HSC Public Health Agency

agenda

Title of Meeting	162nd Meeting of the Public Health Agency Board
Date	20 March 2024 at 1.30pm
Venue	Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast

1 1.30	Welcome and Apologies	Chair
2 1.30	Declaration of Interests	Chair
3 1.30	Minutes of Previous Meeting held on 15 February 2024	Chair
4 1.35	Actions from Previous Meeting / Matters Arising	Chair
5 1.40	Reshape and Refresh Programme	Chair
6 1.50	Updates from Committees: • Governance and Audit Committee • Remuneration Committee • Planning, Performance and Resources Committee • Screening Programme Board • Procurement Board • Information Governance Steering Group • Public Inquiries Programme Board	Committee Chairs
7 2.10	Operational Updates: • Chief Executive's and Executive Directors' Report	Chief Executive/ Executive Directors
	• Finance Report **[PHA/01/03/24]**	Director of Finance and Corporate Services
	• Reports of New or Emerging Risks	Chief Executive
	• Raising Concerns	Chief Executive
8 2.35	Complaints Report	Chief Executive

9 2.40	PHA Business Plan 2024/25 **[PHA/02/03/24]**	Director of Finance and Corporate Services
10 3.00	Vaccine Management System **[PHA/03/03/24]**	Dr McClean
11 3.15	Chair's Remarks	Chair
12 3.25	Any Other Business	Chair

13 Details of next meeting:

Thursday 18 April 2024 at 1.30pm

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

HSC Public Health Agency

minutes

Title of Meeting	161st Meeting of the Public Health Agency Board
Date	15 February 2024 at 1pm
Venue	Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast

Present

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

In Attendance

Ms Tracey McCaig	-	Director of Finance and Corporate Governance, SPPG
Mr Robert Graham	-	Secretariat

Apologies

Dr Aideen Keaney	-	Director of Quality Improvement
Mr Brendan Whittle	-	Director of Community Care, SPPG

15/24	**Item 1 – Welcome and Apologies**
15/24.1	The Chair welcomed everyone to the meeting. Apologies were noted from Dr Aideen Keaney and Mr Brendan Whittle.
16/24	**Item 2 – Declaration of Interests**
16/24.1	The Chair asked if anyone had interests to declare relevant to any items on the agenda.

16/24.2 Mr Clayton declared an interest in relation to Public Inquiries as Unison is engaging with the Inquiries.

17/24 Item 3 – Minutes of previous meeting held on 30 January 2024

17/24.1 The minutes of the Board meeting held on 30 January 2024 were **APPROVED** as an accurate record of that meeting, subject to two amendments proposed by Mr Clayton in paragraphs 8/24.3 and 11/24.3.

18/24 Item 4 – Actions from Previous Meeting / Matters Arising

18/24.1 An action log from the previous meeting was distributed in advance of the meeting. There were no other matters arising.

19/24 Item 5 – Reshape and Refresh Programme

19/24.1 The Chair advised that this will be a standing item on future agendas, but for this meeting, there was no update due to the workshop taking place following the end of this session.

20/24 Item 6 – Updates from Board Committees

Governance and Audit Committee ***[PHA/01/02/24]***

20/24.1 Mr Stewart advised that the Governance and Audit Committee had met on 1 February and it was a busy meeting. He said that training for members on the 3 Lines Assurance model needs to be arranged. He reported that Mr Wilson and Mr Stephen Murray have facilitated a series of audit clinics so he hoped that there will be a reduction in the number of outstanding audit recommendations by the year end.

20/24.2 Mr Stewart reported that the Committee had approved the Corporate Risk Register but suggested that there should be a risk around the implementation of the Reshape and Refresh programme. He added that the Committee had considered the public health directorate risk register where there was a particular focus on staffing and screening, and particularly the antiquity of the IT systems to support screening programmes. He advised that as some of these systems are coming to end of their life cycle, the Committee has asked for a full report to be brought to the PHA Board. He added that at the meeting, Dr McClean had advised that there have been discussions with Encompass, but he was not convinced that it is seen as a priority area.

20/24.3 The Chief Executive advised that earlier this week he met with Mr Dan West and Dr Lourda Geoghegan to discuss screening infrastructure. He said that as part of the restructuring, PHA will have a Digital and Information directorate which will take this work forward but, in the meantime, there will be a task and finish group which will look at what needs to be done to take this forward and the report of that group will be brought to the Board. He said that he wishes to ensure that the needs

	of all of the different systems are taken into account, and that there are adequate bridging arrangements in place if required.
20/24.4	Ms Mann-Kler said that as part of the scoping exercise, PHA should have the right expertise on its side. The Chief Executive advised that Mr Gary Loughran is currently working for PHA. He explained that there are two elements, the technical end and the programme end, and PHA must ensure that both are brought together. He added that while Digital Health Care (DHCNI) holds the overall digital portfolio for the HSC, Mr Loughran will ensure that PHA's interests are represented. Ms Mann-Kler said that it is important there is future-proofing, but the Chief Executive explained that Encompass is the future, and everything will run through it.
20/24.5	Mr Clayton said that he welcomed that a report is being prepared, but he asked that if there are so many different systems, is it possible for them all to be consolidated within Encompass, or is this simply a mitigating action. The Chief Executive replied that Encompass is the name of the project, but the system is called Epic and there will be an analysis to determine what Epic can, and cannot, do. Mr Clayton asked if it is up to PHA to solve this issue, but the Chief Executive explained that PHA is a user of IT infrastructure and the solutions come from BSO and DHCNI. The Chair asked how this will be monitored going forward as the Board will need to know that progress is being made. He suggested that this should be a standing item on future Board agendas **(Action 1 – Secretariat)**. The Chief Executive advised that there will be updates given to the Screening Programme Board, but the Chair said that the Board needs to be kept updated.
20/24.6	Mr Irvine asked whether PHA's specification for the IT system is adequate for the current system, and if there is any wriggle room to take account of future changes. He commented that public sector IT systems are notorious for being under specification, not delivering on time and being full of glitches, and that there have been several recent scandals. He said that while PHA outsources to BSO and draws on their expertise, it should have a mechanism for being able to service its own system as it is too much work for one body who will have their own priorities. Ms McCaig advised that in terms of prioritisation, there is a regional framework and PHA is part of that. The Chair suggested that the Screening Programme Board may not have the right individuals who can ask the right questions. He asked that consideration is given as to how PHA can ensure that the system is fit for purpose so the Board can be assured that the system can deliver what is required.
20/24.7	Mr Stewart reported that the Committee had considered two Internal Audit reports, one on information governance, where a satisfactory level of assurance was given, and one on business continuity, where a limited level of assurance was given. He said that the Executive Directors had expressed concern about the limited assurance as the audit had a very narrow focus. He advised that the Internal Audit Strategy was agreed

with the Chief Internal Auditor and the Chief Executive and it has been amended with an audit on screening being deferred. He added that there will be an audit looking at the Vaccine Management System (VMS) as well as an audit looking at the performance management of Trusts.

20/24.8 Mr Stewart said that the final External Audit Report to those Charged with Governance was presented to the Committee as well as the External Audit Strategy.

20/24.9 Ms Henderson suggested that for the audit on business continuity, management could have rejected the audit. Ms McCaig advised that there has been a discussion with Internal Audit and the Department of Finance about the number of limited audits. She said that she did not feel that this reflects organisation's risk appetite and that it is not possible to fix everything. Mr Wilson said, that from a management point of view, the audit did not have any Priority 1 recommendations and that PHA came unstuck because it did not have directorate business continuity plans. The Chair said that the Board should have a session on risk management at the start of the new year **(Action 2 – Secretariat)**. The Chief Executive noted that the auditors spend a lot of time auditing Trusts and need to recognise that PHA is a much smaller body than a Trust.

Remuneration Committee

20/24.10 The Chair advised that the Remuneration Committee has not met since the last Board meeting.

Planning, Performance and Resources Committee ***[PHA/02/02/24]***

20/24.11 The Chair advised that there needs to be a review of the working of the Planning, Performance Resources (PPR) Committee. He said that in terms of the attendees, the Chief Executive and other Directors should attend as required as it is unfair on Mr Wilson and Mr Murray to deal with all of the queries. He added that he will work with Mr Wilson and Mr Murray to look at this. He said that he welcomed the contribution of Mr Lindsay Stead at the last meeting.

20/24.12 Ms Henderson said that there needs to be a focus on performance management. The Chief Executive advised that as an Executive Team, the Directors have discussed this and that PHA remains on a journey. He said that last year he introduced quarterly financial management meetings with Directors and this year he wants to add performance management to the agenda of those meetings. He added that bringing the two together will be a challenge, but he is keen to work with the Board.

20/24.13 The Chair pointed out that there is no split in the Board and that Executive and Non-Executive Directors should work together to agree a way forward. The Chief Executive acknowledged this, but said that it is

up to Executive Directors to get this right and provide the necessary assurance to the full Board.

20/24.14 The Chair advised that he had shared the draft Agri-Food and Biosciences Institute (AFBI) Business Plan with the Committee as he is keen to ensure that there is a linkage between PHA's Corporate Plan and PHA's activities on the ground. He said that he wishes to ensure that the work of PHA has an impact and delivers outcomes.

Screening Programme Board

20/24.15 The Chair noted that the Screening Programme Board has not met since the last Board meeting.

Procurement Board

20/24.16 The Chair noted that the Procurement Board has not met since the last Board meeting.

Information Governance Steering Group

20/24.17 Mr Clayton advised that the Information Governance Steering Group has not met since the last Board meeting and that an update on the last meeting was given at both the last Board meeting and at the last meeting of the Governance and Audit Committee.

Public Inquiries Programme Board

Declaring an interest Mr Clayton left the meeting for this item.

20/24.18 Professor Rooney advised that the Public Inquiries Programme Board met on Wednesday and that the amount of work going on cannot be underestimated. She said that there were no updates on the Hyponatraemia Inquiry or the Neurology Inquiry. She advised that PHA is awaiting the publication of the report from the Infected Blood Inquiry.

20/24.19 Professor Rooney said that the Chief Executive had appeared at the Urology Inquiry and had done well. She advised that PHA is expecting further questions from the Muckamore Inquiry, and that it will be writing to the Inquiry to proactively seek this information so as to be prepared.

20/24.20 Professor Rooney said that the COVID Inquiry is a concern because of the nature of some of the queries which are coming back from the Inquiry. The Chief Executive agreed and said that there will be instances when what PHA advises the Inquiry will disagree what the Department has advised. Mr Stewart commented that this goes back to the need to distinguish between the role of the PHA and the role of the Department and the view that all organisations are "in it together".

20/24.21 Professor Rooney said that the Programme Board is helping with the

quality of the submissions that are being made. The Chief Executive agreed that PHA is improving in this work, but reiterated that it is resource-intensive and there needs to be an assessment of the opportunity costs.

21/24 **Item 7 – Operational Updates**

Chief Executive's and Executive Directors' Report

21/24.1 The Chair asked for an update in relation to measles. Dr McClean advised that there are no confirmed cases to date in Northern Ireland and while there have been some probable cases, there have been no positive test results. She said that communications materials have been sent to Trusts to help raise awareness and that there is an HSC planning group. She noted that these are only mitigations, and that what is required is an increase in the uptake of MMR. She advised that the Health Improvement team will work with areas where there has been a low uptake of the vaccine.

21/24.2 Dr McClean advised that a huge amount of work will be required to respond to a single case and PHA is planning for how it will manage a sustained response. She suggested that cases will come in children who are not vaccinated.

21/24.3 Ms Mann-Kler asked what the situation is in the Republic of Ireland. Dr McClean said that they are experiencing similar issues and that she is attending a joint meeting later this afternoon. She noted that in the Republic of Ireland individuals do not have free access to GPs. She reported that there has been one case, and sadly the individual died.

21/24.4 Mr Clayton agreed that without a mass media campaign, it will be difficult to improve uptake. He asked if PHA has a sense of why vaccination rates have been falling. Dr McClean replied that there are multiple reasons. She advised that a detailed piece of work is being undertaken in England to look at this. She said that there has been a change in the makeup of the Northern Ireland population whereby there are more groups who have different views on vaccinations. She added that misinformation and mistrust are also factors. She noted that there are changes in how health services are delivered with less health visitors. She advised that there has been good engagement with GPs. Mr Clayton asked if the vaccination can be delivered in schools, but Dr McClean said that normally the vaccine before children reach school age, but there will be a push to get schoolchildren vaccinated.

21/24.5 The Chief Executive advised that this month's Report is shorter given it has only been two weeks since the last meeting.

21/24.6 Ms Henderson said that the information in the Report is useful, and commented that the learning from the Level 3 Serious Adverse Incident (SAI) is a complex matter, but she welcomed seeing the information

	being presented to the Board. She added that she would like to see the outcome of the rapid review.
21/24.7	The Chief Executive advised that this is an evolving situation and PHA has been asked to put forward a nominee to sit on a group to take forward the recommendations from the SAI review. Ms Reid explained that the current process has been ongoing for 7 years and SPPG/PHA have taken the opportunity to obtain an independent view to develop an exit strategy. She added that the families are involved in this process. She said that there needs to be better inter-agency working.
21/24.8	Mr Stewart asked for an update on the overarching review of the SAI process as he felt that PHA should not have a role in the process. Professor Rooney noted that PHA appears to be intricately involved. Ms Henderson suggested that for this particular SAI there needs to be a meeting involving PHA, PSNI, NIAS and Trusts.
21/24.9	Mr Clayton agreed that it would be useful for the Board to see the report of the rapid review. He noted that there had previously been an issue about engagement with the family as part of the original SAI, but Ms Reid said that there has been engagement with them and it has been carried out in an appropriate way.
21/24.10	Ms Reid advised that the review of the SAI process is being led by the Deputy Chief Medical Officer and agreed that the process should be passed back to where governance and risks sit, and that the focus should be more on Trusts.
21/24.11	Mr Stewart expressed concern that the Board had been previously advised that PHA's sole responsibility with regard to SAIs was around issuing learning letters, but this does not appear to be the case. Ms Reid said that PHA would provide professional advice and would link with Trust colleagues on the development of learning letters. She added that PHA would provide input to, and advice on, the SAI process. Mr Stewart said that this is not what is reflected in the Internal Audit report on SAIs. The Chief Executive said that he would like to check this **(Action 3 – Chief Executive)**. The Chair agreed that clarity is required. The Chief Executive advised that there will be a section on SAIs in the reports of both the Urology Inquiry and the Muckamore Inquiry.
21/24.12	Ms Mann-Kler queried whether the Northern Ireland Audit Office had ever audited or planned to audit existing assurance systems that are already in place across the HSC, including SAIs. Given that NI unfortunately has the highest number of Public Inquiries across the UK, she queried whether there was more the system could do to better protect patients and the public. The Chief Executive said that he was not aware of such an audit, but pointed out that SAIs were designed to be about learning with the process underpinned by compassion, but that appears to have been lost. He added that if an incident is in relation to underperformance by professionals, there are other systems for dealing

with that.

Finance Report ***[PHA/03/02/24]***

21/24.13 Ms McCaig reported that at the end of December, PHA's financial position showed a surplus of £800k, but this is against an opening position of a £650k deficit. She advised that there is a number of moving parts which may impact on the year-end position, including vaccine spend, but she had no significant concerns at this time. With regard to capital spend, she noted that there remains a lot of work to be done to utilise the R&D budget, but this was not unusual at this stage of the year.

21/24.14 Ms McCaig advised that at the Governance and Audit Committee, members received an overview of the transition plan to the end of the financial year, during which time Ms Leah Scott will take over. She explained that there will be an MOU and SPPG will work with the auditors Cavanagh Kelly, but after 26 April, once her team delivers the final accounts, full responsibility for finance will move over to PHA. She advised that the TUPE process will commence on 1 March, but any staff transferring from SPPG will not move over until 1 April and that work will continue behind the scenes between the two teams. She noted that this will be her last PHA Board meeting.

21/24.15 Ms Henderson said that the arrangements outlined make for a smooth transition. She asked if the £800k surplus is a timing issue. Ms McCaig explained that some of it is, and there is a process being worked through, but she remained confident that PHA would achieve a year-end break-even position.

21/24.16 Mr Stewart asked if there was any update on next year's position. Mr Wilson replied that he and Mr Murray had met with Ms Brigitte Worth from the Department, earlier this week. He advised that PHA's best case scenario is a "flat cash" one, and that there is a suggested strategy to manage PHA's overall deficit, whereby PHA will not be required to make any further savings, but it will have to absorb inescapable pressures of around £0.8m, as well as the costs of VMS on the basis that those costs can be met from savings in the vaccine budget. He added that the vaccines element presents some challenges for PHA as procurement may have already commenced so it may not be possible to make those savings in the short term. Ms McCaig said that this outturn is a reasonable one for PHA, but it presents risks. She said that PHA will need to review its savings plans in the light of this development. Mr Wilson added that the Department has agreed that it would meet the costs of HPV.

21/24.17 Mr Clayton thanked Mr Wilson for the update and asked if there had been any discussion around the campaigns budget and whether "flat cash" meant the moratorium staying in place. Mr Wilson replied that there was discussion around campaigns and he put PHA's points

	across, but there was no accommodation.
21/24.18	Mr Irvine sought clarity as to whether the costs of the staff transferring from SPPG to PHA will also transfer. He also asked about the cost of pay increases and if these will be covered by the Department. Ms McCaig advised that the staff will be released from her budget and transferred to PHA, with the exception of one additional Band 7. In terms of pay, she said that there has been a lot of discussion around that issue, and that the situation will continue to evolve.
21/24.19	The Chief Executive said that with regard to vaccines, he has made it clear to the Permanent Secretary, that PHA will not be responsible for funding any IT development costs and he has now written to Mr Peter Toogood concerning this. He added that there needs to be an understanding about what PHA's role in managing vaccines would look like. Ms McCaig suggested that PHA should take funding for VMS and advise the Department that PHA will assist with making savings on vaccine costs.
21/24.20	Mr Blaney noted that there will be a lot of pressure on the budget from across many different Government departments.
21/24.21	The Chair advised that PHA was the only organisation which had put forward proposals for savings and that from a reputational point of view, PHA has come out of this exercise in a good light. Mr Stewart asked if it would be possible for members to receive a short briefing on the financial situation **(Action 4 – Mr Wilson)**.
21/24.22	The Chair thanked Ms McCaig for her professionalism and said that he hoped she would continue to be a firm supporter for the PHA. Ms McCaig thanked members for their support and said that she would miss working with this Board. *At this point Ms McCaig left the meeting.* *Reports of New or Emerging Risks **[PHA/04/02/24]***
21/24.23	Mr Stewart said that it is important that all members go through the Corporate Risk Register to ensure the organisation is on the right track. The Chair reiterated that he would like to have a session dedicated to risk at a meeting in the new year.
21/24.24	Ms Henderson asked for an update on the cervical screening review. Dr McClean advised that around 2,000 reviews have been completed to date, but she had hoped that more would have been done. The Chair asked if the Belfast Trust laboratory has had its accreditation reinstated. Dr McClean replied that a recommendation for accreditation has been made, but there are some issues to be resolved.
22/24	**Item 8 – Performance Management Report [PHA/05/02/24]**

22/24.1 The Chief Executive said that the Performance Management Report has served a purpose, but he felt that it could be improved to bring in financial management and other measures. He added that PHA is looking at a new planning model.

22/24.2 Ms Henderson welcomed this new approach. She noted there is a number of actions rated "amber" or "red" and asked if there were any of concern. The Chief Executive replied that the one that concerned him most was the target around vaccinations and that from a public health point of view, PHA needs to be focusing its efforts there because if vaccinations rates drop, measles will return. He commented that he would prefer to see more targets rated "amber" or "red" than ones rated "green" for mediocre achievements. Ms Henderson said that for next year, there needs to be fewer targets in this report, with more at directorate level as there is too much information. The Chief Executive said that next year, PHA needs to focus its efforts on the 20% most deprived in society. Ms Henderson commented that the implementation of primary HPV has been a major success.

22/24.3 Mr Clayton asked about progress on the People Plan. The Chair advised that there had been a presentation on this at the PPR Committee and he asked that the presentation be circulated to members **(Action 5 – Secretariat)**. The Chief Executive noted that within the latest report, he was pleased to see the increase in appraisals.

22/24.4 The Board noted the Performance Management Report.

23/24 Item 9 – Items for Noting

Complaints Report ***[PHA/07/02/24]***

23/24.1 The Chair said that going forward he would like to see "complaints" on the agenda as a standing item so members are kept informed.

23/24.2 The Board noted the Complaints Report.

Joint PHA/SPPG/BSO Annual Report on Emergency Preparedness 2022/2023 ***[PHA/06/02/24]***

23/24.3 Mr Clayton said that he had two queries in relation to this Report, the first of which related to the training budget. He noted that the budget was last agreed in 2012, and at £30k, is not sufficient to meet the needs of the service. He asked if there is a plan to address this with the Department. The Chair suggested that the PHA Board should write to the Department regarding this. Mr Clayton said that it not clear what level of budget is required.

23/24.4 Mr Clayton noted that PHA did not meet the relevant standards this year and asked if this is being looked at. Dr McClean explained that PHA fell

below the standard because it did not have sufficient staffing, but this year it was given some non-recurrent funding.

23/24.5 Mr Wilson said that his understanding is that the training budget is ring fenced. The Chair reiterated that if the funding is not sufficient, PHA should advise the Department. Mr Stewart agreed that the amount is insufficient and is not enough given the need to learn from the COVID pandemic. The Chief Executive advised that the level of the training budget was highlighted in the evidence PHA presented to Module 1 of the COVID Inquiry.

23/24.6 Ms Henderson said that PHA should raise its concerns with the Department, particularly in the context of the COVID Inquiry, and have those concerns on record **(Action 6 – Chair)**. The Chief Executive noted that it was his belief that when the first report from the COVID Inquiry comes out, there will be a recommendation for more funding in public health.

23/24.7 The Chair asked if PHA has embedded the learning. Dr McClean noted that while she was not certain there was a robust process in place to capture all of the learning, she is aware that Ms Mary Carey keeps a log.

23/24.8 Mr Stewart said that his only comment on the Report related to the multiplicity of forums that PHA is expected to be involved in.

23/24.9 The Board noted the Joint PHA/SPPG/BSO Annual Report on Emergency Preparedness 2022/2023.

Director of Public Health Annual Report 2021 ***[PHA/08/02/24]***

23/24.10 Mr Clayton said that the Director of Public Health Report was useful but noted that it covered the year 2021. He asked how the information is published and if it informs a wider debate on public health in real time. Dr McClean advised that there has been a discussion at AMT about the report, both in terms of the timeline and the audience and that an outcome has yet to be agreed. She said that it is unlikely that a report will be done for 2022 and that the concept of the report needs to be reviewed as it is outdated. Mr Irvine asked if formal Board approval is required but Dr McClean explained that this is the Director of Public Health's report and is not required to be signed off by the Board.

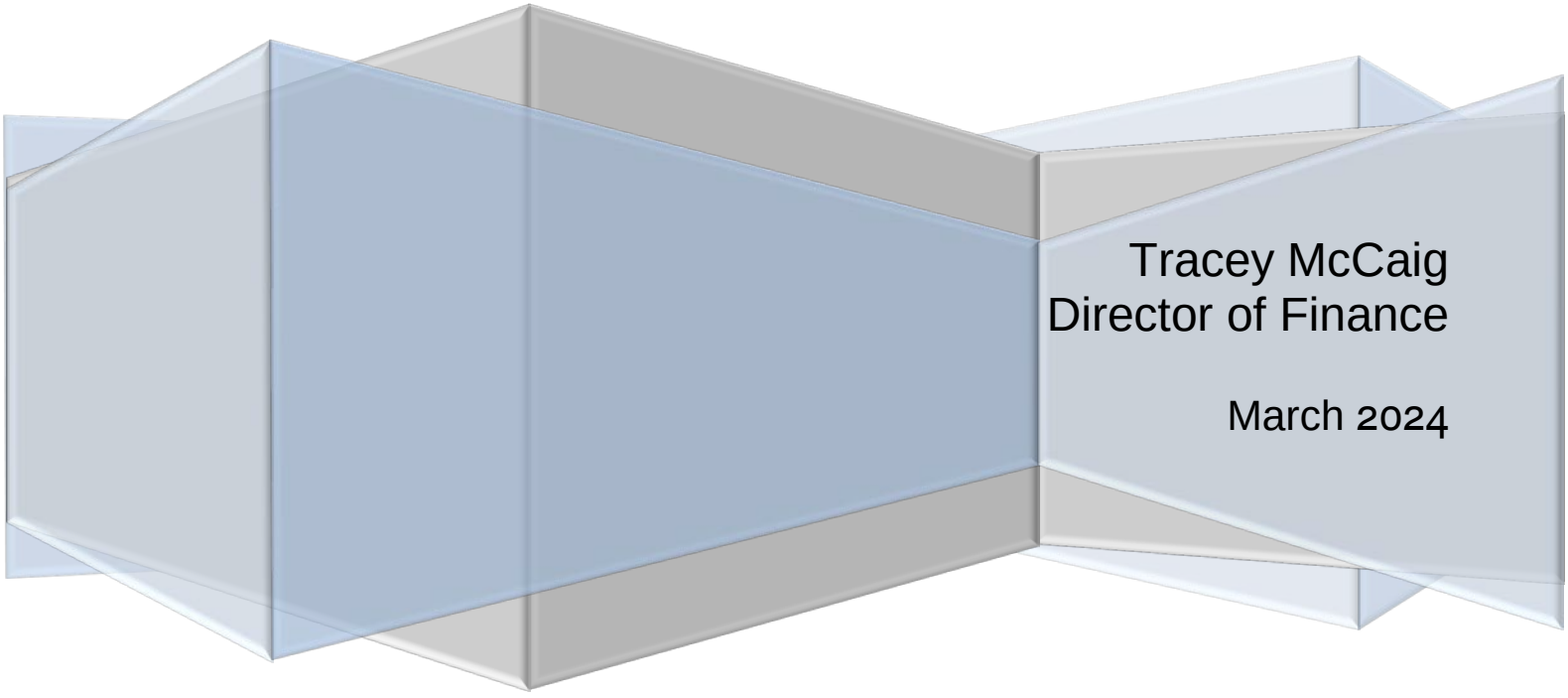
23/24.11 The Board noted the Director of Public Health Annual Report.

24/24 Item 10 – Chair's Remarks

24/24.1 The Chair advised that he is continuing his series of meetings with Chairs of other HSC bodies and he proposed that future PHA Board meetings should take place in Trust Boardrooms where there is then the opportunity for the Board to meet with the Trust Board. He added that it is important for PHA to engage with its stakeholders and reach out to them.

24/24.2	The Chair noted that this is Ms Mann-Kler's last Board meeting and he thanked her for her immense contribution to the work of the Board. He said that other Non-Executives have enjoyed working with her. Ms Mann-Kler said that it has been an interesting 8 years and she is leaving an organisation with an exciting future and she hoped that PHA gets the kudos it deserves. She said that when a recruitment exercise commences for a new Board member, attention needs to be paid to the gender balance of the Board.
25/24	**Item 11 – Any Other Business**
25/24.1	There was no other business.
26/24	**Item 12 – Details of Next Meeting**
	Thursday 21 March 2024 at 1.30pm
	Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast
	Signed by Chair:
	Date:

Finance Report
January 2024



Tracey McCaig
Director of Finance

March 2024

Section A: Introduction/Background

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

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

3. This executive summary report reflects the draft year-end position as at the end of January 2024 (month 10). Supplementary detail is provided in Annex A.

Section B: Update – Revenue position

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

Table 1: Opening financial position 2023/24

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

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

5. The PHA has reported a surplus at January 2024 of £0.8m (December 2023, surplus of £0.8m) against the year to date budget position for 2023/24. The forecast year-end position is reported as breakeven (December 2023 forecast, breakeven).

6. The month 10 position is summarised in Table 2 below.

Table 2: PHA Summary Financial Position – January 2024

	Annual Budget	YTD Budget	YTD Expenditure	YTD Variance	Projected year end surplus / (deficit)
	£'000	£'000	£'000	£'000	£'000
Health Improvement	13,420	11,184	11,184	0	
Health Protection	9,657	8,048	8,048	0	
Service Development & Screening	14,796	12,330	12,330	0	
Nursing & AHP	7,983	6,652	6,652	0	
Centre for Connected Health	0	0	0	0	
Quality Improvement	24	20	20	0	
Other	0	0	0	0	
Programme expenditure - Trusts	**45,880**	**38,233**	**38,233**	**0**	**0**
Health Improvement	29,636	23,328	23,550	(222)	
Health Protection	16,865	16,205	15,946	259	
Service Development & Screening	3,815	2,093	2,096	(3)	
Research & Development	3,282	0	0	0	
Campaigns	394	363	388	(26)	
Nursing & AHP	801	220	299	(79)	
Quality Improvement	143	57	57	(0)	
Other	(1,309)	(1,091)	(321)	(770)	
Programme expenditure - PHA	**53,627**	**41,175**	**42,041**	**(865)**	**(2,135)**
Subtotal Programme expenditure	**99,507**	**79,409**	**80,274**	**(865)**	**(2,135)**
Public Health	16,723	13,865	12,953	912	
Nursing & AHP	5,150	4,297	3,896	401	
Operations	5,368	4,472	4,365	107	
Quality Improvement	717	579	541	38	
PHA Board	456	319	224	95	
Centre for Connected Health	468	391	321	70	
SBNI	840	693	631	62	
Subtotal Management & Admin	**29,722**	**24,616**	**22,932**	**1,685**	**2,135**
Trusts	272	182	182	0	
PHA Direct	0	0	0	0	
Subtotal Transformation	**272**	**182**	**182**	**0**	**0**
Trusts	167	0	0	0	
PHA Direct	3,561	2,693	2,676	17	
Other ringfenced	**3,728**	**2,693**	**2,676**	**17**	**0**
TOTAL	**133,229**	**106,899**	**106,063**	**836**	**0**

Note: Table may be subject to minor roundings

7. In respect of the reported position:
   - **Programme – Trusts**: A total of £45.9m has been allocated to Trusts at this point, with full spend against budget shown.

   - **Programme – PHA**: The remaining annual programme budget is currently £53.6m.

- A cumulative overspend of £0.9m is shown to date (month 9, £0.6m) against the Programme budgets listed. This reflects some areas of spend ahead of current budget.
- In line with the Financial Plan, the anticipated overspend for the year is c£2.0m with the overspend being met in 2023/24 by a forecast underspend in Administration budgets. A mid-year review of the financial plan has completed which reported that £4.1m of recurrent budget reductions have been identified in year. Work is ongoing to fully identify the remaining savings measures to meet the full financial target applied to PHA in 2023/24 and recurrently, pending the out-workings of refreshed Directorate structures and any resultant impacts on baselines.
- Savings plans will continue to be closely monitored throughout the year and will be regularly reported to the AMT and PPR Committee.

- **Management & Administration**: Annual budget of £29.6m.
  - An underspend of £1.7m is reported to date (month 9, £1.4m), reflecting underspends in Public Health, Nursing & AHPs and Operations. The primary surplus to date relates to the area of Public Health where staff costs have reduced due to role vacancies. Expenditure against funded budgets are reviewed with Directorate budget holders to understand any ongoing trends and incorporate these into the year-end forecast position.
  - The forecast full year underspend is £2.1m (month 9, £2.3m). The level of anticipated underspend will be subject to further refinement based on ongoing updates from Directorate budget managers and the review of assumptions made in the Financial plan in respect of anticipated cost pressures. Information has been received on the reduction of senior medical posts, however some assumptions have been made regarding the timing of the replacement or recruitment of these posts, which may have to be updated to increase expenditure forecasts if necessary.
  - The anticipated underspend will offset, in-year, cash releasing savings applied fully to Programme budgets. The favourable movement has

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

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

8. As noted above, the projected year end position is breakeven (month 9, breakeven) and work will continue to identify measures to maintain this breakeven position.

Section C: Risks

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

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

11. **EY Reshape & Refresh review and Management and Administration budgets**: The PHA is currently undergoing a significant review of its structures and processes,

and the final report from EY will not be available until later in the year. There is a risk in implementing the outcomes of this review in a savings context, and careful management will be required at all stages of this process. In addition, there have been a number of material vacancies which are generating slippage and for which Directors are reviewing options for the remainder of the year.

12. **SEUPB / CHITIN income**: PHA receives income from EU partner organisations for the CHITIN R&D project. Claims are made on a quarterly basis, however PHA have not been receiving payments on a regular basis. At 31 March 2023, the value of funding due was c£4.3m however, PHA had an equal and opposite creditor listed for monies due to other organisations. Since year end a total of now c£2.6m has been received. R&D staff are continuing to work closely with colleagues in partner organisations and the relevant funding body to ensure the expected full reimbursement of all claims.

13. **Demand led services:** There are a number of demand led budgetary areas which are more difficult to predict funding requirements for, presenting challenges for the financial management of the Agency's budget. For example, smoking cessation / Nicotine Replacement Therapy (NRT) and Vaccines. The financial position of these budgets are being carefully tracked. Previous receipt of some information on Shingles vaccine showed a potential stock carry-forward level in the VMS system – further investigation has confirmed that these inventory levels are expected to reduce by year end as GPs have increased ordering and therefore no substantial slippage is now expected for this budget.

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

15. **Funding not yet allocated**: At the start of the financial year there are a number of areas where funding is anticipated but has not yet been released to the PHA. These include Pay awards for the 2023/24 financial year. No expenditure will be

progressed for any pay award payments to staff until such pay awards are approved by DoH and funding identified and secured.

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

Section D: Update - Capital position

17. The PHA has a capital allocation (CRL) of £7.4m. This all relates to projects managed through the Research & Development (R&D) team. The overall summary position, as at January 2024, is reflected in Table 3, being a forecast breakeven position on capital funding.

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

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

Table 3: PHA Summary capital position – January 2024

Capital Summary	Total CRL £'000	Year to date spend £'000	Full year forecast £'000	Forecast Surplus / (Deficit) £'000
HSC R&D:				
R&D - Other Bodies	2,399	2,304	2,399	0
R&D - Trusts	2,908	0	2,908	0
R&D - Capital Receipts	(1,077)	(272)	(1,077)	0
R&D - Other	1,337	901	1,337	0
Subtotal HSC R&D	**5,567**	**2,933**	**5,567**	**0**
CHITIN Project:				
CHITIN - Other Bodies	177	0	177	0
CHITIN - Trusts	0	0	0	0
CHITIN - Capital Receipts	(177)	0	(177)	0
Subtotal CHITIN	**0**	**0**	**0**	**0**
Other:				
Congenital Heart Disease Network	683	170	683	0
iReach Project	405	0	405	0
R&D - NICOLA	731	0	731	0
Subtotal Other	**1,819**	**170**	**1,819**	**0**
Total PHA Capital position	**7,386**	**3,103**	**7,386**	**0**

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

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

Recommendation

22. The PHA Board are asked to note the PHA financial update as at January 2024.

Public Health Agency

Annex 1 - Finance Report

2023/24

Month 10 - January 2024

PHA Financial Report - Executive Summary

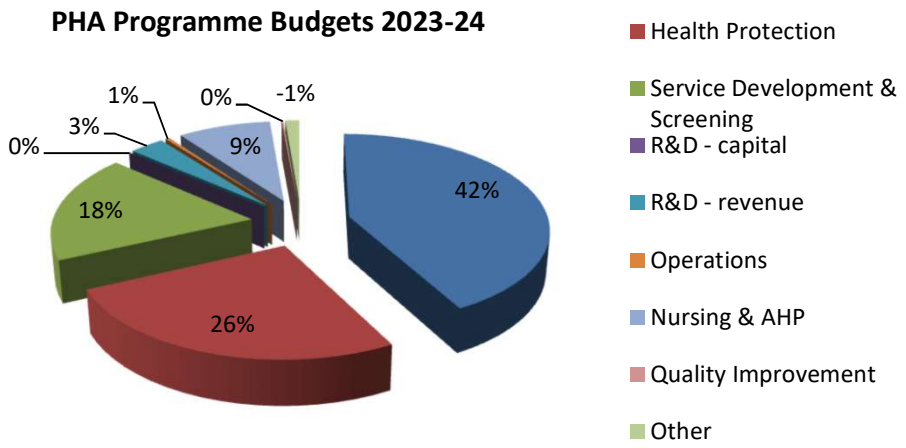
Year to Date Financial Position (page 2)

At the end of month 10, PHA is reporting an underspend of £0.8m against its profiled budget. This position is a result of an underspend on Management & Admin budgets being partially offset by a managed overspend on PHA Direct Programme expenditure. (page 6).

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

Programme Budgets (pages 3&4)

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

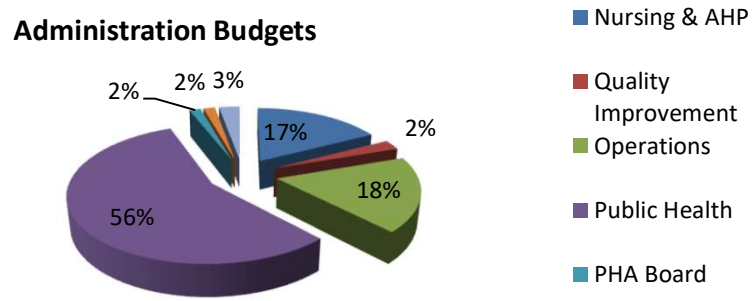


Administration Budgets (page 5)

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

A number of vacant posts remain within PHA, and this is creating slippage on the Administration budget which is offset by expenditure on the PHA Reshape and Refresh programme and other pressures noted in the Financial Plan.

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



Full Year Forecast Position & Risks (page 2)

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

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

Public Health Agency
2023/24 Summary Position - January 2024

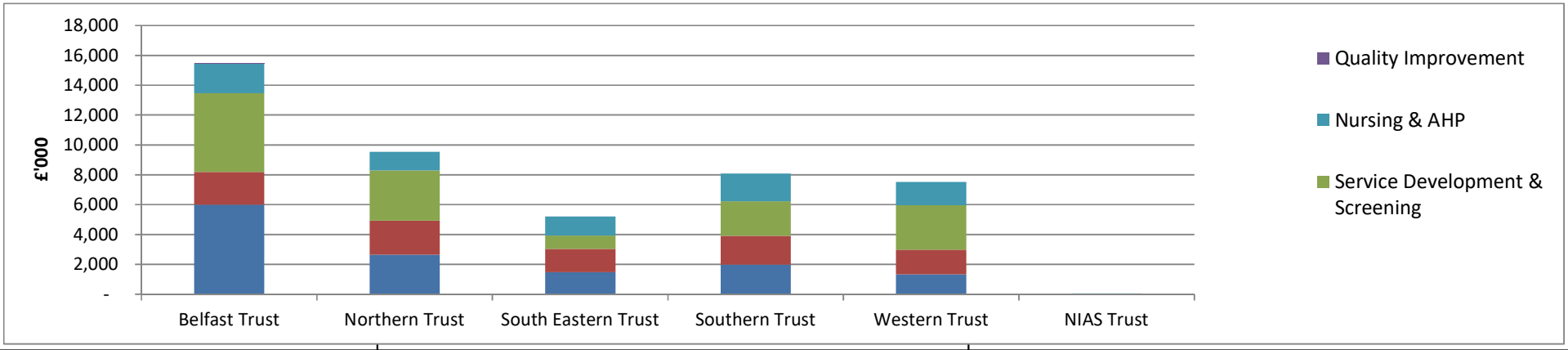
	Annual Budget					Year to Date				
	Programme		Ringfenced	Mgt &	Total	Programme		Ringfenced	Mgt &	Total
	Trust	PHA Direct	Trust & Direct	Admin		Trust	PHA Direct	Trust & Direct	Admin	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Available Resources										
Departmental Revenue Allocation	45,880	53,581	4,000	29,002	**132,462**	38,233	41,129	2,874	24,027	**106,264**
Assumed Retraction	-	-	-	-	**-**	-	-	-	-	**-**
Revenue Income from Other Sources	-	46	-	720	**767**	-	46	-	590	**636**
Total Available Resources	45,880	53,627	4,000	29,722	**133,229**	38,233	41,175	2,874	24,616	**106,899**
Expenditure										
Trusts	45,880	-	379	-	**46,259**	38,233	-	321	-	**38,554**
PHA Direct Programme *	-	55,762	3,621	-	**59,383**	-	42,041	2,536	-	**44,577**
PHA Administration	-	-	-	27,587	**27,587**	-	-		22,932	**22,932**
Total Proposed Budgets	45,880	55,762	4,000	27,587	**133,229**	38,233	42,041	2,858	22,932	**106,063**
Surplus/(Deficit) - Revenue	-	(2,135)	-	2,135	**-**	-	(865)	17	1,685	836
Cumulative variance (%)						***0.00%***	***-2.10%***	***0.59%***	***6.84%***	***0.78%***

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

The year to date financial position for the PHA shows an underspend £0.8m, which is a result of an underspend on Management & Admin budgets being partially offset by a managed overspend on PHA Direct Programme expenditure.

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

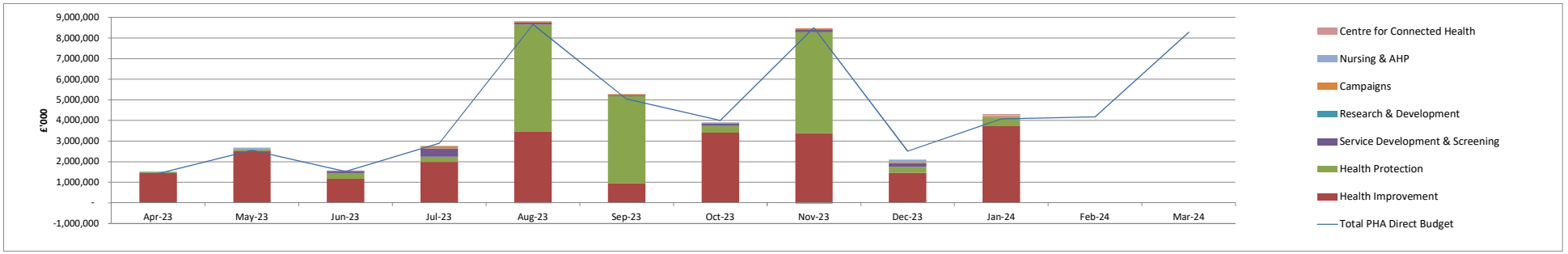
Programme Expenditure with Trusts



Current Trust RRLs	Belfast Trust £'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	5,981	2,638	1,469	1,976	1,332	24	**13,420**	11,184	11,184	-
Health Protection	2,216	2,286	1,563	1,945	1,646	-	**9,657**	8,048	8,048	-
Service Development & Screening	5,254	3,356	889	2,311	2,985	-	**14,796**	12,330	12,330	-
Nursing & AHP	2,016	1,251	1,277	1,855	1,555	29	**7,983**	6,652	6,652	-
Quality Improvement	24	-	-	-	-	-	**24**	20	20	-
Total current RRLs	**15,492**	**9,532**	**5,199**	**8,087**	**7,518**	**52**	**45,880**	**38,233**	**38,233**	-
Cumulative variance (%)										***0.00%***

The above table shows the current Trust allocations split by budget area. Budgets have been realigned in the current month and therefore a breakeven position is shown for the year to date.

PHA Direct Programme Expenditure



	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Total	YTD Budget	YTD Spend	Variance	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
Profiled Budget																	
Health Improvement	1,318	2,228	1,356	1,920	3,482	975	2,912	4,172	1,493	3,472	2,673	3,634	**29,636**	23,328	23,550	(222)	*-1.0%*
Health Protection	42	204	184	122	5,143	4,030	1,192	4,131	525	632	234	426	**16,865**	16,205	15,946	259	*1.6%*
Service Development & Screen	29	73	219	493	93	105	412	371	380	83	775	947	**3,815**	2,093	2,096	(3)	*-0.2%*
Research & Development	-	-	-	-	-	-	-	-	-	-	-	3,282	**3,282**	-	-	-	*0.0%*
Campaigns	1	1	9	90	18	28	10	122	60	26	27	5	**394**	363	388	(26)	*-7.1%*
Nursing & AHP	32	53	(33)	21	26	26	55	37	30	26	438	143	**801**	220	299	(79)	*-35.8%*
Centre for Connected Health	-	-	-	-	-	-	-	-	0	-	-	-	**-**	-	24	(24)	*#DIV/0!*
Quality Improvement	-	-	-	-	18	-	-	16	23	-	25	61	**143**	57	57	0	*0.0%*
Other	-	-	(212)	245	(122)	(123)	(581)	(351)	0	54	0	(218)	**(1,309)**	(1,091)	(321)	(770)	*100.0%*
Total PHA Direct Budget	**1,421**	**2,558**	**1,522**	**2,890**	**8,658**	**5,041**	**4,000**	**8,498**	**2,511**	**4,075**	**4,172**	**8,280**	**53,627**	**41,175**	**42,041**	**(865)**	
Cumulative variance (%)																***-2.10%***	
Actual Expenditure	**1,608**	**2,765**	**1,643**	**2,898**	**8,801**	**5,414**	**3,867**	**8,533**	**2,177**	**4,335**	**-**	**-**	**42,041**				
Variance	**(187)**	**(207)**	**(121)**	**(7)**	**(143)**	**(373)**	**133**	**(35)**	**334**	**(259)**			**(865)**				

The year-to-date position shows an overspend of approximately £0.9m against profile. A year-end overspend of c£2.1m is anticipated, and this is being managed closely in order to offset a forecast underspend in Administration budgets.
Whilst work has completed to identify £4.1m of budget reductions in-year, the remaining £1.2m has been identified recurrently from Management & Administration budgets to meet the full financial target applied to PHA in 2023/24 and recurrently.

Public Health Agency
2023/24 Ringfenced Position

	Annual Budget				Year to Date			
	Covid	NDNA	Other ringfenced	Total	Covid	NDNA	Other ringfenced	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Available Resources								
DoH Allocation	2,972	272	756	**4,000**	2,095	182	598	**2,874**
Assumed Allocation/(Retraction)	-	-	-	-	-	-	-	**-**
Total	2,972	272	756	**4,000**	2,095	182	598	**2,874**
Expenditure								
Trusts	-	212	167	**379**	-	182	139	**321**
PHA Direct	2,972	60	589	**3,621**	2,046	-	491	**2,536**
Total	2,972	272	756	**4,000**	2,046	182	630	**2,858**
Surplus/(Deficit)	**-**	**-**	**-**	**-**	**49**	**-**	**(32)**	**17**

PHA has now received COVID allocation of £3.0m (£2.7m for Vaccine Management System & £0.3m for Vaccinators and Covid Vaccine Storage) for financial year 2023/24.

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

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

PHA Administration
2023/24 Directorate Budgets

	Nursing & AHP £'000	Quality Improvement £'000	Operations £'000	Public Health £'000	PHA Board £'000	Centre for Connected Health £'000	SBNI £'000	Total £'000
Annual Budget								
Salaries	4,963	705	4,242	16,481	343	418	589	**27,742**
Goods & Services	186	12	1,126	242	113	50	251	**1,980**
Total Budget	**5,150**	**717**	**5,368**	**16,723**	**456**	**468**	**840**	**29,722**
Budget profiled to date								
Salaries	4,137	569	3,533	13,675	286	353	491	**23,045**
Goods & Services	160	10	939	190	33	38	202	**1,571**
Total	**4,297**	**579**	**4,472**	**13,865**	**319**	**391**	**693**	**24,616**
Actual expenditure to date								
Salaries	3,714	538	2,732	12,172	249	300	487	**20,192**
Goods & Services	183	3	1,632	782	(25)	21	144	**2,739**
Total	**3,896**	**541**	**4,365**	**12,953**	**224**	**321**	**631**	**22,932**
Surplus/(Deficit) to date								
Salaries	424	31	801	1,504	37	53	4	**2,853**
Goods & Services	(23)	7	(694)	(592)	58	17	59	**(1,168)**
Surplus/(Deficit)	**401**	**38**	**107**	**912**	**95**	**70**	**62**	**1,685**
Cumulative variance (%)	*9.33%*	*6.56%*	*2.40%*	*6.58%*	*29.67%*	*17.84%*	*9.00%*	***6.84%***

PHA's administration budget is showing a year-to-date surplus of £1.7m, which is being generated by a number of vacancies, particularly within Public Health Directorate. Senior management continue to monitor the position closely in the context of the PHA's obligation to achieve a breakeven position for the financial year.

The full year surplus is currently forecast to be c£2.1m, and this is being managed by PHA through a forecast deficit in Programme expenditure in the financial year.

As part of the Mid Year Review £1.2m has been offered up from the Administration budgets to meet the £5.3m 23/24 savings target.

PHA Prompt Payment

Prompt Payment Statistics

	January 2024 Value	January 2024 Volume	Cumulative position as at January 2024 Value	Cumulative position as at January 2024 Volume
Total bills paid (relating to Prompt Payment target)	£5,849,331	487	£64,624,221	4,294
Total bills paid on time (within 30 days or under other agreed terms)	£5,499,121	467	£55,016,059	4,117
Percentage of bills paid on time	**94.0%**	**95.9%**	**85.1%**	**95.9%**

Prompt Payment performance for January shows that PHA met its prompt payment target on volume, but missed it on value. The year to date position shows that on volume, PHA is achieving its 30 day target of 95.0% but failing to achieve the 95% target on value due to two large vaccines invoices (approx. £8m) which missed the payment deadline. Prompt payment targets will continue to be monitored closely over the 2023/24 financial year.

The 10 day prompt payment performance remains very strong at 82.2% on volume for the year to date, which significantly exceeds the 10 day DoH target for 2023/24 of 70%.

HSC Public Health Agency

item 9

Title of Meeting	PHA Board Meeting
Date	20 March 2024
Title of paper	PHA Business Plan 2024/25
Reference	PHA/02/03/24
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 Draft Annual Business Plan for 2024/25.

2 Key Issues

The Annual Business Plan is broken down under the following key priority areas that align with the PHA extant Corporate Plan 2017-21 (as reviewed and rolled forward to 2023/24) and as reflected under the current Organisational Refresh and Reshape programme:

- Health Protection
- Starting Well
- Living Well
- Ageing Well
- Our Organisation

The Annual Business Plan's focus is on those key priorities requiring particular attention during 24/25 to protect and improve population health outcomes and reduce health inequalities. The Business Plan is underpinned by Directorate Business plans which encompass all core areas of work that are being progressed on an ongoing basis, meeting Ministerial priorities and outcomes set out in the Corporate Plan.

4 Next Steps

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 2025.

PHA DRAFT Annual Business Plan 2024/25

Introduction

The Public Health Agency (PHA) Annual Business Plan sets out the key strategic actions that will be taken forward by PHA during 2024/25, in achieving the extant PHA Corporate Plan.

The Annual Business Plan identifies those key priorities that the Agency recognises will require particular focus to enable progress to be achieved both during 24/25 and in future years to protect and improve population health outcomes and reduce health inequalities. The Business Plan is underpinned by Directorate Business plans which encompass all core areas of work that are being progressed on an ongoing basis, meeting Ministerial priorities and outcomes set out in the Corporate Plan.

The Annual Business Plan is broken down under the following key priority areas that align with the PHA Corporate Plan 2017-21 (reviewed and rolled forward to 2023/24) and as reflected under the current Organisational Refresh and Reshape programme:

- Health Protection
- Starting Well
- Living Well
- Ageing Well
- Our Organisation and People

There is no doubt that 2024/25 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.

The PHA has responsibility for providing public health professional input to the Department of Health's Strategic Planning and Performance Group (SPPG) for the commissioning of health and social care services across Northern Ireland. In discharging our ongoing responsibilities in this domain we will continue to support the commissioning process and will work closely with colleagues in SPPG to take forward the planning, development and implementation of the new Integrated Care Planning System for NI

ensuring that the public health agenda and, in particular, addressing health inequalities, is appropriately reflected in any new plans developed.

Tackling our long established pattern of health inequalities - the unfair and avoidable differences in health outcomes both across the population and between different groups within society, is a complex and multifaceted challenge. At the core of the challenge is the need to address the wider social determinants of health and this requires the commitment and support of Government Departments, statutory bodies and Community and Voluntary Organisations.

As the lead public health body the Agency will continue to work with partners across Northern Ireland to tackle these inequalities and during 2024/25 we will specifically:

- target a greater level of investment towards population groups and communities, experiencing the highest health inequalities.
- focus preventative services on those groups experiencing poorest health, including the top 20% socio economically deprived populations
- Invest in health enhancing services, which provide opportunities for all and support our most vulnerable populations.
- Engage and actively involve service users, carers, their advocates and the wider public, ensuring their voices are heard and embedded into our culture and practice.

While not directly linked with the key actions and KPIs stated in this document, the Quality Improvement /HSCQI Directorate will support PHA priority areas of work by implementing the HSCQI Annual Workplan (as mandated by the HSCQI Leadership Alliance). Key areas of this plan that will support the PHA business plan will be via delivering regional improvement programmes, building regional quality improvement capacity and partnership working.

Accountability

The Annual Business plan will be monitored quarterly and update reports across all KPIs will be 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.

1. PROTECTING HEALTH

Strategic Priority	Strategic Initiative	Outcome Measures (including timescales)	Lead Director
Protecting the health of the population	• We will improve the control and reduce the impact of infectious diseases. • We will explore and harness opportunities to protect and improve health, working with others taking a 'one health' approach which recognises the links between the environment, animal and human health. • We will deliver an effective communicable disease surveillance service which alerts us to changes in the incidence of infections so we can take action to protect public health. • We will support HSC partners in the control of infectious diseases,	**KPI 1 –** Implement the provision of BBV screening through low threshold services to individuals at risk of hepatitis C, hepatitis B and HIV through injecting drug use or sharing drug taking paraphernalia, by **Dec 2024** **KPI 2 -** The public health component of a Northern Ireland One Health Action Plan will be approved by **Mar 2025** (early draft developed by **end of Dec 25)** **KPI 3** – The transfer of surveillance systems onto the MS Analytics platform and standing up of outbreak detection reporting through statistical exceedance detection completed **by end of** XXX	Joanne McClean

	• We will lead the implementation of the Northern Ireland vaccination programmes	**KPI 4** – Complete the consolidation of the NI Vaccine Programme Management System (including budget control) under PHA by **Mar 2025** (progress check point reports at end of **each quarter**)	Declan Bradly

2. STARTING WELL

Strategic Priority	Strategic Initiative	Outcome Measures (including timescales)	Lead Director
All Children and Young People Have the Best Start in Life	• We will build a strong, supportive framework within the PHA to give each child the best start in life. • We will support the provision and development of programmes that support children to: • Survive (reducing mortality, pre-conception and antenatal care),	**KPI 4** We will improve vaccine uptake rates for pertussis and MMR targeting those in the top 20% most disadvantaged cohort of the population by **Mar 2025 (quarterly updates provided)** **KPI 5**	Joanne McClean

	• Thrive (universal services, new born screening, nutrition and neurodevelopment, support for child development (HCHF), vaccination, health care, wellbeing support etc) • Transform (poverty, safeguarding, social complexity and deprivation, family support, FNP etc) • We will drive improvements in access to high quality data which will facilitate the development of modelling platforms and outcome driven actions to support families and improve the health and wellbeing of mothers and children. • We will focus on making improvements for the most disadvantaged families and children.	A new Early Years Knowledge hub (interactive dashboard linking existing data sources, evidence base and health intelligence) will be developed by **Mar 2025** (**Quarterly updates provided)** **KPI 6** i) Review unmet need and risk factors associated with social complexity in pregnancy **by Dec 2024,** ii) Access to evidence based early intervention and prevention initiatives scoped **by Dec 2024** and an action plan to optimise impact developed **by Mar 2025**	Stephen Wilson / Paul McWilliams Heather Reid

3. LIVING WELL

Strategic Priority	Strategic Initiative	Outcome Measures (including timescales)	Lead Director
All Individuals and communities are equipped and enabled to live long and healthy lives	• We will review our existing investments and programmes of work and determine what changes are necessary to better target those individuals and communities experiencing the highest levels of health inequality	**KPI 7** – Health inequalities mapping exercise across all PHA Directorates completed **by Dec 2024**	Leah Scott
	• We will develop and implement with partners a range of coordinated actions across communities and a range of settings to improve mental health and wellbeing and reduce the level of suicide.	**KPI 8:** Complete the Discovery exercise for the development of a NI Mental Health Hub **by Sept 2024**,	Leah Scott
	• We will seek to influence and support healthy behaviours including reduction from	**KPI 9**: Approval of Commissioning Framework for Alcohol and Drugs Complete Phase 1 and commence	Joanne McClean

	alcohol and drug misuse, promote health weight and physical activity, reduce prevalence of smoking, improve sexual health.	Phase 2 of Regional Drugs & Alcohol Services Procurement **by Dec 2024** **KPI 10:** Implementation phase 1 – 3 of a Whole Systems Approach Obesity in line with PHE/Leeds Beckett University methodology across early adopter sites completed by **Mar 2025**	Joanne McClean
	• We will support actions, focussed on early detection and treatment of illness, in particular cancer, respiratory and cardiovascular disease to optimise better health outcomes including those living with long term health conditions. • We will work towards the elimination of most cases of cervical cancer in Northern Ireland through good HPV vaccines and cervical screening uptake.	**KPI 11: SMOKING –** Joanne to provide new KPI (work on Vaping / target audience) **KPI 12:** Develop an action plan to address 'the preventing cancer' actions outlined in the Cancer Strategy 2022 agreed **by Dec 2025** **KPI 14** – Action plan to increase uptake of cervical screening and HPV vaccination, focusing on the most disadvantaged groups in the population developed **by XXX**	Joanne McClean Joanne McClean Joanne McClean

4. AGEING WELL

Strategic Priority	Strategic Initiative	Outcome Measures (including timescales)	Lead Director
All Older Adults (the Ageing Well community) are enabled to live healthier and more fulfilling lives	• We will develop and implement multi agency healthy ageing programmes to engage with and improve the health and wellbeing of older people • We will promote appropriate intervention programmes within all settings to prevent, detect and manage ill health (including mental ill health) and its consequences • We will support programmes and initiatives that promote independence and self management	**KPI 15** - a new regionally agreed, evidence based safer mobility model across NI completed **by Mar 2025** **KPI 16** - all HSC care homes will have implemented the care homes fall pathway initiative - b**y Dec 2024** and a further 10% of the Independent care home sector will have adopted the pathway **by Mar 2025** **KPI 17**: i) Level 1-3 Education and Training Tools of the RESPECT programme and its governance structure will be in place and quality assured **by Dec 2024**. ii) Phase 1 of the RESPECT programme will be completed **-by Mar 2025**	Heather Reid Heather Reid Heather Reid

	• We will address how individuals can be better enabled to age well and die well.	**KPI xx** We will Achieve a xx % increase in uptake rate for Care Home staff for Seasonal flu vaccination programme **by Jan 2025** ??	Joanne McClean

5. OUR ORGANISATION AND PEOPLE

Strategic Priority	Strategic Initiative	Outcome Measures (including timescales)	Lead Director
Our organisation works effectively	• We will progress the implementation of the PHA Reshape and Refresh programme to ensure the organisation effectively delivers its core functions • We will ensure appropriate resilience measures are in place across the organisation to enable a rapid and appropriate response to major public health incidents • We will make better use of data, research, evidence and health intelligence to inform our decision-making and will further develop appropriate	**KPI 18** Implement the new PHA Operational Structure, including establishment of Strategic Planning Teams **by Mar 2025** (quarterly updates reported) **KPI 19** Revised Business Continuity plan developed and training rolled out **by Dec 24** **KPI 20** PHA Procurements to be progressed in line with the agreed Procurement Plan for 24/25 **by Mar 2025** (quarterly updates reported) **KPI 21** New partnership Agreement in place with DoH **by June 2024**	CEO /All Directors Leah Scott Leah Scott Leah Scott CEO

	and robust data where required. • We will ensure high quality and appropriate governance arrangements and processes are in place to support the delivery of the PHA functions • We will ensure we have the skills, opportunities and staffing capacity to deliver our functions • We will support our staff and their wellbeing, particularly during a period of Organisational reform and restructuring. • We will work in partnership to communicate effectively with our stakeholders and target audiences.	**KPI 22** PHA Digital and Data Strategy approved by Board and Implementation Plan developed **by Dec 2024** **KPI 23** PHA skills and development framework approved **by Sept 2024** **KPI 24** Launch of new PHA People plan **by June 2024.** **KPI 25** New PHA Corporate Plan to be developed **by Mar 2025** **KPI 26** New HSC R&D Strategy to be issued for consultation by **Mar 2025** **KPI 27** PHA will be in membership of each AIPB **by Jan 25.** **KPI 28** PHA will achieve financial breakeven position **at end of year**	Leah Scott Leah Scott Leah Scott Joanne McClean All Directors Leah Scott

HSC Public Health Agency

item 10

Title of Meeting	PHA Board Meeting
Date	20 March 2024
Title of paper	Vaccine Management System
Reference	PHA/03/03/24
Prepared by	Joanne McClean
Lead Director	Joanne McClean
Recommendation	For **Approval** ☐ For **Noting** ☒

1 Purpose

The purpose of this paper is to provide Board members with an update on the funding arrangements for the Vaccine Management System (VMS)

2 Background Information

The Vaccine Management Service (VMS), established during the COVID-19 pandemic, currently supports vaccination programmes for COVID-19, Flu, Shingles and MMR. Current funding for VMS was due to conclude in March 2024. For this reason, PHA is required to find a sustainable funding model to support the VMS system.

VMS is a complex system and comprises an array of digital and data products and services, meticulously integrated to deliver desired outcomes. These components are categorised into key areas such as:

I. Appointment Booking & Management and COVID-19 Advice and Guidance (Booking Platform): This encompasses the VMS booking and scheduling applications, alongside digital communications that facilitate email and text message exchanges with citizens. This includes invitations for online booking, vaccine recall notifications, booking confirmations, and appointment reminders. It also provides citizens with digital access and information through the booking platform and a dedicated advice and guidance website.

II. Vaccination Recording & Management (Recording Platform): The VMS recording platform enables the detailed recording, storage, and processing of vaccination records, which are linked to citizens' healthcare records via their

Health & Care Number. To date, more than 6 million vaccinations have been recorded for over 70% of the Northern Ireland population, with a current annual recording rate of approximately 1.2 million vaccinations.

III. Integration & Interoperability: The Vaccination Recording & Management platform has developed several interfaces for integration with other systems, including Northern Ireland Digital Information System (NIDIS) for linked vaccination records, writeback to GP systems, bi-directional information flow across the four nations, and data flow to the NI Health Analytics Platform (NIHAP).

IV. Platform & Infrastructure Services: Primarily cloud-delivered services support VMS components, managed on behalf of the Public Health Agency by the Belfast Trust.

V. Live Service Development & Support: Multiple teams under existing arrangements provide comprehensive support for VMS, covering product management, first and second line support, data quality, and maintenance of service design, architecture, integration, and security.

3 Agreed Position from 1 April 2024

In response to recent clarification that the Encompass programme will not be in a position to replace VMS within the next four years and the need for sustained VMS functionality, a new business case has been developed. This aims to significantly reduce costs and reliance on external software developers by equipping the VMS with enhanced self-sufficiency.

The work has reduced VMS revenue costs from £2.7m in 2023/24 which used an agile development model (where contractors bill on an as and when required basis) to £1.7m in 2024/25 using a fixed price model. The total revenue cost for the four-year period from 2024 to 2028 is £4.7m. This restructured approach, which transitions from an agile development model to a fixed-price contract model, will necessitate alternative strategies for integrating new requirements and addressing unforeseen system issues.

The G cloud will be used for procurement for a 3-year contract with a 1-year extension.

Even with the reduced costs, there is still a significant cost to delivering the VMS system. The system is critical to the delivery of vaccination programmes. The business case recognises that further work is required between PHA and DoH in order to inform the vaccines budget for 2024/25 and to assess the degree to which potential vaccine procurement savings may be able to contribute to the funding of the VMS project and the degree of funding that will be required from DoH / DHCNI.