agenda

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

standing items

1 1.30	Welcome and apologies		Chair
2 1.30	Declaration of Interests		Chair
3 1.35	Minutes of Previous Meeting held on 16 February 2023		Chair
4 1.40	Matters Arising		Chair
5 1.45	Chair's Business		Chair
6 1.55	Chief Executive's Business		Chief Executive
7 2.15	Finance Report	**PHA/01/03/23**	Director of Finance
8 2.30	Health Protection Update		Dr McClean

committee updates

9 2.45	Update from Chair of Planning, Performance and Resources Committee		Chair
10 2.55	Update from Chair of Remuneration Committee		Chair

items for approval

11 3.05	PHA Business Plan 2023/24	**PHA/02/03/23**	Mr Wilson

items for noting

12 3.20	Human Resources Report “Our People”	**PHA/03/03/23**	Assistant Director of Human Resources, BSO
13 3.35	Outcomes and Impacts of HSC R&D Funding	**PHA/04/03/23**	Dr McClean
14 3.50	PPI Report	**PHA/05/03/23**	Ms Webb
15 4.05	Family Nurse Partnership	**PHA/06/03/23**	Ms Webb

closing items

16 Any Other Business
4.20

17 Details of next meeting:

Thursday 27 April 2023 at 1.30pm

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

HSC Public Health Agency

minutes

Title of Meeting	151st Meeting of the Public Health Agency Board
Date	16 February 2023 at 1.30pm
Venue	Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast

Present

Mr Andrew Dougal	-	Chair
Mr Aidan Dawson	-	Chief Executive
Dr Brid Farrell	-	Deputy Director of Public Health (*on behalf of Dr McClean*)
Mr Stephen Murray	-	Interim Assistant Director of Planning and Business Services (*on behalf of Mr Wilson*)
Mr John Patrick Clayton	-	Non-Executive Director *(For items 1-8, 11-14)*
Mr Robert Irvine	-	Non-Executive Director *(via video link) (Joined between paragraphs 21/23.4 and 29/23.3)*
Ms Deepa Mann-Kler	-	Non-Executive Director *(via video link) (Left after paragraph 21/23.2)*
Professor Nichola Rooney	-	Non-Executive Director
Mr Joseph Stewart	-	Non-Executive Director *(via video link)*

In Attendance

Dr Aideen Keaney	-	Director of Quality Improvement *(For items 1-4)*
Ms Deirdre Webb	-	Assistant Director of Nursing
Ms Tracey McCaig	-	Director of Finance, SPPG
Mr Robert Graham	-	Secretariat

Apologies

Dr Joanne McClean	-	Director of Public Health
Mr Stephen Wilson	-	Interim Director of Operations
Mr Craig Blaney	-	Non-Executive Director
Ms Anne Henderson	-	Non-Executive Director
Mr Brendan Whittle	-	Director of Hospital and Community Care, SPPG
Ms Vivian McConvey	-	Chief Executive, PCC

17/23	**Item 1 – Welcome and Apologies**
17/23.1	The Chair welcomed everyone to the meeting. Apologies were noted from Dr Joanne McClean, Mr Stephen Wilson, Mr Craig Blaney, Ms Anne Henderson, Mr Brendan Whittle and Ms Vivian McConvey.

18/23 **Item 2 – Declaration of Interests**

18/23.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda.

18/23.2 Mr Clayton indicated that if the Chief Executive wished to give any update in relation to Public Inquiries under his Chief Executive's Business he would declare an interest given that Unison is engaging with the Inquiries. It was agreed that the Chief Executive would give an update on Inquiries at the end of the meeting and Mr Clayton would leave the meeting for that discussion.

19/23 **Item 3 – Minutes of previous meeting held on 19 January 2023**

19/23.1 The minutes of the Board meeting held on 19 January 2023 were **APPROVED** as an accurate record of that meeting, subject to the following amendments:

19/23.2 In paragraph 7/23.4, Ms McCaig suggested the addition, "…agreement with the Department regarding a retraction".

19/23.3 In paragraph 5/23.3, the following addition, "…is not only a matter…"

19/23.4 In paragraph 11/23.12, Professor Rooney suggested the following correction, "…not enough nurses, AHPs or ~~enough~~ psychologists…"

19/23.5 In paragraph 11/23.11, Mr Clayton suggested the amendment, "…was on sick leave, this created issues around capacity resulting in a backlog."

20/23 **Item 4 – Matters Arising**

20/23.1 The Chief Executive confirmed that following approval of the PHA Board Buddy Evaluation report, PHA will proceed with implementing the recommendations and Dr Keaney will take this forward. Dr Keaney advised that she would develop an action plan.

20/23.2 Professor Rooney asked if there was any follow up action following the discussion about PHA's expertise and the cost of living crisis. The Chief Executive said that he was proposing to give an update on this in his Chief Executive's business, but would do so at this point. He advised that at the last meeting he had informed members that a meeting had been facilitated by NICVA between various organisations in relation to the cost of living crisis, but that he was unable to attend due to the clash with the Board meeting. He said that at the meeting there was representation from bodies including Local Councils, the Department for Communities, PHA and the Department of Health. He advised that there was a lot of emphasis on working together and a number of presentations were delivered. He reported that the Department for Communities is providing additional support to the community and

voluntary sector through a grant scheme where applicants can seek up to £1,500 one-off non-consolidated contribution. He advised that the European Social Fund will be coming to an end on 31 March which is a concern. He said that the Northern Ireland Housing Executive is focusing on housing that protects health and that there was a discussion about community development work led by Armagh Banbridge and Craigavon Council in areas such as food banks. He advised that PHA will continue to engage with this group and that following a discussion at this week's Agency Management Team (AMT) meeting, he will have a conversation with the Chair of SOLACE (Society of Local Authority Chief Executives) around potentially helping community and voluntary sector organisations with a one-payment utilising PHA slippage funds.

20/23.3 For action 2, the Chief Executive advised that PHA has not yet received correspondence from RQIA regarding the SAI process and that it will be up to RQIA to contact PHA.

13/23.3 Accommodation

20/23.4 Professor Rooney asked if the booking system for desks has been implemented yet. Mr Murray advised that this has not yet been implemented as floor plans are being finalised. He said that there is a draft model but it needs to be agreed with Dr McClean.

20/23.5 Dr Farrell asked if PHA has purchased any air filters. Mr Murray advised that the advice on these has been mixed. Dr Farrell noted that the open plan areas on the 4th floor in Linenhall Street do not have any windows. Ms McCaig said that SPPG has been looking at this with BSO and the feedback has not been positive but that options are being explored. The Chief Executive asked if a baseline on settle plates has been produced, but Ms McCaig again stated that information is awaited from BSO. She said that the units that would be required are large and noisy and although smaller units are available, they will not be as effective.

20/23.6 Professor Rooney said that the issue of accommodation is important and asked if EY could assist. The Chief Executive advised that this is not in the current Statement of Works, but he is having a meeting with EY to look at the next phase and this could be built in. Ms McCaig reported that SPPG has been asked to be involved in the Greater Belfast accommodation review and PHA will also be included. The Chair said that in his view, PHA should move into its own accommodation. The Chief Executive said that the proposed move to staff working in the office 3 days a week from 1 March will have an impact and there are issues regarding the tidiness of the office. Ms Webb commented that when staff are in the office and are doing meetings via video calls they tend to speak louder. Ms McCaig said that staff can find it challenging at the beginning but they get used to it. Mr Murray said that it is hoped that some break out areas can be created by freeing up space. Ms Webb asked if that means that individual offices can be booked and Mr Murray said that will be part of the review. He

added that the final solution will not be perfect but it will aim to facilitate everyone. He pointed out that there is a balance to be struck in terms of spending a lot of money in the short term when the long term aim is to find new accommodation. He added that there have been discussions with BSO and the aim is to make the current accommodation as good at it can be.

20/23.7 Mr Clayton said that he presumed that what is being done is being carried out on a rota basis and asked if there is co-ordination across other sites. Mr Murray confirmed that there is co-ordination and added that PHA is linking with SPPG and BSO to look at shared spaces. Ms McCaig noted that there is a challenge given PHA is currently using all of the meeting rooms. She added that she is happy to share space on her floor. The Chair stated that hygiene factors such as staff accommodation and comfort have a major impact on performance and that is also important to improve air quality. Dr Farrell commented that there is office space in Tower Hill with ample car parking. Ms McCaig advised that a review of all SPPG offices is being carried out, but the immediate priority for the PHA is in Linenhall Street.

At this point Dr Keaney left the meeting.

21/23 Item 5 – Chair's Business

21/23.1 The Chair said that as part of the Reshape and Refresh programme, he would like EY's Organisational Development expert to speak to the PHA Board, but he has not yet had an opportunity to discuss this with the Chief Executive.

21/23.2 The Chair advised that there is not a Department of Health policy position yet on gambling harm in Northern Ireland. He noted that the Department of Health asked Mrs Briege Quinn and Mr Oscar Donnelly to write a report. He said that he has received a report which was written by Public Health Wales and contains more than 40 recommendations and an action plan. He advised that on Monday he attended a meeting of the All-Party Group on gambling and he felt powerless that PHA cannot do anything in this space. He said that something needs to be done in the absence of an Assembly or a Minister.

At this point Ms Mann-Kler left the meeting.

21/23.3 The Chief Executive advised that gambling sits under the remit of the Department for Communities but agreed that it would be useful for the Department of Health to develop a policy direction. The Chair queried why the Department of Health commissioned Mrs Quinn and Mr Donnelly to write a report.

At this point Mr Irvine joined the meeting.

21/23.4 The Chair reported that it is estimated there are more than 14,000

problem gamblers in Northern Ireland and that each of them affects the lives of six other people with whom they come into contact.
The Chief Executive said that he and Dr McClean are going to visit Public Health Wales within the next couple of months.

21/23.5 The Chair advised that he attended a conference on productivity in health. He said that the data were interesting although there is a need for a separate comparison in terms of what can be done with a Minister and without a Minister.

21/23.6 The chair reported that at that same conference he had also raised the issue of three-year funding and the Chair of the Northern Ireland Fiscal Commission agreed that it would lead to greater efficiency. The Chair had advocated that such a position should prevail in Northern Ireland since it was available to Government departments in England. He felt that such a decision by civil servants would not be at risk of judicial review.

21/23.7 The Chair said that it would be worthwhile looking at the reasons why the costs of health in Northern Ireland grew by 28% between 2015 and 2019. He added that according to a report by Professor John Appleby that at some point the health budget in Northern Ireland could use up to as much as 70% of the block grant. Mr Clayton said that he would challenge those assertions on the budget which had been raised previously. However, he added that he would be keen to look at the report.

22/23 Item 6 – Chief Executive's Business

22/23.1 The Chief Executive reported that two staff engagement sessions regarding the Reshape and Refresh programme took place and both were very successful. He advised that one of the takeaway messages is that staff awareness about the programme has increased from 55% to 92%. He said that staff asked that in future there should be more notice of these sessions and he accepted that the workshops were arranged at short notice. He added that there is a need to focus on the cohort of staff who are not engaged with the process.

22/23.2 The Chief Executive advised that a new business plan cycle is under way and should be completed soon. Mr Murray said that the second part of the plan is currently being reshaped. The Chief Executive added that there has been good staff engagement in the process.

22/23.3 The Chief Executive advised that no new risks have been added to the Corporate Risk Register, but wording is being finalised on a risk regarding the Vaccine Management System (VMS).

22/23.4 The Chief Executive reported that there are no conduct issues.

22/23.5 Mr Clayton asked if there has been external consultation with regard to

the Business Plan. Mr Murray said that the development of the Business Plan is an internal process, but there would be external engagement on the Corporate Plan.

22/23.6 Professor Rooney asked if the "Team PHA" branding is solely for the review programme. The Chief Executive advised that it is, but it could be considered further going forward. The Chair said that if there is to be a rebranding exercise, there should be extensive consultation with both the Board and the staff. Professor Rooney commented that the branding appears inward-looking. She said that there is a need to develop a new organisation that is fit for purpose, and that the idea of branding, and engaging staff is very important.

23/23 Item 7 – Finance Report (PHA/01/02/23)

23/23.1 Ms McCaig advised that PHA's year-end position is a projected surplus of £1.582m which is almost exclusively related to vaccines. She said that the Department has not yet given any indication whether it will retract the funding. Professor Rooney asked for more information. Ms McCaig explained that the funding was mainly the cost of flu vaccines, based on a projected 80% uptake. Dr Farrell said that there will be a spring booster and she asked if its rollout before 31 March would help reduce the surplus. Ms McCaig said that this could be explored. Dr Farrell advised that she would have more information on this within the next week.

23/23.2 The Chair asked if this funding for vaccination could be vired elsewhere and Ms McCaig confirmed that it could.

23/23.3 Ms McCaig reported that there is up to £10m of funding within the Health Improvement budget to be spent which means a significant amount of work is required to be completed between now and the end of the year.

23/23.4 Ms McCaig said that she would continue to liaise with the Department regarding the retraction of funding, but if this is not possible, and PHA cannot spend the money then the break-even target will be breached.

23/23.5 Mr Stewart asked whether the slippage for the vaccine is in relation to unused vaccine. He also asked what could be done in relation to the spread of Trust spend throughout the year to ensure that PHA is not left trying to find ways to use any surplus. Ms McCaig suggested that the Planning, Performance Resources (PPR) Committee could look at the issue of slippage in more detail, but in summary it relates to the aim of vaccinating 80% of people in the 50/64 age group. With regard to Trust spend, she assured members that there is no issue in terms of spend as it is profiled evenly across the year and if Trusts were to return funding, PHA would not accept it.

23/23.6 The Chief Executive advised that this is the second year in a row where PHA has been left with a surplus relating to vaccine because the amount

	that was estimated for use was too high. He said that there is a need to put in a new process for estimating. He added that this has been referenced in PHA's savings submission and that if a better way of doing this can be found, any savings will benefit the whole HSC system.
23/23.7	Ms McCaig commented that finance is a governance responsibility and the Chief Executive added that all staff who manage budgets are being asked to undertake being required to undertake training in the management of budgets.
23/23.8	Ms McCaig advised that further information regarding how PHA utilised its surplus funds this year has been included, but she suggested that going forward this should be a standing item at the PPR Committee and that Finance will provide a report to accompany this. She reported that PHA staff cannot buy back annual leave this year so an estimate needs to be finalised regarding the cost of unused leave. She said that capital spend is progressing as expected.
23/23.9	The Chair asked when it will be known if the Health Improvement budget will be utilised. Ms McCaig advised that activity will start to ramp up in January and this will be reflected in the month 10 report. She said that there is a need to look at why it is backloaded towards the end of the year. Mr Murray acknowledged that this is a risk, but added that the budget is generally delivered.
23/23.10	Mr Clayton commented that the campaigns budget also tends to be backloaded towards the end of the year. Ms McCaig noted that some of PHA's slippage this year has come from campaigns. Mr Murray advised that this year, there was a delay in campaign spend due to the procurement of a new contract. He said that there is a schedule of works in place.
23/23.11	The Board noted the Finance Report.
24/23	**Item 8 – Health Protection Update**
24/23.1	Dr Farrell presented the latest data relating to COVID-19 and reported that no one variant is dominant. She said that Whole Genome Sequencing (WGS) is important as it can be the first warning sign that a new variant is coming.
24/23.2	Dr Farrell reported that the flu season has not been as bad as predicted and that PHA achieved good vaccination coverage in care homes. The Chief Executive said that the Trust Chief Executives had commented that the month of January was not as bad as had been feared and he asked whether this was because there was less flu. Dr Farrell said that the two main factors were a good uptake on vaccines and a good match between the vaccine and the dominant strain. She added that a piece of work is being done on excess deaths.

24/23.3 Dr Farrell advised that the number of cases of scarlet fever is starting to settle, but added that in terms of trends of Invasive Group A Streptococcus (IGAS), this was a particularly bad period. She said that if an individual were to contract scarlet fever and flu at the same time, they would be very likely to get IGAS. She shared data on cases of meningitis and showed how there were no cases between May 2020 and July 2021 because of the pandemic, but cases began to emerge again this winter.

24/23.4 Dr Farrell reported that over 500,000 vaccinations for both the COVID booster and flu had been administered. She said that VMS is a good way of tracking uptake in real time. She advised that GPs administer the vast majority of vaccinations while community pharmacies vaccinate those in care homes and Trusts administer to those who are housebound or immuno-suppressed. She said that PHA continues to push out messages to increase uptake, particularly for pregnant women who appear reluctant to get the COVID vaccine due to concerns around fertility.

24/23.5 The Chair asked if PHA targets obstetricians and midwives to get them to convince pregnant women to get vaccinated, and Dr Farrell confirmed that this would happen. Ms Webb said that uptake rates have improved, but they are still very low.

24/23.6 Dr Farrell said that this year, more vaccines were delivered and it was done more quickly, but Ms Webb commented that in the absence of an Assembly there is no national protocol. Dr Farrell said that regardless of this, it could still be done more quickly. She said that if PHA can see that the pace of administering vaccines is not as high as it would like, measures can be taken to address the causes of this and that PHA would have regular meetings with the Trusts to look at this. She advised that unfortunately more vaccines were drawn down that were needed, but she hoped that next year the programme could be started earlier.

24/23.7 The Chair asked if there has been an increase in excess deaths. Dr Farrell said that there is always a number of excess deaths during the winter months and a piece of work is being undertaken to look at this. the Chair noted that the number was particularly high in Australia.

At this point Mr Clayton stepped out of the meeting

25/23 Item 9 – Update from Chair of Governance and Audit Committee (PHA/02/02/23)

25/23.1 Mr Stewart advised that there were two historic sets of minutes for noting in the papers shared with members. He said that the Committee had met on 7 February and considered an extensively reviewed Corporate Risk Register into which AMT had put considerable effort. He advised that there were less risks and greater clarity on those, and a new risk had been added regarding funding.

25/23.2 Mr Stewart reported that the Committee received two reports from Internal Audit, the first of these was on Performance Management where a satisfactory level of assurance was given. He explained that there are some areas which AMT and the Board need to follow up, including the development of a Corporate Plan given that PHA is still working to the Plan which expired in 2021. He added that there was a recommendation that information in performance management reports needs to be more quantitative rather than qualitative and management have accepted the recommendations. He said that second report related to screening programmes and that a limited level of assurance had been given. He advised that there were some issues from that audit that he would refer to in the confidential session.

25/23.3 Mr Stewart advised that the Committee had considered the revised Standing Orders, Standing Financial Instructions and Assurance Framework and that a point was made about having a half-day workshop to consider the Assurance Framework. He reported that all of the reports, which are on today's agenda, were approved by the Committee.

25/23.4 The Board noted the update from the Chair of the Governance and Audit Committee.

26/23 Item 10 – Update from Chair of Planning, Performance and Resources Committee

26/23.1 The Chair reported that the PPR Committee had held an extraordinary meeting, and is due to meet again next week. He advised that the Committee had considered the response to be submitted to the Department regarding PHA's savings proposals and that a lot of work had gone into this. He said that members received a copy of the response on the Monday following its submission.

26/23.2 The Board noted the update from the Chair of the Planning, Performance and Resources Committee.

At this point Mr Clayton re-joined the meeting.

27/23 Item 11 – Review of Standing Orders, Standing Financial Instructions and Scheme of Delegated Authority (PHA/03/02/23)

27/23.1 Mr Murray advised that a review of Standing Orders, Standing Financial Instructions and Scheme of Delegated Authority has been carried out and that in Standing Orders, the main changes relate to updating any references to HSCB and changing these to SPPG, and including the establishment of the PPR Committee, where relevant. He noted that there is a reference to the Commissioning Plan and that there remains a lack of clarity around what PHA's role will be going forward. He said that updates have been made to EU thresholds. Within the Standing Financial Instructions and Scheme of Delegated Authority, he advised

	that only minor changes have been made.
27/23.2	The Chair asked if EU thresholds still applied and if that is the Government direction. Mr Murray said that a paper is going through Westminster regarding this.
27/23.3	Mr Clayton said that while he appreciated there is a lack of clarity with regard to the Commissioning Plan, this remains a core function and he felt the wording was vague. Ms McCaig advised that in the future, there will be a process, and PHA will have still a role so the present wording is fine, and can be updated when required. Mr Stewart commented that he had raised the same point at the Governance and Audit Committee and that the document was approved subject to getting that clarity. The Chief Executive agreed that this point needs to be raised. He said that the Permanent Secretary leads a Board which is looking at the implementation of the Integrated Care System (ICS), which is a new approach to health and social care commissioning in Northern Ireland which will have at its heart a regional Board as well as 5 Area Integrated Programme Boards (AIPBs) based on Trust boundaries. He advised that PHA will have a place on those Boards, but the detail on how commissioning will be transacted is still up for discussion. He added that legislation will have to go through the Assembly, at which point there will be clarity. However, at present, he said that it is important to note that PHA is engaged at a local and regional level. He added that there will be a pilot Board commencing shortly in the Southern Trust area and PHA will have a role in that.
27/23.4	The Chair asked about co-opted members and Ms McCaig said that it is possible for the Board to co-opt an individual if this was essential but that she felt it would require the permission of the Department of Health in advance.
27/23.5	Professor Rooney asked how the Lead Persons are agreed within Section 2.3. The Chair asked if these individuals can be changed and Ms McCaig said that for specific items, they could be. Professor Rooney commented that given that PHA is considering changing its functions, these titles may not be in keeping and Ms McCaig said that there is flexibility to change. Professor Rooney said that she was surprised to see this laid out in such detail. The Chief Executive noted that the Director of Public Health has specific powers under the 1967 Public Health Act.
27/23.6	The Chair noted that in the section under Remuneration Committee, the Chair has a role to scrutinise its decisions, but yet he is the Chair of that Committee. Ms McCaig undertook to clarify this **(Action 1 – Ms McCaig)**.
27/23.7	Mr Clayton said that he welcomed Mr Stewart's comments with regard to the Commissioning Plan. The Chair asked when that clarity may be obtained, but the Chief Executive replied that it may be some time.

27/23.8 Subject to clarity on Section 2.3.5, the Board **APPROVED** the updated Standing Orders, Standing Financial Instructions and Scheme of Delegated Authority.

28/23 Item 12 – PHA Assurance Framework (PHA/04/02/23)

28/23.1 Mr Murray said that the Assurance Framework had been revised in light of requests from the Board and the Governance and Audit Committee and a list of changes has been outlined.

28/23.2 Mr Clayton asked how a determination is made as to whether an item is for noting or for approval. He said that it would be helpful to know what the distinction is between the two as there were some areas he was unsure about. He also asked why the item relating to consultation responses has been removed. Mr Murray advised that there has been a change of approach from the Department whereby PHA does not formally respond to consultations but does so through the relevant policy lines. In terms of whether items are for approval, or for noting, he said that an item for approval is one where the Board has directly requested that its authority be sought whereas items for noting are generally for information or have been brought through a sub-committee. He added that there is no set definition. Mr Stewart said that whether items are for approval, or for noting, would emanate from the delegated authorities agreed upon by the Board. He reiterated the suggestion from earlier in the meeting that there should be a half-day workshop at least annually to go through the Framework. The Chair agreed with this suggestion.

28/23.3 The Board **APPROVED** the PHA Assurance Framework.

29/23 Item 13 – Joint Emergency Planning Annual Report 2021-2022 (PHA/05/02/23)

Ms Mary Carey joined the meeting for this item

29/23.1 Ms Carey advised that this is the Annual Report for PHA, HSCB and BSO. She explained that as it is for the period from 1 April 2021 to 31 March 2022, it references HSCB rather than SPPG. She advised that the next year's report will be finalised during the next quarter. She said that the report follows a standard template and covers a range of key areas.

29/23.2 Professor Rooney said the Report was very interesting and very reassuring. The Chair asked if there was much learning as a result of COVID and Ms Carey said that there was. She added that there is a piece of work being undertaken regarding the COVID Response Plan and ongoing exercise programme. The Chair asked which organisation takes the lead for this work in England. Ms Carey explained that there are different arrangements in England than in Northern Ireland, but in the context of public health, the lead organisation would be UKHSA (UK Health Security Agency). Dr Farrell said that the biggest learning for

PHA was in terms of the duration of the response, as it is now into its third year whereas previously a response may have been for 3/6/9 months.

29/23.3 Mr Clayton said that the report was very detailed and that the key issues and risks seem to be around training and the budget for training. He asked if this budget was adequate as it seemed that every standard in the report was being met, except for training. Ms Carey advised that there is a £30k budget, but as part of the discussion with the Department reviewing policy documents, it was decided that this would not be increased and that it is up to each Trust to carry out their own training needs analysis which puts the onus on them and then any training will be carried out based on their analysis.

At this point Mr Irvine left the meeting.

29/23.4 Mr Clayton asked if Trusts will hold the budget, but Ms Carey explained that PHA holds the budget and it will carry out an analysis of needs and aim to get the funding spent by July.

29/23.5 The Board **APPROVED** the Joint Emergency Planning Annual Report 2021-2022.

30/23 Item 14 – Performance Management Report (PHA/06/02/23)

30/23.1 Mr Murray presented the latest Performance Management Report against the Business Plan and advised that as at 31 December 2022, of the 31 key actions, 0 were rated “red”, 8 were rated “amber” and 23 were rated “green”. He explained that there is a target within the Part A Business Plan that 90% of the actions in the Part B Business Plan should be rated “green” and while this has been achieved, 2 targets have been rated “amber” and 1 rated “red”, and an exception report on these has been included. He said that he was happy to take questions on the content of the Report.

30/23.2 Mr Stewart questioned whether target 3e, relating to vaccination uptake, should be rated “green” given the discussion earlier in the meeting. Dr Farrell acknowledged that the target could be worded better, but PHA would like to see rates close to those pre-pandemic. The Chief Executive agreed, and said that while more vaccines have been administered and administered more quickly, there is still a lot of unused vaccine. He added that in discussions on the Business Plan, he has asked that the Plan contains more hard targets so there is no ambiguity.

30/23.3 The Chief Executive commented that target 7f relates to mandatory training and that from reading a report he received, he asked that Board members ensure that they have completed their training and lead by example.

30/23.4 Mr Stewart noted that Internal Audit had commented in its audit of

	performance management that there is a need for more quantitative measures.
30/23.5	Professor Rooney said that the cervical screening programme continues to operate 5 months behind schedule but yet the target is rated “green”. The Chief Executive reiterated that this is why it is important to have numbers as these data are not being demonstrated in a way he would like. The Chair suggested that there should be a percentage comparison with the uptake rates pre-pandemic.
30/23.6	The Chief Executive advised that he attends a monthly performance meeting with the Permanent Secretary and other Chief Executives and he has asked that public health performance data are included on this. He highlighted that vaccination data show a reduction in uptake rates among the under 5s, and this needs to be addressed or there will be a re-emergence of measles.
30/23.7	Mr Clayton commented that more clarity about measurements would be welcome. He said that for target 4a on the shaping and designing of the ICS, he would welcome clarity on PHA’s role. He added that 5 key public health areas are to incorporated into the planning, it would be useful for the Board to discuss these.
30/23.8	The Board noted the Performance Management Report.
31/23	**Item 15 – Any Other Business**
	At this point Mr Clayton left the meeting.
31/23.1	The Chief Executive updated members on the COVID Public Inquiry and explained that there are different modules which are ongoing. For module 1 he reported that the PHA submitted a draft Witness Statement on Friday 3 February and that a meeting with the Inquiry Solicitors to discuss the draft Response will take place shortly.
31/23.2	For module 3, the Chief Executive advised that PHA has obtained “Core Participant” status. He said that PHA has been invited to attend a preliminary hearing for core participants on 28 February and an agenda for this meeting has been shared. He added that it is anticipated that Stephen Wilson and Karen Braithwaite will attend this meeting on behalf of PHA.
31/23.3	The Chief Executive advised that he submitted a Witness Statement to the Muckamore Inquiry on Friday 27 January. He added that PHA received correspondence which it has shared with all staff saying that anyone who previously worked at Muckamore should come forward and speak to the Inquiry.
31/23.4	The Chief Executive said that he would keep the Board updated on any further development in relation to these Inquiries.

32/23 **Item 16 – Details of Next Meeting**

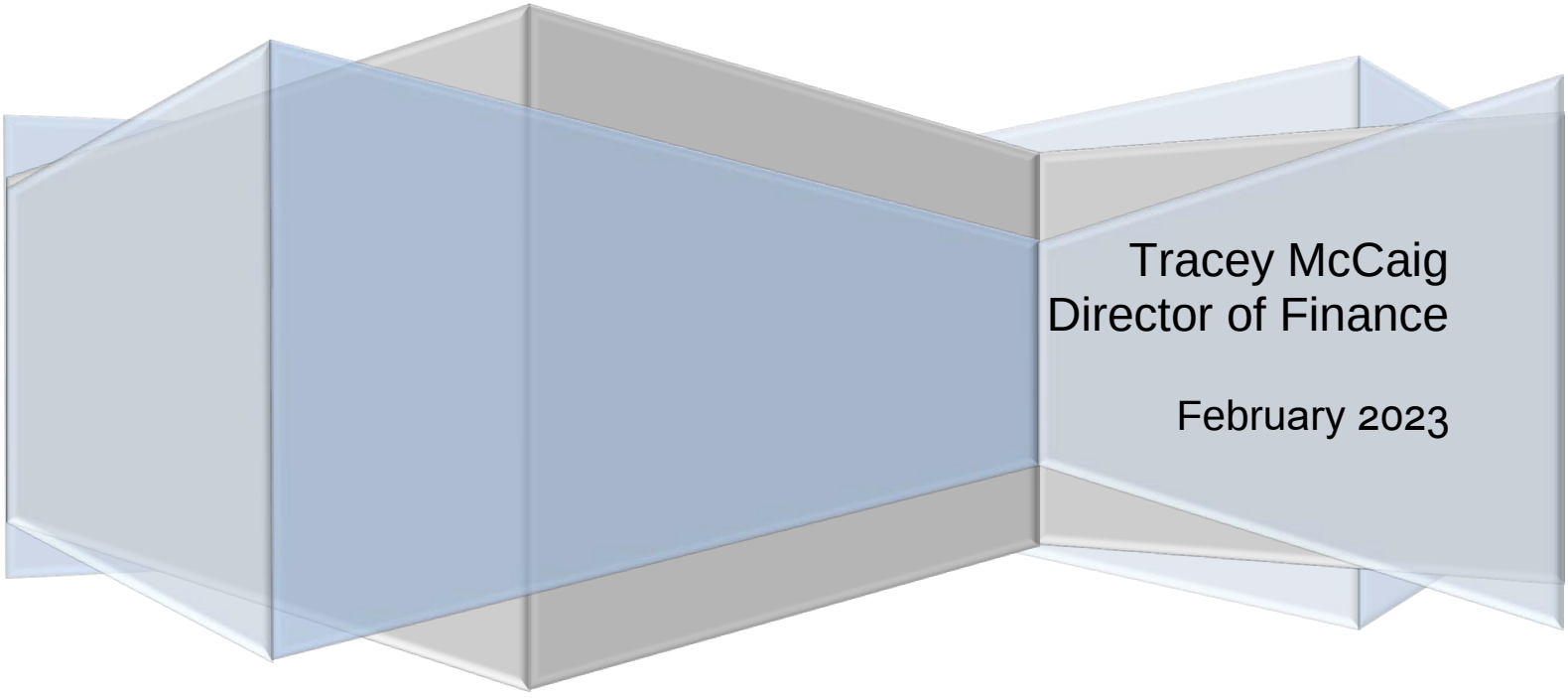
Thursday 16 March 2023 at 1:30pm

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

Signed by Chair:

Date:

Finance Report
January 2023



Tracey McCaig
Director of Finance

February 2023

Section A: Introduction/Background

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

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

3. On the basis of this approved Plan, this summary report reflects the latest position as at the end of January 2023 (month 10).

Section B: Update – Revenue position

4. The PHA has reported a year to date surplus at January 2023 of £3.0m (£2.2m, December 2022), against the annual budget position for 2022/23.

5. In respect of the year to date surplus of £3.0m:
    - The annual budget for programme expenditure to Trusts of £47.6m has been profiled evenly for allocation, with £39.7m expenditure reflected as at month 10 and a nil variance to budget shown.
    - The remaining annual programme budget is £55.5m. Programme expenditure of £43.0m has been recorded for the first ten months of the financial year with an underspend to date of £1.8m. This underspend has arisen due to slippage in a number of areas, the largest of which is a recently declared surplus within the vaccines budget in Health Protection, and options are currently being considered as to how to manage this. Budget holders continue to keep all programme budgets under close review and report any expected slippage or pressures at an early stage.
    - A year-to-date underspend of £1.1m is reported in the area of Management & Administration, primarily in the areas of Public Health and Operations, which reflects a high level of vacant posts in each area.

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

6. The month 10 position is summarised in the table below.

PHA Summary financial position - January 2023

	Annual Budget	Year to Date budget	Year to Date Expenditure	Year to Date variance	Projected year end Surplus / (Deficit)
	£'000	£'000	£'000	£'000	£'000
Health Improvement	12,614	10,511	10,511	0	
Health Protection	10,606	8,838	8,838	0	
Service Development & Screening	14,728	12,273	12,273	0	
Nursing & AHP	7,809	6,507	6,507	0	
Centre for Connected Health	1,699	1,416	1,416	0	
HSC Quality Improvement	23	19	19	0	
Other	166	138	138	0	
Programme expenditure - Trusts	**47,644**	**39,703**	**39,703**	**0**	**0**
Health Improvement	29,212	22,948	22,320	628	
Health Protection	18,383	15,879	13,907	1,972	
Service Development & Screening	2,968	2,269	2,203	66	
Research & Development	3,418	3,418	3,411	7	
Campaigns	1,578	642	653	(12)	
Nursing & AHP	780	268	212	56	
Centre for Connected Health	125	136	132	4	
HSC Quality Improvement	193	136	115	21	
Other	(1,110)	(925)	1	(927)	
Programme expenditure - PHA	**55,545**	**44,770**	**42,955**	**1,814**	**(484)**
Subtotal Programme expenditure	**103,189**	**84,472**	**82,658**	**1,814**	**(484)**
Public Health	16,688	13,871	12,865	1,006	
Nursing & AHP	5,015	4,203	4,081	122	
Operations	4,498	3,719	3,357	362	
Quality Improvement	653	495	495	(0)	
PHA Board	162	119	585	(466)	
Centre for Connected Health	444	374	353	20	
SBNI	850	708	645	63	
Subtotal Management & Admin	**28,310**	**23,488**	**22,381**	**1,106**	**1,821**
Trusts	0	0	0	0	
PHA Direct	2,403	2,254	2,221	32	
Subtotal Covid-19	**2,403**	**2,254**	**2,221**	**32**	**60**
Trusts	212	177	177	0	
PHA Direct	60	0	0	(0)	
Subtotal Transformation	**272**	**177**	**177**	**(0)**	**0**
Trusts	134	111	111	0	
PHA Direct	596	403	388	15	
Other ringfenced	**730**	**514**	**499**	**15**	**0**
TOTAL	**134,904**	**110,905**	**107,937**	**2,969**	**1,398**

Table subject to roundings

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

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

9. An updated forecast year-end surplus of £1.4m is currently shown (£1.6m, December 2022). This is a significant amount, and options are being considered to manage this surplus in the context of the overall PHA breakeven threshold. This position remains under close daily review, and the financial forecasts will be updated accordingly in future reports, with DoH being kept informed where necessary.

	£'000	
Financial Plan position	**14**	
Further M&A slippage	233	*further delays in recruitment*
Screening slippage	530	*incl. Digital Mammography & Breast Screening*
Campaigns slippage	405	*incl. Organ Donation*
Vaccines slippage	1,400	*mainly Flu vaccination programme*
DoH slippage retraction	(500)	
DoH further savings target	(500)	
Month 9 forecast surplus	**1,582**	
Further slippage	661	
Additional VMS work (Gartner)	(565)	*may increase to £715k*
Other Health Improvement spend	(150)	
Organ Donation & FAST campaign	(130)	
Month 10 forecast surplus	**1,398**	

Section C: Risks

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

11. **Impact of COVID-19 on Financial Planning:** The global pandemic and its impact on the HSC brings with it obvious challenges for predicting and managing budgetary resources as the service continues to respond during 2022/23. The cost of the Contact Tracing Service has been included for quarter 1 of the financial year, and at this stage it is assumed there will not be any requirement for the service to resume later in the financial year. As noted above, PHA have furnished DoH with a business case for the in-year forecasted costs of the Vaccination programme (c£0.2m). The longer-term requirements for the Vaccination Programme transfer to PHA are being considered for this service and will be kept under close review.

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

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

14. **Funding not yet allocated:** there are a number of areas where funding is anticipated but has not yet been released to the PHA. These include AfC and Non-AfC Pay uplift for 2022/23, however no expenditure is currently being assumed for these areas.

15. **Future year's Budget**: The financial challenge facing HSC is significant in-year and will continue to present an ongoing challenge to manage. PHA will be required to work closely with DoH in the coming months, where required, to inform any assessment of options to address the wider HSC financial position.

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

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

Section D: Update - Capital position

18. The PHA has a current capital allocation (CRL) of £13.1m. The majority of this (£12.0m) relates to Research & Development (R&D). The overall summary position, as at January 2023, is reflected in the following table.

Capital Summary	Total CRL £'000	Year to date spend £'000	Full year forecast £'000	Forecast Surplus / (Deficit) £'000
HSC R&D:				
R&D - Other Bodies	3,965	2,426	3,965	0
R&D - Trusts	8,901	7,758	8,901	0
R&D Capital Receipts	(867)	(169)	(867)	0
Subtotal HSC R&D	**11,999**	**10,015**	**11,999**	**0**
CHITIN Project:				
CHITIN - Other Bodies	1,283	0	1,283	0
CHITIN - Trusts	105	0	105	0
CHITIN - Capital Receipts	(1,388)	0	(1,388)	0
Subtotal CHITIN	**0**	**0**	**0**	**0**
Other:				
ICT	85	0	85	0
Congenital Heart Disease Network	436	54	436	0
Online Safety Project	15	0	15	0
Covid Wastewater	910	86	910	0
Covid Wastewater - receipts	(310)	(310)	(310)	0
Subtotal Other	**1,136**	**(170)**	**1,136**	**0**
Total HSCB Capital position	**13,135**	**9,845**	**13,135**	**0**

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

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

21. PHA has also received a number of smaller capital allocations including the Congenital Heart Disease (CHD) Network (£0.4m), which is managed through the PHA R&D team, and a COVID-19 Wastewater project (£0.6m) which is a QUB project analysing wastewater to help with the tracking of outbreaks of COVID-19. A small CRL allocation has been received for an online safety project, which relates to SBNI, and is anticipated to be spent in quarter 4 of the financial year.

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

Recommendation

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

Public Health Agency

Annex 1 - Finance Report

2022-23

Month 10 - January 2023

PHA Financial Report - Executive Summary

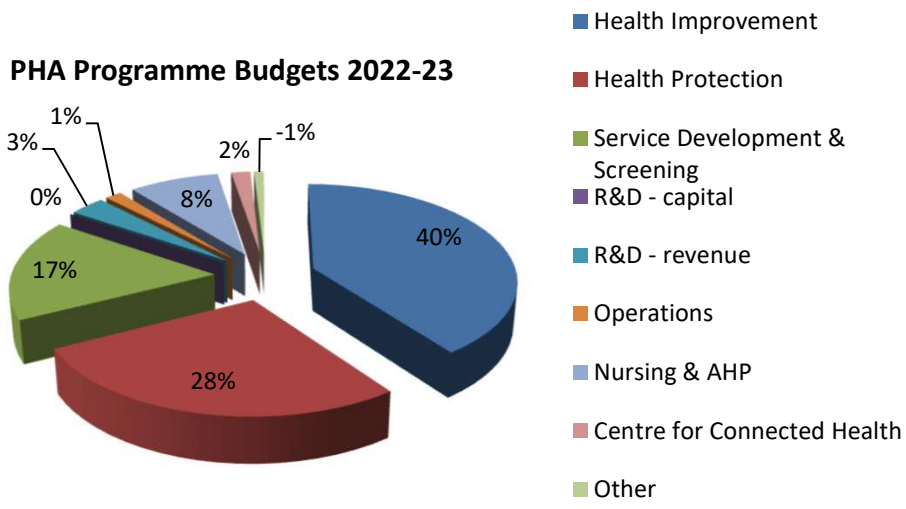
Year to Date Financial Position (page 2)

At the end of month 10 PHA is reporting an underspend of £3.0m against its profiled budget. This underspend is primarily the result of underspends on Administration budgets (page 6) and PHA Direct programme budgets, with expenditure running behind profiled budget in a number of areas.

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

Programme Budgets (pages 3&4)

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

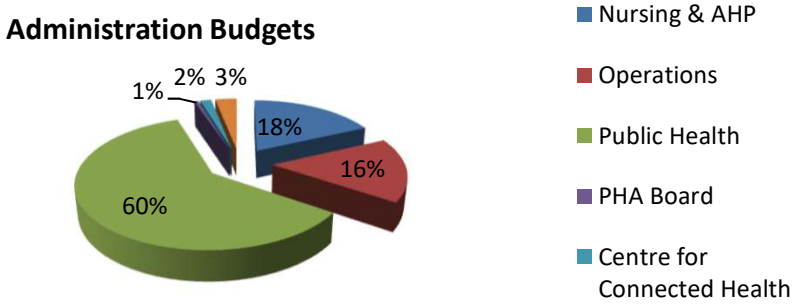


Administration Budgets (page 5)

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

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

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



Full Year Forecast Position & Risks (page 2)

PHA is currently forecasting a surplus of £1.4m for the full year.

The Administration and Programme budgets are being continually reviewed in order to update the full year forecast.

Public Health Agency
2022-23 Summary Position - January 2023

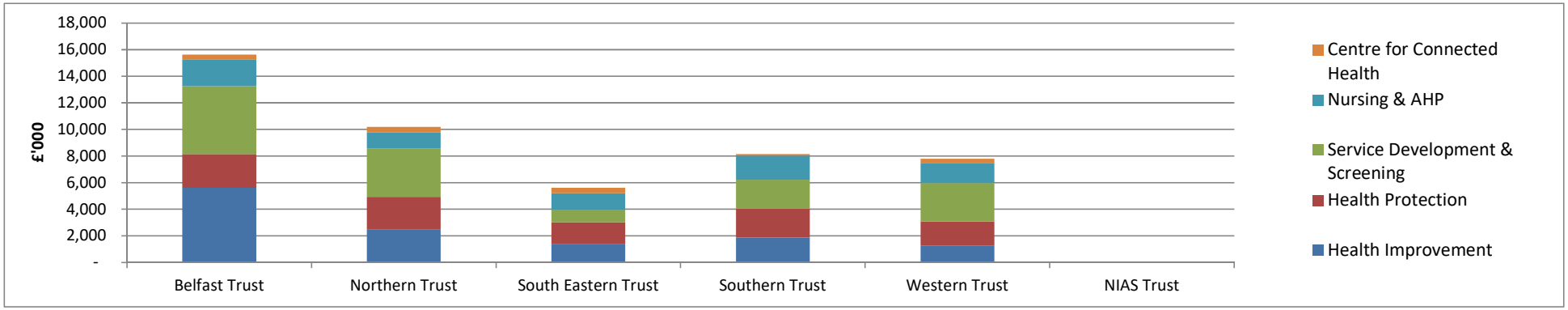
	Annual Budget					Year to Date				
	Programme		Ringfenced	Mgt &	Total	Programme		Ringfenced	Mgt &	Total
	Trust	PHA Direct	Trust & Direct	Admin		Trust	PHA Direct	Trust & Direct	Admin	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Available Resources										
Departmental Revenue Allocation	47,644	55,487	3,405	27,417	**133,953**	39,703	44,712	2,945	22,847	**110,207**
Assumed Retraction	-	-	-	-	**-**	-	-	-	-	**-**
Revenue Income from Other Sources	-	58	-	893	**951**	-	58	-	640	**698**
Total Available Resources	47,644	55,545	3,405	28,310	**134,904**	39,703	44,770	2,945	23,488	**110,905**
Expenditure										
Trusts	47,644	-	346	-	**47,990**	39,703	-	177	-	**39,879**
PHA Direct Programme *	-	56,029	2,999	-	**59,028**	-	42,955	2,720	-	**45,676**
PHA Administration	-	-	-	26,488	**26,488**	-	-		22,381	**22,381**
Total Proposed Budgets	47,644	56,029	3,345	26,488	**133,506**	39,703	42,955	2,897	22,381	**107,936**
Surplus/(Deficit) - Revenue	0	(484)	60	1,821	**1,398**	-	1,814	48	1,106	**2,969**
Cumulative variance (%)						***0.00%***	***4.05%***	***1.64%***	***4.71%***	***2.68%***

The year to date financial position for the PHA shows an underspend of £3.0m, which is a result of PHA Direct Programme expenditure being behind profiled budgets and a year-to-date underspend within Administration budgets.

A surplus of £1.4m is currently forecast for the year.

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

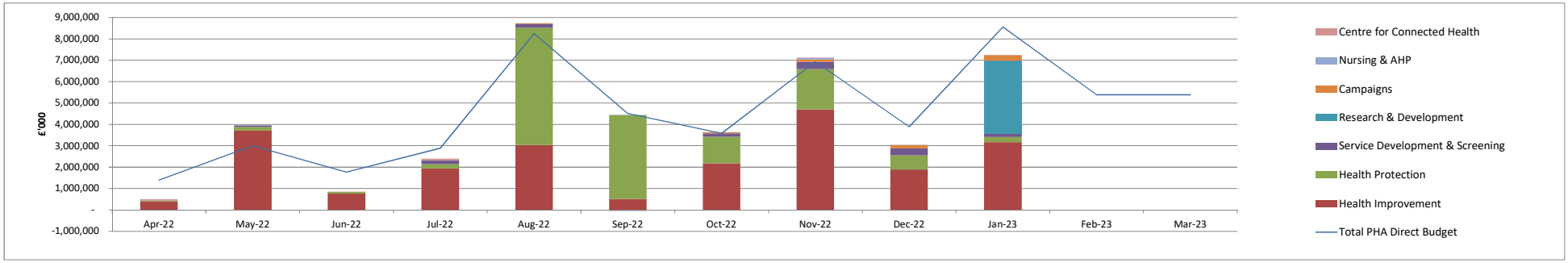
Programme Expenditure with Trusts



Current Trust RRLs	Belfast Trust £'000	Northern Trust £'000	South Eastern Trust £'000	Southern Trust £'000	Western Trust £'000	NIAS Trust £'000	Total Planned Expenditure £'000	YTD Budget £'000	YTD Expenditure £'000	YTD Surplus / (Deficit) £'000
Health Improvement	5,610	2,500	1,366	1,879	1,259	-	**12,614**	10,511	10,511	-
Health Protection	2,530	2,427	1,669	2,172	1,808	-	**10,606**	8,838	8,838	-
Service Development & Screening	5,103	3,619	935	2,172	2,898	-	**14,728**	12,273	12,273	-
Nursing & AHP	1,984	1,222	1,251	1,803	1,492	57	**7,809**	6,507	6,507	-
Centre for Connected Health	404	435	400	120	340	-	**1,699**	1,416	1,416	-
Quality Improvement	23	-	-	-	-	-	**23**	19	19	-
Other	59	32	18	29	28	0	**166**	138	138	-
Total current RRLs	**15,713**	**10,234**	**5,638**	**8,176**	**7,825**	**57**	**47,644**	**39,703**	**39,703**	-
Cumulative variance (%)										***0.00%***

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

PHA Direct Programme Expenditure



	Apr-22 £'000	May-22 £'000	Jun-22 £'000	Jul-22 £'000	Aug-22 £'000	Sep-22 £'000	Oct-22 £'000	Nov-22 £'000	Dec-22 £'000	Jan-23 £'000	Feb-23 £'000	Mar-23 £'000	Total £'000	YTD Budget £'000	YTD Spend £'000	Variance £'000	
Profiled Budget																	
Health Improvement	1,268	2,538	1,454	2,248	2,621	646	2,284	4,242	1,919	3,729	3,538	2,725	**29,212**	22,948	22,320	628	*2.7%*
Health Protection	42	254	144	128	5,448	3,775	1,159	1,998	1,843	1,087	954	1,551	**18,383**	15,879	13,907	1,972	*12.4%*
Service Development & Screen	79	144	102	489	53	11	22	574	523	272	278	421	**2,968**	2,269	2,203	66	*2.9%*
Research & Development	-	-	-	-	-	-	-	-	-	3,418	-	-	**3,418**	3,418	3,411	7	*0.0%*
Campaigns	3	2	18	5	15	52	15	38	284	209	424	513	**1,578**	642	653	(12)	*-1.8%*
Nursing & AHP	2	3	50	14	19	19	43	47	30	42	176	336	**780**	268	212	56	*20.9%*
Centre for Connected Health	-	61	5	-	57	-	3	9	1	0	6	- 17	**125**	136	132	4	*2.7%*
Quality Improvement	-	-	-	-	38	-	58	26	-	14	11	46	**193**	136	115	21	*15.3%*
Other	-	-	-	-	-	-	-	-	(713)	(212)	0	(185)	**(1,110)**	(925)	1	(927)	*100.0%*
Total PHA Direct Budget	**1,393**	**3,001**	**1,772**	**2,884**	**8,252**	**4,503**	**3,584**	**6,934**	**3,887**	**8,559**	**5,387**	**5,389**	**55,545**	**44,770**	**42,955**	**1,814**	
Cumulative variance (%)																***4.05%***	
Actual Expenditure	**503**	**3,986**	**1,106**	**2,336**	**8,954**	**4,476**	**3,786**	**6,950**	**3,111**	**7,747**	**-**	**-**	**42,955**				
Variance	**890**	**(985)**	**666**	**548**	**(702)**	**27**	**(202)**	**(16)**	**776**	**812**			**1,814**				

The year-to-date position shows an underspend of approximately £1.8m against profile, primarily due to expenditure behind profile within Health Protection vaccines budget. A year-end overspend of £0.5m is anticipated, reflecting the plan to overspend to absorb anticipated underspends within Administration budgets, offset by a forecast underspend on vaccines.

Public Health Agency
2022-23 Ringfenced Position

	Annual Budget				Year to Date			
	Covid £'000	NDNA £'000	Other ringfenced £'000	Total £'000	Covid £'000	NDNA £'000	Other ringfenced £'000	Total £'000
Available Resources								
DoH Allocation	2,224	272	730	**3,226**	2,254	177	514	**2,945**
Assumed Allocation/(Retraction)	179	-	-	179	-	-	-	**-**
Total	2,403	272	730	**3,405**	2,254	177	514	**2,945**
Expenditure								
Trusts	-	212	134	**346**	-	177	-	**177**
PHA Direct	2,403	60	536	**2,999**	2,221	0	499	**2,720**
Total	2,403	272	670	**3,345**	2,221	177	499	**2,897**
Surplus/(Deficit)	**-**	**-**	**60**	**60**	**32**	**(0)**	**15**	**47**

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

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

Other ringfenced areas include Safe Staffing, NI Protocol and funding for SBNI. A small underspend is expected for the year.

PHA Administration

2022-23 Directorate Budgets

	Nursing & AHP	Quality Improvement	Operations	Public Health	PHA Board	Centre for Connected Health	SBNI	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Annual Budget								
Salaries	4,852	641	3,492	16,364	115	395	619	**26,479**
Goods & Services	163	12	1,005	324	48	48	230	**1,831**
Total Budget	**5,015**	**653**	**4,498**	**16,688**	**162**	**444**	**850**	**28,310**
Budget profiled to date								
Salaries	4,067	485	2,881	13,600	82	332	516	**21,963**
Goods & Services	136	10	838	270	37	41	192	**1,525**
Total	**4,203**	**495**	**3,719**	**13,871**	**119**	**374**	**708**	**23,488**
Actual expenditure to date								
Salaries	3,909	487	2,413	12,605	303	340	514	**20,570**
Goods & Services	172	9	944	260	281	14	131	**1,811**
Total	**4,081**	**495**	**3,357**	**12,865**	**585**	**353**	**645**	**22,381**
Surplus/(Deficit) to date								
Salaries	158	(2)	468	995	(221)	(7)	2	**1,392**
Goods & Services	(36)	2	(106)	11	(245)	28	61	**(286)**
Surplus/(Deficit)	**122**	**-** **0**	**362**	**1,006**	**(466)**	**20**	**63**	**1,106**
Cumulative variance (%)	*2.90%*	*-0.01%*	*9.73%*	*7.25%*	*-393.09%*	*5.40%*	*8.87%*	***4.71%***

PHA's administration budget is showing a year-to-date surplus of £1.1m, which is being generated by a number of vacancies, particularly within Health & Well-being Improvement and SDS. Senior management continue to monitor the position closely in the context of the PHA's obligation to achieve a breakeven position for the financial year. The full year surplus is currently forecast to be c£1.8m, which includes a release of the annual leave accrual and the cost on the EY Reshape & Reform Review.

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

PHA Prompt Payment

Prompt Payment Statistics

	January 2023 Value	January 2023 Volume	Cumulative position as at January 2023 Value	Cumulative position as at January 2023 Volume
Total bills paid (relating to Prompt Payment target)	£9,565,785	549	£61,362,317	4,745
Total bills paid on time (within 30 days or under other agreed terms)	£8,920,685	510	£59,858,250	4,600
Percentage of bills paid on time	**93.3%**	**92.9%**	**97.5%**	**96.9%**

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

The 10 day prompt payment performance remains very strong at 84.2% on volume for the year to date, which significantly exceeds the 10 day DoH target for 2022-23 of 70%.

HSC Public Health Agency

item 11

Title of Meeting	PHA Board Meeting
Date	16 March 2023
Title of paper	PHA Business Plan 2023/24
Reference	PHA/02/03/23
Prepared by	Stephen Murray
Lead Director	Stephen Wilson
Recommendation	For **Approval** ☒ For **Noting** ☐

1 Purpose

The purpose of this paper is to seek approval of PHA's Annual Business Plan for 2023/24.

2 Key Issues

The Annual Business Plan (ABP) sets out the key corporate actions that PHA Board will primarily focus on progressing in 2023/24, in delivering on the following Corporate Plan outcomes:

- All children and young people have the best start in life
- All older adults are enabled to live healthier and more fulfilling lives
- All individuals and communities are equipped and enabled to live long healthy lives
- All health and wellbeing services should be safe and high quality
- Our Organisation Works Effectively

In support of the ABP a separate Action Plan is currently being finalised that will set out, in more detail, the specific areas of work that PHA will take forward during 2023/24 to progress a number of important Ministerial / DoH policy priorities as well as continue to progress the many strategic priorities that underpin the on-going delivery of the PHA Corporate Plan.

In line with the Performance Framework, approved by PHA board in January 2023, the actions set out in the ABP and the more detailed PHA Action Plan will cascade

down into the development of respective Directorate Business plans to ensure delivery at a Directorate operational level.

4 Next Steps

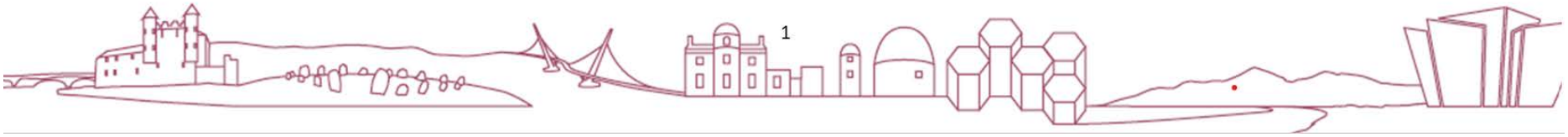
Following approval, the Board will receive quarterly Performance Management Report updates against the Annual Business Plan.

Public Health Agency

Draft

PHA Annual Business Plan

2023/24



1

Introduction

The Public Health Agency (PHA) Annual Business Plan sets out the key strategic actions that will be taken forward by PHA during 2023/24.

The Annual Business Plan does not set out all of the specific areas of work that are being progressed by the Agency on an on-going basis in meeting both the wide range of Ministerial priorities and outcomes set out in the PHA Corporate Plan. Rather it identifies those key areas of work that the Agency recognises require particular attention, over the coming 12 month period, to enable strategic progress to be achieved both during 23/24 and in future years to improve population health outcomes and reduce health inequalities.

Key actions to be progressed include:

- Increase childhood vaccination uptake rates
- Expand the Early Intervention Family Support service
- Finalise and take forward Implementation of a new Alcohol and Drug commissioning framework
- Develop a cardiovascular population health profile to inform future commissioning priorities
- Develop a cancer prevention action plan

The Annual Business Plan is broken down under the 5 Outcomes that underpin the PHA extant Corporate Plan 2017-21 (as reviewed and rolled forward to 2023/24).

There is no doubt that 2023/24 will be a challenging year, as we strive to continue to meet our core commitments within a tight financial context and manage a period of significant organisational and system wide change. It will however also be a year of significant opportunity as PHA, under the Refresh and Reform programme, looks to evolve into a stronger organisation that will have the capacity and capability to provide the public health leadership and expertise to deal with the on-going wider public health needs of the population.

During 2023/24 PHA will also work closely with colleagues in SPPG to take forward the implementation of the Integrated Care System for NI and ensure that the public health agenda and, in particular, addressing health inequalities, is appropriately reflected in any new plans developed.

Accountability

The Annual Business plan will be monitored quarterly and update reports provided to PHA Board. AMT will be collectively responsible for ensuring the actions and associated KPIs are achieved. Where actions are not on target to deliver these will be considered by AMT and mitigating actions agreed to ensure maximum progress is made by March 2024.

2023/24 Key Priorities

Key Priorities	Corporate Plan Outcome	Action programme	Performance Measures
1	All children and young people have the best start in life	- Vaccination - Family Support	• By December 2023, increase by 1% the uptake rates for pre-school immunisation (based on December 2022 position) • 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)
2	All older Adults are entitled to live healthier and more fulfilling lives	- Vaccination - Falls prevention	• Implement the 'Shingrix for All' vaccine programme with phased introduction from September 2024 • Implement the Regional Falls Pathway and Bundle for Care Homes in 10 % of care homes in each Trust area by March 2024
3	All Individuals and communities are equipped and enabled to live long and healthy lives	- Screening - Alcohol and Drugs - Mental Health / Suicide prevention	• Implement primary HPV testing into the cervical screening programme by March 2024 • 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. • Draft PHA Mental Health, Emotional Wellbeing and Suicide Prevention commissioning framework developed by March 2024.

		- Cardiovascular Disease prevention - Cancer Prevention - Smoking	• Cardiovascular population health profile to be produced by March 2024 • 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 • regional tobacco commissioning team to be established by June 2023
4	All health and wellbeing services should be safe and high quality	- Quality Improvement - Infection/ prevention Control - Health Protection Response	• HSCQI workplan agreed by the HSCQI Alliance by June 2023 • 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. • All standard operating procedures for acute response to be reviewed and updated by March 2024.
5	Our organisation works effectively	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.	• Quarterly update reports on PHA Business Plan to be provided to PHA Board • 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.

6		Continue to shape and influence the design and implementation of the proposed new Integrated Care system and ensure the role of the Public Health Agency is embedded appropriately into the new planning and commissioning model being established.	• PHA to be appropriately represented on the 5 pilot Area Integrated Partnership Boards to be established in each Trust area • population health profile information to produced by June 2023 to help inform the test model for the Southern AIPB. • Ensure PHA priorities relating to health protection, prevention and early intervention are reflected in draft AIPB plans
7	Our Organisation Works Effectively	Work with DoH to implement phase 2 of the 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	• Phase 2A of the Reshape and Refresh programme (Detailed implementation plan) completed by end of May 2023 • Implementation of phase 2B (Continue to Transform) to commence by end of May 23 and conclude by November 23. • Monthly newsletters published to provide staff with regular updates of progress and key milestones.
8	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) • 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.

			• All temporary contracts to be reviewed and aligned to the parameters within the agreed recruitment strategy by 30th September 2023. • Staff absence will be effectively managed to ensure appropriate and timely support for staff and with the aim of working towards the agreed target. • Hybrid working pilot scheme to be fully implemented with evaluation undertaken which will feed into any future arrangements by March 2024 • Staff will have completed all mandatory training as required by the organisation. 90% compliance by end of December 2024 • 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.
9	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 across all levels of the organisation.	• 90% of Internal Audit recommendations from 2022/23 addressed and progress reported to GAC by October 2023 • 100% of Internal Audit recommendations from 2022/23 addressed and progress reported to GAC by March 2024 • All Directorate Business Plans approved by 30 May 2023 • 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 • Budget holders to manage their agreed budgets to support the statutory breakeven target of +0.25% or circa 0.3m within 2023/24

			• 90% of quarterly PMRs for PHA contracts with external providers are submitted on time, KPIs are being achieved and next quarterly payments approved.
10	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 public health priorities.	• 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. • PHA Public Inquiry team established by end of June 23. • 100% of Inquiry Rule 9 statements are provided in a timely manner in accordance with agreed deadlines.

HSC Public Health Agency

item 12

Title of Meeting	PHA Board Meeting
Date	16 March 2023
Title of paper	Human Resources Report "Our People"
Reference	PHA/03/03/23
Prepared by	Ms Karyn Patterson
Lead Director	-
Recommendation	For **Approval** ☐ For **Noting** ☒

1 Purpose

The purpose of this paper is to provide an update on a range of Human Resources matters for the period April to December 2022.

2 Key Issues

This report aims to give members an overview of the following areas:

Workforce Profile and Analytics

This section sets out information on the number of staff in PHA, giving a breakdown by directorate and also gives information on sickness absence.

Workforce Development

This part of the report gives an overview of the work of the Organsation Workforce Development (OWD) group and its action plan which is broken down into 3 areas:

- Staff Experience
- Workforce Development
- Culture

Workforce Planning Requirements

The final section looks at the need for PHA to have a full workforce plan and show the age profile of staff working in the organisation.

3 Next Steps

This report was presented to the Agency Management Team on 15 February 2023 and to the Planning, Performance and Resources Committee on 23 February 2023. It is intended to bring future reports to that Committee on a six-monthly basis.

HSC Public Health Agency

Our People

2022/23

Report for April - December 2022

Working together Excellence Openness & Honesty Compassion

CONTENTS

INTRODUCTION

The People of our organisation are critical to our corporate success. It is against that background this report aims to bring an overview of :

- Workforce profile and analytics
- Workforce development agenda
- Workforce planning requirements

Workforce Profile

The Public Health Agency (hereafter referred to as 'the Agency') currently employs circa 365 staff across a mix of permanent and temporary contract arrangements.

In addition the Agency have 'Bank Contracts' with circa 692 individuals who were involved in the Covid19 pandemic response. Whilst the vast majority of this staff group are not active, a cleanse of their availability and future interest remains an action to be undertaken as an outworking of the Emergency Planning process. The remainder of this report excludes analysis of this group at this time.

Workforce Development

The Agency is committed to ensuring that all staff are valued, developed and empowered to strive for excellence and innovation in all they do. To this end an Organisation Workforce Development (OWD) group was established during 2022. Organised into 3 core workstreams, this group have now established a high level work plan from which each workstream will develop a detailed Activity plan to be delivered into the 23/24 year.

Workforce Planning Requirements

As the Agency progresses with the Reshape and Refresh Programme, the workforce planning aspects will begin to unfold. There are already some critical areas identified requiring urgent attention to ensure the Agency can continue to deliver on the populations needs into the future.

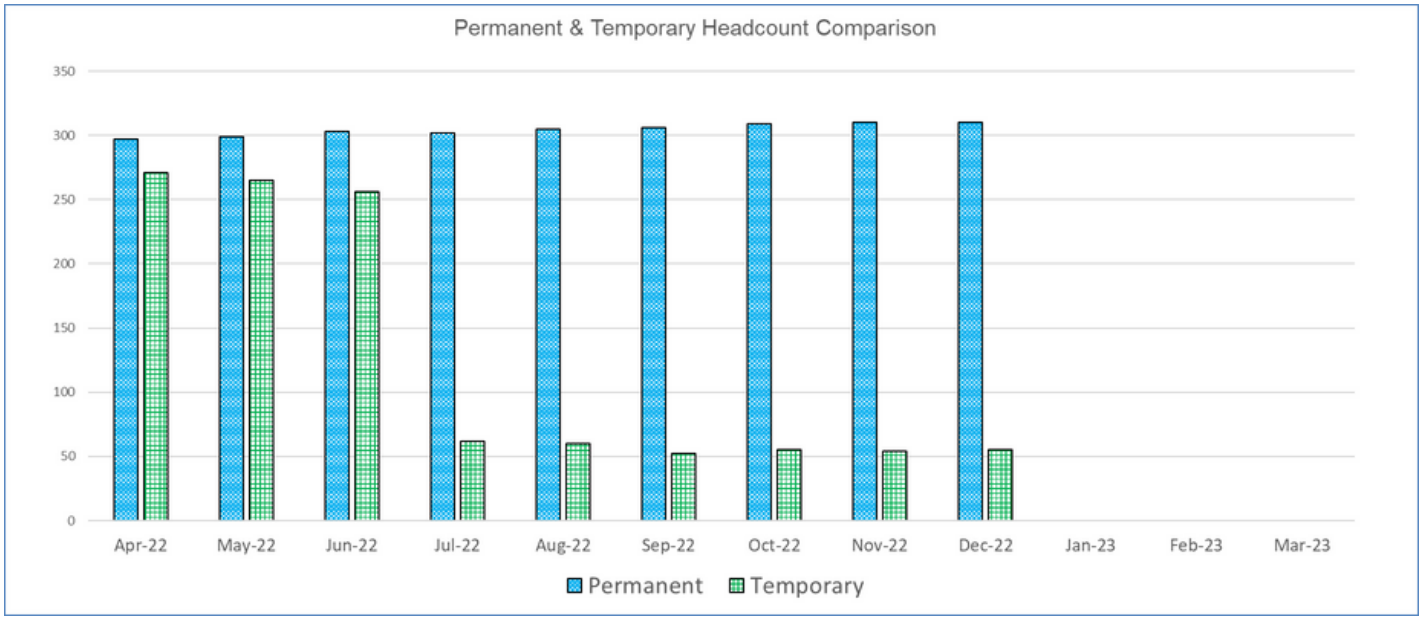
Workforce Profile

As at 31st December 2022, the Agency reported

- 310 Permanent Staff (296.90 WTE)
- 55 Temporary staff (47 WTE)
- 692 Bank staff (0.00 WTE)

Those on Bank contracts are held on zero hours and reflect those who expressed an interest in being retained on such when the Covid19 Pandemic arrangements were stood down. This should not be assumed to represent actual availability as a Bank Contract has no mutuality of obligation and therefore this is subject to regular cleansing, and emergency planning requirements for training to retain appropriate skills.

In terms of those on Permanent Contracts the Headcount shown represents a 5.8% increase since 1st April 2022 with the Temporary staffing having significantly declined since June 2022 when the Covid19 arrangements were stood down. This can be seen in the graph below:



Those remaining on Temporary Contracts are typically employed to provide backfill for other staff acting up / on secondment; to provide additional capacity for project work; training roles or to fill non recurrently funded posts. Work is ongoing to ensure, where possible, there is an exit strategy from any temporary posts and that those engaged on short term contracts are kept to a minimum.

Reviewing the Labour Turnover, which is based on permanent staffing and only reflects those actually leaving the Agency as opposed to those moving within the Agency, has seen a high turnover rate, currently sitting at 9.29% representing 28 leavers. This is a mixture of staff moving to new opportunities and those retiring from the service:

		Jan - Mar 22		Apr - Jun 22		Jul - Sept 22		Oct - Dec 22		12 Month rolling Turnover
		Leavers	Turnover	Leavers	Turnover	Leavers	Turnover	Leavers	Turnover	
Turnover By Directorate	Covid	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0.00%
	HSCQI	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0.00%
	Nursing & AHP	2	3.33%	3	4.48%	4	5.91%	2	0.65%	14.36%
	Operations	0	0.00%	0	0.00%	1	2.05%	0	0.00%	2.05%
	Public Health	4	2.29%	6	3.41%	6	3.32%	0	0.00%	9.02%
	PHA	6	2.04%	9	3.01%	11	3.59%	2	0.65%	9.29%

Reviewing the split of resignations to retirements the following can be seen:

- 55% were resignations with no indication of moving to another HSC Organisation
- 7% were resignations confirming a move to another HSC Organisation
- 38% were retirements.

The level of retirements will be an interesting trend to track going forward particularly in light of the age profile which can be seen under the Workforce Planning section.

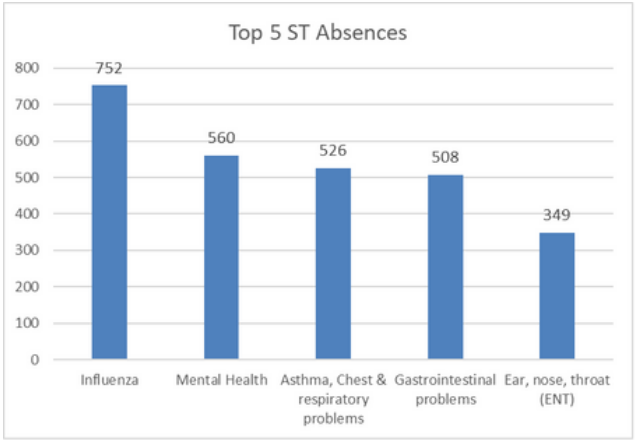
Recruitment activity remains relatively low due to increased scrutiny controls as the Agency enters a period of organisational change. Any recruitment ongoing is that deemed to be essential and not likely to be affected by the organisational change. Where necessary interim appointments will be made to ensure the Agency has sufficient flexibility to address any matters arising during the Reshape and Refresh Programme.

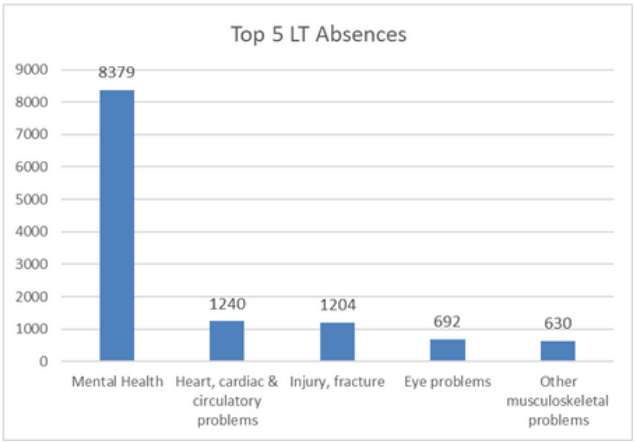
Sickness Absence

The Agency's absence target is currently 3%.

In year the cumulative absence rate is 3.23% representing an average of 43.28 hours lost per person and a direct financial cost of circa £604,072. Interestingly the sickness absence in the current financial year is currently showing a cumulative rate marginally higher than 2021/22 although lower than pre-pandemic rates which sat above 4%

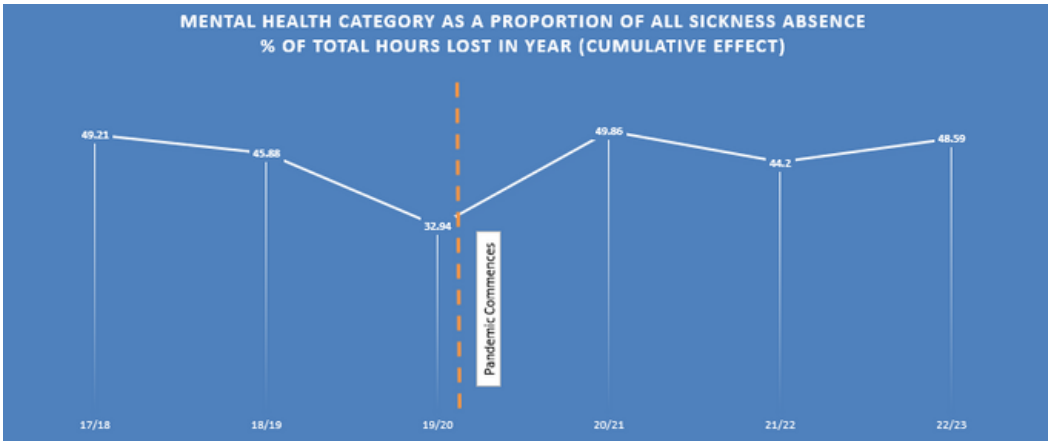
Reviewing the nature of absence, below is an overview of the top 5 absence types for both Long Term and Short Term absence based on total hours lost:





Overall Mental Health conditions represent the most significant proportion of sickness absence with 48.59% of all sickness absence so far in 2022/23 being for this reason. This is well in excess of the next highest category, Injury such as fracture, which sits at just 7.11% followed by 7.06% relating to Heart, Cardiac and Circulatory problems .

Interestingly sickness absence relating to Mental Health has consistently been the greatest reason for absence over the past 5 years which had begun to dip in 2019/20 before rising again in 2022/21 (*year of the pandemic starting*). This can be seen visually in the following chart:



The dip in 2019/20 may be attributable to a number of factors including a wide range of actions which the HR Service had been commenced to address the area of Mental Health.

During the period of the pandemic, the focus of this work whilst continued was impacted upon by competing demands and it is likely that, together with the direct impact of the Pandemic on staff, has accounted for the rise particularly seen in 2020/21 and despite an initial drop in 21/22 the further rise into 22/23.

In this context HR Services have continued to incorporate a wide range of activities to support an approach to addressing this area of long term absence including:

- Case management in partnership with the Line Managers and Occupational Health;
- Promotion of key resources to support staff in the workplace either individually or in conjunction with their line manager such as the introduction of the Stress Toolkit;
- Availability of Stress control classes.
- Provision of a range of seminars and workshops relating to different aspects of Mental Health;
- Scoping of discounts available for various leisure facilities which can be promoted for use by staff.

It is clear that there continues to be work to do and whilst the above interventions will support management of this area, it will be for all managers throughout the organisation to ensure an empathetic and constructive approach is used to support staff with building their resilience and energy for the workplace.

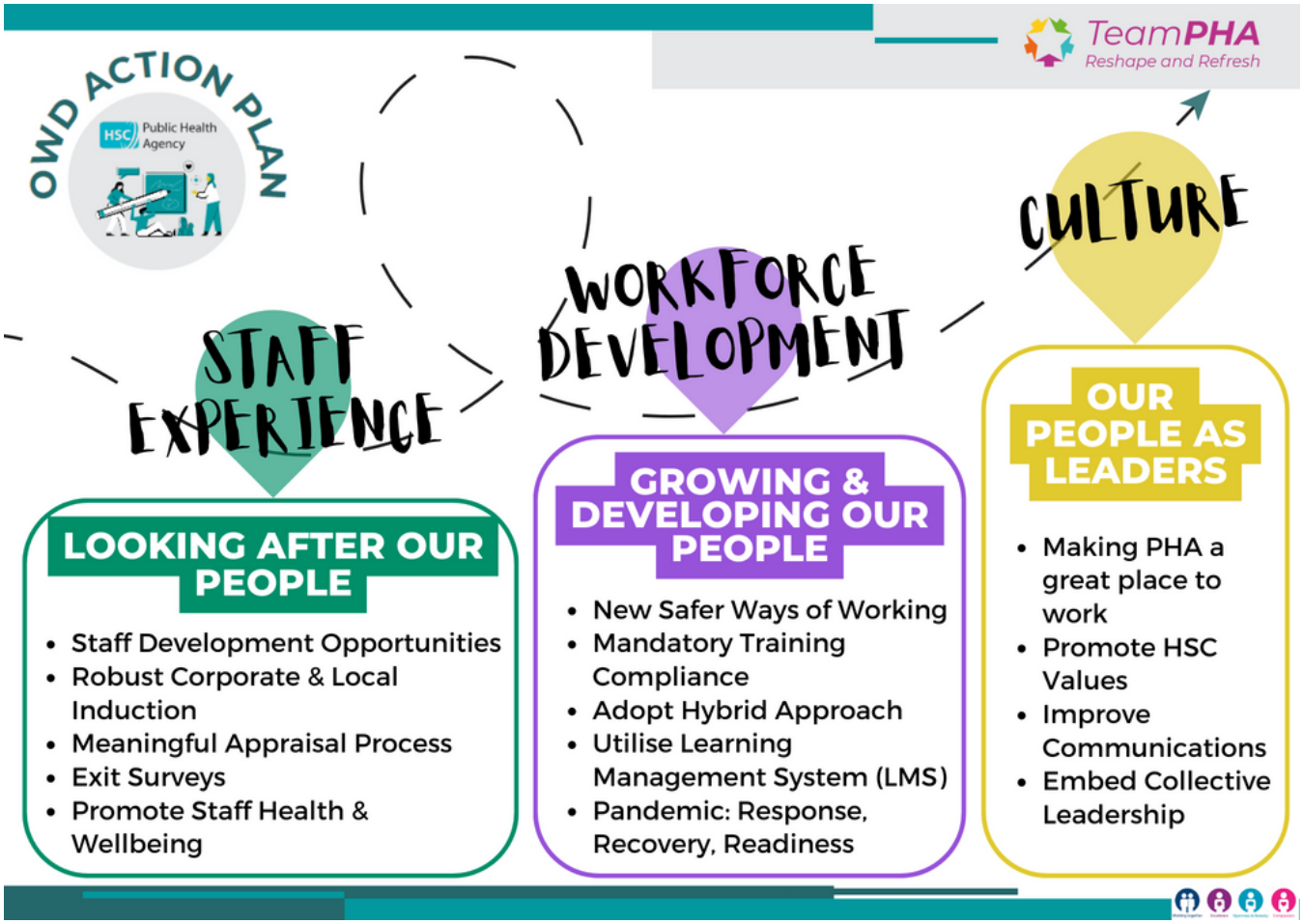
Workforce Development

The Public Health Agency is committed to ensuring that all staff are supported to have a great experience in the workplace. We are invested in making working lives better and to this end have established an Organisation Workforce Development (OWD) Group which aims to champion and role model a culture of Collective leadership and engagement, aligned with HSC Values, supporting staff to ensure they are equipped to successfully deliver the PHA Objectives in a manner which aligns to the HSC Workforce strategy.

Against this background the OWD group have prepared an outline Action Plan which, is now being further developed through 3 key workstreams:

- Staff Experience - Looking After our People
- Workforce Development – Growing and Developing our People
- Culture – Our People as Leaders

These are further described in the visual below:

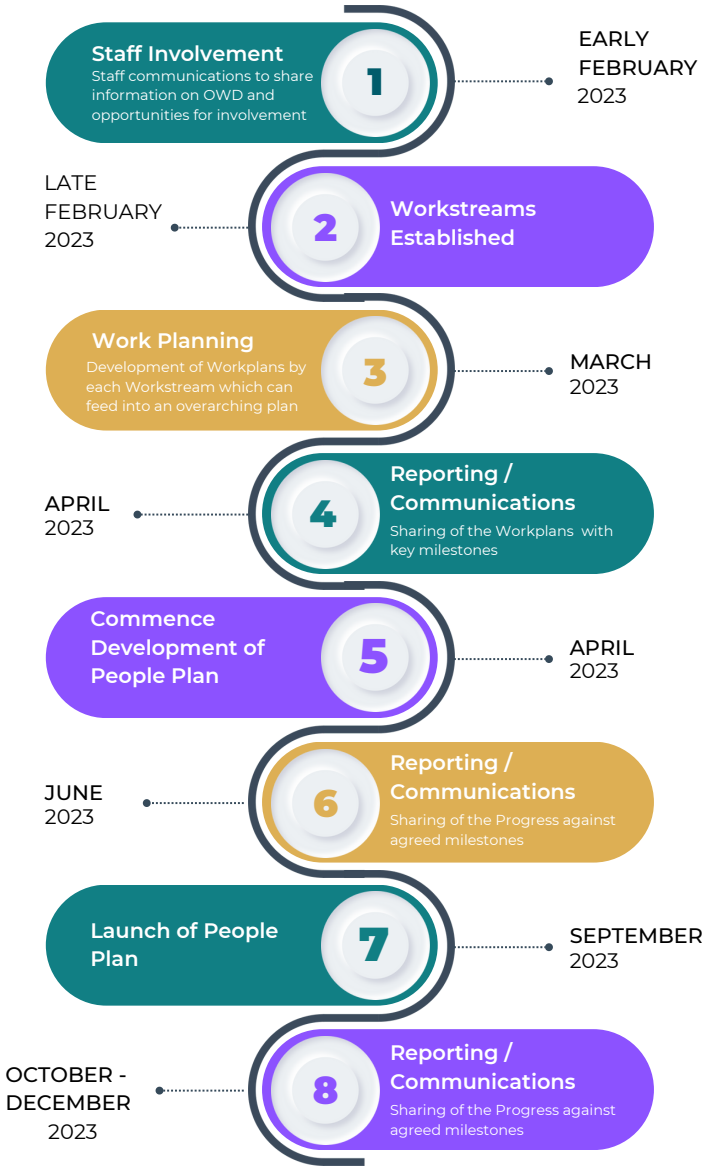


Whilst the workstreams aim to put a clear structure around the work of the OWD and seek to encourage practical engagement by staff going forward, these have been developed against the background of generic engagement with staff through a range of surveys most notably:

- 2019 HSC Staff Survey (*this survey is scheduled to be re-run during 2023*)
- 2020 Cultural Assessment
- 2020 & 2021 Working from Home Surveys

Survey outcomes have been shared generically through presentations by the Assistant Director of Human Resources at 'Town Hall' events and are valuable sources of data to inform the detailed work which can now be driven forward through the OWD Forum workstreams.

OWD Work Plans for 2023 will include:

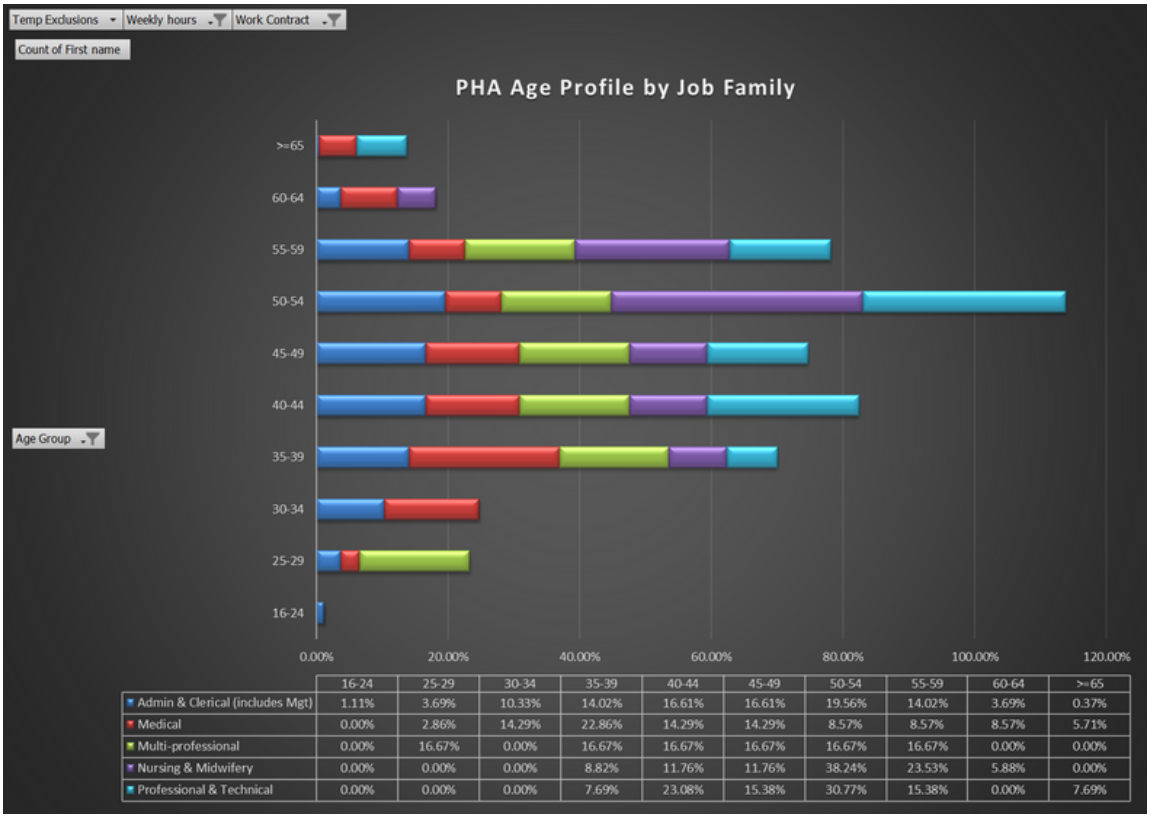


The PHA OWD group will work towards the fulfillment of the group's purpose (*see Appendix 1 for details*), seek to ensure wider staff engagement and communication, with the the overall goal of ensuring our staff experience is positive, there is opportunity for growth & development and the PHA is seen as a great place to work.

Workforce Planning Requirements

The Agency does not currently have a full workforce plan. However, with the Programme to Reshape and Refresh the PHA this will facilitate the commencement of this process, with the organisational structures ultimately leading to a review of the organisations workforce in terms of current and future needs.

In this context of the organisation commencing a journey to consider its organisational requirements, some basic data on the make up of the workforce in terms of age highlights that currently just over 40% of the permanent workforce are aged 50 years or older. The full age profile can be seen in the following graph:



	16-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	>=65
Admin & Clerical (includes Mgt)	1.11%	3.69%	10.33%	14.02%	16.61%	16.61%	19.56%	14.02%	3.69%	0.37%
Medical	0.00%	2.86%	14.29%	22.86%	14.29%	14.29%	8.57%	8.57%	8.57%	5.71%
Multi-professional	0.00%	16.67%	0.00%	16.67%	16.67%	16.67%	16.67%	16.67%	0.00%	0.00%
Nursing & Midwifery	0.00%	0.00%	0.00%	8.82%	11.76%	11.76%	38.24%	23.53%	5.88%	0.00%
Professional & Technical	0.00%	0.00%	0.00%	7.69%	23.08%	15.38%	30.77%	15.38%	0.00%	7.69%

If we review further the split of those over the age of 50 years the following is seen:

- Age 50-54 years - 51.2%
- Age 55-59 years - 38.4%
- Age 60 years+ - 10.4%

Notably with over 70% of those aged 50+ having more than 15 years service, it is likely that a high proportion of this group have the benefit of the 1996 Pension scheme which allows for Pension benefits to be available from age 60 years or age 55 years for those with special classes (*Nurses / Mental Health Officer status*).

If we consider this very limited review of workforce data and the labour market context where there are a wide range of skills shortages, the need for robust workforce planning has never been greater. This is therefore a key priority for the Agency as the Reshape & Refresh Programme is delivered over the next 18 - 24 months.

APPENDICES

01.

OWD Stated Purpose 11

OWD - Stated Purpose

The Public Health Agency (PHA) has developed an Organisation and Workforce Development Group which has the stated purpose to:

- Create a corporate forum which will support the development and delivery of the PHA's People Plan.
- Champion and role model a culture of leadership and engagement aligned with HSC values in order to support successful delivery of PHA objectives.
- Provide advice to the Agency Management Team and leadership across the organisation in respect of all organisational development interventions and processes, such as staff engagement, leadership culture, recognition, appraisal, and corresponding measurements.
- Align and bring together lead representatives within the PHA to ensure there is a corporate, integrated approach to organisation and workforce development.
- Develop, recommend and report to AMT against the Agency's People Resourcing Plan.
- Share learning and good practice across the organisation in order to improve.
- Support the evaluation of the impact of initiatives implemented and recommend changes to increase its impact within the organisation.

Prepared by
Mrs Karyn Patterson,
Senior HR Business Partner & Change Manager

February 2023

HSC Public Health Agency

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HSC Public Health Agency

item 13

Title of Meeting	PHA Board Meeting
Date	16 March 2023
Title of paper	Outcomes and Impacts of HSC R&D Funding
Reference	PHA/04/03/23
Prepared by	Dr Janice Bailie
Lead Director	Dr Joanne McClean
Recommendation	For **Approval** ☐ For **Noting** ☒

1 Purpose

The purpose of this paper is to provide an update of the work of the Research and Development division of PHA over the last year.

2 Key Issues

The attached presentation sets out the role of the HSC Research and Development Division in PHA and gives an overview of the following areas:

- What the HSC R&D Division does
- HSC R&D Outputs
- Contribution to the National Institute of Health Research
- Case Studies
- Clinical Research Network
- US-Ireland Partnership Awards
- CHITIN Programme
- COVID-19 Research
- HSC Industry Engagement
- Award Holder Views of Personal and Public Involvement
- Recognition of HSC R&D Division work

3 Next Steps

The next update report will be brought to the Board in early 2023/24.

HSC Public Health Agency
Research and Development

Outcomes and Impacts of HSC R&D Funding

Dr Janice Bailie
Assistant Director
HSC R&D Division
Public Health Agency

HSC Public Health Agency
Research and Development

HSC R&D Division: What do we do?

- Co-ordinate regional R&D strategy for the HSC
- Administer the HSC R&D Fund
  - In 2022-23 a total of approximately £20m* was administered by HSC R&D Division
  - This funds research in health and social care across the HSC
  - Funding chiefly translational and applied research
- Lead on the regional research governance agenda
- Encourage participation in research across HSC
- Support researchers to seek & secure research funding
- Internal and external stakeholders – highly collaborative activity

HSC R&D Division supports quality research that aims to have a positive impact on the delivery of health and social care

* total funding administered includes baseline budget, slippage awarded and other external income (EU, Research Councils etc.)

HSC R&D OUTPUTS

2019 - 2021

We use Researchfish to capture information on outputs, outcomes and impacts of the research we fund. This includes amongst other things details on our awards, and the collaborations, partnerships and engagement activities that result from our funding. Between 2019-2021 HSC R&D funding contributed to:

54

NEW AWARDS

- Education and training
- Infrastructure
- Capacity building

FURTHER FUNDING GAINED BY AWARDEES

- £52.5M in further funding gained by awardees based on an initial investment of £14.5M from HSC R&D Division

£52.5M

432

PUBLICATIONS

- 373 peer reviewed journal articles
- Other - Book chapters, Conference proceedings, Systematic reviews, Policy briefings, Technical reports

ENGAGEMENT ACTIVITIES

Dissemination to non-academic audiences

- Open days, Workshops, Blogs, magazine articles, TV and Radio broadcasts

492

54

INSTANCES OF INFLUENCING POLICY AND PRACTICE

- Citation in clinical guidelines, Membership of advisory committees, Citation in policy documents

COLLABORATIONS AND PARTNERSHIPS ESTABLISHED

- Universities, Charities, Patient groups, Industry, Hospitals

98

HSC Public Health Agency
Research and Development

National Institute of Health Research – NI contribution

- HSC R&D Division continues to contribute an annual subscription to the National Institute of Health Research (NIHR) funding award schemes to allow Northern Ireland researchers to lead on high impact research projects.
- The annual subscription currently stands at approximately £3.2m
- We previously reported a robust return on investment for the first four year period until 2017 – around **2.7-fold** – this represented over £20m of funded awards which were secured by experienced researchers for projects led from NI
- Success rates can vary and HSC R&D Division has been working with the Universities to encourage more applications from less experienced researchers who have not previously applied
  - 1 April 2020 to 31 March 2021, seven awards totalling £11,318,024; **3.5** x investment.
  - April 2021 to March 2022 – five awards totalling £3.13m; **break even**
  - April 2022-September 2023 – eight awards totalling £8.4m; trending at **5.25** x investment
- On the basis of reputation for delivery, increasing numbers of NI researchers are being invited to join studies as co-investigators

HSC Public Health Agency
Research and Development

Case studies

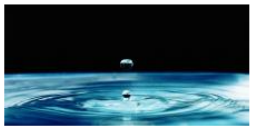
search.hscni.net/impact-hsc-rd-funding-0

HSC R&D Division
Northern Ireland
improving health and social care through research

HSC Public Health Agency
Research and Development

- Funding Opportunities
- Funded Research Awards
- Funded Infrastructure
- Funded Research Centres
- Industry Engagement
- Personal & Public Involvement (PPI)
- Researcher Support
- About us
- News and Events

The impact of HSC R&D funding



The work of the HSC R&D Division is based on the principle that the best health and social care must be underpinned by knowledge, based on well conducted research, which can be used to support policy and practice and can be applied in the delivery of care.

Our funding has enabled researchers in Northern Ireland to gather the evidence they require to better support patients and the public. Below are some examples of the impact of research we have funded.

A new approach to weaning critically ill patients from mechanical ventilation across the UK

Critically ill patients having long periods of mechanical ventilation are at higher risk of morbidity. The research by Blackwood, McAuley and Clarke identified ways to optimise inter-disciplinary collaboration in weaning infants and children from mechanical ventilation and, by July 2020, nearly two-thirds (18/28) of UK paediatric intensive care units had adopted the protocolised weaning intervention that was designed based on this research. Without this research and the implementation activities, the approach to ventilator weaning practice in the UK would not be as collaborative or evidence based as it is currently.

Click here to read more.

HSC R&D Division engages with QUB/UU to track when HSC R&D Division funding (both direct awards for research and funding related to provision of supporting research infrastructure i.e. NICRN) is referenced as an attributing source of funding on the pathway to the impact in QUB/UU submissions of REF Impact Case Studies.

These impact case studies are soon to be made available on the HSC R&D Division website. Exemplars from the 2022 submission include;

A new approach to weaning critically ill patients from mechanical ventilation across the UK

Improving healthcare for children with cerebral palsy via surveillance

Improving treatment and quality of life for patients with Myeloproliferative Neoplasms

Improving treatment and quality of life for patients with Prostate Cancer through clinical research

Transforming supportive cancer care for patients and families in Northern Ireland

Improving outcomes for people with cystic fibrosis through evidence based clinical trials

Developing psychological services and addressing the mental health impact of the conflict in Northern Ireland

Geo-demographic factors associated with deliberate self-harm and death by suicide: a within and between neighbourhoods' analysis

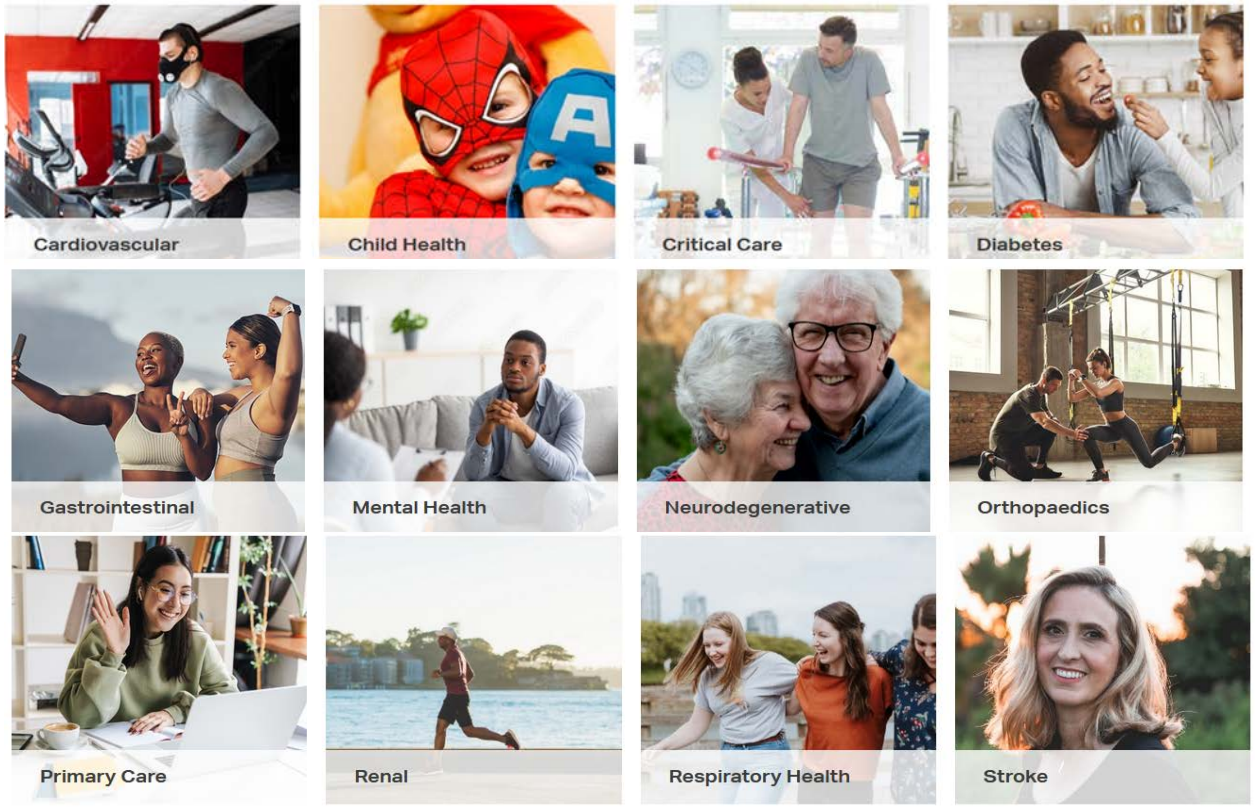
Transforming eyecare for children with developmental disability

Optimal nutrition for prevention of hypertension in pregnancy using a personalised approach (OptiPREG)

Changing policy, culture and understanding in dementia care

iMPAKT: Implementing and Measuring Person-centredness using an App for Knowledge Transfer

Clinical Research Network | The Hub for Advancing Healthcare



https://nicrn.hscni.net/research/

Trial Recruitment - NICRN

Clinical Research Network

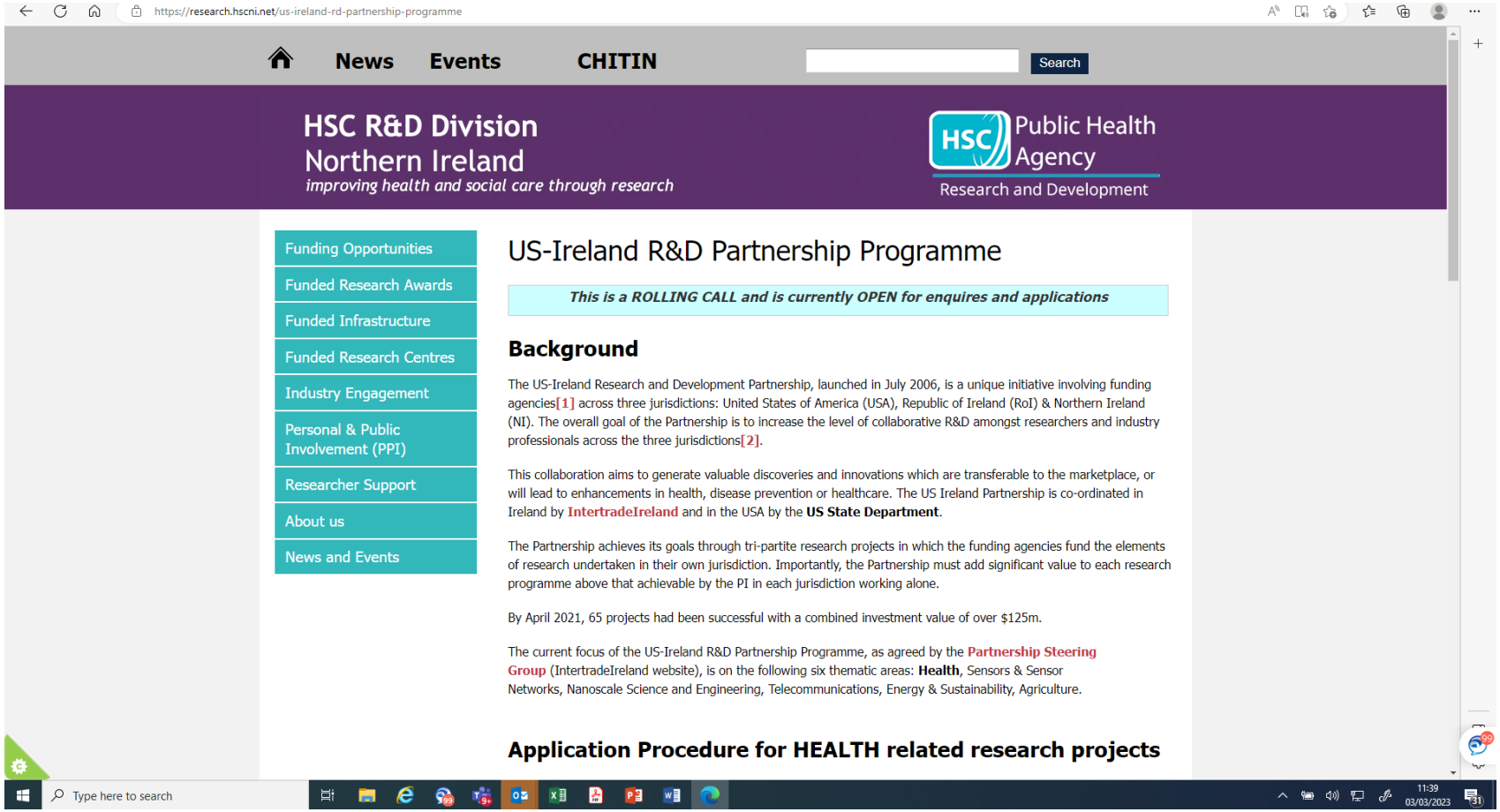
Top Ten Performing Commercially Sponsored Trials Over past 3 Years

NICRN Commercial Portfolio

Network ID number	Project site name	Clinical Specialty Group	Study Short Title (acronym)	Project site status	Date of Network Adoption Decision	Network Adoption Decision	Project site target participants	Project site % recruitment (total)	Screened (total)	Recruited (total)	Project site date open to recruitment	First site patient recruited (any)	Last site patient recruited (any)	Project site Planned closing date	First Patient First Visit (days)	Degree of Commercial Participation	Commercial Sponsors	Randomisation name	Interventional / Observational	Phase (if applicable)
02-CRV104-19	Belfast Health and Social Care Trust	Cardiovascular	SAPIEN Ultra	Closed to recruitment - in follow up	18/02/2020	Adopted by NICRN	20	85.00%	17	17	18/08/2020	18/08/2020	22/06/2021	31/12/2024	1	Industry supported, Industry sponsored	Edwards Lifesciences Services LLC	Non-randomised	Interventional	Not Applicable
02-DIA060-19	Northern Health & Social Care Trust	Diabetes	SELECT	Closed to recruitment - in follow up	25/02/2019	Adopted by NICRN	25	108.00%	32	27	06/02/2019	06/03/2019	14/10/2020	23/09/2023	28	Industry supported, Industry sponsored	Novo Nordisk Limited	Randomised	Interventional	Phase III
02-DIA070-21	Northern Health & Social Care Trust	Diabetes	SELECT LIFE	Open	02/11/2021	Adopted by NICRN	20	90.00%	18	18	06/06/2022	05/07/2022	29/11/2022	30/06/2032	29	Industry supported, Industry sponsored	Novo Nordisk Limited	Non-randomised	Observational	Not Applicable
02-DIA069-21	Belfast Health and Social Care Trust	Diabetes	Pioneer Real	Closed to recruitment - in follow up	04/05/2021	Adopted by NICRN	10	80.00%	24	8	19/07/2021	13/08/2021	18/10/2022	04/03/2023	25	Industry supported, Industry sponsored	Novo Nordisk Limited	Non-randomised	Observational	Not Applicable
02-DIA069-21	Northern Health & Social Care Trust	Diabetes	Pioneer Real	Closed to recruitment - in follow up	04/05/2021	Adopted by NICRN	10	240.00%	25	24	29/06/2021	29/07/2021	17/10/2022	04/03/2023	30	Industry supported, Industry sponsored	Novo Nordisk Limited	Non-randomised	Observational	Not Applicable
03-RES112-20	Belfast Health and Social Care Trust	Respiratory Health	VX19-445-115	Closed	18/02/2020	Adopted by NICRN	4	100.00%	4	4	04/06/2020	26/06/2020	09/07/2020	10/08/2021	22	Industry supported, Industry sponsored	Vertex Pharmaceuticals Inc.	Non-randomised	Interventional	Not Applicable
03-RES109-19	Belfast Health and Social Care Trust	Respiratory Health	VX 18 445 109	Closed	07/10/2019	Adopted by NICRN	3	133.33%	4	4	14/11/2019	13/12/2019	23/12/2019	31/12/2020	29	Industry supported, Industry sponsored	Vertex Pharmaceuticals Inc.,Vertex Pharmaceuticals Incorporated	Randomised	Interventional	Phase III
04-VIS088-19	Belfast Health and Social Care Trust	Vision	Bayer XTEND study	Closed to recruitment - in follow up	14/06/2019	Adopted by NICRN	10	100.00%	12	10	30/07/2019	31/07/2019	16/09/2019	15/08/2023	1	Industry supported, Industry sponsored	Bayer (UK) PLC	Non-randomised	Observational	Not Applicable
04-VIS106-21	Belfast Health and Social Care Trust	Vision	RHONE X	Closed to recruitment - in follow up	15/03/2021	Adopted by NICRN	2	100.00%	2	2	23/03/2021	30/03/2021	08/06/2021	18/08/2023	7	Industry supported, Industry sponsored	Roche Products Limited	Non-randomised	Interventional	Phase III
04-VIS109-21	Belfast Health and Social Care Trust	Vision	MGD	Closed to recruitment - in follow up	31/08/2021	Adopted by NICRN	15	100.00%	18	15	01/12/2021	14/12/2021	12/04/2022	23/09/2026	13	Industry supported, Industry sponsored	Novartis Pharma AG Switzerland	Non-randomised	Interventional	Not Applicable
04-VIS089-19	Belfast Health and Social Care Trust	Vision	Chengdu PANDA 2 study	Closed - follow up complete	14/06/2019	Adopted by NICRN	3	166.67%	7	5	02/07/2019	30/07/2019	24/09/2019	01/04/2022	28	Industry supported, Industry sponsored	Chengdu Kanghong Pharmaceutical Group Co.,Ltd.	Randomised	Interventional	Phase III
							Mean	118.45%							Mean	19				
							Median	100.00%							Median	25				

Recruitment to target for research trials is a strength in Northern Ireland

US-Ireland Partnership awards



https://youtu.be/pbPdVLH9d-s - Obesity and Bariatric Surgery

CHITIN Programme

- Grant-funded to in excess of €10m from the EU INTERREG programme (incl. 15% contribution from the Departments of Health (DoH) in NI and ROI) in an award made to HSC R&D Division in partnership with the Health Research Board (ROI).

- Multi-disciplinary trial delivery teams (the Network) encompass over 50 organisations (across the multiple sectors of health (including hospital Trusts and most of the HSC research infrastructure; Trust R&D Offices, the Clinical Trials Unit, the NI Clinical Research Network, HSC Innovations etc.), education, academia and industry), over 40 disciplines (including HSCPs, Trust R&D Directors, Trust Research Managers, HSC R&D infrastructure leads, research academics), over 150 individuals including Public and Patient Involvement representatives, and are delivering training events to HSCPs.

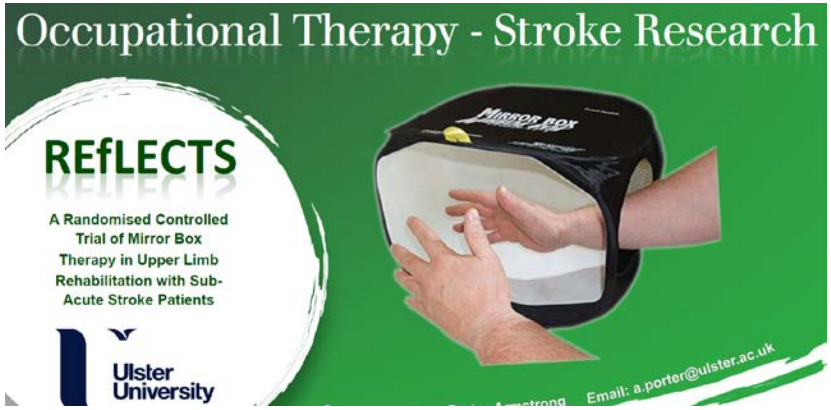
- HITs focus on priority areas of Population health, Primary Care and Older People's Services, Mental Health, Acute Services, Disability Services and Children's Services, aiming to recruit in excess of 3500 participants (from across both jurisdictions of NI and border counties of ROI).

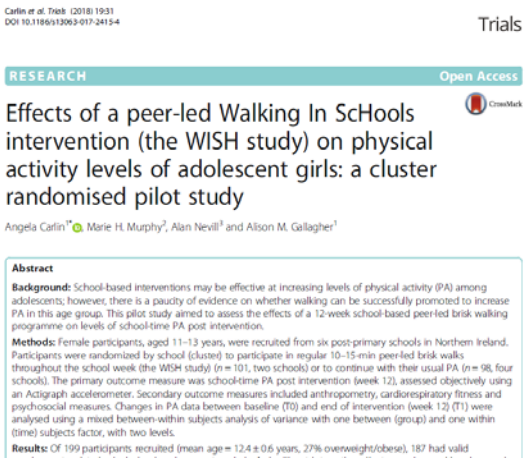
- Trial delivery teams have constituent organisations with huge disparity in research experience and existing supporting research infrastructure and for many organisations the CHITIN awards (although celebrated) represent a significant uplift in research activity, putting added pressures on existing supporting services.

CHITIN Programme

The health interventions on trial are varied and include;

- Lifestyle intervention for healthy neurocognitive ageing in Diabetes
- Lifestyle pregnancy and post-pregnancy intervention for overweight women with gestational Diabetes mellitus
- Inhaler compliance assessment in symptomatic uncontrolled asthma
- Managing medication in primary care patients with multi-morbidity
- Web-based psychological intervention for students




Carlin et al. Trials (2018) 19:31
DOI 10.1186/s13063-017-2415-4

Trials

RESEARCH Open Access

Effects of a peer-led Walking In ScHools intervention (the WISH study) on physical activity levels of adolescent girls: a cluster randomised pilot study

Angela Carlin*, Marie H. Murphy, Alan Nevill and Alison M. Gallagher

Abstract

Background: School-based interventions may be effective at increasing levels of physical activity (PA) among adolescents; however, there is a paucity of evidence on whether walking can be successfully promoted to increase PA in this age group. This pilot study aimed to assess the effects of a 12-week school-based peer-led brisk walking programme on levels of school-time PA post intervention.

Methods: Female participants, aged 11–13 years, were recruited from six post-primary schools in Northern Ireland. Participants were randomized by school (cluster) to participate in regular 10–15-min peer-led brisk walks throughout the school week (the WISH study) ($n = 101$, two schools) or to continue with their usual PA ($n = 98$, four schools). The primary outcome measure was school-time PA post intervention (week 12), assessed objectively using an Actigraph accelerometer. Secondary outcome measures included anthropometry, cardiorespiratory fitness and psychosocial measures. Changes in PA data between baseline (T0) and end of intervention (week 12) (T1) were analysed using a mixed between-within subjects analysis of variance with one between (group) and one within (time) subjects factor, with two levels.

Results: Of 199 participants recruited (mean age = 12.4 ± 0.6 years, 27% overweight/obese), 187 had valid

- Review of prescriptions in elderly primary care patients
- Increasing walking in people with serious mental illness
- Healthy habits in pregnancy and beyond
- Mirror box therapy for sub-acute stroke patients
- Increasing walking in schools for adolescent girls
- Anticipatory Care Planning

[chitin] kite-tin Cross-border Healthcare Intervention Trials in Ireland Network

Interreg Northern Ireland - Ireland - Scotland

HSC Public Health Agency Research and Development

HRB Health Research Board

CHITIN study findings -Student Psychological Intervention Trial (SPIT)

- featured in a BBC News NI article. Robbie Meredith covered an online article based on SPIT's new research paper about student mental health [Student mental health risk 'linked to chosen areas of study' - BBC News]
- many students begin university or college with pre-existing mental health problems – effective interventions are needed.

Student mental health risk 'linked to chosen areas of study'

5 January

PLOS ONE

RESEARCH ARTICLE

Variations in psychological disorders, suicidality, and help-seeking behaviour among college students from different academic disciplines

Margaret McLafferty[1], Natasha Brown[2], John Brady[3], Jonathon McLaughlin[1], Rachel McHugh[4], Caoimhe Ward[1], Louise McBride[2], Anthony J. Bjourson[1], Siobhan M. O'Neill[4], Colum P. Walsh[5,6], Elaine K. Murray[1]*

1 Personalised Medicine Centre, School of Medicine, C-TRIC, Altnagelvin Hospital, Ulster University, Derry, Londonderry, United Kingdom, **2** Atlantic Technological University (ATU), Letterkenny, Co. Donegal, Ireland, **3** Western Health and Social Care Trust, Tyrone and Fermanagh Hospital, Omagh, Co. Tyrone, United Kingdom, **4** School of Psychology, Ulster University, Coleraine, Co. Derry, United Kingdom, **5** Genomics Medicine Research Group, School of Biomedical Sciences, Ulster University, Coleraine, Co. Derry, United Kingdom, **6** Centre for Research and Development, Region Gävleborg/Uppsala University, Gavle, Sweden

* e.murray@ulster.ac.uk

‘We want struggling students in Northern Ireland to come to us and get help’

A major new scientific study has put the spotlight on student mental health here

Stock image — © Getty Images/iStockphoto

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LATEST | Man shot in both knees and ankle by masked men in ‘horrific’ west Belfast attack

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Call to close ‘eyesore embankment’ to restore Ormeau Park to former glory

Northern Ireland
Murder investigation launched after Belfast assault victim dies in hospital

Northern Ireland
Man charged with Hollie Thomson murder dies suddenly

HSC Public Health Agency
Research and Development

COVID-19 Research

- HSC R&D Division input to the COVID-19 effort in three main ways:
  - Direct contribution to various workstreams in PHA and with the wider QUB-UU-AFBI consortium
  - HSC R&D Division Rapid COVID-19 commissioned funding scheme and Opportunity-led funding schemes – Total funding £1.7m
  - Support via NICRN for Northern Ireland to participate in UK-wide Urgent Public Health & Surveillance Studies

HSC Public Health Agency
Research and Development

UK-wide Urgent Public Health Research in COVID-19

- R&D infrastructure in place through the HSC R&D Fund allowed Northern Ireland to participate fully in the UK-wide urgent public health studies
- Studies in all settings including primary care, community & staff surveillance, general hospital, critical care & one vaccine trial
- Over 20,000 people participated in these studies in Northern Ireland
- Some received potentially life-saving medications as a result
- Medications from these studies rapidly adopted into practice at unprecedented speed

Analysis of SARS-CoV-2 Ig seroprevalence in Northern Ireland

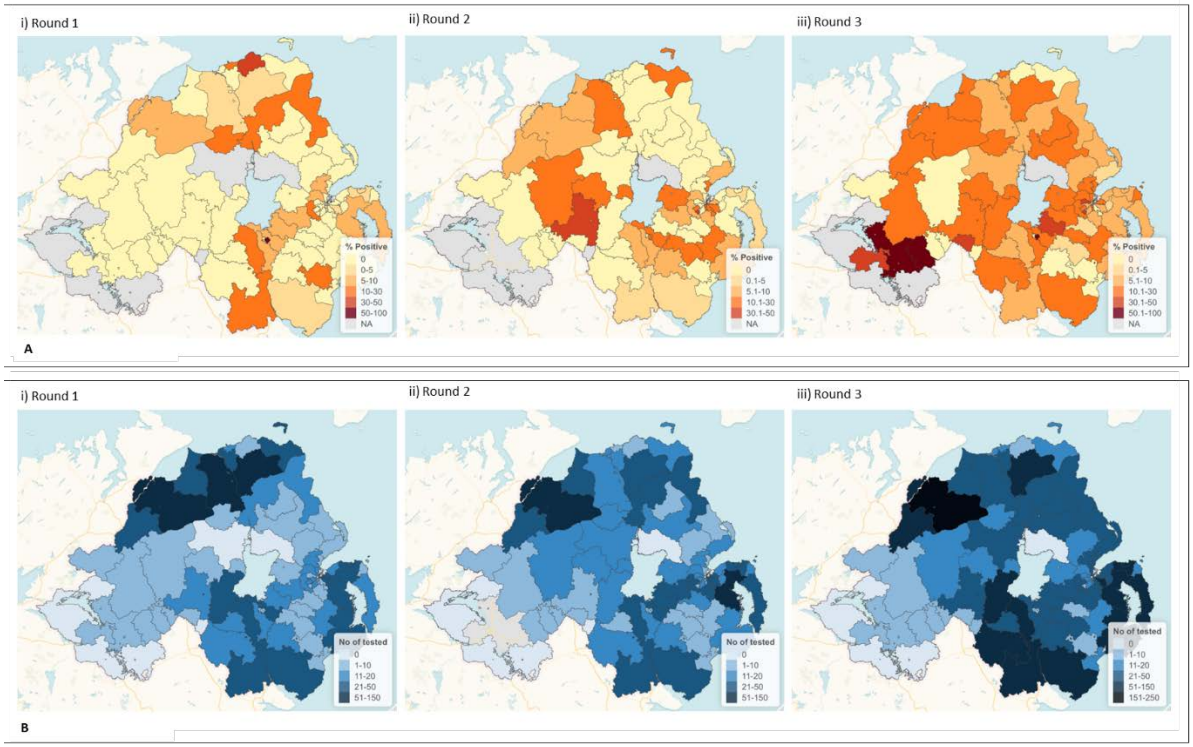


Figure 5. Outcode maps of % reactivity and samples tested. *Increased colour density indicates: (A) percentage of the population reactive by IgG immunoassay and (B) numbers of individuals tested, per outcode region for each sampling round (i-iii).*

Analysis of SARS-CoV-2 Ig seroprevalence in Northern Ireland

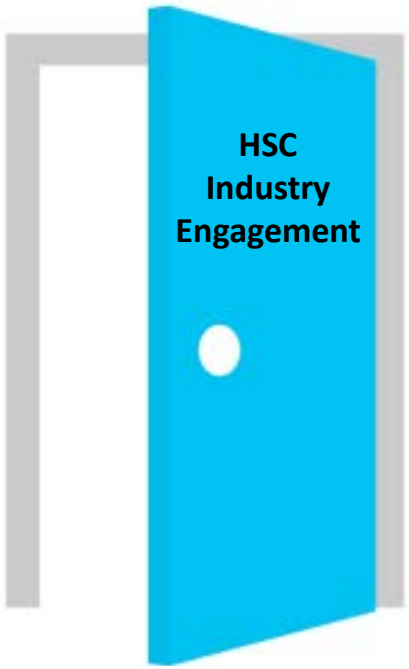
[1] The Patrick G Johnston Centre for Cancer Research, Queen's University Belfast, UK
[2] Personalised Medicine Centre, School of Medicine, Ulster University, Londonderry, UK
[3] School of Health and Life Sciences, Teeside University, Middlesbrough, UK
[4] Intelligent Systems Research Centre, School of Computing, Engineering & Intelligent Systems, Ulster University, Londonderry, UK
[5] Department of Clinical Chemistry, Altnagelvin Hospital, Western Health and Social Care Trust, Londonderry, UK
[6]The Northern Ireland Biobank, Queen's University Belfast, UK
7 Regional Molecular Diagnostic Service, Belfast Health and Social Care Trust, Belfast, UK

HSC Industry Engagement: Connecting Industry, HSCNI and Research

Barry Henderson: Senior Industry Manager

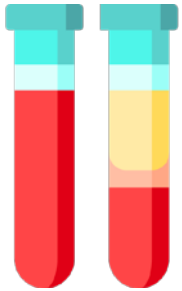
Julie McCullough: Industry Engagement Manager

Incoming Queries



Digital Health

Diagnostic & Devices



Drugs

CASE STUDY: C-TRIC

C-TRIC

- IEU has a long history working with C-TRIC
- To date IEU has connected C-TRIC with
  - TriVirum (USA/ NI): they are currently working together to design a protocol to test a wearable AF monitor and apply for funding
  - CardioPhoenix (Canada): Dr Aaron Peace has been provided with the only CHART heart monitoring device in NI to review with the aim of working on an evaluation study
  - Biological Mimetics Inc (USA): development and evaluation of a CRISPER-based HPV diagnostic with WHSCT Cellular Pathology
  - Axial3D, Pangaea, People With

CASE STUDY: MOIC

- IEU work closely with the Medicines Optimization Innovation Centre
- IEU met with delegates from the Cluster Saúde de Galicia learning expedition to NI (signed an MOU with MOIC) to work together on all areas of health innovation
- To date IEU has connected MOIC with
  - Health Beacon who has developed a Digital Health Platform for Injectable Medications
  - Pangaea, ProPharma Group, Illimex, ViroProtect

CASE STUDY: Otsuka

Otsuka Holdings Co., Ltd.

- Otsuka are a pharma company introduced by HIRANI
- Investigating digital mental heath with plans for multiple projects
- IEU convened a meeting with Otsuka and key NI mental health clinicians (NHSCT) and researchers (UU/ QUB)
- Otsuka and UU are in the process of signing a CDA
- UU and the NHSCT Impact research centre (Dr Ciaran Shannon/ Dr Ciaran Mulholland) have connected to investigate collaboration

CASE STUDY: Digital Care Systems

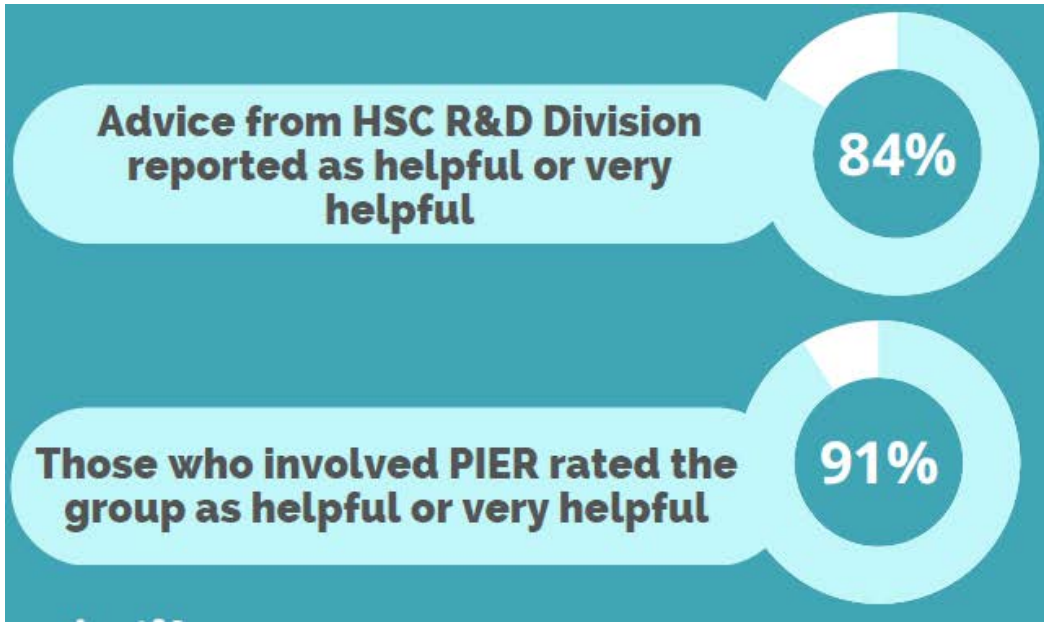
DIGITAL CARE SYSTEMS

- Contacted by Dr Sandy Davey on 2nd June 2022 following meeting at the Supporting the health service in Northern Ireland with digital care workshop
- Plan to apply to SBRI for CarePATH Assist Project investigating perinatal PTSD
- IEU contacted experts based in SHSCT and UU and convened first project meeting on 8th June 2022
- Joint DCS/ SHSCT/ UU submitted application on 6th July 2022
- Successful outcome 4th October

HSC Public Health Agency
Research and Development

HSC R&D Division: Award Holder Views of Personal and Public Involvement (PPI)

RESULTS BASED ON 55 RESPONSES TO AN ONLINE SURVEY



"Provided one-to-one meetings to discuss PPI needs and I was signposted to building research partnerships meeting"

"I got to chat with the PIER group - who provided very timely and helpful advice"

Who are PIER?

PIER (Public Involvement Enhancing Research) are a panel of PPI representatives, established by HSC R&D Division in 2010 to support implementation of PPI

What more can HSC R&D Division do to support researchers with PPI?

- Wider promotion of the training and guidance on offer, and the PPI opportunities available
- Establish a database with a broader range of PPI representatives
- Enable researchers to access PPI seed funding
- Create a buddy scheme for new awardees
- Make PPI training more accessible e.g. online

What made PPI in research easier?

Access to a PPI group who could input to the design of the study

Planning PPI from the start of their research projects

Clear guidance on the PPI in funding scheme, dedicated time and direction to PPI representatives

"We have a well-established network of patients and relevant charities"

"Requires careful planning ahead of bid and after to ensure appropriate PPI engagement and involvement "

What made PPI in research difficult?

Covid-19 restricted ability to bring groups together or diverted clinicians back to clinical practice

Finding access to PPI representatives within the subject area e.g. younger children or older members of the public

Identifying the fit for PPI within the research area e.g. secondary data, studies involving staff

Lack of financial incentives

"Somewhat difficult to access people with lived experience of condition of interest'"

"It is not always easy to align PPI with rigorous theoretically sound research in an area of new knowledge development"

Evaluation of HSC R&D Division against the UK Standards for Public Involvement

NATIONAL STANDARDS for PUBLIC INVOLVEMENT

Inclusive opportunites

Agreed HSC R&D Division is working to address practical barriers to PPI, such as payment for time of PPI reps and other practical supports

67%

Impact

Agreed the PPI processes HSC R&D Division uses positively affects the quality of the research it funds

89%

Support and Learning

Rated that the HSC R&D Division's PPI training (Building Research Partnerships) they attended was helpful or very helpful

80%

Communications

Agreed that HSC R&D Division clearly communicates the PPI opportunities available to researchers and public partners

67%

Working together

Agreed that HSC R&D Division promotes different ways of working with the service users, carers, patients and the public in relation to the research it funds

75%

Governance

Agreed that HSC R&D Division provides visible leadership for PPI across the R&D infrastructure

75%

HSC Public Health Agency
Research and Development

Conclusions

- Evidence continues to grow showing that research active hospitals provide better care and outcomes for patients and attract high calibre clinicians
- Investment in R&D as a core activity is essential for the benefits it brings to service users in Northern Ireland
- Return on investment is four-fold or greater, allowing researchers to attract more funding to Northern Ireland
- Communication is an urgent need for R&D to ensure these excellent stories are shared and heard
- Involving patients and carers as partners enhances the success of research
- Research changes lives…..

Key points

- HSC R&D Division is a regional function for all health and social care in NI
- Baseline budget allocation from DoH £12m; National Institute of Health Research Contribution £3.5m also from DoH; CHITIN Project spend approximately £2m pa from EU; Other income including end of year slippage and partnership funds approximately £1.5 - £2m pa
- Allocation still falls far short of other UK nations
- Recent UK CSR awarded new funding for all Life & Health Sciences Research in England – around £1bn additional investment over 3 years
- R&D continues to be a vital part of the COVID effort, providing diagnostics, treatments and vaccines
- Research is a global activity, and investment in HSC R&D is helping build Northern Ireland's reputation in leading edge health and social care research

Recognition!!!

Funding Opportunities
Funded Research Awards
Funded Infrastructure
Funded Research Centres
Industry Engagement
Personal & Public Involvement (PPI)
Researcher Support
About us
News and Events

QUB doctor receives prestigious award for research on head and neck cancer

QUEEN'S UNIVERSITY BELFAST

Dr Kirsty Taylor, a Clinical Fellow from the Patrick G Johnston Centre for Cancer Research at Queen's, has received the prestigious 2022 Conquer Cancer Merit Award from the American Society of Clinical Oncology (ASCO)

The award recognises her work on developing promising biomarkers to precisely determine those patients who respond best to immunotherapy for head and neck cancer.

Head and neck cancer is a significant problem in the UK with over 4,000 deaths annually. The programme of research investigated the ability of the patient's own immune system to be primed to attack the patient's cancer.

Professor Mark Lawler, Professor of Digital Health and Chair in Translational Cancer Medicine and the architect of the joint training programme, said: "The situation for head and neck cancer has worsened in the UK due to the indirect impact of the Covid pandemic, so it is crucial that we deliver the best possible care that we can. Dr Taylor's work highlights how a precision medicine approach can potentially help deliver significant benefit and improve survival for patients with head and neck cancer."

The initiative received significant funding from the **Health and Social Care (HSC) Research and Development Division, Public Health Agency, Northern Ireland**.

Dr Janice Bailie, Assistant Director of the HSC Research and Development Division in Northern Ireland, said: "We are

Critical Care research team win first place at the Belfast Trust Chairman's Awards

COVID-19 Research Changing Care!

Thanks


Making Life Better by...
HSC
Public Health
Agency
#HealthInterventionResearch
Sexual
Health NI
BE CANCER
AWARE
Twitter

www.research.hscni.net

HSC Public Health Agency

item 14

Title of Meeting	PHA Board Meeting
Date	16 March 2023
Title of paper	Update on Personal and Public Involvement
Reference	PHA/05/03/23
Prepared by	Martin Quinn
Lead Director	Deirdre Webb, Assistant Director
Recommendation	For **Approval** ☐ For **Noting** ☒

1 Purpose

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

2 Background Information

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

3 Key Issues

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

Key responsibilities and activities include; the provision of professional leadership, advice and guidance on Involvement, the undertaking of monitoring, the identifying and sharing of best practice and the commissioning and provision of training.

The attached Update Report covers the last 6-month period and is tabled for Board members' consideration and approval.

4 Next Steps

The next biannual Report will be brought to the Board in September/October 2023.

PERSONAL AND PUBLIC INVOLVEMENT BOARD REPORT MARCH 2023

INVOLVEMENT, CO-PRODUCTION AND PARTNERSHIP WORKING

HSC Public Health Agency

Personal and Public Involvement (PPI)

Involving you, improving care

CONTENTS PAGE

PERSONAL AND PUBLIC INVOLVEMENT

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

The Involvement of Service Users/Carers and other key stakeholders is critical in the effective planning, commissioning, delivery and evaluation of HSC services. Involvement helps to ensure that voices are heard, views are listened to, experiences are shared and expertise is valued, respected and utilised to achieve the best outcomes for the person centered HSC that we continually aim to achieve.

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

The report gives an overview of the developments and progress made in advancing Involvement, Co-Production and Partnership Working in the HSC, including how we have discharged our leadership responsibilities at a time of unprecedented change, pressure and demand.

This update report is presented to the PHA Board twice-yearly as part of our governance and reporting arrangements.

STRATEGIC LEADERSHIP, ADVICE AND GUIDANCE.

Professional advice and guidance

A core function of the PHA PPI team is the provision of professional advice, support and guidance on Involvement, on strategic, high profile, sensitive, cross organisational issues/projects. The support provided varies, but in the main entails:

- The provision of professional Involvement advice and guidance, stakeholder analysis and development of Involvement plans.
- Practical support in helping the project promoter to identify, secure and facilitate Service Users'/Carers' participation;
- Development of monitoring arrangements;

Regional HSC PPI Forum

The Regional HSC PPI Forum continues to be a key vehicle through which the PHA exercises much of it's leadership in the field of Involvement, Co-Production and Partnership Working. it is also a space for the sharing of good practice and across organisations.

The Forum has advanced several pieces of work in the past six months, including:

- A Review and Refresh including updating its Terms of Reference, Code of Conduct and is about to commence a recruitment process to refresh Service User/Carer membership.
- The development of a Collective Involvement Consultation Scheme template.
- The compilation of a paper on Service User/Carer reflections and potential lessons on Involvement during Covid.

STRATEGIC LEADERSHIP, ADVICE AND GUIDANCE.

The PHA PPI team has provided professional advice and guidance on Involvement, on strategic, high profile, sensitive, cross organisational issues/projects in the last six months. Advice, guidance and support has been provided to our PHA colleagues across several divisions including including:

- Health Improvement,
- Research and Development,
- HSCQI,
- Learning Disability,
- Patient Client Experience
- AAA Screening.

Externally we have provided support to an array of initiatives and organsiations (some examples of which are outlined in the next few pages) as well as to Service Users/Carers.

Transformation Projects/Work

Advice and support is provided on an ongoing basis to the DoH via a senior PPI Officer who we currently have dedicated to transformation initiatives. This supports the embedding of effective stakeholder Involvement and Co-Production within strategic DoH transformation projects. This has resulted in significant Service User/Carer representation within strategic groups, as well as wider Service User/Carer and stakeholder voices being represented in a range of work including:

- **Cancer Services,**
- **Urgent and Emergency Care,**
- **General Surgery.**

Work is progressing to establish appropriate structures to implement recommendations from these regional reviews and ensure Service User/Carer Involvement is included in a tangible, measurable and meaningful way.

Future Projects/Work

Work is commencing with the DoH on upcoming projects to ensure that Involvement is embedded into the culture and practice of the initiatives. These include:

- Establishing a GP access working group,
- Development of a model for the sustainability of Primary Care,
- Completion of a research project into GP accessibility,
- Co-ordinating with Primary and Secondary Care on the integration of GP OOH services,
- Engagement and Consultation priorities for the introduction of abortion service pathways,
- Potential development of a Women's Health Action Plan,
- Review of Neurology services.

USCRG Update

A review of the Unscheduled Care Reference Group is being facilitated. This is in line with emerging changes at regional and local levels. The PPI officer's role is to ensure effective Service User/Carer Involvement is included in a measurable and way.

Integrated Care System (ICS)

Supporting the development of Involvement structures within the ICS programme we are working closely with ICS leadership with responsibility for Involvement to advise how the Involvement agenda within ICS can be progressed effectively.

Western Health and Social Care Trust

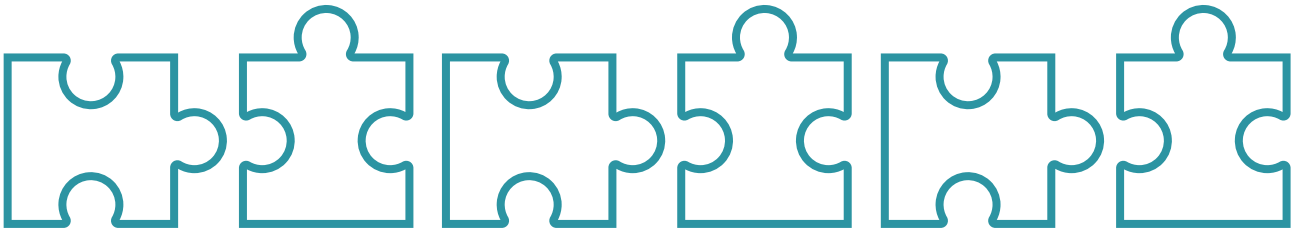
The WHSCT reached out to the PHA PPI team for support and guidance in regards to the consultation on the withdrawal of Emergency General Surgery in the South West Acute Hospital in Fermanagh. Advice and guidance was provided in relation to best practice and practical support was provided in regards to the engagement itself. This input was key in enabling an effective consultation exercise by the WHSCT on this matter. It is our understanding that over 500 people were accommodated in exercising their right to be heard and contributing to the discussion on this development.

What's the impact?

Through the provision of advice, support and guidance Involvement, across a range of organisations and initiatives, the PHA PPI team continue to work at a strategic level in these important initiatives.

The PHA PPI team have been able to keep a focus on ensuring the voice of Service Users/Carers has been heard. We have worked with HSC colleagues to formally build Involvement into the infrastructure and management arrangements for these initiatives.

In addition, the contribution made by Service Users/Carers across these fields has added insight, authenticity and ownership to key areas of work and has the potential to improve quality, efficiency and safety of services



ENGAGE
& RELATED DEVELOPMENTS

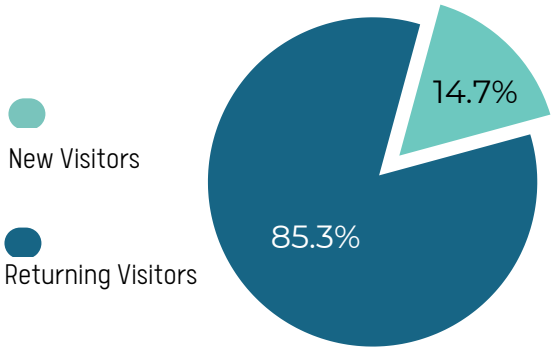
engage.hscni.net

Following the successful launch of the newly revamped Engage website in July 2022, our Involvement Officer has made great strides to ensure the site remains updated, current and relevant to those interested in Involvement, be it staff or Service Users/Carers.

The site provides online users with access to training, resources, Involvement opportunities, information and support on Involvement. Future enhancements will see the inclusion of best practice examples of Involvement from across the region, new tools and guides being made available and an Involvement screening tool accessible to all HSC organsiations.

Activity and Impact

The graphics provide some insight into the levels of activity on the Engage website. A feedback page has recently been introduced to ascertain how we can improve the site and also to determine what difference it is making for people. In addition the inclusion of the best practice examples will improve the sharing of knowledge and insight into the benefits of Involvement.



2055 users in past 6 months

73.6% Arrive directly to the site (using Engage.hscni)

88.9% Users from UK, other from America, Australia and China

7053 Pages viewed

Involvement Level Screening Tool

The development of a regional and standardised Digital Page Tiger Involvement Screening Tool will support the embedding and further implementation of PPI across the HSC system in a consistent and uniformed approach.

This will help improve HSC staff's knowledge, skills and understanding of the value and importance of Involvement. It will be an online digital Step by Step Guide with an interactive interface, that will support the HSC system in understanding how to involve in a consistent and meaningful way. In return this will create the conditions and circumstances whereby meaningful partnerships can be developed that will in turn help to foster improvements in health.

SPECIALISED INVOLVEMENT & CO-PRODUCTION TRAINING

The PHA commissions, designs, delivers and promotes Involvement, Co-Production and Partnership Working training opportunities for HSC staff, Service Users/Carers and Community and Voluntary Sector colleagues.

A variety of Training programmes have been delivered or are currently being delivered including:

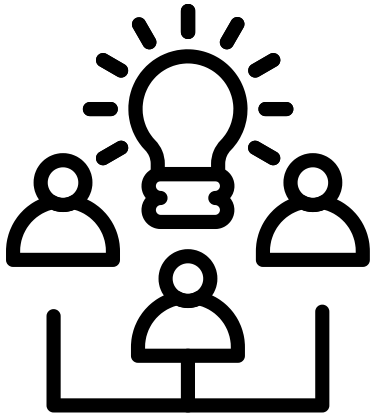
- An 8th cohort of Leading in Partnership,
- A 5th series of bespoke webinar series,
- Involvement and Co-Production training delivered to:
  - Health Improvement
  - Commissioning leads
  - Pharmacy undergraduates
  - Senior Social Work Staff
  - Procurement
  - HSCQI

Activity and Impact

We continue to build a cohort (critical mass) of people in the region with knowledge, expertise and experience in Involvement, Co-Production and Partnership Working.

We have seen a significant rise in the number of staff, Divisions and Directorates looking for bespoke training in Involvement. In the last three months five different PHA Divisions have sought and been offered Involvement training. This helps to ensure staff have the information, knowledge and understanding of what is required to fulfill their statutory duty to involve Service Users/Carers in the planning and delivery of services.

There is a continuous rolling programme of evaluation of the training provided by the PHA PPI team. This ensures that the training delivered is commensurate with and tailored to, identified and changing needs. It helps to ensure that what is delivered, in terms of the training, is relevant and appropriate, enabling staff to engage effectively with Service Users/Carers. Equipping staff with this knowledge and skills helps us to generate the most effective ways of partnering with Service Users/Carers, contributing to the advancement of the public health agenda.



MONITORING

The PHA PPI Team have successfully delivered their objective of re-introducing a revised Involvement monitoring system across the HSC Trusts in April 22.

The PHA PPI Team has led on the development of a Co-Produced, standardised, Involvement data collection template with key stakeholders from HSC, PHA, DoH and Service Users/Carers, to develop this agreed approach and methodology.

Activity and Impact

This approach to monitoring will further support the HSC to:

- Evidence their compliance with the Statutory Duty to Involve,
- Demonstrate how policy commitments to PPI & Co- Production are being met,
- Identify areas which could benefit from improvement.

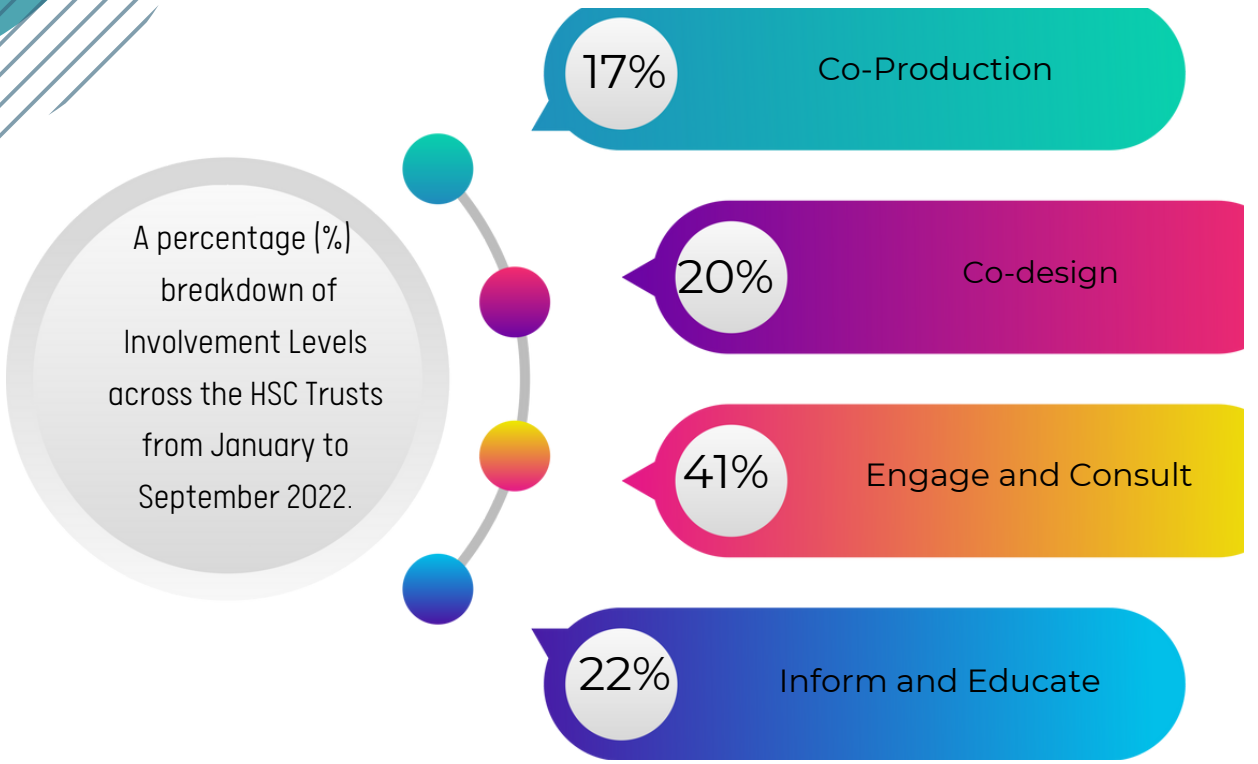
The accompanying data info-graphics help to demonstrate the levels and reach of Involvement activities across the HSC Trusts. These have emerged from the analysis of the HSC Trusts monitoring reports from January to September 2022.

Involvement Activity

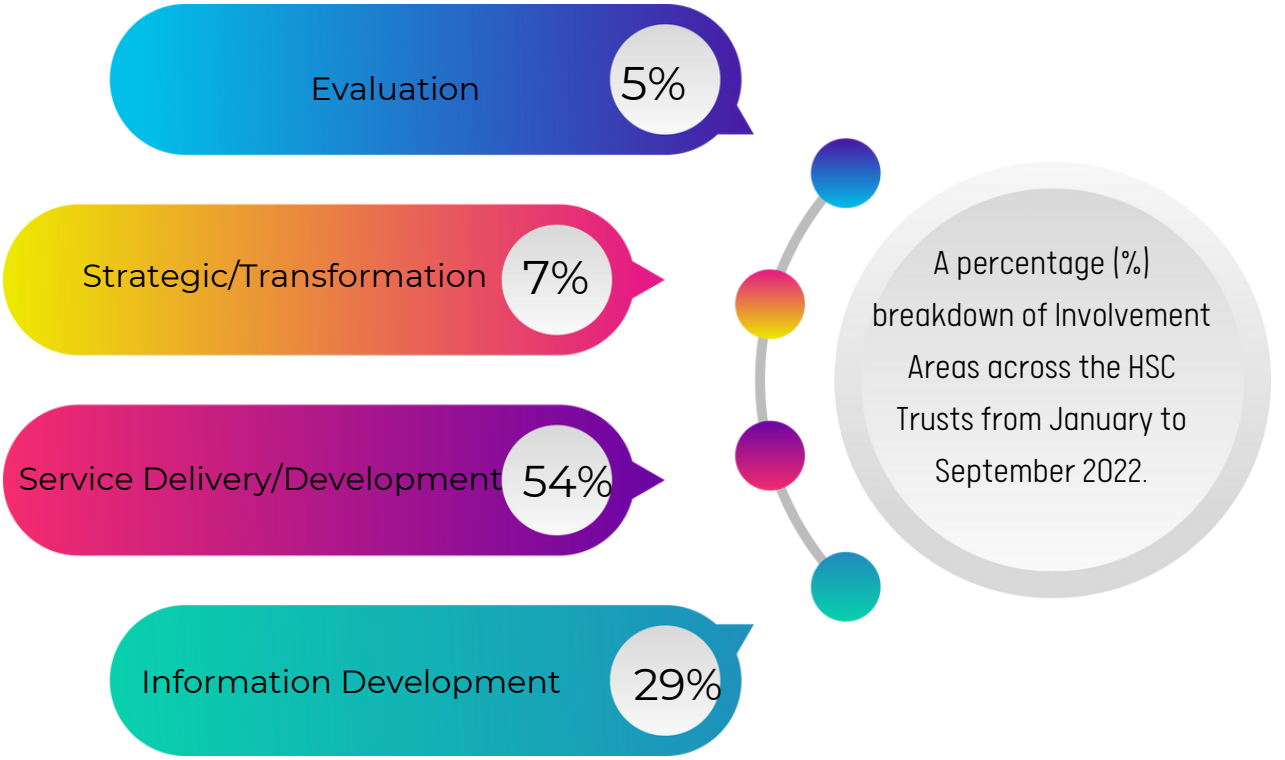
115 Involvement activities started and completed between January to September 2022

There have been 8746 Service Users/Carers, Staff and members of the public involved in Involvement activity across the HSC from January to September 22.

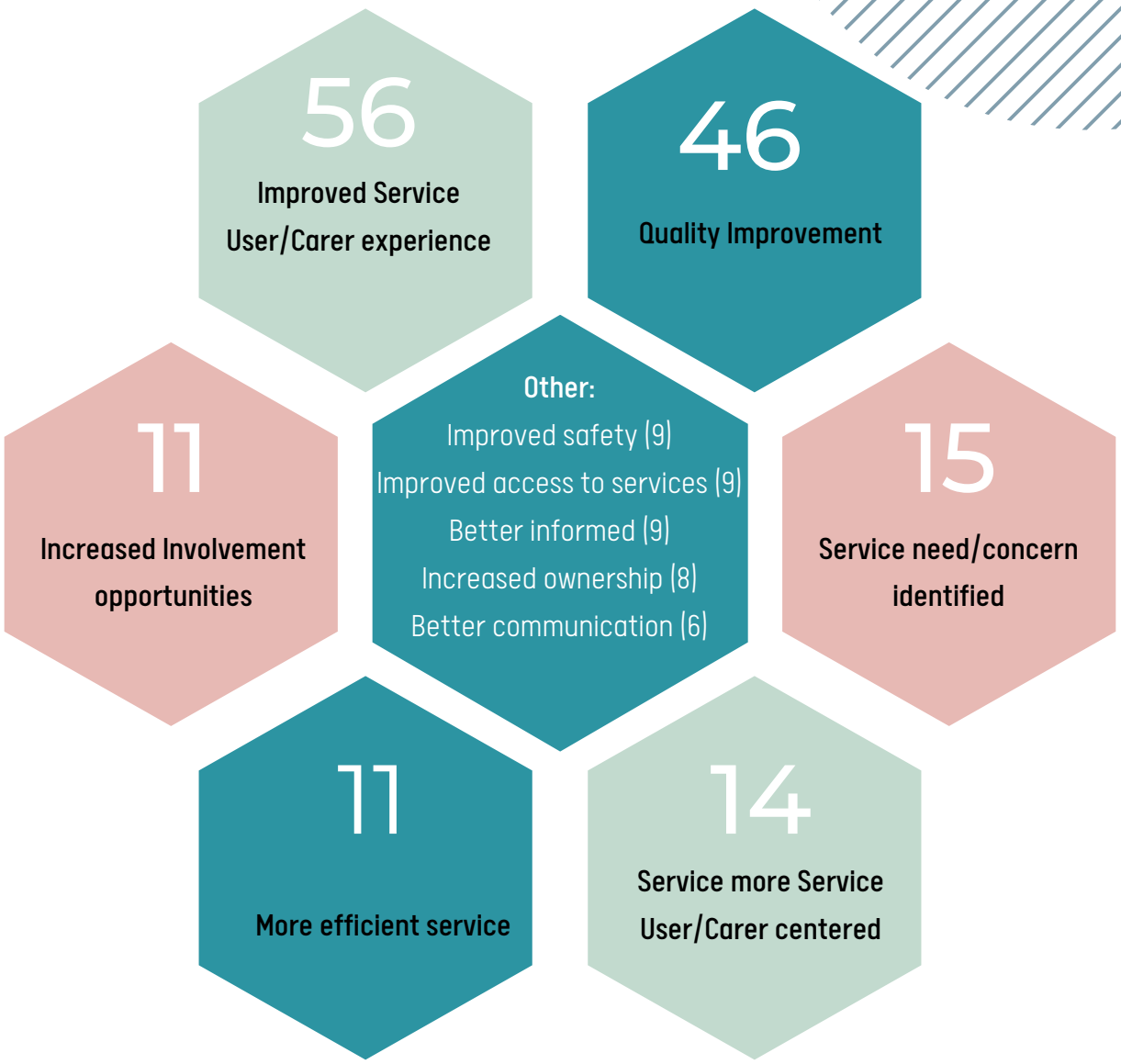
Levels of Involvement



Areas of Involvement



Involvement Outcomes



An exercise has been underway to review the learning from the monitoring of the first half of 2022/23. There have been some refinements from the learning gathered thus far. A focus on qualitative benefits from Involvement is also been factored in. An updated monitoring template will be in use from April 2023 alongside a mechanism for ensuring capture of the qualitative information.

It is anticipated that monitoring reports for 2022/23 period should be available by the end of June 2023.

INTERNAL PHA MONITORING

Internal monitoring of Involvement activity within the PHA is also underway. We have been working with internal Divisional PPI leads to agree the template and methodology for this Involvement monitoring.

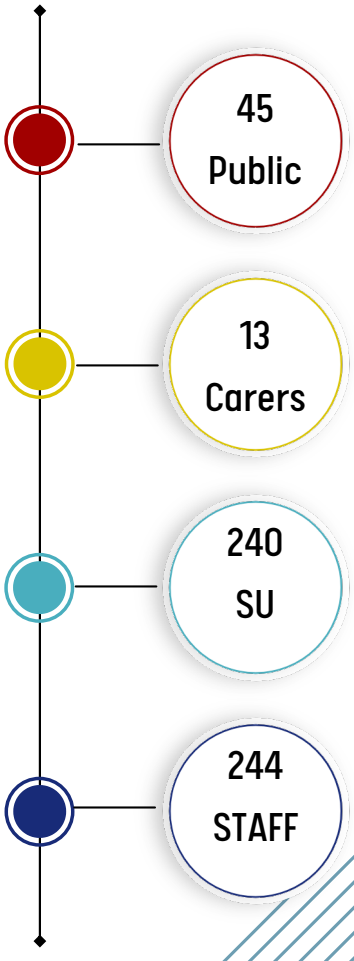
Ensuring the voice of Service Users/Carers can be heard within our Directorates and Divisions helps us to meet our statutory and policy responsibilities in this regard. Evidence of the difference that the Service Users/Carers input makes will be a key focus for our internal montitoring going forward.

Since the implementation of a specific PHA monitoring tool, 19 Involvement activities have been recorded as started and completed since January 2022 to September 2022 across the PHA.

Involvement Activity

19 Involvement activities have been recorded as started and completed

Who was Involved?



Activity and Impact

SUPPORTING SERVICE USERS AND CARERS

Strengthening Partnership Working with people with lived and living experiences in the HSC.

A key role of the PHA PPI team is supporting the HSC to advance the concept and practice of engagement, support and where appropriate, the remuneration of people with lived and living experience, as partners in the HSC. This is in line with the direction of travel set out in the Co-Production Guide. Working in partnership with the Patient Client Council (PCC) and Service Users/Carers, we have been steadily building and progressing on work to deliver on this matter.

- Draft regional guidelines for remuneration have been developed,
- Pilot sites have been identified and agreed to test the indictive model for remuneration,
- The pilots will be evaluated to inform the further advancement of the concept and practice of remuneration.

Shared Decision Making (SDM)

In a Circular from the DoH, the PHA has been designated a joint lead organisation, with the Strategic Planning and Performance Group (SPPG), in the oversight, implementation and monitoring of the new NICE Clinical Guidelines NG197 - Shared Decision Making. SDM promotes ways for healthcare professionals and people using services to work together to make decisions about treatment and care. It includes recommendations on training, communicating risks, benefits and consequences, using decision aids, and how to embed SDM in organisational culture and practices.

Actions to date:

- Identified Commissioning and Professional Leads in PHA/SPPG.
- Carried out analysis of the asks from the SDM Circular and the NICE guidance.
- Progressing the establishment of a HSC wide advisory group in regards to the SDM Circular and NICE guidance.

FINAL REFLECTIONS

During 2022/23 we have:

- Advanced the implementation of an updated and more robust monitoring system for Involvement in the HSC under the leadership of the PHA.
- Undertaken a substantive piece of work, reviewing and revamping our existing tools and guides as well as developing new ones,
- Developed resources that will make embedding the process of Involvement easier within the HSC system.
- Provided bespoke specialised PPI training to 793 members of staff, Service User/Carers and students.
- Revamped and relaunched the online Involvement resource, Engage.hscni.net
- Advanced the remuneration of Service Users/Carers with pilot sites currently underway.
- Helped to embed involvement in key initiatives across the DoH and HSC system.
- Identified key areas of work that need to be taken forward in 2023/24 and beyond.

SO WHAT'S NEXT?

Recognising that the HSC system is ever evolving and having to respond to new challenges, makes the task of identifying and addressing key Involvement priorities a tricky thing to do.

Whatever is settled on though, needs to take cognisance of ever increasing levels of expectations amongst Service Users/Carers, the public and our partners in the Community & Voluntary Sector, in regards to being thought of and respected as partners, in the commissioning, planning, delivery and evaluation of services.

We also need to be mindful of the increasing interest / appetite amongst HSC organisations and staff to embed such approaches into their culture and practice, whilst at the same time, being aware of the unprecedented levels of demand for HSC services. All of this, at a time when finances are under severe pressure and with the ever present possibility of an unforeseen crisis, as was the case with COVID.

In conjunction with our partners, we have however identified some key work areas that there is a collective sense, that need to be prioritised moving forward:

- Focusing on being more effective at identifying and monitoring Involvement activity and in particular moving towards evidencing impact / difference Involvement makes.
- Identifying the contribution that Involvement can and does make to improving public health.
- Working with partners in the envisaged forthcoming review of PPI policy.
- Promoting and maximizing the effective use of the Engage website as the central, online resource for Involvement, Co-Production and Partnership Working.
- Developing arrangements, mechanisms and support that ensure a higher number, wider, more diverse range of Service Users/Carers are involved in the HSC system at different levels including in the PHA.
- Advancing Shared Decision Making and the use of Health Literacy friendly approaches across the HSC.

ABBREVIATIONS

Throughout this report we have made reference to organisations, services and programmes. Below is a list of abbreviations for the readers convenience.

DoH	Department of Health
HSC	Health and Social Care
HSCQI	Health and Social Care Quality Improvement
ICS	Integrated Care System
LinP	Leading in Partnership
NIAS	Northern Ireland Ambulance Service
PCC	Patient Client Council
PHA	Public Health Agency
PPI	Personal and Public Involvement
SDM	Shared Decision Making
SPPG	Strategic Planning and Performance Group
USCRG	Unscheduled Care Reference Group

The PHA PPI Bi Annual Board Report

Regional PPI Lead - Martin Quinn
Deputy Director for Nursing, AHP, PPI & PCE Michelle Tennyson

Contact PPI team - ppi.secretary@hscni.net
Engage.hscni.net

HSC Public Health Agency

item 15

Title of Meeting	PHA Board Meeting
Date	16 March 2023
Title of paper	Family Nurse Partnership Report
Reference	PHA/06/03/23
Prepared by	Deirdre Webb
Lead Director	
Recommendation	For **Approval** ☐ For **Noting** ☒

1 Purpose

The purpose of this paper is to present the Family Nurse Partnership programme report for 2021 to the PHA Board for noting.

2 Background Information/Summary

The Family Nurse Partnership (FNP) Programme falls under objective 1 of the PHA Corporate Plan, “All children and young people have the best start in life”. FNP is an evidence based intensive, preventive, one to one nurse-led home visiting programme for young, first time mothers from early pregnancy until their child reaches two.

There are up to 64 home visits during this period (up to 100 hours). Each Family Nurse has a caseload of 20 -25 families. In total, there are 36 Family Nurses and 5 Supervisors, one team in each 5 Trust area. In total since 2010 to the end of Dec 2021, there 1605 clients enrolled and 1362 babies/ infants born.

The PHA is the license holder with the University of Colorado. The license requires an Annual Report for the Programme’s fidelity to the model and the clients’ outcomes and an annual Accountability Meeting. The PHA team is one Nurse Consultant, one Data & Information Manager and one Data& Information Officer.

3 Overall Key Objectives are to:

The overall objectives of the programme are to

- Improve pregnancy outcomes,
- Improve child health and
- Develop economic self-sufficiency of the family and life course development

High quality US research into FNP has shown significant benefits for vulnerable young families in the short, medium and long term across a wide range of outcomes including:

- Improvements in antenatal health
- Reductions in children's injuries, neglect and abuse
- Improved parenting practices and behaviour
- Fewer subsequent pregnancies and greater intervals between births
- Improved early language development, school readiness and
- Academic achievement
- Increases in fathers' involvement

4 Key Objectives for 2021

Outcomes of CQI program for the reporting period:

- A Virtual online platform (ECHO) methodology has been used to support FNP programme delivery and service improvement, enhance the knowledge and skills of staff and provide an environment for collaborative reflective learning.
- Perinatal Mental Health Screening tool have been implemented into FNP Visiting schedule in line with local and regional guidance. Data is being collected at local level at present.
- Work on the Information system continues to keep it functioning. Work is being progressed to look at an alternative system which will meet our business needs in the long term.

5 Key Outcomes for Families

Caseloads have varying degrees of vulnerability –. Many of the young people have experienced a number of adverse childhood experiences. Most Mothers enrolled in the programme are from economically disadvantaged families and live in the most deprived wards .74.8% of families reported an annual income of less than £15.4K. The average age of Mother enrolled on the programme is 17.4 years (Range is 13.2 – 20.2 years). Mental Health issues reported in 24.4 %. Breast feeding Rates are

44.2 % (Breastfeeding under 20years 25.1 %). Smoking during pregnancy notes a 16.8% reduction in the number of cigarettes smoked. Maternal drugs/ alcohol usage in Pregnancy is very low but increases when the infant is 12 months old.

Our data continues to show benefits in the five main areas of child development especially excellent results in Social and Emotional behaviours. The low numbers of infants attending and extremely low numbers hospitalised due to injury or ingestion are also indicative of how improved, safe and supported parenting closes the inequality gap in child development, improves outcomes and is a protective factor. Childhood Immunisation Uptake is excellent at 97.5% at 2 years

Adherence to the Programme Fidelity is excellent. There are a few slight variances

74.2% mothers enrolled who are offered the programme. The goal is 75%

In the Toddlerhood phase, slightly more time was spent on programme content on personal health and less time on life course development. This is acceptable as this was the COVID19 Pandemic period

6 Service User Engagement/Feedback

Clients are included at every opportunity. The FNP programme have acknowledged how teenagers value peer influence and we have used this to our advantage. Recently the programme (NT) facilitated a Zoom breastfeeding session in which 3 successful breastfeeding young mums shared their feeding journey with some antenatal mothers, in efforts to increase breastfeeding rates and optimized FNP outcomes. This received excellent reviews. Other virtual programmes, for example, healthy cookery classes were organised.

Other comments from Clients

“My Family Nurse was the only person outside of my home that I saw face to face. She had PPE on but I still loved seeing her coming”

“She made me feel safe when I felt so frightened”

“Some of the visits were done by video call and I looked forward to being able to ask questions about my baby. She kept me sane when things were hard”

“I wasn’t on my own and it made things easier. I trusted what she said even when I was scared of Covid”

“I liked the virtual visits sometimes… but liked it better when she came to my house”

7. University of Colorado Feedback from Annual Accountability Review Nov 2022

Northern Ireland implementation of FNP is at a very mature stage, with continued committed and collaborative leadership, at all levels.

The quality of the FNP workforce, whose work is highlighted by the findings presented in this report and the commitment to their continued development through use of the ECHO model

The quality of program delivery, as evidenced by the implementation and indicative outcomes data analysis findings of this report

The impressive quality of program data analysis – both for sites and for the annual report

The strong partnership structures and working practices between services serving the FNP population

The continued commitment to evaluate adaptations to the program

The collaborative approach being taken to quality improvement

8 Next Steps

Planned next steps are as follows:

1. Continue to deliver a consistently safe and high quality programme across Northern Ireland replicating and delivering FNP according to the research, thereby maximising the potential benefits for children and families
2. Further explore the options for the stabilisation and development of our Information System to improve its usefulness and functionality.
3. Use ECHO NI to progress Quality Improvement Training using a virtual platform to bring together FNP teams for collaborative learning to enhance practice and service delivery.
4. Continue with Implementation of Mental health Status into FNP practice in Northern Ireland using a QI approach
5. Consider the need for further investment in a socio-economic study to research long terms benefits
6. Discuss with University of Colorado the options of moving to Phase 5 – Reporting and Accountability Meeting every 2nd year