

# agenda

|                         |                                                             |
|-------------------------|-------------------------------------------------------------|
| <b>Title of Meeting</b> | 154 <sup>th</sup> Meeting of the Public Health Agency Board |
| <b>Date</b>             | 18 May 2023 at 1.00pm                                       |
| <b>Venue</b>            | Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast   |

## standing items

- |      |                                                   |                                         |
|------|---------------------------------------------------|-----------------------------------------|
| 1    | Welcome and apologies                             | Chair                                   |
| 1.00 |                                                   |                                         |
| 2    | Declaration of Interests                          | Chair                                   |
| 1.00 |                                                   |                                         |
| 3    | Minutes of Previous Meeting held on 27 April 2023 | Chair                                   |
| 1.05 |                                                   |                                         |
| 4    | Matters Arising                                   | Chair                                   |
| 1.10 |                                                   |                                         |
| 5    | Chair's Business                                  | Chair                                   |
| 1.15 |                                                   |                                         |
| 6    | Chief Executive's Business                        | Chief Executive                         |
| 1.25 |                                                   |                                         |
| 7    | Finance Report                                    | <b>PHA/01/05/23</b> Director of Finance |
| 1.35 |                                                   |                                         |
| 8    | Health Protection Update                          | Dr McClean                              |
| 1.45 |                                                   |                                         |

## committee updates

- |      |                                                                    |       |
|------|--------------------------------------------------------------------|-------|
| 9    | Update from Chair of Planning, Performance and Resources Committee | Chair |
| 1.55 |                                                                    |       |

## items for noting

- |      |                                     |                               |
|------|-------------------------------------|-------------------------------|
| 10   | Performance Management Report       | <b>PHA/03/05/23</b> Mr Wilson |
| 2.05 |                                     |                               |
| 11   | Presentation on Gartner Initiatives | Dr McClean                    |
| 2.20 |                                     |                               |

12 Family Nurse Partnership  
3.00

**PHA/04/05/23**

Ms Reid

13 Recruitment Strategy  
3.20

Chair

### **closing items**

15 Any Other Business  
3.30

16 Details of next meeting:

*Thursday 22 June 2023 at 1.30pm*

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

|                         |                                                             |
|-------------------------|-------------------------------------------------------------|
| <b>Title of Meeting</b> | 153 <sup>rd</sup> Meeting of the Public Health Agency Board |
| <b>Date</b>             | 27 April 2023 at 1.30pm                                     |
| <b>Venue</b>            | The Mount Conference Centre, Woodstock Link, Belfast        |

### Present

|                          |                                  |
|--------------------------|----------------------------------|
| Mr Andrew Dougal         | - Chair                          |
| Mr Aidan Dawson          | - Chief Executive                |
| Dr Joanne McClean        | - Director of Public Health      |
| Mr Stephen Wilson        | - Interim Director of Operations |
| Mr Craig Blaney          | - Non-Executive Director         |
| Mr John Patrick Clayton  | - Non-Executive Director         |
| Ms Anne Henderson        | - Non-Executive Director         |
| Mr Robert Irvine         | - Non-Executive Director         |
| Professor Nichola Rooney | - Non-Executive Director         |
| Mr Joseph Stewart        | - Non-Executive Director         |

### In Attendance

|                  |                                                                |
|------------------|----------------------------------------------------------------|
| Dr Aideen Keaney | - Director of Quality Improvement ( <i>Left after Item 8</i> ) |
| Ms Deirdre Webb  | - Assistant Director of Nursing                                |
| Ms Tracey McCaig | -- Director of Finance, SPPG                                   |
| Mr Robert Graham | Secretariat                                                    |

### Apologies

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

### 50/23 Item 1 – Welcome and Apologies

|         |                                                                                                                  |
|---------|------------------------------------------------------------------------------------------------------------------|
| 50/23.1 | The Chair welcomed everyone to the meeting. Apologies were noted from Ms Deepa Mann-Kler and Mr Brendan Whittle. |
|---------|------------------------------------------------------------------------------------------------------------------|

### 51/23 Item 2 – Declaration of Interests

|         |                                                                                                                                                                                                                                                                                     |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 51/23.1 | The Chair asked if anyone had interests to declare relevant to any items on the agenda.                                                                                                                                                                                             |
| 51/23.2 | Mr Clayton indicated that if the Chief Executive wished to give any update in relation to Public Inquiries under his Chief Executive's Business he would declare an interest given that Unison is engaging with the Inquiries. It was agreed that the Chief Executive would give an |

update on Inquiries at a point when Mr Clayton left the meeting.

**52/23 Item 3 – Minutes of previous meeting held on 16 March 2023**

52/23.1 The minutes of the Board meeting held on 16 March 2023 were **APPROVED** as an accurate record of that meeting, subject to an amendment in paragraph 39/23.8 to change “Mr Clayton commented...” to “Mr Stewart commented...”

52/23.2 A member said that going forward comments should be unattributed to individual members.

**53/23 Item 4 – Matters Arising**

53/23.1 For action 1 relating to the Vaccine Management System (VMS) and expenditure on Gartner, the Chief Executive said that he would update members on this later in the meeting.

53/23.2 For action 2 relating to R&D funding the Chair advised that he did not feel that it was an appropriate time to be writing to the Department seeking additional funding. However, he said that he would prepare draft correspondence which could be sent by his successor.

**54/23 Item 5 – Chair’s Business**

54/23.1 The Chair reported that the Department of Health has set up a review of Senior Executive pay as there has been a lengthy dispute which has been ongoing and has led to a legal case. He advised that Mr Hugh McPoland will lead on this work and that Mr McPoland attended a meeting of the Chairs’ Forum to update them. The Chief Executive said that Mr McPoland is meeting with them on 10 May. The Chair asked that if any members have any thoughts on this matter that they should share them with him.

54/23.2 The Chair advised that as part of the Refresh and Reshape work there are two staff engagement sessions taking place next week and he encouraged members to attend.

54/23.3 The Chair reported that the Deputy Chief Medical Officer in England has made money available for vaping kits as an aid to assist individuals who wish to stop smoking. He expressed concern about the number of young people who are vaping having never smoked and how tobacco companies are moving into the vaping industry. Dr McClean noted that she was aware of the situation in England and that NICE guidance would recommend that e-cigarettes can be seen an aid to stopping smoking, but in Northern Ireland such an approach is not recommended. She added that there is not a lot of evidence to suggest that vaping will make young people take up smoking.

54/23.4 The Chair noted that in England, the Government is not so much

concerned with climate change but it is very much focused on waiting lists.

**55/23 Item 6 – Chief Executive’s Business**

- 55/23.1 The Chief Executive reported that Ms Heather Reid will take up the post of Interim Director of Nursing and AHPs with effect from 1 May 2023.
- 55/23.2 The Chief Executive advised that Phase 2a of the Reshape and Refresh programme will conclude shortly. He said that information has been shared with Board members which will be shared with staff early next week in advance of the staff engagement sessions taking place on Wednesday and Thursday. He explained that what will be presented at the events is the preferred option in terms of an operating model for PHA going forward.
- 55/23.3 A member noted that EY’s involvement in this work was due to last a further 7/8 months and asked when the PHA would be able to carry out this work on its own. The Chief Executive confirmed that this was the intention as PHA did not previously have the capacity to do this work and EY was facilitating the process. However, he advised that PHA has now recruited a Band 8b Programme Manager and a Band 4 Administrative Officer and that a Band 8a Change Manager will also be appointed, thereby giving PHA the in-house capacity to take this work forward.
- 55/23.4 A member asked if the Chair, or Professor Rooney, as the Board’s representatives on the Project Board could give an assessment on how this work is progressing. Professor Rooney replied that the work is progressing at speed and that the Oversight Board meetings tend to be short with limited time for discussion. However, she added that it is important that whatever structure is developed impacts positively on how PHA does its business and on the local community, and those conversations have not yet happened. The Chief Executive echoed this and said that following discussion with staff and agreement of the operating model, the next stage will be discussion on how it will work.
- 55/23.5 The Chair said that the Reshape and Refresh work should be completely as quickly as possible and that EY can empower PHA to change its culture, but this has not happened as yet. The Chief Executive agreed that the culture has yet changed but he hoped that will happen as part of the next phase. He added that the Oversight Board’s role is to ensure that the deliverables were completed, and that the staff engagement sessions are where the discussions take place. Professor Rooney said that the next stage is the exciting one. The Chair said that he had hoped that there would be more involvement of Non-Executive Directors in each of the workstreams but despite several requests, he never received the terms of reference.
- 55/23.6 A member asked if it would be fair to say that there is now more

- understanding of what PHA does, its functions and what it has to deliver. The member asked what the next steps now that an operating model has been recommended for approval. The Chief Executive said that the next stage is to consult with staff at the staff engagement sessions. Mr Wilson added that the feedback received from staff will then be fed back and the final model will be signed off at the next Oversight Board meeting. The member noted that this meant that within the next few weeks the precise location of all PHA's functions will be known and there will be a timeframe to move to a new structure. The member asked if the Board will be conducting its own review of its Committees. The Chief Executive noted that part of this has already happened with the establishment of the Planning, Performance and Resources (PPR) Committee.
- 55/23.7 The Chief Executive advised that a draft Strategy had been produced for consideration by the Board later in the meeting and that it will be brought to the PPR Committee next week and come back to the Board on 18 May. The Chair added that if any members wished to attend the PPR Committee, that they can do so.
- 55/23.8 The Chief Executive said that a paper on the Integrated Care System has been prepared for members' information and has been sent to the Chair. The Chair undertook to share this with members after the meeting.
- 55/23.9 The Chief Executive reported that the financial outlook for the HSC is bleak and that Ms McCaig will pick this up as part of her report. He said that PHA is presently reviewing the savings proposals it submitted in a letter to the Permanent Secretary on 27 January.
- 55/23.10 The Chief Executive advised that a Ground Clearing Meeting has been arranged with the Chief Medical Officer on 12 May in advance of the Accountability Meeting with the Permanent Secretary on 13 June.
- 56/23 Item 7 – Finance Report (PHA/01/04/23)**
- 56/23.1 Ms McCaig presented the Finance Report for the period up to February 2023 and said that this showed that PHA was forecasting a year-end surplus of £439k. She added that since this report was prepared there has been further movement and minor retractions and that the forecast position is now a surplus of £223k, which represents break-even. She advised that the capital budget will also break even and she commended the work done by officers to achieve this outcome.
- 56/23.2 The Chair asked about the work that had been undertaken. Ms McCaig explained that work took place across PHA to look at what ways slippage could be used to advance the work of PHA. She said that a lot of work happened behind the scenes. The Chair conveyed his appreciation to those for achieving this.

- 56/23.3 A member said that the finance team has performed a sterling job in getting PHA to a break even position, but noted that next year there will be a different challenge as PHA's budget will be cut. The member added that it is time to push forward on training for budget managers and offered their help with that. Ms McCaig advised that the training is in development and that she has spoken to Ms Henderson about this. She added that Mr Lindsay Stead has prepared a pack and that he will be working with PHA until the end of June.
- 56/23.4 A member noted that the surplus was very significant and asked for more information on the additional funding allocated to care homes. Ms McCaig agreed that there was a surplus and explained that it would not have been retracted so there was good work done to utilise it. She said that the funding to care homes was allocated widely.
- 56/23.5 A member said that performance needs to be embedded into the role of the PPR Committee and its meetings need to be dovetailed so it can get more information on how PHA manages its resources. The member noted that there were issues in relation to vaccines so more work needs to be done in that area. Ms McCaig advised that some improvements have been made in that area but further work needs to be done. She added that Mr Stephen Murray will be preparing a high-level paper on Trust spend for the PPR Committee as there has been some additionality in this area over the last couple of years. The Chair welcomed this as he has queried why Trust funding has increased in recent years. Ms McCaig noted that some areas are ring-fenced.
- 56/23.6 Ms McCaig reminded members that in January PHA submitted savings proposals to the Permanent Secretary for levels of 3% and 5%, but since then she said that the situation has moved on. She noted that she did not know the confirmed budget so any planning is theoretical. She advised that any proposals classed as low or medium risk will have to be delivered, but she added that PHA is not being asked to implement any that are classed as high risk as that would require the decision of a Minister or the Secretary of State.
- 56/23.7 Ms McCaig said that she, the Chief Executive, Dr McClean, Mr Wilson, Mr Stead and Mr Murray have met to go through the proposals again and a paper will be submitted to the PPR Committee. She advised that the figures contained in the paper are being reviewed. She said that the proposals to achieve 3% savings are mostly low and medium risk and total £3.6m, but added that PHA will struggle to fund certain programme areas out of slippage so these are being reviewed. When looking at the proposals to achieve 5% savings, she advised that the funding for R&D has been provided until November, but after that it would be the Secretary of State who would determine if this should be stopped. She reiterated a summary of the review of the paper will be prepared for the PPR Committee and added that PHA will also need to carry out a review of its baseline budget.

- 56/23.8 A member welcomed the opportunity to review this paper and asked if the £1.3m of savings against the management and administration budget is achievable as well as the £700k for Nicotine Replacement Therapy (NRT), and the £1m for areas such as diabetes, HSCQI, mental health community grants and all-Ireland Institute support. Ms McCaig confirmed that all of these areas need to be looked at and pointed out that the savings need to be made recurrently. She added that a further £60m of savings is required from across the HSC and PHA's contribution to this would be around £0.25m. The member said that the savings from the management and administration budget are an "easy win" for this year, but if the savings are to be found recurrently, this will be a significant issue.
- 56/23.9 The Chair sought clarity on the position with regard to HSCQI funding. The Chief Executive advised that he and Dr Keaney have been having ongoing discussions with the Department and the HSCQI Alliance regarding this but have not made much progress. He explained that when HSCQI was established, it was done so without an operational budget and therefore it was funded out of slippage. However, he added that going forward that slippage funding will not be available so PHA has gone back to the Department on this and has also written to Trusts to ask if they could provide funding out of their charitable funds so that HSCQI can be more self-sustaining in the longer term.
- 56/23.10 A member said that this is an extremely concerning position as all of the areas listed in the paper have an impact and not only on PHA. The member noted that while the low and medium impact areas have to be delivered on this year while the high impact areas require a Ministerial decision, the recurrent nature of the savings will mean that while areas may be rated as low or medium for this year, they could become high impact in the future. Ms McCaig said that the whole HSC has to contract and this exercise will help PHA buy time. She reiterated that all organisations have to deliver savings with the least impact. She said that at this stage, she does not know the level of the savings required so PHA may develop a partial in-year plan and then come back and refine it. She added that if PHA uses the slippage out of the management and administration budget, this will impact on the outworking of the Reshape and Refresh work.
- 56/23.11 A member noted what has been highlighted but added that there is a knock-on effect for the organisations delivering PHA's work, and funding for staff support. Ms McCaig explained that the staff are not in place at the moment and that PHA is running with a lot of underlying vacancies. She said that there will be no redundancies. The member noted that the Board has questioned how programmes are delivered and the need to review whether PHA's current contracts are in line with PHA's strategic objectives, whether the correct interventions are being made and if the third party organisations are delivering. Ms McCaig agreed that that there will need to be some form of review. She commented that the slippage in management and administration budget has been a long-

- term problem, there is not a high uptake of NRT, there are other areas of slippage and Connected Health work has stopped. She said that there is no significant impact from these areas, PHA would rather be able to use the slippage on other initiatives. She reiterated that there is a further £0.25m of savings to be factored in, but she felt that PHA could manage this in-year. However, she added that if PHA has to implement those proposals which are high impact, this will mean a retraction of services. The member said that all of this needs to be balanced off with the review of PHA's structure because in the longer term PHA may be left exposed in certain areas.
- 56/23.12 Ms McCaig said that following a review of the paper, there will be an assessment of where it leaves PHA and then once there is clarity on the budget, it can be reviewed again. She reiterated that PHA should be able to manage the situation this year.
- 56/23.13 A member said that there needs to be a discussion about how PHA can ring fence elements of its budget even though they are seen as an "easy hit". The member noted that PHA has a specific role in reducing health inequalities. Ms McCaig reiterated that this will all be discussed at the PPR Committee meeting. Another member said that the Agency Management Team (AMT) has done a good job in preparing this document. However, the member noted that the budget for this year is a flat cash settlement for health and therefore PHA should no longer engage in random activities on behalf of the Department unless funding is provided.
- At this point Ms Webb joined the meeting.*
- 56/23.14 A member said that there should be a review of PHA's budget because cuts across the wider public sector will have implications and could leave PHA weaker which will have a detrimental impact on public health.
- 56/23.15 Dr Keaney asked whether the lack of funding for HSCQI is seen as low/medium impact. Ms McCaig clarified that the context is that HSCQI is funded from slippage from programme funding, but if there is no slippage, then there is no funding. She reiterated that all of the figures in the paper need to be reviewed. Dr Keaney said that HSCQI is therefore on the verge of collapse and she sought the view of the Board on that. The Chair noted that there had been discussions on the HSCQI budget and asked if the Department has agreed to contribute. Ms McCaig said that there is a significant budget deficit across the health service and with regard to HSCQI, she did not know what the solution is. Dr Keaney said that there is a retrograde as the focus is on services, but yet HSCQI cannot be funded. The Chair said that PHA should flag this as a critical service. A member added that reduction of critical services will impact on people's health as will cuts to the community and voluntary sector and other areas that PHA funds.
- 56/23.16 The Chair asked if PHA has gone back to review those areas which it

has been funding for many years. Dr McClean said that PHA will have to do this as there will be a need for PHA to focus its resources on population need. A member said that this is an important question as there is a need to get a high-level indication of what PHA is spending in areas such as vaccination, screening and alcohol and drugs. The member added that it would be useful to know what funding PHA has to use at its own discretion given that funding for screening and vaccinations goes out through the Trusts. The Chief Executive commented that given the current situation, PHA will have no funding to use at its own discretion. Ms McCaig echoed this but added that for the financial plan, the aim will be to provide more high-level figures.

56/23.17 A member returned to the issue of vaping and using it as an example, PHA should be aim to pre-empt issues and get ahead of them. The member said that while they had good knowledge about the implications of smoking, they were less clear about the implications of vaping and suggested that there should be an anti-vaping campaign. The Chair commented that at present PHA is financially powerless. Another member said that if PHA had financial reporting that linked spend to functions, it would be easier to see where money is being spent. The member added that there are always communities that are suffering and it is important to begin with that principle and keep that in mind.

56/23.18 The Chief Executive advise that there needs to be a change in the culture about how PHA spends it funding. He said that managers should not be managing their budgets freely and that any slippage should be coming back to a central location.

56/23.19 The Board noted the Finance Report.

## **57/23 Item 8 – Health Protection Update**

57/23.1 Dr McClean reported that the number of cases of flu has begun to dwindle as the flu season is over. She advised that COVID is still circulating in Northern Ireland with a new variant, Arcturus beginning to appear. She said that an expert from UKHSA has indicated that this new variant is not expected to cause major issues. She reported that there are still a lot of cases of Strep A.

57/23.2 A member asked it if would be possible to get an update on screening programmes similar to that brought to the Board at this time last year. Another member echoed this, noting the commentary in the draft Annual Report did not indicate when programmes would be back up and running fully. The Chair added that he would keen to see data comparing the uptake of screening programmes now with pre-pandemic levels. Dr McClean noted that there was recently a meeting of the Screening Programme Board where the quarterly update that was prepared for the Department was shared. She undertook to bring an update to the next meeting (**Action 1 – Dr McClean**).

- 57/23.3 A member asked if PHA monitors cases of shingles. Dr McClean explained that shingles is caused by the same virus as chickenpox and at this time of year it is normal to see chickenpox circulating. She noted that the uptake of the shingles is not as high as PHA would like it to be and there is need to get this included on VMS. The Chair said that he had previously expressed concern about individuals not being aware of the vaccine.
- 57/23.4 A member said that the screening programmes is a concern for them and the Board should receive an update which indicates what the targets are for the various programme. The member also said that a written update on VMS would be helpful. Ms McCaig advised that VMS has not yet transferred to PHA.
- At this point Dr Keaney left the meeting.*
- 58/23 Item 11 – PHA Bursary for Post Graduate Courses in Substance Use and Substance Use Disorders (PHA/04/04/23)**
- Mr Kevin Bailey and Ms Adele Dunn joined the meeting for this item.*
- 58/23.1 Mr Bailey began a presentation by outlining the strategic context for the development of this bursary. He advised that as part of the Substance Use Strategy, “Preventing Harm, Empowering Recovery”, there are 10 outcome groups. He added that there is a Commissioning and Implementation Plan which has 8 strategic priority areas. He noted that there is a difficult financial context.
- 58/23.2 Mr Bailey said that workforce is a key priority and there is a need to attract and retain the right workforce and this is where the bursary scheme comes in.
- 58/23.3 Ms Dunn gave an overview of the scheme to date. She advised that it commenced as a programme for individuals in the community and voluntary sector in drug and alcohol services to complete a diploma in substance use or substance misuse disorder. She reported that 41 bursaries have been granted and 27 individuals have taken up the opportunity at an average cost of £2,217 per bursary.
- 58/23.4 Ms Dunn advised that a questionnaire was carried out on the impact of the programme among those who had completed it and shared some of the key findings. Going forward, she said that the aim is to implement the recommendations of the evaluation which will be carried out in four phases, including targeting the Trust areas and service types where there has been low uptake, opening the opportunity across other drug treatment services, opening the bursary to PHA staff and exploring other options. She explained that the bursary criteria will be amended so that priority is given to those with low educational attainment and that staff can apply to complete both the certificate and diploma. She said that the aim is to help reduce health inequalities and not to give people a

- degree who already have a degree.
- 58/23.5 Mr Bailey concluded the presentation by showing a video where a Needle Exchange Outreach worker outlined their personal journey
- 58/23.6 A member asked if PHA developed this course but Mr Bailey explained that it was developed by Queen's University with both national and international input. The member asked if this type of programme is a one-off and Mr Bailey replied that it is a very specific programme, but there are other programmes which are tied into the overall budget. The member noted that this work relates to prevention and early intervention and asked if it forms part of the Mental Strategy, to which Mr Bailey confirmed that it does.
- 58/23.7 A member said that this is an inspiring initiative and it was good to see how it has been targeted. The member asked if there was any reason why it has not been opened up to statutory sector staff previously, and if there is any way of being able to evidence change of practice. Ms Dunn replied that there is no reason why staff could not have applied to undertake the course previously, but she noted that the training took place on a Saturday. She said that as part of the monitoring, it would be useful to look at evidence of change of practice. Mr Bailey said that PHA would not necessarily wish for its staff to be availing of this pot of money, but he recognised that staff need to have the skills and experience. He added that there are specific outcomes tied to each module of the course.
- 58/23.8 The Chair said that this training is something that staff should undertake as there are benefits. He expressed his congratulations to those who people who have contributed to this work.
- 58/23.9 A member noted that in other organisations, if staff obtain a professional diploma through their work there is a clause whereby the organisation benefits for a period of time. The member asked if there is such a tie-in with this course. Mr Bailey advised that this included and by remaining in this sector there is job security for the individual.
- 58/23.10 The Board noted the report on the PHA bursary for post graduate courses in substance use and substance use disorders.
- 59/23 Item 9 – Update from Chair of Governance and Audit Committee**
- 59/23.1 Mr Stewart advised that the minutes of the Governance and Audit Committee meeting of 7 February were available for information for members, and that a further meeting of the Committee took place on 20 April.
- 59/23.2 Referring to the minutes of the February meeting, Mr Stewart advised that an Internal Audit report on population screening programmes had given a "limited" level of assurance with one the actions being around the need to produce annual reports. He said that the action relating to

- the suggestion of the Board to have a half-day workshop to discuss the Corporate Risk Register has been flagged with the Chair. He complimented Dr McClean on her work to sharpen up her directorate risk register. He advised that a matter was raised in the Fraud Liaison Officer report which will be picked up on in the confidential session.
- 59/23.3 Mr Stewart reported that at the April meeting there was a matter raised regarding SBNI which reinvigorated the issue about responsibility for SBNI. He advised that Internal Audit had presented the report of the Financial Review audit where a “satisfactory” level of assurance was given, but he highlighted issues around staff in post reports and managers knowing where their staff are. He also noted a recommendation from Internal Audit around the reporting of Direct Award Contracts and the need for these reports to contain more detail on cumulative spend, and this has been forwarded to AMT for action.
- 59/23.4 Mr Stewart said that Internal Audit presented a report which showed that 78% of outstanding audit recommendations had been implemented, but the Committee took the view that AMT should ensure that this figure is sitting at around 95%. He added that the Internal Audit programme for 2023/24 was approved where there will be an audit looking at areas such as locum spend and use of the HSC Leadership Centre. He said that there will also be an audit on community and voluntary sector contracts, and on complaints, an area that the Committee is not presently sighted on.
- 59/23.5 Mr Stewart advised that a new risk has been added to the Corporate Risk Register regarding PHA not achieving a year-end financial break-even position. He added that the Committee debated whether there should be a risk regarding the Reshape and Refresh programme and the consequences if it failed its objectives.
- 59/23.6 Mr Stewart reported the Committee approved the draft PHA Annual Report and Governance Statement which will be considered in the confidential session.
- 59/23.7 The Chair sought clarity about the staff in post reports. Mr Stewart explained that there are processes where managers confirm their staffing, but these are not being considered in a timely manner and this can lead to inaccurate reporting.
- 59/23.8 A member asked about the audit of population screening programmes. Mr Stewart explained that the recommendation related to reports not being produced for the PHA Board and some issues regarding quality assurance. He added that there 7 recommendations from the audit and all 7 have been accepted by management.
- 59/23.9 The Chair thanked Mr Stewart for the update and commended the work of those members on the Committee.

59/23.10 | The Board noted the update from the Chair of the Governance and Audit Committee.

**60/23 | Item 10 – Draft PHA Organisational Strategy 2023-25 (PHA/03/04/23)**

60/23.1 | Mr Wilson said that members will be aware of the journey that PHA has taken to prepare this draft Strategy and how there has been some pauses to reflect on what PHA was aiming to develop. He advised that the task that was set was to develop a strategic framework for the next couple of years. He said he hoped that the Strategy was easy to follow as it sets out the context of how PHA is operating in an environment of ongoing change, and then moves on to set out PHA's priorities and how those link with the outcomes in the extant Corporate Plan. He added that this Strategy will give PHA a direction until it has to prepare its new Corporate Plan. He advised that the Strategy was discussed at the AMT yesterday and following discussion today, any comments will be fed back and a final version will be brought back to the Board next month for approval. The Chair added that it will also be considered by the PPR Committee next Friday.

60/23.2 | A member noted that Strategy aims to complement the existing Corporate Strategy and how PHA develops a new one, but queried the purpose of why this Strategy has been developed. The member noted that there has been no external input and it has not been consulted on. Noting that the document has outcomes and priorities, the member said that it was not clear what actions were going to be taken to achieve these, and how performance is going to be measured against priorities. The member queried how progress will be measured or how it will be known if outcomes are being achieved. With regard to staff welfare, the member felt that it would be useful to have discussions, and get input from staff side representatives. The member noted that PHA has a role in commissioning services and given the way the bursary scheme presented earlier in the meeting was targeted, there is a role for PHA to look at health inequalities and mainstream that into its procurement going forward.

60/23.3 | The Chair said that he had a concern about an organisation having a 2-year Strategy. He asked whether a review of Making Life Better (MLB) has been carried out as he felt an independent review would be useful. Dr McClean advised that a review of MLB was planned. She added that the All Department Officials Group (ADOG) will be re-established with the aim of getting better working across Government departments. She advised that PHA will work with the Department to identify 9/10 priority areas that ADOG will drive forward, including obesity, school meal provision and migrant health. The Chair commented that at a meeting with the Minister he had said that cross-departmental working groups function better if there is a Minister.

60/23.4 | A member commented that this is a hybrid Strategy and asked if the Chief Executive and Directors find it helpful with the day-to-day

- operations of the PHA. Mr Wilson replied that this Strategy will bring focus as some of the actions have been extrapolated from the Business Plan. He added that there is a good reason why this is a hybrid document, and said that it provides more clarity and focuses on how the organisation needs to change. He noted that at a meeting earlier in the week with SPPG, it was noted that PHA has not yet received notification of what the Department's priorities are for this year so PHA is planning, to an extent, in a vacuum.
- 60/23.5 A member said that they did not know what to make of this Strategy. The member advised that following an Internal Audit report on performance management there was a recommendation that PHA needed to develop a Corporate Plan and said that it is difficult to determine if this Strategy represents a Corporate Plan or a Business Plan. The member added that an organisational plan would deal with deal with staffing levels. The member said that without a Plan, PHA is in a weak position of implementing a Plan without resources and this means operating outside statutory functions.
- 60/23.6 The Chief Executive said that he was getting exasperated as this has been going round in circles, and that there is not a joint understanding about PHA's Corporate Plan and Business Plan. He explained that PHA has a Corporate Plan and it remains a live document. He added that this Strategy has been developed for a short period because the HSC is in a period of transition and this document is to help PHA navigate the next couple of years. He said that its needs to be read in conjunction with the Business Plan. He pointed out that the Commissioning Plan has been rolled forward, there is no Commissioning Plan Direction and work on a new Integrated Care System remains embryonic. He said that PHA is operating in a confused and volatile environment and therefore it is impossible to come up with a Strategy to meet the ask. He acknowledged that there has not been consultation, but said that PHA has always been a reactive organisation and he did not want a document designed by committee where PHA was being directed by its stakeholders as to what it should be doing. He said that PHA cannot develop a Strategy when there is no Ministerial input into the direction of the HSC system. He added that PHA is doing the things that it knows are the right things to do and that PHA needs to stop expending energy where it is not required.
- 60/23.7 A member said that there is a need for clarity and a need to draw under a line under this. The member asked that if this Strategy is seen as acceptable then the Board should move on. The Chief Executive said that he cannot direct the Board, but consideration needs to be given to the amount of energy being expended and whether it is capable to come up with a product at the end. He added that this Strategy is being brought to the Board for it to suggest changes, but this process cannot keep going on and on. The Chair noted that this was the second attempt to produce a strategy in recent years and that there have been several periods of lengthy hiatus. He recorded his admiration for the

- work of the staff of the PHA in very difficult times and said that a robust strategy was essential for the effectiveness of any organisation. The Chief Executive pointed out that PHA is operating in a difficult environment and instead of being reactionary, but added that it needs to be setting its own path.
- 60/23.8 A member noted that the Strategy will be brought to the PPR Committee next week. The member said that it would be helpful to have discussion about health inequalities and felt that the document is almost complete. Another member noted that the Directors have indicated that there is merit in the document so there is a need to draw a line under it as it has taken up too much time.
- 60/23.9 A member said that there is a difficulty in that no document would be able to show the vast work of the PHA right across Northern Ireland. The Chair agreed that this work is not known publicly.
- 60/23.10 A member said that they accepted the points made by the Chief Executive that this document cannot be perfect. The member noted that while MLB is there, but there is no Programme for Government (PfG) and there is uncertainty in terms of funding. The member acknowledged that this document will sit in parallel with PHA's Corporate Plan, which has been rolled forward. The Chief Executive said that within the next 18 months/2 years, PHA will go through a recovery phase; there will be a new organisational structure with a new set of Directors; there will be PfG, MLB, ICS will have progressed, and there will be a Commissioning Plan so PHA will be in a better place to develop a Strategy. He added that the Board needs to give leadership to the organisation through this transitional period and ensure that any financial impact on the organisation is limited. The member said that it would be helpful if this was set out in the document in context. The member added that when referring to engagement, this was more to do with the vacuum that PHA finds itself in and PHA should be outlining what its priorities are. The Chief Executive advised that he has recently attended meetings with the Education Authority, the Society of Local Authority Chief Executives (SOLACE), SPPG and the Department, each seeking the assistance of PHA staff, so instead of satisfying its stakeholders, PHA should be creating a Strategy which outlines what it is going to do and what it wants its staff to do.
- 60/23.11 A member said that the current Corporate Plan predates the appointment of all current Board members, therefore no members are signed up to it, and that represents a weakness. The member added that having a Plan will provide the protection that the Chief Executive is referring to, and therefore if the Department wants PHA to do something else, then it needs to provide the funding. The Chief Executive said that the current Corporate Plan predates everyone and is based on MLB, Commissioning Directions and the Commissioning Plan, and in the absence of these PHA cannot produce a new Plan.

60/23.12 | The Board noted the draft PHA Organisational Strategy.

**61/23 | Item 12 – Register of Interests (PHA/05/04/23)**

61/23.1 | The Chair noted that an updated Register of Interests has been included in today's papers.

61/23.2 | Mr Graham advised that this Register reflects the position as at 1 April 2023 and asked that members ensure that their entries are correct and advise him of any changes.

61/23.3 | The Board noted the Register of Interests.

**62/23 | Item 13 – Any Other Business**

62/23.1 | As there was no other business the Chair drew the meeting to a close.

**63/23 | Item 14 – Details of Next Meeting**

*Thursday 18 May 2023 at 1:30pm*

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

Signed by Chair:

Date:



# **Finance Report**

## **March 2023**

**Tracey McCaig**  
**Director of Finance**

**May 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 would manage the overall funding available and enable it to support key programmes of work that would 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. This executive summary report reflects the draft year-end position as at the end of March 2023 (month 12), subject to external Audit. Supplementary detail is provided in Annex A.

## **Section B: Update – Revenue position**

4. The PHA has reported a draft year-end surplus at March 2023, subject to Audit, of £0.2m (£0.4m, February 2023), against the annual budget position for 2022/23.
5. In respect of the year-end surplus of £0.2m:
  - A total of £50.1m was allocated to Trusts during the year, with full spend against budget shown.
  - A full year underspend of £1.7m is reported in the area of Management & Administration, primarily due to vacancies in the areas of Public Health and Operations.
  - The remaining annual programme budget is £54.2m. An overspend of £1.5m is shown against these budgets, reflecting a closely managed plan to overspend on a number of key programme areas to ensure an overall breakeven position for the Agency.
  - There is annual budget of c£3.3m in ringfenced budgets, the largest element of which relates to COVID-19 funding for the Contact Tracing Centre for quarter 1 (£2.1m). The balance of funding relates to small allocations for

screening and vaccinators. A breakeven position was achieved against these budgets for the year.

6. The month 12 position is summarised in the table below.

### PHA Summary financial position - March 2023

|                                        | Annual<br>Budget | Year to Date<br>budget | Year to Date<br>Expenditure | Year to Date<br>variance |
|----------------------------------------|------------------|------------------------|-----------------------------|--------------------------|
|                                        | £'000            | £'000                  | £'000                       | £'000                    |
| Health Improvement                     | 12,905           | 12,905                 | 12,905                      | 0                        |
| Health Protection                      | 10,936           | 10,936                 | 10,936                      | 0                        |
| Service Development & Screening        | 15,116           | 15,116                 | 15,116                      | 0                        |
| Nursing & AHP                          | 7,809            | 7,809                  | 7,809                       | 0                        |
| Centre for Connected Health            | 1,700            | 1,700                  | 1,700                       | 0                        |
| HSC Quality Improvement                | 23               | 23                     | 23                          | 0                        |
| Other                                  | 1,640            | 1,640                  | 1,640                       | 0                        |
| <b>Programme expenditure - Trusts</b>  | <b>50,130</b>    | <b>50,130</b>          | <b>50,130</b>               | <b>0</b>                 |
| Health Improvement                     | 29,282           | 29,282                 | 29,288                      | (5)                      |
| Health Protection                      | 16,752           | 16,752                 | 16,433                      | 319                      |
| Service Development & Screening        | 2,950            | 2,950                  | 2,969                       | (19)                     |
| Research & Development                 | 3,418            | 3,418                  | 3,411                       | 7                        |
| Campaigns                              | 1,800            | 1,800                  | 1,817                       | (16)                     |
| Nursing & AHP                          | 790              | 790                    | 674                         | 115                      |
| Centre for Connected Health            | 123              | 123                    | 141                         | (18)                     |
| HSC Quality Improvement                | 193              | 193                    | 181                         | 12                       |
| Other                                  | (1,071)          | (1,071)                | 814                         | (1,885)                  |
| <b>Programme expenditure - PHA</b>     | <b>54,237</b>    | <b>54,237</b>          | <b>55,729</b>               | <b>(1,492)</b>           |
| <b>Subtotal Programme expenditure</b>  | <b>104,367</b>   | <b>104,367</b>         | <b>105,859</b>              | <b>(1,492)</b>           |
| Public Health                          | 17,224           | 17,224                 | 15,963                      | 1,261                    |
| Nursing & AHP                          | 5,182            | 5,182                  | 5,050                       | 133                      |
| Operations                             | 4,646            | 4,646                  | 4,172                       | 474                      |
| Quality Improvement                    | 678              | 678                    | 618                         | 60                       |
| PHA Board                              | 227              | 227                    | 520                         | (293)                    |
| Centre for Connected Health            | 483              | 483                    | 424                         | 59                       |
| SBNI                                   | 863              | 863                    | 874                         | (11)                     |
| <b>Subtotal Management &amp; Admin</b> | <b>29,304</b>    | <b>29,304</b>          | <b>27,621</b>               | <b>1,683</b>             |
| Trusts                                 | 100              | 100                    | 100                         | 0                        |
| PHA Direct                             | 2,238            | 2,238                  | 2,238                       | 0                        |
| <b>Subtotal Covid-19</b>               | <b>2,338</b>     | <b>2,338</b>           | <b>2,338</b>                | <b>0</b>                 |
| Trusts                                 | 198              | 198                    | 198                         | 0                        |
| PHA Direct                             | 74               | 74                     | 60                          | 14                       |
| <b>Subtotal Transformation</b>         | <b>272</b>       | <b>272</b>             | <b>257</b>                  | <b>14</b>                |
| Trusts                                 | 134              | 134                    | 134                         | 0                        |
| PHA Direct                             | 561              | 561                    | 531                         | 30                       |
| <b>Other ringfenced</b>                | <b>695</b>       | <b>695</b>             | <b>665</b>                  | <b>30</b>                |
| <b>TOTAL</b>                           | <b>136,976</b>   | <b>136,976</b>         | <b>136,740</b>              | <b>236</b>               |

Table subject to roundings

7. The year-end surplus of £0.2m is within the statutory breakeven tolerance level for PHA of 0.25% of total allocation (approx. £0.34m). As noted, this position is in draft and subject to Audit. However, it should be noted that this was achieved after agreeing that DoH would retract £0.4m funding during month 12.
8. A high level summary of the movement for the forecast surplus is noted below.

|                                  | £'000      |
|----------------------------------|------------|
| <b>Month 11 forecast surplus</b> | <b>439</b> |
| DoH retraction                   | (400)      |
| Vaccines credit received         | 228        |
| Other year-end accruals          | (31)       |
| <b>Final 2022/23 surplus</b>     | <b>236</b> |

### Section C: Risks

9. The following significant assumptions, risks or uncertainties facing the organisation were managed throughout the year to arrive at the draft breakeven position noted.
10. **Impact of COVID-19 on Financial Planning:** The global pandemic and its impact on the HSC brought obvious challenges during 2022/23. The cost of the Contact Tracing Service was met for quarter 1 of the financial year (£2.1m) within funding allocation.
11. **Demand led services:** A significant element of the PHA's overall expenditure is demand-led, presenting considerable challenges for the financial management of the Agency's budget. As in previous years, the PHA operational management continued to review expenditure plans to identify any potential easements or inescapable pressures which needed to be addressed in-year and the SPPG Finance team also worked with DoH Finance colleagues to assist in the management the final draft position reported.
12. **Annual Leave:** PHA staff were 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 has been monitored in year in the anticipation of a reducing financial requirement at 31 March 2023. A partial release of the financial balance did occur in the final draft 2022/23 position and has been included in the financial position set out above.

**13. 2023-24 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.

14. 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. Those with a potential 2023/24 impact will be used to inform the upcoming financial plan.

#### **Section D: Update - Capital position**

15. The PHA has a current capital allocation (CRL) of £13.6m. The majority of this (£12.3m) relates to Research & Development (R&D). The overall summary position, as at March 2023, is reflected in the following table.

| Capital Summary                    | Total CRL     | Full year expenditure | Surplus / (Deficit) |
|------------------------------------|---------------|-----------------------|---------------------|
|                                    | £'000         | £'000                 | £'000               |
| <b>HSC R&amp;D:</b>                |               |                       |                     |
| R&D - Other Bodies                 | 4,137         | 4,137                 | 0                   |
| R&D - Trusts                       | 9,013         | 9,013                 | 0                   |
| R&D Capital Receipts               | (867)         | (867)                 | 0                   |
| <b>Subtotal HSC R&amp;D</b>        | <b>12,283</b> | <b>12,283</b>         | <b>0</b>            |
| <b>CHITIN Project:</b>             |               |                       |                     |
| CHITIN - Other Bodies              | 1,283         | 916                   | 367                 |
| CHITIN - Trusts                    | 105           | 113                   | (8)                 |
| CHITIN - Capital Receipts          | (1,388)       | (1,029)               | (359)               |
| <b>Subtotal CHITIN</b>             | <b>0</b>      | <b>0</b>              | <b>0</b>            |
| <b>Other:</b>                      |               |                       |                     |
| ICT                                | 91            | 91                    | 0                   |
| ICT - QUB R&D Grant                | 150           | 150                   | 0                   |
| Congenital Heart Disease Network   | 436           | 436                   | 0                   |
| Online Safety Project              | 15            | 15                    | 0                   |
| Covid Wastewater                   | 910           | 910                   | 0                   |
| Covid Wastewater - receipts        | (310)         | (310)                 | 0                   |
| <b>Subtotal Other</b>              | <b>1,292</b>  | <b>1,292</b>          | <b>0</b>            |
| <b>Total HSCB Capital position</b> | <b>13,575</b> | <b>13,575</b>         | <b>0</b>            |

16. 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.
17. 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. There was some lower than anticipated expenditure within this project, with resultant lower income received, however overall a breakeven position was achieved.
18. 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 new CRL allocation of £150k was received during month 12 for a grant to QUB for a data analysis project.

19. The capital budget has been closely managed by the R&D team and Finance throughout the year and an overall breakeven position, subject to Audit, is reported for 2022/23.

### **Recommendation**

20. The PHA Board are asked to note:

- the PHA financial update as at March 2023;
- that the reported position is in draft and subject to the external Audit process.

# **Public Health Agency**

## **Annex 1 - Finance Report**

**2022-23**

**Month 12 - March 2023**

# PHA Financial Report - Executive Summary

## Year End Financial Position (page 2)

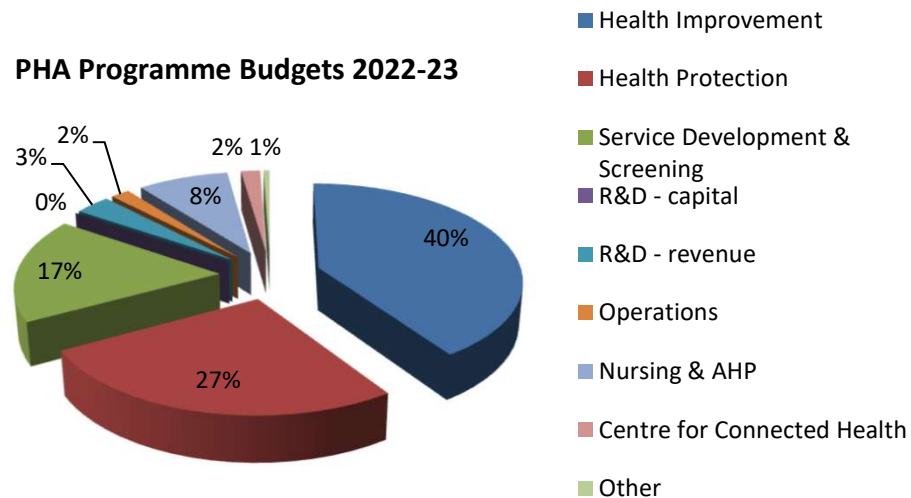
PHA has reported an underspend of £0.2m against its budget for the year. This underspend is primarily the result of underspends on Administration budgets due to vacancies (page 6) offset by managed overspends on PHA Direct programme budgets.

Budget managers were encouraged to closely review their profiles and financial positions throughout the year, and have played an important role in ensuring the PHA met 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.

**PHA Programme Budgets 2022-23**



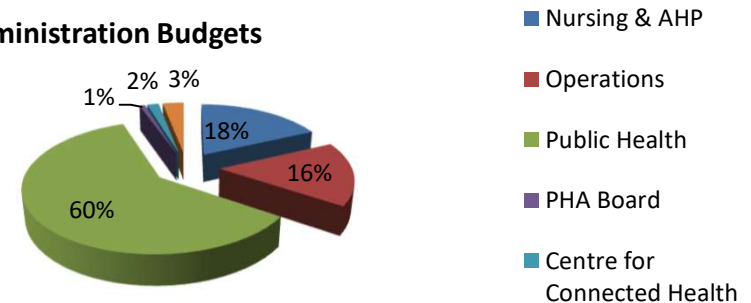
## Administration Budgets (page 5)

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.

**Administration Budgets**



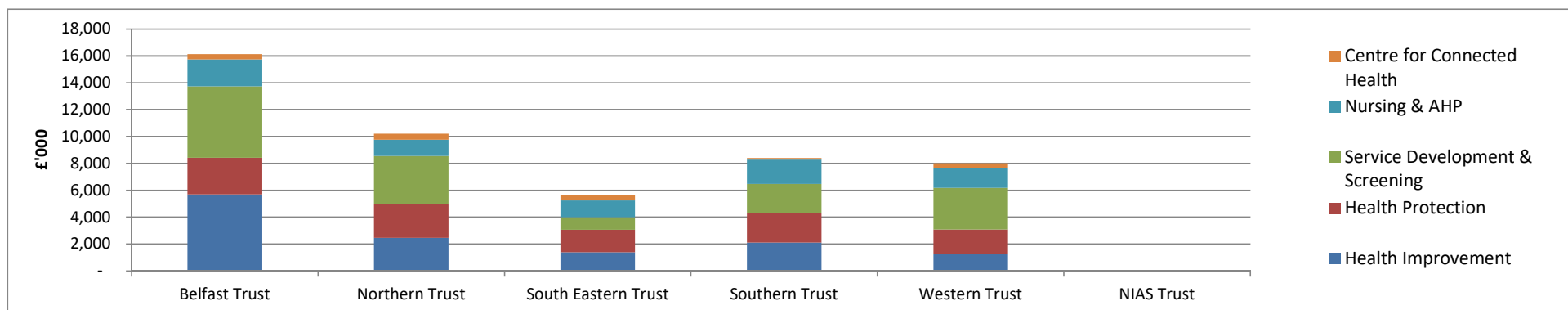
## Public Health Agency 2022-23 Summary Position - March 2023

|                                    | Trust<br>£'000 | Programme<br>PHA Direct<br>£'000 | Full Year<br>Ringfenced<br>Trust & Direct<br>£'000 | Mgt & Admin<br>£'000 | Total<br>£'000 |
|------------------------------------|----------------|----------------------------------|----------------------------------------------------|----------------------|----------------|
| <b>Available Resources</b>         |                |                                  |                                                    |                      |                |
| Departmental Revenue Allocation    | 50,130         | 54,143                           | 3,305                                              | 28,406               | <b>135,984</b> |
| Revenue Income from Other Sources  | -              | 94                               | -                                                  | 897                  | <b>992</b>     |
| <b>Total Available Resources</b>   | <b>50,130</b>  | <b>54,237</b>                    | <b>3,305</b>                                       | <b>29,304</b>        | <b>136,976</b> |
| <b>Expenditure</b>                 |                |                                  |                                                    |                      |                |
| Trusts                             | 50,130         | -                                | 298                                                | -                    | <b>50,428</b>  |
| PHA Direct Programme *             | -              | 55,729                           | 2,962                                              | -                    | <b>58,691</b>  |
| PHA Administration                 | -              | -                                | -                                                  | 27,621               | <b>27,621</b>  |
| <b>Total Proposed Budgets</b>      | <b>50,130</b>  | <b>55,729</b>                    | <b>3,260</b>                                       | <b>27,621</b>        | <b>136,740</b> |
| <b>Surplus/(Deficit) - Revenue</b> | <b>-</b>       | <b>(1,492)</b>                   | <b>44</b>                                          | <b>1,683</b>         | <b>236</b>     |
| <i>Cumulative variance (%)</i>     | <i>0.00%</i>   | <i>-2.75%</i>                    | <i>1.33%</i>                                       | <i>5.74%</i>         | <i>0.17%</i>   |

The year-end financial position for the PHA shows an underspend of £0.2m, which is a result of an underspend within Administration budgets due to vacancies, offset by a managed overspend on Programme budgets.

*Please note that a number of minor rounding's may appear throughout this report.*

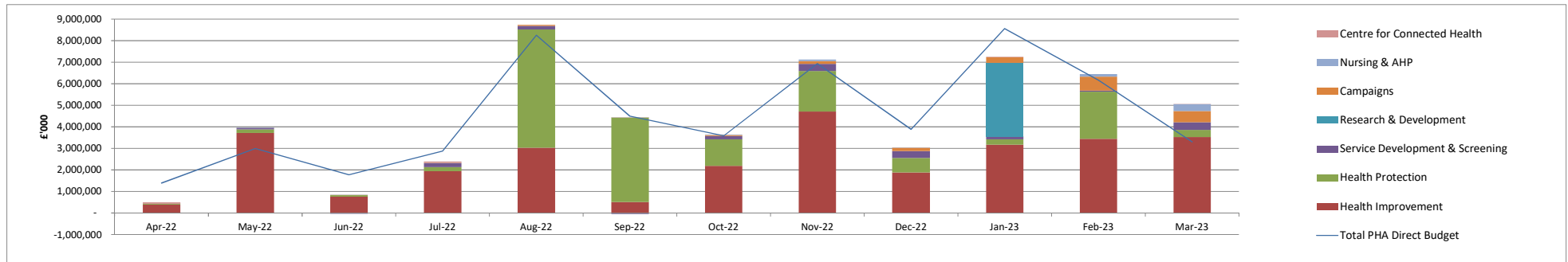
## Programme Expenditure with Trusts



|                                 | Belfast Trust<br>£'000 | Northern Trust<br>£'000 | South Eastern Trust<br>£'000 | Southern Trust<br>£'000 | Western Trust<br>£'000 | NIAS Trust<br>£'000 | Total Planned Expenditure<br>£'000 | YTD Budget<br>£'000 | YTD Expenditure<br>£'000 | YTD Surplus / (Deficit)<br>£'000 |
|---------------------------------|------------------------|-------------------------|------------------------------|-------------------------|------------------------|---------------------|------------------------------------|---------------------|--------------------------|----------------------------------|
| <b>Current Trust RRLs</b>       |                        |                         |                              |                         |                        |                     |                                    |                     |                          |                                  |
| Health Improvement              | 5,688                  | 2,476                   | 1,378                        | 2,124                   | 1,239                  | -                   | 12,905                             | 12,905              | 12,905                   | -                                |
| Health Protection               | 2,733                  | 2,491                   | 1,679                        | 2,186                   | 1,847                  | -                   | 10,936                             | 10,936              | 10,936                   | -                                |
| Service Development & Screening | 5,330                  | 3,583                   | 935                          | 2,172                   | 3,095                  | -                   | 15,116                             | 15,116              | 15,116                   | -                                |
| Nursing & AHP                   | 1,984                  | 1,222                   | 1,251                        | 1,803                   | 1,492                  | 57                  | 7,809                              | 7,809               | 7,809                    | -                                |
| Centre for Connected Health     | 406                    | 435                     | 400                          | 120                     | 340                    | -                   | 1,700                              | 1,700               | 1,700                    | -                                |
| Quality Improvement             | 23                     | -                       | -                            | -                       | -                      | -                   | 23                                 | 23                  | 23                       | -                                |
| Other                           | 606                    | 308                     | 184                          | 277                     | 259                    | 6                   | 1,641                              | 1,640               | 1,640                    | -                                |
| <b>Total current RRLs</b>       | <b>16,769</b>          | <b>10,515</b>           | <b>5,828</b>                 | <b>8,682</b>            | <b>8,272</b>           | <b>63</b>           | <b>50,131</b>                      | <b>50,130</b>       | <b>50,130</b>            | <b>-</b>                         |
| <b>Cumulative variance (%)</b>  |                        |                         |                              |                         |                        |                     |                                    |                     |                          | <b>0.00%</b>                     |

The above table shows the current Trust allocations split by budget area. A breakeven position is shown for the year as funds issued to Trusts are assumed to be fully spent.

## PHA Direct Programme Expenditure



|                                | Apr-22       | May-22       | Jun-22       | Jul-22       | Aug-22       | Sep-22       | Oct-22       | Nov-22       | Dec-22       | Jan-23       | Feb-23         | Mar-23         | Total          | YTD Budget    | YTD Spend     | Variance       |        |
|--------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|----------------|----------------|----------------|---------------|---------------|----------------|--------|
|                                | £'000        | £'000        | £'000        | £'000        | £'000        | £'000        | £'000        | £'000        | £'000        | £'000        | £'000          | £'000          | £'000          | £'000         | £'000         | £'000          | £'000  |
| <b>Profiled Budget</b>         |              |              |              |              |              |              |              |              |              |              |                |                |                |               |               |                |        |
| Health Improvement             | 1,268        | 2,538        | 1,454        | 2,248        | 2,621        | 646          | 2,284        | 4,242        | 1,919        | 3,729        | 3,785          | 2,549          | <b>29,282</b>  | 29,282        | 29,288        | (5)            | 0.0%   |
| Health Protection              | 42           | 254          | 144          | 128          | 5,448        | 3,775        | 1,159        | 1,998        | 1,843        | 1,087        | 252            | 622            | <b>16,752</b>  | 16,752        | 16,433        | 319            | 1.9%   |
| Service Development & Screen   | 79           | 144          | 102          | 489          | 53           | 11           | 22           | 574          | 523          | 272          | 399            | 282            | <b>2,950</b>   | 2,950         | 2,969         | (19)           | -0.7%  |
| Research & Development         | -            | -            | -            | -            | -            | -            | -            | -            | -            | 3,418        | -              | -              | <b>3,418</b>   | 3,418         | 3,411         | 7              | 0.0%   |
| Campaigns                      | 3            | 2            | 18           | 5            | 15           | 52           | 15           | 38           | 284          | 209          | 424            | 735            | <b>1,800</b>   | 1,800         | 1,817         | (16)           | -0.9%  |
| Nursing & AHP                  | 2            | 3            | 50           | 14           | 19           | 19           | 43           | 47           | 30           | 42           | 186            | 336            | <b>790</b>     | 790           | 674           | 115            | 14.6%  |
| Centre for Connected Health    | -            | 61           | 5            | -            | 57           | -            | 3            | 9            | 1            | 0            | 4              | 17             | <b>123</b>     | 123           | 141           | (18)           | -15.0% |
| Quality Improvement            | -            | -            | -            | -            | 38           | -            | 58           | 26           | -            | 14           | 11             | 46             | <b>193</b>     | 193           | 181           | 12             | 6.1%   |
| Other                          | -            | -            | -            | -            | -            | -            | -            | -            | (713)        | (212)        | 1,108          | (1,253)        | <b>(1,071)</b> | (1,071)       | 814           | (1,885)        | 100.0% |
| <b>Total PHA Direct Budget</b> | <b>1,393</b> | <b>3,001</b> | <b>1,772</b> | <b>2,884</b> | <b>8,252</b> | <b>4,503</b> | <b>3,584</b> | <b>6,934</b> | <b>3,887</b> | <b>8,559</b> | <b>6,168</b>   | <b>3,299</b>   | <b>54,237</b>  | <b>54,237</b> | <b>55,729</b> | <b>(1,492)</b> |        |
| <b>Cumulative variance (%)</b> |              |              |              |              |              |              |              |              |              |              |                |                |                |               |               | <b>-2.75%</b>  |        |
| <b>Actual Expenditure</b>      | <b>503</b>   | <b>3,986</b> | <b>1,106</b> | <b>2,336</b> | <b>8,954</b> | <b>4,476</b> | <b>3,786</b> | <b>6,950</b> | <b>3,111</b> | <b>7,747</b> | <b>7,194</b>   | <b>5,580</b>   | <b>55,729</b>  |               |               |                |        |
| <b>Variance</b>                | <b>890</b>   | <b>(985)</b> | <b>666</b>   | <b>548</b>   | <b>(702)</b> | <b>27</b>    | <b>(202)</b> | <b>(16)</b>  | <b>776</b>   | <b>812</b>   | <b>(1,026)</b> | <b>(2,280)</b> | <b>(1,492)</b> |               |               |                |        |

A overspend of £1.5m is shown for the year, reflecting the plan to overspend on Programme budgets to absorb anticipated underspends within Administration budgets.

## Public Health Agency 2022-23 Ringfenced Position

|                                 | Annual Budget  |               |                              |                | Year to Date   |               |                              |                |
|---------------------------------|----------------|---------------|------------------------------|----------------|----------------|---------------|------------------------------|----------------|
|                                 | Covid<br>£'000 | NDNA<br>£'000 | Other<br>ringfenced<br>£'000 | Total<br>£'000 | Covid<br>£'000 | NDNA<br>£'000 | Other<br>ringfenced<br>£'000 | Total<br>£'000 |
| <b>Available Resources</b>      |                |               |                              |                |                |               |                              |                |
| DoH Allocation                  | 2,338          | 272           | 695                          | <b>3,305</b>   | 2,338          | 272           | 695                          | <b>3,305</b>   |
| Assumed Allocation/(Retraction) | -              | -             | -                            | -              | -              | -             | -                            | -              |
| <b>Total</b>                    | <b>2,338</b>   | <b>272</b>    | <b>695</b>                   | <b>3,305</b>   | <b>2,338</b>   | <b>272</b>    | <b>695</b>                   | <b>3,305</b>   |
| <b>Expenditure</b>              |                |               |                              |                |                |               |                              |                |
| Trusts                          | 100            | 198           | 134                          | <b>432</b>     | 100            | 198           | -                            | <b>298</b>     |
| PHA Direct                      | 2,238          | 60            | 531                          | <b>2,829</b>   | 2,238          | 60            | 665                          | <b>2,962</b>   |
| <b>Total</b>                    | <b>2,338</b>   | <b>257</b>    | <b>665</b>                   | <b>3,260</b>   | <b>2,338</b>   | <b>257</b>    | <b>665</b>                   | <b>3,260</b>   |
| <b>Surplus/(Deficit)</b>        | <b>0</b>       | <b>15</b>     | <b>30</b>                    | <b>44</b>      | <b>0</b>       | <b>15</b>     | <b>30</b>                    | <b>44</b>      |

PHA received a COVID-19 allocation totalling £2.4m, £2.1m of which is for Contract Tracing. At year-end the COVID-19 allocation was fully spent.

Transformation funding has been received for a Suicide Prevention project totalling £0.3m. This project was monitored and reported on separately to DoH, and a small underspend occurred at year end.

Other ringfenced areas include Safe Staffing, NI Protocol and funding for SBNI. A small underspend resulted across these areas.

**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         |
| <b>Annual Budget</b>              |               |                     |               |               |                 |                             |               |               |
| Salaries                          | 5,023         | 666                 | 3,584         | 16,914        | 180             | 411                         | 633           | 27,411        |
| Goods & Services                  | 159           | 12                  | 1,062         | 310           | 48              | 71                          | 230           | 1,893         |
| <b>Total Budget</b>               | <b>5,182</b>  | <b>678</b>          | <b>4,646</b>  | <b>17,224</b> | <b>227</b>      | <b>483</b>                  | <b>863</b>    | <b>29,304</b> |
| <b>Budget profiled to date</b>    |               |                     |               |               |                 |                             |               |               |
| Salaries                          | 5,023         | 666                 | 3,584         | 16,914        | 180             | 411                         | 633           | 27,411        |
| Goods & Services                  | 159           | 12                  | 1,062         | 310           | 48              | 71                          | 230           | 1,893         |
| <b>Total</b>                      | <b>5,182</b>  | <b>678</b>          | <b>4,646</b>  | <b>17,224</b> | <b>227</b>      | <b>483</b>                  | <b>863</b>    | <b>29,304</b> |
| <b>Actual expenditure to date</b> |               |                     |               |               |                 |                             |               |               |
| Salaries                          | 4,816         | 608                 | 2,954         | 15,595        | 40              | 408                         | 630           | 24,971        |
| Goods & Services                  | 234           | 10                  | 1,218         | 369           | 559             | 15                          | 244           | 2,650         |
| <b>Total</b>                      | <b>5,050</b>  | <b>618</b>          | <b>4,172</b>  | <b>15,963</b> | <b>520</b>      | <b>424</b>                  | <b>874</b>    | <b>27,621</b> |
| <b>Surplus/(Deficit) to date</b>  |               |                     |               |               |                 |                             |               |               |
| Salaries                          | 208           | 58                  | 630           | 1,319         | 219             | 3                           | 3             | 2,440         |
| Goods & Services                  | (75)          | 2                   | (156)         | (58)          | (512)           | 56                          | (13)          | (757)         |
| <b>Surplus/(Deficit)</b>          | <b>133</b>    | <b>60</b>           | <b>474</b>    | <b>1,261</b>  | <b>(293)</b>    | <b>59</b>                   | <b>11</b>     | <b>1,683</b>  |
| <b>Cumulative variance (%)</b>    | <b>2.56%</b>  | <b>8.79%</b>        | <b>10.21%</b> | <b>7.32%</b>  | <b>-128.60%</b> | <b>12.22%</b>               | <b>-1.23%</b> | <b>5.74%</b>  |

A surplus of £1.7m has arisen on the Administration budget for the year. This is due to a high level of vacancies, particularly within Public Health. A release of the financial provision for outstanding annual leave at 31 March 2023, as well as the cost on the EY Reshape & Reform Review, are included within the year-end administration position.

## PHA Prompt Payment

### Prompt Payment Statistics

|                                                                       | March 2023<br>Value | March 2023<br>Volume | Cumulative<br>position as at<br>March 2023<br>Value | Cumulative<br>position as at<br>March 2023<br>Volume |
|-----------------------------------------------------------------------|---------------------|----------------------|-----------------------------------------------------|------------------------------------------------------|
| Total bills paid (relating to Prompt Payment target)                  | £4,454,588          | 622                  | £75,531,644                                         | 5,967                                                |
| Total bills paid on time (within 30 days or under other agreed terms) | £4,361,693          | 606                  | £73,610,781                                         | 5,786                                                |
| <b>Percentage of bills paid on time</b>                               | <b>97.9%</b>        | <b>97.4%</b>         | <b>97.5%</b>                                        | <b>97.0%</b>                                         |

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

The 10 day prompt payment performance remains very strong at 84.5% on volume for the year to date, which significantly exceeds the 10 day DoH target for 2022-23 of 70%.

|                         |                                                                                                                          |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------|
| <b>Title of Meeting</b> | PHA Board Meeting                                                                                                        |
| <b>Date</b>             | 18 May 2023                                                                                                              |
| <b>Title of paper</b>   | Performance Management Report                                                                                            |
| <b>Reference</b>        | PHA/03/05/23                                                                                                             |
| <b>Prepared by</b>      | Stephen Murray / Rossa Keegan                                                                                            |
| <b>Lead Director</b>    | Stephen Wilson                                                                                                           |
| <b>Recommendation</b>   | <div>For <b>Approval</b> <input type="checkbox"/></div> <div>For <b>Noting</b> <input checked="" type="checkbox"/></div> |

## 1 Purpose

The purpose of this paper is to provide the PHA Board with a report on progress against the objectives set out in the PHA Annual Business Plan 2022/23.

## 2 Background Information

PHA's Annual Business Plan was approved by the PHA Board in May 2022. Against this plan 31 actions were developed against 9 priorities for 2022/23.

## 3 Key Issues

The attached paper provides the progress report, including RAG status, on the actions set out in the PHA Annual Business Plan 2022/23 Part A as at 31 March 2023.

Of the 31 actions across 9 Key Priorities

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

For the Business Plan Part B, it was agreed that any actions rated Amber or Red would be reported on by exception to the Board. As at 31 March 2023, 4 actions have been categorised as amber and 1 action has been categorised as red- an exception report is included.

#### **4 Next Steps**

The next quarterly Performance Management Report update will be brought to the Board in August 2023.



# **PERFORMANCE MANAGEMENT REPORT**

**Monitoring of Targets Identified in**

**The Annual Business Plan 2022 – 2023 Part A**

As at 31 March 2023

This report provides an update on achievement of the actions identified in the PHA Annual Business Plan 2022-23 Part A.

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

There are a total of 31 actions across 9 Key Priorities in the Annual Business Plan. Each action has been given a RAG status as follows:

Part A - (31 Actions, 20 Green, 8 Amber ,3 Red)

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

Of the 31 actions 8 are current rated with an Amber RAG status and 3 with a Red RAG status.

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

| Key Priorities |                                                                                                                                                                                                                                                                       |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |                                                     |
|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------------------------|
|                | Action from Business Plan:                                                                                                                                                                                                                                            |                                                                                                                                            | Progress                                                                                                                                                                                                                                                                                                                                                                                                                             | Achievability (RAG) | Mitigating actions where performance is Amber / Red |
|                |                                                                                                                                                                                                                                                                       |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                      | J S D Mar           |                                                     |
| 1a             | Protecting the population of NI by leading work to effectively manage the COVID 19 pandemic and ensure we save lives, protect our health and social care services and rebuild services to ensure the health and wellbeing needs of society are effectively addressed. | <p>Vaccination</p> <p>Deliver the Spring booster programme by end of May 2022 and Autumn booster programme, as advised by DoH</p>          | <p>Autumn booster commenced officially 20<sup>th</sup> September 2022 and is due to finish on 31<sup>st</sup> March 2023.</p> <p>Training, public information materials and operational data dashboards developed. Targeted interventions to improve uptake are being taken forward by the Low Uptake Group.</p> <p>(Uptake to date (02/02/2023):<br/>Age 50+: 71%<br/>Care Home Residents: 82%<br/>Front Line-HSC workers: 38%)</p> |                     | Director of Public Health                           |
| 1b             |                                                                                                                                                                                                                                                                       | <p>Testing and Contact Tracing</p> <p>Complete the transition of testing (pillar 1 and 2) and contact tracing by the end of June 2022.</p> | <p>Contact Tracing Service stood down from 30 June 2022</p> <p><a href="#">Test, Trace and Protect Transition Plan</a> prepared for the removal of symptomatic testing for the general population.</p> <p>Asymptomatic testing using Lateral Flow Device (LFD) tests was</p>                                                                                                                                                         |                     | Director of Public Health                           |

| Key Priorities |                                                                                  |                                                                                                                                    |                     |                                                                                                                                                                                                                                                                    |
|----------------|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                | Action from Business Plan:                                                       | Progress                                                                                                                           | Achievability (RAG) | Mitigating actions where performance is Amber / Red                                                                                                                                                                                                                |
|                |                                                                                  |                                                                                                                                    | J S D Mar           |                                                                                                                                                                                                                                                                    |
|                |                                                                                  |                                                                                                                                    |                     |                                                                                                                                                                                                                                                                    |
| 1c             |                                                                                  | Infection Prevention and Control<br><br>Review and plan for a refresh of the IPC guidance for Health care setting by February 2023 |                     | Director of NAHP – moved to Director of Public Health from 2023.<br><br>Recruitment to lead nurse post was unsuccessful. Model being reassessed and IPC team being integrated into Health Protection team. Plan to recruit and implement work as part of that team |
| 2a             | Implement the agreed action plan for 2022/23 that sets out the key programmes of | Quarterly update reports on PHA Business Plan to be provided to PHA Board                                                          |                     | Director of Operations                                                                                                                                                                                                                                             |

|    |                                                                                                        |                                                                                                                                                      | Key Priorities                                                                                                                                                                                                                 |                     |   |   |     |                                                                   |
|----|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---|---|-----|-------------------------------------------------------------------|
|    | Action from Business Plan:                                                                             |                                                                                                                                                      | Progress                                                                                                                                                                                                                       | Achievability (RAG) |   |   |     | Mitigating actions where performance is <b>Amber</b> / <b>Red</b> |
|    |                                                                                                        |                                                                                                                                                      |                                                                                                                                                                                                                                | J                   | S | D | Mar |                                                                   |
| 2b | work that will be progressed by PHA officers in meeting Ministerial, DOH and PHA Corporate priorities. | 90% of actions in the 22/23 Action Plan to be RAG rated as Green and exception reports to be provided to PHA board to address those rated Red/Amber. | Of the 53 items identified in the 22/23 Action Plan 48 are rated Green as at March 2023 (90.5%)<br><br>Amber/Red items to PHA Board in May 2023                                                                                |                     |   |   |     | All Directors                                                     |
| 3a | Re-build and further develop services where access and performance have been adversely impacted        | Return bowel cancer screening programme to a 2-year screening interval by September 2022                                                             | Achieved<br>In bowel cancer screening, a managed catch-up was successfully undertaken with the result that by the end of August there were no ongoing queued lists within the programme (return to 2-year screening interval). |                     |   |   |     | Director of Public Health                                         |

|    |                            | Key Priorities                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                       |                                  |                                                     |
|----|----------------------------|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------------------------------------|
|    | Action from Business Plan: |                                                                                                                     | Progress                                                                                                                                                                                                                                                                                                                                                                              | Achievability (RAG)<br>J S D Mar | Mitigating actions where performance is Amber / Red |
| 3b | during the pandemic,       | Reinstate formal quality assurance visits in the breast screening programme by June 2022                            | Achieved<br>These have been reinstated. A QA visit was made to the Northern HSC Trust on 23 June 22. The next visit will be to the Belfast (which also provides the breast screening service for the South Eastern HSC Trusts) in June 2023. The Western HSC Trust will be visited in June 2024 and the Southern in June 2025. Each trust will have a QA visit once every four years. |                                  | Director of Public Health                           |
| 3c |                            | Establish a project structure for the implementation of primary HPV testing in cervical screening by June 2022.     | Achieved<br>Project structure has been established and the first project implementation team meeting took place in Sept 22.                                                                                                                                                                                                                                                           |                                  | Director of Public Health                           |
| 3d |                            | Identification by June 2022 of potential additional support measures to enable full return of screening programmes. | Achieved <ul style="list-style-type: none"> <li>Non-recurrent corporate slippage identified for AAA screening recovery work in 2022/23. <ul style="list-style-type: none"> <li>Recovery activity includes additional hours, weekend clinics and outsourced support.</li> </ul> </li> </ul>                                                                                            |                                  | Director of Public Health                           |

|  |                            | Key Priorities |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                     |   |   |     |                                                                                                 |
|--|----------------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---|---|-----|-------------------------------------------------------------------------------------------------|
|  | Action from Business Plan: |                | Progress                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Achievability (RAG) |   |   |     | Mitigating actions where performance is Amber / Red                                             |
|  |                            |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | J                   | S | D | Mar |                                                                                                 |
|  |                            |                | <ul style="list-style-type: none"><li>- By the end of March 2023 the programme had reduced the delay within the programme from eleven months to four months, as a result of the recovery activity noted above.</li><li>• A recovery plan was operationalised for the Diabetic Eye Screening Programme in 2022/23 to increase capacity to reduce the backlog of patients awaiting screening. Non-recurrent funding was secured in year.</li><li>• The provision of additional breast screening clinics has resulted in stabilisation and improvement in the round length figure. However, the improvement is unlikely to be linear, and will probably fluctuate, as the number of additional screening sessions that can be provided is dependent upon the ability of staff to continue to provide</li></ul> |                     |   |   |     | PHA will continue to work with colleagues in SPPG and Trusts to address service response times. |

| Key Priorities             |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |   |   |     |                                                     |
|----------------------------|--|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---|---|-----|-----------------------------------------------------|
| Action from Business Plan: |  |  | Progress                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Achievability (RAG) |   |   |     | Mitigating actions where performance is Amber / Red |
|                            |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | J                   | S | D | Mar |                                                     |
|                            |  |  | <p>them. Breast Screening Units have been issued with guidance to assist them in their round length planning. The PHA continues to monitor this standard and to work closely with the Breast Screening Units.</p> <ul style="list-style-type: none"><li>The cervical screening programme continues to operate with a 5 month delay in invites. There are ongoing pressures in laboratory and colposcopy capacity. PHA continues to work with the SPPG, who commission these services, to explore options for mitigation.</li></ul> |                     |   |   |     |                                                     |

| Key Priorities |                            |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     |                                                     |
|----------------|----------------------------|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------------------------|
|                | Action from Business Plan: |                                                                         | Progress                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Achievability (RAG) | Mitigating actions where performance is Amber / Red |
|                |                            |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | J S D Mar           |                                                     |
| 3e             |                            | Increase uptake rates across all vaccination programme areas in 2022/23 | <ul style="list-style-type: none"> <li>During the pandemic it was identified how stretched and pressured the Health Protection Service was, resulting in staff re-deployments from other PHA Directorates.</li> <li>As a result, the Health Protection established the needed to recruit additional staff with the correct skill set that could support any future pandemics / outbreaks.</li> <li>The HP enhanced service recruitment is on-going and about 90% complete, appointing roles from consultant level down to admin support roles.</li> <li>HP consultants are working with SPPG and GP colleagues to try and increase the shingles vaccine uptake rates for 2022/23.</li> </ul> |                     | Director of Public Health                           |

|    |                                                                                                                                                                                                  | Key Priorities                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                                                     |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------------------------|
|    | Action from Business Plan:                                                                                                                                                                       |                                                                                                                                       | Progress                                                                                                                                                                                                                                                                                                                                                                                                                                                | Achievability (RAG) | Mitigating actions where performance is Amber / Red |
|    |                                                                                                                                                                                                  |                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                         | J S D Mar           |                                                     |
| 4a | 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 | PHA to be represented on all project Team implementation structures [KPIs to be reviewed in September when more clarity on ICS model] | DoH has revised the operational structures for developing the Integrated Care system and New Planning Model and PHA is represented at all levels of the emergent structure and subgroups. The PHA internal ICS Hub continues to meet monthly and provides a central process and coordinating mechanism for PHA that enables joined up planning and corporate oversight for the organisation relating to the development of the ICS in Northern Ireland. |                     | Director of Operations                              |

|    |                                                                                                                                     |                                                                                                                                                                           | Key Priorities                                                                                                                                                                                                                                                                                                                                                                                             |                     |   |   |     |                                                                                                                                                                                                             |
|----|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---|---|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    | Action from Business Plan:                                                                                                          |                                                                                                                                                                           | Progress                                                                                                                                                                                                                                                                                                                                                                                                   | Achievability (RAG) |   |   |     | Mitigating actions where performance is Amber / Red                                                                                                                                                         |
|    |                                                                                                                                     |                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                            | J                   | S | D | Mar |                                                                                                                                                                                                             |
| 4b | commissioning model being established                                                                                               | 5 key public health areas to be identified for incorporation into ICS plans by end of September 2022<br>[KPIs to be reviewed in September when more clarity on ICS model] | The establishment of the ICS and new planning model has still to be finalised by DoH.. A test Area Integrated Project Board has been established in the Southern Trust area and learning from this will be used to shape the future model of working. The start date for the ICS has been pushed back to April 2024.                                                                                       |                     |   |   |     | Director of Public Health<br><br>The shape and of the ICS is still being developed. PHA represented on relevant groups and will influence and input, ensuring key public health priorities are represented. |
| 5a | HSCQI will continue to support the rebuild of Health & Social Care by increasing QI knowledge and capability across the HSC System. | HSCQI has agreed a workplan to support the 'timeliness' theme with the Alliance by end of June 2022                                                                       | In April 2022, it was agreed at the HSCQI Alliance meeting that a workshop would be held to showcase existing areas of best practice in relation to Timely Access to safe care, and identify and prioritise opportunities for regional scale and spread.<br><br>HSCQI hosted a regional Timely Access to safe care “sharing learning with purpose” event on 17th June 2022, chaired by the HSCQI Director. |                     |   |   |     | Director of HSCQI                                                                                                                                                                                           |

|  |  | Key Priorities             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                     |   |                                                     |     |
|--|--|----------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------|---|-----------------------------------------------------|-----|
|  |  | Action from Business Plan: |  | Progress                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Achievability (RAG) |   | Mitigating actions where performance is Amber / Red |     |
|  |  |                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | J                   | S | D                                                   | Mar |
|  |  |                            |  | <p>This event showcased local improvement work underway within Trusts that is focused on improving timely access. This event highlighted existing and potential opportunities for regional collaboration leading to scale and spread.</p> <p>A regional workshop took place with HSC QI Leads in July 2022. Project charter developed and tabled at the HSCQI Alliance meeting in August 2022. The charter was approved by Alliance members at the August meeting and the Timely Access to Safe Care Programme of work commenced in November 2022. 22 projects have been identified by Trusts as potential scale and spread projects.</p> <ul style="list-style-type: none"><li>• The first face to face learning session was held on 4<sup>th</sup> November 2022, with over 70 participants.</li><li>• Learning Session 2 (virtual) took place on 15<sup>th</sup> December 2022, with 50 participants.</li></ul> |  |                     |   |                                                     |     |

|  |  | Key Priorities             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                     |   |                                                     |     |
|--|--|----------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------|---|-----------------------------------------------------|-----|
|  |  | Action from Business Plan: |  | Progress                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Achievability (RAG) |   | Mitigating actions where performance is Amber / Red |     |
|  |  |                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | J                   | S | D                                                   | Mar |
|  |  |                            |  | <ul style="list-style-type: none"><li>Learning Session 3 (face to face) took place on 12<sup>th</sup> January 2023, with 60 participants</li><li>Learning Session 4 (virtual) took place on 7<sup>th</sup> February 2023 with 40 participants</li><li>Learning Session 5 (face to face) took place on 8<sup>th</sup> March 2023 with 50 participants. Peter May, Permanent Secretary gave key note address.</li></ul> <p>The assessment process for all projects is due to take place 6<sup>th</sup> April.<br/>Plans for stage 2 of the programme to commence in Sept 23.</p> <p>“Timely Access” to safe care is the programme theme for the 2022/23 Regional ScIL programme. Programme running to schedule with the final 3 modules taking place in March 2023. Plans for graduation ceremony 29<sup>th</sup> June 2023</p> |  |                     |   |                                                     |     |

|    |                                                                                                                                                                                       |                                                                                               | Key Priorities                                                                                                                                                                                                                            |                     |   |   |     |                                                     |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---|---|-----|-----------------------------------------------------|
|    | Action from Business Plan:                                                                                                                                                            |                                                                                               | Progress                                                                                                                                                                                                                                  | Achievability (RAG) |   |   |     | Mitigating actions where performance is Amber / Red |
|    |                                                                                                                                                                                       |                                                                                               |                                                                                                                                                                                                                                           | J                   | S | D | Mar |                                                     |
| 6a | Work with DoH to reshape and refresh 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 1 of Review completed by end of June 2022                                               | Phase 1 of the Review has been completed and the Report has been finalised.                                                                                                                                                               |                     |   |   |     | Chief Executive                                     |
| 6b |                                                                                                                                                                                       | Quarterly newsletter to update staff on progress to be published (first issue September 2022) | The first newsletter was delayed following the delay in completing the Phase 1 Report.<br><br>1 <sup>st</sup> newsletter published 23 <sup>rd</sup> January 2023.<br><br>2 <sup>nd</sup> newsletter published 7 <sup>th</sup> March 2023. |                     |   |   |     | Chief Executive                                     |
| 6c |                                                                                                                                                                                       | Implementation of phase 2 of the review to commence by end of September 2022                  | Phase 2 has commenced.                                                                                                                                                                                                                    |                     |   |   |     | Chief Executive                                     |
| 7a | PHA will place additional focus on staff welfare and wellbeing and agree and implement a                                                                                              | Organisational Workforce Development Plan drafted by end of October 2022                      | An OD plan for 23/24 has been developed by OWD and was presented to AMT on 25 <sup>th</sup> January 2023 for sign off. Arising from this the workstream based structure has been developed including staff engagement arrangements.       |                     |   |   |     | Director of HR                                      |

|  |                                                                                                                                                    | Key Priorities |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                     |   |   |     |                                                                               |
|--|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------|---|---|-----|-------------------------------------------------------------------------------|
|  | Action from Business Plan:                                                                                                                         |                | Progress                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Achievability (RAG) |   |   |     | Mitigating actions where performance is <span>Amber</span> / <span>Red</span> |
|  |                                                                                                                                                    |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | J                   | S | D | Mar |                                                                               |
|  | range of appropriate actions to help staff recover from the impact that the Covid 19 pandemic has had in both a professional and personal capacity |                | Individual workstream plans are developed for the year ahead which will support the overall OD Plan. A timetable has been set to the plan which incorporates a range of actions for achievement by September 2023. The workstreams cover 3 key areas: <ul style="list-style-type: none"><li>• Staff Experience – Looking after our People</li><li>• Workforce Development – Growing &amp; Developing our People</li><li>• Culture – Our People as Leaders.</li></ul> Within the current year, the Appraisal scheme was formally implemented to ensure that all staff have the opportunity to have an appraisal and develop a Personal Development Plan. An induction programme is in development and all mandatory training has been agreed and implemented across the organisation. |  |                     |   |   |     |                                                                               |

|    |  | Key Priorities                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |  |                     |   |                                                     |                                                                                                   |
|----|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--|---------------------|---|-----------------------------------------------------|---------------------------------------------------------------------------------------------------|
|    |  | Action from Business Plan:                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Progress |  | Achievability (RAG) |   | Mitigating actions where performance is Amber / Red |                                                                                                   |
|    |  |                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |  | J                   | S | D                                                   | Mar                                                                                               |
| 7b |  | New appropriate policies and procedures to facilitate new working arrangements developed in partnership with staff side and BSO HR by Sept 2022                                                                                                                                                                      | The Pilot Hybrid Working Scheme was launched in September 2022. This continues to be in place with an extension to phase 1 (2 days in the office) until end of March 2023 due to the need to work through a range of practical issues about office space, moving to 3 days per week from 1 <sup>st</sup> April 2023.<br><br>The Hybrid Working group has established an action plan for accommodation changes required together with a desk booking system and is meeting regularly to progress the necessary actions. |          |  |                     |   |                                                     | Director of HR                                                                                    |
| 7c |  | 80% of Individual appraisals and personal development plans agreed by 29 <sup>th</sup> July 2022 which clearly demonstrate the staff member's role in helping to contribute to the Agency's ABP key priorities. 100% by 30 September 2022 (subject to sickness absence, maternity and those seconded out of the PHA) | Appraisal documentation was approved by AMT in early June 2022 and a supporting training programme for managers delivered by BSO by end of June 2022. Remaining appraisals are currently being undertaken by managers but the target of 100% achieved by 30 <sup>th</sup> September has not been possible due to a combination of wider work pressures having to be                                                                                                                                                    |          |  |                     |   |                                                     | All Directors<br><br>Reminder communication sent to all Directors for cascading to line managers. |

|  |                            | Key Priorities |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     |   |   |     |                                                                                                                                                                |
|--|----------------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---|---|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | Action from Business Plan: |                | Progress                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Achievability (RAG) |   |   |     | Mitigating actions where performance is <b>Amber</b> / <b>Red</b>                                                                                              |
|  |                            |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | J                   | S | D | Mar |                                                                                                                                                                |
|  |                            |                | <p>prioritised and annual leave commitments.</p> <p>At end of March 2023 compliance fell below 100% however this may have been due to underreporting. Learning has been taken from the 22/23 year and this has influenced the approach to Appraisal for the 2023/24 year. For example one area identified was to make clear that professional revalidation process can be directly linked to organisational appraisal which appeared to be an area of misunderstanding during the 22/23 year and therefore may be resulting in under reporting.</p> <p>The 23/24 proposals were presented to AMT on 1<sup>st</sup> March 2023. The necessary documentation has been made available to staff with regular communications commenced from March 2023. Compliance reporting is planned for introduction from early May 2023 with a view to achieving 95% compliance in year.</p> |                     |   |   |     | <p>This may have been due to underreporting due to a new approach together with misunderstanding of how this related to professional revalidation process.</p> |

|    |                            | Key Priorities                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                     |                                                     |
|----|----------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------------------------|
|    | Action from Business Plan: |                                                                                                                | Progress                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Achievability (RAG) | Mitigating actions where performance is Amber / Red |
|    |                            |                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | J S D Mar           |                                                     |
| 7d |                            | All temporary appointments to be reviewed by end of September 2022 and plan agreed for permanency of position. | <p>The new Senior HR Business Partner was appointed in September 2022, this was delayed from July due to the postholder not being released from previous post. Each Director has met with the Senior HR Business Partner and Directorates now have plans to ensure temporary posts are appointed permanently where possible in light of funding and impact of the EY review of the PHA</p> <p>Monthly review of all short-term appointments is in place at January 2023 to support ongoing monitoring by Directors.</p> <p>A report on the exit strategies for all remaining temporary arrangements is to be compiled by end of May 2023 for review with the Chief Executive.</p> |                     | Chief Executive /All Directors                      |

|    |                            | Key Priorities                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     |                                                     |
|----|----------------------------|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------------------------|
|    | Action from Business Plan: |                                                                                                    | Progress                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Achievability (RAG) | Mitigating actions where performance is Amber / Red |
|    |                            |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | J S D Mar           |                                                     |
| 7e |                            | Staff absence will be effectively managed and will perform in line with 2021/22 at 3.10% or better | <p>Absence at end of February 2023 (latest available data) was cumulatively 3.3% which is showing a slight increase, however the greatest proportion of this long term absence which is being actively managed.</p> <p>Directors receive reports monthly on all absence in the previous 12 months (rolling) and this is further highlighted together with those hitting triggers in the Directorate monthly staffing report discussed at monthly 1:1 meetings with the Senior HR Business Partner.</p> |                     | Director of HR                                      |

|    |                            | Key Priorities                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                     |   |                                                     |     |                                                                                                                                                                                                                                                                                                                                                    |
|----|----------------------------|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------|---|-----------------------------------------------------|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    | Action from Business Plan: |                                                                                                                       | Progress                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Achievability (RAG) |   | Mitigating actions where performance is Amber / Red |     |                                                                                                                                                                                                                                                                                                                                                    |
|    |                            |                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | J                   | S | D                                                   | Mar |                                                                                                                                                                                                                                                                                                                                                    |
| 7f |                            | Staff will have completed all mandatory training as required by the organisation. 90% compliance by end of March 2023 | Completion rates for mandatory training at the end of March 2023 are provided below:<br>Cyber Security 74%<br>Equality 52%<br>Fire Safety 61%<br>Fraud 54%<br>Health & Safety 69%<br>IG Awareness 79%<br>Risk Management 79%<br><br>Whilst there has been significant improvement in uptake rates in key areas such as IG Awareness, Risk management and Cyber security during 2022/23, there is a need to continue to promote the importance of completing the training. There will continue to be close monitoring of uptake rates to ensure target performance levels are achieved by September 2023 |  |                     |   |                                                     |     | Director of Operations<br><br>Mandatory training will continue to be monitored on a monthly basis with update reports provided to Directors to ensure areas of underperformance are addressed.<br><br>A new Induction programme will be introduced in 2023/24 that will require staff to complete mandatory training prior to starting their post. |

|    |                                                                                                                                                  |                                                                                                           | Key Priorities                                                                                                                                                                                                                                                                                                                            |                     |   |   |     |                                                                                                                                                                                                                                 |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---|---|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    | Action from Business Plan:                                                                                                                       |                                                                                                           | Progress                                                                                                                                                                                                                                                                                                                                  | Achievability (RAG) |   |   |     | Mitigating actions where performance is Amber / Red                                                                                                                                                                             |
|    |                                                                                                                                                  |                                                                                                           |                                                                                                                                                                                                                                                                                                                                           | J                   | S | D | Mar |                                                                                                                                                                                                                                 |
| 8a | Ensure good financial governance and stewardship of PHA budgets and expenditure decisions and develop a new performance management framework for | 90% of Internal Audit recommendations from 2021/22 addressed and progress reported to GAC by October 2022 | Mid-year result of 77% implemented, reported to GAC in October 2022 meeting. Action plan drawn up to address the balance outstanding. Discussions held at Governance and Finance monitoring meetings between Chief Executive and Directors.<br><br>PHA year-end position at 78% implemented (81% for recommendations up to 2021/22 only). |                     |   |   |     | Director of Operations / Director of Finance<br><br>PHA follow up of Internal Audit recommendations issued to relevant Managers/Directorates. Draft positions shared with AMT to encourage visibility and action.               |
| 8b | the organisation to establish clear processes of accountability and performance reporting across all levels of the organisation.                 | 100% of Internal Audit recommendations from 2021/22 addressed and progress reported to GAC by March 2023  | PHA year-end position at 78% implemented (81% for recommendations up to 2021/22 only).                                                                                                                                                                                                                                                    |                     |   |   |     | Director of Operations / Director of Finance<br><br>Process conducted for Directorates to update advise on implementation of recommendations. Draft positions shared with AMT to encourage visibility and action. 81% achieved. |

| Key Priorities |                            |                                                                                                                                                                   |                                                                                      |                         |                                                     |
|----------------|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------|
|                | Action from Business Plan: |                                                                                                                                                                   | Progress                                                                             | Achievability (RAG)     | Mitigating actions where performance is Amber / Red |
|                |                            |                                                                                                                                                                   |                                                                                      | J S D Mar               |                                                     |
| 8c             |                            | All Directorate Business Plans approved by 30 May 2022                                                                                                            | Operations: Approved<br>HSCQI: Approved<br>NAHP: Approved<br>Public Health: Approved | Amber Amber Green Green | Director of Operations                              |
| 8d             |                            | Delivery of a balanced Financial Plan by end of May 2022, taking into account budgetary uncertainties and agreed investment plan – approval by Board in June 2022 | Complete                                                                             | Green Green Green Green | Director of Finance                                 |

|    |                            | Key Priorities                                                                                                                 |                                                                                                                                                                          |                                                 |                                                                                                                                                                                                                                                                                                                                     |
|----|----------------------------|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    | Action from Business Plan: |                                                                                                                                | Progress                                                                                                                                                                 | Achievability (RAG)                             | Mitigating actions where performance is Amber / Red                                                                                                                                                                                                                                                                                 |
|    |                            |                                                                                                                                |                                                                                                                                                                          | J S D Mar                                       |                                                                                                                                                                                                                                                                                                                                     |
| 8e |                            | Budget holders to manage their agreed budgets to support the statutory breakeven target of +0.25% or circa 0.3m within 2022/23 | Month 11 forecast position reduced to £439k, however following further planned action and engagement with DoH, a break even position is projected for 2022/23 iro £0.2m. | <div></div> <div></div> <div></div> <div></div> | <p>Director of Finance</p> <p>The year end-financial position continued to be managed by PHA, supported by DoF and with engagement with DoH. Final year end position will not be available until late April 2023.</p> <p>Plans in place to achieve breakeven. Continual monitoring in place at AMT in conjunction with Finance.</p> |

|    |                                                                                                                                                                                                                                       |                                                                                                                                                                                                      | Key Priorities                                                                                                                                                                                                                                                                          |                     |   |   |     |                                                                                                                                                                                                                                                                          |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---|---|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    | Action from Business Plan:                                                                                                                                                                                                            |                                                                                                                                                                                                      | Progress                                                                                                                                                                                                                                                                                | Achievability (RAG) |   |   |     | Mitigating actions where performance is Amber / Red                                                                                                                                                                                                                      |
|    |                                                                                                                                                                                                                                       |                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                         | J                   | S | D | Mar |                                                                                                                                                                                                                                                                          |
| 9a | Further improve the level of public and professional awareness, recognition and confidence in the PHA as the leading Public Health organisation in order to encourage wider engagement with and support for public health priorities. | Baseline public awareness levels of PHA (including role and functions) established through quantitative/qualitative research programme by end of August 2022 and 3% increase achieved by March 2023. | Remains on track – baseline established through NI Omnibus survey – key results include: high prompted awareness of PHA (73%), low unprompted awareness (4%). Programme of PHA messaging has been agreed for the final quarter of 22/23 to highlight key health issues and role of PHA. |                     |   |   |     | Director of Operations<br><br>Part achieved – Baseline established but follow on comparative survey has been commissioned but fieldwork delayed until April 2023. Projected findings based on awareness of campaign programmes suggests improvements in awareness levels |
| 9b |                                                                                                                                                                                                                                       | PHA media training development programme implemented, by end of Sept 2022                                                                                                                            | Commissioned media training sessions have resumed. Two sessions have taken place to date, for registrars and senior management. Two further sessions have been arranged for Health Improvement, and options for internal refresher training being explored.                             |                     |   |   |     | Director of Operations                                                                                                                                                                                                                                                   |

| Key Priorities |                            |                                                                                                                                         |                                                                                                                                                                    |                                                 |                                                                                                                                                                                                                                                                                                                                                                   |
|----------------|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                | Action from Business Plan: |                                                                                                                                         | Progress                                                                                                                                                           | Achievability (RAG)                             | Mitigating actions where performance is Amber / Red                                                                                                                                                                                                                                                                                                               |
|                |                            |                                                                                                                                         |                                                                                                                                                                    | J S D Mar                                       |                                                                                                                                                                                                                                                                                                                                                                   |
| 9c             |                            | Marketing strategy developed to maximise PHA Brand awareness including promotion of funded programmes and projects, by end of Dec 2022. | Marketing Strategy development delayed due to staffing pressures and delay in development of Corporate plan which will inform the focus of the marketing strategy. | <div></div> <div></div> <div></div> <div></div> | <p>Director of Operations</p> <p>Final Marketing strategy delayed due to combination of staffing pressures due to additional campaign workload and delay in Corporate /Organisational strategy setting the priority objectives and focus. Work undertaken to deliver marketing priorities in the absence of a final strategy which will be rolled into 23/24.</p> |

|    |                            | Key Priorities                                                                                                  |                                                                                                                                                                                                                           |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                |
|----|----------------------------|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    | Action from Business Plan: |                                                                                                                 | Progress                                                                                                                                                                                                                  | Achievability (RAG)                             | Mitigating actions where performance is Amber / Red                                                                                                                                                                                                                                                                                                                                                            |
|    |                            |                                                                                                                 |                                                                                                                                                                                                                           | J S D Mar                                       |                                                                                                                                                                                                                                                                                                                                                                                                                |
| 9d |                            | New digital communications strategy launched, targeting increased engagement with target audiences, by Feb 2023 | Recruitment to appoint digital communications manager was unsuccessful.<br>Digital priorities agreed for last quarter of 23/23.<br>Videographer appointed.<br>New strategy development is likely to be rolled into 23/24. | <div></div> <div></div> <div></div> <div></div> | Director of Operations<br><br>Delivery of new digital communications strategy delayed by unsuccessful recruitment exercise for appointment of a digital communications manager.<br>Short term additional capacity agreed to supplement Comms team and support digital delivery. Digital priorities for final quarter of year agreed and taken forward.<br>Strategy delivery will be rolled forward into 23/24. |

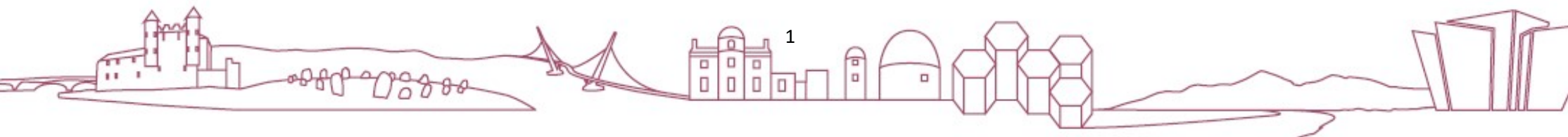


# **PERFORMANCE MANAGEMENT REPORT**

**Monitoring of Targets Identified in**

**The Annual Business Plan 2022 – 2023 Part B**

As at 31 March 2023



This report provides an update on achievement of the actions identified in the PHA Annual Business Plan 2022-23 Part B.

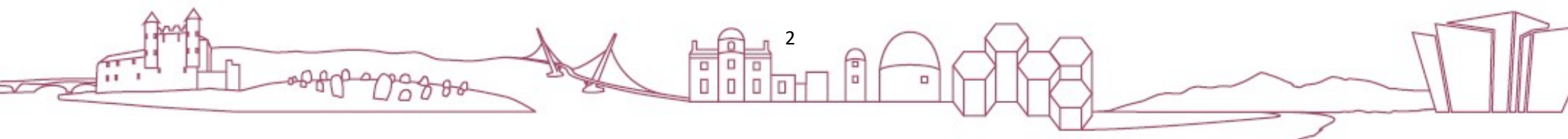
The updates on progress toward achievement of the actions were provided by the Lead Officers responsible for each action.

There are a total of 53 actions in the Annual Business Plan. Each action has been given a RAG status as follows:

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

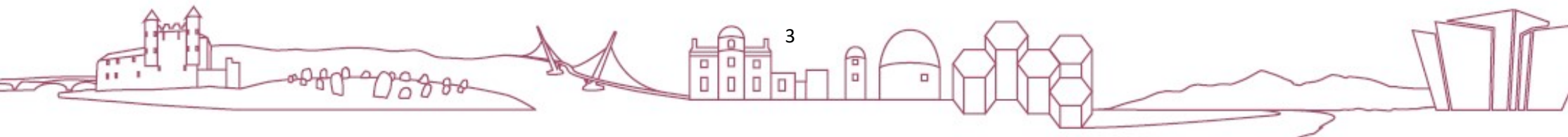
Of these 53 actions 48 have been rated green, 4 as amber and 1 as red.

| Outcome                                                                            | Red      | Amber    | Green     | Total     |
|------------------------------------------------------------------------------------|----------|----------|-----------|-----------|
| <b>1) Managing Covid 19 Response</b>                                               | -        | 1        | 9         | <b>10</b> |
| <b>2) Health Protection</b>                                                        | -        | -        | 7         | <b>7</b>  |
| <b>3) Improving Health and Social Wellbeing and addressing health inequalities</b> | 1        | 2        | 12        | <b>15</b> |
| <b>4) Shaping future health</b>                                                    | -        | -        | 13        | <b>13</b> |
| <b>5) Our organisation works effectively</b>                                       | -        | 1        | 7         | <b>8</b>  |
| <b>Total</b>                                                                       | <b>1</b> | <b>4</b> | <b>48</b> | <b>53</b> |

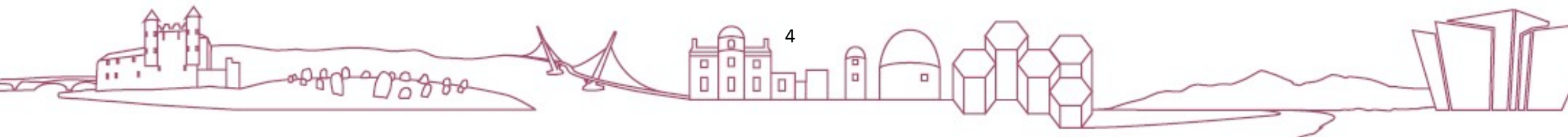


The below items are those rated **Amber** or **Red** as at 31<sup>st</sup> March 2023

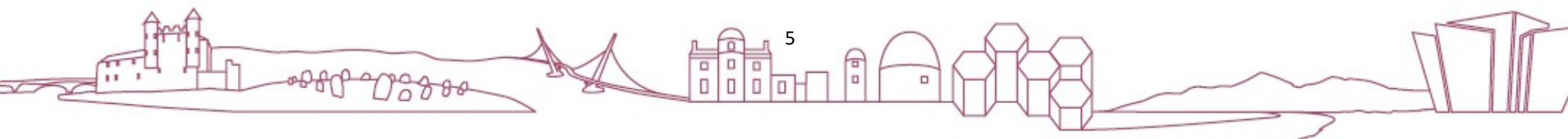
|          |                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                  |  |  |                                                                                                                                                                                                                                   |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|--|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|          | <b>Priority 1 :Managing Covid 19 Response</b> – Protecting the population of NI by leading work to effectively manage the COVID 19 pandemic and ensure we save lives, protect our health and social care services and rebuild services to ensure the health and wellbeing needs of society are effectively addressed. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                  |  |  |                                                                                                                                                                                                                                   |
|          | <b>Action</b>                                                                                                                                                                                                                                                                                                         | <b>Progress</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Achievability (RAG)</b><br><br><b>J   S   D</b><br><b>Mar</b> |  |  | <b>Mitigating actions where performance is</b><br><b>Amber / Red</b>                                                                                                                                                              |
| <b>5</b> | Lead the Regional Infection Prevention Control Response, including supporting Trusts and independent sector, nursing and residential facilities.<br><br>Review and develop the regional Infection Protection and                                                                                                      | <p>All Trusts across Northern Ireland are currently adhering to the Regional IPC Manual (<a href="https://www.niinfectioncontrolmanual.net/">https://www.niinfectioncontrolmanual.net/</a>) The manual outlines best practice for preventing transmission of infection including COVID-19.</p> <p>While the Regional IPC Cell has been stood down, the Regional IPC Lead Nurse Forum continues to meet in which any IPC issues are addressed. IPC queries are also submitted to the IPC Programme Manager when required.</p> <p>The IPC Product Review Group no longer meets on a regular basis however ad-hoc meetings are held when required. Products are also issued to the group when requested and feedback is collated and submitted to BSO. This enables the Trust IPC Leads and Fit testers to assess products and ensure they are fit for purpose before they are implemented across HSCNI.</p> <p>Dynamic Risk assessment training for IPC leads and other Trust representatives was carried out on 25 October 2022. This training was procured in response to a need identified by the Regional IPC Cell to ensure</p> |                                                                  |  |  | <p>Director of Nursing, Midwifery and AHPs</p> <p>moved to Director of Public Health from 2023.</p> <p>Model being reassessed and IPC team being integrated into Health Protection team.</p> <p>Plan to recruit and implement</p> |



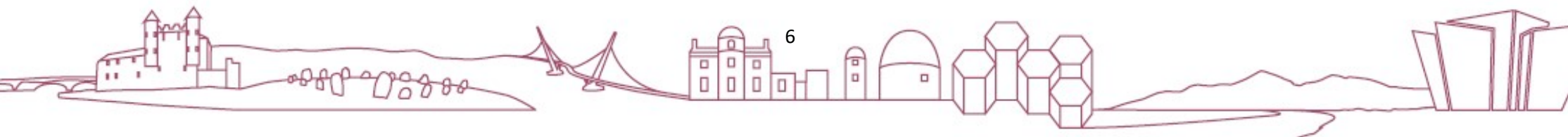
|                              | <b>Priority 1 :Managing Covid 19 Response</b> – Protecting the population of NI by leading work to effectively manage the COVID 19 pandemic and ensure we save lives, protect our health and social care services and rebuild services to ensure the health and wellbeing needs of society are effectively addressed.                                                                                                                         |                     |   |   |                                                     |
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|                              |                                                                                                                                                                                                                                                                                                                                                                                                                                               | Mar                 |   |   |                                                     |
| Control (IPC) infrastructure | <p>all risk assessments are standardised across the Trusts and also to enable staff to make more informed decisions.</p> <p>Support to Care Homes and independent sector is still being provided by Trusts however queries have been raised as to whether is to remain this in place going forward given capacity issues.</p> <p>The Regional IPC Framework progress has stalled.</p> <p>Recruitment to lead nurse post was unsuccessful.</p> |                     |   |   | work as part of that team                           |



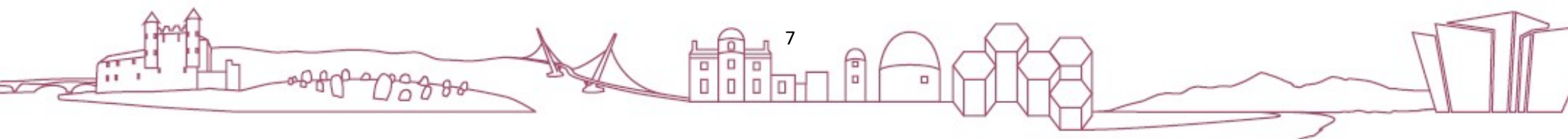
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|    | <b>Action</b>                                                                                                                                                                                                                                                                                                                                                                                          | <b>Progress</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Achievability (RAG)</b> |          |          |            | <b>Mitigating actions where performance is <span>Amber</span> / <span>Red</span></b>                                                                                                                                                                 |
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| 24 | Develop a commissioning framework setting out PHA model for supporting Community-led approaches to addressing health inequalities                                                                                                                                                                                                                                                                      | <p>The Strengthening Communities for Health structures continue to progress a range of work which will inform the shape of a commissioning framework for community-led approaches to address health inequalities. This approach is utilising four layers of data / intelligence: (1) health inequalities data; (2) funding data; (3) practitioner experience and (4) the lived experience.</p> <p>Engagement across a range of organisations investing in the community health sector has taken place and the first stage of a collective mapping of financial investments has commenced. This spatial analysis exercise will provide enhanced insight in to the context of health inequalities within communities and the investment made within these communities by a number of funders including PHA. Draft report will be available June 2023.</p> <p>In partnership with Project Echo, 5 education and engagement sessions have taken place with Community Development Practitioners to identify best practice examples locally, regionally</p> |                            |          |          |            | <p>Director of Public Health</p> <p>A revised timeframe for the completion of the commissioning framework has been set. Stakeholder consultation is scheduled for summer 2023. The first stage of joint investment mapping with partners will be</p> |



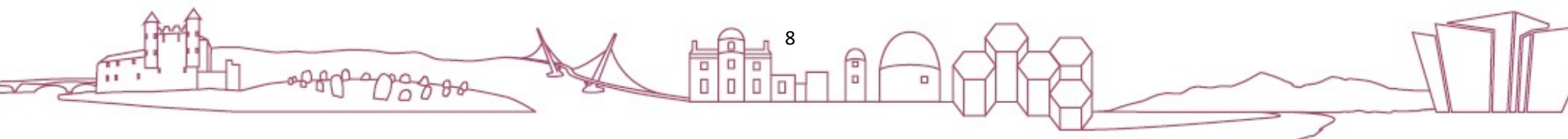
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|  | Action                                                                                                                                                                                                                                                                                                                                                                                                 | Progress                                                                                                              |  |  | Achievability (RAG) |   |   |     | Mitigating actions where performance is                                                                                                                                                     |
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|  |                                                                                                                                                                                                                                                                                                                                                                                                        | and internationally. A mid point survey has been carried out and results will inform planning for Year 2 of the Forum |  |  |                     |   |   |     | complete by the end of summer 2023. Planning for Year 2 (2023/24) of Project Echo is scheduled for June 2023. The revised completion of the framework in draft format is early winter 2024. |



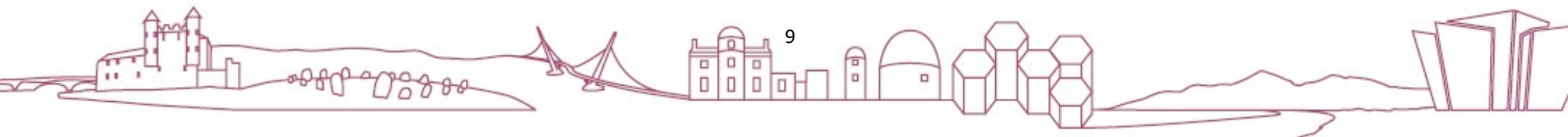
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|           | <b>Action</b>                                                                                                                                                                                                                                                                                                                                                                                          | <b>Progress</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Achievability (RAG)</b><br><br><b>J   S   D   Mar</b> |  |  |  | <b>Mitigating actions where performance is <span>Amber</span> / <span>Red</span></b>        |
| <b>26</b> | Lead implementation of the current Breastfeeding Strategy 2013-2023 and support IPH with a review of the current Strategy to inform the development of a new Strategy for 2024 onwards.                                                                                                                                                                                                                | Work has stalled temporarily due to retirement of previous Breastfeeding thematic lead. JD currently developed that will provide clinical expertise within the Nursing Directorate to support Health Improvement. The JD is currently being banded                                                                                                                                                                                                                                                                                                                                                                                               |                                                          |  |  |  | Director of Public Health<br><br>Discussions are underway to ensure the post is filled ASAP |
| <b>30</b> | The Nursing and AHP directorate will lead the development and implementation of a new public health nursing and midwifery Framework, including the establishment of a new public health                                                                                                                                                                                                                | Assistant Director of Public Health Nursing post in recruitment process. The post for the associate director for PHN is in the process of recruitment and is due to take place Monday 15 <sup>th</sup> August. The DoH have now established a number of key working groups under the Nursing and Midwifery task group. One of these groups co-chaired by the Director of Nursing will be progressing the Public Health Nursing and Midwifery Framework.<br>In addition, 5 Public Health Nurse Consultants have been appointed in each of the trusts in NI, a new Nursing and Midwifery Public Health Nursing Network has been established and is |                                                          |  |  |  | Director of Nursing, Midwifery and AHPs                                                     |



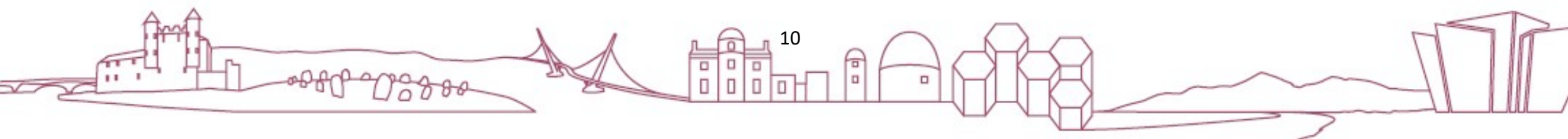
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|                                                                                                                                                                                                                                                                                                                                                                                                        | <p>Nursing, and midwifery network</p> <p>Develop business cases to support the delivery of the Public Health priorities for Nursing and Midwifery and AHP.</p> <p>The Nursing and AHP Directorate will explore the potential to develop undergraduate AHP Public Health Placements</p> | <p>currently working on developing it’s core priorities in line with the Nursing and Midwifery tasks and recommendations.</p> <p>These priorities will be reflected in the business case due to be brought by end of December 2022.</p> <p>Work has progressed to establish the infrastructure required to support the AHP workforce to deliver AHP Public Health Priorities</p> <p>AHP consultant has been identified to lead this work and lead on the implementation of the new NI AHP PH Strategy</p> <p>Ongoing work with UU to develop AHP PH under grad placements for Jan 2024.</p> |                            |          |          |            | <p>The work of this action is paused for Nursing and Midwifery</p>                   |



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|  | <b>Action</b>                                                                                                                                                                                                                                                                                                                                                                                          | <b>Progress</b>                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Achievability (RAG)</b> |          |          |            | <b>Mitigating actions where performance is</b> |  |
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|  |                                                                                                                                                                                                                                                                                                                                                                                                        | <p>Developed and delivered 3 online AHP Population Health Awareness Session for N. Ireland (Dec 2022). Recorded webinar online for future reference.</p> <p>Regional AHP PH Workshop to be held 19.04.2023 in conjunction with NICON using Population Health approach for service redesign.</p> <p>Developed and delivered online Population Health Awareness Session in collaboration with UU for AHP undergraduates (Feb 2023)</p> |                            |          |          |            |                                                |  |



| Priority 5: Our organisation works Effectively – Increasing core organisational capability and capacity to become a modern and effective public health organisation |                                                                                                        |                                                                                                                                                                                                                                                                                                                                                |                     |   |   |     |                                                                                                                                                                                                                                                                               |
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|                                                                                                                                                                     |                                                                                                        |                                                                                                                                                                                                                                                                                                                                                | J                   | S | D | Mar |                                                                                                                                                                                                                                                                               |
| 46                                                                                                                                                                  | Review and update the PHA Corporate Plan in line with DoH requirements and timescales. (when notified) | In line with DoH guidance PHA has rolled forward the Corporate Plan 2017-21 into 2022/23. As at March 2023 no further information on approach and timelines for development of a new Corporate Plan have been issued by DoH. It is normally the intention to align new Corporate plans with the publication of a new Programme for Government. |                     |   |   |     | Director of Operations<br><br>PHA Board is currently considering a draft organisational strategy that has been developed to supplement the extant Corporate Plan and which sets out the PHA's key organisational priorities to be progressed over the coming 1-2 year period. |



|                         |                                                                                                                          |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------|
| <b>Title of Meeting</b> | PHA Board Meeting                                                                                                        |
| <b>Date</b>             | 18 May 2023                                                                                                              |
| <b>Title of paper</b>   | Family Nurse Partnership Report                                                                                          |
| <b>Reference</b>        | PHA/04/05/23                                                                                                             |
| <b>Prepared by</b>      | Deirdre Webb                                                                                                             |
| <b>Lead Director</b>    | Heather Reid                                                                                                             |
| <b>Recommendation</b>   | <div>For <b>Approval</b> <input type="checkbox"/></div> <div>For <b>Noting</b> <input checked="" type="checkbox"/></div> |

## 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 2<sup>nd</sup> year