiently, when it is required.
- The exercise highlighted the importance of the awareness around the legal implications and safeguarding issues in regards to exclusion of children i.e. while waiting for clearance (depending on results) to go back to school or day-care nursery.
- At what stage knowing when the Trust and SPPG social work team becomes involved in line with Duty of Care to children.
- Acquiring a list of people involved in the incident i.e. line listing.
- Reimbursement and Agenda for Change is an issue in the event of 'calling in' additional staff i.e. SpRs and consultants, to assist within an enhanced incident.

- The role of the Strategic Planning & Performance Group (SPPG) needs to be clear in relation to responding to an outbreak scenario and clarification round the triggers when to invite them to join an IMT.
- The exercise identified an opportunity for a renew focus in relation to data protection (GDPR) and the sharing of Information. Experience to date has identified it has been challenging to get access to names of those affected by the incident i.e. line listings.

Identified learning

- Investigate further the legal aspects of public health taking precedent under General Data Protection Regulation (GDPR) and what this means.
- Health Protection surveillance to look at the overall picture of where they would fit into an enhanced incident. To look at their processes i.e. business continuity and daily reporting and engage with UKHSA in regards to their MOU for surveillance. However, Surveillance have ongoing engagement with DLS and UKHSA on the new four nations agreement(s), new data IG matters will require inputs at time of incident.
- The exercise provided an opportunity to identify learning and going forward a review of the Health Protection Emergency Response processes.
- The Strategic Planning & Performance Group (SPPG) role in a PHA enhanced response.
- Engagement with Human Resources, BSO in relation to reimbursement for staff who respond to an enhanced incident out of hours.
- To discuss with the relevant teams at what level to Involve the Trusts and/or SPPG social work teams for a standard or enhanced incident.
- The requirement and development of business continuity plans for the PHA for the identification of services that can be stood-down and the development of realignment plans to support a business continuity incident.

7 Conclusion

The PHA Senior Emergency Planning Manager thanked all participating staff for their support and guidance throughout the development of the Health Protection Incident Response Plan. The debrief highlighted the benefits of carrying out such debriefs and

the recommendations from the lessons learnt will be implemented as part of the review of the Health Protection Incident Response Plan.

7.1 Changes to be made to the Health Protection Incident Response Plan

Summary of changes to be made to the Health Protection IRP, are as follows:-

- Electronic links to other resources and documents to be included in the plan.
- An Executive Summary to be included at the start of the plan.
- I.T SPOC to be included within the plan.
- Roles & responsibilities of the Health Protection Consultant to be included within the plan.
- Roles and responsibilities of the incident director for enhanced incidents to be included in the plan.
- Plan should include a focus on hypothesis generation and the development of effective control measures.
- Role of the Strategic Planning and Performance Group (SPPG) to be clarified within the plan as Primary Care and Trust services could be impacted during the incident.
- Review IMT membership and ensure appropriate staff are formally represent at these meetings i.e. Business Support Manager, Comms, Health Improvement and Admin Support.
- Transform the Impact Assessment Group Agenda into a checklist rather than an agenda.

7.2 Next Steps

The identified learning in section 6 will be collated into an action log and circulated to the key participants who will be responsible for completing the actions assigned to them. The PHA Emergency Planning Team will be responsible for ensuring the actions are completed within the appropriate timeframe.

Appendix 1:- List of Participants

Attendance List

Exercise Progressio – 9th March 2023

First Name	Surname	Job Title
Louise	Herron	Consultant
Fiona	Morris	Senior Nurse
Alison	Griffith	Nurse Consultant
David	Cromie	Consultant
Nigel	Jackson	Senior Planning Manager
Gillian	Armstrong	Consultant
Chris	Nugent	Senior Epi Scientist
Stephen	Murray	AD Planning
Alastair	Ross	Senior Planning Manager
Laura	McCartney	Speciality Doctor
Brid	Corrigan	Speciality Doctor
Kelly	Neville	HP Nurse
Rachel	Coyle	Consultant
Excon Team		
Mary	Carey	Emergency Planner
Catherine	Curran	Emergency Planner
Philip	Martin	Emergency Planner
Sharon	Kelly	Emergency Planning Support Officer
Gemma	McKenna	Environmental Hazard lead
Philip	Veal	Consultant
Maeve	Middleton	Specialist Registrar

Appendix 15:- Exercise roles & responsibilities as assigned for the exercise

Role	Description	Responsibility	Nominated Participant
Incident Director (ID) (Public Health Consultant)	Responsible for the PHA's Tactical and leadership of standard incidents.	• Tactical management of a Standard Incident. • Assess risks and use this to inform tasking during a standard response in line with accountabilities • Tactical oversight and corporate situational awareness. There is a need to remain aware of any other emerging risks or incidents that the organisation may need to respond to. • Gauge implications of risk of the incident for the wider organisation in conjunction with the ADPH and others by ensuring an ongoing risk assessment for evaluating the continuation or cessation of business as usual activities. • Agree a clear aim and objectives for the incident response with members of the IMT. • Agree timelines for SitRep reporting (if required) with the EP Lead and EOC Manager (if EOC established).	• Health Protection Consultants

		• Agree timelines for AMT and Health Gold briefings (if convened) • Ensure the CEO (PHA) is notified when an Incident is declared, escalated, de-escalated or stood down. • Responsible for communicating with the Emergency Planning Lead and if required, ensures that a risk register is set up and maintained for the duration of the incident and ensures that the lessons identified process is followed. There should be one risk register for the incident. • Service resource allocation- identify and prioritise the requirements of the incident and communicate the requirement for activation of the PHA business continuity plans to the ADPH,to support the response and provide additional resources as necessary. • Identify requirements for communication and interface with other stakeholders such as DOH NI and cross government liaison including input	

		and attendance at multiagency meetings or agreeing appropriate attendance on behalf of the IMT as necessary. This is particularly important in respect of the • Take cognisance of Interface between service provision, scientific and system-wide priorities. • Identify media spokesperson for the incident, who will be supported by the Incident Director and other subject matter experts as appropriate. • Plan for recovery.	
Duty Room Co-ordinator	Provision of public health input on medical issues that may be impacted upon when service continuity disruptions occur.	• Attends IMT (national and local as necessary)meetings. • Gathers and reports on public health intelligence regarding the incident and provides public health advice to the IMT. • Specific public health cell (s) may also be convened based on the requirements of the incident.	• Duty Room Leads

Note Taker	Member of Emergency Response IMT/ shadow rota for note takers.	• Co-ordination of all correspondence in relation to the IMT to include; - Recording the notes for all IMT meetings. - Circulation of approved notes and agendas in advance of IMTs • Setting up IMT meetings (virtual or face to face) including room bookings for face to face meetings.	
Loggist	Member of Emergency Response shadow rota for Loggists.	• Maintains a contemporaneous record of all actions and decisions made by the IMT.	
Incident Management Team (Function)	Group established to support the management of the incident. IMT will normally incorporate individuals who lead on epidemiology, diagnostics or other hazard specific specialists.	• The IMT supports the ID in strategic direction and operational management of the response. • It focuses on the management of the PHA response to an incident. • Collates specialist advice for discussion/distribution and to inform decision making.	• All participants

Appendix 16:- Summary of Hot Debrief

Areas	Issue(s)	
Plan	**Positive**	**Negative**
	• Escalation points in plan • Communication / Awareness throughout organisation HP , Ops • Very sensible useful document, really welcome • Based on “normal process” so known to many – routine process • Clear tool for escalation • Chairs agenda is helpful	• More focus needed • Hypothesis generation • Control measures • More focus on case definitions • Different template after • Electronic links to other resources in the document • Contacts • Could plan have exec summary • Checklist for use in the emergency • Need for clear business continuity for health protection (as appendix to plan) • Classification on roles and responsibilities • Admin – critical member of IMT • Needs mentioned in key members of IMT

		• IMT Membership – need to include business support manager • IT needs mentioned in the plan – a challenge in pandemic • Data sharing “new info / new processes” • Long – on executive summary would be helpful • Role of SPPG (e.g. service impact anticipated) should be clear
Leadership	• Opportunity for leadership across the organisation	• Re Flowchart - The Incident director is not necessarily a HP Consultant • Needs to be collective leadership across organisation – not just focused on 1 HP consultant
Escalation & Co-ordination	• Role intend working • Redeployment plan • UKSHA – role/support • Digital interfaces – BSO, DHCNI • Risk Assessment documents in appendix	• Optional additional member of IMT – Health Improvement • Who / How do you ask for reps
Situational Awareness	•	• Difficult to keep on track with • Capture on PAS to see progression to IMT/ Incident response

		• HP Surveillance informed @ earliest point
Resources	• Bank • Resilience team • Skills • IT/Email Access	• Lead time for laptop/email access • Not clear how to access extra resources to support IMT outside of health protection • Use of resilience needs costed e.g. 8A, 8B doing job could be done by band 6
Further Planning	•	• Good starter Session but need regular follow-up and testing following a live response • Pulled “deployment resource” • Skills profile are staff ready to engage in plan, build into PHA induction plan
Any Other business	•	• More involvement with other organisations • Need underlying piece of work – prioritisation of work that can be stood down in HP and Wider

Appendix 17:- Action Log

No.	Action	Person(s) responsible	Completion Date	Status
Health Protection Incident Response Plan				
1.	Electronic links to other resources and documents to be included in the plan.	EP Team	30th April 2023	
2.	An Executive Summary to be included at the start of the plan.	EP Team	30th April 2023	
3.	Review of IMT for the specific incident ensuring appropriate service areas are represented on the IMT.	Incident Director	ongoing	
4.	Consider transforming the Impact assessment Group agenda into a checklist.	EP Team / HP Consultant	30th April 2023	
5.	Link with BSO regarding the identification of I.T. support as part of the IRP.	EP Team	30th April 2023	
6.	Development of action cards and key roles and responsibilities to be included within the IRP.	EP Team / Duty Room Lead	30th April 2023	
7.	More focus required on the hypothesis generation and effective control measures within the plan.	EP Team / HP Consultant	30th April 2023	
Leadership				
8.	Consider UKHSA's model around chairmanship of IMT's.	HP Consultant / EP Team	30th April 2023	
9.	Maintenance of the cohort of trained loggists who support the IMTs. Shadow rota in place and is maintained by the EP Project Co-ordinator.	EP Team / HP Consultant	31st March 2023	
10.	Consider if for enhanced incidents, there should be a separate role for an incident director and the health protection consultant. The incident director would have responsibility for overall	HP Consultant / DPH		

	coordination and resourcing of the response, and the health protection consultant would be responsible for providing health protection expertise, supporting the risk assessment, and providing advice regarding individual cases and contacts.			
Escalation and Co-ordination				
11.	To explore further with the Environmental Health Officers if they would assist in completing the enhanced/gastrointestinal questionnaires, as this will support the consultant/locum role in the co-ordination of the incident response.	Health Protection Service Manager	30th Sept 2023	Current MOU with EHO councils under review
12.	Consider using the PHA resilience staff to relay the negative results to parents of the children and affected individuals (as per exercise scenario) as this would free up the heath protection consultants and duty room acute response nurses to effectively manage a response.	HP Consultant / DPH	31st May 2023	
13.	Discuss with BSO I.T if it would be possible to put the enhanced/gastrointestinal questionnaires online.	Duty Room Lead / I.T	31st May 2023	
14.	Explore further if and how sampling could be attained through GP's and schools, during an incident	Health Protection Service Manager / Duty Room Lead	31st May 2023	
15.	Review the laboratory form to consider including the name of the school on the form, during an incident.	Health Protection Service Manager / Duty Room Lead	31st May 2023	
Situational Awareness				
16.	To explore further where data should be recorded in the 1st instance and ensure early involvement from Health Protection services.	Surveillance	31st May 2023	Surveillance team exploring specifications for a bespoke

				surveillance system (at present for capturing potential Avian Flu incident)
Resources				
17.	Consideration around exploring the possibility of UKHSA supporting the PHA during a standard and enhanced incident. To be discussed with the Director of Public Health.	HP Consultant/ Duty Room Lead	31st May 2023	
18.	Duty room to consider the establishment of a core group of admin support staff who can be called upon on a voluntary basis at the weekends, to support IMT's during an enhanced or standard incident.	Duty Room Lead	30th April 2023	Only 2 members of HP staff at present available.
19.	Review of the PHA resilience rota to support the PHA during an enhanced or standard incident.	DPH	31st May 2023	
Communications				
20.	A process to be put in place on how the PHA Health Protection services informs other healthcare settings that the PHA have escalated to an enhanced incident.	Health Protection Service Manager/ Duty Room Lead	30th June 2023	
Further Planning				
21.	Investigate further with DLS the legal aspects of public health taking precedent under General Data Protection Regulation (GDPR).	HP Consultant	31st May 2023	NI PH Act is currently under review

				by DoH and PHA health protection consultants are involved in this.
22.	Health Protection Surveillance Team to look at their processes i.e. business continuity and daily reporting and engage with UKHSA in regards to the MOU for surveillance.	Surveillance Lead	31st May 2023	Draft Surveillance SOP developed for the Health Protection Service, will cover internal team mechanisms to support OB.
23.	Clarify the role of the Strategic Planning & Performance Group (SPPG) in an enhanced response.	EP Team	30th April 2023	
24.	Engagement with Human Resources, BSO in relation to reimbursement for staff who respond to an enhanced incident out of hours.	Senior EP Manager / Duty Room Lead	30th Sept 2023	
25.	To discuss with the relevant teams at what level to Involve the Trusts and/or SPPG social work team for a standard or enhanced incident.	HP Consultants	30th Sept 2023	
26.	The requirement and development of business continuity plans for the PHA for the identification of services that can be stood-down and the development of realignment plans to support a business continuity incident.	PHA Operations Team	30th Sept 2023	Paper to be submitted to AMT 10th May

27.	A review of the Health Protection Emergency Response processes.	EP Team / Duty Room Lead	30th June 2023	

Appendix 18:- Exercise 'Over the Horizon' Debrief Report

REPORT ON THE TEST OF THE PHA CORPORATE BUSINESS CONTINUITY PLAN

Held on Monday 13 March 2023
at 10.00 am
in the 5th Floor Meeting Room, 12-22 Linenhall Street, Belfast

EXERCISE 'OVER THE HORIZON'

Prepared by: **Carol Hermin**
Assistant Information Governance Manager, PHA
and
Mark Johnston, Operations Manager, PHA

March 2023

- The test format was a desktop exercise, Exercise 'Over the Horizon'. It was held at 10.00am on Monday 13 March 2023 and lasted approximately one hour thirty minutes.
- As approved by AMT at their meeting on 22nd February 2023, the annual exercise for 2022/23 was led by the Director Operations and involved Senior Manager representatives from across the PHA.
- Those present at the test were Stephen Wilson (Interim Director of Operations), Stephen Murray (Interim Assistant Director, Planning and Corporate Services), Deirdre Webb (Assistant Director, Nursing), Levette Lamb (Regional Senior Improvement Advisor) and Catherine Curran (PHA Emergency Planner).
- The test was facilitated by Carol Hermin (Assistant Information Governance Manager) and Mark Johnston (Operations Manager).

The aims of the test were: -

- to test the robustness of the PHA Corporate Business Continuity Plan;
- to enhance PHA Business Continuity Preparedness, capacity and linkages, through testing the robustness of the PHA Corporate Business Continuity Plan and the overall Agency response during an incident.

The Objectives of the test were:-

- to achieve the targets identified in the PHA Business Plan and Business Continuity Policy (to test and review the PHA Business Continuity Plan on an annual basis to ensure arrangements are in place to maintain critical services to a pre-defined level in the event of a business disruption);
- to raise awareness of the Business Continuity Plan with key staff;
- to exercise aspects of the plan by highlighting scenarios through discussion-based exercise;
- to identify any amendments required to the plan.

The purpose of the test was: -

- to give Incident Management Team (IMT) members or their Deputies an opportunity to practise in a safe environment;
- to consider what the corporate response should be during an incident;
- to consider how PHA would communicate throughout an incident.
- The scene was set as normal business across the organisation with Hybrid Working in place and a strike scheduled to take place. PHA Board were due to hold an in-person meeting at 2pm in Linenhall Street, Belfast

where a number of visitors were due to be giving presentations. It was also a week before Easter and a number of staff were on leave.

- The first scenario (Inject 1) indicated that fewer staff than anticipated were in Linenhall Street office at 9.15 am on 4th April due to the strike. At 10am it was noted that the SITREP's did not reflect the number of staff actually present and at 11am it transpired that some staff who had been due to be on site suddenly decide to work remotely so as not to have to cross the picket line.

Additional Injects were introduced to the scenario as follows: -

- (Inject 2) Some staff clicked on a link in an email offering free Easter eggs. As a result, shared network drives were encrypted and their PCs begin to shut down immediately.
- (Inject 2 continued)
  IT advise that Trusts have also received this link, which had begun to affect the wider HSC network. As a result of PC's shutting down Cisco Jabber and emails were no longer accessible. IT had high volumes of calls and, although working to resolve the issue, delays were expected as resources stretched province-wide (and clinical systems a priority).
- (Inject 2 - Recovery)
  IT services confirmed that no data was compromised but it would take a few days for the PCs affected to be re-built. Email and VOIP systems were being restored, but this might also take a few days.
- The Incident Management Team (IMT) were asked to identify the immediate actions for PHA (for staff and visitors), as well as key actions/issues for recovery in the short, medium and longer-term.
- Those present were also asked to consider arrangements to recover any back-log of work following the incident and to identify any areas of the Business Continuity Plan to be updated in light of lessons learned from the Exercise.
- An immediate 'hot debrief' was held at the end of the exercise, to establish what went well, and to consider what areas require further action.

- **Exercise Observations**

Inject 1

- Participants noted that Directorates should take stock and identify whether they had sufficient staff on site to meet the demands. This would involve identifying which staff were not present and what actions they were anticipated to undertake.
- It was highlighted that there would be a need to obtain clarification as to whether staff who were not present due to their reluctance to cross picket lines were still planning to work remotely.

- Contact would be sought with other PHA locations to establish whether they were also experiencing issues with attendance.
- Consideration was given to whether the planned Board Meeting should take place virtually. This involved checking with SPPG colleagues who manage the Linenhall Street Reception and that the practicalities of allowing staff and visitors access to the office. There was also discussion about the potential impact on PHA corporate image.
- Participants agreed that the Business Continuity Plan would not be activated at this stage.

Inject 2

- Immediate contact made with IT with the aim of seeking clarification regarding the extent and scope of the issue. It was noted that IT can no longer be contacted via phone and this may require contact between PHA and BSO ITS senior staff.
- Consideration was given to development of a flowchart clearly outlining the process for dealing with a cyber-attack as the chances of this occurring in future are quite high.
- This incident was deemed significant enough to consider/activate the Business Continuity Plan.

Inject 2 continued Inject 2

- Participants agreed that IMT should be informed and the Business Continuity Plan activated given severity and likelihood of significant disruption.
- As Trusts were now also affected, this may require an HSC wide join response and the implementation of Silver emergency planning. Business Continuity/Working cells and BSO may be taking the lead on some matters at this point. Contact would be made with DoH to notify them of the incident.
- Participants recognised the need to ensure that records were kept of the decisions as they were made and factored this into the limitations on administrative staff (AST) available to carry out these actions.
- Discussions took place regarding the viability of proceeding with the Board Meeting given the Chief Executive and Director of Operations role in IMT and the limited IT capabilities. Time likely a factor/already in progress.
- It was agreed that Visitors would be kept informed and communication colleagues prepared for potential media enquiries.
- Those present discussed communication methods – noting that many admin staff would not have mobiles and Cisco Jabber/emails may not be accessible. Mention given to the ABC Section of the

Website and Directorate Level communications (possible reference to WhatsApp and less formal methods – and consideration of walkie talkies and access to DeskAlerts).

- Consideration given to asking staff to attend the office if unable to work/assist remotely (noting difficulties in communication and possible unwillingness due to strike action).
- Participants highlighted the need to identify how long these issues would continue and the impact on decision-making regarding the provision of critical services.

Inject 2 - Recovery

- Participants recognised the need to retrieve affected laptops and move these to a central location for IT to begin repairs. NB: repairs can take approximately 3 days (and IT likely to prioritise Trust/Hospitals/front line). There is a limited number of spare laptops available at present.
- Requests made for impact assessments across each Directorate to identify services affected/key priorities.
- Communications Team to manage potential Media interest.
- PHA Board to be briefed regarding the incident and its impact.
- Participants recognised the need to ensure records were maintained of decisions made/actions taken as well as a post-incident review to identify any learning.

De-brief

The following points were noted immediately after the exercise: -

- Participants carried out sound, confident decision-making, discussing actions freely and referring to the BCP as a guide.
- Participants quickly identified key issues such as staff and visitor safety, communication, damage limitation and preventing a re-occurrence.
- There was effective communication from the outset, with early discussions taking place at senior level and between PHA, BSO and SPPG.
- Level of damage and impact on staff and services quickly assessed at the beginning of the incident.
- There was awareness of the critical functions of the organisation, with focus quickly aimed at restoring key, time critical, services such as the Duty Room.
- Careful and deliberate actions were taken, using common sense, careful assessment of the facts and previous experience.

Feedback

Everyone agreed that the exercise went well, with excellent participation, useful discussion and realistic scenarios.

- Participants' attention drawn to templates in the BCP for recording/monitoring.
- Participants agreed the importance of cyber security in the current climate, with many sites and services, including the PHA Corporate Site, facing attack on a regular basis.

Further Actions/Considerations

- Consideration of a flowchart clearly outlining the process for dealing with a cyber-attack with particular focus on communicating with IT.
- Possible re-establishment of WhatsApp groups while recognising GDPR implications.
- Longer-term: possible review/new Business Impact Analysis (BIA) to be carried out.
- Further explore and develop the link between Business Continuity and Emergency Planning
- Further awareness raising of Business Continuity generally, including development of Action Cards for staff.
- Communication with IT regarding other options including Desk Alerts access and a BCP Teams Channel.
- BCP to be updated to include reference to new working arrangements such as Desk Booking System.

Next Steps

- The PHA Corporate Business Continuity Plan will now be shared with Directors to note any further changes, including a review of key Services.
- An updated version of the PHA Corporate Business Continuity Plan will be presented to the Agency Management Team for approval and sent to the Governance and Audit Committee and PHA Board later in Spring 2023.

HSC Public Health Agency

item 9

Title of Meeting	PHA Board Meeting
Date	15 February 2024
Title of paper	Complaints Report
Reference	PHA/07/02/24
Prepared by	Alastair Ross / Catherine Collins
Lead Director	Stephen Wilson
Recommendation	For **Approval** ☐ For **Noting** ☒

1 Purpose

The purpose of this paper is to present the latest quarterly Complaints Report to the Board for noting.

2 Background Information

In May 2023, BSO Internal Audit carried out an audit of Complaints and Claims Management within the PHA.

Recommendation 2.1 of the Audit recommended that,

'Regular reporting on complaints should be presented at both Executive and Non-Executive level. This reporting should provide number and age of open and closed complaints; types of complaints; performance reporting against KPIs etc'

By way of implementation of this recommendation, the Agency now produces a quarterly internal Complaints Report. The attached report is the second of its kind covering the period 1 October 2023 - 31 December 2023.

This report was approved by the Agency Management Team at its meeting on 24 January 2024 and was brought to the Governance and Audit Committee on 1 February 2024.

3 Key Issues

Between 1st March 2023 and 31st December 2023, PHA received six complaints. Five of these complaints have been closed while one remains open. Further information is contained within the Report.

4 Next Steps

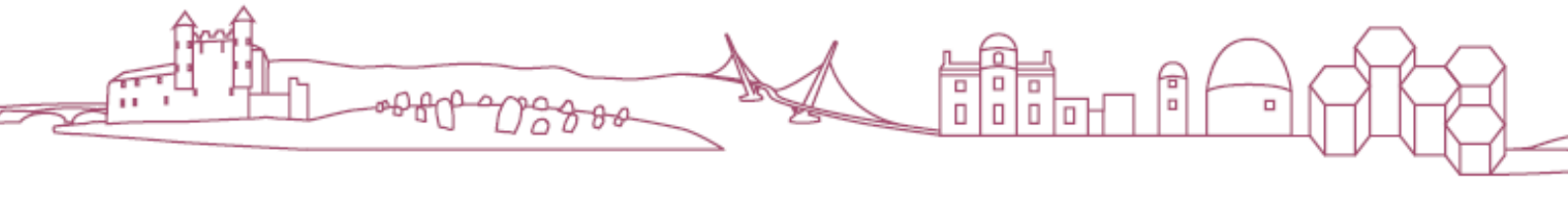
An annual Complaints Report will be prepared at the end of the next quarter and brought to the Governance and Audit Committee and PHA Board.

2023/24

Quarterly Complaints Update

Position as at 31 December 2023

Report Prepared by PHA Complaints Office



1. Context

This report has been created as a mechanism to ensure that senior leaders within the PHA, at both Executive and Non-Executive level, receive regular and adequate information in respect of complaints made against the organisation.

2. Definition

In line with the guidance set out in the HSC Complaints Procedure, a complaint is '*an expression of dissatisfaction that requires a response*' in relation to the work undertaken by the PHA.

This is in contrast to the many general queries, public health concerns or complaints made against other organisations that make their way to the PHA via existing complaints channels - these being dealt with through alternate channels.

3. Key Performance Indicators

The management of complaints are monitored in line with the following key performance indicators:

1. A complaint should be acknowledged in writing within 2 working days of receipt;
2. A complaint should be responded to within 20 working days of receipt;
3. Where a full response within 20 days is not possible, a complainant should be updated every 20 working days on the progress of their complaint.

4. 2023/24 Overview

During the period, 1st April 23 - 31 December 2023, the PHA received six complaints*.

Table 1 Number of Complaints by month/quarter

	Q1			Q2			Q3			Q4			
	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	**23/24 TOTAL**
Complaints Received	1	1	1	2	0	0	1	0	0				**6**

*This number excludes two matters that were initially accepted as complaints but subsequently deemed not to be appropriate for consideration through the complaints process.

The following table sets out a breakdown of the number of complaints by Directorate during the period 1 April 2023 - 31 December 2023.

Table 2 Complaints by Directorate

	No of Complaints Received During 2023/24				
Responsible Directorate	Q1	Q2	Q3	Q4	**TOTAL**
Public Health	0	1	1		**2**
Nursing Midwifery & AHP	2	1	0		**3**
Operations	1	0	0		**1**
Quality Improvement	0	0	0		**0**
TOTAL	**3**	**2**	**1**		**6**

5. 2023/24 Closed Complaints

Five of the six complaints received during 2023/24 have been closed. The following tables provide information in respect of these closed complaints.

Table 3 Performance Against Key Performance Indicators (KPI) for Closed Complaints

	KPI 1		**KPI 2**		**KPI 3**	
Number of Complaints Closed during 2023/24	Number of complaints acknowledged within 2 working days of receipt	Percentage of complaints acknowledged within 2 working days of receipt	Number of complaints responded to within 20 working days of receipt	Percentage of complaints responded to within 20 working days of receipt	Number of complainants updated every 20 days (where KPI 2 was not met)	Percentage of complainants updated every 20 days (where KPI 2 was not met)
5	4	80%	3	60%	0	0%

Table 4 Tenure of Closed Complaints

PHA Reference	Time taken to conclude Complaint (working days)
[redacted]	3
	7
	17
	22
	23
PHA AVERAGE	**15 Days**

Shortest To Longest

Table 5 Synopsis of Closed Complaints

PHA Ref	Responsible Directorate	Synopsis of Complaint and Response (listed in order of receipt by PHA)
[redacted]	Nursing Midwifery & AHP	Complaint - Capability of Covid-19 vaccination booking system to accept an appointment after vaccinations had stopped for a given age group. Response - The issue was a result of the technical complexities required when assigning patient eligibility to scheduled clinics.
[redacted]	Nursing Midwifery & AHP	Complaint - Accessibility of a Covid-19 vaccination clinic and difficulties experienced by complainant contacting PHA in relation to this issue. Response - Complainant was contacted by a PHA service lead and arrangements were put in place for complainant to receive required vaccination.
[redacted]	Operations	Complaint - Issues raised with the tone of PHA organ donation advertisements and perceived negativity towards individuals choosing to opt out. Response - PHA approach was based on audience feedback and was found to very clearly communicate the law change and the importance of informing others, so helping families to be certain of their loved one's decision.
[redacted]	Nursing Midwifery & AHP	Complaint - Difficulties faced by Complainant trying to arrange a spring Covid-19 booster vaccination for her elderly mother. Response - Complainant was contacted by a PHA service lead and arrangements were put in place for her mother to receive required vaccination. Issue arose as the PHA did not receive any communication in relation to non-vaccination from the relevant GP Practice.

[redacted]	Public Health	Complaint - Timeliness of cervical screening results in which complainant had been waiting beyond the six-week period referred to within the invitation letter. Response - PHA to review and revise invitation letters to ensure they make clear to all those attending for screening that the wait for a result was expected to be longer.

6. 2023/24 Open Complaints

As at 31 December 2023, the PHA has one open complaint. Tables 6 and 7 provide further detail on this complaint.

Table 6 Synopsis of Open Complaints

PHA Ref	Responsible Directorate	Synopsis of Complaint and Current Position
[redacted]	Public Health	Complaint - Concern raised by Complainant around the PHA response to an odour issue emanating from a commercial compost facility. Difficulties faced by the Complainant contacting the PHA also form part of this complaint. Position as at 31 December 2023 - A draft letter of response has been developed by colleagues within the Public Health Directorate which is with the Chief Executive's Office for review.

Table 7 Performance Against Key Performance Indicators (KPI) for Open Complaints

			KPI 1	**KPI 2**	**KPI 3**	
PHA Reference	Responsible Directorate	Date Received	Acknowledged within 2 working days of receipt	Responded to within 20 working days of receipt	Update Provided every 20 days	Duration of Complaint (working days)
[redacted]	Public Health	02/10/2023	Yes	No	Yes	63

7. Northern Ireland Public Services Ombudsman

Upon the completion of the PHA complaints process, each complainant is signposted to the Ombudsman should they be dissatisfied with the outcome they have received.

As at 31 December 23, the Ombudsman is investigating one complaint in respect of the PHA. Table 8 provides further detail on this complaint.

Table 8 PHA Complaints with Ombudsman

PHA Ref	PHA Internal Record	NIPSO Position
[redacted]	Complaint - Received November 22 - Perceived conduct of PHA staff member during a discussion with a service user regarding their experience of a training programme. Response - January 23 - PHA staff member had acted compassionately and empathetically	NIPSO intend to assess this Complaint in January 24

PHA Complaints Office
complaints.pha@hscni.net

END

HSC Public Health Agency

item 9

Title of Meeting	PHA Board Meeting
Date	15 February 2024
Title of paper	Director of Public Health Annual Report 2021
Reference	PHA/08/02/24
Prepared by	Brid Farrell, Janice Bailie, Louise Herron, Aoife Nic Iomhair
Lead Director	Joanne McClean
Recommendation	For **Approval** ☐ For **Noting** ☒

1 Purpose

The purpose of this paper is to present the Director of Public Health Annual Report for 2021 to the PHA Board for noting.

2 Background Information

The 2021 Director of Public Health Report is being presented to the Board for noting. It covers the 2021 calendar year and was severely delayed on account of workload during the COVID-19 pandemic. The accompanying core tables have been produced.

The production of a DPH annual report is not listed as a statutory duty of the PHA in the (HPSS) Health and Personal Social Services (Quality, Improvement and Regulation) (NI) Order 2003, but is described as a responsibility of the DPH under section 2.3.4 of the PHA Corporate Governance Framework (2012; updated 2014).

3 Key Issues

The report focuses on the Coronavirus pandemic and is broken down into 4 main sections:

- Vaccination
- Test, Trace, Protect
- Impact of COVID-19 on other aspects of healthcare
- Impact of COVID-19 on wellbeing

4 Next Steps

Following consideration by the Board, the report will be published on the PHA website.

Coronavirus: the 2021 Director of Public Health Report for Northern Ireland

HSC Public Health Agency

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- The COVID-19 vaccination programme
- Case study 1: A health improvement settings-based approach to increasing vaccination uptake
- Case study 2: A health improvement targeted population approach to increasing COVID-19 vaccination uptake in ethnic minority and migrant communities
- Developing a COVID-19 vaccine toolkit

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- Contact tracing in Northern Ireland
- Case study 3: Contact tracing data provides a 'different path' in Ards and North Down
- Testing for COVID-19 in Northern Ireland
- Case study 4: Support for places of worship in managing the spread of COVID-19
- Case study 5: A communities-based approach to increasing reach and resonance of public health messaging
- The Acute Health Protection Service response to care homes during the COVID-19 pandemic in Northern Ireland
- Port health: return to cruise ship operations 2021

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- Expanding the seasonal influenza programme
- Addressing inequalities in cancer screening uptake during the pandemic
- A new test for bowel cancer screening
- IT developments in newborn hearing screening
- Delivering diabetic eye screening during a pandemic
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- COVID-19 HSC Staff Wellbeing Study in Northern Ireland
- College student mental health and wellbeing, prior to and during the COVID-19 pandemic
- Health and social care workers' quality of working life and coping while working during the COVID-19 pandemic: a multi-phase cross-sectional study

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Foreword

Foreword

Dr Brid Farrell

Welcome to the 12th Annual Report of the Director of Public Health. This report builds on the previous Annual Director of Public Health Report published in 2020 which described the initial impact of COVID-19 in Northern Ireland and the response of the Public Health Agency (PHA) during the preliminary stages of the pandemic. This report once again focuses on COVID-19, describing some of the broader health and societal consequences which have become apparent in the intervening period. It highlights some of the work being undertaken across Northern Ireland to mitigate the impacts of the pandemic on the health and wellbeing of our population. In particular, the report outlines key developments within the field of public health which have supported the pandemic response, as well as providing a solid foundation in our plans for longer-term recovery. The report acknowledges the commitment of the public health and healthcare workforce in Northern Ireland to protecting the health of our population during the second year of the pandemic response.

The report begins by providing an overview of the COVID-19 pandemic within Northern Ireland throughout 2021, together with the public health response during this time period. This highlights the synergy between new and traditional ways of working, illustrating how digital interventions and innovative approaches cultivated during the pandemic have complemented the long-standing, evidence-based cornerstones of public health practice. The report highlights contributions from colleagues across the PHA and partner organisations, and provides a snapshot of the extensive work being undertaken 'on the ground' to address the many and varied challenges presented to population health in Northern Ireland by COVID-19.

The Health Protection Team of the PHA, ably supported by colleagues from across the broad sphere of public health, has played a central role in the coordination of the pandemic response in Northern Ireland, since the identification of the first case of COVID-19 on 26 February 2020. The PHA has worked to mitigate the wider health impacts of the pandemic, minimising the disruption to routine health service provision. Maintaining population screening programmes to enable early detection of cancer and other conditions has necessitated the implementation of new ways of patient engagement and service delivery to ensure the continuation of high quality service provision. The report describes initiatives undertaken in collaboration with partner organisations to address inequalities in cancer screening uptake among women during the pandemic, as well as the introduction of new technologies and techniques to improve and develop existing screening programmes.

The mental health effects of infection by SARS-CoV-2, in addition to the wider psychological and emotional impacts of the pandemic, have been extensively documented by researchers around the world. The pandemic has also served to widen health inequalities in those already suffering from mental health conditions, with individuals suffering from mental illness at increased risk of infection, as well as experiencing higher rates of hospital admission and death from COVID-19. Furthermore, a local study in Northern Ireland has demonstrated significantly lower uptake of COVID-19 vaccination among those being treated with anti-anxiety and anti-psychotic

medications, compared to those not receiving such medications.[1] This report describes the findings of studies funded by the Health and Social Care Research and Development Division of the PHA, which have explored the harmful effects of the pandemic on the wellbeing and quality of life of our health and social care staff, and college students in Northern Ireland and the Republic of Ireland. These studies outline strategies to improve and support holistic health and wellbeing of these groups, at policy, organisational and individual level.

The report also highlights work being undertaken to address the impact of the pandemic on widening health inequalities across Northern Ireland, through the adoption of targeted population and community engagement approaches. A key focus throughout 2021 has been on addressing inequalities in COVID-19 vaccination uptake among specific population subgroups, through the implementation of targeted, evidence-based strategies.

Dr Brid Farrell
Acting Director of Public Health
Public Health Agency

References

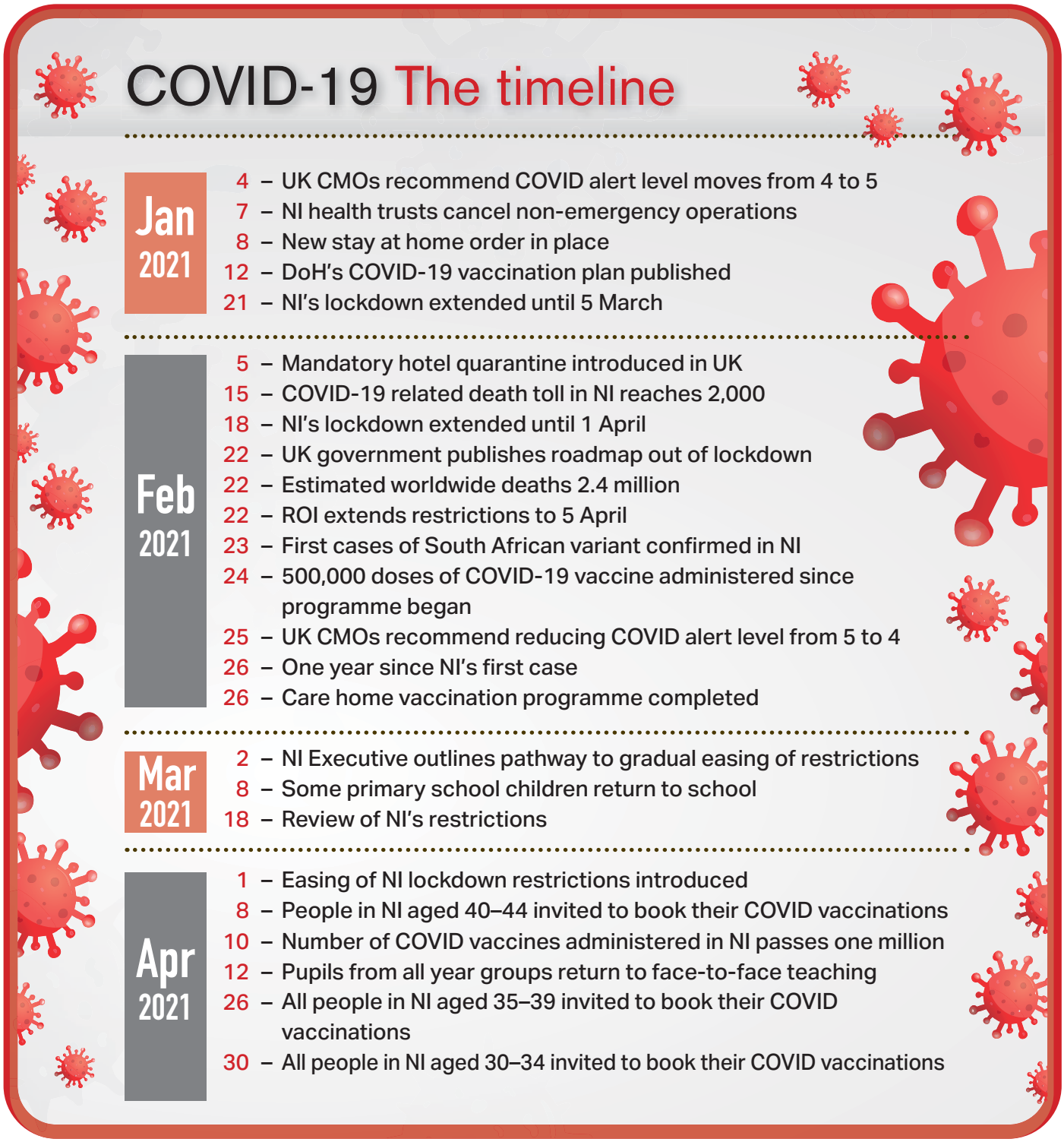
1. Murphy S, O'Reilly D, Owen RK, Akbari A, Lowthian E, Bedston S et al. Variations in COVID-19 vaccination uptake among people in receipt of psychotropic drugs: cross-sectional analysis of a national population-based prospective cohort. Br J Psychiatry, Cambridge University Press 2022; 1-8. doi:10.1192/bjp.2022.36 Accessed 4 August 2022.

Overview

An overview of COVID-19 in Northern Ireland during 2021

Figure 1 highlights key events during the COVID-19 pandemic in Northern Ireland throughout 2021.

Figure 1: Timeline of key events in the course of the COVID-19 pandemic in Northern Ireland during 2021.



COVID-19 The timeline

May 2021

6 – Seven cases of the new Delta variant are confirmed in Northern Ireland

18 – Number of people in NI to receive their first COVID vaccine passes one million

27 – COVID vaccinations are opened to everyone aged 18 and over in NI, the first part of the UK to offer the vaccine to all adults

Jun 2021

27 – Walk in vaccinations become available for all over 18s in NI

30 – Delta variant now dominant in NI

30 – The highest number of daily COVID cases since February 2021 recorded

Jul 2021

15 – More than 1,000 new daily COVID cases reported

23 – DoH launches NI's vaccine certification app, CovidCertNI

25 – More than a million people in NI (roughly 70% of the adult population) have had both COVID vaccinations

27 – Growing COVID admissions lead to the cancellation of planned surgeries

Aug 2021

2 – Kidney transplants cancelled in Belfast due to staff shortages

2 – NI Executive launches the Building Forward: Consolidated COVID-19 Recovery Plan, a suite of recovery actions to be delivered over the next 2 years

5 – DoH figures show that the number of hospital procedures reduced by 46% in 2020/21, with 59,762 cases compared with 110,605 in 2019/20

6 – The first teenagers aged 16 and 17 receive COVID vaccinations

6 – The number of COVID related deaths in NI passes 3,000

9 – Professor Ian Young, NI's Chief Scientific Adviser, says the dramatic reduction in the number of people testing positive for COVID being admitted to hospital shows that vaccination reduces the risk of hospitalisation

20 – NI records highest number of daily COVID cases since the start of the pandemic, with 2,397 new cases reported

21 – Walk in vaccination centres are open for anyone over 18 to get their first COVID vaccine in the Big Jab Weekend, resulting in over 12,000 vaccinations given

COVID-19 The timeline

Sep 2021

6 – The UK government announces plans for a new Health and Social Care Tax to help address the patient backlog and shortfalls in social care provisions

13 – Walk-in vaccination centres are established at 60 university and further education college campuses across NI ("the Jabbathon")

14 – People aged 12–15 in NI to be offered a first dose of COVID vaccine

17 – DoH announces a widening of the criteria for flu jabs over the coming winter when flu and COVID will be circulating in the population

Oct 2021

2 – DoH confirms people who are immunosuppressed will be invited for a third COVID vaccine

19 – Release of the NI Executive's Autumn/Winter COVID-19 Contingency Plan. Measures include the continued legal requirement for face coverings to be worn in indoor settings throughout the autumn and winter, and the provision for the introduction of COVID passports in high risk settings if cases continue to rise.

20 – The rules for care home visits are relaxed

Nov 2021

1 – Dedicated centres for the treatment of people with long-term symptoms of COVID are opened.

16 – More than 170 new COVID cases are linked to a teenage disco

23 – The NI Executive strengthens its advice for people to work from home whenever possible

29 – The COVID certification initiative introduced

30 – Booster vaccination clinics open

Dec 2021

7 – The first cases of the Omicron variant identified in NI

19 – The booster programme is opened to all adults over the age of 18

23 – The Omicron variant is dominant in NI

23 – The COVID treatments molnupiravir and neutralising monoclonal antibodies (nMABs) are made available for high risk people in the community

24 – A further 3,286 COVID cases are recorded in NI, the largest daily increase so far

31 – The period required to self-isolate following a positive COVID test reduced from ten to seven days

31 – NI 421,599 cases and 4,013 deaths reported to date

The public health response to COVID-19 during 2021

Surveillance

Public health surveillance is the continuous collection, analysis and interpretation of health-related data to inform policy and action to protect the public's health. Before the COVID-19 pandemic, the number of cases of any single infectious disease reported each year was usually in the order of hundreds. The information systems and analysis processes that were designed to manage information on that scale were not suitable for the COVID-19 pandemic, during which thousands of cases were notified daily at some points, and hundreds of thousands of cases overall.

COVID-19 prompted a step change in the demand for information in and from the PHA due to the urgent need for population health intelligence to inform the public, media, policymakers, health service planners and researchers. Healthcare data were used to manage the direct care and contact tracing of patients, to measure the incidence and severity of COVID-19, to improve healthcare safety, to project the course of the epidemic and to address health inequalities. The scale and pace of these data required adoption of what were, for many health analysts, new approaches towards work-flow, data architecture, storage, analysis and dissemination.

The PHA used information management systems that were designed to manage much greater amounts of data than in the past, scheduled reports to update policy-makers daily and deployed interactive dashboards. We now have integrated surveillance across routinely collected healthcare data, including genomic data, following our participation in the COG-UK programme.[1] Our ability to deliver population-level health insights at scale and speed has been greatly enhanced. Some of the innovations used in surveillance are highlighted below:

- Monitoring and risk-assessing the emergence of new genomic variants is a new and important function for the PHA.
- Work carried out through the BSO Honest Broker Service has provided evidence about COVID-19 vaccine effectiveness and how mental health and social factors may influence the equity of vaccine coverage.[2,3]
- Direct public engagement about the use of health data was undertaken by the Northern Ireland Trusted Research Environment, supported by Health Data Research UK.
- The PHA participated in the HDR-funded Data and Connectivity Vaccines Pharmacovigilance research study and CO-CONNECT project, which both featured exemplary personal and public involvement and engagement (PPIE).[2,4,5]
- The PHA coordinates the Northern Ireland arm of SIREN, a large UK-wide cohort study in healthcare workers investigating SARS-CoV-2 infection rates and immunity, and the efficacy of vaccines. SIREN has been influential in informing UK government policy and has resulted in several scientific publications.[6-9]

The epidemiology of COVID-19 during 2021 was defined by the implementation of the COVID-19 vaccine programme and the evolution of new variants of SARS-CoV-2 that were

more transmissible, and often more severe than their predecessors. The start of the year was dominated by a wave of infection with the Alpha variant, which was brought under control by collective behaviour change, restrictions on social contact and mandatory face coverings in indoor public spaces (Figure 2, Figure 3). By summer 2021, coinciding with the resumption of more normal levels of social contact, the more severe Delta variant became dominant and continued at high level for six months until being replaced by the extremely transmissible, but less severe, Omicron variant in December 2021. Through the course of the year, the probability of people with COVID-19 requiring hospital care or dying continued to reduce due to the protective effects of vaccination. However, it became increasingly clear that immunity from infection and vaccination, in the context of the evasive evolution of SARS-CoV-2, was not long-lasting.

Figure 2: Laboratory confirmed COVID-19 cases by epidemiological week and source (HSC Laboratory testing and the National Testing Programme), 2021.

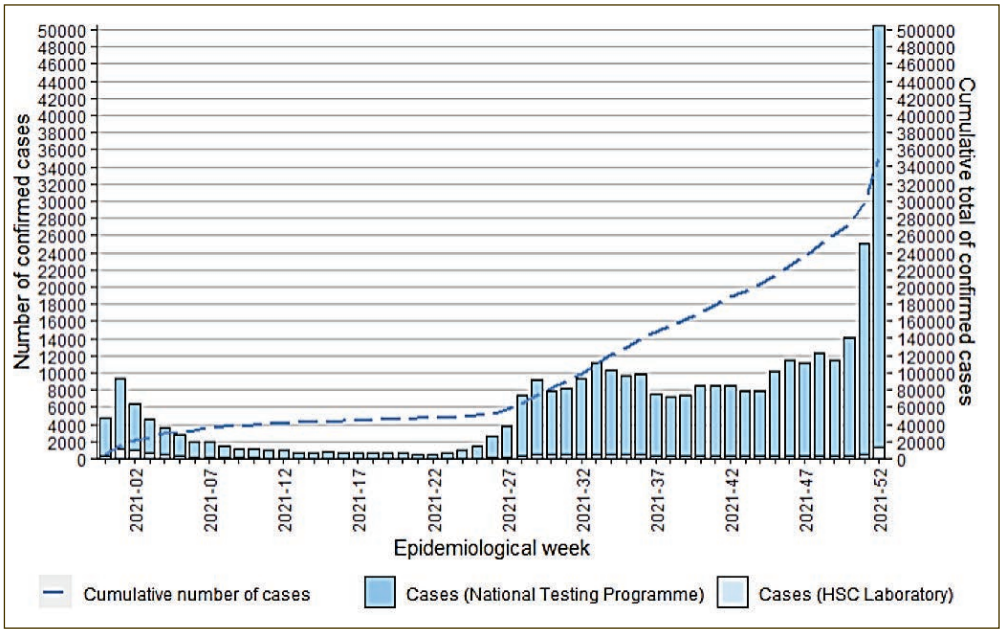
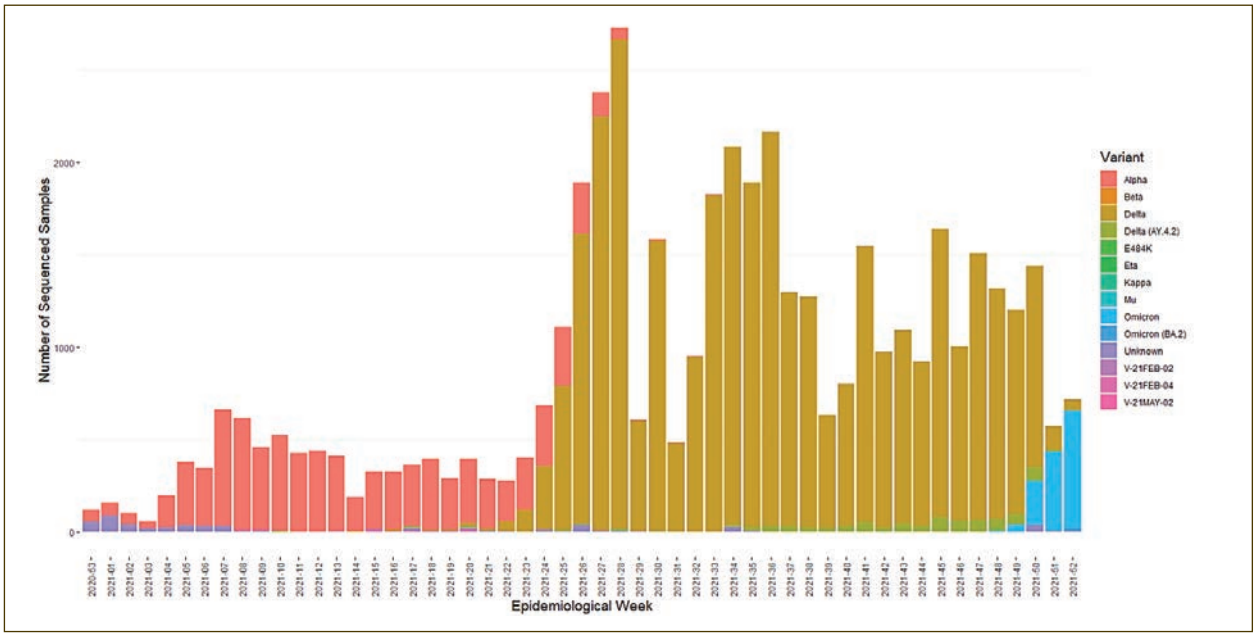
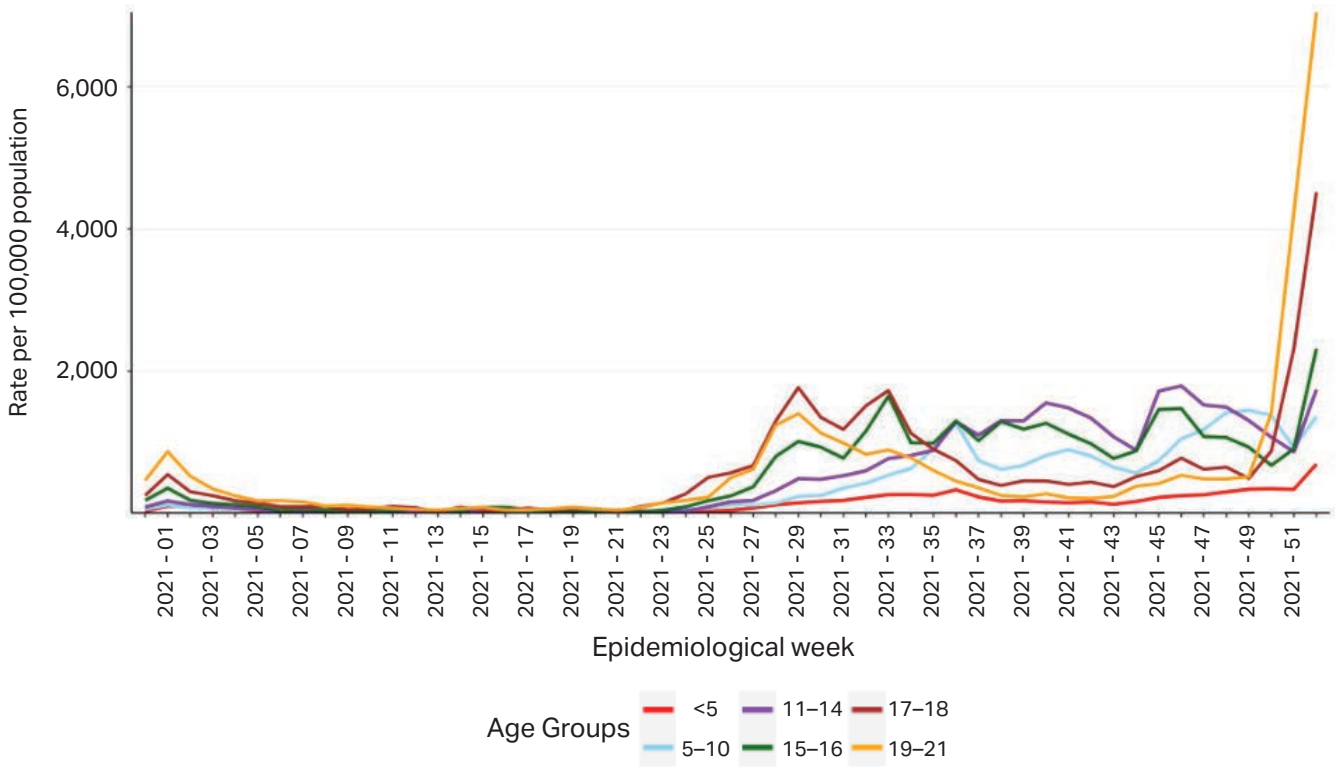


Figure 3: Sequencing results for SARS-CoV-2 samples in 2021, by variant.



Children (with the exception of children of healthcare workers and vulnerable children) were educated at home during the first quarter of 2021, returning to in-person teaching in phased steps either side of the Easter holidays, with measures put in place to reduce the spread of infection. The number of infections in school-age children was very low during this period, and increased for the rest of the year, growing sharply at the arrival of the Omicron variant (Figure 4).

Figure 4: Weekly COVID-19 laboratory confirmed case rates per 100,000 population, by age group, for all testing data combined, in those aged 21 and under, 2021.

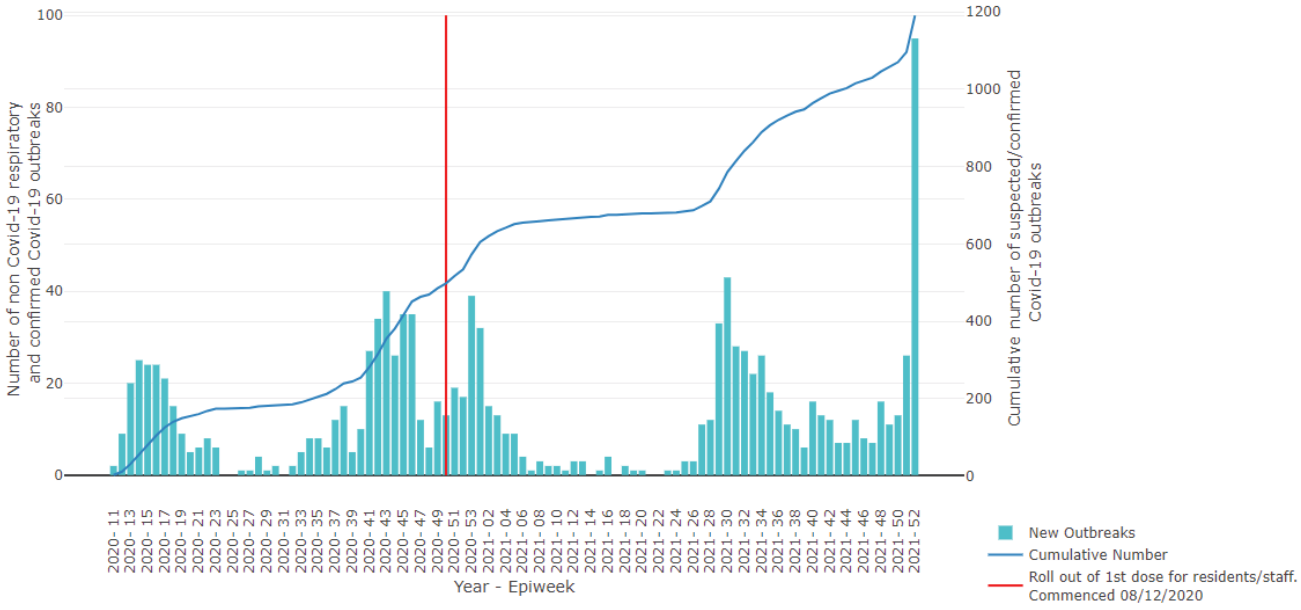


Weekly COVID-19 laboratory confirmed case rates per 100,000 population, by age group, for all testing data combined, in those aged 21 and under.

Care homes

Care homes are a key area for the management of COVID-19 due to the vulnerability of residents. The trend observed in care homes during 2021 was a reflection of the transmission of COVID-19 in the community, with the number of confirmed care home outbreaks increasing from late June (week 25) and peaking in week 30. In early December (week 50) the number of confirmed outbreaks increased with the arrival of the Omicron variant. In week 52 the number of confirmed outbreaks reported was more than twice that of any other week of the pandemic (Figure 5).

Figure 5: Confirmed COVID-19 care home outbreaks in Northern Ireland, 2020-21.



Weekly Care Home outbreak totals in Northern Ireland (non COVID-19 respiratory and confirmed COVID-19 outbreaks) as reported to PHA.

COVID-19 hospitalisations and mortality

The case hospitalisation risk and case fatality risk began to decrease early in 2021, due largely to the increased detection of milder cases through mass testing (Figure 6, Figure 7). The more severe Delta variant led to the increase observed in case hospitalisation and fatality risk from summer, falling with the dominance of the Omicron variant at the end of the year. The introduction of the vaccine programme in Northern Ireland reduced case hospitalisation risk and case fatality risk, as the vaccine provided protection against severe disease and death.

Figure 6: COVID-19 Case Fatality Risk by epidemiological week, 2021.

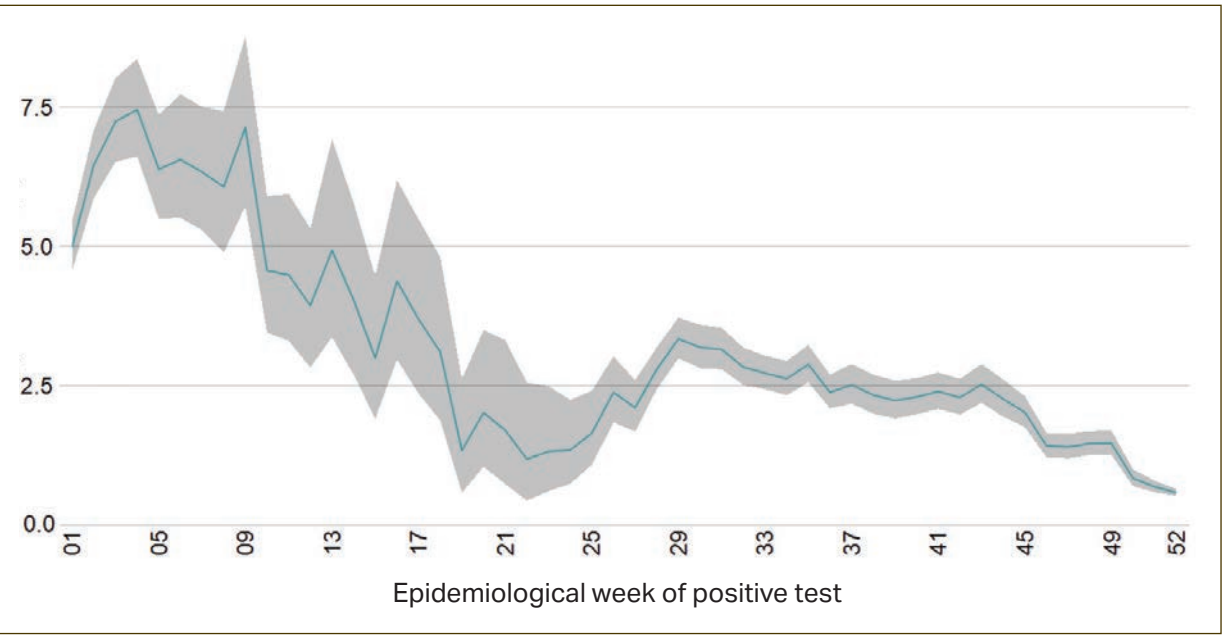
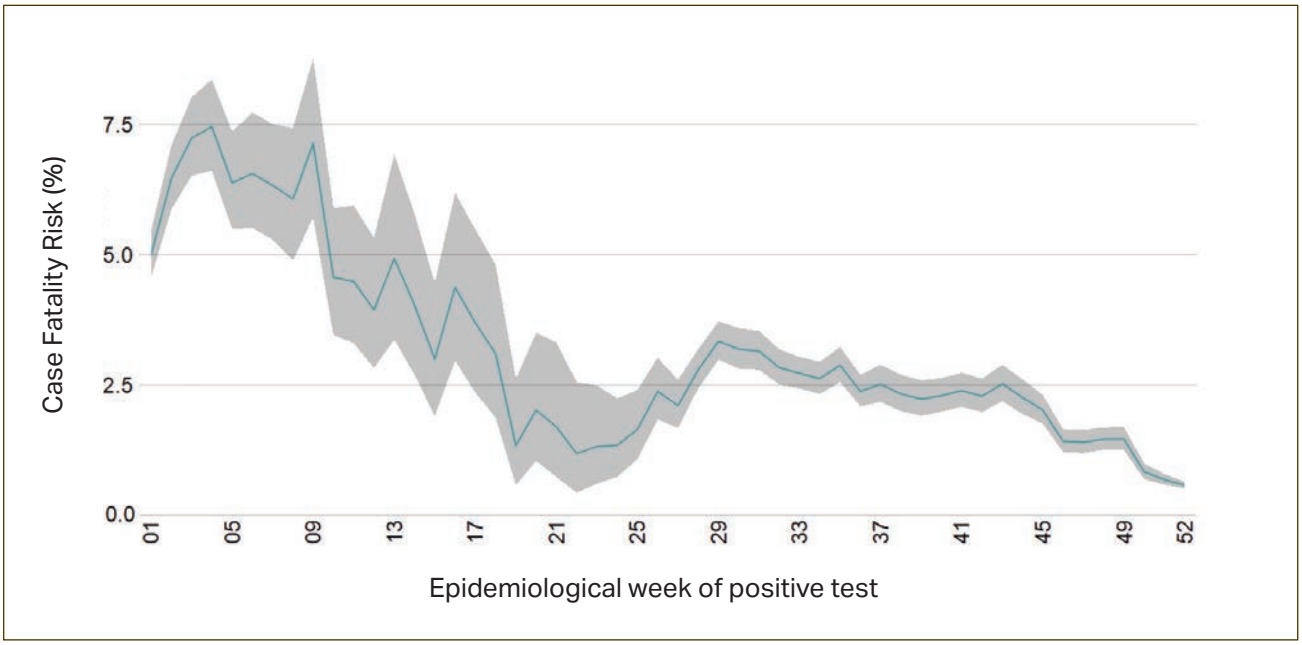


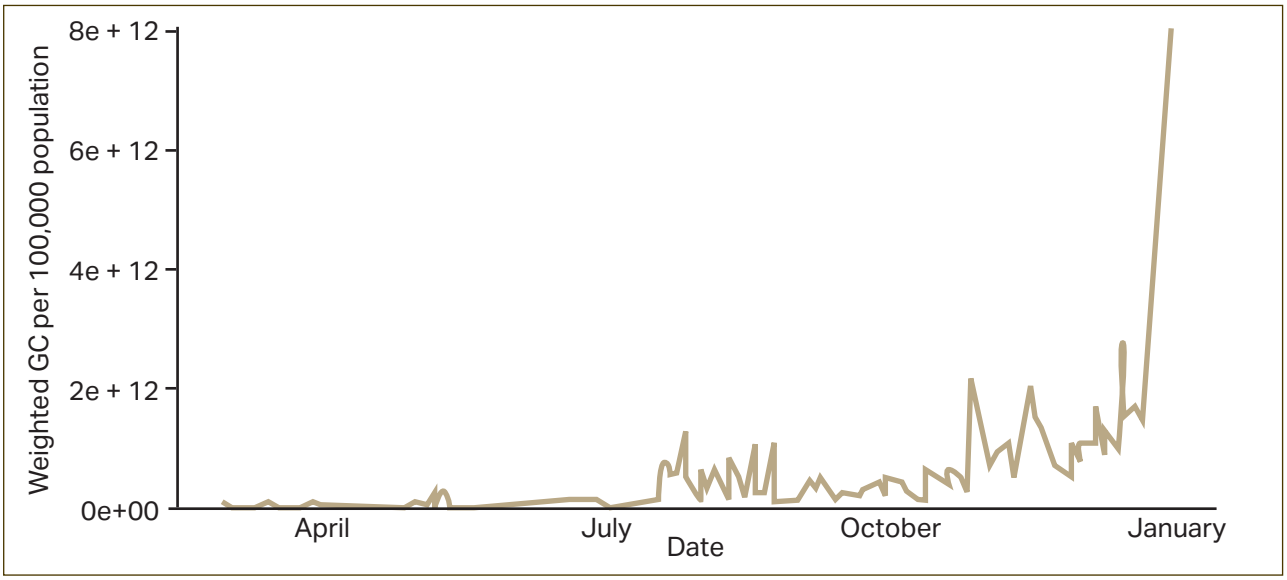
Figure 7: COVID-19 Case Hospitalisation Risk by epidemiological week, 2021.



Wastewater

Wastewater (sewage) can contain SARS-CoV-2 virus passed by people who are, or have recently been, infected with SARS-CoV-2. During 2021, Queen's University Belfast worked with PHA, Northern Ireland Water, Department of Health (DoH) and Department of Agriculture, Environment and Rural Affairs (DAERA), to establish a surveillance programme to measure SARS-CoV-2 in wastewater. Samples are collected three times each week from 31 Wastewater Treatment Works (WWTW) in Northern Ireland, which together cover 65.6% of the population. Wastewater surveillance has become a useful tool in systematically monitoring community transmission and the circulation of new variants. Wastewater surveillance was introduced in March 2021; it detected the continued circulation of the Delta variant from late July through the winter period and the considerable increase in transmission of the Omicron variant in December 2021 (Figure 8).

Figure 8: SARS-CoV2 in wastewater samples in Northern Ireland, March 2021 to January 2022.

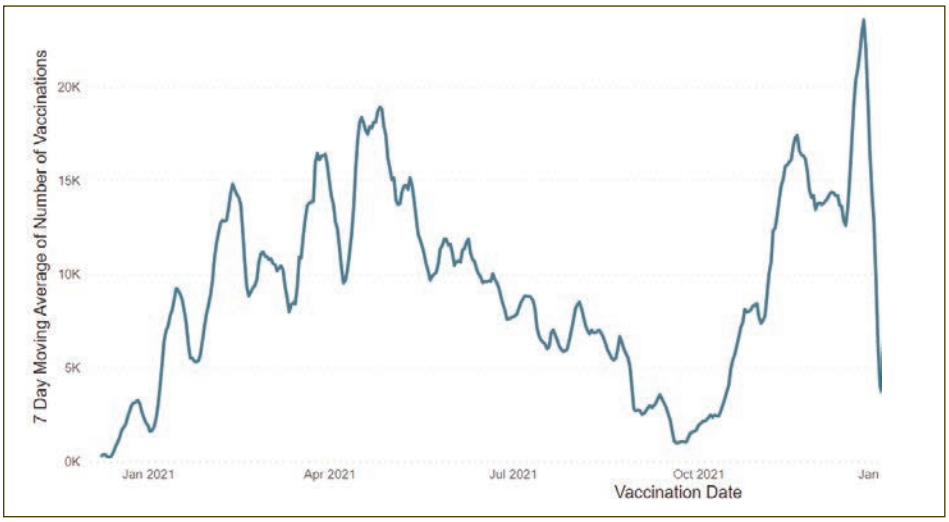


Vaccines

In Northern Ireland the COVID-19 vaccination programme commenced on 8 December 2020. The primary vaccination course was two doses, 8 to 12 weeks apart, with a third dose for those who are immunocompromised. In the first phase of the vaccination programme the focus was on priority groups including those most at risk of severe disease or death.

Vaccine uptake began to increase in December 2020 with care home residents and front-line health and social care (HSC) workers. The number of vaccines administered each day increased in January 2021 as all those aged 50 years and over, and those aged 18–49 years with underlying health conditions were invited to be vaccinated. This resulted in an increase in uptake in January, February and March (Figure 9). A peak was reached in April 2021 with all those aged 18–49 years and pregnant women being offered the vaccine. During this period the second dose of the primary vaccination course was also being delivered. In August the vaccine was made available to all 16–17 year olds and 12–15 year olds with underlying health conditions. In September the programme was extended to all 12–15 year olds, and a third primary dose was offered for individuals aged 12 years and older with a weakened immune system. In December 2021, 5–11 year olds with serious underlying health conditions were also included in the vaccination programme. The booster dose was introduced in September 2021 to the highest priority groups with subsequent groups following onwards, characterised by the highest 7-day moving average of vaccination in December 2021. Higher uptake may also have been encouraged in this period by the increase in transmission of the Omicron variant.

Figure 9: 7-day average number of COVID-19 vaccinations given (any dose) since the programme commenced, December 2020 to January 2022.



More information on the vaccination programme in Northern Ireland is available in the next section.

Research and development

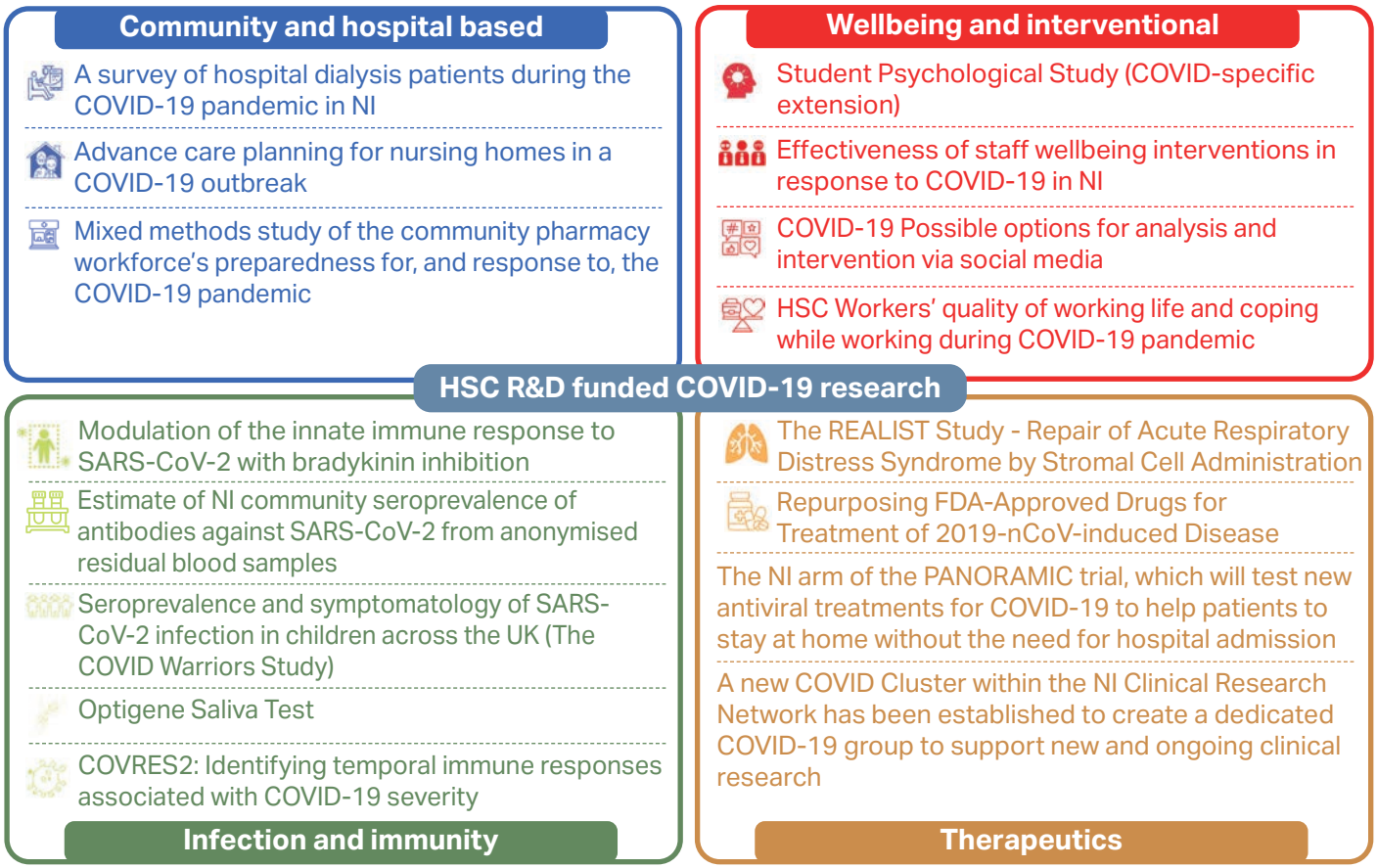
There have been many direct and indirect impacts of the COVID-19 pandemic on health and wellbeing, often exacerbating existing health inequalities. The last 24 months have made patients, practitioners, policy makers and the public more aware of the importance of research. They have seen how the development of vaccines and diagnostic tests and the identification of effective treatments for COVID-19 has relied on research, in particular clinical trials. Research conducted during the

pandemic has had a positive impact on many people's lives and offers us all hope for the future.

The PHA's Health and Social Care Research & Development Division (HSC R&D) has been at the forefront of the coordination, administration, support and funding of the HSC research ecosystem in Northern Ireland, in particular our clinical trials infrastructure*, to effectively manage the COVID-19 pandemic and ensure we save lives, protect our HSC services and rebuild services to ensure the health and wellbeing needs of society are effectively addressed. Almost 30,000 participants from Northern Ireland including staff, patients, carers, students, children and the wider public have now been recruited to participate in COVID-19 research (Figure 10).

As our society seeks to look beyond the pandemic, HSC R&D Division is acutely aware that the recent priority focus on COVID-19 research, the re-direction of research resources to the care of COVID-19 patients and the impact of measures to contain the spread of COVID-19 has had negative effects on other areas of research. Many studies were slowed or paused, while others have been abandoned and some that were due to start are still pending. We need to seize the opportunity to re-invigorate HSC research in Northern Ireland and build on the successes of COVID-19 research to re-start and grow research activity across all areas of HSC. Clinical research has been critical to the treatment of citizens during the pandemic in Northern Ireland and is even more crucial for our recovery. Future HSC research will focus on and be responsive to the most pressing HSC needs of our society.

Figure 10: HSC R&D funded COVID-19 research.



*The clinical trials infrastructure refers to the necessary resources (human capital, financial support, patient participants, information systems, regulatory pathways, and institutional commitment) and the manner in which they are organised and brought together to conduct a clinical trial.

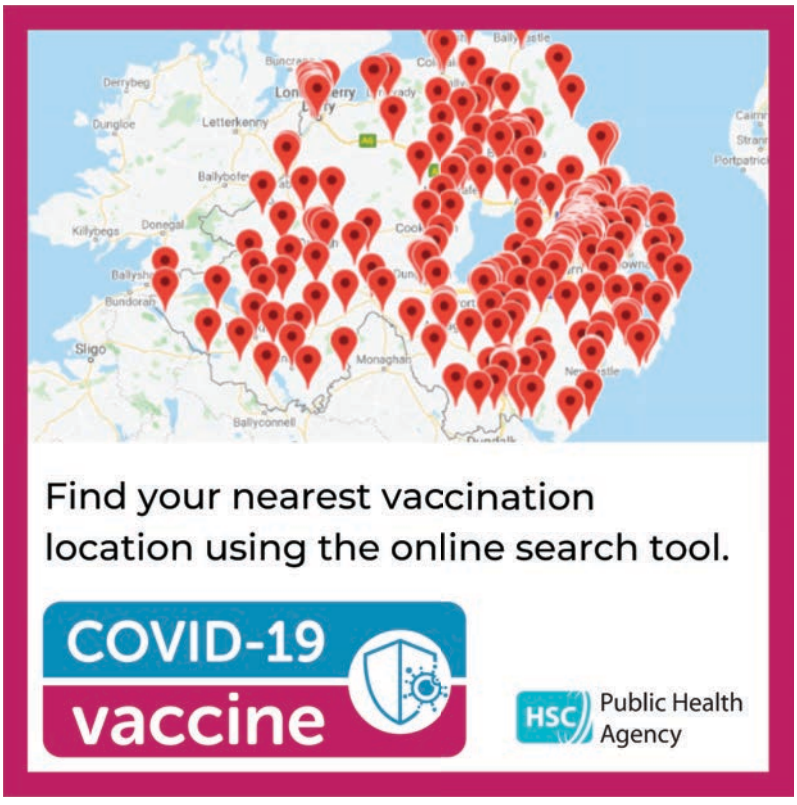
Communication

Effective communication with the public and other stakeholders is an essential part of the pandemic response, where access to timely, accurate and easily understood information is critical. Poorly planned or implemented communication strategies can increase health inequalities, given that those at least risk are most likely to benefit, and those at greater risk may face obstacles to the understanding or interpretation of health information.

A key focus of the PHA throughout the pandemic has been to provide a trusted source of information and advice for the public, which is easily accessible and universally understood. The effectiveness of this strategy has been evidenced by the huge increases in traffic to the PHA website, as well as in the number of followers on social media platforms such as Facebook and Twitter, in comparison to equivalent figures pre-pandemic. The rapidly changing context of the COVID-19 pandemic since 2020 has presented huge challenges in attempting to ensure that the public are kept up to date with public health information and guidance. The rise in misinformation regarding COVID-19 has exacerbated these challenges, leaving the public unsure regarding the accuracy and validity of the information in circulation.

The PHA Communications Team during 2021 has been promoting the delivery of the COVID-19 vaccination programme, through TV, radio and outdoor advertising, in conjunction with social media, and raising awareness of the time and locations of vaccination clinics (Figure 11). A wide variety of targeted publications were developed to support the delivery of the programme for population subgroups, providing trusted information to enable individuals to make evidence-informed decisions on vaccination.

Figure 11: PHA COVID-19 vaccination location online search tool.



Many of the written resources, graphics and videos produced by the PHA Communications Team have been translated into a range of languages to expand the reach of these materials across the population. This has included the integration of subtitles and the incorporation of British and Irish Sign Language into many of the video resources developed. Such initiatives are vital in ensuring that the public health communication strategies employed seek to address, rather than exacerbate health inequalities.

In recognition of the potential for other health messages to become lost in the midst of an intensive focus on COVID-19, the PHA Communications Team have also maintained their delivery of key health promotion messages. As well as TV, radio and press advertising campaigns highlighting issues such as stroke, flu, organ donation and obesity, the Living Well campaign run in partnership with community pharmacies supported opportunistic interventions on topics such as alcohol, mental health, and cancer awareness with the substantial proportion of the population that visits a pharmacy each day (Figure 12). Social media channels, publications and press releases have also been used to remind the public of the importance of all aspects of health - mental, emotional and physical, particularly in the context of an ongoing pandemic, and to highlight strategies to protect and promote these aspects of their health and wellbeing.

Figure 12: Living Well alcohol campaign poster.

Partnership working

An effective public health response to a pandemic requires a multi-agency approach, extending beyond the "traditional" healthcare sector. The COVID-19 pandemic in Northern Ireland resulted in closer partnership working between the PHA and a wide range of other stakeholders, including the DoH, other HSC organisations, media, business sector, the community and voluntary sector, the education sector, academic departments and the general public. It has also required extensive collaboration with colleagues in other parts of the UK and the Republic of Ireland.

During the pandemic, the PHA provided extensive support to specific settings at risk of severe COVID-19 infection compared to the general population.

The PHA supported the care home sector with timely public health advice. The Acute Response Team in Health Protection communicated directly with care homes on an ongoing basis to provide advice and support on the management of COVID-19 outbreaks. The PHA also coordinated the regular testing of staff and healthcare workers in the care home sector.

The PHA had a dedicated Education Cell to support schools over the course of the pandemic which worked closely with the PHA Contact Tracing Service and the Education Authority to manage COVID-19 in school settings.

Other establishments have also provided valuable input to the work of the PHA throughout the course of the pandemic. In particular, the work undertaken in the academic sector in Northern Ireland, through researchers and academic staff in Queen's University Belfast and Ulster University has hugely facilitated the implementation of an evidence-based public health response.

Within the PHA, the response to COVID-19 necessitated cross-directorate working with staff being redeployed to new roles such as contact tracing, care homes and the education cell as part of the pandemic response. This was invaluable as Northern Ireland went through several waves of the pandemic.

A forward look...

2021 has demonstrated the potential for new and unanticipated challenges in the course of the COVID-19 pandemic response, as well as the adaptability of the PHA and its staff to rise to these. Going forward, more challenges will emerge, both in responding directly to COVID-19, and in rebuilding services and addressing the backlog in care.

Old public health problems remain and require strong public health leadership, advocacy and action to address these.

The extensive learning and development achieved, and the partnerships fostered through the response to COVID-19 over the past two years, will enable the PHA not only to manage the issues raised by COVID-19 but also to respond effectively to the many other population health challenges needing to be addressed over the medium and longer term.

The next section of the report includes contributions from all divisions within the PHA, highlighting some of the work undertaken as part of the COVID-19 response during 2021.

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Vaccination

- The COVID-19 vaccination programme
- Case study 1: A health improvement settings-based approach to increasing vaccination uptake
- Case study 2: A health improvement targeted population approach to increasing COVID-19 vaccination uptake in ethnic minority and migrant communities
- Developing a COVID-19 vaccine toolkit

The COVID-19 vaccination programme

Delivery of the COVID-19 vaccination programme in Northern Ireland began on 8 December 2020 with prioritisation of care home residents and health care workers. The intensive efforts directed towards this programme of work by the DoH, HSC Trusts and the care home sector, in collaboration with the PHA, resulted in Northern Ireland successfully completing vaccination of care home residents and staff by the end of February 2021.[1]

Subsequent plans for roll-out of the mass vaccination programme were based on recommendations made by the Joint Committee on Vaccination and Immunisation (JCVI), an independent expert group who advise the UK government on vaccination and immunisation policy. The phased plan for roll-out considered the increased vulnerability of certain population subgroups to adverse effects from COVID-19 infection and these groups were prioritised for vaccination.

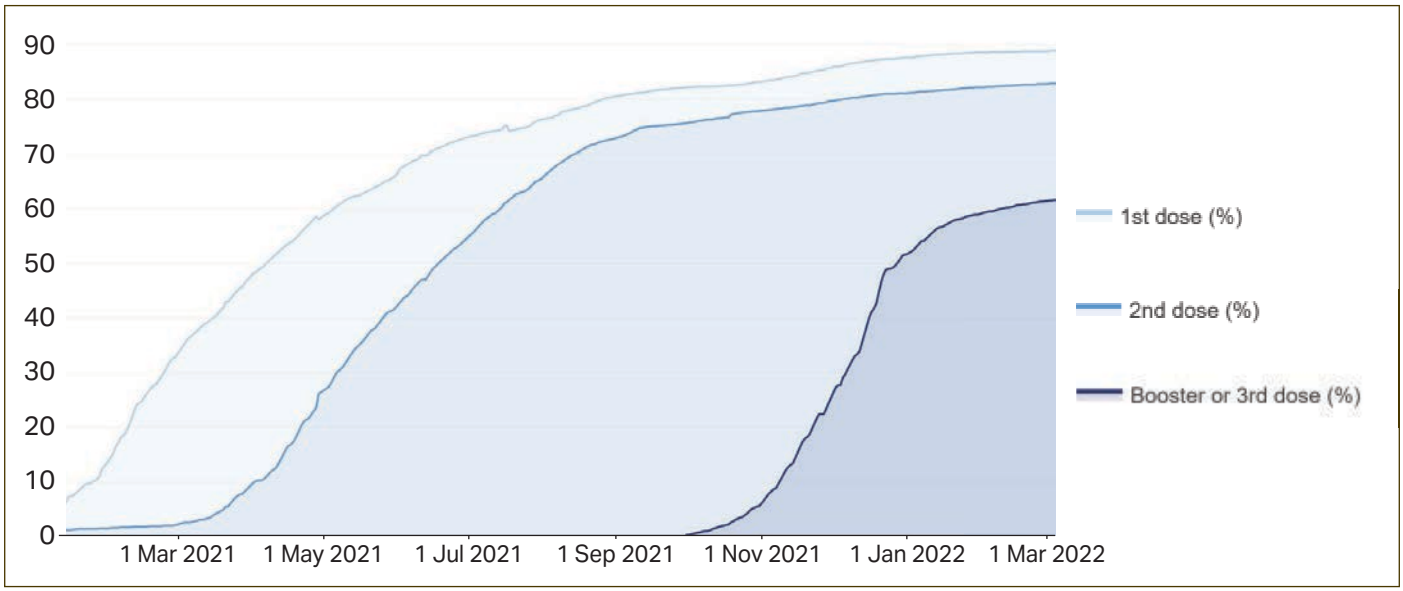
The programme, led by the DoH, has been delivered by HSC Trusts, primary care and community pharmacists. The PHA played an integral role in the COVID-19 vaccination programme in Northern Ireland through:

- attending a wide range of UK and regional meetings to prepare, plan and deliver the COVID-19 vaccination programme in Northern Ireland;
- producing essential materials to enable the efficient delivery of COVID-19 vaccinations in HSC Trust, primary care and community pharmacy settings;
- providing support to HSC Trusts, primary care and community pharmacy services delivering vaccinations;
- assessing the coverage and impact of the vaccination programme;
- coordinating the recruitment of a bank of vaccinators for both HSC Trust clinics and GP practices, as well as managing the deployment of bank vaccinators to GP practices;
- providing bespoke communication solutions, such as guides to vaccination (including translations), media campaigns, FAQs, a vaccination section on the PHA website and guidance for healthcare professionals;
- working in collaboration with the community and voluntary sector to address inequalities in COVID-19 vaccination uptake.

From April 2022, direct responsibility for the COVID-19 vaccination programme transfers from the DoH to the PHA.

Figure 13 describes the roll-out of the COVID-19 vaccination programme in Northern Ireland from December 2020 until the beginning of March 2022.[2]

Figure 13: COVID-19 vaccination uptake in Northern Ireland by report date and dose from December 2020 to March 2022 (shown as a percentage of the population aged 12 and over).



Source: UK COVID-19 Dashboard; 2022[2].

Clinical trials and real-world vaccine effectiveness studies from across the globe have repeatedly shown the effectiveness of COVID-19 vaccines in reducing the risk of severe illness and death following infection with SARS-CoV-2.[3] In the UK, several studies of vaccine effectiveness undertaken during the Delta phase of the pandemic have shown two vaccine doses to be between 65-95% effective at protecting against symptomatic disease with COVID-19, with even higher rates of protection against hospitalisation and death.[3] Although protection against infection with SARS-CoV-2 and symptomatic disease does appear to wane with time, vaccines have been found to maintain high levels of protection against severe disease in the longer term.[3] While studies investigating vaccine effectiveness against the Omicron variant have shown substantially lower levels of protection than that from the Delta variant, protection has been shown to be enhanced by a third booster dose and remains high against hospitalisation and death.[4]

Author

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Case study 1: A health improvement settings-based approach to increasing vaccination uptake

Vaccine uptake in the student population

By 20 July 2021, about 18% of adults in Northern Ireland had not come forward for their first dose of a COVID-19 vaccine, with the uptake rate in the 18-29 year old cohort being the lowest at around 55% on 1 July.[1]

The PHA proposed to the DoH that there was an opportunity to increase the vaccination rates in young people by working with the Department of the Economy, universities and further education colleges to promote vaccine uptake in the student population.

There were three main strands to this work:

- To increase knowledge in the student population of the benefits of COVID-19 vaccination and to promote informed choice.
- To highlight the available opportunities to get vaccinated before the start of term in September.
- To maximise those opportunities by organising mobile vaccination clinics on campuses during freshers' week and/or the first week of term.

Actions included:

- By the end of July correspondence had been sent to all colleges and universities for targeted dissemination to their students.
- Additional social media materials were developed and shared with colleges and universities on a regular basis during August.
- Between 13 and 30 September, 64 vaccination clinics were held across 31 campuses.
- 3,162 first dose vaccinations were administered to students.
- Second dose clinics took place at all 31 campuses during November.

Author

Hilary Johnston, Health and Social Wellbeing Improvement Manager

References

1. Data taken from the PHA Internal COVID-19 Vaccination Dashboard.

Case study 2: A health improvement targeted population approach to increasing COVID-19 vaccination uptake in ethnic minority and migrant communities

Reviews of the Northern Ireland COVID-19 vaccine uptake data in March 2021 identified a number of geographic areas and groups in which vaccine uptake levels were below the Northern Ireland average.

The DoH vaccine plan included a focus on vaccine equity and ensuring implementation of interventions that would address vaccine hesitancy and low vaccine uptake.

In April 2021, in support of the DoH vaccine plan, the PHA set up a COVID-19 Vaccine Low Uptake Working Group to further support a number of key groups identified as having low vaccine uptake including:

- people living in the most deprived areas
- ethnic minority and migrant communities
- Travellers
- people who are homeless
- asylum seekers

Workplace interventions to target low vaccine uptake

Moy Park

In May 2021, Moy Park approached the DoH for support to get more of their staff vaccinated, due to their concerns with the low uptake levels and vaccine hesitancy among their migrant workforce, and the transmission risk associated with their work environment.

A pilot was agreed, developed and delivered by PHA, Northern and Southern Trusts and Moy Park across the three Moy Park sites (Ballymena, Dungannon and Craigavon) in late May and early June, with local Trust Vaccination Teams setting up vaccination clinics on site. Over 500 staff received a first dose across the three sites, with second doses delivered in July.

Northern Ireland Meat Exporters Association

In late June 2021, the Northern Ireland Meat Exporters Association (NIMEA) approached the DoH for assistance with the low vaccine uptake among their members' workforce with high levels of migrant workers, busy working environment, and the risk of major shut-downs if an outbreak occurred on site. Based on agreement from DoH, the PHA worked with NIMEA to establish a plan involving Trusts and Community Pharmacy to improve vaccine uptake within their workforce.

Approach

Individual interventions were developed for each of the 11 sites and included:

- On-site Trust pop-up clinic (only considered for factories with >1,000 staff).
- Attendance at a local large vaccination centre (with potential for dedicated time slots and shuttle transport provision through Community Transport).
- Signposting to local pop-up clinics (with potential for dedicated time slots and shuttle transport provision through Community Transport).
- Community Pharmacy offering Moderna vaccination on-site (only available from mid-August onwards).

Translated materials

Translated materials were developed which included translation into 21 languages of instructions on how to use BrowseAloud – enabling users to translate all relevant information on the PHA website relating to COVID-19 and vaccinations.

Also, myth-busting materials and videos were developed in a range of languages to help reassure individuals and encourage vaccine uptake.

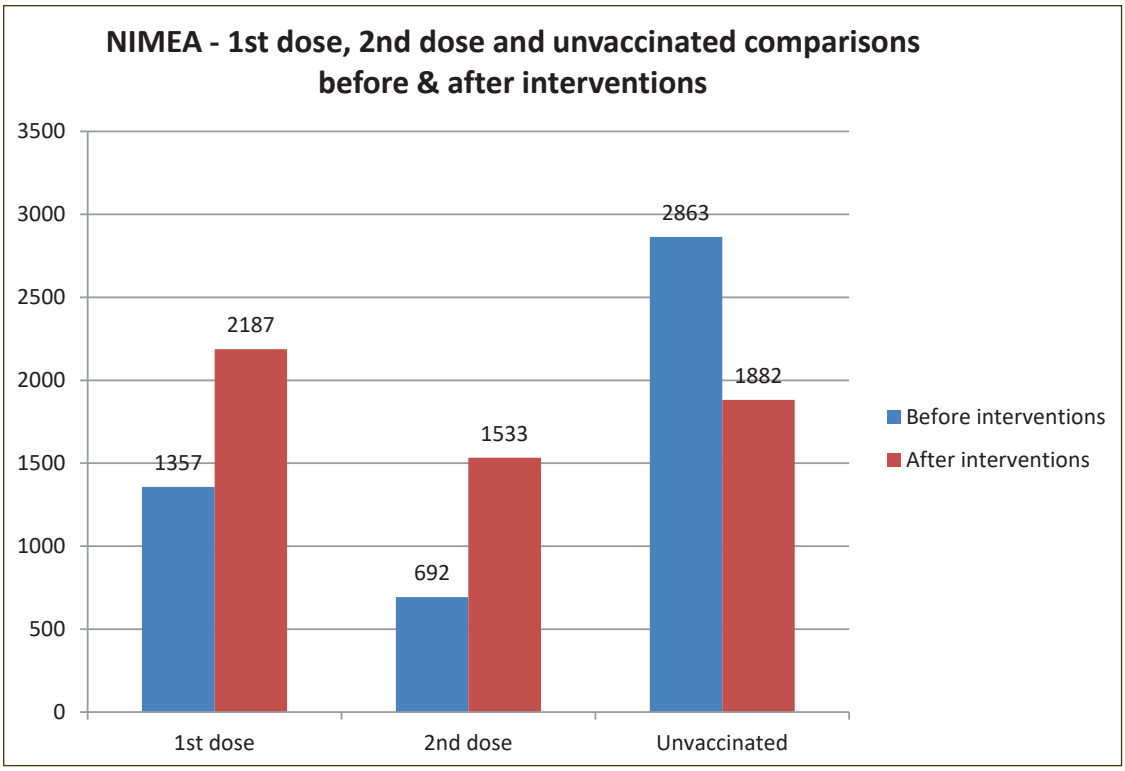
Partnership working

Throughout this process, PHA Health Improvement staff worked with a range of partners including:

- Trust Vaccination Team Leads (Northern, Western and Southern Trusts)
- 8 NIMEA Members across 11 sites
- Community Pharmacy reps (through the Community Pharmacy Vaccination Sub-group)
- Local Community Transport providers
- PHA-led Vaccine Low Uptake Working Group
- PHA funded ethnic minority and migrant communities support organisations (STEP NI in Dungannon and Ballymena Interethnic Forum)

Baseline data from the individual meat companies on their vaccination levels (first dose, second dose or not vaccinated), including a breakdown on nationality, was collated in early July. Post intervention data was collected in early September. Figure 14 shows the change in vaccination levels in the workforce before and after the interventions.

Figure 14: Number of staff having had 0, 1 or 2 doses of COVID-19 vaccine before and after intervention.



Results

The interventions resulted in a significant increase in staff receiving first and second doses of the COVID-19 vaccine. Improved access to vaccination clinics and more accessible information encouraged more employees to come forward for vaccination, resulting in the proportion of unvaccinated staff reducing by 22 percentage points.

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Developing a COVID-19 vaccine toolkit

Public health challenge

Since its launch in December 2020, the COVID-19 vaccine programme has had an enormous impact on the trajectory of the pandemic across the United Kingdom, by reducing disease severity, hospitalisations and mortality from COVID-19. Despite high population-level uptake of the programme in Northern Ireland, vaccine uptake is lower in certain groups than the population average, including children and young people, pregnant women, people living in homelessness, people from lower socioeconomic backgrounds and certain ethnic minority and migrant communities. These groups remain at increased risk of serious disease from COVID-19, leading to a potential widening of health inequalities between these communities and the general population.

Actions

The PHA convened a regional Low Vaccine Uptake Group to identify and implement interventions that enable fair access and opportunity for individuals to receive the COVID-19 vaccination. An action plan was developed which included the creation of a digital toolkit by Health Protection, Health Improvement and Communications colleagues in the PHA. The aim of the toolkit is to provide Trusts, local councils, community pharmacies and community groups with the knowledge, materials and resources to promote COVID vaccine with local communities and to implement evidence-based strategies to improve uptake among identified groups. The toolkit contains social media graphics, promotional videos, posters, links to PHA publications and case studies of local and UK wide interventions, targeted at specific population subgroups and available in a range of languages (Figure 15).

Figure 15: PHA social media graphic to promote COVID-19 vaccination during pregnancy.

Impacts

The toolkit was launched in March 2022 and will be disseminated widely by the Communications and Health Improvement Teams through established links with a range of stakeholders. The impact of the toolkit will be measured in the short term through stakeholder feedback to identify its utility in developing interventions to improve uptake, as well as suggestions for improvements to its content and format. Longer term monitoring of uptake rates across the population and within distinct subgroups will enable analysis of the impact of the work of the Low Vaccine Uptake Group.

Next steps

Work is ongoing to further develop the breadth and depth of the toolkit, with future developments to include resources that target additional low-uptake groups, including the homeless community and asylum seekers. Efforts are also underway to incorporate patient testimonials of their experience of COVID-19 vaccination. Stakeholders will continue to be encouraged to share case studies of interventions implemented, highlighting the population groups targeted and the outcomes and learning achieved.

Statistical facts

In Northern Ireland, as of 1 March 2022:

- 74.9% of the population have received a first vaccine dose, 69.9% a second dose and 50.4% a booster dose.*
- 62.0% of those in the least deprived areas are fully vaccinated**, compared with 39.4% in the most deprived areas.
- Only 54.0% of 12-15 year-olds have received a first vaccine dose.

Improving vaccination uptake rates among low-uptake groups can be achieved through partnership working, tailored communication and facilitating access to vaccination services.[1]

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* Data taken from the PHA Internal COVID-19 Vaccination Dashboard.

**Fully vaccinated refers to an individual who has completed the full primary COVID-19 vaccination course and has also received a booster dose.

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Test, Trace, Protect

- Contact tracing in Northern Ireland
- Case study 3: Contact tracing data provides a 'different path' in Ards and North Down
- Testing for COVID-19 in Northern Ireland
- Case study 4: Support for places of worship in managing the spread of COVID-19
- Case study 5: A communities-based approach to increasing reach and resonance of public health messaging
- The Acute Health Protection Service response to care homes during the COVID-19 pandemic in Northern Ireland
- Port health: return to cruise ship operations 2021

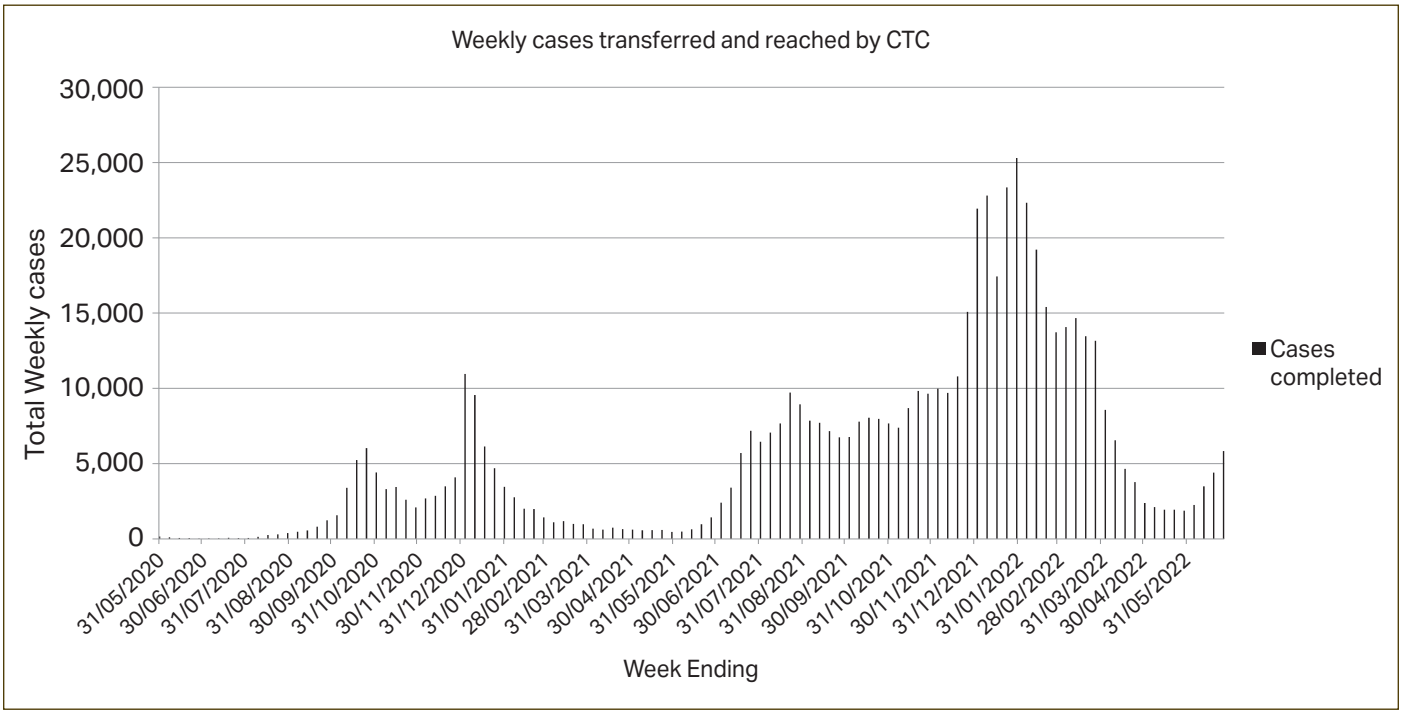
Contact tracing in Northern Ireland

Since its inception in the early stages of the COVID-19 pandemic in 2020, the Contact Tracing Service (CTS) has worked to enable the rapid identification of close contacts of positive cases and reduce chains of transmission of COVID-19 in the community.

Developing the service

Throughout the year we continued to support investigations into clusters and outbreaks and undertook enhanced tracing where appropriate. The arrival of first the Delta and then the Omicron variants meant significant change in CTS in terms of managing significantly higher numbers of cases. We continued to recruit staff to manage these volumes and created a new role of Contact Tracing Technician to trace less complex cases as triaged by senior staff. Our stepped business escalation plan has allowed us to be flexible in meeting the changing needs of the pandemic response. At several times throughout the year we were able to call on PHA colleagues to enhance our staff complement and maintain service levels.

Figure 16: Cases completed - weekly data from 26 May 2020 (post-pilot) to 26 June 2022.



In 2021 CTS expanded its remit to provide extended support to education settings. The Service continues to work closely with colleagues in the Education Authority and Department of Education in supporting schools. We have worked directly with Further and Higher education establishments in supporting contact tracing and other interventions on campus.

As changes were made to international travel restrictions, CTS had an integral role in ensuring that travellers returning to Northern Ireland via the Republic of Ireland understood their obligations under the various public health regulations.

Engaging partners and stakeholders

We continued to work with colleagues in DoH, BSO and Kainos to refine and improve the digital systems that support our work. We have a suite of digital products including state of the art informatics that allow our analytics team to provide vital data and intelligence to support not only the operation of the Service but also wider discussions around policy and strategy held at Agency, Department and Executive level.

Stakeholder interest in our work remained high throughout the year with a number of Assembly questions and media queries answered. CTS continued to engage with various groups throughout the year in order to keep them apprised of our work. We attended events with political parties and the Assembly Health Committee; education leaders and trade unions; universities and FE colleges; and groups from industry, child-minding and day care, hospitality and the community and voluntary sector. We also gave several briefings to media outlets.

At the time of writing CTS had contact traced over 600,000 cases of COVID-19 in Northern Ireland and contact tracing was still ongoing.

Author

Dr Elizabeth Mitchell, Director of Contact Tracing

Case study 3: Contact tracing data provides a 'different path' in Ards and North Down

In early 2021, Ards and North Down Borough Council (ANDBC) were faced with a "spike" in cases in the local area. Initial concerns centred on the coastal path, which was used by many local residents for outdoor exercise. The council worked closely with the PHA to clarify where the main risk of transmission lay.

- PHA's Health Improvement Team coordinated a series of meetings between ANDBC and the community and voluntary sector.
- Data was requested from PHA's Contact Tracing Service which showed nine new clusters in the ANDBC area. These were centred around small businesses and church gatherings – no evidence was found of community transmission in outdoor areas.
- Resulting discussions with senior management in the Council ensured appropriate action was taken to address the increase in cases.

Outputs

The PHA engaged extensively with the Council including the Council's Economic Development Department, who issued regular communications using PHA resources and graphics via their business 'e-zine' network to 1,700 small businesses.

North Down Community Network issued graphics and messaging to 550 groups via e-zine and all social media. Meeting with clergy and faith leaders from the four main churches addressed issues such as social distancing, car sharing, wakes, and standing at the back of and outside the church.

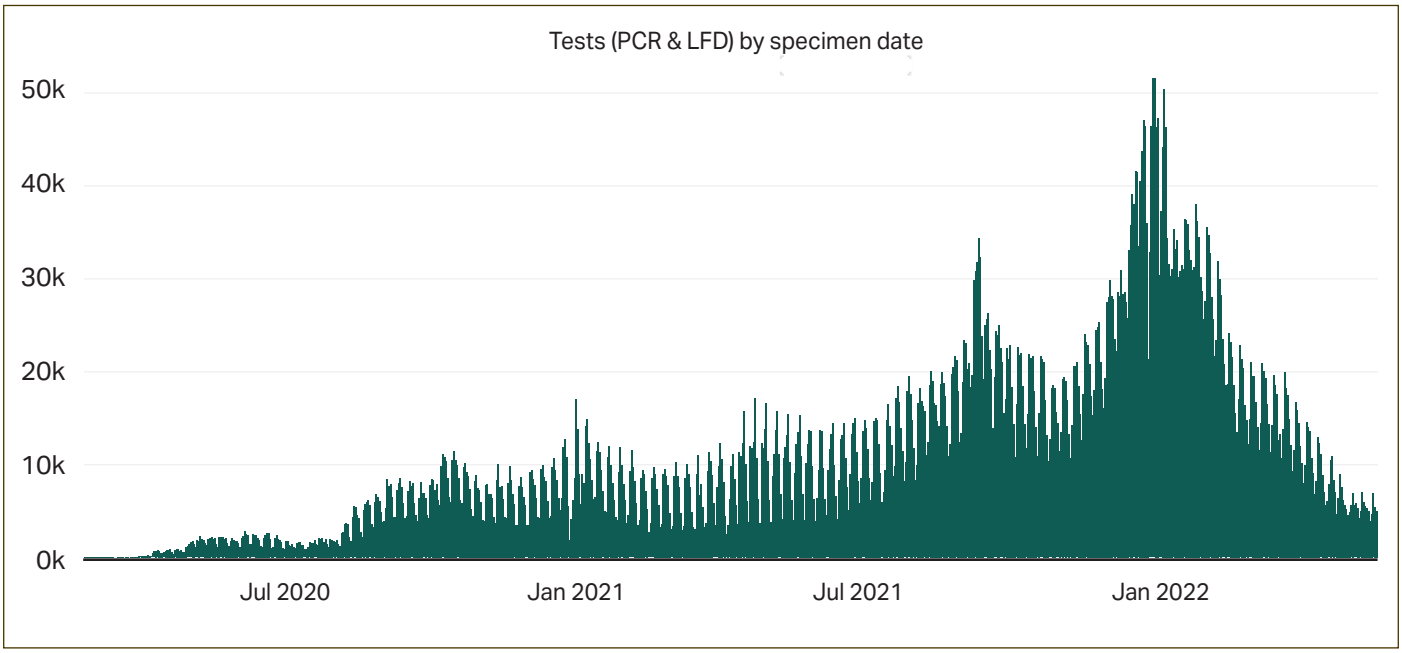
Author

Séamus Mullen, Head of Health and Social Wellbeing Improvement

Testing for COVID-19 in Northern Ireland

The first positive COVID-19 case in Northern Ireland was tested on 26 February 2020. In total, a cumulative number of 5,448,774 COVID-19 PCR tests have now been completed in Northern Ireland, and 2,652,606 lateral flow device (LFD) tests have been reported.[1]

Figure 17: Tests (PCR and LFD) by specimen date, 23 February 2020-20 February 2022.



(Source: Department of Health: COVID-19 Daily Dashboard. Accessed 22.02.2022. Microsoft Power BI)

The testing programme has evolved in the course of the pandemic and now includes a variety of technologies. The PHA testing team continues to work with colleagues across the region, including local test site partners, the Northern Ireland Expert Advisory Group for COVID-19 testing and the Northern Ireland Pathology Network, to develop the testing programme and ensure that it is delivered to a high standard. Staff link closely with colleagues working on the testing programmes in England, Scotland and Wales to share knowledge and resources.

Pillar 1

Pillar 1 tests are those conducted within the HSC system. Initially this was only through laboratory-based PCR testing but in the course of the pandemic there has been an expansion in the number of technologies available. All Trusts are able to provide COVID-19 testing to their patients and staff. In addition to standard PCR tests, there are now further laboratory-based tests with shorter turnaround times and point of care tests which can be done without the sample being transferred to a laboratory. These quicker tests allow for rapid decision making in the healthcare system.

Pillar 2 PCR testing

Members of the public are able to access community testing by PCR through Pillar 2 testing sites. As of February 2022, there were five 'drive through' regional test sites and nine 'walk

through' local test sites in Northern Ireland, accompanied by a fleet of mobile testing units. These mobile units are temporary sites that can be set up quickly in response to local demand. Home testing kits are also available.

Lateral flow device (LFD) testing

In the course of the last year, there has been significant expansion in LFD testing in Northern Ireland. These rapid tests allow asymptomatic individuals to test at home, with a result available within 30 minutes. Around one third of those with COVID-19 can have no symptoms, so taking a LFD test can identify the virus and help individuals to take appropriate steps to stop the spread of the virus to others.

Members of the public are able to order LFD tests online for home delivery or can collect them at local collection sites, including pharmacies. In addition, LFDs are available for staff in a variety of settings, including workplaces, health and social care settings and care homes. In schools, all pupils in years 8-14 and all staff are offered LFDs.

LAMP testing

In 2021, the PHA worked with the Education Authority and Queen's University Belfast to introduce a programme of LAMP testing for pupils and staff at special schools in Northern Ireland. LAMP (loop-mediated isothermal amplification) is a saliva-based test and was felt to be easier than nose and throat swab LFD testing for some children who attend special schools.

The LAMP testing programme now uses a second laboratory, based at Ulster University, in addition to Queen's University Belfast. The testing has been made available to some staff in HSC Trusts as an alternative to LFDs.

Author

Dr Sinéad McGuinness, Consultant in Public Health Medicine

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1. Data refers to tests up to and including 20 February 2022. Available from Department of Health: COVID-19 Daily Dashboard. Accessed 22 February 2022.

Case study 4: Support for places of worship in managing the spread of COVID-19

Places of worship play an important role in providing spiritual leadership for many individuals, and in bringing communities together. Their communal nature makes them places that can be vulnerable to the spread of COVID-19.

The PHA worked with clergy during March and April 2021 to support them in implementing and adhering to the COVID-19 government guidelines in place to protect those attending church based services, and to promote messaging around reducing transmission to congregations when attending church based services, including funerals. This project drew on existing relationships with churches built via Flourish!, an initiative to support churches in addressing the needs of people affected by suicide.

Actions included:

- Meetings were coordinated by PHA Health Improvement leads with church representatives. Included in discussions were representatives from churches, Flourish! and the PHA.
- The Flourish! website (www.wewillflourish.com) was updated with a dedicated COVID-19 section providing information and links to help churches be better informed.
- A COVID-19 guidance poster was developed in partnership with PHA and clergy and circulated to all church representatives on the Flourish Churches database.
- Over 300 churches received the posters to display in their church buildings to promote key safety messages to parishioners and congregations.
- A video was produced with the Dean of Armagh Diocese to showcase good practice in church based settings.

The work was carried out to coincide with the Easter period and the return to church services over the Easter weekend of 2021.

Author

Helen Gibson, Health and Social Wellbeing Improvement Senior Officer

Case study 5: A communities-based approach to increasing reach and resonance of public health messaging

The PHA Health Improvement team has strong relationships with community and voluntary sector and statutory organisations, from grassroots to strategic level. These have been developed over years of engagement, partnership working and responding to needs. The pandemic generated an appetite for organisations, including those without a specific health remit, to help reduce the spread and impact of COVID-19.

Health Improvement identified that collaborating with PHA Communications team would enable more routine mobilisation of these relationships, increasing reach and resonance with particular groups of interest by:

- engaging and supporting organisations who have trusted relationships with their own audiences but limited experience in accessing and disseminating PHA public messaging;
- harnessing relationships with relevant groups and organisations to inform the development of targeted messaging, and its dissemination thereafter.

Reaching a wider audience

In the first case, the objective is to provide frequent, easy access to curated PHA communications resources so that partners can 'lift and distribute' them to their audiences. Partners' dissemination methods comprise social media, including channels managed by community volunteers, as well as traditional methods, such as placing items in hard copy newsletters.

The work operates through an email subscription service. Each mailout allows a high level overview of the content that is available for priority issues, promotes the option of translated and alternative formats where available, and gives direct access to the resources.

The service currently reaches 800 contacts and has distributed thirteen editions – comprising eight COVID-specific, one 'subscription drive', one feedback exercise and three concerning other health themes. COVID-specific editions have covered vaccination, testing, digital self tracing, financial support, car sharing and Germ Defence (in partnership with the Behaviour Change Group).

Targeted messaging

In response to a rise in infection numbers in younger age ranges in December 2020, work was carried out with numerous young people's organisations to tailor social media resources to help young people to understand public messaging and adopt recommended behaviours.
The team also worked with Department for Communities, Sport NI and governing bodies of sports organisations to develop specific messaging. High profile sports people have participated in developing and disseminating video messages and associated graphics featuring a bespoke slogan for this audience, "Train smart, play smart, be COVID smart".

Figure 18: Examples of graphics created to target COVID-19 messaging to specific audiences.

The sustained nature of the pandemic has enabled these collaborative approaches to be embedded as routine business between Health Improvement and Communications to increase reach and resonance of PHA messaging.

Author

Danny Sinclair, Health and Social Wellbeing Improvement Manager

The Acute Health Protection Service response to care homes during the COVID-19 pandemic in Northern Ireland

The Acute Health Protection Service has a lead role in protecting the population from infection and environmental hazards through a range of core functions including surveillance and monitoring, operational support, advice, education, training and research. The service is delivered by a multi-disciplinary team of doctors, nurses, emergency planners, scientific, surveillance and administrative staff operating on a 24/7 basis. The service provides specialist health protection advice and support to all of the independent nursing and residential facilities across Northern Ireland.

Supporting care homes

The last two years have been extremely challenging for the independent nursing and residential facilities across the region, with care home residents, their families and staff disproportionately affected by the COVID-19 pandemic. Since the COVID-19 pandemic was declared in March 2020, the Acute Health Protection Service has provided advice and support to help care homes manage over 1,300 outbreaks, the majority of which were COVID-19. This work continues to be a key priority given the significant impact of COVID-19 on care homes.

When an issue is detected, the team work with the care home to gather the information needed to complete a risk assessment to determine what is going on, and what measures are required to limit onward spread, illness and death. This includes a range of information to determine the likelihood of transmission in the home, and the impact on residents, staff and care partners. Based on this assessment, tailored public health advice will be given to the care home. This includes infection prevention and control advice. The team continues to provide support to the care home until the outbreak is over.

The Acute Health Protection Service response has evolved to reflect the changing circumstances of the pandemic over time, including new variants of concern of COVID-19, changes in the dominant strain of COVID-19 with different characteristics, and the impact of the COVID-19 vaccination programme on residents and staff. To date, approximately 95% of care home residents have completed the primary course of COVID-19 vaccinations, and 90% have received a booster dose of COVID-19 vaccine, which has provided significant levels of protection to residents.

Impact on wellbeing

Our primary role and responsibility is to protect the residents from illness and death due to infectious diseases; however we are mindful of the wider impacts which some of the infection prevention and control measures can have upon the wellbeing of residents and their families. The early waves of COVID-19 had higher rates of severe illness and death compared to Omicron, the current dominant strain of COVID-19. The high uptake of COVID vaccination among the care home resident population, along with access to appropriate PPE and regular testing, has enabled

the isolation period for cases and close contacts to be reduced, and allows care partners' visits to continue when a care home is in outbreak, positively impacting upon resident wellbeing.

Going forward, we will continue to work closely with care homes, residents and relatives and internal and external stakeholders across the wider health and social care system, to ensure the delivery of a robust and proportionate response to incidents and outbreaks in the care home setting to protect residents and support care home staff.

Authors

Alison Griffiths, Nurse Consultant in Health Protection

Gillian Armstrong, Joint Interim Head of Health Protection

Port health: return to cruise ship operations 2021

More people travel greater distances and at greater speed than ever before. Over a billion people now travel by air and sea each year and today's highly mobile, interdependent and interconnected world provides many opportunities for the rapid spread of disease, including infectious diseases, food-borne diseases, environmental disasters, toxic-chemical, biological and radio-nuclear accidents. It is critical that all countries have the capacity to detect, assess, and respond to public health incidents such as these. The COVID-19 pandemic has highlighted the role of travel in the spread of High Consequence Infectious Diseases.

Travel after COVID

In November 2020, the first Global Travel Taskforce produced 14 recommendations to support a return to international travel. Many of the recommendations, such as the Test to Release scheme, have been instrumental in supporting safe travel and will remain crucial in the months to come. On 2 March 2021, the Northern Ireland Executive office published Moving Forward: The Executive's Pathway out of Restrictions and the return to domestic cruising for Northern Ireland was scheduled for 17 June 2021.[1]

Over the last year significant work has been undertaken in developing a COVID-19 Port Management Plan for Northern Ireland, coordinated by the Northern Ireland Cruise Operations Group, chaired by the PHA and Belfast Harbour and including Cruise Belfast, Port Health, Maritime Policing and Belfast City Council Emergency Planning Team.

To enhance existing arrangements for port health in Northern Ireland and support the safe return to cruise ship operations for Northern Ireland, the PHA worked with Cruise Belfast (the cruise promotion partnership between Belfast Harbour and Visit Belfast), the Port Health Authority, the Belfast City Council Emergency Preparedness Group and other stakeholders to produce a Public Health Emergency Contingency Plan and Risk Assessment for Ports in Northern Ireland ensuring appropriate protocols are in place. Cruise operators engaged with the PHA and other statutory organisations and provided an overview of their COVID-19 operating guidelines based on the UK Chamber of Shipping Framework.[2] These guidelines are designed to be delivered in conjunction with local, regional or national guidelines in force at the time of any cruise call.

Joint planning and preparedness for the return to Northern Ireland cruise operations on 17 June 2021 was consolidated on 18 May 2021 in a PHA led four nations Port Health exercise based on a scenario of COVID positive guests and crew on board a cruise ship calling to a Northern Ireland port which included participants from a number of health protection agencies, port health partner organisations and cruise operators.

Joint working with partner organisations contributed to the successful return of cruise ship operations in Northern Ireland. A total of 70 cruise ships and guests were welcomed to our shores in 2021 and learning from the successes of 2021 will be incorporated into planning for the 2022 cruise season.

Author

Mary Carey, Senior Emergency Planner

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2. Coronavirus (COVID-19): international cruise ship travel. Available at: https://www.gov.uk/guidance/cruise-ship-travel (Accessed 7 April 2022).

The impact of COVID on other aspects of healthcare

- Expanding the seasonal influenza programme
- Addressing inequalities in cancer screening uptake during the pandemic
- A new test for bowel cancer screening
- IT developments in newborn hearing screening
- Delivering diabetic eye screening during a pandemic
- The impact of COVID-19 on trends in cancer diagnosis in Northern Ireland

Expanding the seasonal influenza programme

Rationale

In preparation for the 2021/22 seasonal influenza vaccination programme, the Joint Committee on Vaccination and Immunisation (JCVI) considered and recommended the continuation of the age based enhanced programme for the 2020/21 season which extended vaccination to all 50 to 64 year olds. JCVI also retained the offer of live attenuated intranasal vaccine (LAIV) to children in the first year of secondary schools.

This decision took account of:

- Previous modelling work which showed that the childhood programme fully rolled out (2-16 years) would have a greater impact on GP consultations, hospitalisations and mortality than vaccinating 50–64 year olds.
- More recent modelling of vaccination in childhood, which had a more detailed breakdown by age than was used in the initial advice on the childhood programme. This showed that all strategies for vaccinating children up to 16 years (preschool, primary and secondary school) were cost effective, but that primary school vaccination had a stronger impact on health care burden than secondary school vaccination.

In addition, JCVI agreed that expansion of the programme to all secondary school aged children would be supported for the 2021/22 season, provided the necessary infrastructure could be put in place for programme delivery, with priority given to the youngest age groups of children/ teenagers, if there were any limitations to full school expansion.

JCVI also agreed that if COVID-19 remained of major concern during the winter of 2021/22 it would be reasonable to continue with the enhanced programme planned for the 2020/21 season. This was the case, coupled to very low influenza infections rates (as a result of COVID-19 prevention measures) which had the consequence of lowering any naturally acquired immunity to flu viruses. Therefore in 2021/22 influenza vaccination was again offered to adults aged 50–64 years, in addition to the expanded childhood programme, to protect them and alleviate pressure on the NHS.

A similar recommendation has been made by JCVI for the 2022/23 season with continued low influenza levels resulting from COVID-19 prevention measures in 2021/22.

Impact of COVID-19 vaccination on 2020/21 seasonal influenza vaccination programme

The 2020/21 seasonal influenza programme began with the prospect of safe and effective COVID-19 vaccinations becoming available part way through the programme's period of operation. Initially, as with all new vaccine introductions, the Medicines and Healthcare product Regulatory Agency (MHRA) wished to be able to detect and investigate any side effect attributable to the new vaccines, and a recommendation for a four week gap between administration of any other vaccination (including influenza) and COVID-19 vaccines was made. With the growing evidence of the safety profile of the COVID-19 vaccinations this four week interval has been removed and co-administration of COVID-19 with other vaccines was approved by MHRA in time for the 2021/22 influenza vaccination programme.

The programme began in October 2020 with vaccinations being administered to large numbers of eligible people. As a consequence of limitations in worldwide vaccine supply, the programme was paused for a short period. Initially across the United Kingdom seasonal influenza vaccination was offered to the higher priority groups identified by the JCVI. As supplies improved when the DoH was able to access additional vaccine supplies from a special stock obtained by the Department of Health and Social Care for UK wide use, those aged 50-64 years not in clinical risk groups were able to access influenza vaccination from January 2021.

This expanded seasonal influenza offer coincided with the introduction of COVID-19 vaccination. Initially COVID-19 vaccination was offered to those aged over 65 years of age, most clinically vulnerable and frontline health and social care workers. However, although most people in the 50-64 year age group could have obtained their seasonal influenza vaccination allowing for four weeks until their offer of COVID-19 vaccine would have been due, the knowledge of the recommended four week gap between COVID-19 and other vaccinations had the impact of reducing the acceptance of seasonal influenza vaccine by many people in this group.

Despite this, the uptake of seasonal influenza vaccination during the 2020/21 season was better than 2019/20 which had been a record year for vaccine uptake.

Seasonal influenza vaccination rates for 2019/20 and 2020/21 are presented below.

Table 1: Influenza vaccine uptake rates (public programme), 2020-21 and 2019-20.

	Delivered by	2020/21 (to 31 Mar)	2019/20 (to 31 Mar)
All 2 to 4 year olds	GP	55.2%	48.5%
All pregnant women	GP	42.1%	46.3%
All individuals under 65 years with a chronic medical condition	GP	67.8%	58.9%
All individuals 65 years and over	GP	79.1%	74.8%
% of all primary school children vaccinated to date	Trust School Nurse Service*	72.9%	72.1%
% of all year 8 school children vaccinated to date	Trust School Nurse Service	66.6%	n/a

* This figure includes nasal and injected vaccines delivered by the school nurse service, as well as a small number of nasal vaccines delivered by their GP

Table 2: Influenza vaccine uptake rates (frontline health and social care workers), 2020-21 and 2019-20.

	% of all frontline health care workers employed by a Trust		% of all frontline social care workers employed by a Trust	
	2020/21 (to 31 Mar)	2019/20 (to 31 Mar)	2020/21 (to 31 Mar)	2019/20 (to 31 Mar)
Belfast HSCT*	50.0%	43.4%	41.8%	24.4%
South Eastern HSCT	59.1%	43.6%	48.5%	22.9%
Northern HSCT**	54.8%	43.5%	40.1%	27.9%
Southern HSCT***	50.9%	39.6%	36.4%	23.5%
Western HSCT	46.2%	29.1%	38.8%	12.1%
NIAS****	77.3%	62.4%	n/a	n/a
Northern Ireland	52.4%	41.2%	40.8%	22.8%

*Belfast HSCT figures were reported up to 31 January 2021
**Northern HSCT figures were not reported for January or March 2021
***Southern HSCT figures were reported up to 28 February 2021
****NIAS figures were reported up to 31 December 2020

Author

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Addressing inequalities in cancer screening uptake during the pandemic

The PHA contracts with the Women's Resource and Development Agency (WRDA) to deliver a regional, peer-led service to help tackle inequalities in cancer screening. The service aims to raise awareness and promote informed choice in breast, cervical and bowel cancer screening. It is targeted at people living in deprived areas and those identified in Section 75 of the NI Act 1998.

Working with individuals, communities and the voluntary sector to reduce the impact of health inequalities is at the core of the PHA's values and was noted in the Cancer Strategy for Northern Ireland 2022-2032:

Health inequalities are associated with lower symptom awareness, later presentation and lower uptake of services including screening. Inequality across NI means there are potentially avoidable variations in outcomes, patient experience and survival. [1]

The WRDA's programme of work includes community outreach, recruitment and training of peer facilitators and delivery of cancer screening awareness sessions in community venues. The WRDA tailors awareness session content to the needs of the attendees and delivers bespoke sessions for those with additional support needs. They work closely with community groups, charities and carers, and can arrange translation and child care services to ensure sessions are accessible.

New approaches

The arrival of the pandemic brought a halt to this model of service delivery. An alternative service model was developed through community engagement, and training for the WRDA team and facilitators. An online programme was created consisting of Zoom group sessions, a pre-recorded webinar and a series of animated videos providing information about cancer screening and promoting Be Cancer Aware messages.

During this time, the WRDA continued to develop their relationships with key groups, targeting people from ethnic minority backgrounds, LGBTQ+ and those with sensory impairments in particular. Engagement with the British Deaf Association resulted in co-production of adapted online awareness sessions, filmed with a British and Irish Sign Language translator, along with subtitles, to make these more accessible for deaf or hearing impaired service users.

Hybrid model

As COVID restrictions relaxed, the WRDA noted a huge demand from community groups for delivery of in-person awareness sessions, amid fears around undiagnosed cancer cases following COVID-related disruption to services. In response, the WRDA began once again to offer in-person delivery of cancer screening awareness sessions, (with due regard for social distancing and other public health guidelines). Online delivery of sessions has also continued, with demand for each modality varying as the pandemic unfolds.

In responding to the pandemic, this service has benefitted from having to develop and trial new ways to engage with those most in need in order to promote informed choice in cancer screening.

For further information on the WRDA's programme of work, please see: https://wrda.net/breast-cervical-and-bowel-screening-awareness-programme-webinar/

Author

Dr Catherine Bane, Project Manager, Young Person and Adult Screening Team

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1. Department of Health. A cancer strategy for Northern Ireland 2022-2032. Belfast: DoH 2022. Available at: https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-cancer-strategy-march-2022.pdf

A new test for bowel cancer screening

Bowel cancer screening is offered to individuals aged 60-74 every two years. The aim of screening is to identify bowel cancer at an early stage, when treatment outcomes are markedly improved.

The UK National Screening Committee previously recommended a change in the primary screening test for bowel cancer, moving from Faecal Occult Blood (FOB) tests to quantitative Faecal Immunochemical Testing (FIT). Work commenced to prepare for this change in Northern Ireland, and funding was identified to progress this locally from 2019/20. Initial plans were to work towards implementation in June 2020.

This test has several benefits:

- It is more sensitive, meaning that bowel cancer screening may be able to detect more cancers and pre-cancerous adenomas. FIT tests specifically for human blood within stools, whereas the previous test may have been affected by dietary factors.
- It is an easier test to complete, and studies (across the UK and internationally) have demonstrated that moving to FIT testing increases bowel cancer screening uptake, particularly in groups that historically have been less likely to participate in screening.
- It is an automated test, reducing the risk of human error in the processing of samples.

Implementation

The emergence of the pandemic delayed the implementation of this policy change as well as impacting on the wider screening programme. The Bowel Cancer Screening Programme was paused in March 2020, with invitations resuming in August 2020. A new target date for implementation of FIT was set for early 2021 and planning work continued at pace throughout the pandemic.

Implementation of this policy change involved a wide range of stakeholders and required coordinated action across a range of organisations. This included the updating of patient information materials, procuring the new testing kits and equipment, ensuring adequate provision of follow-up investigations within Health and Social Care (HSC) Trusts, and undertaking extensive IT system developments. These are challenging workstreams to coordinate and progress at any time, but even more so during a pandemic with the added pressures being experienced across all HSC services.

FIT was successfully introduced into the Bowel Cancer Screening Programme in January 2021.

In preparation for the launch, the PHA worked with Cancer Research UK to develop a tailored animated video that explains how to complete the test kit. The PHA worked with the Women's Resource and Development Agency (WRDA) to update their online materials for their bowel cancer screening awareness sessions. These online materials were developed by WRDA in response to the pandemic.

Provisional data suggests that FIT implementation has resulted in improvements in screening uptake, in keeping with evidence from other regions. While the programme continues to operate with backlogs in invitations as a result of the pause in 2020, these are being reduced in a managed way, with the anticipation that the programme will be fully restored by autumn 2022.

Author

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IT developments in newborn hearing screening

The aim of the Newborn Hearing Screening Programme (NHSP) is the early identification of and provision of effective intervention for babies born with a permanent childhood hearing impairment. It is an essential service that has continued to operate throughout the pandemic, offering screening to all babies up to six months old who are born or reside in Northern Ireland.

Ensuring a high quality service

As part of a quality improvement and modernisation initiative, the programme took forward plans in 2020/21 to implement a new information management system (Smart4Hearing) to support service provision across the region. This was considered a priority area of work and the project continued to be progressed throughout the COVID-19 pandemic.

This complex project, led by the PHA, involved engagement with a wide range of stakeholders including HSC Trusts, BSO and Northgate Public Services. The new system will benefit the programme by:

- providing robust quality assurance of the programme;
- enhancing 'failsafe' processes which ensure that all babies are managed appropriately through the screening pathway;
- reducing the amount of manual data entry;
- providing more timely reports on how the programme is performing;
- ensuring the programme is able to report on all national quality standards and therefore provide the ability to monitor the performance of the Northern Ireland programme against other regions of the UK.

Furthermore, the initiative provided an opportunity to enhance communication links with paediatric audiology and otolaryngology colleagues, in order to support management of the entire patient journey and complete the newborn hearing screening pathway.

Implementation

Smart4Hearing was successfully implemented in March 2021. This has been an important quality improvement initiative and will provide many benefits for future programme management.

Several challenges were encountered during the implementation as a result of the pandemic, such as providing training and support while adhering to government guidance and infection prevention and control recommendations. These challenges were overcome by the use of virtual meetings and video conferencing, the use of additional appropriate technology, and frequent communication with all stakeholders involved.

Author

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Delivering diabetic eye screening during a pandemic

The Northern Ireland Diabetic Eye Screening Programme (NIDESP) is commissioned and quality assured by the PHA and managed by a single provider (the Belfast Health and Social Care Trust). Screening is offered on an annual basis to people aged 12 and over who have diabetes. The eligible population currently stands at around 110,000 people in Northern Ireland. This eligible population has more than doubled from the start of the programme in 2008.

Modernising the service

In order to improve quality and meet the needs of its increasing eligible population the programme has been the subject of a multi phased modernisation project over the last number of years. This plan included:

- introduction of a new IT system;
- development of internal quality assurance processes;
- surveillance clinics for people at higher risk of sight loss;
- a review and implementation of a new service delivery model; and
- introduction of a two year screening interval for those at lowest risk of sight threatening retinopathy.

The supporting project structure for the implementation of the new service delivery model was being finalised in late 2019/20 with the expectation that this would begin from April 2020. However, with the pausing of some population screening programmes at the beginning of the pandemic, this was no longer achievable. It became clear that in order to restart the programme during the pandemic an immediate move to a fixed site delivery model was required, as providing screening at individual GP practices was no longer feasible.

A small number of consultant led clinics continued throughout the pandemic to ensure that pregnant women were offered screening. The remaining eligible population were risk stratified to ensure that those at highest risk of sight loss were offered screening as soon as possible. Capacity was maximised by placing those at lowest risk on a two yearly screening interval rather than annual, which was an element of the modernisation project outlined above. The introduction of a two yearly screening interval was recommended by the UK National Screening Committee in 2016 for those at lower risk of sight loss. This approach was also discussed at a national level at regular 5 Nations meetings; with each of the other UK nations now at various stages of implementation.

Planning for the future

The programme has worked extremely hard over the last 18 months to screen as many participants as possible, working within the constraints and pressures of the pandemic such as social distancing and infection control requirements, while rapidly identifying and securing new screening venues across Northern Ireland. Despite this, capacity overall remains considerably reduced.

While the programme has had to introduce both a fixed site delivery model and the variable screening interval as a result of events outside its control, it has become clear that in order to continue to meet the challenges of providing a sustainable screening service going forward,

both of these programme changes will likely need to be formally implemented. The number of people with diabetes continues to grow, and we need to ensure that we can continue to deliver a high quality screening programme that is effective at identifying those with sight threatening retinopathy and offering them suitable early treatment. The PHA continues to work with the Trust to support ongoing recovery of the programme through the impact of the pandemic, and also to plan the future model and needs of the service.

Author

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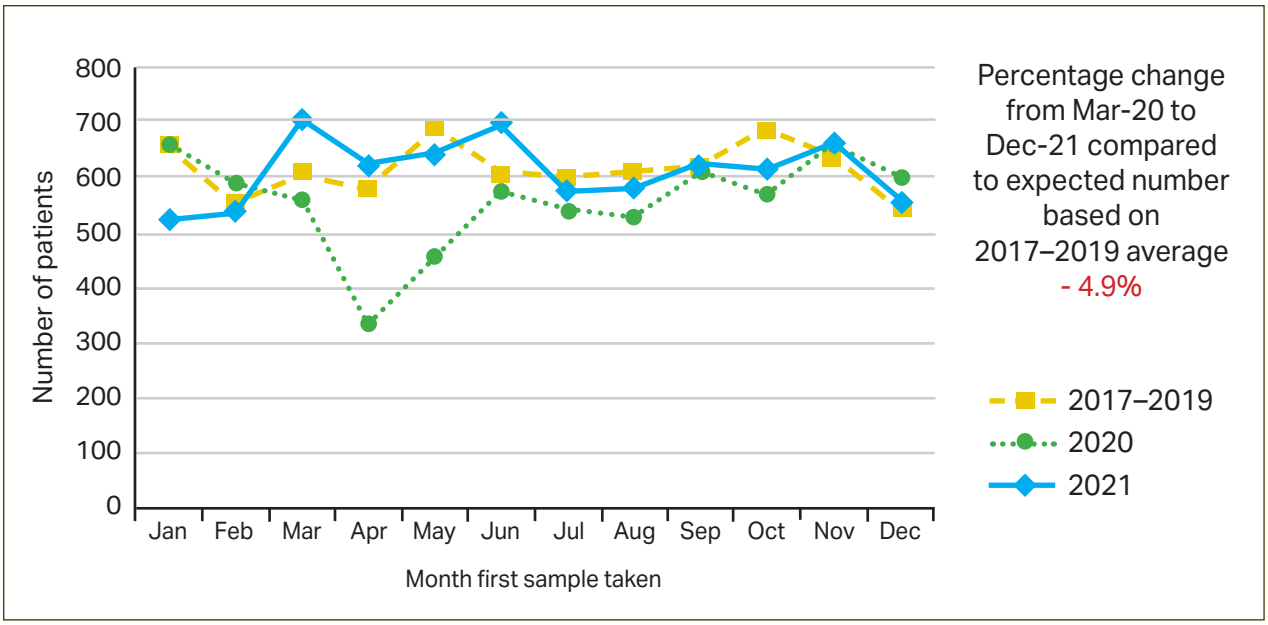
The impact of COVID-19 on trends in cancer diagnosis in Northern Ireland

The unprecedented pressure faced by HSC services in Northern Ireland during the COVID-19 pandemic has caused extensive disruption to the routine functioning of healthcare services, including cancer screening programmes, referral pathways and diagnostic and treatment services. Stay at home messages also resulted in changes to individual healthcare seeking behaviours which are likely to have contributed to delays in patient presentation to healthcare services. Given that early cancer diagnosis is associated with improved outcomes, there is concern that late presentation and delays in diagnosis and treatment will reverse the recent trends of improvements in survival for cancer patients in Northern Ireland.

Since March 2020, the Northern Ireland Cancer Registry (NICR) have produced monthly reports providing an overview of trends in the number of patients with pathology samples indicating cancer and contrasted these with average numbers during 2017-2019.[1]

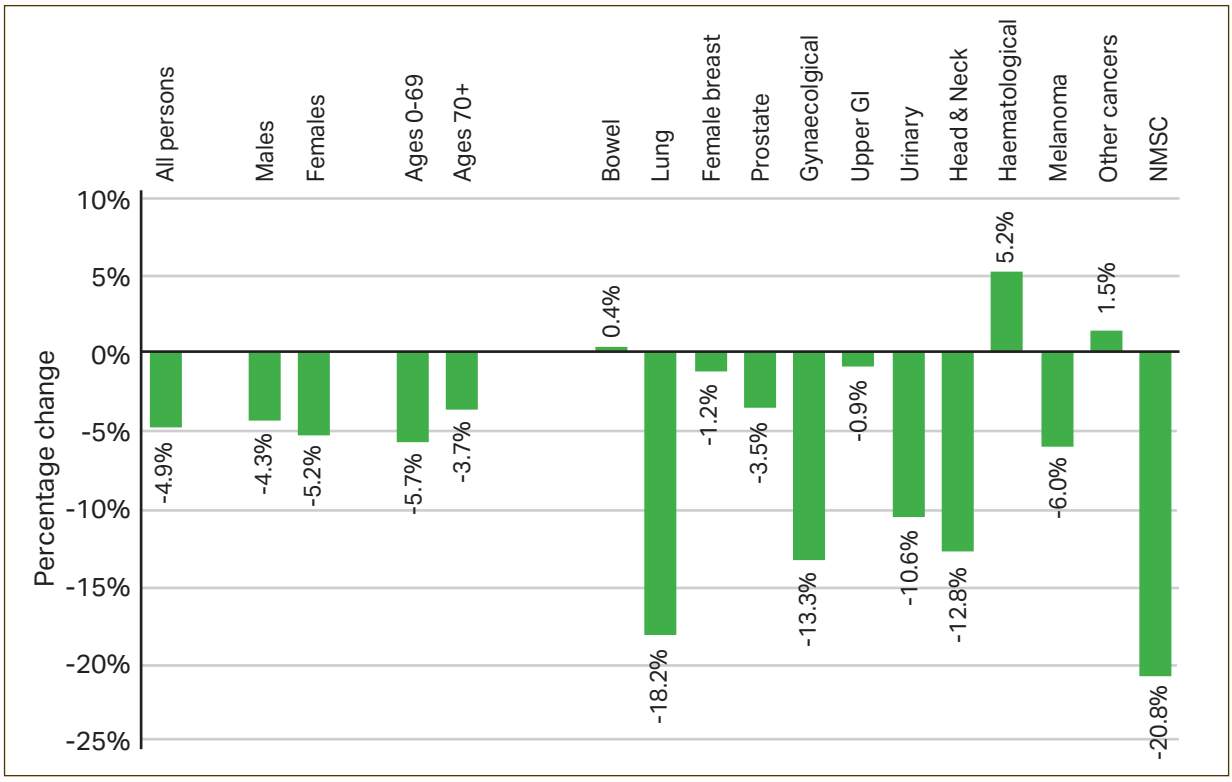
The number of samples was reduced when the levels of COVID-19 were highest. Overall, from March 2020 to December 2021, the number of patients with a pathological sample indicating cancer was 4.9% lower than the average number for the same time period in 2017-2019 (Figure 19).

Figure 19: Trends in patients with pathology samples indicating cancer by month and year first sample taken.



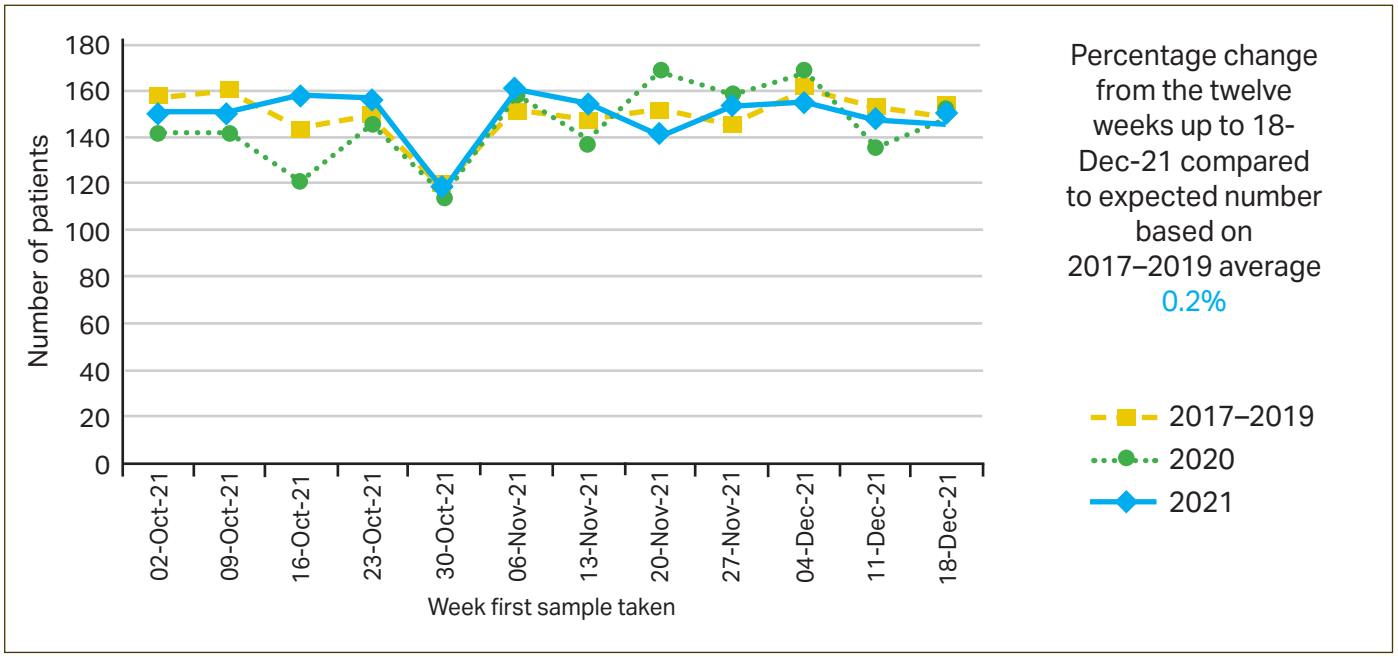
A summary of the cancer pathology trends in Northern Ireland overall and by gender, age group and cancer site from March 2020 to December 2021, as compared to the equivalent figures from 2017-2019, is illustrated in Figure 20. These data describe a greater percentage decrease in the pathological diagnosis of cancer in females (5.2%), as compared to males (4.3%), and in those aged 0-69 (5.7%), as compared to those aged over 70 (3.7%). A decrease in pathological diagnosis across most cancer subtypes is also evident, for example lung cancer (18.2%).

Figure 20: Percentage change in the pathological diagnosis of cancer by gender, age and cancer site during the period from March 2020-December 2021, compared to the annual average in 2017-2019.



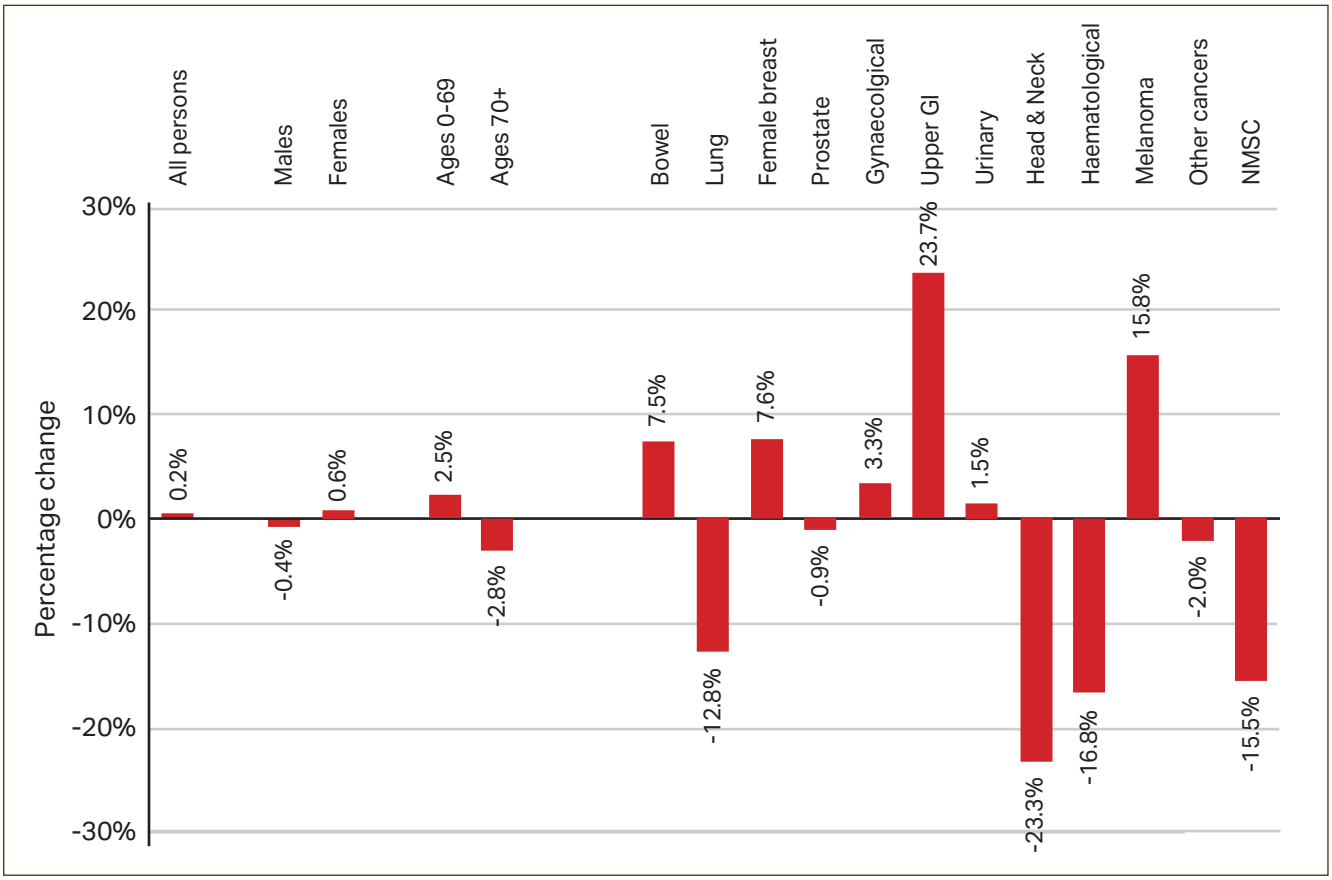
The most recent data collated by the NICR has indicated welcome signs of recovery in the rates of cancer identification in Northern Ireland, with a 0.2% increase in the number of patients with a pathology sample indicating cancer in the twelve weeks up to 18 December 2021, compared to the average value in the equivalent weeks in 2017-2019 (Figure 21).

Figure 21: Trends in patients with pathology samples indicating cancer by week and year first sample taken.



A summary of the cancer pathology trends in Northern Ireland overall and by gender, age group and cancer site during the twelve weeks leading up to December 2021, as compared to the equivalent figures from 2017-2019 is illustrated in Figure 22. Encouragingly, this shows only a 0.4% reduction in the pathological diagnosis of cancer in males compared to pre-pandemic levels, alongside a 0.6% increase in the pathological diagnosis of cancer in females. Of concern however, are sustained reductions in the pathological diagnosis of specific cancer subtypes, including head and neck cancer (23.3% decrease).

Figure 22: Percentage change in the pathological diagnosis of cancer by gender, age and cancer site during the twelve weeks leading up to 18 December 2021, compared to the annual average in 2017-2019.



The official statistics for lung cancer diagnosed in 2020, published by the NICR in March 2022, have indicated a reduction in cases diagnosed with a shift to later stage disease, reductions in surgery, radiotherapy and chemotherapy and significant reductions in survival.[2]

Given the significant adverse outcomes associated with advanced stage disease at both individual and population level, potential for high levels of undiagnosed cancer prevalent in the community requires urgent public health action, focused on raising public awareness of signs and symptoms, as well as prioritising the rehabilitation of cancer services. Analysis of NICR data by demographic characteristics has enabled an assessment of the population cohorts potentially more likely to be living with undiagnosed cancer, while site-specific data has also provided a useful indicator of the types of cancer which appear to have been most affected and as such, underdiagnosed. Such considerations will prove vital in informing the planning, provision and delivery of cancer services tailored to meet future population health need.

Further information is available from the NICR website: www.qub.ac.uk/nicr.

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The impact of COVID on wellbeing

- COVID-19 HSC Staff Wellbeing Study in Northern Ireland
- College student mental health and wellbeing, prior to and during the COVID-19 pandemic
- Health and social care workers' quality of working life and coping while working during the COVID-19 pandemic: a multi-phase cross-sectional study

COVID-19 HSC Staff Wellbeing Study in Northern Ireland

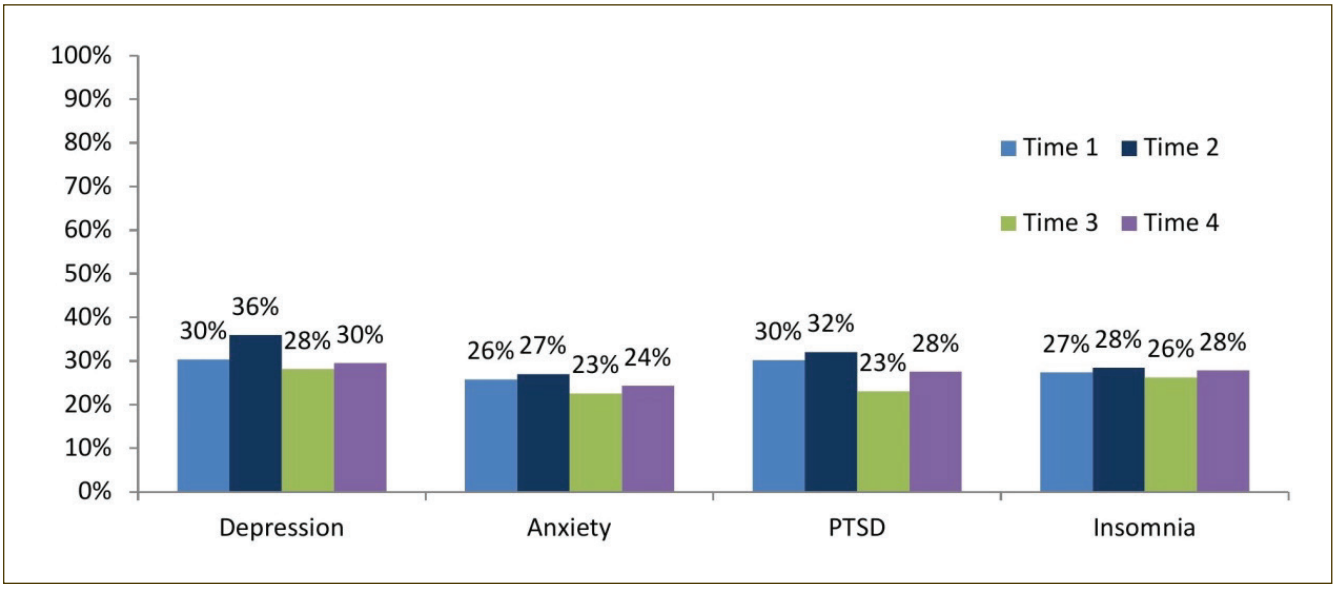
The Northern Ireland COVID-19 HSC Staff Wellbeing Survey was carried out at four time points during 2020 and 2021. It was an online survey open to all HSC staff in Northern Ireland and asked questions about mental health, wellbeing and supports used during the pandemic. Many thousands of staff took part and a good representation of staff groups was achieved at each time point – November 2020, February 2021, May 2021 and August 2021. It was funded by the PHA's Research and Development Division and carried out by the IMPACT Research Centre, based in the NHSCT. It involved collaborators in each of the Trusts and the Ambulance Service.[1]

Findings

The survey included four validated psychological wellbeing measures (depression, anxiety, Post-Traumatic Stress Disorder (PTSD), and insomnia). It highlighted high levels of distress and poor wellbeing in HSC staff throughout the pandemic period. See Figure 1 that outlines levels of distress within the workforce (depression, anxiety, PTSD, insomnia) at all time points. In addition we found that 40% of staff were considering leaving their organisation (up by 5 percentage points from pre-pandemic surveys). The proportion of staff who looked forward to going to work also fell from pre-pandemic levels (43% versus 56% pre-pandemic). Analysis revealed effective communication within the organisation involved to be the most important predictor of staff wellbeing.[1]

Most of our participants did not use any wellbeing supports available. At Time 4, around three quarters (75%) said they had used none of the supports offered. The most common types of supports used were online resources (12%) and information leaflets/booklets (10%). Among those who had used some form of support 35% found it useful or very useful, and even if not used most were reassured supports were available.

Figure 23: Proportion of sample self-reporting moderate to severe psychological wellbeing symptoms at Times 1-4.



Impact

The reports from each of the time points are published on the Impact Research Centre website (www.impactresearchcentre.co.uk). They were distributed widely to participants, senior management within each organisation and were made available to the regional group overseeing HSC staff wellbeing during the pandemic. As a result of our reports many organisations made great efforts to improve communication about COVID issues. Others improved how redeployment was carried out (a stressful event for many staff). The reports strengthened the case for increasing support to staff during this time by providing interventions targeted at organisational, group and individual levels. There was a clear need identified to provide psychological interventions such as team supports, and wellbeing programmes as well as organisational interventions such as compassionate leadership training.

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College student mental health and wellbeing, prior to and during the COVID-19 pandemic

Research has revealed that many college students struggle with their mental health. Numerous students commence college with pre-existing conditions, while others develop psychological problems for the first time during their college years.[1] In March 2020, the World Health Organization (WHO) declared COVID-19 a pandemic, restrictions were put in place, and students moved to an online learning environment. It was surmised that this would have a negative impact on mental health and wellbeing, adding to the pressure of college life.

Student Psychological Intervention Trial

A study led by Ulster University (UU) was conducted as part of the Student Psychological Intervention Trial (SPIT), comparing data collected from first year student participants in autumn 2019, prior to the pandemic, with data collected in autumn 2020, when students were commencing their second year at college.[2] SPIT is one of 11 cross-border studies that make up the Cross-border Healthcare Intervention Trials in Ireland Network (CHITIN) programme. SPIT was conducted as part of the WHO World Mental Health International College Student Initiative (WMH-ICS), with student participants from UU in Northern Ireland, and Letterkenny Institute of Technology in the Republic of Ireland.[3] Overall, 884 students fully completed the comprehensive online survey in both year one and year two.

Symptoms of depression, anxiety and suicidal behaviour were compared across this time-period, and stressors related to the pandemic were identified. The study revealed that many students had psychological problems when they started college, particularly those based in the Republic of Ireland (see Table 3 below and BBC report).[4] Levels of depression increased significantly from year one to year two, especially among students studying in Northern Ireland. This may be related to increased social isolation associated with the lockdown, a lack of interaction with their peers and online teaching. Indeed, many students said that their motivation decreased during this period and that they struggled with the online learning environment and uncertainty around examinations. Many said that their sleeping patterns were disturbed and that they worried about loved ones catching the virus.

Contrary to what may have been expected, levels of anxiety decreased. It should be noted that this may have also been the case in the absence of a pandemic, as the high levels of anxiety revealed in year one may be related to students being anxious about starting college for the first time. Conversely, the reduction in anxiety symptoms may also be related to fewer stress invoking situations as they started year two, with less social interaction.

No significant variations were found for suicidal behaviour over this time-period, yet the number of students identified as being at risk in both year one and year two is concerning. Such findings would indicate that it is very important to monitor student mental health and wellbeing, and that supports should be put in place to address the needs of these students, particularly during these challenging times, with uncertainty surrounding the pandemic and the impact it may have on their time at university. Early intervention and treatment are of utmost importance and students should be encouraged to seek help.

Table 3: Comparison of anxiety and depression scores and suicide risk between Year 1 and Year 2.

	Year 1		Year 2		
	n	%	n	%	x2
Anxiety					
Total	**214**	**25.5%**	**163**	**18.9%**	**10.726 (p<.01)**
ROI	40	22.6%	37	20.3%	.303 (p=.582)
NI	174	26.2%	126	18.5%	11.621 (p<.01)
Depression					
Total	**123**	**14.9%**	**203**	**23.6%**	**20.617 (p<.001)**
ROI	38	21.6%	44	24.5%	.272 (p=.542)
NI	86	13.1%	158	23.3%	22.692 (p<.001)
Suicide Risk					
Total	**65**	**7.6%**	**76**	**8.6%**	**.633 (p=.426)**
ROI	24	12.9%	17	9.2%	1.474 (p=.225)
NI	41	6.1%	58	8.4%	2.635 (p=.105)

Note: n = raw unweighted values, % weighted values; ROI = Republic of Ireland;
NI = Northern Ireland x 2 tests show significant differences in prevalence rates
Source: McLafferty et al. (2021)

Funding

CHITIN is a unique cross-border partnership between the Public Health Agency in Northern Ireland and the Health Research Board in the Republic of Ireland. CHITIN has received €10.6 million funding from the European Union's INTERREG VA Programme, managed by the Special EU Programmes Body (SEUPB) with match funding from the Departments of Health in Northern Ireland and the Republic of Ireland.

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Health and social care workers' quality of working life and coping while working during the COVID-19 pandemic: a multi-phase cross-sectional study

Introduction

The wellbeing of the health and social care workforce is crucial to service delivery, and more so during the period of unprecedented demand placed on the service during the ongoing COVID-19 (SARS-CoV-2) pandemic. It is important that all health and social care employers have current evidence on which to base approaches to staff support and service delivery during and beyond the pandemic. This survey aimed to monitor health and social care workforce wellbeing and coping during the accelerative phase of the COVID-19 pandemic and at six monthly intervals through the peak and decelerative phases, and to make good practice recommendations for organisations and professional bodies based on the findings.

Methods

This is a multi-phase cross-sectional survey-based study involving nurses, midwives, allied health professionals (AHPs), social care workers and social workers across the UK. Online surveys are released on a six monthly basis and disseminated through suitable channels to ensure reach to appropriate audiences across the Four Nations.[1-5]

The survey included:

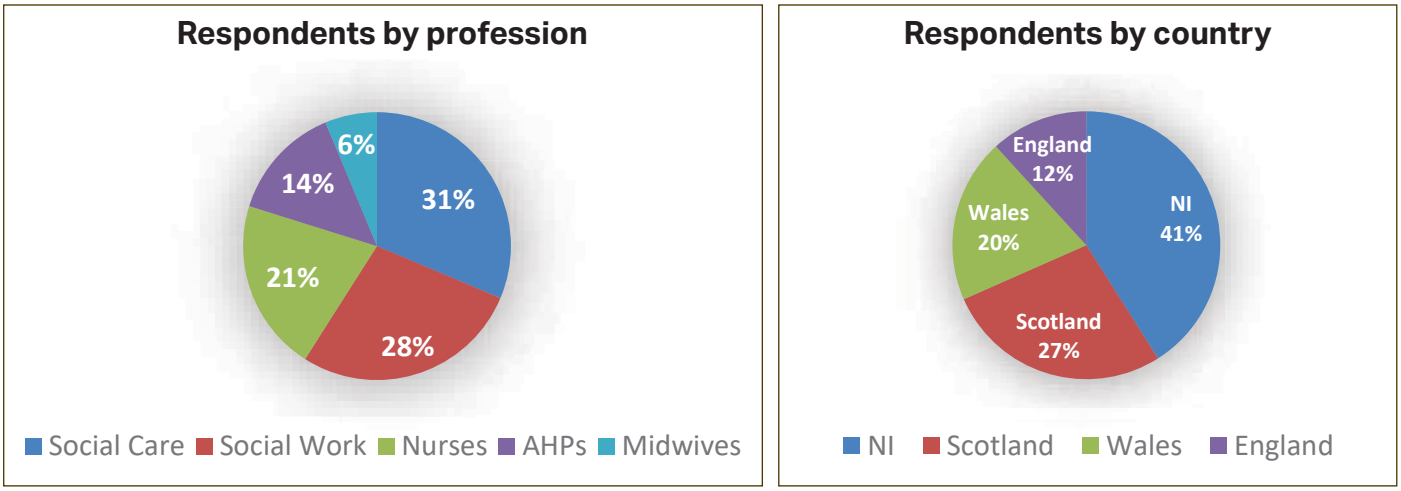
- Demographic and work-related information
- Mental wellbeing
- Quality of working life
- Burnout
- Coping with COVID-19-related occupational demands
- Coping with work-related stressors
- Open-ended questions

In order to gain deeper insights into workforce impacts, separate focus groups are conducted with health and social care Human Resource (HR) professionals, service managers and frontline workers. This report details the findings of Phase 3 of the survey; further phases are planned. Further details of the methodology can be found at www.hscworkforcestudy.co.uk

Findings

The survey received 2,721 responses, the highest proportion of which came from Northern Ireland (n=1,116), followed by Scotland (n=745), England (n=539) and then Wales (n=321). The largest groups by profession in the sample were social care workers (n=853) and social workers (n=753), followed by nurses (n=566), AHPs (n=378), and midwives (n=171). The majority of respondents were female (86.8%), primarily from the 30-59 age group (83.7%) and the vast majority were of white ethnic origin (89.5%).

Figure 24: Distribution of survey respondents by profession and by country.



The main areas of practice for most respondents were adults (37.0% UK-wide) and older people (22.9% UK-wide). Overall, respondents have been working more hours' overtime since the start of the pandemic compared to before. When asked about the impact of COVID-19 on their work, more than half (62.1%) of the respondents UK-wide felt overwhelmed by increased pressures, 34.5% felt their practice was impacted but not significantly and only 3.4% reported that their service had not been impacted at all. Social care workers and social workers were the most impacted occupational groups.

Responses to open-ended questions and the focus group discussions were analysed to identify common themes. The overarching themes that emerged in Phase 3 (May–July 2021) were similar to the themes identified in Phase 1 (April–July 2020) and Phase 2 (November 2020–January 2021) of the study; **Changing Conditions, Communication and Connections**.

In relation to the **Changing Conditions**, respondents reported that their services were (again) affected by staff shortages, leading to increased workloads, burnout and impacts on health and wellbeing. Positive developments included greater flexibility about working from home and a better work-life balance.

Respondents highlighted that **Communication** with employers and managers had worsened since the beginning of the pandemic. Respondents reported both negative and positive experiences around moving from face-to-face interaction to communicating by phone or online.

Connections were highlighted by respondents as something that constantly changed during the pandemic, with relationships with colleagues and managers worsening as the pandemic continued. Additionally, those who had been redeployed by managers also struggled at times to maintain their routines for work life balance because of new work schedules alongside other home commitments.

UK-wide, there was an overall decrease in the use of most of the positive coping strategies (such as active coping, planning) and an increase in the use of negative coping strategies (such as venting, self-blame) from Phase 1 to Phase 3 and between Phase 2 and Phase 3 of the study.

Burnout increased between Phases 2 and 3; UK-wide in Phase 3, a large proportion of respondents were experiencing moderate to severe levels of personal (78.1%) and work-related burnout (71.9%). Rates of burnout associated with clients remained relatively low with 78.4% reporting low levels of client-related burnout. In other words, patients/service users were rarely the reason for burnout in health and social care workers.

The 15 Good Practice Recommendations from Survey 1 and 2 were reviewed in the context of findings from Survey 3. These recommendations will continue to be reviewed against the findings of future surveys:

1. Health and Safety in the Workplace
2. Putting into practice the advantages of more flexibility in employment
3. Training for redeployment, skill mix and skill acquisition
4. Equity in home working when possible
5. Terms and conditions in relation to coverage of Statutory Sick Pay for staff
6. Flatter hierarchies
7. Staff wellbeing and retention
8. Annual leave and regular breaks
9. Connection
10. Communication
11. Management visibility
12. Supportive supervision
13. Organisational support
14. Team support
15. Resourcing and Infrastructure

Funding

This study is funded by HSC R&D Division of the Public Health Agency, Northern Ireland (COVID Rapid Response Funding Scheme COM/5603/20), the Northern Ireland Social Care Council (NISCC) and the Southern Health and Social Care Trust, with support from England's National Institute for Health Research (NIHR) Policy Research Unit in Health and Social Care Workforce. Funding has been secured to continue the study into Phase 4 and Phase 5 with more surveys and focus groups between November 2021 and October 2022.

Examples of feedback from survey participants regarding communication, connections, work-life interface and changing conditions are provided below.

"Being redeployed to ITU had a psychological impact that still affects me at times. As a result, I feel disconnected at times from family and still don't engage with friends that much, especially those who constantly ask "how was it?"
(Nurse, Hospital, England)

"Being at home in some ways helped the balance as without the commute I still had a little energy for my children after work. On other occasions it has been negative, as work has been non-stop for more than 12 hours in a day so there has been no time for family and it can be hard to switch off as clearly as you do when leaving an office."
(Social Worker, Scotland, Community)

"Increased demand for Mental Health support from women, increased demand for social support. Less support from AHPs due to redeployment/working from home."
(Midwife, Wales, Community)

"One of the most difficult things was that people were coming and going, things were changing, so you needed that stability, that ethos of let's look after ourselves and each other first and then what can we do for the people in our work."
(Social Care Manager, Northern Ireland).

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