

agenda

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

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| 1
1.00 | Welcome and Apologies | Chair |
| 2
1.00 | Declaration of Interests | Chair |
| 3
1.00 | Minutes of Previous Meeting held on 30 January 2024 | Chair |
| 4
1.05 | Actions from Previous Meeting / Matters Arising | Chair |
| 5
1.10 | Reshape and Refresh Programme | Chair |
| 6
1.15 | Updates from Committees: <ul style="list-style-type: none"> • Governance and Audit Committee [PHA/01/02/24] • Remuneration Committee • Planning, Performance and Resources Committee [PHA/02/02/24] • Screening Programme Board • Procurement Board • Information Governance Steering Group • Public Inquiries Programme Board | Committee Chairs |
| 7
1.45 | Operational Updates: <ul style="list-style-type: none"> • Chief Executive's and Executive Directors' Report • Finance Report [PHA/03/02/24] • Reports of New or Emerging Risks [PHA/04/02/24] | Chief Executive/
Executive Directors

Director of Finance

Mr Wilson |
| 8
2.15 | Performance Management Report [PHA/05/02/24] | Mr Wilson |

9 Items for Noting:
2.30

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

10 Chair's Remarks
2.45 Chair

11 Any Other Business
2.50 Chair

12 Details of next meeting:
Thursday 21 March 2024 at 1.30pm
Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast

Title of Meeting	160 th Meeting of the Public Health Agency Board
Date	30 January 2024 at 2pm
Venue	Meeting Rooms, Linum Chambers, Bedford Street, Belfast

Present

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

In Attendance

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

Apologies

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

1/24 Item 1 – Welcome and Apologies

1/24.1	The Chair welcomed everyone to the meeting. Apologies were noted from Mr Robert Irvine, Dr Aideen Keaney, Ms Tracey McCaig and Mr Brendan Whittle.
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2/24 Item 2 – Declaration of Interests

2/24.1	The Chair asked if anyone had interests to declare relevant to any items on the agenda.
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2/24.2	Mr Clayton declared an interest in relation to Public Inquiries as Unison is engaging with the Inquiries.
2/24.3	For item 11, the Chair declared an interest as his wife works for CCEA (Council for Curriculum, Examinations and Assessment) and has a responsibility for developing resources in the area of Relationships and Sex Education (RSE).
3/24	Item 3 – Minutes of previous meeting held on 14 December 2023
3/24.1	The minutes of the Board meeting held on 14 December 2023 were APPROVED as an accurate record of that meeting.
4/24	Item 4 – Actions from Previous Meeting / Matters Arising
4/24.1	The Chair advised that there was one action from the previous meeting which related to sharing a paper with members relating to campaigns and that was done shortly after the meeting.
5/24	Item 5 – Updates from Board Committees
	<i>Governance and Audit Committee</i>
5/24.1	The Chair noted that the Governance and Audit Committee (GAC) is due to meet on Thursday 1 February and there will be a fuller report at the next meeting.
	<i>Remuneration Committee</i>
5/24.2	The Chair advised that the Remuneration Committee met on 16 and 22 January to consider the matter of Senior Executive Pay and that the outcome of that meeting was shared with members.
	<i>Planning, Performance and Resources Committee</i>
5/24.3	The Chair said that a meeting of the Planning, Performance and Resources Committee is due to take place on Thursday 8 Friday. He asked if a copy of its terms of reference could be sent to him (Action 1 – Secretariat).
6/24	Item 6 – Updates from other Programme Boards/Committees
	<i>Screening Programme Board</i>
6/24.1	The Chair noted that the Screening Programme Board has not met since the last Board meeting.
	<i>Procurement Board</i>
6/24.2	Ms Henderson advised that there is a lot of work to be carried out in the

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

Information Governance Steering Group

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

Public Inquiries Programme Board

- 6/24.4 Professor Rooney advised that the Chief Executive is due to present evidence at the Urology Inquiry shortly. The Chief Executive reported that he, along with Dr McClean and Mr Brian Donnelly from the Directorate of Legal Services (DLS) had met with the Inquiry barrister who outlined areas of questioning which he felt to be helpful and will allow him to be better prepared for the session. He noted that PHA is not a significant organisation for the Inquiry and that the work of the Inquiry is almost complete.
- 6/24.5 Professor Rooney said that the Programme Board has a lot of focus on the COVID Inquiry and that Dr McClean will be giving evidence to the Inquiry in April/May. Mr Wilson reported that PHA has a number of actions to follow up on across each of the four modules of the Inquiry, including a further Rule 9 request relating to Module 2c. He said that a comprehensive amount of work is required to be completed in a short period of time. The Chair asked if the work is manageable, but Mr Wilson replied that the issue for PHA is more about how much of the information is readily available.
- 6/24.6 Professor Rooney suggested that it would be useful to work out the cost of PHA of servicing the Inquiry. She echoed the concern around the loss of corporate memory with staff having left the organisation.
- 6/24.7 Ms Henderson asked about PHA’s role in relation to urology. The Chief Executive explained that PHA’s role relates to commissioning and the management of Serious Adverse Incidents (SAIs) as well as its governance responsibilities. Ms Henderson asked if PHA has collated all of the SAIs relating to urology and how many there are. Dr McClean replied that there are around 10.

At this point Ms Mann-Kler joined the meeting.

- 6/24.8 The Chief Executive outlined that PHA's role in relation to SAIs is to disseminate learning, but the focus of the Inquiry is around the practice of an individual, and that issue should have been removed from the SAI process and dealt with by the Trust through a different process. He reiterated that PHA's role is around disseminating regional learning.
- 6/24.9 Ms Henderson commented that SAIs expose PHA to weaknesses within the HSC system and that it is a big ask for PHA to be responsible for disseminating the learning. The Chief Executive noted that the issue with SAIs is that it is not possible to ignore what becomes known. He added that SAIs were set up as a learning tool, but for issues relating to the practice of individuals there are systems for appraisal and revalidation. Ms Reid explained that it is not the role of the Designated Responsible Officer (DRO) in PHA for any SAI review to provide clinical advice, but to look at the process. She added that the SAI process is currently being reviewed and that the Permanent Secretary has asked that this is completed within 12 months. She said that the implementation of any new process will take years.
- 6/24.10 Professor Rooney said that there are similarities with PHA's role in quality assurance and that PHA should review this. The Chair suggested that an update on this should be brought to the Board in a few months' time (**Action 3 – Chief Executive**).

7/24 Item 7 – Risk Management

- 7/24.1 The Chair noted that the Corporate Risk Register has been reviewed as at 31 December and will be considered by the GAC at this meeting on Thursday. He asked if any new risks have been placed on the Register. Mr Wilson advised that a new risk regarding the impact of having to make savings in 2024/25 has been added.
- 7/24.2 Mr Clayton said that at the December Board meeting, there had been discussion around placing a new risk on the Register regarding the difficulties in recruiting public health consultants. Mr Wilson advised that this is still contained as a constituent part of the risk on staffing. Mr Clayton said that this will be discussed further at the GAC meeting on Thursday.

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

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

- vaccines. He outlined that PHA will be establishing a Vaccination Programme Board and its terms of reference will be brought to the Board shortly along with a request for a Non-Executive Director to sit on it. He said that vaccination is a pillar of good public health.
- 8/24.2 Mr Stewart commented that reading the Report highlighted to him that PHA is involved in many work areas and he questioned whether it should be involved in all of them when it does not currently have the capacity. He highlighted in particular work around the primary care nursing workforce. The Chair said that following the workshop taking place in February, he wants to have clarity around PHA's core purpose, focus and strategic direction. Returning to Mr Stewart's query, Ms Reid explained that PHA is involved in primary care nursing as a means of ensuring that public health needs are being met and that HSC staff have the required knowledge and skills in that area. She added that it is about ensuring that public health messaging is being put out.
- 8/24.3 Mr Clayton noted that the update on the primary care nursing workforce made reference to work in areas of deprivation and advised that he has had some involvement with a project and would be happy to discuss this further with any of the Executive Directors. He asked if there was any update on cervical screening and the review of PHA's quality assurance processes. Dr McClean advised that she had written to all Trusts to establish an incident team. In terms of the quality assurance review, she explained that approaches had been to Public Health Wales and NHS England. While Public Health Wales were able to carry out a review, she said that they would not be able to prepare a report. For NHS England, an approach was made to management to approve the carrying out a review, but this was refused so she explained that one option was to engage their staff in a private capacity.
- 8/24.4 Dr McClean reported that the implementation of primary HPV testing is progressing well and will be used to clear the backlog. She said that Trusts have been asked to indicate how long this will take. She advised that the Belfast Trust should have the accreditation of its laboratory reinstated next week. She agreed to share the SITREP that is prepared with members (**Action 4 – Dr McClean**). With regard to the review of slides in the Southern Trust, she reported that to date only approximately 1,000 slides have been reviewed and that the uptake has been low. She advised that she is attending a meeting of the All-Party Group on Wednesday to discuss cervical screening.
- 8/24.5 Mr Wilson noted that the potential reinstatement of the Northern Ireland Assembly will see a new Programme for Government which will then initiate the process for PHA to develop a new Corporate Plan.
- 8/24.6 Ms Henderson commended the work that has been carried out to date on screening. She suggested that for governance purposes, it would be useful for a short report to place on the record. She said that PHA has done a tremendous job in what has been a stressful and pressurised

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

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

- 9/24.1 Mr Stead presented the Finance Report for month 8 and advised that the position is similar to that of month 7 with PHA carrying a small year to date surplus, but that it should achieve a year-end break-even position. He added that AMT is continuing to monitor expenditure and slippage, particularly the vaccine slippage.
- 9/24.2 Mr Stead said that PHA's management and administration budget continues to have an underspend of around £2m, and although staff turnover is reducing, it is unlikely that there will be many more job appointments in the last quarter. He noted the new PHA structure will inform the cost of the management and administration budget going forward.
- 9/24.3 Mr Stead advised that some slippage is being offset by expenditure within programmes, for example Nicotine Replacement Therapy. He added that there continues to be a timing issue in terms of the receipt of monies from the Special EU Programmes Body (SEUPB).
- 9/24.4 Mr Stead explained that it is difficult to pin down an accurate figure for slippage within the vaccine budget. He said that a review is being carried out across children and adult flu vaccines, as well as the shingles vaccine. He advised that the flu vaccine has been opened up to a new cohort making it difficult to estimate the uptake. He added that there could also be a delay in GPs making claims. He estimated that the slippage will be in the region of £150k/£200k, with PHA's overall slippage around £450k/£500k. He explained that Ms McCaig has alerted the Department of this situation.
- 9/24.5 The Chair asked if there is any update on the position for 2024/25. Mr Stead commented that he did not know what impact the reinstatement of the Assembly would have, but he expected an update within the next couple of weeks. Mr Wilson advised that a meeting has been scheduled with the Department on 1 March to discuss PHA's saving proposals.
- 9/24.6 The Board noted the Finance Report.

At this point Dr McClean left the meeting.

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

- 10/24.1 The Chair asked if members had queries on the report noting that Dr McClean had had to leave the meeting.
- 10/24.2 Mr Clayton queried how the findings of this report link with the risk on

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

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

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

Present

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

In Attendance

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

Apologies

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

50/23 Item 1 – Welcome and Apologies

- 50/23.1 Mr Stewart welcomed everyone to the meeting. Apologies were noted from Mr Robert Irvine, Ms Tracey McCaig and Ms Colette Kane.

51/23 Item 2 - Declaration of Interests

- 51/23.1 Mr Stewart asked if anyone had interests to declare relevant to any items on the agenda.
- 51/23.2 Mr Clayton noted that within some of the papers, there are references to Public Inquiries, and how the PHA is responding to these, and therefore given Unison's involvement with Inquiries, he felt he should declare an interest.

52/23	Item 3 – Minutes of previous meeting held on 12 September 2023
52/23.1	The minutes of the previous meeting, held on 12 September 2023 were approved as an accurate record of that meeting, subject to an amendment in paragraph 45/23.34.
53/23	Item 4 – Matters Arising
53/23.1	For action 1 around training on the 3 Lines Assurance Model for Committee members, Mr Wilson advised that he has spoken to Internal Audit and both Mrs McKeown and Mr Charles will facilitate a session for members at a date to be agreed.
53/23.2	For action 2 regarding the Maximum Acceptable Outage (MAO) for screening programmes, Mr Wilson advised that this is currently being reviewed. He explained that this relates to the PHA element of screening programmes and not the Trust element. Mr Stewart suggested that this clarification should be included in the Plan.
53/23.3	Mr Clayton asked whether this would have a knock-on impact on commissioning depending on the time of the year. Mr Wilson said that this is about the quality assurance element, and reiterated that this is being reviewed by the team.
54/23	Item 5 – Chair’s Business
54/23.1	The Chair advised that he had no business to update on.
55/23	Item 7 – Internal Audit
	<i>Internal Audit Progress Report [GAC/40/10/23]</i>
55/23.1	Mrs McKeown advised that there was no update since the last meetings, but that an audit of information governance is due to commence this month and the financial review audit is due to commence next month.
55/23.2	Members noted the Internal Audit Progress Report.
	<i>Mid-Year Follow up on Outstanding IA Recommendations 2022/23 [GAC/41/10/23]</i>
55/23.3	Mrs McKeown reported that following the mid-year follow up on outstanding audit recommendations, 79% of the 76 recommendations had now been fully completed with 21% partially implemented.
55/23.4	Mrs McKeown advised that the oldest recommendation relates to procurement and goes back to 2014/15. She added that there are two recommendations relating to screening programmes from 2017/18 for which the implementation date has been moved to March 2025 to reflect the need for investment in this area. She reported that there is one

	outstanding recommendation from the Family Nurse Partnership which is around the need for a new computer system, but work is due to commence on that shortly. She said that work is ongoing to ensure PHA contracts with providers are GDPR compliant following the information governance audit. She advised that there are two recommendations outstanding on Board Effectiveness, one relating to the development of a strategic plan and the other relating to individual Board development plans for members. She said that from the audit of Serious Adverse Incidents, a Partnership Agreement was to be drawn up between PHA and SPPG, and although this has not yet been signed, it is due to be signed shortly.
55/23.5	Mr Clayton asked about the recommendations on Board Effectiveness. He noted that a new approach is needed in terms of the development of a strategy. He said that he would welcome a wider discussion on individual training needs and perhaps this should be raised with the Interim Chair. Mr Stewart advised that this will be mentioned at the meeting on Friday. He added that there is still not yet agreement on the approach for developing a strategy but he hoped that this would be resolved by 31 March 2024.
55/23.6	Mr Clayton asked if there is clarity in terms of the investment required to address the screening recommendations. Mr Wilson said that he would have to get further information on this (Action 1 – Mr Wilson).
55/23.7	Mr Stewart asked about the action plan to address recommendations around recruitment as the target date has now changed to March 2024. Mr Wilson advised that a paper is being presented at the Agency Management Team (AMT) meeting on Wednesday outlining that there are constraints with the current HRPTS system which is impacting on what HR colleagues are able to do.
55/23.8	Mr Stewart said that he wished to see many of these recommendations pertaining to limited audits cleared before the year end so it is important that these issues are dealt with. Mr Wilson advised that he is meeting with Ms Crockett and Ms Devine to look at instigating a series of audit clinics where there will be a focus on clearing outstanding audit recommendations. Mr Stewart welcomed this approach.
55/23.9	Members noted the Mid-Year follow up on outstanding Internal Audit recommendations. <i>Shared Services Audits [GAC/42/10/23]</i>
55/23.10	Mrs McKeown advised that since the last meeting two audits have been completed within Shared Services, one relating to Accounts Receivable and one relating to Accounts Payable, and each received a satisfactory level of assurance. She added these will be presented to the Audit Committee of BSO next week.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- 57/23.2 Ms Mann-Kler said that she was also content with the assessment and echoed Mr Stewart's comments regarding the attendance of the Accounting Officer, which Mr Clayton also agreed with.
- 57/23.3 Mr Clayton suggested an amendment under question 8 to reflect that some of the other members had attended specific training. Ms Mann-Kler asked whether there was any awareness of any training on governance in challenging times given the current environment and pressures on the HSC. Mr Stewart advised that he had previously attended an annual conference hosted by the Chief Executive's Forum and the annual NICON conference, both of which he would recommend.
- 57/23.4 Mrs McKeown advised that there is an updated template for this self-assessment available through the National Audit Office.
- 57/23.5 Subject to minor amendments, members **APPROVED** the draft Governance and Audit Committee self-assessment (**Action 4 – Mr Graham**).

58/23 Item 6 – Corporate Governance

At this point Ms Levette Lamb joined the meeting

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

- 58/23.1 Mr Wilson advised that following a review of the Corporate Risk Register no new risks have been added. He added that one risk, regarding Lifeline, has been removed and that no risks have had their rating altered. He advised that work has continued to implement the 3 Lines Assurance model, but due to a bereavement, PHA's lead in this area has been on leave so there has not been the same level of support.
- 58/23.2 Mr Clayton asked about risk 39 on cyber security. He advised that he felt assured following the Information Governance Steering Group (IGSG) meeting last week as PHA has conducted a review of its FOI processes following the recent PSNI data breach incident. He said that it would be useful to refer to this in the narrative. He noted the reference to a training session for Board members. Mr Wilson said that this would be through BSO and he would look into this (**Action 5 – Mr Wilson**).
- 58/23.3 Mr Clayton noted that risk 61 around IT systems for screening programmes has been on the Register for some time and said that it would be helpful to receive a fuller update across each of the programmes as there could be different issues in each programme. He suggested that this could be done for the next iteration. He asked about risk 60 on the Integrated Care System (ICS) and if there has been any specific learning from the pilot for PHA.
- 58/23.4 Mr Stewart suggested that AMT needs to review both risks 59 and 61 as they both relate to screening and combine them into one new risk. Mr

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

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

- 58/23.13 Mr Stewart thanked Ms Lamb for attending today's meeting and invited her to present the HSCQI Directorate Risk Register.
- 58/23.14 Ms Lamb advised that there are presently 4 risks on the Directorate Risk Register, 1 of which is rated "medium" and 3 of which are rated "high".
- 58/23.15 Ms Lamb said that the first risk relates to the staffing compliment within the team and although there have been discussions about what level of staffing is required, the team is always firefighting as there is an extensive programme of work. She advised that the workload of the directorate is monitored through AMT and PHA's Sponsor Branch. She said that the team is grateful that PHA has provided some funding for staff and that new staff are currently being recruited at Band 6, Band 4 and Band 3 level.
- 58/23.16 Ms Lamb explained that the second risk is about accommodation and the need to be able to bring staff in for network meetings in a conducive environment. She noted that some of the Trusts have established hubs and that HSCQI would aim to make use of these facilities but it would still require external venues for larger events.
- 58/23.17 Ms Lamb advised that the third risk, relating to finance, has now been rated as "high". She explained that since the established of HSCQI, it has been funded through slippage. She added that there have been ongoing discussions between the Chief Executive, Director of Finance and PHA's Sponsor Branch on how to stabilise the financial position and there is now funding from the Department for 2023/24 with indications that this could continue into 2024/25. Mr Stewart advised that he had raised this matter with the Permanent Secretary.
- 58/23.18 Ms Lamb said that the final risk relates to dealing with competing priorities and particularly the impact of the recent industrial action which led to the cancellation of a recent event.
- 58/23.19 Ms Mann-Kler thanked Ms Lamb for her update. She said that in terms of innovation and improvement, the work of HSCQI is so valuable to the HSC system and leads to improved patient experience and improved service outcomes and it saddens her that HSCQI does not sit at the heart of the system and that there is no stability with regard to its funding. She added that the work of HSCQI is more important now than ever, and she asked if this should be raised with the Chair. She said that there is a very talented team and she has always felt uncomfortable that it does not have the support it needs. Mr Stewart echoed this and advised that this is why he raised that at the PHA's Mid-Year Accountability Review meeting.
- 58/23.20 Mr Clayton asked whether the funding for HSCQI is part of PHA's overall

- budget or separate, but Ms Lamb replied that she did not know because she was not involved in the discussions. Mr Murray said that it is PHA's intention to put the onus on this back to the Department because it is their work and therefore they should find the funding for it. He added that there is a need for a sustainable funding model for HSCQI going forward. Ms Lamb commented that an early decision on the budget is needed because getting a decision during the year is unacceptable.
- 58/23.21 Ms Lamb thanked members for their kind comments about the work of HSCQI. She advised that Dr Cathy Jack has delivered a presentation on the work of the HSCQI Alliance at a recent meeting of the Performance Transformation Executive Board (PTEB) and it had been well received.
- 58/23.22 Members noted the HSCQI Directorate Risk Register.
- At this point Ms Lamb left the meeting.*
- Complaints Report [GAC/39/09/23]*
- 58/23.23 Mr Wilson reminded members that the handling of complaints was previously undertaken by the Nursing directorate but has now transferred to Operations and that this is the first quarterly report. He added that this report will also be brought to the PHA Board.
- 58/23.24 Mr Wilson advised that for the period up to 30 September 2023, PHA has received 7 complaints, 6 of which were acknowledged within 2 working days and 5 of which were responded to within 20 working days. He said that there is a table showing the average length of time of dealing with a complaint.
- 58/23.25 Mr Wilson explained that 2 complaints which were previously accepted under the complaints process are now being dealt with under a different process as they are internal to the HSC and not subject to the HSC Complaints Procedure. He assured members that they will be subject to further investigation.
- 58/23.26 Mr Wilson advised that one complaint has been forwarded to the Ombudsman as the complainant was dissatisfied. He reported that at present there are no open complaints.
- 58/23.27 Mr Stewart asked if members could receive the HSC Complaints Procedure **(Action 7 – Mr Wilson)**.
- 58/23.28 Mr Clayton asked if work to update PHA's Complaints Policy is progressing. Mr Wilson advised that there are some resource issues, but a member of staff has been recruited to support Inquiries and complaints so this work will be taken forward. He added that the learning from the recent audit will be taken forward.

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

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

58/23.31 Members noted the Complaints Report.

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

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

60/23 Item 8 – Information Governance

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

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

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

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

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

At this point Ms Mann-Kler left the meeting.

- 60/23.5 Mr Clayton said that it would be useful to share with Board members the paper which went to AMT around FOI processes (**Action 8 – Mr Graham**). He added that he assumed that this would be an area that would be reviewed given the PSNI data breach. He said that the area of training does need to be looked at, given that there seems to be issues in particular directorates.
- 60/23.6 Members noted the Information Governance Action Plan.
Information Governance Strategy and Framework [GAC/45/10/23]
- 60/23.7 Mr Wilson advised that following a review, there have been minimal changes to the Strategy, but perhaps some elaboration in some areas.
- 60/23.8 Mr Clayton said that at the July IGSG meeting, there was some discussion around when this Strategy may be reviewed again in the context of the Reshape and Refresh programme. He noted that there was also a discussion about the frequency of updates from IGSG to this Committee, but he suggested that there is probably a timing issue as IGSG has met twice since this Committee last met. He suggested that there should be an Annual Report which goes to the Board which should come to this Committee first.
- 60/23.9 Members **APPROVED** the Information Governance Strategy and Framework.
Records Management Policy [GAC/46/10/23]
- 60/23.10 Mr Stewart noted that this Policy has been updated and asked how it is possible to ensure that staff are working to this policy. Mr Wilson agreed that there are challenges for PHA, particularly with the turnover of staff. Mr Stewart said that this is an area that he has been concerned about, in terms of when staff leave, that there is a record of decisions that have been made and the background to that.
- 60/23.11 Mr Wilson advised that as part of the Inquiries work, PHA has been interviewing key staff and emphasising the need for good records. As part of the Reshape and Refresh programme, he said that there will be a look at how policies are taken on board across the new structure.
- 60/23.12 Mr Clayton commented that this was also discussed at the last IGSG meeting and that there is a need for PHA to carry out an exercise to test its own systems. He said that this policy gives staff a good sense of why records are important and how they should be retained. Mr Stewart agreed that there needs to be a method of sampling records on a regular basis. He added that there needs to be a central repository of data. Mr Murray said that going forward, PHA is looking at how it can use MS Teams infrastructure as a filing system. Mr Stewart commented that there should be a target that AMT will put this in place. He added that when PHA is aware that staff are leaving, they should be spoken to

- about the information that they hold. Mr Wilson confirmed that this approach has started.
- 60/23.13 Members **APPROVED** the Records Management Policy.
- Data Breach Incident Response Policy [GAC/47/10/23]*
- 60/23.14 Mr Wilson said that this extant policy has been updated and will be brought to the attention of all staff.
- 60/23.15 Mr Clayton asked whether the Committee should be sighted on Post Incident Reports saying that he assumed that any learning from data breaches would be reported. He also asked how the decision is made as to whether to contact the Information Commissioner's Office (ICO). Mr Wilson replied that following any data breach, a full assessment would be carried out and he would work with Mr Murray on this. With regard to notifications to the ICO, he said that PHA would liaise with the ICO as it has a role to provide advice.
- 60/23.16 Members **APPROVED** the Data Breach Incident Policy.
- 61/23 Item 9 – Contract Assurance Process – 2023/24 Report [GAC/48/10/23]**
- 61/23.1 Mr Murray advised that this paper relates to the recent audit on community and voluntary sector contracts. He explained that there is an assurance process in place for PHA to assure itself that organisations are meeting certain standards. He said that paper outlines the current position of the 2023/24 audit where suppliers have been asked to submit certain documents which relate to 2022/23. He added that when information is submitted it is uploaded onto a central Sharepoint site so it can be shared with contract leads.
- 61/23.2 Mr Murray reported that as at 30 September, 81% of 110 organisations have returned all of the documentation required and 11% have yet to provide any information. Of the 110 organisations, he advised that 103 contract assurance returns have been made, and of these 15 organisations have noted concerns but with issues not deemed to be significant, while one organisation has highlighted that it is currently under statutory inquiry.
- 61/23.3 Mr Murray advised that 107 organisations have submitted bank statements, 101 have submitted annual accounts and 103 have submitted insurance documentation. He said that there are some issues about the level of assurance that PHA is seeking, particularly around insurance and Mr Stewart said that he would like to understand why PHA requires this information.
- 61/23.4 Mr Murray said that PHA will continue to follow up on the outstanding returns, but he wished to provide assurance that there are processes in

	place.
61/23.5	Mr Clayton expressed surprise that there is still information outstanding. He asked that if there was a case where an organisation had a gap in its structure, for example there wasn't a Chair in place, if PHA would seek assurance that action is being taken. Mr Murray replied that it would be expected that the contract lead would follow up on this.
61/23.6	Members noted the Contract Assurance Process Report.
62/23	Item 10 – Finance
	<i>Fraud Liaison Officer Update Report [GAC/49/10/23]</i>
62/23.1	Ms Devine said that there are no new cases of fraud to report on. She advised that £56k has been received by PHA from the bank where there was an account into which a fraudulent supplier received money. She added that all avenues are followed up to recover the remaining funds, but due to the materiality of the amount, the case is not being taken forward by the National Fraud and Cyber Crime Reporting Centre.
62/23.2	Ms Devine advised that the next section of the Report contained details of work that will be taken forward by Ms Crockett under the Fraud Action Plan. She added that last year's report has been included which shows that following a review by Internal Audit on the fraud case all of the recommendations made have now been closed.
62/23.3	Mr Clayton said that it was good to know that progress has been made in recovering some of the funds, and he surmised that it was not all of the funds due to how the payments were made. Ms Devine said that some of the funds had already been moved on, but that the bank is going to review how it handled the situation at its end.
62/23.4	Members noted the Fraud Liaison Officer Update Report.
63/23	Item 14 – SBNI Declaration of Assurance [GAC/53/10/23]
63/23.1	Mr Wilson noted that within the Internal Controls section there is reference to the fact that formal accountability meetings have now taken place between the SBNI Chair and the PHA Chief Executive. He added that a Business Plan has also been agreed.
63/23.2	Mr Wilson advised that a review of the Memorandum of Understanding has now commenced, and this will be carried out within the context of the Reshape and Refresh work. He added that the Chief Executive has met with the Department of Health regarding this.
63/23.3	Members noted the SBNI Declaration of Assurance.

64/23 | **Item 15 – Any Other Business**

64/23.1 | There was no other business.

65/23 | **Item 16 – Details of Next Meeting**

TBC

Signed by Chair:

Joseph Stewart

Date: 1 February 2024

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

Present

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

In Attendance

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

Apologies

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

42/23 Item 1 – Welcome and Apologies

- 42/23.1 The Chair welcomed everyone to the meeting. Apologies were noted from Ms Karyn Patterson and Ms Tracey McCaig.

43/23 Item 2 – Declaration of Interests

- 43/23.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.

44/23 Item 3 – Minutes of Previous Meeting held on 21 September 2023

- 44/23.1 Members **APPROVED** the minutes of the meeting held on 21 September 2023.

45/23 Item 4 – Matters Arising

- 45/23.1 The Chair sought an update on performance management. Mr Murray said that this action related to the scale of resource needed in PHA for performance management. He outlined that this is fundamental to the

- Reshape and Refresh programme because at present there is no additional resources within Operations. Therefore, he said that there is a question in how PHA can get those skills.
- 45/23.2 The Chair asked how much discussion there has been on this. She felt that the Programme Board needs to be more strategic and not spending time on the internal workings of the organisation. Mr Murray said that within the Operations directorate, there would be no hesitation in putting forward ideas to trigger a debate about what skill mix is needed. He added that it is important there are performance management roles within each of the multi-disciplinary teams. The Chair asked who this feedback is being given to, but Mr Murray replied that at present this is internal thinking. Mr Wilson noted that at present, the focus of discussions has been on the structure, but not the detail and that is where the discussion needs to start to go. He advised that the new structure is starting to be socialised and there have been engagement sessions with staff regarding it, but he added that the resourcing element has not yet been discussed and that needs to start to happen.
- 45/23.3 Mr Blaney sought clarity that this work is taking place alongside the EY work, and Mr Wilson replied that EY is facilitating this process. Mr Wilson said that there needs to be a closer look at the detail.
- 45/23.4 The Chair noted that the contract with EY ends in November and said that from that point, the Programme Board will need to be more strategic. She asked if quality assurance will be part of performance management but Mr Murray said that it would remain within the relevant professional area. Mr Murray outlined that PHA needs to have the expertise to pull together corporate reports on big areas of work and if the approach is to have multi-disciplinary teams then there needs to be a performance management element, which is currently missing. He said that Operations is trying to create that capacity.
- 45/23.5 Ms Henderson commented that there are many parts to this review and asked if they will all be implemented at once, or would it be possible to have a pilot or interim solution. Mr Murray said that he shared members' frustration and pointed out that Operations did bring in new staff, but they have now been moved on to support other current pressures. He added that following a recruitment exercise last week, some new managers have been appointed. He said that it has been frustrating as it feels like one step forward, then two steps back, but there is a commitment to move towards having more performance management resources. He suggested that a paper could be written which would outline the suggested direction and Ms Henderson said that she would welcome this **(Action 1 – Mr Murray)**.
- 45/23.6 Ms Henderson asked if the Strategic Planning Teams (SPTs) are under threat given the staff have been relocated. Mr Murray explained that they continue to meet but pointed out that Ms Julie Mawhinney was leading work on embedding Outcomes Based Accountability (OBA). He

- advised that for the Mental Health SPT there is a dedicated manager. He said that the SPTs are still very much in a pilot phase with different levels of contribution and commitment being made to them, but with staff being pulled in different directions the SPTs have not progressed as quickly as he would have liked. He added that he hoped that Ms Mawhinney would be returning to her role soon.
- 45/23.7 Ms Henderson asked how soon a paper could be prepared. Mr Murray replied that as the paper would feed into the discussions on the structure of the organisation it would need to be completed within the next few weeks. Mr Wilson noted that PHA is not starting with a blank sheet, it is about shaping what has been done and putting the building blocks together. He added that Mr Murray himself is also under pressure because of the loss of his staff.
- 45/23.8 The Chair agreed that a paper would be helpful given that staff are being moved to different work areas because of shortages. Mr Murray said that it was an immediate response to an urgent situation. The Chair said that performance management is important to the organisation. Mr Murray agreed and said that going forward, it will be part of the functioning of the SPTs and that there is a need to scope out what performance management resources there are currently and how to bring these together into a more centralised team. He added that there is also the digital element to consider.
- 46/23 Item 5 – Resources**
- Mid-Year Review of PHA Financial Position 2023/24*
- 46/23.1 Mr Stead advised that the Agency Management Team (AMT) had agreed to develop a plan to bring the Financial Plan into balance and that this paper is the mid-year review of that process. He added that a process has to be developed to look at how savings can be delivered on a recurrent basis.
- 46/23.2 Mr Stead outlined that at the start of the year there was a £650k deficit in PHA's savings plan, but by the end of month 5 this had changed to a forecast break-even position. He explained that this has been due to several factors, notably a surplus in the management and administration budget. He said that staff turnover is still a net drain, but he hoped that this can be stabilised over the rest of the year. He added that slippage has increased in the campaigns budget because there is a ban on campaign advertising.
- 46/23.3 Mr Stead gave members an overview of the savings proposals outlined in the Financial Plan and the revised proposals based on the current position and he drew members' attention to 3 areas – management and administration, programme slippage and campaigns. He said that the total potential savings has increased from £4.7m to almost £7m. He explained while a thorough review of budgets has been carried out, one

- area that there needs a robust handle on is vaccines. He added that a review of demand-led services was also carried out. He advised that if PHA's savings target of £5.3m is deducted from the £6.9m, this leaves a current projected surplus of £1.6m.
- 46/23.4 Mr Stead said that at the September Board meeting, it was noted that PHA may have slippage so a range of areas where there are cost pressures has been developed and this is contained within the paper and these come to a total of £1.8m, which would then leave PHA with a deficit of £200k. He said that while this would put PHA in a break-even position at this point in time, the position will likely change as the year progresses. He added that there needs to be an in-depth review of the vaccine budget and he noted that there will be an impact if the Department's position changes with regard to campaigns.
- 46/23.5 Mr Blaney sought clarity that PHA is only funding one campaign and Mr Wilson confirmed that this is the case. The Chair asked whether this ban means no advertising and Mr Wilson replied that it relates to mass media. Mr Blaney said that this ban will impact PHA disproportionately more than Trusts and that it is part of PHA's remit to put out public messaging encouraging people to eat healthier or not to smoke. Mr Wilson agreed and said that this is why this has been included as a divergence in PHA's Mid-Year Assurance Statement.
- 46/23.6 Mr Stead outlined that PHA has to find £1.2m to meet its savings target given that £4.1m has already been identified. He said that there are two options, one being to consider that as the level of slippage within the management and administration budget is usually around £1m, this could be used non-recurrently to reduce the gap while more intense work is undertaken to look for a recurrent solution. He advised that the second option is to find the savings immediately from programme budgets, but the impact of the outworking of the Reshape and Refresh programme needs to be considered, and also the possibility of further saving being required. He said that the view of AMT is to go with Option 1.
- 46/23.7 Mr Stead advised that a lot of work has been undertaken to compile the information in this paper and there will be a need to reflect on it on a monthly basis. However, he said that this reflects a fair summary of the position as at this point in time.
- 46/23.8 Mr Blaney said that the estimate of the slippage seems reasonable, but added that at some point there may be a sense that PHA does not need this funding. He asked if there are areas where PHA is failing because it does not have the staffing resources. Mr Murray said that the level of slippage in the management and administration budget would be normal for the size of the organisation. However, he noted that as there is almost £2m of slippage, this needs to be brought back into line.
- 46/23.9 Mr Murray said that PHA needs to have a 2/3-year strategy of finding the

- savings for bridging the gap rather than having a “big bang” approach.
- 46/23.10 Ms Henderson said that the paper was very clear, and that quite a bit of work has gone into developing the list of pressures and that there was likely to have been discussion about how real these pressures are. She agreed that Option 1 would be the preferred option and said that the approach outlined has been well thought out. She asked how different PHA is from any other organisations. Mr Stead replied that Trusts are also struggling to recruit staff in the current labour market which is impacting on their ability to deliver services.
- 46/23.11 The Chair noted that PHA is constantly in the position where it is filling short term gaps and she felt that if PHA knows that it will have these efficiencies, it should forecast its financial position and make courageous decisions. Mr Murray agreed and said that it would also help if there was a 3-year budget cycle and it would then be easier to fund initiatives rather than making short term commitments. He added that the Plan is based on PHA having slippage of £1m, with £1.7m being the top end. Mr Blaney asked if developing a campaign would help, but Mr Wilson explained that at this stage PHA would be past the point of being able to conduct research for a campaign and it has advised the Department of this.
- 46/23.12 The Chair asked if PHA has a plan for other areas if the level of slippage increases. Mr Stead replied that there may be an opportunity for **Local Authorities** to obtain funding, or PHA could work with **Community and Voluntary Sector** bodies like it did last year. Mr Blaney suggested that PHA could put messaging on social media advising that there may be funding available for groups. Mr Murray advised that PHA has a list of contracts with Local Councils that could be enhanced and that there will be the opportunity to do some small-scale work. He added that the community and voluntary sector would welcome additional funding. The Chair said that it would make sense to use the underspend through some form of priority list. Mr Murray said that PHA would need to ensure that any funding can be justified and is in line with PHA’s corporate priorities.
- 46/23.13 Mr Blaney asked about vaccines and said that this is an area that needs to be monitored. Mr Stead explained that the uptake rates for vaccine programmes are estimated and he suggested that not having a flu campaign may have an impact on the uptake rate. He said that the projection needs to be monitored. Mr Murray commented that it can be difficult to track this because PHA is working with the Department. Mr Blaney said that it would be surprising if there was a good uptake in the absence of a campaign. If the uptake was 10% lower, he asked what the cost impact would be, but Mr Murray explained that if PHA has purchased the vaccine then the money is already spent. Mr Blaney asked if this meant there was potential for wastage. Mr Murray replied that there will always be some element of wastage but noted that some vaccines have a longer shelf life than others. He added that the levels

- bought are based on the agreed uptake rate.
- 46/23.14 The Chair said that it would be interesting to compare the uptake rate when there is no campaign. She thanked Mr Stead for the paper on the mid-year position.
- Overview of Trust spend*
- 46/23.15 Mr Murray presented data on Trust spend and explained that the spreadsheet is broken down by Trust, but also by area e.g. health protection, health improvement, screening etc. He pointed out that for cervical screening, PHA holds the budget for the Western Trust, but not for the other Trusts. Mr Blaney said that whichever organisation is paying for the service should be responsible for it. Mr Murray said that for more recent investment areas, PHA holds the budget, but for older ones, it is a mixed picture.
- 46/23.16 Ms Henderson asked if there are other areas where this is the case. Mr Murray replied that within Drugs and Alcohol some funding is within the SPPG baseline. Mr Blaney asked if PHA is responsible for it, but Mr Murray replied that it would be a joint responsibility, but clarified that PHA will monitor any funding for which it is accountable. Mr Blaney asked if there could be confusion that SPPG may think that PHA is monitoring its expenditure but Mr Murray said that would not be the case.
- 46/23.17 Ms Henderson noted that PHA would have most discretion within the Health Improvement budget. Mr Murray went through some of the areas of expenditure, including accident prevention, breastfeeding and drugs and alcohol.
- 46/23.18 Ms Henderson asked that if PHA had a blank sheet, would it invest in the same areas. Mr Murray said that PHA would like to spend time over the next number of years re-energising and re-aligning its investments to check that they are still in line with PHA's strategic direction. He added that many of the areas continue to do good work and they are kept under review, but said that it would be useful to see how they are working together to achieve good outcomes. He said that while there is no question that the money is being invested well, the question is whether it is doing the right thing. He added that if PHA feels that a Trust is not delivering, PHA can tell the Trust that it will reinvest the money elsewhere. He assured members that Trust investments are well monitored and that PHA is getting the service it is paying for. Ms Henderson asked if PHA could stop making payments to Trusts instantly, but Mr Murray explained that there would have to be a process that is gone through first and stopping payments would be a last resort.
- 46/23.19 The Chair noted that in Northern Ireland an individual is six times more likely to die in the most deprived areas and asked if this influences PHA's thinking. Mr Murray said the drugs and alcohol contracts that are

- being re-procured are non-discriminatory, but for Tier I and Tier II services, there are more targeted interventions. He advised that evidence would suggest that campaigns and information sharing do not work and that alcohol is more of an issue than drugs. He said that all of PHA's contracts would target areas of higher deprivation.
- 46/23.20 Mr Blaney asked how items appear on the spreadsheet. Mr Murray explained that these are legacy areas which have been on the list for many years, but he added that PHA does look at the services to ensure that they are still in line with PHA's strategic priorities. Mr Blaney asked if new areas are introduced each year, but Mr Murray replied that the list does not change.
- 46/23.21 Mr Blaney asked about correlation with need. Mr Murray said that PHA does keep an eye on equality and the capitation formula. He explained that when a budget was allocated previously, each of the former Boards would have received an allocation, but now PHA receives one amount and it is for PHA to determine how it should be distributed. He added that most PHA investments have a local element.
- 46/23.22 Mr Blaney said that there are always new methodologies and new technologies. Mr Murray agreed and said that this is where procurement is important because if Trusts are not doing the right thing then there could be other providers for a service. However, he noted that for drugs and alcohol there is a limited number of providers so PHA's role is to ensure that the services being delivered are of a high quality.
- 46/23.23 The Chair asked whether PHA is spending its money equitably in Trusts, and for example, does mental health received the appropriate proportion of funding. Mr Murray replied that historically PHA would receive allocations for certain areas of work and that for example, if a new strategy was developed, then specific funding would come with that. The Chair asked if PHA is looking strategically at areas for investment. Mr Murray advised that PHA would look at the evidence base, look at needs, carry out an analysis and look at filling gaps. He said that PHA would never have the funds to do a third of what it would like to do. He suggested that PHA could only invest in areas of higher deprivation, but then that would leave other areas with nothing and be difficult politically.
- 46/23.24 Mr Blaney asked if the total amount PHA spends is appropriate, but Mr Murray said that PHA has a small budget.
- 46/23.25 Ms Henderson asked if PHA has made any assessment as to whether Trusts are as effective as the community and voluntary sector, or if there are any indicators that the community and voluntary sector performs better. Mr Murray said that he could not answer that question, but advised that Trust services would be monitored more effectively.
- 46/23.26 The Chair commented that there has been a lot of discussion about monitoring, but what is important is the output and if PHA is making an

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

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

47/23 Item 6 – Planning

Development of PHA Business Plan 2024/25

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

48/23 Item 7 – Any Other Business

- 48/23.1 There was no other business.

49/23 Item 8 – Details of Next Meeting

TBC

Signed by Chair:

Date:



Finance Report

December 2023

Tracey McCaig
Director of Finance

January 2024

Section A: Introduction/Background

1. The PHA Financial Plan for 2023/24 has set out the funds notified as available, risks and uncertainties for the financial year and summarised the opening budgets against the high level reporting areas. It also outlined how the PHA would manage the overall funding available, in the context of cash releasing savings targets applied to the organisation. It received formal approval by the PHA Board in the June 2023 meeting.
2. The Financial Plan detailed the quantum of cash releasing savings targets (£5.3m, plus an additional £3.2m in respect of the area of Research and Development), the plans in place in year to address the target applied and the resultant opening forecast deficit of £0.65m. A focus on reducing and closing this gap is continuing as plans are required to meet the target both in-year and recurrently.
3. This executive summary report reflects the draft year-end position as at the end of December 2023 (month 9). Supplementary detail is provided in Annex A.

Section B: Update – Revenue position

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

Table 1: Opening financial position 2023/24

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

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

5. The PHA has reported a surplus at December 2023 of £0.8m (November 2023, surplus of £0.4m) against the year to date budget position for 2023/24. The forecast year-end position is reported as breakeven (November 2023 forecast, breakeven).
6. The month 8 position is summarised in Table 2 below.

Table 2: PHA Summary Financial Position – December 2023

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

Note: Table may be subject to minor roundings

7. In respect of the reported position:
 - **Programme – Trusts:** A total of £45.7m has been allocated to Trusts at this point, with full spend against budget shown.
 - **Programme – PHA:** The remaining annual programme budget is currently £53.8m.

- o A cumulative overspend of £0.6m is shown to date (month 8, £0.9m) against the Programme budgets listed. This reflects some areas of spend ahead of current budget.
 - o In line with the Financial Plan, the anticipated overspend for the year is c£2.0m with the overspend being met in 2023/24 by a forecast underspend in Administration budgets. A mid-year review of the financial plan has completed which reported that £4.1m of recurrent budget reductions have been identified in year. Work is ongoing to fully identify the remaining savings measures to meet the full financial target applied to PHA in 2023/24 and recurrently, pending the out-workings of refreshed Directorate structures and any resultant impacts on baselines.
 - o Savings plans will continue to be closely monitored throughout the year and will be regularly reported to the AMT and PPR Committee.
- **Management & Administration:** Annual budget of £29.6m.
 - o An underspend of £1.4m is reported to date (month 8, £1.4m), reflecting underspends in Public Health, Nursing & AHPs and Operations. The primary surplus to date relates to the area of Public Health where staff costs have reduced due to role vacancies. Expenditure against funded budgets are reviewed with Directorate budget holders to understand any ongoing trends and incorporate these into the year-end forecast position.
 - o The forecast full year underspend is £2.3m (month 8, £2.2m). The level of anticipated underspend will be subject to further refinement based on ongoing updates from Directorate budget managers and the review of assumptions made in the Financial plan in respect of anticipated cost pressures. Information has been received on the reduction of senior medical posts, however some assumptions have been made regarding the timing of the replacement or recruitment of these posts, which may have to be updated to increase expenditure forecasts if necessary.
 - o The anticipated underspend will offset, in-year, cash releasing savings applied fully to Programme budgets. The favourable movement has

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

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

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

Section C: Risks

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

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

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

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

12. **SEUPB / CHITIN income:** PHA receives income from EU partner organisations for the CHITIN R&D project. Claims are made on a quarterly basis, however PHA have not been receiving payments on a regular basis. At 31 March 2023, the value of funding due was c£4.3m however, PHA had an equal and opposite creditor listed for monies due to other organisations. Since year end a total of now c£2.5m has been received. R&D staff are continuing to work closely with colleagues in partner organisations and the relevant funding body to ensure the expected full reimbursement of all claims.

13. **Demand led services:** There are a number of demand led budgetary areas which are more difficult to predict funding requirements for, presenting challenges for the financial management of the Agency's budget. For example, smoking cessation / Nicotine Replacement Therapy (NRT) and Vaccines. The financial position of these budgets are being carefully tracked. Last month in receipt of some information on Shingles vaccine which is showing a stock carry-forward level in the VMS system – further investigation has confirmed that these inventory levels are expected to reduce by year end as GPs have increased ordering however a risk of slippage still remains until final uptake in vaccine cohorts is known with certainty over the coming months.

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

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

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

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

Section D: Update - Capital position

17. The PHA has a capital allocation (CRL) of £8.9m. This all relates to projects managed through the Research & Development (R&D) team. The overall summary position, as at December 2023, is reflected in Table 3, being a forecast breakeven position on capital funding.

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

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

Table 3: PHA Summary capital position – December 2023

Capital Summary	Total CRL £'000	Year to date spend £'000	Full year forecast £'000	Forecast Surplus / (Deficit) £'000
HSC R&D:				
R&D - Other Bodies	2,399	1,884	2,399	0
R&D - Trusts	4,362	0	4,362	0
R&D - Capital Receipts	(1,077)	(136)	(1,077)	0
R&D - Other	1,429	730	1,429	0
Subtotal HSC R&D	7,113	2,478	7,113	0
CHITIN Project:				
CHITIN - Other Bodies	177	0	177	0
CHITIN - Trusts	0	0	0	0
CHITIN - Capital Receipts	(177)	0	(177)	0
Subtotal CHITIN	0	0	0	0
Other:				
Congenital Heart Disease Network	683	170	683	0
iReach Project	405	0	405	0
R&D - NICOLA	731	0	731	0
Subtotal Other	1,819	170	1,819	0
Total PHA Capital position	8,932	2,648	8,932	0

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

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

Recommendation

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

Public Health Agency

Annex 1 - Finance Report

2023/24

Month 9 - December 2023

PHA Financial Report - Executive Summary

Year to Date Financial Position (page 2)

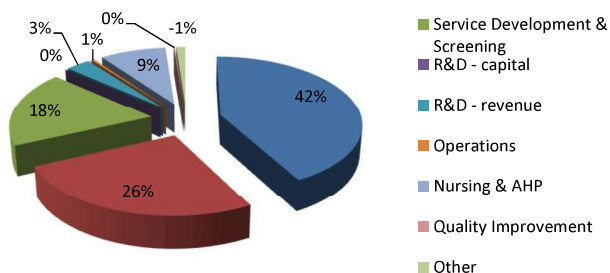
At the end of month 8, PHA is reporting an underspend of £0.8m against its profiled budget. This position is a result of PHA Direct programme budgets projected overspend for the financial year offset by underspends within Administration budgets (page 6).

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

Programme Budgets (pages 3&4)

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

PHA Programme Budgets 2023-24



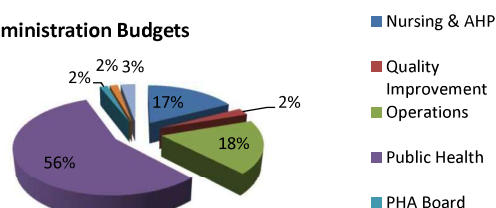
Administration Budgets (page 5)

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

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

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

Administration Budgets



Full Year Forecast Position & Risks (page 2)

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

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

Public Health Agency
2023/24 Summary Position - December 2023

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

Cumulative variance (%)

0.00% -1.64% -0.97% 6.38% 0.81%

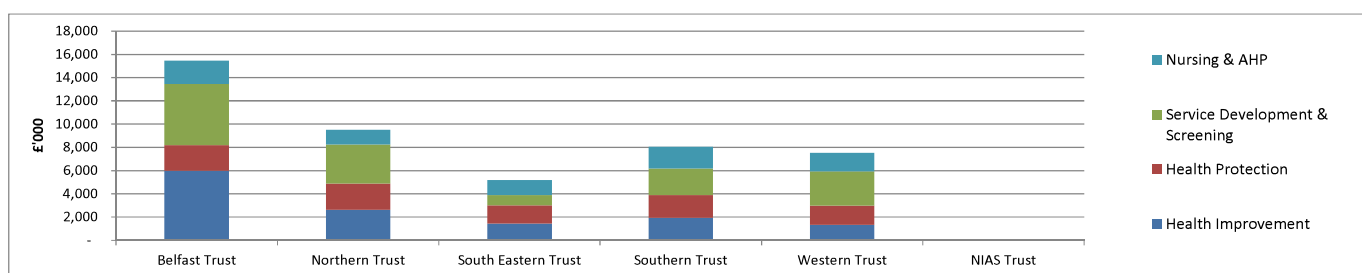
Please note that a number of minor rounding's may appear throughout this report.

* PHA Direct Programme may include amounts which transfer to Trusts later in the year

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

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

Programme Expenditure with Trusts



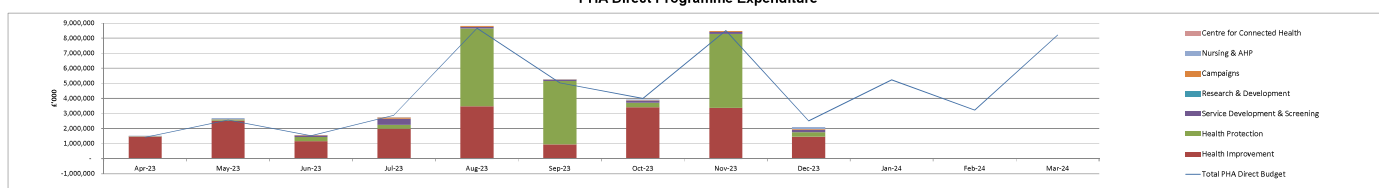
Current Trust RRLs	Belfast Trust	Northern Trust	South Eastern Trust	Southern Trust	Western Trust	NIAS Trust	Total Planned Expenditure	YTD Budget	YTD Expenditure	YTD Surplus / (Deficit)
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Health Improvement	5,981	2,615	1,450	1,933	1,332	24	13,335	10,001	10,001	-
Health Protection	2,203	2,282	1,560	1,941	1,641	-	9,627	7,220	7,220	-
Service Development & Screening	5,254	3,356	889	2,311	2,985	-	14,796	11,097	11,097	-
Nursing & AHP	2,016	1,251	1,277	1,855	1,555	29	7,983	5,987	5,987	-
Quality Improvement	24	-	-	-	-	-	24	18	18	-
Other	-	-	-	-	-	-	-	-	-	-
Total current RRLs	15,479	9,504	5,177	8,040	7,513	52	45,765	34,324	34,324	-

Cumulative variance (%)

0.00%

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

PHA Direct Programme Expenditure



	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Total	YTD Budget £'000	YTD Spend £'000	Variance £'000	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				
Profiled Budget																	
Health Improvement	1,318	2,228	1,356	1,920	3,482	975	2,912	4,172	1,493	3,995	2,148	3,637	29,636	19,856	19,825	31	0.2%
Health Protection	42	204	184	122	5,143	4,030	1,192	4,131	525	632	234	426	16,865	15,573	15,538	35	0.2%
Service Development & Screen	29	73	219	493	93	105	412	371	380	267	425	947	3,815	2,176	1,968	208	9.5%
Research & Development	-	-	-	-	-	-	-	-	-	-	-	3,282	3,282	-	-	-	0.0%
Campaigns	1	1	9	90	18	28	10	122	60	26	27	5	394	337	334	3	1.0%
Nursing & AHP	32	53	33	21	26	26	55	37	30	24	388	143	801	246	240	6	2.4%
Quality Improvement	-	-	-	-	18	-	-	16	23	25	-	61	143	57	57	0	0.0%
Other	-	-	(212)	245	122	123	581	351	0	256	0	(297)	(1,186)	(1,145)	-256	(889)	100.0%
Total PHA Direct Budget	1,421	2,558	1,522	2,890	8,658	5,041	4,000	8,498	2,511	5,225	3,221	8,204	53,750	37,100	37,706	(606)	-1.63%
Cumulative variance (%)																	
Actual Expenditure	1,608	2,765	1,643	2,898	8,801	5,414	3,867	8,533	2,177	-	-	-	37,706				
Variance	(187)	(207)	(121)	(7)	(143)	(373)	133	(35)	334	-	-	-	(606)				

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

**Public Health Agency
2023/24 Ringfenced Position**

	Annual Budget				Year to Date			
	Covid	NDNA	Other ringfenced	Total	Covid	NDNA	Other ringfenced	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Available Resources								
DoH Allocation	2,867	272	756	3,896	1,863	164	483	2,510
Assumed Allocation/(Retraction)	105	-	-	105	-	-	-	-
Total	2,972	272	756	4,001	1,863	164	483	2,510
Expenditure								
Trusts	-	212	147	359	-	164	110	274
PHA Direct	2,972	60	609	3,642	1,863	-	397	2,260
Total	2,972	272	756	4,001	1,863	164	507	2,534
Surplus/(Deficit)	-	-	-	-	-	-	(24)	(24)

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

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

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

PHA Administration
2023/24 Directorate Budgets

	Nursing & AHP £'000	Quality Improvement £'000	Operations £'000	Public Health £'000	PHA Board £'000	Centre for Connected Health £'000	SBNI £'000	Total £'000
Annual Budget								
Salaries	4,963	705	4,242	16,430	343	418	589	27,691
Goods & Services	186	12	1,126	242	113	49	251	1,979
Total Budget	5,150	717	5,368	16,672	456	467	840	29,669
Budget profiled to date								
Salaries	3,725	502	3,180	12,261	257	321	442	20,688
Goods & Services	144	9	845	172	29	33	183	1,415
Total	3,869	510	4,025	12,433	287	354	624	22,103
Actual expenditure to date								
Salaries	3,354	487	2,445	10,944	226	274	440	18,170
Goods & Services	149	3	1,535	713	26	19	130	2,524
Total	3,503	490	3,980	11,657	200	293	570	20,694
Surplus/(Deficit) to date								
Salaries	371	15	735	1,317	32	48	2	2,518
Goods & Services	(5)	6	(690)	(541)	55	14	53	(1,109)
Surplus/(Deficit)	366	20	45	776	87	61	55	1,410
Cumulative variance (%)	9.47%	3.98%	1.11%	6.24%	30.29%	17.34%	8.73%	6.38%

PHA's administration budget is showing a year-to-date surplus of £1.4m, which is being generated by a number of vacancies, particularly within Public Health Directorate. Senior management continue to monitor the position closely in the context of the PHA's obligation to achieve a breakeven position for the financial year. The full year surplus is currently forecast to be c£2.3m, which is contributing towards PHAs forecast deficit in Programme expenditure in the financial year. As part of the Mid Year Review £1.2m has been offered up from the Administration budgets to meet the £5.3m 23/24 savings target.

PHA Prompt Payment

Prompt Payment Statistics

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

Prompt Payment performance for December shows that PHA met its prompt payment target on volume, but missed it on value. The year to date position shows that on volume, PHA is achieving its 30 day target of 95.0% but failing to achieve the 95% target on value. Prompt payment targets will continue to be monitored closely over the 2023/24 financial year.

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

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

1 Purpose

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

2 Background Information

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

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

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

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

3 Key Issues

Following review, the following updates have taken place:

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

4 Next Steps

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



Public Health
Agency

PHA Corporate Risk Register

**Date of Review:
31 December 2023**

Introduction

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

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

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

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

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

Overview of Risk Register Review as at 31December 2023

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

CONTENTS

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

Key:

Risk rating:

- ↑ increased from previous quarter
- ↓ decreased from previous quarter
- remained the same as previous quarter

Control Effectiveness RAG Rating:
RED
AMBER
GREEN

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

Policy, Process: • Regional & local ICT/information security policies; • Data protection policy; • Change Control Processes; • User Account Management processes; • Disaster Recovery Plans; • Emergency Planning & Service/Business Continuity Plans; • Corporate Risk Management Framework, processes & monitoring; • Regional & local incident management & reporting policies & procedures; User Behaviours – influenced through: • Induction; • Mandatory Training; • HR Disciplinary Policy; • Contract of employment; • 3rd party contracts/data access agreements • Metacompliance monthly training now operational PHA BCP tested and updated February 2018 with a focus on cyber security	1st & 2nd line External security review carried out by ANSEC (external security company) 3rd line Internal Audit/BSO ITS self-assessment against 10 Steps towards NCSC; 3rd line: An HSC Cyber Gap analysis (ISO 27001) was carried out (externally carried out by DXC)	• External security review carried out by ANSEC (ext security co) Gap in Controls: – • programme not delivered yet. • SoC sent to DoH for consideration which shows gaps: ASEAM (security incident management system) Privileged accounts management (PAM) • Lack of resources (can't move forward with programme until funding available)	capabilities across the region, under 3 key work streams:. • Communications and culture which contains Cyber training for all staff, Senior Teams, ICT, Department specific • Strategy and Policy, the development and implementation of HSC wide Cyber Security policies, standards and processes and Supplier Management • Technical and Infrastructure including a HSC Network Security Review, Implementation of Network Discovery and vulnerability Management Tools and Incident Response management See below for update on key projects ongoing under these workstreams Debrief of full HSC-wide cyber incident response test - Training programme for Board members will continue to be delivered in consultation with Regional Cyber Security Programme Board) Update from Cyber Security Programme Board – revised training being planned for roll-out with ALB	
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PHA member of the Regional HSC Cyber Security Business Continuity Group BSO cyber project manager co-ordinating regional cyber security work. Regional cyber security programme board (BSO representing PHA) taking forward actions arising from DXC report and recommendations Ongoing work being taken forward and overseen by the Regional Cyber Security Programme Board. Internal Audit of 'user behaviour' relating to cyber security (conducted January 2020) provided satisfactory assurance. A regional cyber Incident Response Plan has been developed to effectively manage a cyber incident within the HSC. A desktop testing exercise of the process took place on 21/6/19 with all HSC ICT organisations and local incident response colleagues.			Board members and senior teams. Targetted training and 'all users' training to be provided Metacompliance – commenced May 2022 –March 2023 is complete and new schedule running from April 2023 to March 2024 full schedule of training materials will be issued across HSC on monthly basis. HSC cyber elearning material ~~currently under review with launch date planned for November 2023.~~ review planned for completion in Feb 2024 with relaunch in March 2024.	
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Cyber Incident Response Action Plan finalised and launched A baseline audit against ISO27001 across all ICT Departments and Internal audits against NSCS Cyber Essentials 10 steps have been completed and recommendations accepted Regional IT Security/cyber security training was refreshed and launched in September 2020. Several Business Cases have been approved and implemented re ongoing resource funding for Cyber staff across HSC this includes: (i) Cyber Resource for one year (ii) Tactical Business Case for resource to implement the tactical recommendations from the network security review. PHA Business Continuity Plan test carried out 13 March 2023 Full HSC-wide cyber incident response test - Incident				
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response plan completed on 1 June 2023				
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Corporate Risk 55**RISK AREA/CONTEXT:** Public Health Agency Staffing Issues**DESCRIPTION OF RISK:**

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

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

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

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

DATE RISK ADDED:

June 2020

HSCQI Risk added
August 2020.

Merged June 2022.

Updated to cover all
Directorate risks as at
September 2023.

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

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

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

LEAD OFFICER: All Directors

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

Locum consultant in place to support health protection. Consultants on retire and return are providing support to the service. Consultant posts have been advertised. Most recent offer made in October 2023. No candidates on waiting list. HR developing new process for recruitment of PH consultants Public health specialist/consultant workforce report developed and approved by AMT in January 2023. The report includes a number of recommendations to increase the supply of specialist and consultant public health staff who are registered with a certificate of completion of training or equivalent. Working with HR to implement a number of steps with individuals in relation to long term sick and absenteeism due to work related stress. £1.8M investment from DoH secured to enhance health protection staffing. Recruitment to the posts		- Number of vacant Consultant posts (as at ~~Sept~~ Dec 2023) - A key deficit is data/analytics/epidemiology, with both a need to enhance capacity, but also ensure wider data flows both within the PHA and also other HSC settings, is efficient (the recent Hussey 'Review' has included a specific recommendation regarding this). HSCQI Gaps in assurance: - Unable to respond with agility to requests from the system. Prioritisation given to strategic areas of work as ~~determined~~ by the HSCQI Leadership Alliance. Gaps in control: ~~Funded~~ Staffing levels are insufficient to build a reliable and responsive HSCQI infrastructure for NI HSC services. - Lack of recurrent funding makes it difficult to recruit.	expanding training numbers and supporting staff with suitable experience to become registered as specialists by the portfolio route. Develop action plan to ensure the recommendations are implemented – ~~Establish strong consultant led multidisciplinary teams in health protection and across directorate to make best use of skills of all staff – ensuring specialised skills of consultants are used to best effect.~~ ~~Health Protection Service reframing and development is currently underway taking into consideration learning from the pandemic response and transitioning to a new normal. This includes the development of an Action Plan focusing on opportunities for learning, staff development and CPD, a robust communication framework, revisiting the core purpose and function of the HP service with particular emphasis on re-shaping the acute response service and improving multi-disciplinary working across the Agency.~~ Reform of Acute response service is ongoing.	
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created largely complete – some posts still to be recruited on a permanent basis. Bank staff list created following the closure of contact tracing service. Staff from the bank have received training and are able to provide support to acute health protection service both in hours and out of hours. Redeployments across admin team to provide cover for key areas. HSCQI • On-going monitoring and prioritising of HSCQI work. • Ongoing Director review of existing HSCQI Directorate structures and support arrangements. • Prioritisation of Regional HSCQI Improvement Programmes and training. Learning System, scale and spread activity and other programmes of work. • Discussions ongoing between Director of HSCQI, PHA CEO and DoH Safety and Quality Standards branch, and			Training and development of a resilient workforce under a delegation framework to support emergency response and emerging situations has been completed. A business case for recurring funding to employ a resilience workforce is in progress. Review of administrative support arrangements agreed with unions and commenced in January 2023 and report shared. Recruitment is underway for Band 3 administrative support staff within the Public Health Directorate. ~~2 new Band 3 staff have taken up post but 1 has since left. A waiting list has been exhausted and new process underway and a waiting list will be created for future vacancies. Director of Finance and Operations position interviewed but not appointed. Next steps under consideration.~~ Operations • Director of Finance and Operations position interviewed and appointed. Successful candidate is due to take up post in March 2024.	
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HSCQI Leadership Alliance re workload and capacity - A number of temporary funded posts have been extended. (HSCQI) Nursing & AHP - Temporaty post for Director of Nursing and AHP has been appointed and started May 2023			HSCQI - Q2020 Project Manager post matched as band 6. Post approved at scrutiny. Funding agreed and recruitment in process. - Temp Q2020 project manager in post via PHA ITM for 6 months until end March 2024. - Permanent Band 4 PA vacant since Nov 23 due to redeployment of postholder. Recruitment being progressed and closing date for applications is 10.1.24. - PHA CEO has approved the recruitment of a temporary band 4 programme support administrator for 12 months. JD to be matched before and recruitment can being progressed. - PHA CEO has approved the recruitment of a temp 8C Assistant Director for 18 months via management of change process. - A temporary 0.6 WTE band 3 agency administrator is in post to support the HSCQI programme of work. Review ~~November 2023~~ Review end Jan 2024 - Ongoing discussions around funding/temporary funding	
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			between Director HSCQI, CEO PHA, DOH Safety and Quality Standards branch, and chair of HSCQI Leadership Alliance. Review ~~January~~ by ~~March~~ 2023	
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Corporate Risk 59

RISK AREA/CONTEXT: Quality Assurance and Commissioning of Screening

DESCRIPTION OF RISK:

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

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

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

In particular:

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

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

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

DATE RISK ADDED:

Risks revised Dec 2023

LINK TO ASSURANCE FRAMEWORK: Safety and Quality Dimension						
LINK TO ANNUAL BUSINESS PLAN 2023/24: Corporate Objectives 1 – 4						
GRADING		LIKELIHOOD		IMPACT		RISK GRADE
Current		Likely		Major		HIGH
Target		Possible		Moderate		MEDIUM
LEAD OFFICER: Director of Public Health						
Existing Controls		1 st , 2 nd & 3 rd lines of Assurance		Gaps in Controls and Gaps in Assurances	Control Effectiveness RAG rating	Action Plan/Comments/ Timescale
Screening Programme Board re-established to provide broader oversight (at CEx/Director level across regional organisations) IT systems - Project structure for implementation of Breast Screening Select has been established, business case approved and implementation ongoing. - Processes are in place within each programme to manage any identified current risk – manual processes /		1st and 2 line assurance - Reports to AMT and briefing/updates to PHA Board; - Report on screening internal audit follow-up to GAC. - Quarterly performance monitoring meetings with BSO - Quality assurance site visits re-established in cancer screening programmes 3rd line assurance: - Regular updates provided to CMO group through sponsorship arrangements		- Commissioning and delivery of screening programmes is a HSC wide system based approach (ie. a number of partners). PHA relies upon each part of the system having appropriate controls in place - Limited resources (staffing, financial and technical) particularly to establish and support an enhanced QA structure for the newborn and antenatal screening programmes.		Southern Trust Cervical Cytology Review: Ongoing support to the cytology review in Southern Trust including co-chairing the Steering and Operational Groups, development and maintainance of an Information system to manage all affected patients through the process and public messaging. A programmed series of messaging to media/ public is underway on work being taken forward to ensure that public confidence is maintained in the service IT systems:
June 2024						

reporting /monitoring/failsafe systems. • Technical review of screening IT systems completed by BSO ITS Screening programmes – programme-specific restoration plans have been implemented and screening programmes are now back on stream. Consultant screening group providing regional oversight; regular updates provided to CMO Sponsorship meetings. Ongoing monitoring of uptake, activity and capacity within each programme with escalation of risks and concerns as required. Baseline screening budget reviewed, Recurrent funding needs for full recovery have been highlighted in the 3 year investment priorities. Programme specific issues: • Cytology review – PHA staff in membership of Southern Trust Cervical			• Ongoing meetings with the Encompass team with screening programme teams to ensure integrity of interfaces is maintained with Encompass going live. • Manual data sharing for cervical screening has gone live with Wales. Discussions are ongoing with England to develop processes to minimise risks in preparation for when their new system is launched. • Separate workstream to be established within the NIDIS project to extend the scope to replace the NHAIS functionality. • Ongoing pressures in Diabetic eye, and cervical screening programmes continue to be a feature. Need for additional recurrent funding to be raised as inescapable for 2024/25 • Ongoing large project work to support programme changes – primary HPV implementation, Breast screening select implementation.	
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Cytology Review Steering group and subgroups, advising on the delivery and assurance of the review programme. Quarterly performance management meetings established with BSO-, with review of progress against audit action plan and SLA. Staffing – approval received to redirect programme monies to PHA staffing budget and 2xband 7 appointed				
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Corporate Risk 60					
RISK AREA/CONTEXT: Impact of Migration to SPPG on PHA					
DESCRIPTION OF RISK: Further to closure of the HSC Board in March 2022, there is a risk that the public health influence into commissioning may be diluted, lack of clarity about roles and responsibilities of PHA staff. With the ICS work still at a development stage, there is a risk to public health as there is a vacuum in planning.					DATE RISK ADDED: December 2020
LINK TO ASSURANCE FRAMEWORK: Safety and Quality Dimension					
LINK TO ANNUAL BUSINESS PLAN 2023/24: Potentially all corporate objectives; particularly corporate objectives 4 (working together to ensure high quality services) and 5 (our organisation works effectively).					
GRADING	LIKELIHOOD	IMPACT	RISK GRADE		
Current	Possible	Moderate	MEDIUM		
Target	Unlikely	Minor	LOW		
LEAD OFFICER: Chief Executive					
Existing Controls	1 st , 2 nd & 3 rd lines of Assurance	Gaps in Controls and Gaps in Assurances	Control Effectiveness RAG rating	Action Plan/Comments/ Timescale	Review Date
- PHA CX a member of the Oversight Board; - PHA staff are represented on a number of the migration workstreams; - Finance Task and Finish Group report submitted to HSCB Migration Governance Steering Group. - New hub and spoke model group established in PHA involving staff from across all directorates to look at how PHA contributes to	1st and 2 line assurance – Reports to AMT and Board - LCGs will continue with PHA input as appropriate until September 2023. This will allow for discussion on appropriate planning models with PHA input as appropriate. - Correspondence from Interim Director of	- Uncertainty regarding the future arrangements (including responsibilities and roles) - Uncertainty regarding future input (& time commitment) from PHA staff; - Uncertainty regarding role of DPH and DNAHP on SPPG Heads of Service group		- Continuing input of PHA staff into development of new planning model, function workstreams etc, to ensure that PHA is taken account of in the new arrangements. (ongoing – review September 2023); - New hub and spoke model group established in PHA involving staff from across all directorates to look at how PHA contributes to the ICS work. This group meets	September 2023 Mar 2024

the ICS work. This group meets on a monthly basis to update on key developments	Finance to Chair and CEO providing assurance re. Finance Function. • Joint Assurance Meetings involving AMT and SPPG Directors in place and providing platform for issues to be raised. 3rd line assurance: • Revision of Framework document raised with Sponsorship branch and Perm Secretary during Accountability meetings.		on a monthly basis to update on key developments • Revisit need for review of HSCNI framework document by DoH as a priority for PHA to clarify roles re commissioning in the emergent ICS context • Joint working group established between PHA and SPPG to develop guidelines / principles for inputting to commissioning processes.	
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Corporate Risk 64						
RISK AREA/CONTEXT: Cyber Security (compromise of HSC network due to cyber-attack on a supplier or partner organisation)						
DESCRIPTION OF RISK: There is a risk to the HSC network and organisations in the event of a cyber-attack on a supplier or partner organisation resulting in the compromise of the HSC network and systems or the disablement of ICT connections and services to protect the HSC and its data. The impact and residual risk on the ability of the HSC to continue to deliver services to patients/service users/clients, compromise or loss of personal and organisational information, and loss of public confidence.					DATE RISK ADDED: September 2021	
LINK TO ASSURANCE FRAMEWORK: Corporate Control Arrangements Dimension						
LINK TO ANNUAL BUSINESS PLAN 2023/24: Corporate Objective 5 Our Organisation Works Effectively						
GRADING		LIKELIHOOD	IMPACT		RISK GRADE	
Current		Likely	Major		HIGH	
Target		Possible	Moderate		MEDIUM	
LEAD OFFICER: Director of Operations						
Existing Controls		1 st , 2 nd & 3 rd lines of Assurance	Gaps in Controls and Gaps in Assurances	Control Effectiveness RAG rating (RED)	Action Plan/Comments/ Timescale	Review Date
Cybersecurity Strategy, Programme & Workplan (via Regional Cyber Security Programme Board) Information Governance Team support & advisory services		1 st & 2 nd line: Technical risks assessments and penetration tests; 1 st & 2 nd line: HSC SIRO Forum for shared learning and collaborative action planning and delivery; 1 st & 2 nd line: IGAG oversight	Gaps in Control: Business continuity plans to be up to date in relation to a cyber incident, implemented and regular testing		PHA Business Continuity Plan exercise testing against the impact of a cyber incident was held on 13 March 2023. PHA Business Continuity Plan reviewed and updated following the exercise and approved by AMT August 2023. Work also underway to	Dec-2023 Mar 2024

Info Gov Advisory Group (regional) Corporate Risk Management framework PHA BCP tested and updated February 2018 with a focus on cyber security PHA member of the Regional HSC Cyber Security Business Continuity Group BSO cyber project manager co-ordinating regional cyber security work. Regional cyber security programme board (BSO representing PHA) taking forward actions arising from DXC report and recommendations. Ongoing work being taken forward and overseen by the Regional Cyber Security Programme Board. Cyber Incident Response Action Plan finalised and launched Regional IT Security/cyber security training was refreshed and launched in September 2020.	1st & 2nd line: Reports to GAC/PHA board on reported incidents as appropriate. 1st & 2nd line: HSC Supplier framework developed for contractors who provide any service to HSC (approved by SIRO as part of Programme Board). Worked with PALS, Legal & CPD. 3rd line: IA report on 3rd party suppliers undertaken 2022	• Develop and test an Information Governance emergency plan in response to a Cyber attack • ICT Security and data protection clauses in all contracts. Partner organisations to meet security and IG standards of the HSC being addressed via supplier framework for new contracts going forward • Legal binding agreements are in place where contracts not required • Review existing contracts for Security and Data Protection clauses Gaps in Assurance: • Business Continuity Plan Test carried out annually	review Business Impact Analysis reports and develop/document Directorate Level Plans. With the QUB and other cyber incidents, HSC SIROs are commissioning, through the Information Governance Advisory Group, a Regional IG Task & Finish Group to address the risks/review data flows from HSC/Partner organisations and issues associated with data loss by a partner organisation. Proposal considered at IGAG 27/5/21. This action currently with DHCNI for decision/funding, etc. Ongoing – lack of funding is holding up progress. Development and testing of IG emergency plan in response to cyber attack being led by IGAG. Currently with DHCNI to support financially. IGAG regularly seek input from DoH/DHCNI. – Sep2023 ongoing regionally – review progress at March 2024 Assistant IG Manager appointed to support Service Leads in a review of new and existing contracts in line with UK GDPR (working with Cyber Security colleagues, PaLS and DLS as appropriate). IG awareness	
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Information Governance Team support & advisory services Info Gov Advisory Group (regional) available Supplier on Retainer contract established to provide further cyber incident preparedness support in the event of an incident. HSC Supplier framework – to include Security and IG clauses, risk assessment and security management plans, approved by Cyber Security Programme Board in June 2022 now being implemented			raising ongoing across PHA in relation to data sharing and other IG documentation to be considered/completed as required (ongoing – progress reported at PHA IGSG – next mtg March 24)	
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Corporate Risk 68					
RISK AREA/CONTEXT: Information Governance					
DESCRIPTION OF RISK: Information governance data sharing arrangements not in place to facilitate health surveillance to function fully and meet the requirements of international health regulations law and stakeholders' requests including WHO and UKHSA. Reputational risk to organisation.					DATE RISK ADDED: Dec 2022
LINK TO ASSURANCE FRAMEWORK: Safety and Quality Dimension					
LINK TO ANNUAL BUSINESS PLAN 2023/24: Corporate Objective 5 Our Organisation Works Effectively					
GRADING	LIKELIHOOD	IMPACT	RISK GRADE		
Current	Almost Certain	Moderate	HIGH		
Target	Possible	Moderate	Medium		
LEAD OFFICER: Director of Public Health					
Existing Controls	1 st , 2 nd & 3 rd lines of Assurance	Gaps in Controls and Gaps in Assurances	Control Effectiveness RAG rating (RED)	Action Plan/Comments/ Timescale	Review Date
Final version of the Four Nations Data Sharing Agreement signed and returned to UKHSA 20/07/23 Completed document with all nations signed awaited return to PHA Genomics / CLIMB COVID consortium agreement expired and PHA has not signed the	1 st and 2 nd line Preparation of reports for AMT and the Board 3 rd line Regular engagement with DLS to advise on risk and approach to take.	Requests for mpox (monkeypox) and hepatitis of unknown etiology in children under the International Health Regulations (for managing public health emergencies) were not met by PHA because of uncertainty about the legal position for data sharing, legal advice is awaited		External support, Gartner, commissioned to support information governance work. Action plan in place for review work which is ongoing. Revised drafted MOU, DPIAs and DAAs will require DPO review and sign off.	Sept 2023 Mar 2024

proposed replacement agreement under legal advice. Correspondence between PHA's legal adviser and UKHSA is ongoing.			Application of the Data Sharing Framework Agreement to be completed through individual Framework Agreement Addendums CLIMB COVID DSA is with DLS Legal adviser for consideration and is not signed. Position paper to be developed for AMT consideration setting out the relative risk to PHA of providing information to WHO and recommendations for how to progress. new date required for AMT presentation.	
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Corporate Risk 71**RISK AREA/CONTEXT: RISK AREA/CONTEXT:**

Public Inquiries - Reputational damage to the PHA as a result of criticism received from any of the statutory public inquiries that the Agency is actively engaging with. This risk encompasses the ability of the PHA to respond to the requests made of it by each Public Inquiry. ~~Public Inquiries – Reputational damage that may flow from the outcome of any public inquiry results in criticism of the PHA. PHA ability to respond to requests from various Public Inquiries.~~

DESCRIPTION OF RISK: There is a risk that the PHA may suffer reputational damage and loss of professional credibility if the outcome of any public inquiry results in criticism of the PHA. The PHAs ability to adequately respond to Public Inquiries in a timely and complete manner is critically important. Factors such as loss of corporate memory with many key members of staff no longer in PHA employment, capacity of current staff to devote the time required to input into responses, no dedicated Public Inquiries Team within PHA and no corporate document retrieval system to readily locate relevant files are relevant. There is also the risk of adverse impacts on other significant PHA deliverables, if key staff are required to reallocate their time to input into the work of ongoing Public Inquiries. There has been no dedicated support / increase in core funding for staff from DoH. ~~The PHA is actively involved in four open public inquiries alongside a requirement to review the work undertaken in respect of the now closed Hyponatraemia and Neurology Inquiries. Public Inquiries currently ongoing include the Muckamore Abbey Hospital Inquiry, the Urology Services Inquiry and the UK Covid-19 Inquiry. There is also a need to review the roles and responsibilities for the implementation of recommendations from the Hyponatraemia Inquiry.~~

DATE RISK ADDED:

30 April 2023

LINK TO ASSURANCE FRAMEWORK: Corporate Control Arrangements Dimension

LINK TO ANNUAL BUSINESS PLAN 2023/24: Corporate Objective 5 Our Organisation Works Effectively

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

LEAD OFFICER: Director of Operations

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

		senior staff who have left the organisation. • Psychological impact for staff responding to Inquiries / reliving experiences remains a live issue under consideration.		
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APPENDIX 1

RISKS ADDED TO CORPORATE RISK REGISTER AS AT 31 DECEMBER 2023

Corporate Risk 72					
RISK AREA/CONTEXT: Financial Planning Context 24/25 Finance / Operational Performance and Service Improvement Dimentions					
DESCRIPTION OF RISK - Financial Planning Context 2024/25. In light of the current financial planning context for 2024/25, PHA has been asked by DoH to identify the implications of delivering further savings of 2% / 5% /10% against its baseline budget of £115m. To achieve the savings, PHA will need to prioritise current investments. This will require the PHA to potentially stop a significant number of existing contracts it has in place with Providers by March 2025. It will be difficult to manage contract termination processes and will likely result in significant negative public, media and political reaction.					DATE RISK ADDED: January 2024
LINK TO ASSURANCE FRAMEWORK: Corporate Control Arrangements Dimension					
LINK TO ANNUAL BUSINESS PLAN 2023/24: Corporate Objective 5 Our Organisation Works Effectively					
GRADING	LIKELIHOOD	IMPACT	RISK GRADE		
Current	Likely	Major	HIGH		
Target	Likely	Moderate	MEDIUM		
LEAD OFFICER: Chief Executive					
Existing Controls	1st, 2nd & 3rd lines of Assurance	Gaps in Controls and Gaps in Assurances	Control Effectiveness RAG rating	Action Plan/Comments/ Timescale	Review Date
PHA approach will be guided by AMT and PHA board direction PHA has developed an initial savings plan setting out the impacts of reducing the PHA budget by 2% 5% and 10% PHA has agreed a financial Plan setting out how it will	1 st and 2 nd line assurances AMT/ PHA board to be updated on budget position on a regular basis. PHA Board presented with options for realaising the Savings in January 2024 for approval			PHA officers to meet with DoH DoF in February to discuss consequences of savings options on PHA core business	Mar 2024

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

RISKS REMOVED FROM CORPORATE RISK REGISTER AS AT 31 DECEMBER 2023

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

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

Corporate Risk 69				
RISK AREA/CONTEXT: Financial Planning Context 23/24 Finance / Operational Performance and Service Improvement Dimentions				
DESCRIPTION OF RISK ~~In light of the current financial planning context for 2023/24, PHA has been asked to progress with delivering on all low and medium priority rated savings proposals identified by PHA in its savings plan and to deliver and additional £1m of savings to achieve total cash release savings of £5.3m in 2023/24. To achieve the savings, PHA will need to prioritise current investments. This will require the PHA to potentially stop a significant number of existing contracts it has in place with Providers by March 2024. It will be difficult to manage contract termination processes and will likely result in significant negative public, media and political reaction.~~				DATE RISK ADDED: January 2023 Updated/Removed January 2024 New 2024/25 Risk added.
LINK TO ASSURANCE FRAMEWORK: Corporate Control Arrangements Dimension				
LINK TO ANNUAL BUSINESS PLAN 2023/24: Corporate Objective 5 Our Organisation Works Effectively				
GRADING	LIKELIHOOD	IMPACT	RISK GRADE	
Current	Likely	Major	HIGH	
Target	Likely	Moderate	MEDIUM	
LEAD OFFICER: Chief Executive				
Existing Controls	1st, 2nd & 3rd lines of Assurance	Gaps in Controls and Gaps in Assurances	Control Effectiveness RAG rating	Action Plan/Comments/ Timescale
~~PHA approach will be guided by AMT and PHA board direction~~ ~~PHA has developed an initial savings plan setting out the impacts of reducing the PHA budget by 3% and 5%~~ ~~PHA has agreed a financial Plan setting out how it will~~	~~1st and 2nd line assurances~~ ~~AMT/ PHA board to be updated on budget position on a regular basis.~~ ~~PHA Board presented with a Financial Plan in June 2023 for approval~~			~~A more detailed savings plan setting out specific imptct of delivering the savings required on a recurrent basis to be developed by September 2023.~~ ~~Draft paper on proposed approach for identifying recurrent savings to be discussed with PPR Committee October 2023~~

deliver ~~£4.65m of the £5.3m~~ savings	PHA submission to DoH setting out options for delivering ~~2% /5% /10%~~ savings, approved by PHA Board in January 2024		• ~~Financial plan to reach financial breakeven to reviewed on a monthly basis.~~ ~~PHA officers to meet with DoH DoF in February to discuss consequences of savings options on PHA core business~~
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Title of Meeting	PHA Board Meeting
Date	15 February 2024
Title of paper	Performance Management Report
Reference	PHA/05/02/24
Prepared by	Stephen Murray / Rossa Keegan
Lead Director	Stephen Wilson
Recommendation	For Approval ☐ For Noting ☒

1 Purpose

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

2 Background Information

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

3 Key Issues

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

Of the 37 actions across 10 Key Priorities

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

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

4 Next Steps

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



PERFORMANCE MANAGEMENT REPORT

Monitoring of Targets Identified in The Annual Business Plan 2023 – 2024 Part A

As at 31 December 2023

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

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

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

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

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

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

Key Priorities									
	Action from Business Plan:	Progress	Achievability (RAG)			Mitigating actions where performance is Amber / Red			
			June	Sept	Dec				
1a	All children and young people have the best start in life	Vaccination By December 2023, increase by 1% the uptake rates for pre-school immunisation (based on December 2022 position)	COVER statistics	Q3 Oct-Dec 22 (%)	Q4 Jan-Mar 23 (%)	Q1 Apr-Jun 23 (%)	Q2 Jul-Sep 23 (%)	Diff %	Director of Public Health Joanne McClean Downward trend in vaccine uptake over the last few years has continued and is also seen in the other UK nations.
			12 months						
			DTaP/IPV/Hib/HepB	92.5	92.4	91.6	92.5	0	
			PCV	94.6	94.6	94	94.6	0	
			Rotavirus	88.8	89.7	89.4	89.1	0.3	
			MenB	92.8	92.6	91.7	92.4	-0.4	
			24 months						
			DTaP/IPV/Hib/HepB	94.4	94.0	93.8	93.1	-1.3	
			MMR1	89.5	89.4	89.3	88.8	-0.7	
			PCV booster	90.2	91.8	89.8	89.1	-1.1	
			Hib/Men C	89.8	89.8	89.8	89	-0.8	
			Men B	89.0	89.2	88.6	88.1	-0.9	
			5 years						
			DTaP/IPV/Hib/HepB	94.0	93.6	94.4	94.4	0.4	
			DTaP/IPV/Hib/HepB (booster)	87.9	86.9	86.1	85.9	-2	
			MMR1	93.9	93.5	93.5	93.6	-0.3	
			MMR2	87.5	86.4	85.6	85.4	-2.1	
			Hib/Men C booster	93.3	92.9	93	93.1	-0.2	
			Source: PHA Health Protection Vaccine Surveillance Team						

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

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

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

3b		Alcohol and Drugs Joint Draft Commissioning Framework for Alcohol and Drug services to be approved by PHA Board by May 2023 and procurement of phase 1 services completed by March 2024	Substance Use Strategic Commissioning and Implementation Plan (The Plan) drafted. The Plan has been agreed by the SUS HSC Advisory Board, the SUS Programme Board and CMO. The Plan has been approved at PHA AMT and SPPG SMT in June. The Plan was presented to PHA PPR Committee in early June and a number of issues were highlighted that required further clarification prior to the document being considered by PHA board. Due to the delay in approving the document there will potentially be a short delay in completion of phase 1 of the procurement process. Dec 23 update: The public consultation closed on 24 November, receiving 40 responses, 14 of which were directly from the general public. The team are reviewing, analysing and editing the Plan as appropriate. Once updated the Plan will be presented for scrutiny and approval via the SUS Programme Board, PHA AMT, SPPG SMT and PHA Board across February-March 2024. Phase 1 of the regional D&A procurement process is underway, with the pre-				Director of Public Health Joanne McClean
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		Key Priorities					
	Action from Business Plan:		Progress	Achievability (RAG)			Mitigating actions where performance is Amber / Red
				June	Sept	Dec	
			procurement work being finalised by March 2024.				
3c		Mental Health / Suicide prevention Draft PHA Mental Health, Emotional Wellbeing and Suicide Prevention commissioning framework developed by March 2024.	Dec 23 Update: Focus in 23/24 has shifted onto re-procuring the contracts that are currently covered by DAC's. Project initiation Document for Protect Life 2 Commissioning was presented to, and endorsed by the Procurment Board on 30 November 2023. Initial work has been undertaken in developing the Commissioning framework but this will not be concluded in year as a result of staff absences (2 key staff have been off on long term illness but are now back to work) and will need to be carried forward into 24/25				Director of Public Health Minimal impact on DAC's anticipated. Joanne McClean

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

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

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

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

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

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

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

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

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

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

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

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

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

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

8d		Staff absence will be effectively managed to ensure appropriate and timely support for staff and with the aim of working towards the agreed target	Staff absence is reported to AMT on a monthly basis. Although overall sickness absence rates have increased (4.83% at end of Q1 23/24), all long term absence is actively managed with support from Occupational Health. There are a range of HWB resources to support staff and the Staff Experience workstream of the Organisation Development Engagement Forum (ODEF) have staff health & well being as a key area in their action plan for the current year. Regular reports are provided to Directors on sickness absence in their Directorate to ensuring ongoing management of such. As part of the work of ODEF a new H&WB survey has been approved for launch in November as part of the live well work well programme of work. This will see local champions identified alongside a programme of work to ensure further development of the ongoing work to support staff H&WB.				All Directors
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		Key Priorities						
	Action from Business Plan:		Progress		Achievability (RAG)			Mitigating actions where performance is Amber / Red
					June	Sept	Dec	
8e		Hybrid working pilot scheme to be fully implemented with evaluation undertaken which will feed into any future arrangements by March 2024	The Pilot scheme moved to full implementation from 1 st April 2023. The working group has developed a staff questionnaire which will be issued in Feb 2024 to inform the evaluation.					Director of HR Robin Arbuthnot Hybrid working pilot arrangement extended to Mar 2024 to facilitate evaluation.

		Key Priorities									
	Action from Business Plan:		Progress				Achievability (RAG)			Mitigating actions where performance is Amber / Red	
							June	Sept	Dec		
8f		Staff will have completed all mandatory training as required by the organisation. 90% compliance by end of December 2023	Date	June 23	Sept 23	Dec 23				All Directors	
			Cyber Sec	86.95%	92.08%	90.59%					Line managers are able to use the 'MyTeam' function on LearnHSCNI to identify staff who are not compliant so appropriate action can be taken. Directors are also provided with updated compliance reports on a monthly basis. DSE and Manual Handling are new modules. IG Awareness has changed from last 3 years to 1 year with some back end issues affecting recording of training.
			DSE	62.56%	81.19%	85.19%					
			Equality	65.02%	84.16%	84.44%					
			Equality-Line Mgr	44.35%	92.08%	86.67%					
			Fire Safety	68.47%	81.68%	85.68%					
			Fraud	62.56%	80.45%	79.75%					
			Health & Safety	70.20%	83.66%	83.46%					
			IG Awareness	49.51%	65.35%	71.29%					
			Manual Handling	43.35%	67.82%	69.38%					
			Risk Mgmt	79.06%	87.38%	84.20%					

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

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

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

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

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

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

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

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



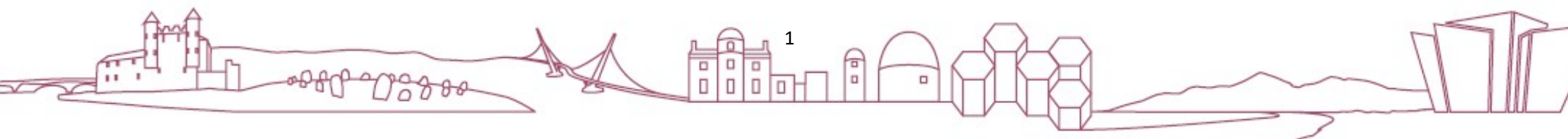
PERFORMANCE MANAGEMENT REPORT

Monitoring of Targets Identified in

The Annual Business Plan 2023 – 2024

Part B - Exception report

As at 31 December 2023

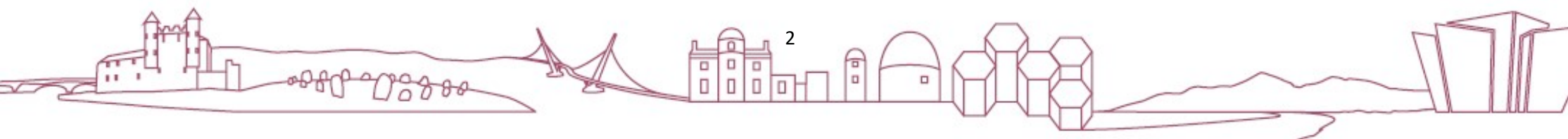


There are a total of 59 actions in the Annual Business Plan – Part B. Each action has been given a RAG status as follows:

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

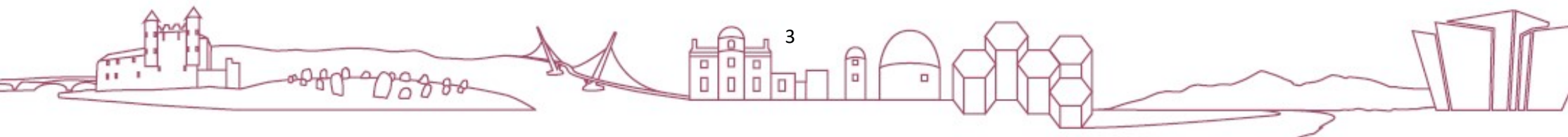
Of these 59 actions 44 have been rated green, 13 as amber and 2 as red.

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



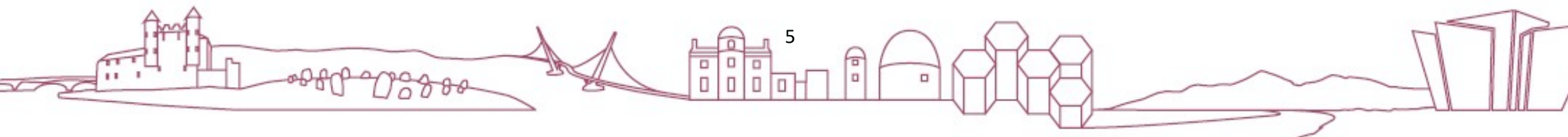
This document contains those actions from Part B of the Dec 2023 Corporate Monitoring Report that received an **Amber** or **Red** RAG status.

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

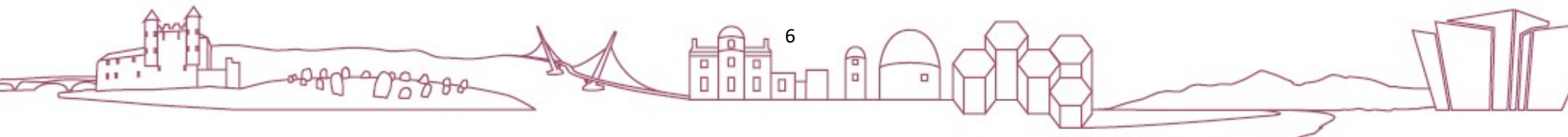


Outcome 3: All individuals and communities are equipped and enabled to live long and healthy lives								
	Priority	Action	Progress <i>(Performance measures from ABP in blue for reference)</i>	Achievability (RAG) Jun/Sep/Dec/Mar			Mitigating actions where performance is Amber / Red	
10	1	Undertake review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

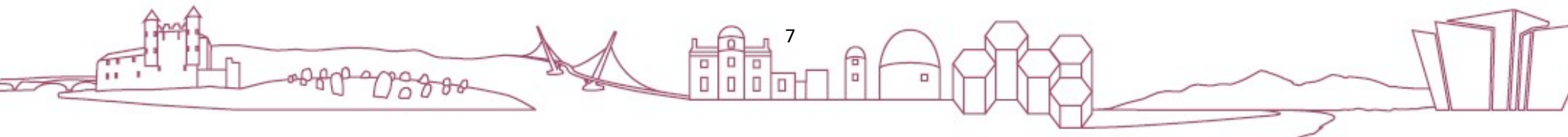
Outcome 3: All individuals and communities are equipped and enabled to live long and healthy lives						
	Priority	Action	Progress <i>(Performance measures from ABP in blue for reference)</i>	Achievability (RAG) Jun/Sep/Dec/Mar		
13	1	Sexual Health Work with DoH in the development and implementation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



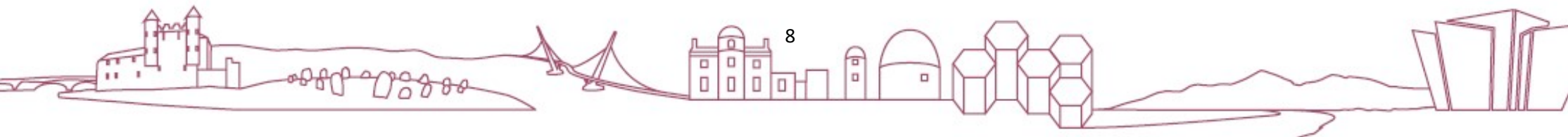
Outcome 3: All individuals and communities are equipped and enabled to live long and healthy lives								
	Priority	Action	Progress <i>(Performance measures from ABP in blue for reference)</i>	Achievability (RAG) Jun/Sep/Dec/Mar				Mitigating actions where performance is Amber / Red
			Sept 23 – GC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



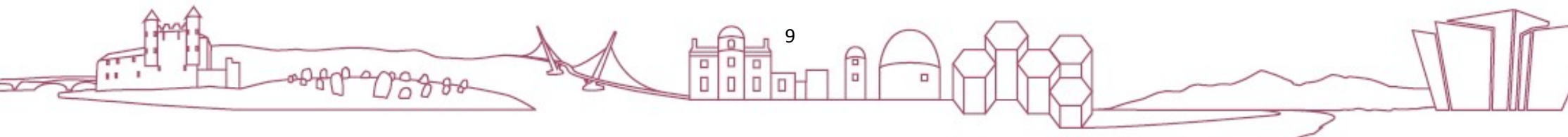
Outcome 3: All individuals and communities are equipped and enabled to live long and healthy lives							
	Priority	Action	Progress <i>(Performance measures from ABP in blue for reference)</i>	Achievability (RAG) Jun/Sep/Dec/Mar			Mitigating actions where performance is Amber / Red
			- Initial health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



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



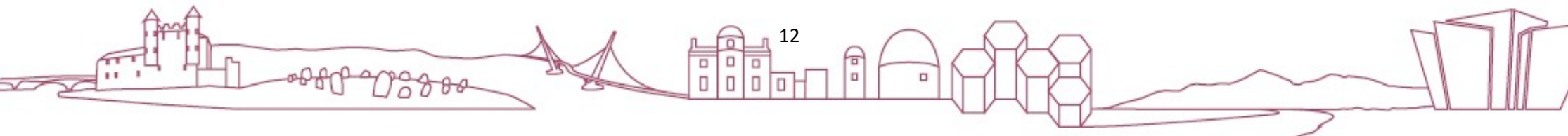
Outcome 3: All individuals and communities are equipped and enabled to live long and healthy lives							
	Priority	Action	Progress <i>(Performance measures from ABP in blue for reference)</i>	Achievability (RAG) Jun/Sep/Dec/Mar			Mitigating actions where performance is Amber / Red
							identified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



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

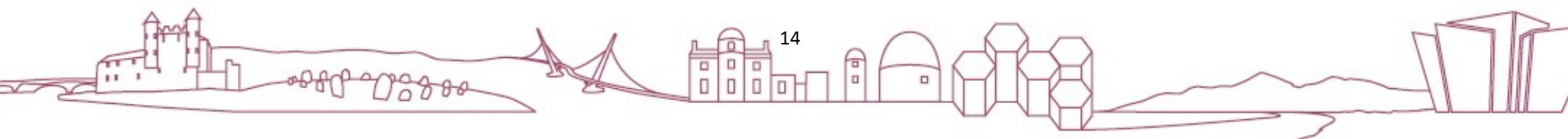
Outcome 3: All individuals and communities are equipped and enabled to live long and healthy lives								
	Priority	Action	Progress <i>(Performance measures from ABP in blue for reference)</i>	Achievability (RAG) Jun/Sep/Dec/Mar				Mitigating actions where performance is Amber / Red
		knowledge, attitudes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

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



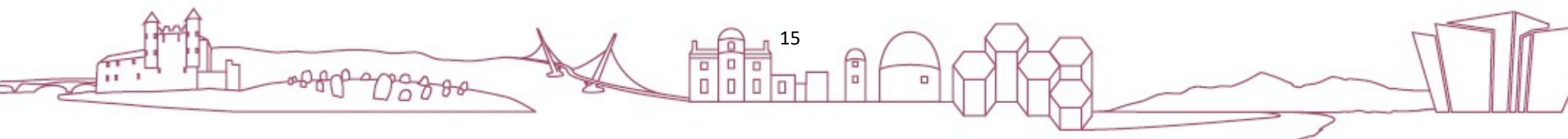
Outcome 4: All health and wellbeing services should be safe and high quality									
	Priority	Action	Progress <i>(Performance measures from ABP in blue for reference)</i>	Achievability (RAG) Jun/Sep/Dec/Mar			Mitigating actions where performance is Amber / Red		
26	1	PHA led multi-disciplinary Editorial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

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

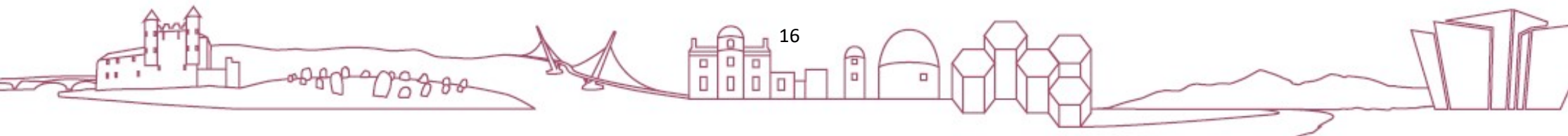


Outcome 4: All health and wellbeing services should be safe and high quality						
	Priority	Action	Progress <i>(Performance measures from ABP in blue for reference)</i>	Achievability (RAG) Jun/Sep/Dec/Mar		
						data migration.

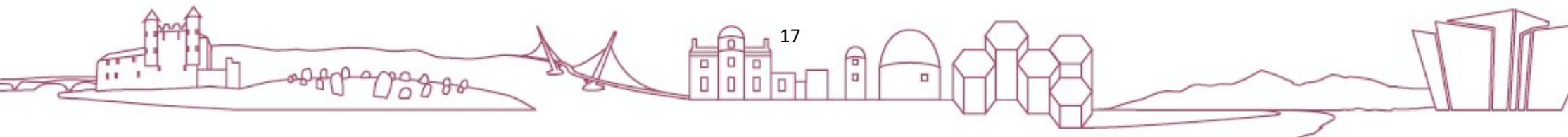
Outcome 5: Our organisation works effectively						
	Priority	Action	Progress <i>(Performance measures from ABP in blue for reference)</i>	Achievability (RAG) Jun/Sep/Dec/Mar		
37	1	Complete the transition of the acute health protection service, using learning from the COVID response, from interim arrangements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



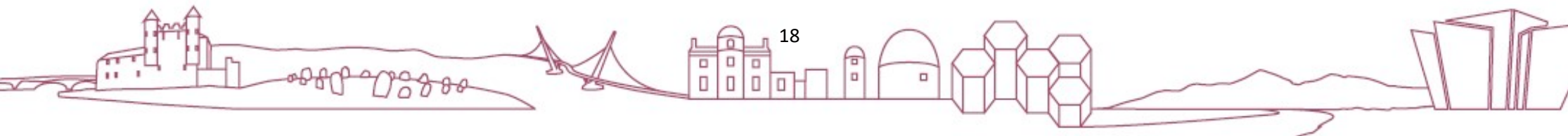
Outcome 5: Our organisation works effectively					
	Priority	Action	Progress <i>(Performance measures from ABP in blue for reference)</i>	Achievability (RAG) Jun/Sep/Dec/Mar	Mitigating actions where performance is Amber / Red
		in place to respond appropriately to incidents and calls on a 24/7 basis.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



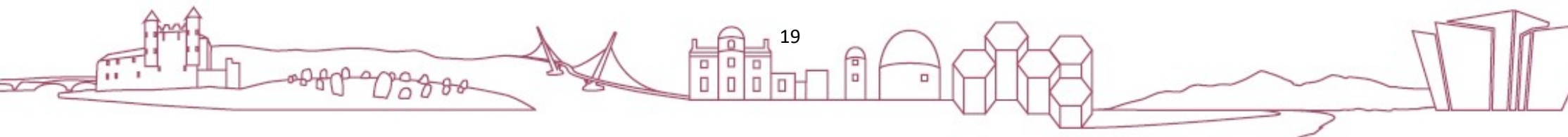
Outcome 5: Our organisation works effectively						
	Priority	Action	Progress <i>(Performance measures from ABP in blue for reference)</i>	Achievability (RAG) Jun/Sep/Dec/Mar		
38	1	Review current policy requirements in relation to climate change and develop a PHA Plan setting out our organizational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



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



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



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

1 Purpose

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

2 Background Information

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

3 Key Issues

The key areas reflected in this report are;

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

- Agreed action plan
- Relevant appendices.

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

4 Next Steps

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

Title of Meeting	PHA Board Meeting
Date	15 February 2024
Title of paper	Complaints Report
Reference	PHA/07/02/24
Prepared by	Alastair Ross / Catherine Collins
Lead Director	Stephen Wilson
Recommendation	For Approval ☐ For Noting ☒

1 Purpose

The purpose of this paper is to present the latest quarterly Complaints Report to the Board for noting.

2 Background Information

In May 2023, BSO Internal Audit carried out an audit of Complaints and Claims Management within the PHA.

Recommendation 2.1 of the Audit recommended that,

‘Regular reporting on complaints should be presented at both Executive and Non-Executive level. This reporting should provide number and age of open and closed complaints; types of complaints; performance reporting against KPIs etc’

By way of implementation of this recommendation, the Agency now produces a quarterly internal Complaints Report. The attached report is the second of its kind covering the period 1 October 2023 - 31 December 2023.

This report was approved by the Agency Management Team at its meeting on 24 January 2024 and was brought to the Governance and Audit Committee on 1 February 2024.

3 Key Issues

Between 1st March 2023 and 31st December 2023, PHA received six complaints. Five of these complaints have been closed while one remains open. Further information is contained within the Report.

4 Next Steps

An annual Complaints Report will be prepared at the end of the next quarter and brought to the Governance and Audit Committee and PHA Board.



Public Health
Agency

2023/24

Quarterly Complaints Update

Position as at 31 December 2023

Report Prepared by PHA Complaints Office



1. Context

This report has been created as a mechanism to ensure that senior leaders within the PHA, at both Executive and Non-Executive level, receive regular and adequate information in respect of complaints made against the organisation.

2. Definition

In line with the guidance set out in the HSC Complaints Procedure, a complaint is '*an expression of dissatisfaction that requires a response*' in relation to the work undertaken by the PHA.

This is in contrast to the many general queries, public health concerns or complaints made against other organisations that make their way to the PHA via existing complaints channels - these being dealt with through alternate channels.

3. Key Performance Indicators

The management of complaints are monitored in line with the following key performance indicators:

1. A complaint should be acknowledged in writing within 2 working days of receipt;
2. A complaint should be responded to within 20 working days of receipt;
3. Where a full response within 20 days is not possible, a complainant should be updated every 20 working days on the progress of their complaint.

4. 2023/24 Overview

During the period, 1st April 23 - 31 December 2023, the PHA received six complaints*.

Table 1 Number of Complaints by month/quarter

	Q1			Q2			Q3			Q4			23/24 TOTAL
	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	
Complaints Received	1	1	1	2	0	0	1	0	0				6

*This number excludes two matters that were initially accepted as complaints but subsequently deemed not to be appropriate for consideration through the complaints process.

The following table sets out a breakdown of the number of complaints by Directorate during the period 1 April 2023 - 31 December 2023.

Table 2 Complaints by Directorate

Responsible Directorate	No of Complaints Received During 2023/24				
	Q1	Q2	Q3	Q4	TOTAL
Public Health	0	1	1		2
Nursing Midwifery & AHP	2	1	0		3
Operations	1	0	0		1
Quality Improvement	0	0	0		0
TOTAL	3	2	1		6

5. 2023/24 Closed Complaints

Five of the six complaints received during 2023/24 have been closed. The following tables provide information in respect of these closed complaints.

Table 3 Performance Against Key Performance Indicators (KPI) for Closed Complaints

Number of Complaints Closed during 2023/24	KPI 1		KPI 2		KPI 3	
	Number of complaints acknowledged within 2 working days of receipt	Percentage of complaints acknowledged within 2 working days of receipt	Number of complaints responded to within 20 working days of receipt	Percentage of complaints responded to within 20 working days of receipt	Number of complainants updated every 20 days (where KPI 2 was not met)	Percentage of complainants updated every 20 days (where KPI 2 was not met)
5	4	80%	3	60%	0	0%

Table 4 Tenure of Closed Complaints

PHA Reference	Time taken to conclude Complaint (working days)	Shortest To Longest 
[REDACTED]	3	
[REDACTED]	7	
[REDACTED]	17	
[REDACTED]	22	
[REDACTED]	23	
PHA AVERAGE	15 Days	

Table 5 Synopsis of Closed Complaints

PHA Ref	Responsible Directorate	Synopsis of Complaint and Response (listed in order of receipt by PHA)
[REDACTED]	Nursing Midwifery & AHP	Complaint - Capability of Covid-19 vaccination booking system to accept an appointment after vaccinations had stopped for a given age group. Response - The issue was a result of the technical complexities required when assigning patient eligibility to scheduled clinics.
[REDACTED]	Nursing Midwifery & AHP	Complaint - Accessibility of a Covid-19 vaccination clinic and difficulties experienced by complainant contacting PHA in relation to this issue. Response - Complainant was contacted by a PHA service lead and arrangements were put in place for complainant to receive required vaccination.
[REDACTED]	Operations	Complaint - Issues raised with the tone of PHA organ donation advertisements and perceived negativity towards individuals choosing to opt out. Response - PHA approach was based on audience feedback and was found to very clearly communicate the law change and the importance of informing others, so helping families to be certain of their loved one's decision.
[REDACTED]	Nursing Midwifery & AHP	Complaint - Difficulties faced by Complainant trying to arrange a spring Covid-19 booster vaccination for her elderly mother. Response - Complainant was contacted by a PHA service lead and arrangements were put in place for her mother to receive required vaccination. Issue arose as the PHA did not receive any communication in relation to non-vaccination from the relevant GP Practice.

		Complaint
		- Timeliness of cervical screening results in which complainant had been waiting beyond the six-week period referred to within the invitation letter.
	Public Health	Response
		- PHA to review and revise invitation letters to ensure they make clear to all those attending for screening that the wait for a result was expected to be longer.

6. 2023/24 Open Complaints

As at 31 December 2023, the PHA has one open complaint. Tables 6 and 7 provide further detail on this complaint.

Table 6 Synopsis of Open Complaints

PHA Ref	Responsible Directorate	Synopsis of Complaint and Current Position
	Public Health	Complaint - Concern raised by Complainant around the PHA response to an odour issue emanating from a commercial compost facility. Difficulties faced by the Complainant contacting the PHA also form part of this complaint. Position as at 31 December 2023 - A draft letter of response has been developed by colleagues within the Public Health Directorate which is with the Chief Executive's Office for review.

Table 7 Performance Against Key Performance Indicators (KPI) for Open Complaints

PHA Reference	Responsible Directorate	Date Received	KPI 1	KPI 2	KPI 3	Duration of Complaint (working days)
			Acknowledged within 2 working days of receipt	Responded to within 20 working days of receipt	Update Provided every 20 days	
	Public Health	02/10/2023	Yes	No	Yes	63

7. Northern Ireland Public Services Ombudsman

Upon the completion of the PHA complaints process, each complainant is signposted to the Ombudsman should they be dissatisfied with the outcome they have received.

As at 31 December 23, the Ombudsman is investigating one complaint in respect of the PHA. Table 8 provides further detail on this complaint.

Table 8 PHA Complaints with Ombudsman

PHA Ref	PHA Internal Record	NIPSO Position
	Complaint - Received November 22 - Perceived conduct of PHA staff member during a discussion with a service user regarding their experience of a training programme. Response - January 23 - PHA staff member had acted compassionately and empathetically	NIPSO intend to assess this Complaint in January 24

PHA Complaints Office
complaints.pha@hscni.net

END

Title of Meeting	PHA Board Meeting
Date	15 February 2024
Title of paper	Director of Public Health Annual Report 2021
Reference	PHA/08/02/24
Prepared by	Brid Farrell, Janice Bailie, Louise Herron, Aoife Nic Iomhair
Lead Director	Joanne McClean
Recommendation	For Approval ☐ For Noting ☒

1 Purpose

The purpose of this paper is to present the Director of Public Health Annual Report for 2021 to the PHA Board for noting.

2 Background Information

The 2021 Director of Public Health Report is being presented to the Board for noting. It covers the 2021 calendar year and was severely delayed on account of workload during the COVID-19 pandemic. The accompanying core tables have been produced.

The production of a DPH annual report is not listed as a statutory duty of the PHA in the (HPSS) Health and Personal Social Services (Quality, Improvement and Regulation) (NI) Order 2003, but is described as a responsibility of the DPH under section 2.3.4 of the PHA Corporate Governance Framework (2012; updated 2014).

3 Key Issues

The report focuses on the Coronavirus pandemic and is broken down into 4 main sections:

- Vaccination
- Test, Trace, Protect
- Impact of COVID-19 on other aspects of healthcare
- Impact of COVID-19 on wellbeing

4 Next Steps

Following consideration by the Board, the report will be published on the PHA website.

Coronavirus: the 2021 Director of Public Health Report for Northern Ireland



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Foreword

Foreword



 **Dr Brid Farrell**

Welcome to the 12th Annual Report of the Director of Public Health. This report builds on the previous Annual Director of Public Health Report published in 2020 which described the initial impact of COVID-19 in Northern Ireland and the response of the Public Health Agency (PHA) during the preliminary stages of the pandemic. This report once again focuses on COVID-19, describing some of the broader health and societal consequences which have become apparent in the intervening period. It highlights some of the work being undertaken across Northern Ireland to mitigate the impacts of the pandemic on the health and wellbeing of our population. In particular, the report outlines key developments within the field of public health which have supported the pandemic response, as well as providing a solid foundation in our plans for longer-term recovery. The report acknowledges the commitment of the public health and healthcare workforce in Northern Ireland to protecting the health of our population during the second year of the pandemic response.

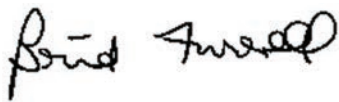
The report begins by providing an overview of the COVID-19 pandemic within Northern Ireland throughout 2021, together with the public health response during this time period. This highlights the synergy between new and traditional ways of working, illustrating how digital interventions and innovative approaches cultivated during the pandemic have complemented the long-standing, evidence-based cornerstones of public health practice. The report highlights contributions from colleagues across the PHA and partner organisations, and provides a snapshot of the extensive work being undertaken 'on the ground' to address the many and varied challenges presented to population health in Northern Ireland by COVID-19.

The Health Protection Team of the PHA, ably supported by colleagues from across the broad sphere of public health, has played a central role in the coordination of the pandemic response in Northern Ireland, since the identification of the first case of COVID-19 on 26 February 2020. The PHA has worked to mitigate the wider health impacts of the pandemic, minimising the disruption to routine health service provision. Maintaining population screening programmes to enable early detection of cancer and other conditions has necessitated the implementation of new ways of patient engagement and service delivery to ensure the continuation of high quality service provision. The report describes initiatives undertaken in collaboration with partner organisations to address inequalities in cancer screening uptake among women during the pandemic, as well as the introduction of new technologies and techniques to improve and develop existing screening programmes.

The mental health effects of infection by SARS-CoV-2, in addition to the wider psychological and emotional impacts of the pandemic, have been extensively documented by researchers around the world. The pandemic has also served to widen health inequalities in those already suffering from mental health conditions, with individuals suffering from mental illness at increased risk of infection, as well as experiencing higher rates of hospital admission and death from COVID-19. Furthermore, a local study in Northern Ireland has demonstrated significantly lower uptake of COVID-19 vaccination among those being treated with anti-anxiety and anti-psychotic

medications, compared to those not receiving such medications.¹ This report describes the findings of studies funded by the Health and Social Care Research and Development Division of the PHA, which have explored the harmful effects of the pandemic on the wellbeing and quality of life of our health and social care staff, and college students in Northern Ireland and the Republic of Ireland. These studies outline strategies to improve and support holistic health and wellbeing of these groups, at policy, organisational and individual level.

The report also highlights work being undertaken to address the impact of the pandemic on widening health inequalities across Northern Ireland, through the adoption of targeted population and community engagement approaches. A key focus throughout 2021 has been on addressing inequalities in COVID-19 vaccination uptake among specific population subgroups, through the implementation of targeted, evidence-based strategies.



Dr Brid Farrell

Acting Director of Public Health
Public Health Agency

References



1. Murphy S, O'Reilly D, Owen RK, Akbari A, Lowthian E, Bedston S et al. Variations in COVID-19 vaccination uptake among people in receipt of psychotropic drugs: cross-sectional analysis of a national population-based prospective cohort. *Br J Psychiatry*, Cambridge University Press 2022; 1-8. doi:10.1192/bjp.2022.36 Accessed 4 August 2022.

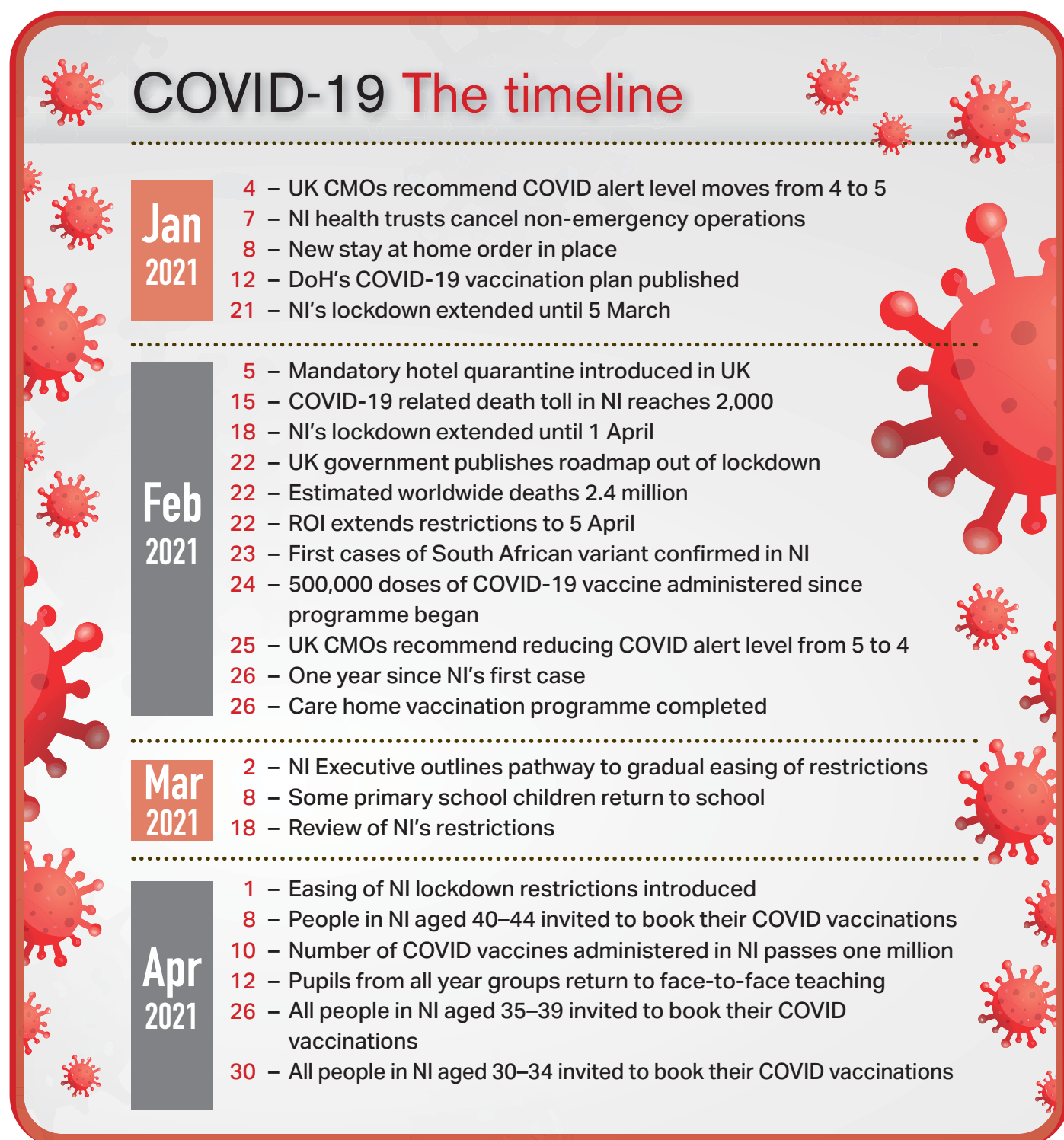
Overview

Overview

An overview of COVID-19 in Northern Ireland during 2021

Figure 1 highlights key events during the COVID-19 pandemic in Northern Ireland throughout 2021.

Figure 1: Timeline of key events in the course of the COVID-19 pandemic in Northern Ireland during 2021.



COVID-19 The timeline

May
2021

- 6 – Seven cases of the new Delta variant are confirmed in Northern Ireland
- 18 – Number of people in NI to receive their first COVID vaccine passes one million
- 27 – COVID vaccinations are opened to everyone aged 18 and over in NI, the first part of the UK to offer the vaccine to all adults

Jun
2021

- 27 – Walk in vaccinations become available for all over 18s in NI
- 30 – Delta variant now dominant in NI
- 30 – The highest number of daily COVID cases since February 2021 recorded

Jul
2021

- 15 – More than 1,000 new daily COVID cases reported
- 23 – DoH launches NI's vaccine certification app, CovidCertNI
- 25 – More than a million people in NI (roughly 70% of the adult population) have had both COVID vaccinations
- 27 – Growing COVID admissions lead to the cancellation of planned surgeries

Aug
2021

- 2 – Kidney transplants cancelled in Belfast due to staff shortages
- 2 – NI Executive launches the Building Forward: Consolidated COVID-19 Recovery Plan, a suite of recovery actions to be delivered over the next 2 years
- 5 – DoH figures show that the number of hospital procedures reduced by 46% in 2020/21, with 59,762 cases compared with 110,605 in 2019/20
- 6 – The first teenagers aged 16 and 17 receive COVID vaccinations
- 6 – The number of COVID related deaths in NI passes 3,000
- 9 – Professor Ian Young, NI's Chief Scientific Adviser, says the dramatic reduction in the number of people testing positive for COVID being admitted to hospital shows that vaccination reduces the risk of hospitalisation
- 20 – NI records highest number of daily COVID cases since the start of the pandemic, with 2,397 new cases reported
- 21 – Walk in vaccination centres are open for anyone over 18 to get their first COVID vaccine in the Big Jab Weekend, resulting in over 12,000 vaccinations given

COVID-19 The timeline

Sep
2021

- 6 – The UK government announces plans for a new Health and Social Care Tax to help address the patient backlog and shortfalls in social care provisions
- 13 – Walk-in vaccination centres are established at 60 university and further education college campuses across NI ("the Jabbathon")
- 14 – People aged 12–15 in NI to be offered a first dose of COVID vaccine
- 17 – DoH announces a widening of the criteria for flu jabs over the coming winter when flu and COVID will be circulating in the population

Oct
2021

- 2 – DoH confirms people who are immunosuppressed will be invited for a third COVID vaccine
- 19 – Release of the NI Executive's Autumn/Winter COVID-19 Contingency Plan. Measures include the continued legal requirement for face coverings to be worn in indoor settings throughout the autumn and winter, and the provision for the introduction of COVID passports in high risk settings if cases continue to rise.
- 20 – The rules for care home visits are relaxed

Nov
2021

- 1 – Dedicated centres for the treatment of people with long-term symptoms of COVID are opened.
- 16 – More than 170 new COVID cases are linked to a teenage disco
- 23 – The NI Executive strengthens its advice for people to work from home whenever possible
- 29 – The COVID certification initiative introduced
- 30 – Booster vaccination clinics open

Dec
2021

- 7 – The first cases of the Omicron variant identified in NI
- 19 – The booster programme is opened to all adults over the age of 18
- 23 – The Omicron variant is dominant in NI
- 23 – The COVID treatments molnupiravir and neutralising monoclonal antibodies (nMABs) are made available for high risk people in the community
- 24 – A further 3,286 COVID cases are recorded in NI, the largest daily increase so far
- 31 – The period required to self-isolate following a positive COVID test reduced from ten to seven days
- 31 – NI 421,599 cases and 4,013 deaths reported to date

The public health response to COVID-19 during 2021

Surveillance

Public health surveillance is the continuous collection, analysis and interpretation of health-related data to inform policy and action to protect the public's health. Before the COVID-19 pandemic, the number of cases of any single infectious disease reported each year was usually in the order of hundreds. The information systems and analysis processes that were designed to manage information on that scale were not suitable for the COVID-19 pandemic, during which thousands of cases were notified daily at some points, and hundreds of thousands of cases overall.

COVID-19 prompted a step change in the demand for information in and from the PHA due to the urgent need for population health intelligence to inform the public, media, policymakers, health service planners and researchers. Healthcare data were used to manage the direct care and contact tracing of patients, to measure the incidence and severity of COVID-19, to improve healthcare safety, to project the course of the epidemic and to address health inequalities. The scale and pace of these data required adoption of what were, for many health analysts, new approaches towards work-flow, data architecture, storage, analysis and dissemination.

The PHA used information management systems that were designed to manage much greater amounts of data than in the past, scheduled reports to update policy-makers daily and deployed interactive dashboards. We now have integrated surveillance across routinely collected healthcare data, including genomic data, following our participation in the COG-UK programme.¹ Our ability to deliver population-level health insights at scale and speed has been greatly enhanced. Some of the innovations used in surveillance are highlighted below:

- Monitoring and risk-assessing the emergence of new genomic variants is a new and important function for the PHA.
- Work carried out through the BSO Honest Broker Service has provided evidence about COVID-19 vaccine effectiveness and how mental health and social factors may influence the equity of vaccine coverage.^{2,3}
- Direct public engagement about the use of health data was undertaken by the Northern Ireland Trusted Research Environment, supported by Health Data Research UK.
- The PHA participated in the HDR-funded Data and Connectivity Vaccines Pharmacovigilance research study and CO-CONNECT project, which both featured exemplary personal and public involvement and engagement (PPIE).^{2,4,5}
- The PHA coordinates the Northern Ireland arm of SIREN, a large UK-wide cohort study in healthcare workers investigating SARS-CoV-2 infection rates and immunity, and the efficacy of vaccines. SIREN has been influential in informing UK government policy and has resulted in several scientific publications.⁶⁻⁹

The epidemiology of COVID-19 during 2021 was defined by the implementation of the COVID-19 vaccine programme and the evolution of new variants of SARS-CoV-2 that were

more transmissible, and often more severe than their predecessors. The start of the year was dominated by a wave of infection with the Alpha variant, which was brought under control by collective behaviour change, restrictions on social contact and mandatory face coverings in indoor public spaces (Figure 2, Figure 3). By summer 2021, coinciding with the resumption of more normal levels of social contact, the more severe Delta variant became dominant and continued at high level for six months until being replaced by the extremely transmissible, but less severe, Omicron variant in December 2021. Through the course of the year, the probability of people with COVID-19 requiring hospital care or dying continued to reduce due to the protective effects of vaccination. However, it became increasingly clear that immunity from infection and vaccination, in the context of the evasive evolution of SARS-CoV-2, was not long-lasting.

Figure 2: Laboratory confirmed COVID-19 cases by epidemiological week and source (HSC Laboratory testing and the National Testing Programme), 2021.

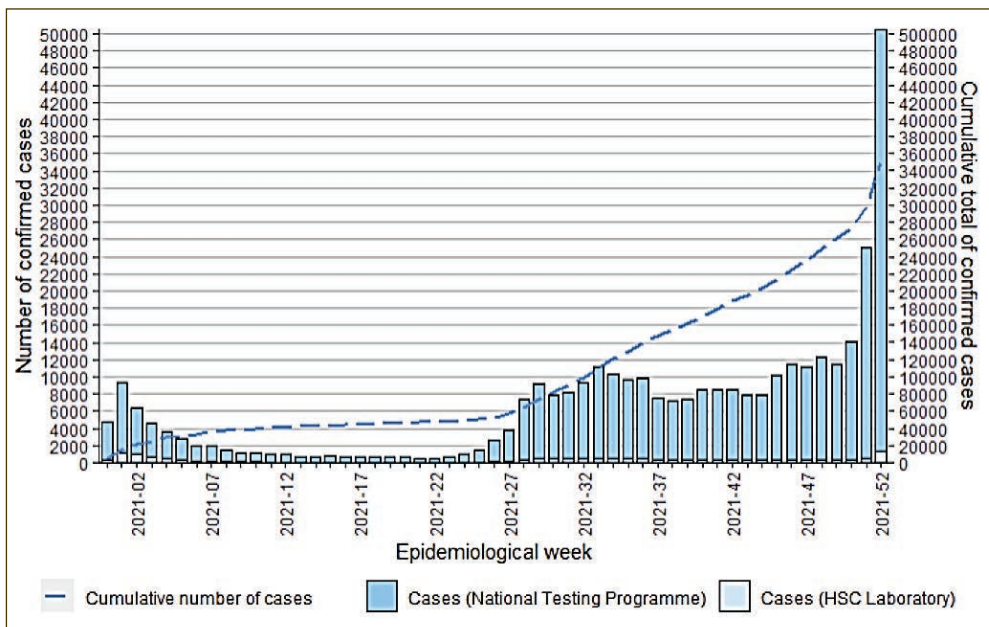
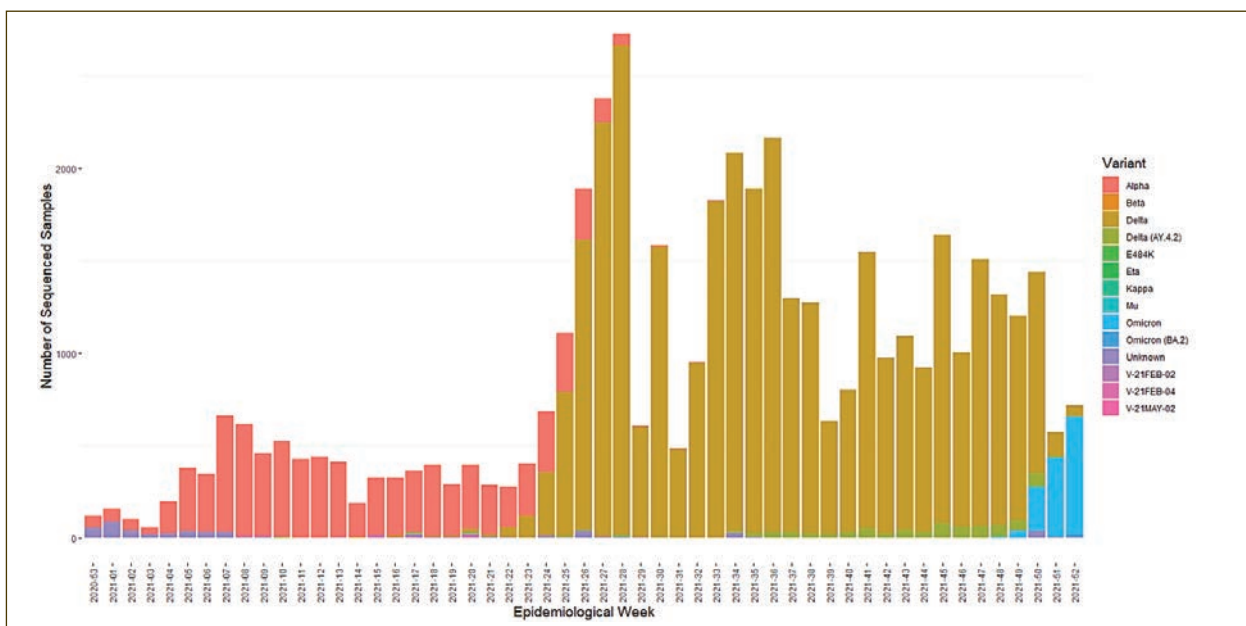
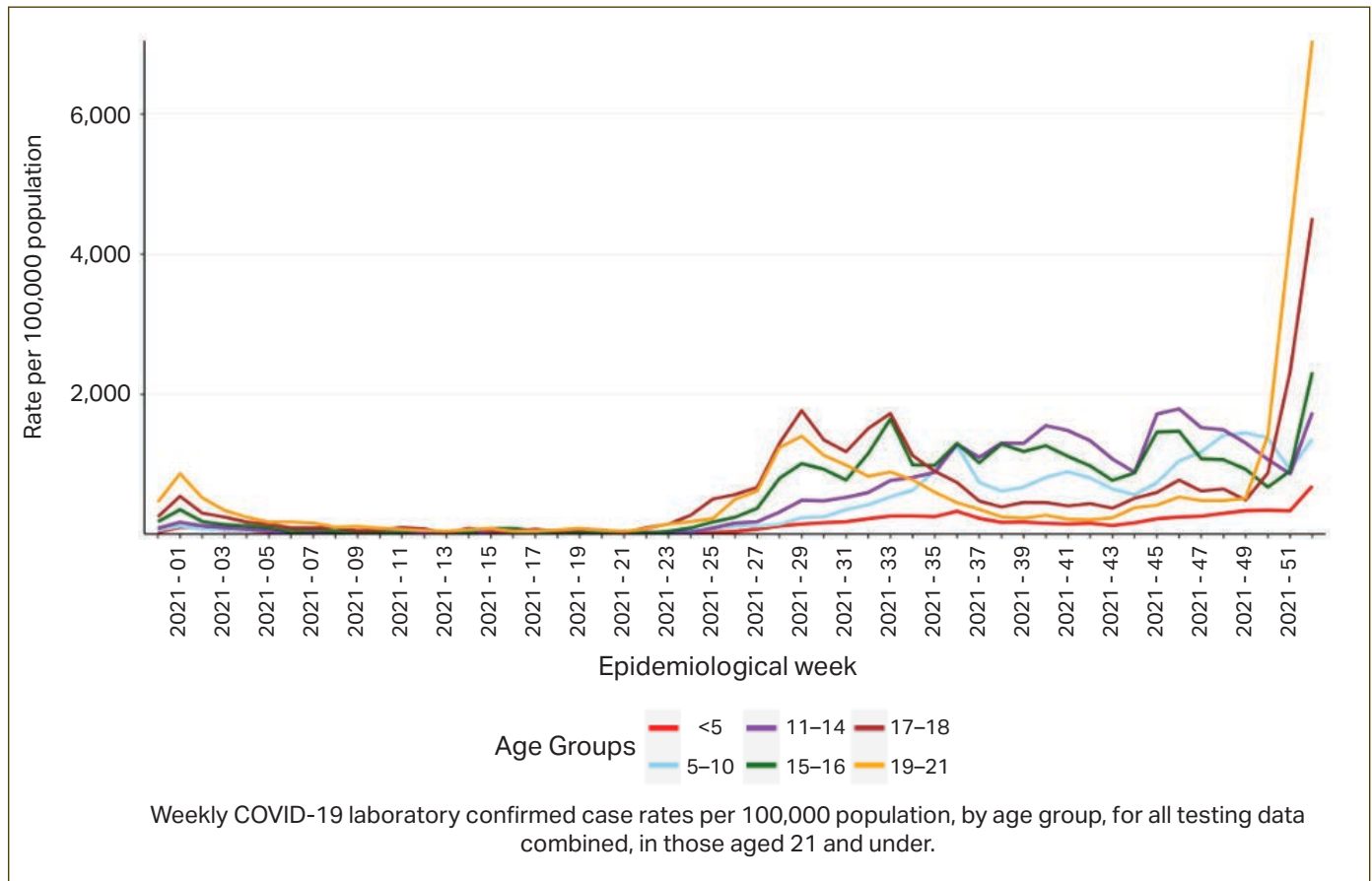


Figure 3: Sequencing results for SARS-CoV-2 samples in 2021, by variant.



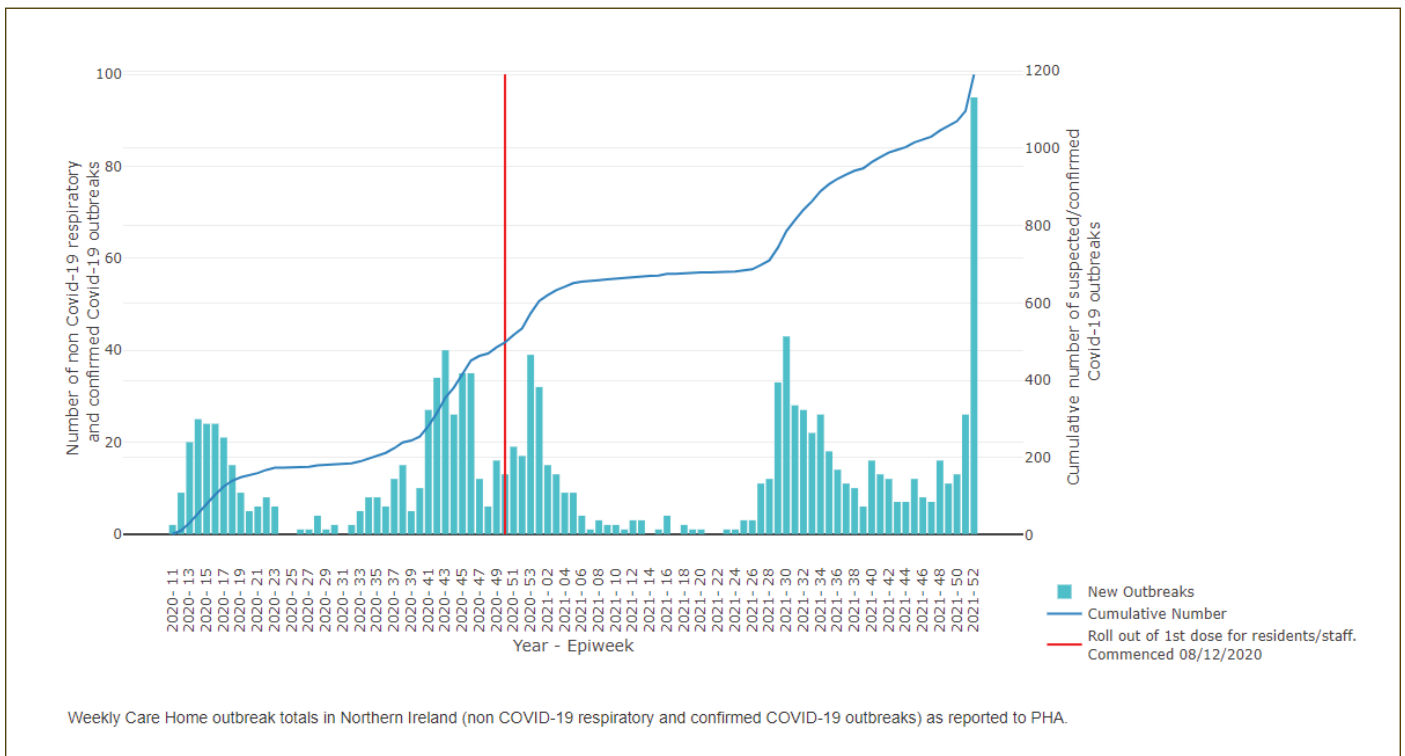
Children (with the exception of children of healthcare workers and vulnerable children) were educated at home during the first quarter of 2021, returning to in-person teaching in phased steps either side of the Easter holidays, with measures put in place to reduce the spread of infection. The number of infections in school-age children was very low during this period, and increased for the rest of the year, growing sharply at the arrival of the Omicron variant (Figure 4).

Figure 4: Weekly COVID-19 laboratory confirmed case rates per 100,000 population, by age group, for all testing data combined, in those aged 21 and under, 2021.



Care homes

Care homes are a key area for the management of COVID-19 due to the vulnerability of residents. The trend observed in care homes during 2021 was a reflection of the transmission of COVID-19 in the community, with the number of confirmed care home outbreaks increasing from late June (week 25) and peaking in week 30. In early December (week 50) the number of confirmed outbreaks increased with the arrival of the Omicron variant. In week 52 the number of confirmed outbreaks reported was more than twice that of any other week of the pandemic (Figure 5).

Figure 5: Confirmed COVID-19 care home outbreaks in Northern Ireland, 2020-21.

COVID-19 hospitalisations and mortality

The case hospitalisation risk and case fatality risk began to decrease early in 2021, due largely to the increased detection of milder cases through mass testing (Figure 6, Figure 7). The more severe Delta variant led to the increase observed in case hospitalisation and fatality risk from summer, falling with the dominance of the Omicron variant at the end of the year. The introduction of the vaccine programme in Northern Ireland reduced case hospitalisation risk and case fatality risk, as the vaccine provided protection against severe disease and death.

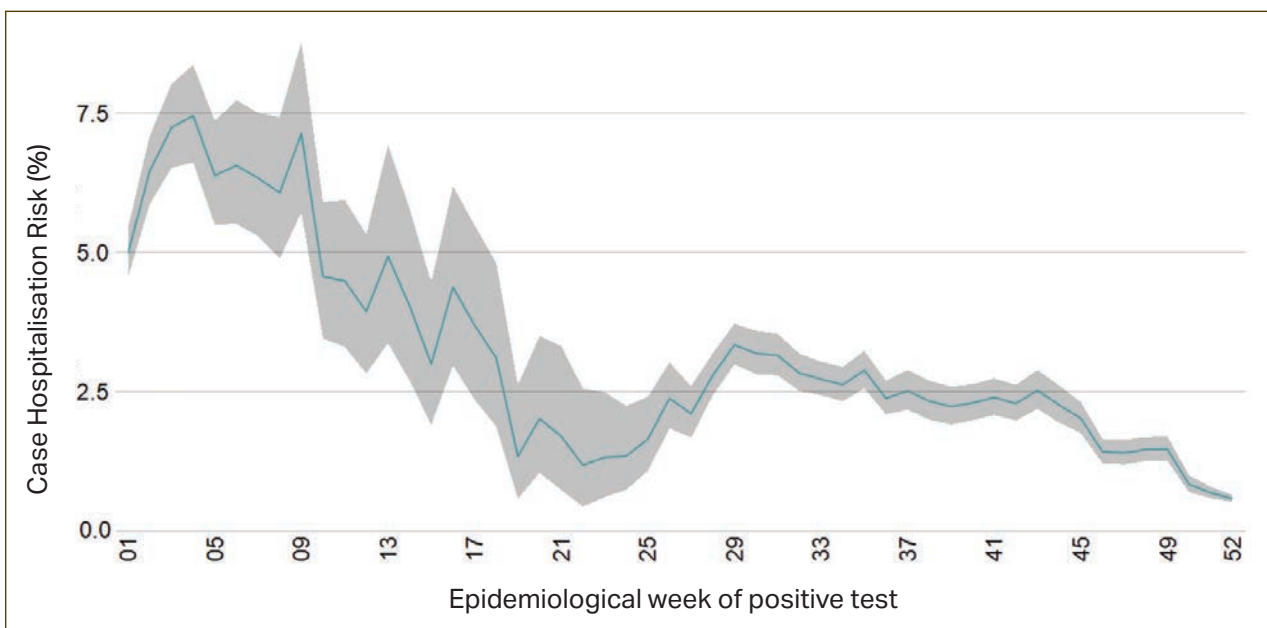
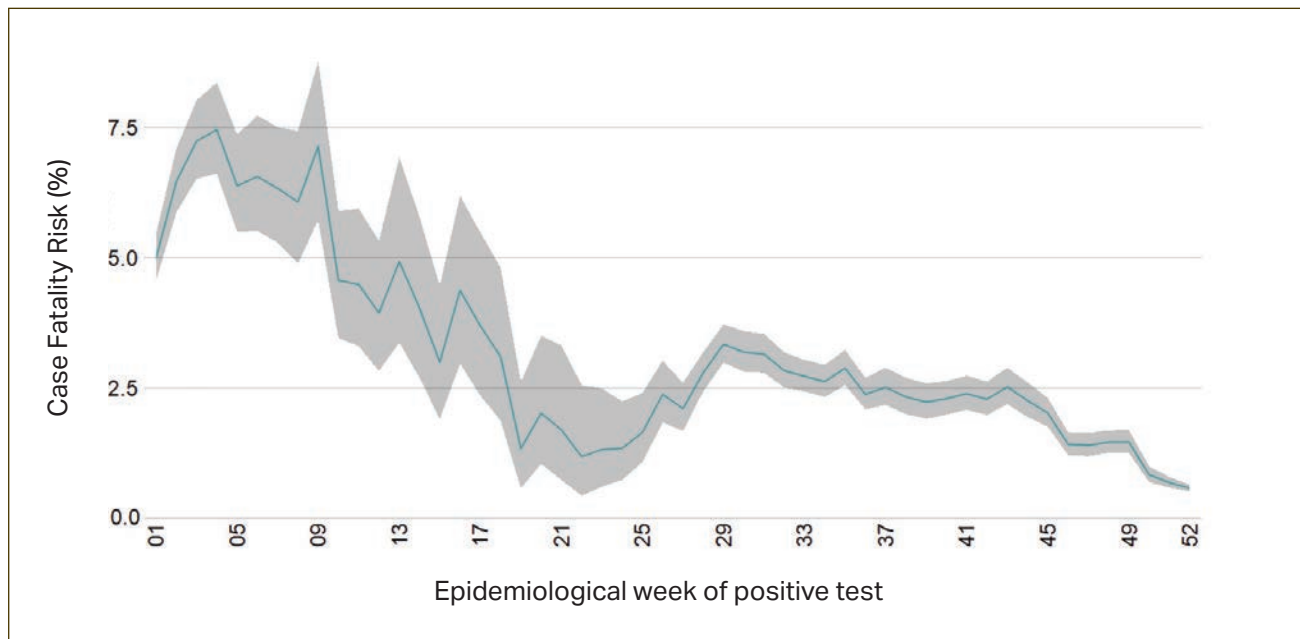
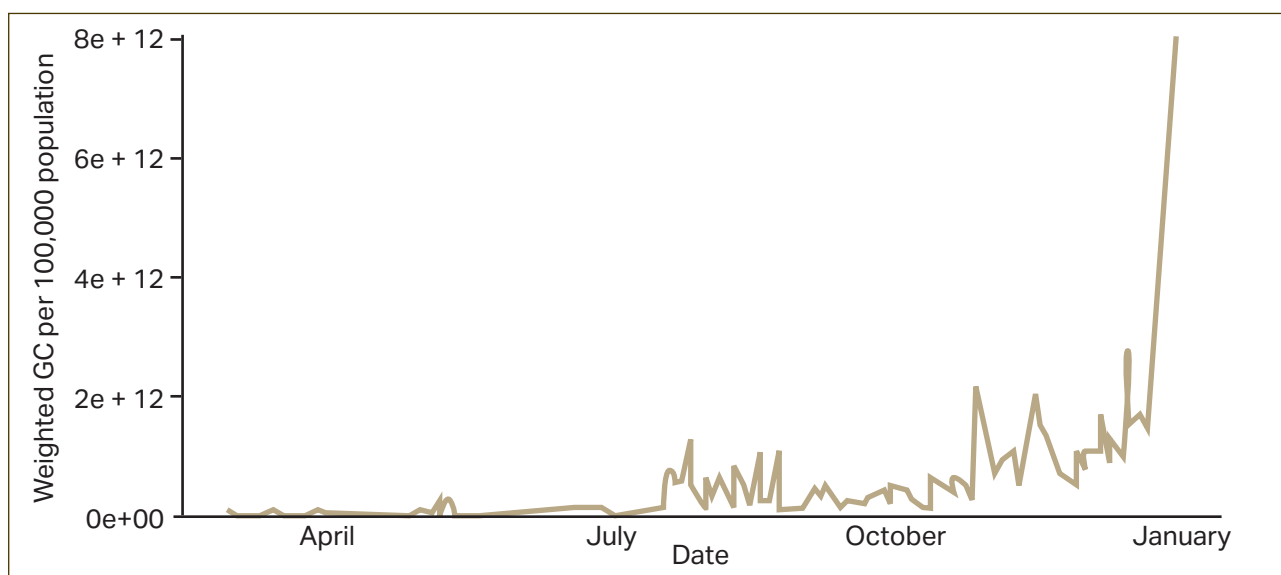
Figure 6: COVID-19 Case Fatality Risk by epidemiological week, 2021.

Figure 7: COVID-19 Case Hospitalisation Risk by epidemiological week, 2021.

Wastewater

Wastewater (sewage) can contain SARS-CoV-2 virus passed by people who are, or have recently been, infected with SARS-CoV-2. During 2021, Queen's University Belfast worked with PHA, Northern Ireland Water, Department of Health (DoH) and Department of Agriculture, Environment and Rural Affairs (DAERA), to establish a surveillance programme to measure SARS-CoV-2 in wastewater. Samples are collected three times each week from 31 Wastewater Treatment Works (WWTW) in Northern Ireland, which together cover 65.6% of the population. Wastewater surveillance has become a useful tool in systematically monitoring community transmission and the circulation of new variants. Wastewater surveillance was introduced in March 2021; it detected the continued circulation of the Delta variant from late July through the winter period and the considerable increase in transmission of the Omicron variant in December 2021 (Figure 8).

Figure 8: SARS-CoV2 in wastewater samples in Northern Ireland, March 2021 to January 2022.

Vaccines

In Northern Ireland the COVID-19 vaccination programme commenced on 8 December 2020. The primary vaccination course was two doses, 8 to 12 weeks apart, with a third dose for those who are immunocompromised. In the first phase of the vaccination programme the focus was on priority groups including those most at risk of severe disease or death.

Vaccine uptake began to increase in December 2020 with care home residents and front-line health and social care (HSC) workers. The number of vaccines administered each day increased in January 2021 as all those aged 50 years and over, and those aged 18–49 years with underlying health conditions were invited to be vaccinated. This resulted in an increase in uptake in January, February and March (Figure 9). A peak was reached in April 2021 with all those aged 18–49 years and pregnant women being offered the vaccine. During this period the second dose of the primary vaccination course was also being delivered. In August the vaccine was made available to all 16–17 year olds and 12–15 year olds with underlying health conditions. In September the programme was extended to all 12–15 year olds, and a third primary dose was offered for individuals aged 12 years and older with a weakened immune system. In December 2021, 5–11 year olds with serious underlying health conditions were also included in the vaccination programme. The booster dose was introduced in September 2021 to the highest priority groups with subsequent groups following onwards, characterised by the highest 7-day moving average of vaccination in December 2021. Higher uptake may also have been encouraged in this period by the increase in transmission of the Omicron variant.

Figure 9: 7-day average number of COVID-19 vaccinations given (any dose) since the programme commenced, December 2020 to January 2022.



More information on the vaccination programme in Northern Ireland is available in the next section.

Research and development

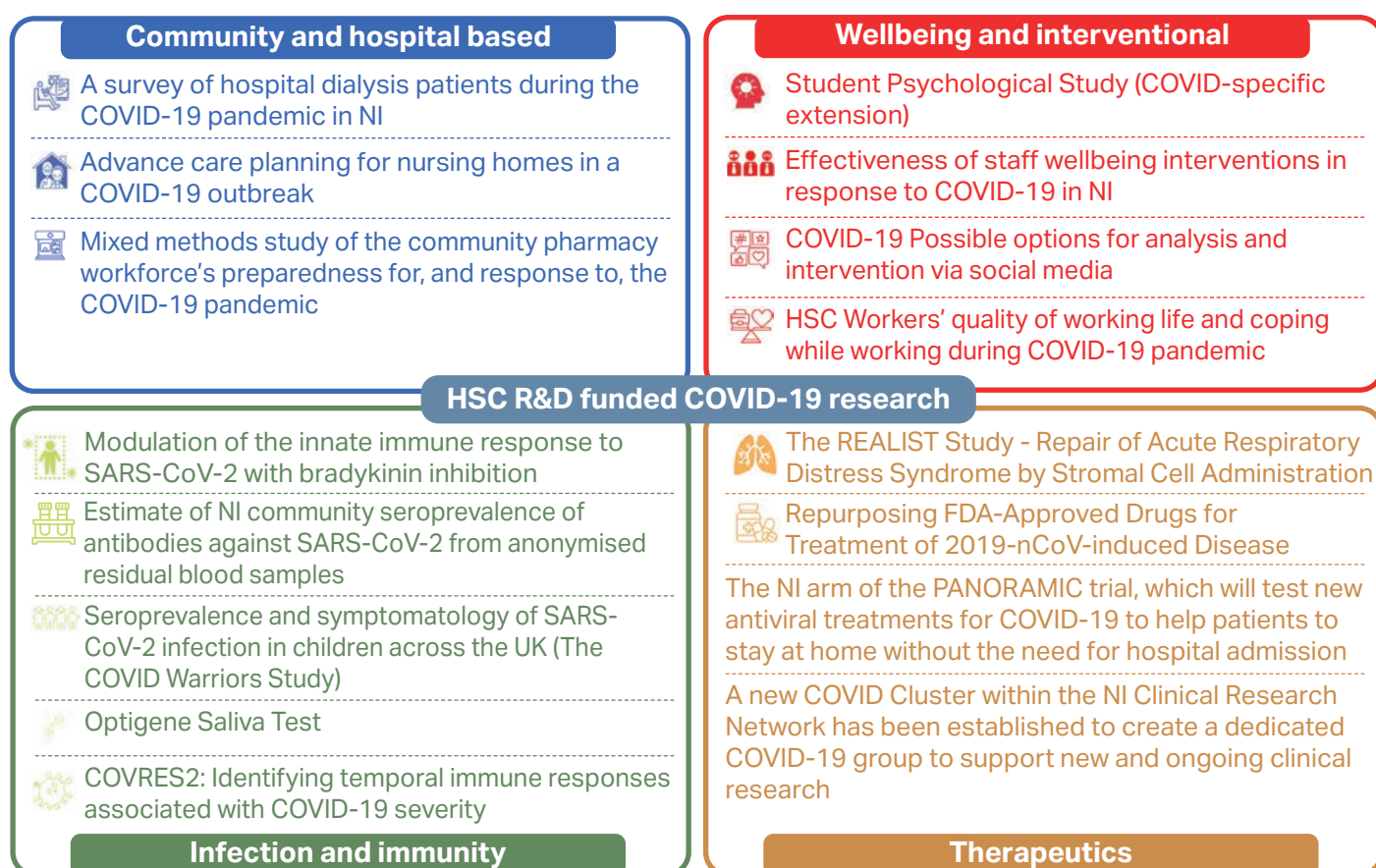
There have been many direct and indirect impacts of the COVID-19 pandemic on health and wellbeing, often exacerbating existing health inequalities. The last 24 months have made patients, practitioners, policy makers and the public more aware of the importance of research. They have seen how the development of vaccines and diagnostic tests and the identification of effective treatments for COVID-19 has relied on research, in particular clinical trials. Research conducted during the

pandemic has had a positive impact on many people's lives and offers us all hope for the future.

The PHA's Health and Social Care Research & Development Division (HSC R&D) has been at the forefront of the coordination, administration, support and funding of the HSC research ecosystem in Northern Ireland, in particular our clinical trials infrastructure*, to effectively manage the COVID-19 pandemic and ensure we save lives, protect our HSC services and rebuild services to ensure the health and wellbeing needs of society are effectively addressed. Almost 30,000 participants from Northern Ireland including staff, patients, carers, students, children and the wider public have now been recruited to participate in COVID-19 research (Figure 10).

As our society seeks to look beyond the pandemic, HSC R&D Division is acutely aware that the recent priority focus on COVID-19 research, the re-direction of research resources to the care of COVID-19 patients and the impact of measures to contain the spread of COVID-19 has had negative effects on other areas of research. Many studies were slowed or paused, while others have been abandoned and some that were due to start are still pending. We need to seize the opportunity to re-invigorate HSC research in Northern Ireland and build on the successes of COVID-19 research to re-start and grow research activity across all areas of HSC. Clinical research has been critical to the treatment of citizens during the pandemic in Northern Ireland and is even more crucial for our recovery. Future HSC research will focus on and be responsive to the most pressing HSC needs of our society.

Figure 10: HSC R&D funded COVID-19 research.



*The clinical trials infrastructure refers to the necessary resources (human capital, financial support, patient participants, information systems, regulatory pathways, and institutional commitment) and the manner in which they are organised and brought together to conduct a clinical trial.

Communication

Effective communication with the public and other stakeholders is an essential part of the pandemic response, where access to timely, accurate and easily understood information is critical. Poorly planned or implemented communication strategies can increase health inequalities, given that those at least risk are most likely to benefit, and those at greater risk may face obstacles to the understanding or interpretation of health information.

A key focus of the PHA throughout the pandemic has been to provide a trusted source of information and advice for the public, which is easily accessible and universally understood. The effectiveness of this strategy has been evidenced by the huge increases in traffic to the PHA website, as well as in the number of followers on social media platforms such as Facebook and Twitter, in comparison to equivalent figures pre-pandemic. The rapidly changing context of the COVID-19 pandemic since 2020 has presented huge challenges in attempting to ensure that the public are kept up to date with public health information and guidance. The rise in misinformation regarding COVID-19 has exacerbated these challenges, leaving the public unsure regarding the accuracy and validity of the information in circulation.

The PHA Communications Team during 2021 has been promoting the delivery of the COVID-19 vaccination programme, through TV, radio and outdoor advertising, in conjunction with social media, and raising awareness of the time and locations of vaccination clinics (Figure 11). A wide variety of targeted publications were developed to support the delivery of the programme for population subgroups, providing trusted information to enable individuals to make evidence-informed decisions on vaccination.

Figure 11: PHA COVID-19 vaccination location online search tool.



Many of the written resources, graphics and videos produced by the PHA Communications Team have been translated into a range of languages to expand the reach of these materials across the population. This has included the integration of subtitles and the incorporation of British and Irish Sign Language into many of the video resources developed. Such initiatives are vital in ensuring that the public health communication strategies employed seek to address, rather than exacerbate health inequalities.

In recognition of the potential for other health messages to become lost in the midst of an intensive focus on COVID-19, the PHA Communications Team have also maintained their delivery of key health promotion messages. As well as TV, radio and press advertising campaigns highlighting issues such as stroke, flu, organ donation and obesity, the Living Well campaign run in partnership with community pharmacies supported opportunistic interventions on topics such as alcohol, mental health, and cancer awareness with the substantial proportion of the population that visits a pharmacy each day (Figure 12). Social media channels, publications and press releases have also been used to remind the public of the importance of all aspects of health - mental, emotional and physical, particularly in the context of an ongoing pandemic, and to highlight strategies to protect and promote these aspects of their health and wellbeing.

Figure 12: Living Well alcohol campaign poster.



Partnership working

An effective public health response to a pandemic requires a multi-agency approach, extending beyond the “traditional” healthcare sector. The COVID-19 pandemic in Northern Ireland resulted in closer partnership working between the PHA and a wide range of other stakeholders, including the DoH, other HSC organisations, media, business sector, the community and voluntary sector, the education sector, academic departments and the general public. It has also required extensive collaboration with colleagues in other parts of the UK and the Republic of Ireland.

During the pandemic, the PHA provided extensive support to specific settings at risk of severe COVID-19 infection compared to the general population.

The PHA supported the care home sector with timely public health advice. The Acute Response Team in Health Protection communicated directly with care homes on an ongoing basis to provide advice and support on the management of COVID-19 outbreaks. The PHA also coordinated the regular testing of staff and healthcare workers in the care home sector.

The PHA had a dedicated Education Cell to support schools over the course of the pandemic which worked closely with the PHA Contact Tracing Service and the Education Authority to manage COVID-19 in school settings.

Other establishments have also provided valuable input to the work of the PHA throughout the course of the pandemic. In particular, the work undertaken in the academic sector in Northern Ireland, through researchers and academic staff in Queen’s University Belfast and Ulster University has hugely facilitated the implementation of an evidence-based public health response.

Within the PHA, the response to COVID-19 necessitated cross-directorate working with staff being redeployed to new roles such as contact tracing, care homes and the education cell as part of the pandemic response. This was invaluable as Northern Ireland went through several waves of the pandemic.

A forward look...

2021 has demonstrated the potential for new and unanticipated challenges in the course of the COVID-19 pandemic response, as well as the adaptability of the PHA and its staff to rise to these. Going forward, more challenges will emerge, both in responding directly to COVID-19, and in rebuilding services and addressing the backlog in care.

Old public health problems remain and require strong public health leadership, advocacy and action to address these.

The extensive learning and development achieved, and the partnerships fostered through the response to COVID-19 over the past two years, will enable the PHA not only to manage the issues raised by COVID-19 but also to respond effectively to the many other population health challenges needing to be addressed over the medium and longer term.

The next section of the report includes contributions from all divisions within the PHA, highlighting some of the work undertaken as part of the COVID-19 response during 2021.

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Vaccination

- The COVID-19 vaccination programme
- Case study 1: A health improvement settings-based approach to increasing vaccination uptake
- Case study 2: A health improvement targeted population approach to increasing COVID-19 vaccination uptake in ethnic minority and migrant communities
- Developing a COVID-19 vaccine toolkit

The COVID-19 vaccination programme

Delivery of the COVID-19 vaccination programme in Northern Ireland began on 8 December 2020 with prioritisation of care home residents and health care workers. The intensive efforts directed towards this programme of work by the DoH, HSC Trusts and the care home sector, in collaboration with the PHA, resulted in Northern Ireland successfully completing vaccination of care home residents and staff by the end of February 2021.¹

Subsequent plans for roll-out of the mass vaccination programme were based on recommendations made by the Joint Committee on Vaccination and Immunisation (JCVI), an independent expert group who advise the UK government on vaccination and immunisation policy. The phased plan for roll-out considered the increased vulnerability of certain population subgroups to adverse effects from COVID-19 infection and these groups were prioritised for vaccination.

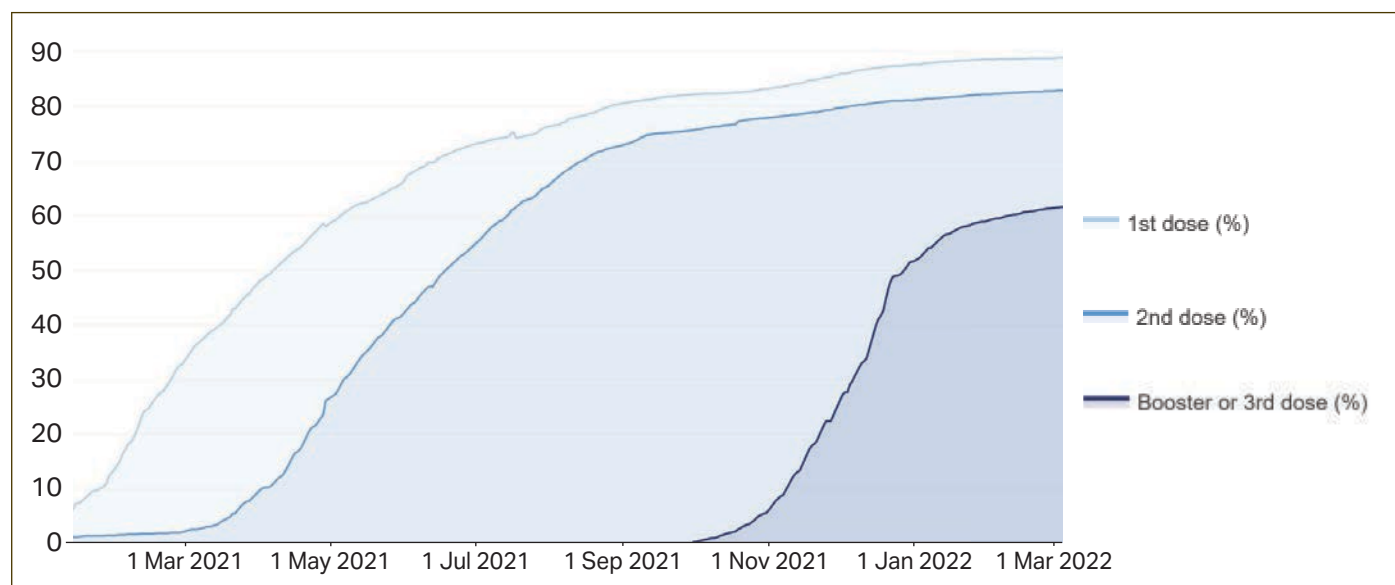
The programme, led by the DoH, has been delivered by HSC Trusts, primary care and community pharmacists. The PHA played an integral role in the COVID-19 vaccination programme in Northern Ireland through:

- attending a wide range of UK and regional meetings to prepare, plan and deliver the COVID-19 vaccination programme in Northern Ireland;
- producing essential materials to enable the efficient delivery of COVID-19 vaccinations in HSC Trust, primary care and community pharmacy settings;
- providing support to HSC Trusts, primary care and community pharmacy services delivering vaccinations;
- assessing the coverage and impact of the vaccination programme;
- coordinating the recruitment of a bank of vaccinators for both HSC Trust clinics and GP practices, as well as managing the deployment of bank vaccinators to GP practices;
- providing bespoke communication solutions, such as guides to vaccination (including translations), media campaigns, FAQs, a vaccination section on the PHA website and guidance for healthcare professionals;
- working in collaboration with the community and voluntary sector to address inequalities in COVID-19 vaccination uptake.

From April 2022, direct responsibility for the COVID-19 vaccination programme transfers from the DoH to the PHA.

Figure 13 describes the roll-out of the COVID-19 vaccination programme in Northern Ireland from December 2020 until the beginning of March 2022.²

Figure 13: COVID-19 vaccination uptake in Northern Ireland by report date and dose from December 2020 to March 2022 (shown as a percentage of the population aged 12 and over).



Source: UK COVID-19 Dashboard; 2022².

Clinical trials and real-world vaccine effectiveness studies from across the globe have repeatedly shown the effectiveness of COVID-19 vaccines in reducing the risk of severe illness and death following infection with SARS-CoV-2.³ In the UK, several studies of vaccine effectiveness undertaken during the Delta phase of the pandemic have shown two vaccine doses to be between 65-95% effective at protecting against symptomatic disease with COVID-19, with even higher rates of protection against hospitalisation and death.³ Although protection against infection with SARS-CoV-2 and symptomatic disease does appear to wane with time, vaccines have been found to maintain high levels of protection against severe disease in the longer term.³ While studies investigating vaccine effectiveness against the Omicron variant have shown substantially lower levels of protection than that from the Delta variant, protection has been shown to be enhanced by a third booster dose and remains high against hospitalisation and death.⁴

Author

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Case study 1: A health improvement settings-based approach to increasing vaccination uptake

Vaccine uptake in the student population

By 20 July 2021, about 18% of adults in Northern Ireland had not come forward for their first dose of a COVID-19 vaccine, with the uptake rate in the 18-29 year old cohort being the lowest at around 55% on 1 July.¹

The PHA proposed to the DoH that there was an opportunity to increase the vaccination rates in young people by working with the Department of the Economy, universities and further education colleges to promote vaccine uptake in the student population.

There were three main strands to this work:

- To increase knowledge in the student population of the benefits of COVID-19 vaccination and to promote informed choice.
- To highlight the available opportunities to get vaccinated before the start of term in September.
- To maximise those opportunities by organising mobile vaccination clinics on campuses during freshers' week and/or the first week of term.

Actions included:

- By the end of July correspondence had been sent to all colleges and universities for targeted dissemination to their students.
- Additional social media materials were developed and shared with colleges and universities on a regular basis during August.
- Between 13 and 30 September, 64 vaccination clinics were held across 31 campuses.
- 3,162 first dose vaccinations were administered to students.
- Second dose clinics took place at all 31 campuses during November.

Author

Hilary Johnston, Health and Social Wellbeing Improvement Manager

References

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1. Data taken from the PHA Internal COVID-19 Vaccination Dashboard.

Case study 2: A health improvement targeted population approach to increasing COVID-19 vaccination uptake in ethnic minority and migrant communities

Reviews of the Northern Ireland COVID-19 vaccine uptake data in March 2021 identified a number of geographic areas and groups in which vaccine uptake levels were below the Northern Ireland average.

The DoH vaccine plan included a focus on vaccine equity and ensuring implementation of interventions that would address vaccine hesitancy and low vaccine uptake.

In April 2021, in support of the DoH vaccine plan, the PHA set up a COVID-19 Vaccine Low Uptake Working Group to further support a number of key groups identified as having low vaccine uptake including:

- people living in the most deprived areas
- ethnic minority and migrant communities
- Travellers
- people who are homeless
- asylum seekers

Workplace interventions to target low vaccine uptake

Moy Park

In May 2021, Moy Park approached the DoH for support to get more of their staff vaccinated, due to their concerns with the low uptake levels and vaccine hesitancy among their migrant workforce, and the transmission risk associated with their work environment.

A pilot was agreed, developed and delivered by PHA, Northern and Southern Trusts and Moy Park across the three Moy Park sites (Ballymena, Dungannon and Craigavon) in late May and early June, with local Trust Vaccination Teams setting up vaccination clinics on site. Over 500 staff received a first dose across the three sites, with second doses delivered in July.

Northern Ireland Meat Exporters Association

In late June 2021, the Northern Ireland Meat Exporters Association (NIMEA) approached the DoH for assistance with the low vaccine uptake among their members' workforce with high levels of migrant workers, busy working environment, and the risk of major shut-downs if an outbreak occurred on site. Based on agreement from DoH, the PHA worked with NIMEA to establish a plan involving Trusts and Community Pharmacy to improve vaccine uptake within their workforce.

Approach

Individual interventions were developed for each of the 11 sites and included:

- On-site Trust pop-up clinic (only considered for factories with >1,000 staff).
- Attendance at a local large vaccination centre (with potential for dedicated time slots and shuttle transport provision through Community Transport).
- Signposting to local pop-up clinics (with potential for dedicated time slots and shuttle transport provision through Community Transport).
- Community Pharmacy offering Moderna vaccination on-site (only available from mid-August onwards).

Translated materials

Translated materials were developed which included translation into 21 languages of instructions on how to use BrowseAloud – enabling users to translate all relevant information on the PHA website relating to COVID-19 and vaccinations.

Also, myth-busting materials and videos were developed in a range of languages to help reassure individuals and encourage vaccine uptake.

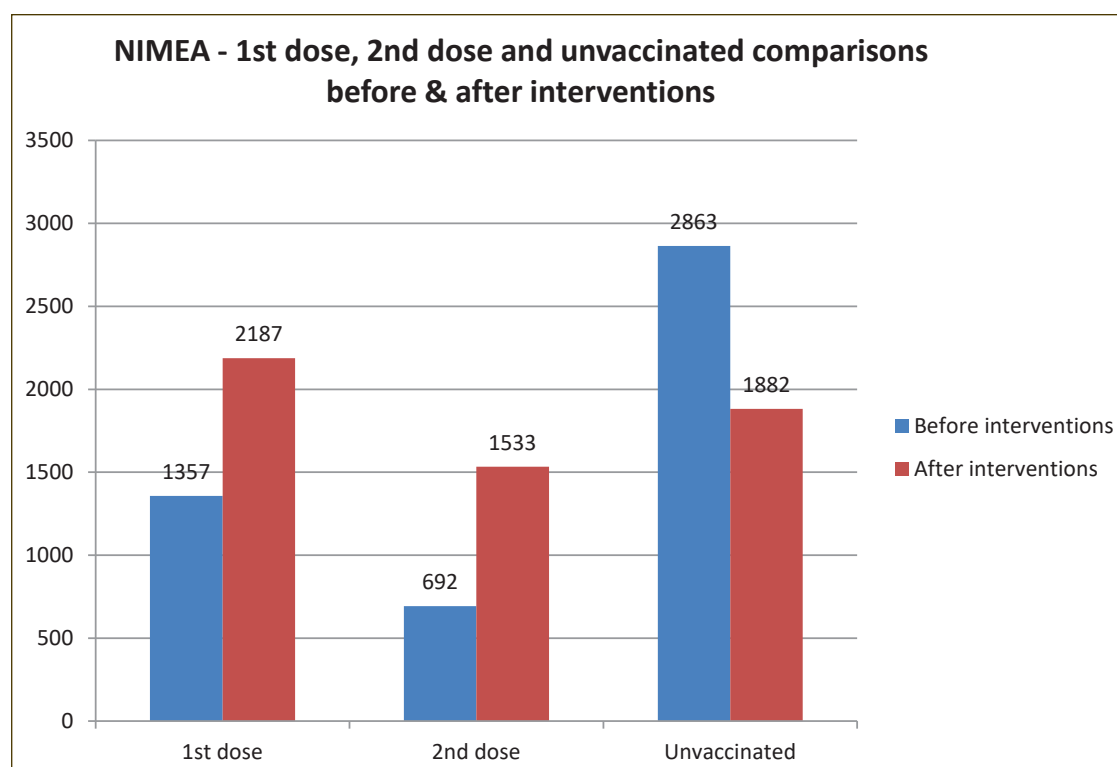
Partnership working

Throughout this process, PHA Health Improvement staff worked with a range of partners including:

- Trust Vaccination Team Leads (Northern, Western and Southern Trusts)
- 8 NIMEA Members across 11 sites
- Community Pharmacy reps (through the Community Pharmacy Vaccination Sub-group)
- Local Community Transport providers
- PHA-led Vaccine Low Uptake Working Group
- PHA funded ethnic minority and migrant communities support organisations (STEP NI in Dungannon and Ballymena Interethnic Forum)

Baseline data from the individual meat companies on their vaccination levels (first dose, second dose or not vaccinated), including a breakdown on nationality, was collated in early July. Post intervention data was collected in early September. Figure 14 shows the change in vaccination levels in the workforce before and after the interventions.

Figure 14: Number of staff having had 0, 1 or 2 doses of COVID-19 vaccine before and after intervention.



Results

The interventions resulted in a significant increase in staff receiving first and second doses of the COVID-19 vaccine. Improved access to vaccination clinics and more accessible information encouraged more employees to come forward for vaccination, resulting in the proportion of unvaccinated staff reducing by 22 percentage points.

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Developing a COVID-19 vaccine toolkit

Public health challenge

Since its launch in December 2020, the COVID-19 vaccine programme has had an enormous impact on the trajectory of the pandemic across the United Kingdom, by reducing disease severity, hospitalisations and mortality from COVID-19. Despite high population-level uptake of the programme in Northern Ireland, vaccine uptake is lower in certain groups than the population average, including children and young people, pregnant women, people living in homelessness, people from lower socioeconomic backgrounds and certain ethnic minority and migrant communities. These groups remain at increased risk of serious disease from COVID-19, leading to a potential widening of health inequalities between these communities and the general population.

Actions

The PHA convened a regional Low Vaccine Uptake Group to identify and implement interventions that enable fair access and opportunity for individuals to receive the COVID-19 vaccination. An action plan was developed which included the creation of a digital toolkit by Health Protection, Health Improvement and Communications colleagues in the PHA. The aim of the toolkit is to provide Trusts, local councils, community pharmacies and community groups with the knowledge, materials and resources to promote COVID vaccine with local communities and to implement evidence-based strategies to improve uptake among identified groups. The toolkit contains social media graphics, promotional videos, posters, links to PHA publications and case studies of local and UK wide interventions, targeted at specific population subgroups and available in a range of languages (Figure 15).

Figure 15: PHA social media graphic to promote COVID-19 vaccination during pregnancy.



Impacts

The toolkit was launched in March 2022 and will be disseminated widely by the Communications and Health Improvement Teams through established links with a range of stakeholders. The impact of the toolkit will be measured in the short term through stakeholder feedback to identify its utility in developing interventions to improve uptake, as well as suggestions for improvements to its content and format. Longer term monitoring of uptake rates across the population and within distinct subgroups will enable analysis of the impact of the work of the Low Vaccine Uptake Group.

Next steps

Work is ongoing to further develop the breadth and depth of the toolkit, with future developments to include resources that target additional low-uptake groups, including the homeless community and asylum seekers. Efforts are also underway to incorporate patient testimonials of their experience of COVID-19 vaccination. Stakeholders will continue to be encouraged to share case studies of interventions implemented, highlighting the population groups targeted and the outcomes and learning achieved.

Statistical facts

In Northern Ireland, as of 1 March 2022:

- 74.9% of the population have received a first vaccine dose, 69.9% a second dose and 50.4% a booster dose.*
- 62.0% of those in the least deprived areas are fully vaccinated**, compared with 39.4% in the most deprived areas.
- Only 54.0% of 12-15 year-olds have received a first vaccine dose.

Improving vaccination uptake rates among low-uptake groups can be achieved through partnership working, tailored communication and facilitating access to vaccination services.¹

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* Data taken from the PHA Internal COVID-19 Vaccination Dashboard.

**Fully vaccinated refers to an individual who has completed the full primary COVID-19 vaccination course and has also received a booster dose.

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Test, Trace, Protect

- Contact tracing in Northern Ireland
- Case study 3: Contact tracing data provides a 'different path' in Ards and North Down
- Testing for COVID-19 in Northern Ireland
- Case study 4: Support for places of worship in managing the spread of COVID-19
- Case study 5: A communities-based approach to increasing reach and resonance of public health messaging
- The Acute Health Protection Service response to care homes during the COVID-19 pandemic in Northern Ireland
- Port health: return to cruise ship operations 2021

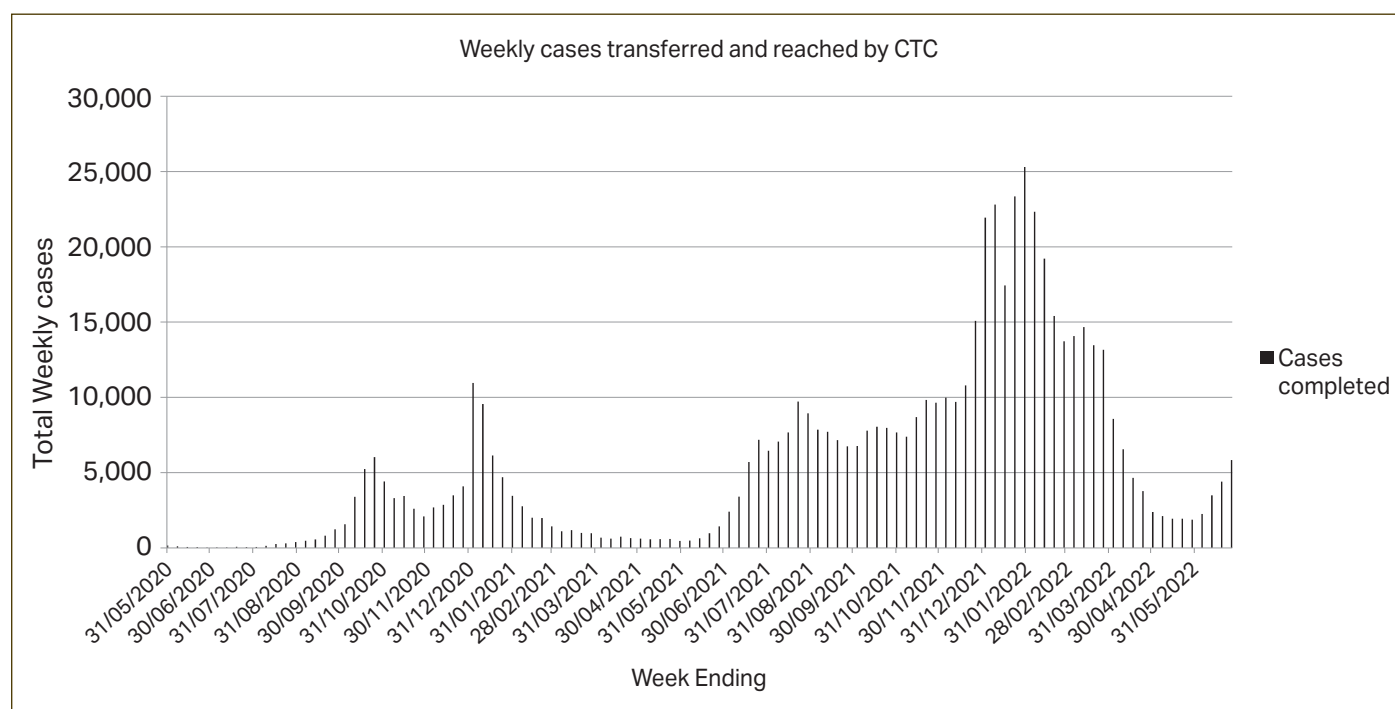
Contact tracing in Northern Ireland

Since its inception in the early stages of the COVID-19 pandemic in 2020, the Contact Tracing Service (CTS) has worked to enable the rapid identification of close contacts of positive cases and reduce chains of transmission of COVID-19 in the community.

Developing the service

Throughout the year we continued to support investigations into clusters and outbreaks and undertook enhanced tracing where appropriate. The arrival of first the Delta and then the Omicron variants meant significant change in CTS in terms of managing significantly higher numbers of cases. We continued to recruit staff to manage these volumes and created a new role of Contact Tracing Technician to trace less complex cases as triaged by senior staff. Our stepped business escalation plan has allowed us to be flexible in meeting the changing needs of the pandemic response. At several times throughout the year we were able to call on PHA colleagues to enhance our staff complement and maintain service levels.

Figure 16: Cases completed - weekly data from 26 May 2020 (post-pilot) to 26 June 2022.



In 2021 CTS expanded its remit to provide extended support to education settings. The Service continues to work closely with colleagues in the Education Authority and Department of Education in supporting schools. We have worked directly with Further and Higher education establishments in supporting contact tracing and other interventions on campus.

As changes were made to international travel restrictions, CTS had an integral role in ensuring that travellers returning to Northern Ireland via the Republic of Ireland understood their obligations under the various public health regulations.

Engaging partners and stakeholders

We continued to work with colleagues in DoH, BSO and Kainos to refine and improve the digital systems that support our work. We have a suite of digital products including state of the art informatics that allow our analytics team to provide vital data and intelligence to support not only the operation of the Service but also wider discussions around policy and strategy held at Agency, Department and Executive level.

Stakeholder interest in our work remained high throughout the year with a number of Assembly questions and media queries answered. CTS continued to engage with various groups throughout the year in order to keep them apprised of our work. We attended events with political parties and the Assembly Health Committee; education leaders and trade unions; universities and FE colleges; and groups from industry, child-minding and day care, hospitality and the community and voluntary sector. We also gave several briefings to media outlets.

At the time of writing CTS had contact traced over 600,000 cases of COVID-19 in Northern Ireland and contact tracing was still ongoing.

Author

Dr Elizabeth Mitchell, Director of Contact Tracing

Case study 3: Contact tracing data provides a 'different path' in Ards and North Down

In early 2021, Ards and North Down Borough Council (ANDBC) were faced with a "spike" in cases in the local area. Initial concerns centred on the coastal path, which was used by many local residents for outdoor exercise. The council worked closely with the PHA to clarify where the main risk of transmission lay.

- PHA's Health Improvement Team coordinated a series of meetings between ANDBC and the community and voluntary sector.
- Data was requested from PHA's Contact Tracing Service which showed nine new clusters in the ANDBC area. These were centred around small businesses and church gatherings – no evidence was found of community transmission in outdoor areas.
- Resulting discussions with senior management in the Council ensured appropriate action was taken to address the increase in cases.

Outputs

The PHA engaged extensively with the Council including the Council's Economic Development Department, who issued regular communications using PHA resources and graphics via their business 'e-zine' network to 1,700 small businesses.

North Down Community Network issued graphics and messaging to 550 groups via e-zine and all social media. Meeting with clergy and faith leaders from the four main churches addressed issues such as social distancing, car sharing, wakes, and standing at the back of and outside the church.

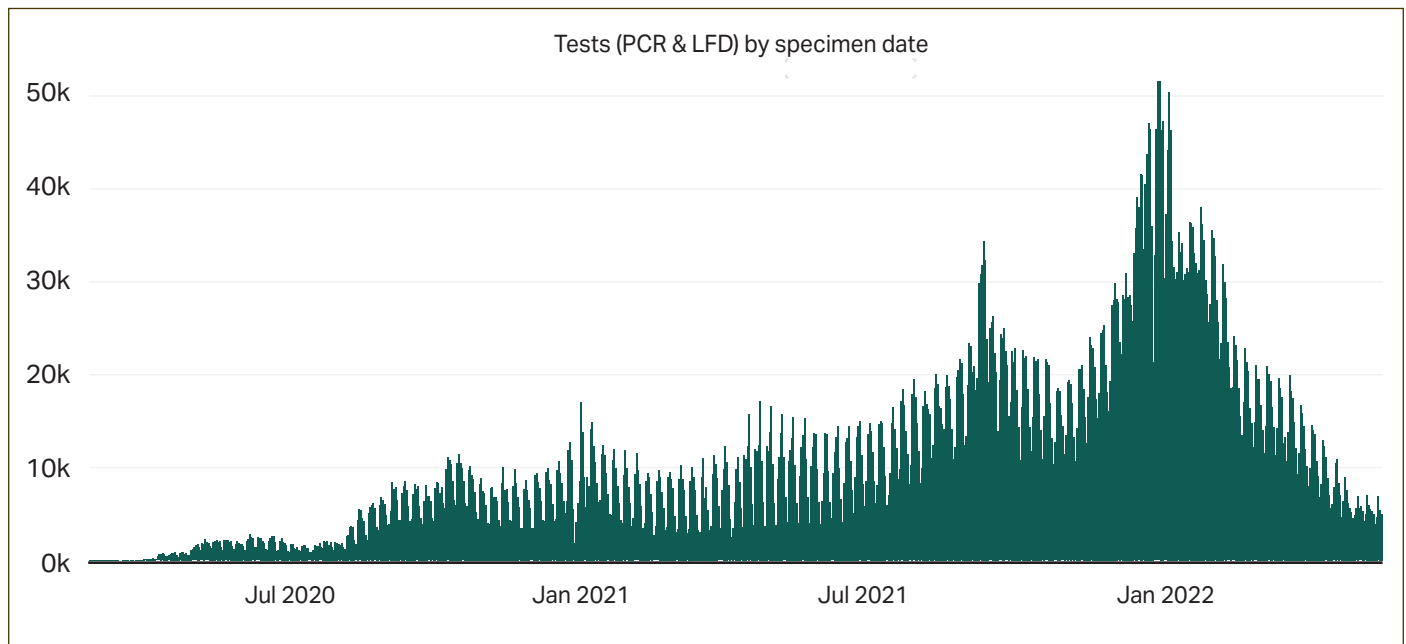
Author

Séamus Mullen, Head of Health and Social Wellbeing Improvement

Testing for COVID-19 in Northern Ireland

The first positive COVID-19 case in Northern Ireland was tested on 26 February 2020. In total, a cumulative number of 5,448,774 COVID-19 PCR tests have now been completed in Northern Ireland, and 2,652,606 lateral flow device (LFD) tests have been reported.¹

Figure 17: Tests (PCR and LFD) by specimen date, 23 February 2020-20 February 2022.



(Source: Department of Health: COVID-19 Daily Dashboard. Accessed 22.02.2022. Microsoft Power BI)

The testing programme has evolved in the course of the pandemic and now includes a variety of technologies. The PHA testing team continues to work with colleagues across the region, including local test site partners, the Northern Ireland Expert Advisory Group for COVID-19 testing and the Northern Ireland Pathology Network, to develop the testing programme and ensure that it is delivered to a high standard. Staff link closely with colleagues working on the testing programmes in England, Scotland and Wales to share knowledge and resources.

Pillar 1

Pillar 1 tests are those conducted within the HSC system. Initially this was only through laboratory-based PCR testing but in the course of the pandemic there has been an expansion in the number of technologies available. All Trusts are able to provide COVID-19 testing to their patients and staff. In addition to standard PCR tests, there are now further laboratory-based tests with shorter turnaround times and point of care tests which can be done without the sample being transferred to a laboratory. These quicker tests allow for rapid decision making in the healthcare system.

Pillar 2 PCR testing

Members of the public are able to access community testing by PCR through Pillar 2 testing sites. As of February 2022, there were five 'drive through' regional test sites and nine 'walk

through' local test sites in Northern Ireland, accompanied by a fleet of mobile testing units. These mobile units are temporary sites that can be set up quickly in response to local demand. Home testing kits are also available.

Lateral flow device (LFD) testing

In the course of the last year, there has been significant expansion in LFD testing in Northern Ireland. These rapid tests allow asymptomatic individuals to test at home, with a result available within 30 minutes. Around one third of those with COVID-19 can have no symptoms, so taking a LFD test can identify the virus and help individuals to take appropriate steps to stop the spread of the virus to others.

Members of the public are able to order LFD tests online for home delivery or can collect them at local collection sites, including pharmacies. In addition, LFDs are available for staff in a variety of settings, including workplaces, health and social care settings and care homes. In schools, all pupils in years 8-14 and all staff are offered LFDs.

LAMP testing

In 2021, the PHA worked with the Education Authority and Queen's University Belfast to introduce a programme of LAMP testing for pupils and staff at special schools in Northern Ireland. LAMP (loop-mediated isothermal amplification) is a saliva-based test and was felt to be easier than nose and throat swab LFD testing for some children who attend special schools.

The LAMP testing programme now uses a second laboratory, based at Ulster University, in addition to Queen's University Belfast. The testing has been made available to some staff in HSC Trusts as an alternative to LFDs.

Author

Dr Sinéad McGuinness, Consultant in Public Health Medicine

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1. Data refers to tests up to and including 20 February 2022. Available from Department of Health: COVID-19 Daily Dashboard. Accessed 22 February 2022.

Case study 4: Support for places of worship in managing the spread of COVID-19

Places of worship play an important role in providing spiritual leadership for many individuals, and in bringing communities together. Their communal nature makes them places that can be vulnerable to the spread of COVID-19.

The PHA worked with clergy during March and April 2021 to support them in implementing and adhering to the COVID-19 government guidelines in place to protect those attending church based services, and to promote messaging around reducing transmission to congregations when attending church based services, including funerals. This project drew on existing relationships with churches built via Flourish!, an initiative to support churches in addressing the needs of people affected by suicide.

Actions included:

- Meetings were coordinated by PHA Health Improvement leads with church representatives. Included in discussions were representatives from churches, Flourish! and the PHA.
- The Flourish! website (www.wewillflourish.com) was updated with a dedicated COVID-19 section providing information and links to help churches be better informed.
- A COVID-19 guidance poster was developed in partnership with PHA and clergy and circulated to all church representatives on the Flourish Churches database.
- Over 300 churches received the posters to display in their church buildings to promote key safety messages to parishioners and congregations.
- A video was produced with the Dean of Armagh Diocese to showcase good practice in church based settings.

The work was carried out to coincide with the Easter period and the return to church services over the Easter weekend of 2021.

Author

Helen Gibson, Health and Social Wellbeing Improvement Senior Officer

Case study 5: A communities-based approach to increasing reach and resonance of public health messaging

The PHA Health Improvement team has strong relationships with community and voluntary sector and statutory organisations, from grassroots to strategic level. These have been developed over years of engagement, partnership working and responding to needs. The pandemic generated an appetite for organisations, including those without a specific health remit, to help reduce the spread and impact of COVID-19.

Health Improvement identified that collaborating with PHA Communications team would enable more routine mobilisation of these relationships, increasing reach and resonance with particular groups of interest by:

- engaging and supporting organisations who have trusted relationships with their own audiences but limited experience in accessing and disseminating PHA public messaging;
- harnessing relationships with relevant groups and organisations to inform the development of targeted messaging, and its dissemination thereafter.

Reaching a wider audience

In the first case, the objective is to provide frequent, easy access to curated PHA communications resources so that partners can 'lift and distribute' them to their audiences. Partners' dissemination methods comprise social media, including channels managed by community volunteers, as well as traditional methods, such as placing items in hard copy newsletters.

The work operates through an email subscription service. Each mailout allows a high level overview of the content that is available for priority issues, promotes the option of translated and alternative formats where available, and gives direct access to the resources.

The service currently reaches 800 contacts and has distributed thirteen editions – comprising eight COVID-specific, one 'subscription drive', one feedback exercise and three concerning other health themes. COVID-specific editions have covered vaccination, testing, digital self tracing, financial support, car sharing and Germ Defence (in partnership with the Behaviour Change Group).

Targeted messaging

In response to a rise in infection numbers in younger age ranges in December 2020, work was carried out with numerous young people's organisations to tailor social media resources to help young people to understand public messaging and adopt recommended behaviours. The team also worked with Department for Communities, Sport NI and governing bodies of sports organisations to develop specific messaging. High profile sports people have participated in developing and disseminating video messages and associated graphics featuring a bespoke slogan for this audience, "Train smart, play smart, be COVID smart".

Figure 18: Examples of graphics created to target COVID-19 messaging to specific audiences.



The sustained nature of the pandemic has enabled these collaborative approaches to be embedded as routine business between Health Improvement and Communications to increase reach and resonance of PHA messaging.

Author

Danny Sinclair, Health and Social Wellbeing Improvement Manager

The Acute Health Protection Service response to care homes during the COVID-19 pandemic in Northern Ireland

The Acute Health Protection Service has a lead role in protecting the population from infection and environmental hazards through a range of core functions including surveillance and monitoring, operational support, advice, education, training and research. The service is delivered by a multi-disciplinary team of doctors, nurses, emergency planners, scientific, surveillance and administrative staff operating on a 24/7 basis. The service provides specialist health protection advice and support to all of the independent nursing and residential facilities across Northern Ireland.

Supporting care homes

The last two years have been extremely challenging for the independent nursing and residential facilities across the region, with care home residents, their families and staff disproportionately affected by the COVID-19 pandemic. Since the COVID-19 pandemic was declared in March 2020, the Acute Health Protection Service has provided advice and support to help care homes manage over 1,300 outbreaks, the majority of which were COVID-19. This work continues to be a key priority given the significant impact of COVID-19 on care homes.

When an issue is detected, the team work with the care home to gather the information needed to complete a risk assessment to determine what is going on, and what measures are required to limit onward spread, illness and death. This includes a range of information to determine the likelihood of transmission in the home, and the impact on residents, staff and care partners. Based on this assessment, tailored public health advice will be given to the care home. This includes infection prevention and control advice. The team continues to provide support to the care home until the outbreak is over.

The Acute Health Protection Service response has evolved to reflect the changing circumstances of the pandemic over time, including new variants of concern of COVID-19, changes in the dominant strain of COVID-19 with different characteristics, and the impact of the COVID-19 vaccination programme on residents and staff. To date, approximately 95% of care home residents have completed the primary course of COVID-19 vaccinations, and 90% have received a booster dose of COVID-19 vaccine, which has provided significant levels of protection to residents.

Impact on wellbeing

Our primary role and responsibility is to protect the residents from illness and death due to infectious diseases; however we are mindful of the wider impacts which some of the infection prevention and control measures can have upon the wellbeing of residents and their families. The early waves of COVID-19 had higher rates of severe illness and death compared to Omicron, the current dominant strain of COVID-19. The high uptake of COVID vaccination among the care home resident population, along with access to appropriate PPE and regular testing, has enabled

the isolation period for cases and close contacts to be reduced, and allows care partners' visits to continue when a care home is in outbreak, positively impacting upon resident wellbeing.

Going forward, we will continue to work closely with care homes, residents and relatives and internal and external stakeholders across the wider health and social care system, to ensure the delivery of a robust and proportionate response to incidents and outbreaks in the care home setting to protect residents and support care home staff.

Authors

Alison Griffiths, Nurse Consultant in Health Protection

Gillian Armstrong, Joint Interim Head of Health Protection

Port health: return to cruise ship operations 2021

More people travel greater distances and at greater speed than ever before. Over a billion people now travel by air and sea each year and today's highly mobile, interdependent and interconnected world provides many opportunities for the rapid spread of disease, including infectious diseases, food-borne diseases, environmental disasters, toxic-chemical, biological and radio-nuclear accidents. It is critical that all countries have the capacity to detect, assess, and respond to public health incidents such as these. The COVID-19 pandemic has highlighted the role of travel in the spread of High Consequence Infectious Diseases.

Travel after COVID

In November 2020, the first Global Travel Taskforce produced 14 recommendations to support a return to international travel. Many of the recommendations, such as the Test to Release scheme, have been instrumental in supporting safe travel and will remain crucial in the months to come. On 2 March 2021, the Northern Ireland Executive office published Moving Forward: The Executive's Pathway out of Restrictions and the return to domestic cruising for Northern Ireland was scheduled for 17 June 2021.¹

Over the last year significant work has been undertaken in developing a COVID-19 Port Management Plan for Northern Ireland, coordinated by the Northern Ireland Cruise Operations Group, chaired by the PHA and Belfast Harbour and including Cruise Belfast, Port Health, Maritime Policing and Belfast City Council Emergency Planning Team.

To enhance existing arrangements for port health in Northern Ireland and support the safe return to cruise ship operations for Northern Ireland, the PHA worked with Cruise Belfast (the cruise promotion partnership between Belfast Harbour and Visit Belfast), the Port Health Authority, the Belfast City Council Emergency Preparedness Group and other stakeholders to produce a Public Health Emergency Contingency Plan and Risk Assessment for Ports in Northern Ireland ensuring appropriate protocols are in place. Cruise operators engaged with the PHA and other statutory organisations and provided an overview of their COVID-19 operating guidelines based on the UK Chamber of Shipping Framework.² These guidelines are designed to be delivered in conjunction with local, regional or national guidelines in force at the time of any cruise call.

Joint planning and preparedness for the return to Northern Ireland cruise operations on 17 June 2021 was consolidated on 18 May 2021 in a PHA led four nations Port Health exercise based on a scenario of COVID positive guests and crew on board a cruise ship calling to a Northern Ireland port which included participants from a number of health protection agencies, port health partner organisations and cruise operators.

Joint working with partner organisations contributed to the successful return of cruise ship operations in Northern Ireland. A total of 70 cruise ships and guests were welcomed to our shores in 2021 and learning from the successes of 2021 will be incorporated into planning for the 2022 cruise season.

Author

Mary Carey, Senior Emergency Planner

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2. Coronavirus (COVID-19): international cruise ship travel. Available at: <https://www.gov.uk/guidance/cruise-ship-travel> (Accessed 7 April 2022).

The impact of COVID on other aspects of healthcare

- Expanding the seasonal influenza programme
- Addressing inequalities in cancer screening uptake during the pandemic
- A new test for bowel cancer screening
- IT developments in newborn hearing screening
- Delivering diabetic eye screening during a pandemic
- The impact of COVID-19 on trends in cancer diagnosis in Northern Ireland

Expanding the seasonal influenza programme

Rationale

In preparation for the 2021/22 seasonal influenza vaccination programme, the Joint Committee on Vaccination and Immunisation (JCVI) considered and recommended the continuation of the age based enhanced programme for the 2020/21 season which extended vaccination to all 50 to 64 year olds. JCVI also retained the offer of live attenuated intranasal vaccine (LAIV) to children in the first year of secondary schools.

This decision took account of:

- Previous modelling work which showed that the childhood programme fully rolled out (2-16 years) would have a greater impact on GP consultations, hospitalisations and mortality than vaccinating 50–64 year olds.
- More recent modelling of vaccination in childhood, which had a more detailed breakdown by age than was used in the initial advice on the childhood programme. This showed that all strategies for vaccinating children up to 16 years (preschool, primary and secondary school) were cost effective, but that primary school vaccination had a stronger impact on health care burden than secondary school vaccination.

In addition, JCVI agreed that expansion of the programme to all secondary school aged children would be supported for the 2021/22 season, provided the necessary infrastructure could be put in place for programme delivery, with priority given to the youngest age groups of children/teenagers, if there were any limitations to full school expansion.

JCVI also agreed that if COVID-19 remained of major concern during the winter of 2021/22 it would be reasonable to continue with the enhanced programme planned for the 2020/21 season. This was the case, coupled to very low influenza infections rates (as a result of COVID-19 prevention measures) which had the consequence of lowering any naturally acquired immunity to flu viruses. Therefore in 2021/22 influenza vaccination was again offered to adults aged 50–64 years, in addition to the expanded childhood programme, to protect them and alleviate pressure on the NHS.

A similar recommendation has been made by JCVI for the 2022/23 season with continued low influenza levels resulting from COVID-19 prevention measures in 2021/22.

Impact of COVID-19 vaccination on 2020/21 seasonal influenza vaccination programme

The 2020/21 seasonal influenza programme began with the prospect of safe and effective COVID-19 vaccinations becoming available part way through the programme's period of operation. Initially, as with all new vaccine introductions, the Medicines and Healthcare product Regulatory Agency (MHRA) wished to be able to detect and investigate any side effect attributable to the new vaccines, and a recommendation for a four week gap between administration of any other vaccination (including influenza) and COVID-19 vaccines was made. With the growing evidence of the safety profile of the COVID-19 vaccinations this four week interval has been removed and co-administration of COVID-19 with other vaccines was approved by MHRA in time for the 2021/22 influenza vaccination programme.

The programme began in October 2020 with vaccinations being administered to large numbers of eligible people. As a consequence of limitations in worldwide vaccine supply, the programme was paused for a short period. Initially across the United Kingdom seasonal influenza vaccination was offered to the higher priority groups identified by the JCVI. As supplies improved when the DoH was able to access additional vaccine supplies from a special stock obtained by the Department of Health and Social Care for UK wide use, those aged 50-64 years not in clinical risk groups were able to access influenza vaccination from January 2021.

This expanded seasonal influenza offer coincided with the introduction of COVID-19 vaccination. Initially COVID-19 vaccination was offered to those aged over 65 years of age, most clinically vulnerable and frontline health and social care workers. However, although most people in the 50-64 year age group could have obtained their seasonal influenza vaccination allowing for four weeks until their offer of COVID-19 vaccine would have been due, the knowledge of the recommended four week gap between COVID-19 and other vaccinations had the impact of reducing the acceptance of seasonal influenza vaccine by many people in this group.

Despite this, the uptake of seasonal influenza vaccination during the 2020/21 season was better than 2019/20 which had been a record year for vaccine uptake.

Seasonal influenza vaccination rates for 2019/20 and 2020/21 are presented below.

Table 1: Influenza vaccine uptake rates (public programme), 2020-21 and 2019-20.

	Delivered by	2020/21 (to 31 Mar)	2019/20 (to 31 Mar)
All 2 to 4 year olds	GP	55.2%	48.5%
All pregnant women	GP	42.1%	46.3%
All individuals under 65 years with a chronic medical condition	GP	67.8%	58.9%
All individuals 65 years and over	GP	79.1%	74.8%
% of all primary school children vaccinated to date	Trust School Nurse Service*	72.9%	72.1%
% of all year 8 school children vaccinated to date	Trust School Nurse Service	66.6%	n/a

* This figure includes nasal and injected vaccines delivered by the school nurse service, as well as a small number of nasal vaccines delivered by their GP

Table 2: Influenza vaccine uptake rates (frontline health and social care workers), 2020-21 and 2019-20.

	% of all frontline health care workers employed by a Trust		% of all frontline social care workers employed by a Trust	
	2020/21 (to 31 Mar)	2019/20 (to 31 Mar)	2020/21 (to 31 Mar)	2019/20 (to 31 Mar)
Belfast HSCT*	50.0%	43.4%	41.8%	24.4%
South Eastern HSCT	59.1%	43.6%	48.5%	22.9%
Northern HSCT**	54.8%	43.5%	40.1%	27.9%
Southern HSCT***	50.9%	39.6%	36.4%	23.5%
Western HSCT	46.2%	29.1%	38.8%	12.1%
NIAS****	77.3%	62.4%	n/a	n/a
Northern Ireland	52.4%	41.2%	40.8%	22.8%

*Belfast HSCT figures were reported up to 31 January 2021

**Northern HSCT figures were not reported for January or March 2021

***Southern HSCT figures were reported up to 28 February 2021

****NIAS figures were reported up to 31 December 2020

Author

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Addressing inequalities in cancer screening uptake during the pandemic

The PHA contracts with the Women's Resource and Development Agency (WRDA) to deliver a regional, peer-led service to help tackle inequalities in cancer screening. The service aims to raise awareness and promote informed choice in breast, cervical and bowel cancer screening. It is targeted at people living in deprived areas and those identified in Section 75 of the NI Act 1998.

Working with individuals, communities and the voluntary sector to reduce the impact of health inequalities is at the core of the PHA's values and was noted in the Cancer Strategy for Northern Ireland 2022-2032:

Health inequalities are associated with lower symptom awareness, later presentation and lower uptake of services including screening. Inequality across NI means there are potentially avoidable variations in outcomes, patient experience and survival.¹

The WRDA's programme of work includes community outreach, recruitment and training of peer facilitators and delivery of cancer screening awareness sessions in community venues. The WRDA tailors awareness session content to the needs of the attendees and delivers bespoke sessions for those with additional support needs. They work closely with community groups, charities and carers, and can arrange translation and child care services to ensure sessions are accessible.

New approaches

The arrival of the pandemic brought a halt to this model of service delivery. An alternative service model was developed through community engagement, and training for the WRDA team and facilitators. An online programme was created consisting of Zoom group sessions, a pre-recorded webinar and a series of animated videos providing information about cancer screening and promoting Be Cancer Aware messages.

During this time, the WRDA continued to develop their relationships with key groups, targeting people from ethnic minority backgrounds, LGBTQ+ and those with sensory impairments in particular. Engagement with the British Deaf Association resulted in co-production of adapted online awareness sessions, filmed with a British and Irish Sign Language translator, along with subtitles, to make these more accessible for deaf or hearing impaired service users.

Hybrid model

As COVID restrictions relaxed, the WRDA noted a huge demand from community groups for delivery of in-person awareness sessions, amid fears around undiagnosed cancer cases following COVID-related disruption to services. In response, the WRDA began once again to offer in-person delivery of cancer screening awareness sessions, (with due regard for social distancing and other public health guidelines). Online delivery of sessions has also continued, with demand for each modality varying as the pandemic unfolds.

In responding to the pandemic, this service has benefitted from having to develop and trial new ways to engage with those most in need in order to promote informed choice in cancer screening.

For further information on the WRDA's programme of work, please see: <https://wrda.net/breast-cervical-and-bowel-screening-awareness-programme-webinar/>

Author

Dr Catherine Bane, Project Manager, Young Person and Adult Screening Team

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A new test for bowel cancer screening

Bowel cancer screening is offered to individuals aged 60-74 every two years. The aim of screening is to identify bowel cancer at an early stage, when treatment outcomes are markedly improved.

The UK National Screening Committee previously recommended a change in the primary screening test for bowel cancer, moving from Faecal Occult Blood (FOB) tests to quantitative Faecal Immunochemical Testing (FIT). Work commenced to prepare for this change in Northern Ireland, and funding was identified to progress this locally from 2019/20. Initial plans were to work towards implementation in June 2020.

This test has several benefits:

- It is more sensitive, meaning that bowel cancer screening may be able to detect more cancers and pre-cancerous adenomas. FIT tests specifically for human blood within stools, whereas the previous test may have been affected by dietary factors.
- It is an easier test to complete, and studies (across the UK and internationally) have demonstrated that moving to FIT testing increases bowel cancer screening uptake, particularly in groups that historically have been less likely to participate in screening.
- It is an automated test, reducing the risk of human error in the processing of samples.

Implementation

The emergence of the pandemic delayed the implementation of this policy change as well as impacting on the wider screening programme. The Bowel Cancer Screening Programme was paused in March 2020, with invitations resuming in August 2020. A new target date for implementation of FIT was set for early 2021 and planning work continued at pace throughout the pandemic.

Implementation of this policy change involved a wide range of stakeholders and required coordinated action across a range of organisations. This included the updating of patient information materials, procuring the new testing kits and equipment, ensuring adequate provision of follow-up investigations within Health and Social Care (HSC) Trusts, and undertaking extensive IT system developments. These are challenging workstreams to coordinate and progress at any time, but even more so during a pandemic with the added pressures being experienced across all HSC services.

FIT was successfully introduced into the Bowel Cancer Screening Programme in January 2021.

In preparation for the launch, the PHA worked with Cancer Research UK to develop a tailored animated video that explains how to complete the test kit. The PHA worked with the Women's Resource and Development Agency (WRDA) to update their online materials for their bowel cancer screening awareness sessions. These online materials were developed by WRDA in response to the pandemic.

Provisional data suggests that FIT implementation has resulted in improvements in screening uptake, in keeping with evidence from other regions. While the programme continues to operate with backlogs in invitations as a result of the pause in 2020, these are being reduced in a managed way, with the anticipation that the programme will be fully restored by autumn 2022.

Author

Dr Christine McKee, Consultant in Public Health

IT developments in newborn hearing screening

The aim of the Newborn Hearing Screening Programme (NHSP) is the early identification of and provision of effective intervention for babies born with a permanent childhood hearing impairment. It is an essential service that has continued to operate throughout the pandemic, offering screening to all babies up to six months old who are born or reside in Northern Ireland.

Ensuring a high quality service

As part of a quality improvement and modernisation initiative, the programme took forward plans in 2020/21 to implement a new information management system (Smart4Hearing) to support service provision across the region. This was considered a priority area of work and the project continued to be progressed throughout the COVID-19 pandemic.

This complex project, led by the PHA, involved engagement with a wide range of stakeholders including HSC Trusts, BSO and Northgate Public Services. The new system will benefit the programme by:

- providing robust quality assurance of the programme;
- enhancing 'failsafe' processes which ensure that all babies are managed appropriately through the screening pathway;
- reducing the amount of manual data entry;
- providing more timely reports on how the programme is performing;
- ensuring the programme is able to report on all national quality standards and therefore provide the ability to monitor the performance of the Northern Ireland programme against other regions of the UK.

Furthermore, the initiative provided an opportunity to enhance communication links with paediatric audiology and otolaryngology colleagues, in order to support management of the entire patient journey and complete the newborn hearing screening pathway.

Implementation

Smart4Hearing was successfully implemented in March 2021. This has been an important quality improvement initiative and will provide many benefits for future programme management.

Several challenges were encountered during the implementation as a result of the pandemic, such as providing training and support while adhering to government guidance and infection prevention and control recommendations. These challenges were overcome by the use of virtual meetings and video conferencing, the use of additional appropriate technology, and frequent communication with all stakeholders involved.

Author

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Delivering diabetic eye screening during a pandemic

The Northern Ireland Diabetic Eye Screening Programme (NIDESP) is commissioned and quality assured by the PHA and managed by a single provider (the Belfast Health and Social Care Trust). Screening is offered on an annual basis to people aged 12 and over who have diabetes. The eligible population currently stands at around 110,000 people in Northern Ireland. This eligible population has more than doubled from the start of the programme in 2008.

Modernising the service

In order to improve quality and meet the needs of its increasing eligible population the programme has been the subject of a multi phased modernisation project over the last number of years. This plan included:

- introduction of a new IT system;
- development of internal quality assurance processes;
- surveillance clinics for people at higher risk of sight loss;
- a review and implementation of a new service delivery model; and
- introduction of a two year screening interval for those at lowest risk of sight threatening retinopathy.

The supporting project structure for the implementation of the new service delivery model was being finalised in late 2019/20 with the expectation that this would begin from April 2020. However, with the pausing of some population screening programmes at the beginning of the pandemic, this was no longer achievable. It became clear that in order to restart the programme during the pandemic an immediate move to a fixed site delivery model was required, as providing screening at individual GP practices was no longer feasible.

A small number of consultant led clinics continued throughout the pandemic to ensure that pregnant women were offered screening. The remaining eligible population were risk stratified to ensure that those at highest risk of sight loss were offered screening as soon as possible. Capacity was maximised by placing those at lowest risk on a two yearly screening interval rather than annual, which was an element of the modernisation project outlined above. The introduction of a two yearly screening interval was recommended by the UK National Screening Committee in 2016 for those at lower risk of sight loss. This approach was also discussed at a national level at regular 5 Nations meetings; with each of the other UK nations now at various stages of implementation.

Planning for the future

The programme has worked extremely hard over the last 18 months to screen as many participants as possible, working within the constraints and pressures of the pandemic such as social distancing and infection control requirements, while rapidly identifying and securing new screening venues across Northern Ireland. Despite this, capacity overall remains considerably reduced.

While the programme has had to introduce both a fixed site delivery model and the variable screening interval as a result of events outside its control, it has become clear that in order to continue to meet the challenges of providing a sustainable screening service going forward,

both of these programme changes will likely need to be formally implemented. The number of people with diabetes continues to grow, and we need to ensure that we can continue to deliver a high quality screening programme that is effective at identifying those with sight threatening retinopathy and offering them suitable early treatment. The PHA continues to work with the Trust to support ongoing recovery of the programme through the impact of the pandemic, and also to plan the future model and needs of the service.

Author

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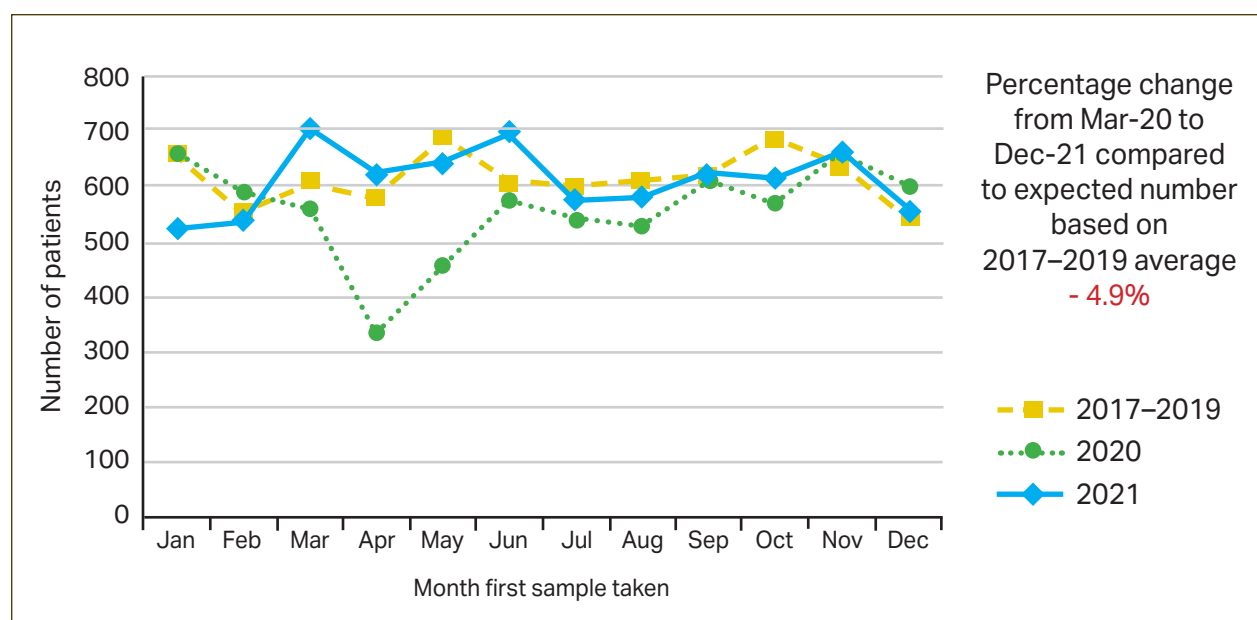
The impact of COVID-19 on trends in cancer diagnosis in Northern Ireland

The unprecedented pressure faced by HSC services in Northern Ireland during the COVID-19 pandemic has caused extensive disruption to the routine functioning of healthcare services, including cancer screening programmes, referral pathways and diagnostic and treatment services. Stay at home messages also resulted in changes to individual healthcare seeking behaviours which are likely to have contributed to delays in patient presentation to healthcare services. Given that early cancer diagnosis is associated with improved outcomes, there is concern that late presentation and delays in diagnosis and treatment will reverse the recent trends of improvements in survival for cancer patients in Northern Ireland.

Since March 2020, the Northern Ireland Cancer Registry (NICR) have produced monthly reports providing an overview of trends in the number of patients with pathology samples indicating cancer and contrasted these with average numbers during 2017-2019.¹

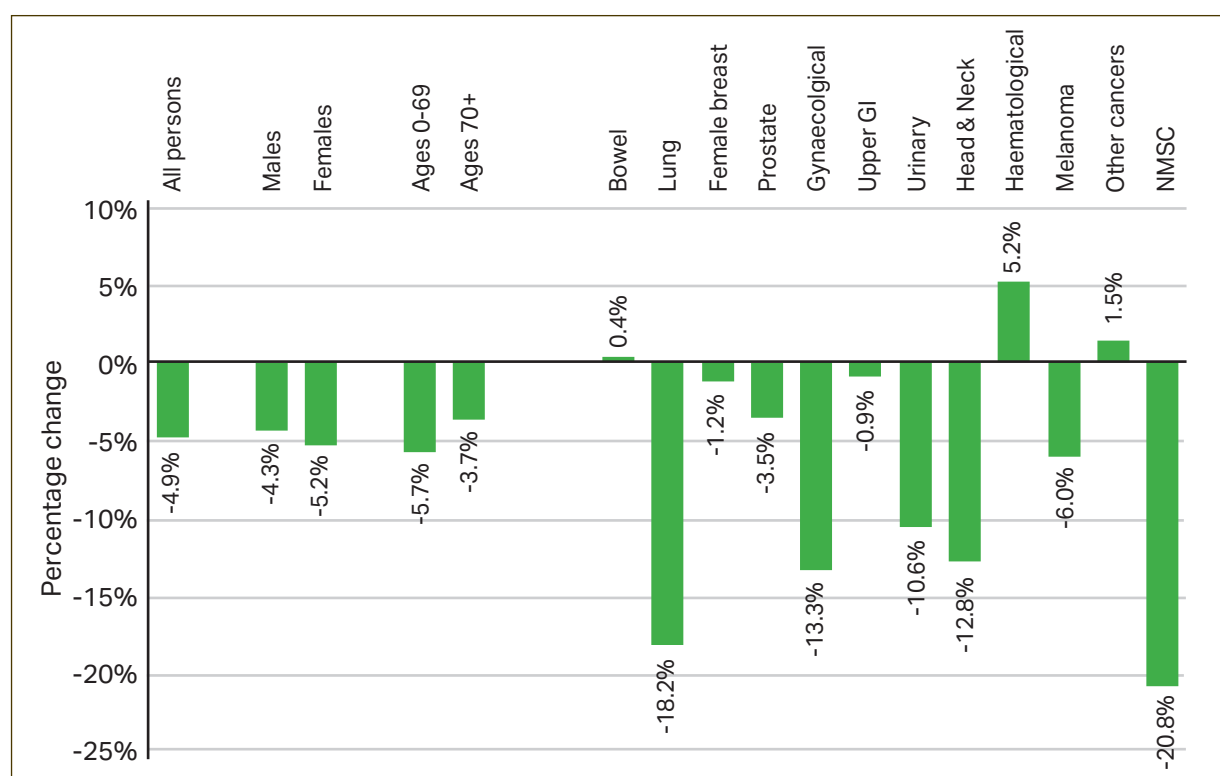
The number of samples was reduced when the levels of COVID-19 were highest. Overall, from March 2020 to December 2021, the number of patients with a pathological sample indicating cancer was 4.9% lower than the average number for the same time period in 2017-2019 (Figure 19).

Figure 19: Trends in patients with pathology samples indicating cancer by month and year first sample taken.



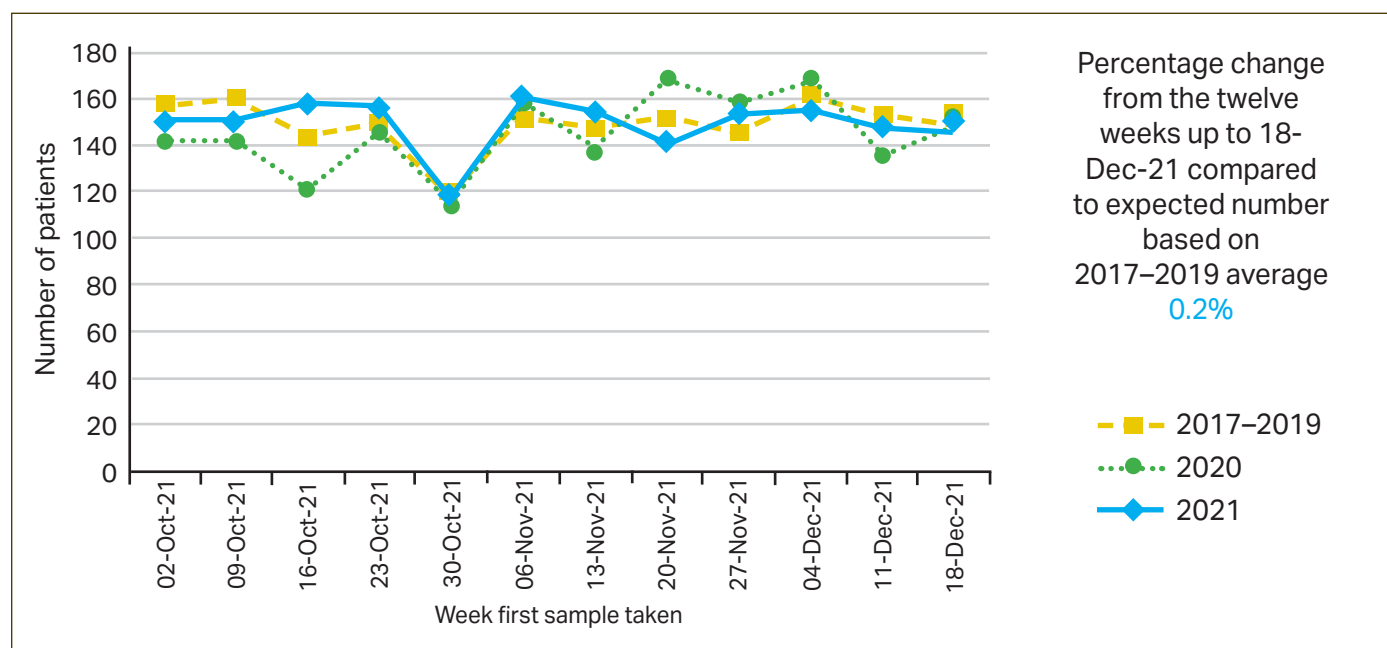
A summary of the cancer pathology trends in Northern Ireland overall and by gender, age group and cancer site from March 2020 to December 2021, as compared to the equivalent figures from 2017-2019, is illustrated in Figure 20. These data describe a greater percentage decrease in the pathological diagnosis of cancer in females (5.2%), as compared to males (4.3%), and in those aged 0-69 (5.7%), as compared to those aged over 70 (3.7%). A decrease in pathological diagnosis across most cancer subtypes is also evident, for example lung cancer (18.2%).

Figure 20: Percentage change in the pathological diagnosis of cancer by gender, age and cancer site during the period from March 2020-December 2021, compared to the annual average in 2017-2019.



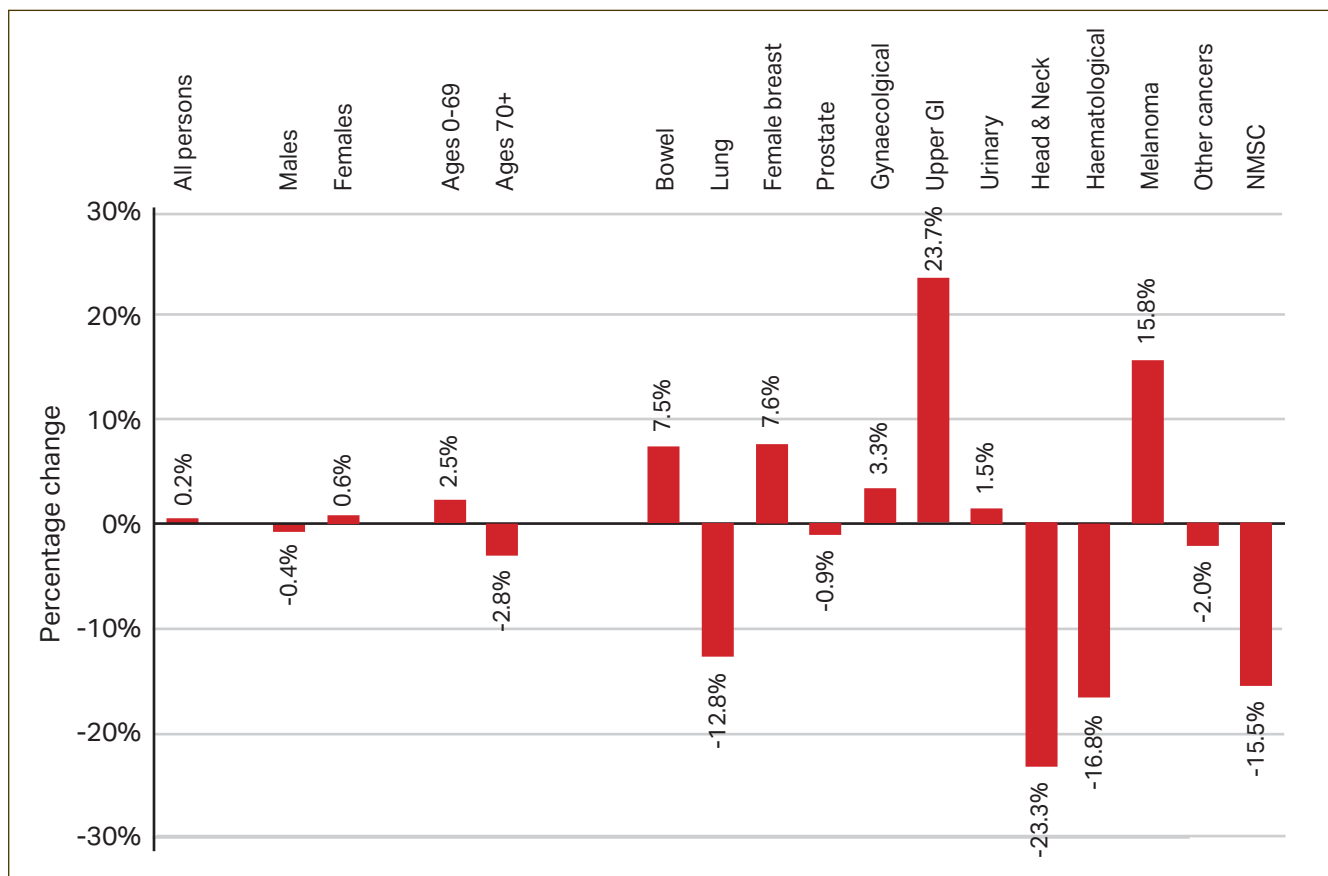
The most recent data collated by the NICR has indicated welcome signs of recovery in the rates of cancer identification in Northern Ireland, with a 0.2% increase in the number of patients with a pathology sample indicating cancer in the twelve weeks up to 18 December 2021, compared to the average value in the equivalent weeks in 2017-2019 (Figure 21).

Figure 21: Trends in patients with pathology samples indicating cancer by week and year first sample taken.



A summary of the cancer pathology trends in Northern Ireland overall and by gender, age group and cancer site during the twelve weeks leading up to December 2021, as compared to the equivalent figures from 2017-2019 is illustrated in Figure 22. Encouragingly, this shows only a 0.4% reduction in the pathological diagnosis of cancer in males compared to pre-pandemic levels, alongside a 0.6% increase in the pathological diagnosis of cancer in females. Of concern however, are sustained reductions in the pathological diagnosis of specific cancer subtypes, including head and neck cancer (23.3% decrease).

Figure 22: Percentage change in the pathological diagnosis of cancer by gender, age and cancer site during the twelve weeks leading up to 18 December 2021, compared to the annual average in 2017-2019.



The official statistics for lung cancer diagnosed in 2020, published by the NICR in March 2022, have indicated a reduction in cases diagnosed with a shift to later stage disease, reductions in surgery, radiotherapy and chemotherapy and significant reductions in survival.²

Given the significant adverse outcomes associated with advanced stage disease at both individual and population level, potential for high levels of undiagnosed cancer prevalent in the community requires urgent public health action, focused on raising public awareness of signs and symptoms, as well as prioritising the rehabilitation of cancer services. Analysis of NICR data by demographic characteristics has enabled an assessment of the population cohorts potentially more likely to be living with undiagnosed cancer, while site-specific data has also provided a useful indicator of the types of cancer which appear to have been most affected and as such, underdiagnosed. Such considerations will prove vital in informing the planning, provision and delivery of cancer services tailored to meet future population health need.

Further information is available from the NICR website: www.qub.ac.uk/nicr.

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The impact of COVID on wellbeing

- COVID-19 HSC Staff Wellbeing Study in Northern Ireland
- College student mental health and wellbeing, prior to and during the COVID-19 pandemic
- Health and social care workers' quality of working life and coping while working during the COVID-19 pandemic: a multi-phase cross-sectional study

COVID-19 HSC Staff Wellbeing Study in Northern Ireland

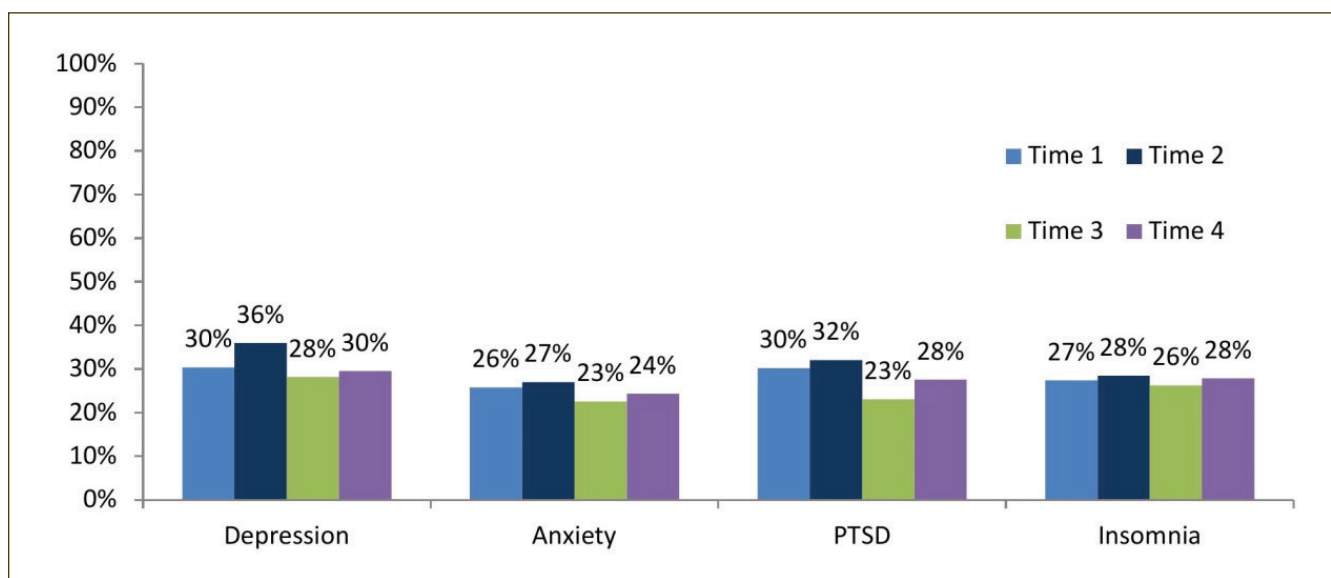
The Northern Ireland COVID-19 HSC Staff Wellbeing Survey was carried out at four time points during 2020 and 2021. It was an online survey open to all HSC staff in Northern Ireland and asked questions about mental health, wellbeing and supports used during the pandemic. Many thousands of staff took part and a good representation of staff groups was achieved at each time point – November 2020, February 2021, May 2021 and August 2021. It was funded by the PHA's Research and Development Division and carried out by the IMPACT Research Centre, based in the NHSCT. It involved collaborators in each of the Trusts and the Ambulance Service.¹

Findings

The survey included four validated psychological wellbeing measures (depression, anxiety, Post-Traumatic Stress Disorder (PTSD), and insomnia). It highlighted high levels of distress and poor wellbeing in HSC staff throughout the pandemic period. See Figure 1 that outlines levels of distress within the workforce (depression, anxiety, PTSD, insomnia) at all time points. In addition we found that 40% of staff were considering leaving their organisation (up by 5 percentage points from pre-pandemic surveys). The proportion of staff who looked forward to going to work also fell from pre-pandemic levels (43% versus 56% pre-pandemic). Analysis revealed effective communication within the organisation involved to be the most important predictor of staff wellbeing.¹

Most of our participants did not use any wellbeing supports available. At Time 4, around three quarters (75%) said they had used none of the supports offered. The most common types of supports used were online resources (12%) and information leaflets/booklets (10%). Among those who had used some form of support 35% found it useful or very useful, and even if not used most were reassured supports were available.

Figure 23: Proportion of sample self-reporting moderate to severe psychological wellbeing symptoms at Times 1-4.



Impact

The reports from each of the time points are published on the Impact Research Centre website (www.impactresearchcentre.co.uk). They were distributed widely to participants, senior management within each organisation and were made available to the regional group overseeing HSC staff wellbeing during the pandemic. As a result of our reports many organisations made great efforts to improve communication about COVID issues. Others improved how redeployment was carried out (a stressful event for many staff). The reports strengthened the case for increasing support to staff during this time by providing interventions targeted at organisational, group and individual levels. There was a clear need identified to provide psychological interventions such as team supports, and wellbeing programmes as well as organisational interventions such as compassionate leadership training.

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College student mental health and wellbeing, prior to and during the COVID-19 pandemic

Research has revealed that many college students struggle with their mental health. Numerous students commence college with pre-existing conditions, while others develop psychological problems for the first time during their college years.¹ In March 2020, the World Health Organization (WHO) declared COVID-19 a pandemic, restrictions were put in place, and students moved to an online learning environment. It was surmised that this would have a negative impact on mental health and wellbeing, adding to the pressure of college life.

Student Psychological Intervention Trial

A study led by Ulster University (UU) was conducted as part of the Student Psychological Intervention Trial (SPIT), comparing data collected from first year student participants in autumn 2019, prior to the pandemic, with data collected in autumn 2020, when students were commencing their second year at college.² SPIT is one of 11 cross-border studies that make up the Cross-border Healthcare Intervention Trials in Ireland Network (CHITIN) programme. SPIT was conducted as part of the WHO World Mental Health International College Student Initiative (WMH-ICS), with student participants from UU in Northern Ireland, and Letterkenny Institute of Technology in the Republic of Ireland.³ Overall, 884 students fully completed the comprehensive online survey in both year one and year two.

Symptoms of depression, anxiety and suicidal behaviour were compared across this time-period, and stressors related to the pandemic were identified. The study revealed that many students had psychological problems when they started college, particularly those based in the Republic of Ireland (see Table 3 below and BBC report).⁴ Levels of depression increased significantly from year one to year two, especially among students studying in Northern Ireland. This may be related to increased social isolation associated with the lockdown, a lack of interaction with their peers and online teaching. Indeed, many students said that their motivation decreased during this period and that they struggled with the online learning environment and uncertainty around examinations. Many said that their sleeping patterns were disturbed and that they worried about loved ones catching the virus.

Contrary to what may have been expected, levels of anxiety decreased. It should be noted that this may have also been the case in the absence of a pandemic, as the high levels of anxiety revealed in year one may be related to students being anxious about starting college for the first time. Conversely, the reduction in anxiety symptoms may also be related to fewer stress invoking situations as they started year two, with less social interaction.

No significant variations were found for suicidal behaviour over this time-period, yet the number of students identified as being at risk in both year one and year two is concerning. Such findings would indicate that it is very important to monitor student mental health and wellbeing, and that supports should be put in place to address the needs of these students, particularly during these challenging times, with uncertainty surrounding the pandemic and the impact it may have on their time at university. Early intervention and treatment are of utmost importance and students should be encouraged to seek help.

Table 3: Comparison of anxiety and depression scores and suicide risk between Year 1 and Year 2.

	Year 1		Year 2		
	n	%	n	%	x2
Anxiety					
Total	214	25.5%	163	18.9%	10.726 (p<.01)
ROI	40	22.6%	37	20.3%	.303 (p=.582)
NI	174	26.2%	126	18.5%	11.621 (p<.01)
Depression					
Total	123	14.9%	203	23.6%	20.617 (p<.001)
ROI	38	21.6%	44	24.5%	.272 (p=.542)
NI	86	13.1%	158	23.3%	22.692 (p<.001)
Suicide Risk					
Total	65	7.6%	76	8.6%	.633 (p=.426)
ROI	24	12.9%	17	9.2%	1.474 (p=.225)
NI	41	6.1%	58	8.4%	2.635 (p=.105)

Note: n = raw unweighted values, % weighted values; ROI = Republic of Ireland;
 NI = Northern Ireland x 2 tests show significant differences in prevalence rates
 Source: McLafferty et al. (2021)

Funding

CHITIN is a unique cross-border partnership between the Public Health Agency in Northern Ireland and the Health Research Board in the Republic of Ireland. CHITIN has received €10.6 million funding from the European Union's INTERREG VA Programme, managed by the Special EU Programmes Body (SEUPB) with match funding from the Departments of Health in Northern Ireland and the Republic of Ireland.

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Health and social care workers' quality of working life and coping while working during the COVID-19 pandemic: a multi-phase cross-sectional study

Introduction

The wellbeing of the health and social care workforce is crucial to service delivery, and more so during the period of unprecedented demand placed on the service during the ongoing COVID-19 (SARS-CoV-2) pandemic. It is important that all health and social care employers have current evidence on which to base approaches to staff support and service delivery during and beyond the pandemic. This survey aimed to monitor health and social care workforce wellbeing and coping during the accelerative phase of the COVID-19 pandemic and at six monthly intervals through the peak and decelerative phases, and to make good practice recommendations for organisations and professional bodies based on the findings.

Methods

This is a multi-phase cross-sectional survey-based study involving nurses, midwives, allied health professionals (AHPs), social care workers and social workers across the UK. Online surveys are released on a six monthly basis and disseminated through suitable channels to ensure reach to appropriate audiences across the Four Nations.¹⁻⁵

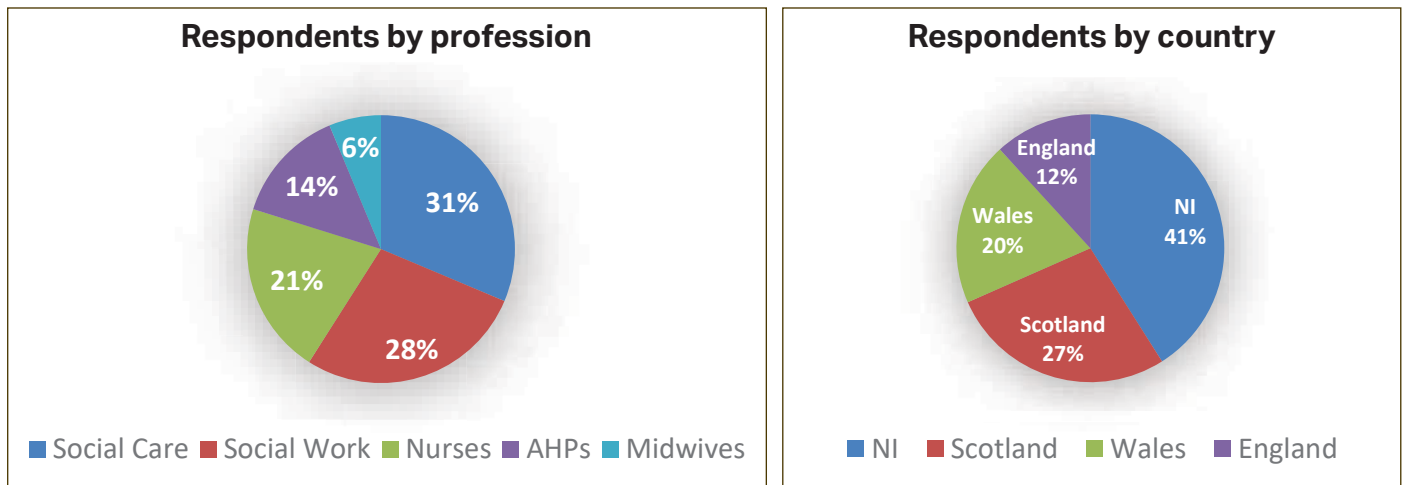
The survey included:

- Demographic and work-related information
- Mental wellbeing
- Quality of working life
- Burnout
- Coping with COVID-19-related occupational demands
- Coping with work-related stressors
- Open-ended questions

In order to gain deeper insights into workforce impacts, separate focus groups are conducted with health and social care Human Resource (HR) professionals, service managers and frontline workers. This report details the findings of Phase 3 of the survey; further phases are planned. Further details of the methodology can be found at www.hscworkforcestudy.co.uk

Findings

The survey received 2,721 responses, the highest proportion of which came from Northern Ireland (n=1,116), followed by Scotland (n=745), England (n=539) and then Wales (n=321). The largest groups by profession in the sample were social care workers (n=853) and social workers (n=753), followed by nurses (n=566), AHPs (n=378), and midwives (n=171). The majority of respondents were female (86.8%), primarily from the 30-59 age group (83.7%) and the vast majority were of white ethnic origin (89.5%).

Figure 24: Distribution of survey respondents by profession and by country.

The main areas of practice for most respondents were adults (37.0% UK-wide) and older people (22.9% UK-wide). Overall, respondents have been working more hours' overtime since the start of the pandemic compared to before. When asked about the impact of COVID-19 on their work, more than half (62.1%) of the respondents UK-wide felt overwhelmed by increased pressures, 34.5% felt their practice was impacted but not significantly and only 3.4% reported that their service had not been impacted at all. Social care workers and social workers were the most impacted occupational groups.

Responses to open-ended questions and the focus group discussions were analysed to identify common themes. The overarching themes that emerged in Phase 3 (May–July 2021) were similar to the themes identified in Phase 1 (April–July 2020) and Phase 2 (November 2020–January 2021) of the study; **Changing Conditions, Communication and Connections**.

In relation to the **Changing Conditions**, respondents reported that their services were (again) affected by staff shortages, leading to increased workloads, burnout and impacts on health and wellbeing. Positive developments included greater flexibility about working from home and a better work-life balance.

Respondents highlighted that **Communication** with employers and managers had worsened since the beginning of the pandemic. Respondents reported both negative and positive experiences around moving from face-to-face interaction to communicating by phone or online.

Connections were highlighted by respondents as something that constantly changed during the pandemic, with relationships with colleagues and managers worsening as the pandemic continued. Additionally, those who had been redeployed by managers also struggled at times to maintain their routines for work life balance because of new work schedules alongside other home commitments.

UK-wide, there was an overall decrease in the use of most of the positive coping strategies (such as active coping, planning) and an increase in the use of negative coping strategies (such as venting, self-blame) from Phase 1 to Phase 3 and between Phase 2 and Phase 3 of the study.

Burnout increased between Phases 2 and 3; UK-wide in Phase 3, a large proportion of respondents were experiencing moderate to severe levels of personal (78.1%) and work-related burnout (71.9%). Rates of burnout associated with clients remained relatively low with 78.4% reporting low levels of client-related burnout. In other words, patients/service users were rarely the reason for burnout in health and social care workers.

The 15 Good Practice Recommendations from Survey 1 and 2 were reviewed in the context of findings from Survey 3. These recommendations will continue to be reviewed against the findings of future surveys:

1. Health and Safety in the Workplace
2. Putting into practice the advantages of more flexibility in employment
3. Training for redeployment, skill mix and skill acquisition
4. Equity in home working when possible
5. Terms and conditions in relation to coverage of Statutory Sick Pay for staff
6. Flatter hierarchies
7. Staff wellbeing and retention
8. Annual leave and regular breaks
9. Connection
10. Communication
11. Management visibility
12. Supportive supervision
13. Organisational support
14. Team support
15. Resourcing and Infrastructure

Funding

This study is funded by HSC R&D Division of the Public Health Agency, Northern Ireland (COVID Rapid Response Funding Scheme COM/5603/20), the Northern Ireland Social Care Council (NISCC) and the Southern Health and Social Care Trust, with support from England's National Institute for Health Research (NIHR) Policy Research Unit in Health and Social Care Workforce. Funding has been secured to continue the study into Phase 4 and Phase 5 with more surveys and focus groups between November 2021 and October 2022.

Examples of feedback from survey participants regarding communication, connections, work-life interface and changing conditions are provided below.

"Being redeployed to ITU had a psychological impact that still affects me at times. As a result, I feel disconnected at times from family and still don't engage with friends that much, especially those who constantly ask "how was it?"

(Nurse, Hospital, England)

"Being at home in some ways helped the balance as without the commute I still had a little energy for my children after work. On other occasions it has been negative, as work has been non-stop for more than 12 hours in a day so there has been no time for family and it can be hard to switch off as clearly as you do when leaving an office."

(Social Worker, Scotland, Community)

"Increased demand for Mental Health support from women, increased demand for social support. Less support from AHPs due to redeployment/working from home."

(Midwife, Wales, Community)

"One of the most difficult things was that people were coming and going, things were changing, so you needed that stability, that ethos of let's look after ourselves and each other first and then what can we do for the people in our work."

(Social Care Manager, Northern Ireland).

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