agenda

Title of Meeting	134th Meeting of the Public Health Agency Board
Date	17 June 2021 at 1.30pm
Venue	Via Zoom

standing items

1 1.30	Welcome and apologies		Chair
2 1.30	Declaration of Interests		Chair
3 1.30	Minutes of Previous Meeting held on 20 May 2021		Chair
4 1.35	Matters Arising		Chair
5 1.40	Chair's Business		Chair
6 1.45	Chief Executive's Report		Chief Executive
7 2.00	Finance Report To include: • Financial Plan 2021/22	**PHA/01/06/21**	Director of Finance
8 2.20	Update on COVID-19 • Health Needs Assessment regarding Long Covid		Chief Executive

committee updates

9 2.40	Update from Chair of Governance and Audit Committee	**PHA/02/06/21**	Mr Stewart
10 2.50	Update from Chair of Remuneration Committee		Chair

for approval

11 3.00	PHA Annual Report and Accounts 2020/21	**PHA/03/06/21** **(To follow)**	Mr Wilson / Ms McCaig
12 3.15	PHA Annual Business Plan 2021/22	**PHA/04/06/21**	Mr Wilson

for noting

13 3.30	Corporate Risk Register	**PHA/05/06/21**	Mr Wilson

closing items

14 Any Other Business
3.50

15 Details of next meeting:

Thursday 19 August 2021 at 1.30pm

Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast, BT2 8BS

HSC Public Health Agency

minutes

Title of Meeting	133rd Meeting of the Public Health Agency Board
Date	20 May 2021 at 1.30pm
Venue	12/22 Linenhall Street, Belfast

Present

Mr Andrew Dougal	-	Chair (*via video link*)
Mrs Olive MacLeod	-	Interim Chief Executive (*via video link*)
Dr Stephen Bergin	-	Interim Director of Public Health (*via video link*)
Mr Rodney Morton	-	Director of Nursing and Allied Health Professionals
Mr Stephen Wilson	-	Interim Director of Operations
Alderman William Ashe	-	Non-Executive Director (*via video link*)
Mr John Patrick Clayton	-	Non-Executive Director (*via video link*)
Ms Deepa Mann-Kler	-	Non-Executive Director (*via video link*)
Alderman Paul Porter	-	Non-Executive Director (*via video link*)
Professor Nichola Rooney	-	Non-Executive Director (*via video link*)
Mr Joseph Stewart	-	Non-Executive Director (*via video link*)

In Attendance

Dr Aideen Keaney	-	Director of Quality Improvement *(via video link)*
Ms Tracey McCaig	-	Interim Director of Finance, HSCB *(via video link)*
Mr Robert Graham	-	Secretariat *(via video link)*

Apologies

Mr Brendan Whittle	-	Director of Social Care and Children, HSCB

54/21 **Item 1 – Welcome and Apologies**

54/21.1 The Chair welcomed everyone to the meeting. Apologies were noted from Mr Brendan Whittle.

55/21 **Item 2 – Declaration of Interests**

55/21.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda. No declarations were made.

56/21 **Item 3 – Minutes of previous meeting held on 15 April 2021**

56/21.1 The minutes of the Board meeting held on 15 April 2021 were **APPROVED** as an accurate record of that meeting.

57/21 **Item 4 – Matters Arising**

57/21.1 There were no matters arising.

58/21 **Item 9 - Update from Chair of Governance and Audit Committee (PHA/02/05/21)**

58/21.1 Mr Stewart began by thanking Mr Clayton and Ms Mann-Kler for their assistance on the Governance and Audit Committee (GAC). He said that the minutes of the meeting held on 8 March were available for members and that although a further meeting took place on 15 April, he would give members an update on that at the next meeting.

58/21.2 Mr Stewart advised that, at the request of the GAC, an audit of contact tracing was undertaken, but the report is not yet available. He drew members' attention to concerns that had been expressed about some authorisations that required to be followed up.

58/21.3 Mr Stewart highlighted concerns about IT issues around the PHA website and he queried whether there was anything the PHA Board could do, but he suggested that perhaps Mr Wilson may have an update. He noted that there are also issues about the databases used for screening programmes and that Dr Bergin had already flagged this up to members. The Chair advised that he had attended the most recent meeting of the Screening Programme Board where there was discussion about the IT systems and he said that it would be helpful to have target dates for the implementation of this critical work. Mr Wilson said that in terms of the PHA website, he was pleased to report that there have been discussions with the organisation involved in the COVID NI website and there is the possibility that PHA's website could be built within that framework. He noted that this is one option and said that PHA is also speaking to its current website provider to ensure the security of the site. Mr Stewart welcomed the update and that this will be picked up at the next meeting of the Committee.

58/21.4 Mr Stewart said that there was work under way to follow up on an Internal Audit recommendation following some issues that had been picked up relating to staff underpayments and overpayments. He assured members that there were no significant amounts involved.

58/21.5 Mr Stewart advised that there was a discussion on the audit of governance and that while a satisfactory level of assurance was given he noted that a learning report had been presented at AMT, but had not yet been brought to the Board. He also highlighted that some decisions that had been made regarding expenditure did not appear in action logs although the correct paperwork was in place. Ms Mann-Kler noted that the learning report had been presented at the last Board meeting.

58/21.6 Mr Stewart noted that as part of the annual audit, External Audit will be looking at significant presumed risks and one area that will be

scrutinised is whether management controls have been overridden. He felt that this should be brought to members' attention. He also said that the auditors will be looking at the number of changes in senior level in PHA over the last year.

58/21.7 Mr Stewart said that he wished to raise a matter at the next confidential session of the Board regarding the audit of vaccinators.

58/21.8 The Chair returned to the matter of the replacement of the IT systems for screening programmes and whether there is a schedule in place for this work. The Interim Chief Executive advised that a risk assessment and gap analysis is currently being undertaken and a workshop is being planned. The Chair said that it would be useful to see this schedule. The Interim Chief Executive agreed to update members when a date for this workshop is available and to share the programme **(Action – Interim Chief Executive)**.

58/21.9 The Board noted the update from the Chair of the GAC.

59/21 Item 5 – Chair's Business

59/21.1 The Chair began his report by referring to a recent retirement and the outstanding contribution which Ms Rosemary Taylor, Assistant Director, Planning and Operational Services, made to the work of the Agency since its inception.

59/21.2 The Chair informed members that he had confirmation from the Department that a recruitment exercise will commence in June for two Non-Executive Directors who are currently elected local Councillors and for a further Non-Executive Director with a financial background. He expressed concern about the timescales for completing this exercise given that the two local Councillors currently serving on the Board will step down at the end of July. He noted that the Public Appointments Unit is presently dealing with a high number of vacancies in other arm's length bodies.

59/21.3 The Chair said that he had recently attended a meeting of the PHA Procurement Board where there was discussion around the re-tendering of contracts relating to drug and alcohol services. He explained that the Department is currently reviewing its policy in this area and that PHA is awaiting the outcome of that review before commencing a re-tendering exercise. He hoped that this would not result in the current contracts being extended for much longer as some of these have been extended for periods longer than the length of the original contract. He was anxious to know that officers could check with the Department that it would be able to achieve its time target for the completion of this review.

59/21.4 The Chair advised that he had attended a webinar on the theme of economic recovery where he had stressed the need to tackle long term unemployment among young people. He also reflected on the recent

unemployment figures and the difference between Northern Ireland and the rest of the United Kingdom. He reflected that the unemployment level in Northern Ireland was lower than that of the UK average and a similar situation had occurred in the financial crisis of 2008 when Northern Ireland had a lower rate of unemployment in the initial 18 months of the crisis but this subsequently changed radically.

59/21.5 Finally the Chair welcomed the recent ban on junk food advertising in all media before 9pm.

60/21 Item 6 – Chief Executive's Report

60/21.1 The Interim Chief Executive presented her Report and apologised for the delay in its issue. She said that the Agency is currently under a lot of pressure and has had to establish seven Incident Management Teams (IMTs) to deal with COVID-19 related issues. She advised that there are regular meetings with representatives from Derry and Strabane Council due to the continuing high rate of cases in that area. She said that staff continue to work hard but no additional help is available. She advised that interviews are taking place at the end of next month for public health consultants but there remain shortages in terms of data analysts. She reminded members of the daily demands that were being placed on the Agency since this time last year and said that a lot of progress has been made but the organisation remains in business continuity mode.

60/21.2 The Interim Chief Executive said that it is not possible to predict the impact of any new strains. She added that although the number of daily positive cases is falling to around 100 per day, a travel cell has had to be set up because of the complexity of some of the cases. She noted that the number of flights coming into Northern Ireland remains small, but there are still cases to be followed up. She said staff are coping and she has been encouraging staff to take leave in order to get a break.

60/21.3 The Interim Chief Executive noted that the work of the contact tracing centre as well as the work in testing and the travel cell is helping to reduce the pressure on hospitals and that PHA has already begun to prepare for the coming winter. She advised that a team has been set up to look at groups where there has been a low uptake of vaccinations and she referred to work that took place recently to carry out a targeted vaccination programme in an area in Coleraine.

60/21.4 The Chair asked whether the reduction in the number of cases having to be traced would mean that the contact tracers would have more time to follow up to ensure individuals are self-isolating. He noted findings that only 30% of people who are required to self-isolate do so for the full period. The Interim Chief Executive advised that cases are being followed up and that close contacts are being asked to get tested immediately and at Day 8. She said she was satisfied that people are complying but she reiterated that PHA does not have the authority to

ensure that people self-isolate. She acknowledged that in the past such follow up was not possible due to the high volume of cases but she explained that a business case is being finalised to ensure that there are adequate numbers of staff in the contact tracing centre until the end of the year. The Chair said that there were previously indications that the number of daily positive cases could rise to 2,000 a day by July and he asked whether this would mean that there would not be the capacity to follow up on cases. The Interim Chief Executive said that the position has changed and the projections have been reduced, and she reiterated that she felt that the contact tracing centre has adequate staff at this time. The Chair noted that the amount of funding Northern Ireland receives for contact tracing is a fraction of that in other jurisdictions. The Interim Chief Executive said that PHA has been assured that it will be supported with any funding that it requires on completion of a business case **(Action – Interim Chief Executive)**.

60/21.5 Mr Clayton asked about people who are hesitant about getting the vaccine and asked for further information about the group which has been set up and how it determines the locations to target, and whether there is a link with areas of deprivation. Dr Bergin advised that 6 weeks ago a Vaccine Equity Group was set up jointly chaired by Mr Maurice Meehan and Ms Deirdre Webb. He explained that by using data from each Local Government District (LGD) which profiled a total of 790 areas PHA could see those areas where there was the lowest uptake and target them, hence the intervention in Ballysally. He said that PHA can access live data to inform this work.

60/21.6 Alderman Porter sought clarity on the requirement to self-isolate if all members of a household have received both doses of the vaccine. He questioned whether people who have been vaccinated would comply with the requirement to self-isolate. Dr Bergin advised that at present around 70% of the target population has been vaccinated, but to be effective this figure needs to be above 80%. By comparison he said that the effectiveness of the flu vaccine is 72% so it can still be spread. Hence, he said that this is why PHA is targeting certain areas. The Interim Chief Executive said that to answer Alderman Porter's original query, there is still a requirement to self-isolate because although people have been vaccinated, they can still carry the virus. Alderman Porter commented that it would be worth monitoring data to see if there is a change in the level of compliance for those required to self-isolate if they have been vaccinated.

60/21.7 Ms Mann-Kler asked if there is an awareness of the number of cases of long COVID and if there is a disproportionate number of cases among HSC staff. Mr Morton advised that an assessment model is currently being developed to help identify the number of people with long COVID, or Post-COVID Syndrome. He said that data were being collected and work will then commence to look at a response. Dr Bergin added that a paper is being prepared to set out a model for each Trust area.

60/21.8 Ms Mann-Kler noted the progress in the recruitment of permanent staff into senior posts in the Health Improvement team and asked whether there was a timeline to fill the next level. The Interim Chief Executive said that it was her understanding that some posts have had to be re-evaluated, but she hoped that they would be advertised in the next few weeks. She said that there has been good progress and this was needed in order to provide stability for that team **(Action – Interim Chief Executive)**.

60/21.9 Ms Mann-Kler asked if PHA is able to evaluate the impact of its communications work. Mr Wilson said that there are some areas in which PHA should be able to carry out evaluations, and he said that he would look at how this could be included in the Report on a quarterly basis **(Action – Mr Wilson)**.

60/21.10 Ms Mann-Kler thanked the Interim Chief Executive for sharing the report of the recent accommodation review and asked if there was an update on progressing the recommendations. The Interim Chief Executive said that at present the policy remains that staff should work from home if they can and that the Business Services Organisation (BSO) has prepared a paper outlining its short, medium and long term approach for flexible working. She advised that Mr Wilson and his team will look at this paper, as well as the recommendations from the accommodation review in order to inform PHA's accommodation needs for the future. She noted that with COVID-19, some of this work has been put on hold, but it will begin again and she said she would share the BSO paper with members **(Action – Interim Chief Executive)**. She noted that while some staff will be happy to remain working at home, others will be keen to return to the office, and this will have to be managed.

60/21.11 Alderman Ashe brought to members' attention an issue regarding one of his constituents who has a learning disability and when they were hospitalised at short notice recently the only place their son could be looked after was a care home. The Interim Chief Executive said that this would be an issue that Mr Brendan Whittle would need to be aware of as it would fall within his remit. She undertook to speak to Mr Whittle about this **(Action – Interim Chief Executive)**. Mr Morton added that this issue should be raised with the appropriate Trust as this family should have a social worker who would have been aware of these issues and ensured that appropriate arrangements should be in place.

61/21 Item 7 – Finance Report (PHA/01/05/21)

61/21.1 Ms McCaig said that this Finance Report outlines the year-end position for 2020/21 and showed that PHA finished the year with a surplus of £108k. She advised that the allocation letter for 2021/22 has been received.

61/21.2 Ms McCaig explained that approximately 32% of PHA's budget is allocated to Trusts and 37% to other programmes referring members to

pages 3 and 4 of the Report. She moved onto the ring-fenced allocations and said that there was a slight deficit of £26k against the £10.2m of COVID-19 expenditure. For Transformation funding, she said that there was a surplus of £103k which she explained was due to PHA not being invoiced for some work relating to homelessness where an invoice had been anticipated from the Leadership Centre which was subsequently not charged. Regarding the management and administration budget, she advised that there was £830k of slippage which was reinvested in programmes. In the capital budget, she said that there was a surplus of £248k due to a saving in the cost of software licenses for the Digital Test Trace Protect programme. In relation to prompt payment performance, she noted that PHA's performance of 94.3% of invoices paid within 30 days is below the required target of 95% so this will be commented on by the auditors, but she felt that given the very special circumstances this year it was still an excellent achievement. Finally, she outlined the breakdown of the COVID-19 expenditure.

61/21.3 The Chair thanked Ms McCaig for the Report. He asked if it would be possible to get further information on programmes which did not proceed because of COVID-19. Ms McCaig advised that community and voluntary sector organisations were still provided with funding and she was not aware of a list of programmes that did not run. The Chair said that he was anxious to know of any of PHA's own programmes which had been reduced or discontinued because of COVID-19 **(Action – Ms McCaig)**.

61/21.4 The Chair asked if it would be possible to obtain data on the amount by which the management and administration budget has been underspent in recent years and for one of those years, a breakdown of the underspend. Ms McCaig said that she could provide some information but she explained that at present each Director is currently reviewing their salaries and wages and goods and services budget. She added that a 1% efficiency target has to be factored in as part of the review. She said that once the review is complete there will be a plan and PHA will be able to monitor this plan and present more helpful information going forward. The Interim Chief Executive added that by examining each budget and each vacancy, the budgets will be more accurate going forward. Ms McCaig said that every management and administration budget across the HSC will have slippage because the costs of staff time for COVID-19 specific work will have been costed against a COVID-19 budget. She added that by carrying out this review of the salaries and wages budget, it will allow slippage to be identified much earlier in the year allowing that funding to be allocated to other priority areas quicker.

61/21.5 Mr Stewart passed on his thanks to Ms McCaig and to the Executive Directors for achieving this outcome at the year end. He said he would like to see a breakdown of how the £800k from the management and administration budget was reallocated, which programmes benefitted

and what the rationale was for those decisions. Ms McCaig advised that within the Report there are some references to where funding was reallocated but Mr Stewart said that he would like to see further detail **(Action – Ms McCaig)**.

61/21.6 The Chair asked whether the 1% efficiency target was in addition to the 1% PHA was expected to fund for the cost of living increase. Ms McCaig clarified that there is no efficiency target for this year, but there was in previous years, and that although there is an expected 2% inflationary uplift for next year, PHA will not be expected to fund that.

61/21.7 The Chair thanked Ms McCaig for the Report and the transparent nature in which the information it contained is presented.

61/21.8 The Board noted the Finance Report.

At this point Mr Stewart left the meeting.

62/21 Item 8 – Update on COVID-19

Ms Margaret McCrory joined the meeting for this item.

62/21.1 Mr Wilson said that the vaccination programme is one of the main pillars of the pandemic response that PHA has been charged with co-ordinating communications around the vaccine. He explained that while the Department of Health leads on the messaging and deals with the media, PHA does a lot of co-ordination and planning work behind the scenes. He said that to date the vaccination programme has been going well, but it is important not to rest on our laurels. He invited Ms McCrory to give members an overview of how the latest vaccination campaign was developed.

62/21.2 Ms McCrory advised that the campaign, entitled “Every Vaccine Brings Us Closer Together” launched on 10 May, but a lot of work has been going on in advance of that date, including the preparation and publication of materials which is still taking place. She said that PHA has been supporting the PR work and press releases for the vaccination programme which has featured a range of radio, press and outdoor advertising and people being invited to attend an appointment at either primary care or mass vaccination centres.

62/21.3 Ms McCrory said that an analysis of the data from surveys going back to November showed that while uptake rates were high, there was evidence that younger people were less likely to get vaccinated and that females were less likely to indicate they would be keen to get vaccinated. She outlined the barriers and motivators for people getting vaccinated saying that safety, trust and perception of risk were some of the barriers, while motivating factors included a wish to see society return to normal, protection against the virus, protecting the NHS and doing one’s civic duty. She said that given the anticipated low uptake of

the vaccine among younger age groups it was felt a campaign was needed and a brief was shared with an advertising agency who developed five concepts which was then reduced to three for testing purposes.

62/21.4 Ms McCrory explained that using a screening questionnaire individuals were identified to help with the testing but individuals who had indicated that they definitely would, or definitely would not get the vaccine were not selected. Furthermore, she said that people who identified as being in socio-economic groups D and E as well as people in the 18-49 age group were selected. During the testing she said that issues such as safety and mistrust were picked up as well as a desire to return to normal and so the concept of "Every Vaccine Brings Us Closer Together" was chosen as it resonated most. She added that as safety was seen as an issue, PHA linked with NI Direct to ensure that more information about the safety of the vaccine was made available. She said that after testing, the campaign went into the production phase and a media plan developed with the aim of running the campaign from 10 May to the middle of June. However, she explained that given the potential issues relating to the AstraZeneca vaccine for those under 40, the campaign will run until the end of July. She noted that some people are expecting a personal invitation from their GP surgery to get a vaccine so PHA is working with primary care to look at this.

62/21.5 Ms McCrory shared a video showing how the campaign was developed. She advised that the normal turnaround for a campaign is 3/6 months, but in this case the timeframe was much tighter. She said that in addition to the television campaign, there is a comprehensive digital programme and the campaign will also appear on radio.

62/21.6 The Chair sought clarity that it takes 3/6 months to design and produce a campaign so if funds became available during the year to undertake a new campaign, it may not be possible due to the timescales involved. Ms McCrory said that from the development of the brief to testing and media planning, it can take that length of time. She said that for this campaign the footage shown in the background is library footage but it is aimed to look like it is from Northern Ireland because from working on other campaigns, she has learnt that young people are generally critical of Northern Ireland advertising.

62/21.7 Mr Clayton said that the campaign was very impressive and he had seen much of the social media material. He noted how there were messages from famous sportspeople encouraging people to get their vaccination. He said that he was particularly interested in how PHA had deliberately targeted those individuals who were vaccine hesitant as part of the planning for the campaign and asked whether there had been any follow up to find out whether these people feelings towards the vaccine had been changed. Ms McCrory said that PHA would continue with the tracking surveys, but noted that as the uptake increased there would be a smaller pool of people to survey, but there would be no way of

determining whether any of those previously contacted has since got their vaccine.

62/21.8 The Chair asked about the cost of the campaign. Ms McCrory replied that she did not have the costs to hand, but she estimated it to be around £200k. The Chair thanked Ms McCrory for attending today's meeting, and for the excellent campaign which would hopefully encourage people to take up the offer of the vaccine. He asked that the thanks of the Board be conveyed to all those involved in the campaign.

At this point Dr Bergin left the meeting.

63/21 Item 10 – PHA Rural Needs Act Annual Report 2020/21 (PHA/03/05/21)

63/21.1 Mr Wilson advised members that there is an obligation for bodies to ensure that cognisance is taken of rural needs when developing policies. He said that this is monitored by DAERA and that PHA is required to make an annual return, and that this Report represents the return for 2020/21 with a total of five assessments having been carried out during the year.

63/21.2 The Chair noted that, particularly for screening programmes, it is important to give thought to those individuals who do not have access to their own transport and asked whether this could be taken into account when the next screening programme consultation is being put together. Mr Wilson said that this it is his understanding that this is already taken into account when determining the distribution of screening centres, and that this legislation does oblige public authorities to consider those sorts of issues.

63/21/3 Professor Rooney asked if PHA is required to undertake this screening for every policy and following Mr Wilson's confirmation that this is the case, she then sought clarity that only five new policies were developed in the last year. Mr Wilson said that this would be for new policies, at which point Ms Mann-Kler asked if there is scope within the Act to look at existing policies given there could be fewer and fewer new programmes each year. Mr Wilson clarified that is designed specifically for new programmes, but at the same time it is important that consideration of rural needs is part and parcel of PHA's planning processes.

63/21.4 Alderman Porter said that he had raised the issue before that a lot of PHA's work appears to be either Belfast or Londonderry based but that rural areas are where some of the hardest to reach people are.

63/21.5 Mr Clayton asked whether the consideration of rural needs should be mainstreamed in the same way as policies are equality screened as he agreed the number of screenings appeared to be quite low. He said that rural needs would have to form part of the discussion as the vaccination

Programme Board as well as in other areas such as contact tracing and capacity building. Mr Wilson advised that for the vaccine programme, rural needs are a live issue and that PHA has the ability to analyse the uptake of vaccines in certain areas and consider specific interventions. He said that this is part of how PHA ensures that it is giving due regard to inequalities, and the need to do this will continue to be impressed on staff.

63/21.6 The Board **APPROVED** the Rural Needs Act Annual Report 2020/21.

64/21 Item 11 – Health Improvement COVID Rebuild and Recovery Plan 2021-26 (PHA/04/05/21)

Mr Séamus Mullen joined the meeting for this item.

64/21.1 Mr Mullen delivered a presentation on the Health Improvement COVID Rebuild and Recovery Plan. He began by explaining that the Plan is in the format of a logic model whereby there is a "plan on a page" for each thematic area which looks at context, vision, inputs, outputs and outcomes. He said that this work has involved staff across all of PHA and there is a group in place for this work.

64/21.2 Mr Mullen said that previously many health improvement services would have been delivered on a face-to-face basis, but during the last year PHA has had to consider new ways of doing this and look at capacity in order to meet demand. He said that organisations would report to PHA on their progress. In terms of this new Plan, he said that it is broken down into short, medium and long term outcomes.

64/21.3 Mr Mullen took members through two areas, obesity and physical activity, and emotional wellbeing, and gave an overview of the types of the services that have been running during the pandemic, but also the recovery plans for the next period. As a next step, he said that short term priorities will be included in organisation's Service and Budget Agreements for the year, and these will be monitored over the next six months. He added that work has already commenced on thematic plans and that regional leads will meet to review and streamline priority work areas.

64/21.4 The Chair said that he was concerned to note that some of the work outlined in the Plan falls under the remit of other Government departments and asked whether it is difficult to get other departments engaged. Mr Mullen said that a few years ago it would have been a challenge, but there has been a significant shift. He advised that over the last number of months the Department for Communities has been seeking PHA's assistance in its work with the community and voluntary sector. He added that PHA works with DAERA on the farm families programme and there has been engagement with the Department for Infrastructure on a proposal to reduce the number of attempted and completed suicides on the Westlink through the installation of specially

designed barriers.

64/21.5 Mr Clayton thanked Mr Mullen for the presentation and noting the work that PHA does with other agencies, he said that he would be happy to discuss work relating to the Anti-Poverty Strategy as well as with other work in the areas of LGBT, gender equality and disability. He felt that there is scope for PHA to influence work in those areas.

64/21.6 Professor Rooney asked about the outcomes and how measurable they are as she felt they should be more specific. Mr Mullen explained that there is an action plan in place for each area for over the next 12 months, and for over the next 5 years, and these are being developed with the Health Intelligence team. Using the example of mental health, he said that there is a group looking at each thematic area. The Chair sought clarity that there will be hard data in the action plan and Mr Mullen confirmed that this would be the case.

64/21.7 Alderman Porter expressed caution that from his experience, Councils are still clear in terms of what they feel is their role and what they feel is the role of PHA. He felt that because of this, there could be many groups who suffering from a lack of support and that community planning should be used as an approach to work with these groups.

64/21.8 The Chair noted the progress that has been made in reducing the number of young people who are smoking in Northern Ireland and he said that he looked forward to seeing the action plans. The Interim Chief Executive thanked Mr Mullen and his team for their work during the COVID-19 response.

64/21.9 The Board noted the Health Improvement COVID Rebuild and Recovery Plan 2021-26.

65/21 Item 12 - HSCQI Annual Report 2020 : Programmes-Partners-People (PHA/05/05/21)

Ms Tracey White joined the meeting for this item.

65/21.1 Dr Keaney introduced Ms Tracey White to the meeting saying that she had been working over the last few months to produce this interactive Report.

At this point Professor Rooney left the meeting.

65/21.2 Dr Keaney said that the Report had been in three sections entitled Programmes, Partners and People and she invited Ms White to take members through it.

65/21.3 Ms White gave an overview of the Report beginning with an introduction into how HSCQI came into being before moving on to outline some of the Regional Scale Up initiatives in which HSCQI has been involved and

	the progress that has been made against each of these. She reported that during COVID-19 HSCQI was involved in three regional projects which related to virtual visiting, virtual consultations and staff psychological well-being during COVID-19 and the HSCQI network had developed a number of resources and tool kits which were accessible on the HSCQI website.
65/21.4	Ms White said that it would not be possible for HSCQI to carry out its work without the support of its partners and she highlighted in particular a new partnership with primary care. In the final section of the Report she drew attention to the GREAT resources for service users and carers that were developed in conjunction with the HSCQI PPI Community of Practice (CoP). At the start of 2020, she reported that HSCQI hosted the IHI Healthcare Improvement Alliance Europe (HIAE) conference which was held in Belfast (pre-pandemic) with over 70 international delegates in attendance. She said that the delegates took the opportunity to visit specific projects in certain Trusts.
65/21.5	Ms White noted that a key function of HSCQI is to support the development of system wide QI capability. HSCQI has worked with a number of external partners to deliver a number of regional training programmes including the Scottish Improvement Leader Programme. *At this point Alderman Porter re-joined the meeting.*
65/21.6	Ms White advised that there is Quality Improvement training carried out through NIMDTA and that Trusts also have their own specific courses. She added that online Quality 2020 training is also available. *At this point Professor Rooney re-joined the meeting.*
65/21.7	Ms Mann-Kler thanked Ms White for the Report and said that she enjoyed reading it and thought the interactive format and the way the messages were presented made it easier to remember them. She said that the HSCQI system approach came across very clearly and she said that PHA should consider using this type of format for other reports.
65/21.8	The Chair asked what external input there was to the design of the Report, but Ms White advised that she had put the Report together herself using the PageTiger software. She commented that the Report is a good news story. The Chair commended Ms White for the highly skilled design of the Report.
65/21.9	The Chair asked whether the training offered by NIMDTA is focused on in-service training or initial training. Dr Keaney explained that QI training does form part of the undergraduate curriculum, but also part of postgraduate training. She added that within the Trusts there are bespoke training programmes offered at Levels 1, 2 and 3. She advised that HSCQI has supported two Level 3 programmes and also partly funds programmes for clinicians. The Chair asked for how long there

has been QI input into the initial curriculum. Dr Keaney said that the key issue is that when an individual undertakes training they need to be given protected time in their job to be able to carry out QI work or their skills will be lost. She commented that while GPs will have done some training, there is a need for a focus on building QI capability within the PHA itself.

65/21.10 Mr Morton advised that QI training now also forms part of nursing and AHP undergraduate and postgraduate programmes so in 5/10 years' time there will be a cadre of QI trained staff. Dr Keaney reiterated that it is important that staff are given dedicated time to apply this QI science Within their day to day job – otherwise skills learned on programmes will be lost. Mr Morton agreed that while there has been considerable effort around QI training, there needs to be more in terms of implementation.

65/21.11 Dr Keaney advised that there is an overarching HSCQI Leadership Alliance and the work of HSCQI is endorsed by that Alliance which consists of the Chief Executives of the Trusts, PHA, BSO and HSCB as well as the chief professional officers in the Department of Health and senior leaders in primary care. She added that a lot of the work undertaken by HSCQI had been shared with the Rebuilding Management Board and she is delivering a presentation to that group next week.

65/21.12 The Board noted the HSCQI Annual Report.

66/21 Item 13 – Any Other Business

66/21.1 The Chair thanked members for their contributions to today's meeting and drew the meeting to a close.

67/21 Item 14 – Details of Next Meeting

Thursday 17 June 2021 at 1:30pm

Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast, BT2 7ES

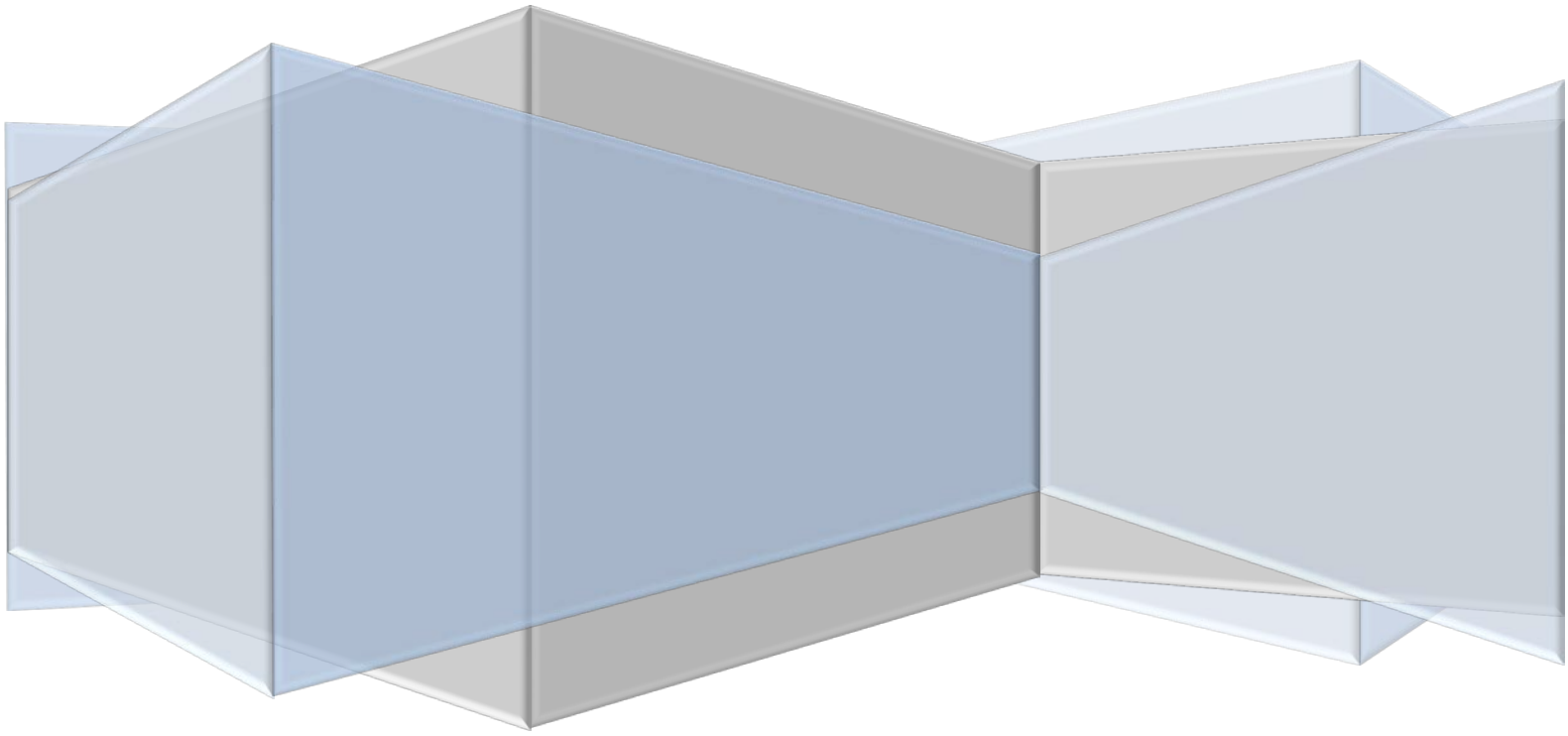
Signed by Chair:

Date:

Financial Plan 2021/22
Draft for approval

T McCaig, Director of Finance (Interim)

AMT review: 08/06/21
Board approval: 17/06/21



Index

Appendices

1. Introduction

This financial plan sets out the funds available to the PHA, the risks and uncertainties for 2021/22, and summarises the opening budgets against the high level reporting areas. It also outlines how the PHA will manage the overall funding available and enable it to support key programmes of work that will help achieve its corporate priorities.

Detailed budgets have been developed which underpin this financial plan and will be monitored and reported to budget holders, the Agency Management Team (AMT) and the Board on a monthly basis. All actions taken by budget holders with the support of Finance will seek to provide an overall breakeven position for 2021/22 in support of the PHA's statutory duty.

The following sections of this plan summarise:

i. The total funding allocation from DoH, as set out in the 2021/22 opening Allocation letter and projections on other assumed allocations;
ii. Planned application of resources set against high level budget areas;
iii. Risks and uncertainties associated with the 2021/22 financial plan; and
iv. Summary of the PHA projected financial position for 2021/22.

2. Summary of Opening PHA Allocation - Revenue

The main funding source of revenue funding for the PHA is provided by the DoH, following the Minister for Health's approval of the budget for 2021/22, this has been set out in the opening financial allocation letter received on 20 May 2021 (revised 2 June 2021).

The PHA liaised with the DoH budget during the budget setting process in the last quarter of 2020/21, the allocation letter received sets out the approved development or other funding areas.

Table 1 – PHA Opening Allocation 2021/22

	Commissioning £'000	Admin £'000	Total £'000
Opening Allocation	82,930	19,780	102,710
New Recurrent Allocations 2021-22:			-
Pay Awards 2020-21	513	287	800
Organ Donation promotion	194	56	250
Pertussis vaccination	364	-	364
Safe Staffing (Nursing)	-	111	111
Bowel Screening - introduction of FIT	500		500
Other, including reclassifications	(414)	338	(76)
Total recurrent allocation	**84,087**	**20,572**	**104,659**
New allocations 2021/22:			
Assumed Recurrent allocations	6,296	3,670	9,966
Non-recurrent allocations - Covid Response	6,320	-	6,320
Total opening allocation 2021-22	**96,703**	**24,242**	**120,945**
SBNI - assumed allocation during the year	-	659	659
Total Allocation 2021-22 (incl. SBNI assumed)	**96,703**	**24,901**	**121,604**

From the table above a total of £104.7m has been provided recurrently, £6.3m non-recurrently and a third category of assumed recurrent funding has been introduced, totalling £10.0m. In addition, a £0.7m allocation has been anticipated in respect of the Safeguarding Board (NI).

The total allocation of £121.6m has been split between Commissioning (£96.7m) and Administration (£24.9m) budgets. The negative value in the 'Other' category relates to net funding retracted to fund expenditure incurred through other organisations including HSCB and DoH.

For allocations marked as 'assumed recurrent' the DoH has provided in-year funding but has advised PHA that it should treat these funds as if they are recurrent, with the risk for the financial requirement into 2022/23 being managed centrally by the DoH following consideration of sustainability plans. Application of these assumed recurrent funds will be closely monitored by the Finance team with budget holders during 2021/22.

The DoH has highlighted the importance of strictly managing non-recurrent allocations so that there is no further expenditure in these areas in 2022/23 without identification of a funding source, for example, through reprioritisation of existing baseline, or notification of additional funding to be allocated, or prior approval from the Department. In the absence of this, it is the Department's expectation that non-recurrent spending will cease on 31 March 2022.

Further funds may be issued during the financial year by the DoH and will be monitored through the monthly financial reports. It should be noted that the impact of the 2021/22 pay award is not included in this plan and when the outcome is known, budgets and expenditure will be revised and notified to budget holders, AMT and the Board.

3. Review of PHA Programme Budget – Revenue

Programme funding of **£96.7m** has been allocated across programme areas, as outlined in Table 2, below.

Table 2 – Split of Baseline Programme Budget 2021/22

	Trust £'000	Non-Trust £'000	Total £'000
Health Improvement	12,055	27,030	39,085
Health Protection	7,828	10,336	18,164
Research & Development	-	3,211	3,211
Service Development & Screening	12,886	2,979	15,864
Nursing & AHP	4,192	263	4,455
Communications & Knowledge Management	-	1,421	1,421
Other	1,405	481	1,887
Total Recurrent allocation	**38,366**	**45,721**	**84,087**
Assumed Recurrent allocations (Section 4, Table 3)	3,260	3,036	6,296
Total - Including Assumed Recurrent	**41,626**	**48,757**	**90,383**
Non-Recurrent Covid allocation (Section 5)	-	6,320	6,320
Total allocation	**41,626**	**55,077**	**96,703**

The vast majority of the existing baseline programme budget is allocated on a recurrent basis to providers – Trusts and external organisations – under long term Service Level Agreements (SLAs) or contracts.

Further detail of the recurrent Programme allocation of £84.1m has been set out in Appendix 2.

4. New Assumed Recurrent Funding - Revenue

PHA has been allocated an additional £10.0m in programme funding for 2021/22 to address service pressures, as outlined in Table 3 below.

Table 3 – New Funding 2021/22: *Assumed Recurrent*

		Commissioning £'000	Admin £'000	Total £'000
Non-Pay Inflation 2021-22		1,169	79	**1,248**
Nursing	PHA PPI and Co-Production Lead		56	**56**
	Partnership Working Officers	256		**256**
	Real Time User Feedback	360	90	**450**
	Peer Mentors		60	**60**
	Dysphagia	728	90	**818**
	Family Nurse Partnership	550		**550**
	Development of nursing home in-reach	660		**660**
	GP Practice Nursing	135		**135**
Screening	Antenatal and Newborn screening	107		**107**
	Newborn Hearing Screening	121		**121**
	Very High Risk Breast Screening Surveillance	40		**40**
	Breast Cancer Screening	386		**386**
	AAA Screening	12		**12**
	Cancer Screening - governance	120		**120**
	HPV testing - cervical cancer	100		**100**
Staffing	Enhance Nursing, Midwifery & AHP Infrastructure		502	**502**
	Enhancement of the Health Protection Service		2,633	**2,633**
Other	Holistic Health and well-being assessment for LAC	300		**300**
	Early Intervention Support Service (for PHA)	439		**439**
	Community Development Implementation	200		**200**
	Homelessness Hub	80		**80**
	HSCQI Improvement Hub		160	**160**
	Diabetes Prevention	128		**128**
	Suicide Prevention - MATT (NDNA ringfenced)	272		**272**
	Prison Healthcare - Social Prescribing	12		**12**
	Demography	121		**121**
Total Assumed Recurrent Allocation		**6,296**	**3,670**	**9,966**

- **Additional Health Protection and Nursing Staffing**

In response to the pandemic there has been a recognition by DoH that the core PHA staffing infrastructure needs to be significantly enhanced to allow it to deal with the on-going consequences of managing Covid-19, ensure it has the professional capacity to effectively address other health protection issues that need to be managed and adequately plan for the possibility of future pandemics.

In 2021/22, DoH has allocated an additional £2.63m for Health Protection infrastructure which will allow it to immediately increase its capacity in key areas

such as medical consultants, Health Protection Nurses, surveillance specialists and Emergency Planning expertise.

A further £0.8m has been allocated for posts within the Nursing Directorate to boost capacity and expertise in areas such as Infection Prevention Control. PHA will be working closely with DoH during 2021/22 to consider what further changes are necessary to ensure that the PHA is adequately resourced to be a strong effective Public Health organisation for the future.

- **Screening**

An additional £0.9m has been allocated to ensure screening programmes continue to meet standards of best practice and the supporting systems are fit for purpose. The main areas of investment are set out below:

- £0.4m (assumed recurrent) has been allocated to improve breast screening services and allow an new information system to commissioned that will improve the overall quality assurance of the service;
- £0.23m (assumed recurrent) will be invested in newborn screening programmes to ensure programmes comply with national standards of practice.

- **Transformation Programmes and other developments**

PHA has been allocated £4.4m to allow it to mainstream a number of programmes that were initially funded under the Confidence and Supply Transformation funding. This includes the community development ELEVATE programme established to build community capacity (£0.2m), the Multi Agency Triage Team (MATT) established to provide a rapid respond to people experiencing a mental health crisis (£0.272m) and the Early Intervention Support Service that provides tailored assistance to families (£0.439m).

- **Non-pay inflation**

As part of the allocation for 2021/22, PHA received a price uplift of £1.248m on its baseline budget. In line with HSCB, PHA will primarily apply the uplift to Trust SBAs and will also award a pay and price uplift of 2% to core contracts that PHA has with partners in the community and voluntary sector and other statutory sectors.

5. Covid-19 Response additional funds – Revenue

The PHA has identified the high priority areas which continue to require support in the management of the Covid-19 response. Initial plans for 2021/22 have been agreed however given the uncertainties surrounding the ongoing response this area will require to be kept under close review as the funding is time limited.

The majority of the £6.32m ring-fenced funding Covid-19 response is to support the continuation of the Contact Tracing service until March 2022 (£5.0m). The scale of funding required to support the service will be kept under close review to ensure the service is able to manage any potential surge in demand during the year. Covid-19 Response funds which are not required must be returned to the DoH.

During 2021/22, PHA has continued to employ a number of additional health protection staff on short term contracts to help manage the Covid-19 response. No additional Covid-19 funding was requested in this respect as it is anticipated that this expenditure can be met non-recurrently from baseline budgets, as was the case in 2020/21.

6. Management & Admin Budgets – Revenue

The Administration budget for 2021/22 is split across the Directorates as set out in Table 4, below.

Table 4: Administration Budget 2021/22

	Salaries & Wages £'000	Goods & Services £'000	Total £'000
Public Health	14,205	202	14,407
Nursing & AHP	4,317	138	4,455
Operations	2,952	744	3,696
Quality Improvement	486	18	504
Centre for Connected Health	261	42	303
Chief Executive & Board	371	430	802
Safeguarding Board	420	315	735
Total Admin budget	**23,012**	**1,889**	**24,901**

As in other years, a non-recurrent allocation of £0.7m is expected for the Safeguarding Board during the year, and this has been included in the in-year budget for 2021/22.

7. Baseline Review - Revenue

In the opening allocation letter the DoH has requested that PHA, along with the HSCB and DoH, conducts a baseline review to identify where lower priority areas may be able to discontinue spending to support the transformation programme. In completing this review PHA has also considered other pressures and priorities which have, or may occur during the year, for which have no funding source has yet been identified.

In managing the programme funding it has available, PHA has always sought to maximise its ability to meet Ministerial and Corporate Plan priorities by identifying opportunities to refocus existing baseline funding where information of need, evidence of effectiveness and impact would support this. Programme leads continue to keep baseline budgets under review and identify possible areas where existing funding might be re-prioritised during the financial year and will attempt to manage pressures as they occur.

It is anticipated that, due to on-going difficulties in recruiting specialist staff and wider pressures caused as a result of Covid-19, it is anticipated that there will be an underspend in the PHA Management & Administration budget in 2021/22 in the region of £0.8m.

Further to a review of the £10.0m allocated to address inescapable pressures in 2021/22, it is estimated that there will be in-year easements of circa £1.6m. This is mainly due to the lead in time to progress new investments and the time it takes to recruit new posts. PHA will seek to utilise this funding to address wider pressures in its overall budget position in 2021/22.

In addition, it is reasonable to assume in planning the opening 2021/22 budget that there will be £0.5m of non-recurrent funding released due to contracts not delivering as planned, or demand lead services such as NRT not returning to normal levels of delivery.

This is summarised in Table 5, overleaf.

Table 5 – In-Year Funding Available 2021/22

	£'000
In-Year Non-Recurrent Slippage	
Initial estimate of M&A surplus in-year	800
Slippage against new *Assumed Recurrent* allocations	1,600
Other general baseline Slippage	500
Total In-Year Funding Available	**2,900**

An initial review of known service pressures and strategically important developments that could be supported with in-year funding in 2021/22 has been undertaken. It is particularly important that PHA maximises opportunities to address the impact Covid-19 has had on vulnerable groups and communities.

A summary of areas where this in-year funding of can be invested is summarised in Table 6, below.

Table 6 – In-Year Pressures & Priorities 2021/22

Programme Area	Description	£'000
Health Protection	Additional staffing costs to provide sufficient medical; nursing and operational support during 2021/22 to address immediate response to the COVID 19 pandemic (projection based on costs incurred in 2019/20)	2,000
Screening	Secure additional capacity from within HSC and independent sector for breast screening to help improve access times	300
Nursing & AHP	Continuation of support for CRUSE to provide additional specialist palliative care capacity	90
	All Ireland Institute for Palliative Care - support costs for implementation of regional strategy	60
	Additional programmes to support frail elderly in care home and community settings and evaluation of programmes to inform future plans	250
HSCQI	Programme costs to support the annual work programme of HSCQI	200
Total		**2,900**

It is proposed that PHA continues to keep the baseline budget position under close review and identify any further in-year funding that may be available for re-prioritisation as soon as possible. An updated position will be reported to PHA Board throughout the year.

8. Assumptions, risks and uncertainties

This opening financial plan has a number of assumptions, risks and uncertainties built in and the management of these elements are set out below.

i. Funding not yet allocated

At the start of the financial year there are a number of areas where funding has been secured by the DoH in its budget settlement but not yet released to the HSCB these include pay funding for 2021/22 and it is anticipated that this will be allocated early in the new financial year. This includes:

- AfC Pay 2021/22;
- Safeguarding Board non-recurrent allocation;
- Non AfC Pay 2021/22 – includes Doctors & Dentists;
- Safe Staffing (£20m);
- Additional Covid-19 Response.

ii. Impact of Covid-19 on Financial Planning

The global pandemic and its impact on the HSC brings with it obvious challenges for predicting and managing budgetary resources as the service continues to respond during 2021/22.

iii. Demand led services

There are a number of demand led budgetary areas that are more difficult to predict the funding requirements and therefore manage the budgets. These include Nicotine Replacement Therapy (NRT) and various vaccination budgets.

iv. Capacity of Community and Voluntary sector Providers

In 2021/22 it is possible that Government Departments will seek to fund community and voluntary sector organisations to take forward programmes of work aimed at addressing the impact of the Pandemic on our population. For example DoH has recently provided £10.0m of grant funding to support Mental Health programmes. Such programmes may limit the ability of providers to deliver additional activity for PHA and potentially make utilising in-year funding more difficult.

9. Summary budget position - Revenue

The summary of PHA revenue 2021/22 budgets is contained in Table 7, below.

Table 7: Summary budgets and financial position 2021/22 (Revenue)

	Commissioning £'000	Admin £'000	Total £'000
Anticipated funding allocation	96,703	24,901	121,604
Budgets:			
Management & Admin		24,901	24,901
Health Improvement	41,103		41,103
Service Development & Screening	17,052		17,052
Health Protection	18,219		18,219
Nursing, Midwifery and AHPs	7,488		7,488
Communications & Knowledge Management	1,421		1,421
Research & Development	3,211		3,211
Centre for Connected Health	1,890		1,890
Covid Response	6,320		6,320
Total Budgets	**96,703**	**24,901**	**121,604**
Budgeted surplus / (deficit)	**0**	**0**	**0**
Net anticipated expenditure out-turn v budget	800	(800)	0
Budgeted surplus / (deficit)	**(800)**	**800**	**0**

Further detail on the areas contained in the above table is contained in Appendix 1 for information.

As outlined, PHA will seek to manage the totality of it's revenue funding during 2021/22 to address pressures and priorities to achieve a planned breakeven position.

10. Opening Capital position 2021/22

The PHA has received an allocation letter from the DoH providing an opening capital position as detailed in **Table 8**, below.

Table 8: HSCB opening Capital position (2021/22)

	£m
R&D – Other Bodies	4.4
R&D – Trusts	7.6
Total R&D Allocation	*12.0*
CHITIN Project - Other Bodies	2.1
CHITIN Project – Trusts	0.3
CHITIN Project – Capital Receipts	(2.4)
Total R&D CHITIN Project	*0*
Total PHA CRL	**12.0**

- The PHA's opening Capital Resource Limit (CRL) of £12m relates to the regional allocation for HSC Research & Development (R&D). This 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.

- 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 of €8.84m, and the funding for each financial year from the Special EU Programmes Body (SEUPB) matches expenditure claims, ensuring a breakeven position.

- The PHA has not currently bid for, or been allocated, any 'General Capital' for use on schemes of a more minor nature.

The monthly Finance report in 2021/22 will provide information on the financial position for capital schemes. It is currently projected that capital schemes will breakeven, but will be subject to careful monitoring throughout the year.

11. Recommendation

Following preparation and review by AMT the Board is asked to consider the Financial Plan and approve the opening budget position for 2021/22 (summarised in Table 7).

Appendix 1: PHA Programme Budget 2021/22 (detail)

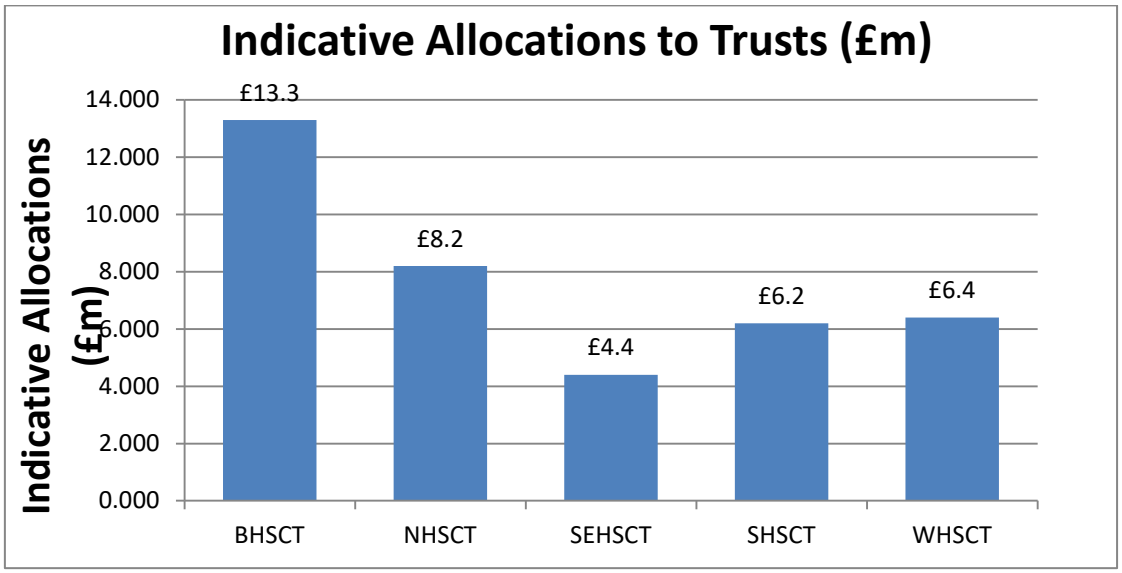
Health Improvement	£'000
Drugs & Alcohol	7,666
Protect Life (MH / SP / Lifeline)	10,566
Smoking Cessation	4,433
Making Life Better (inc Inequality)	3,136
Sexual Health	2,068
Obesity / Physical Activity	4,591
Older People	1,320
Healthy Living Centre	1,761
One Stop Shop	1,070
Early Years	1,471
Other (inc Accident Prevention, Local Govt, Poverty etc)	3,021
Total -Health Improvement	**£41,103**
Service Development & Screening	
Abdominal Aortic Aneurysm	570
Cervical Screening Programme	1,048
Bowel Cancer Screening Programme	4,764
Breast Screening Programme	6,773
Digital mammography	469
High Risk Screening	272
Diabetic Retinopathy Screening Prog	852
New Born Screening Programme	890
Cancer Registry	861
Cerebral Palsy	102
Homelessness Hub	80
Diabetes Prevention	128
SDS - Other	242
Total - Service Development & Screening	**17,052**
Health Protection	
HCAI	221
Rotavirus	800
HPV	1,710
Men ACWY	137
Shingles	1,598
Men B	2,167
Hexavalent	154
Pertusis	364
Immunisation Other	234
Seasonal Flu	5,062
Child Flu	5,210
Storage & Distribution	226
National Poisons Information Service	154
Support to Hep C Clinical Network	110
HIV Surveillance	69
Total - Health Protection	**£18,219**

	£'000
Nursing & AHP	
Ward Sister Initiative	2,431
Family Nurse Partnership	1,707
Nursing & AHP (Other)	95
Public Health Nursing	247
Safety Forum	23
Transformation Fund/ Delivering Care	434
Older People	100
Nursing Home In-reach	660
Holistic H&W Assessment for LAC	300
Dysphagia Project	728
Partnership Working Officers	256
Prison Health	12
Practice Nursing	135
Real Time User Feedback	360
Total - Nursing & AHP	**£7,488**
Campaigns	
Smoking	400
Mental Health	200
Obesity	200
Organ Donation	194
Cancer Awareness	150
Living Well	50
C&KM Other	227
Total - Communications & Knowledge Management	**£1,421**
Research & Development	**3,211**
Centre for Connected Health	**1,890**
TOTAL PROGRAMME BUDGET	**£90,383**

Appendix 2: PHA recurrent Programme allocation 2021/22 (Revenue)

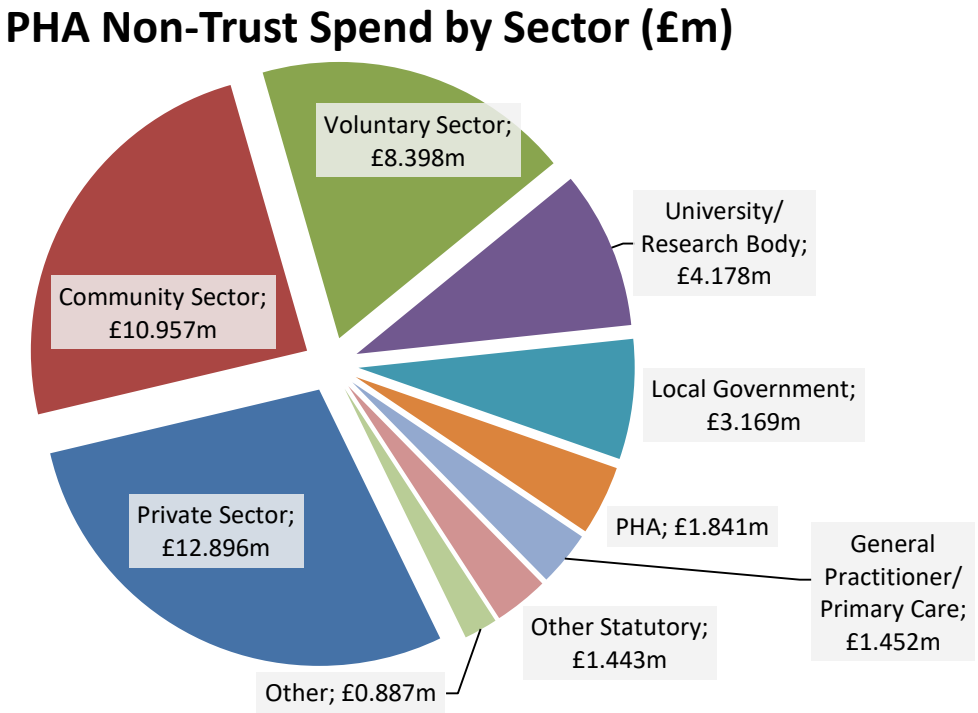
i. Indicative Allocations to Trusts

The opening recurrent allocations to Trusts for 2021/22 (£38.366m) are set out in the chart below and have rolled forward based on allocations made recurrently in prior years:



ii. Non-Trust Budgets

A summary of the recurrent allocations held against Non-Trust budgets (£45.721m) is set out in the chart below:



HSC Public Health Agency

minutes

Title of Meeting	Meeting of the Public Health Agency Governance and Audit Committee
Date	15 April 2021 at 10.00am
Venue	12/22 Linenhall Street

Present

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

In Attendance

Miss Rosemary Taylor	-	Assistant Director, Planning and Operational Services
Mr Stephen Wilson	-	Interim Director of Operations
Ms Andrea Henderson	-	Assistant Director of Finance, HSCB *(via video link)*
Ms Tracey McCaig	-	Interim Director of Finance, HSCB *(via video link)*
Mrs Catherine McKeown	-	Internal Audit, BSO *(via video link)*
Mr Roger McCance	-	NIAO *(via video link)*
Ms Christine Hagan	-	ASM *(via video link)*
Mr Robert Graham	-	Secretariat

Apologies

None

		Action
13/21	**Item 1 – Welcome and Apologies**	
13/21.1	Mr Stewart welcomed everyone to the meeting. There were no apologies.	
14/21	**Item 2 - Declaration of Interests**	
14/21.1	Mr Stewart asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.	
15/21	**Item 3 – Minutes of previous meeting held on 8 March 2021**	
15/21.1	The minutes of the previous meeting, held on 8 March 2021 were **approved** as an accurate record of that meeting.	

16/21	**Item 4 – Matters Arising**
	4/21.3 Training
16/21.1	Mr Stewart reported that he and Mr Clayton had attended the Audit Committee training.
	6/21.11 Review of Risk Register
16/21.2	Mr Stewart advised that the latest review of the PHA Corporate Risk Register is already underway.
17/21	**Item 5 – Chair's Business**
17/21.1	Mr Stewart reported that he and the PHA Chair had held a useful meeting with Ms Martina Moore to discuss the future of the PHA finance function. He said that a paper has been prepared and in essence, there are two options – the full absorption of the finance function into the Group, or PHA to have its own stand-alone function. He advised that he and the Chair expressed their preference for the latter option as it would better allow PHA Non-Executive Directors to discharge their financial responsibilities.
17/21.2	Mr Stewart said that he had met with Mrs McKeown to discuss the Internal Audit plan and that a paper has been issued for approval by members and will be discussed later in the meeting.
18/21	**Item 6 – Internal Audit**
	Progress Report [GAC/09/04/21]
18/21.1	Mrs McKeown presented the latest Progress Report and advised that since the last meeting one audit has been completed, that relating to the management of contracts with the community and voluntary sector, and that the report of the audit relating to contact tracing is currently in draft and with management for comments.
18/21.2	Mrs McKeown said that the latest audit on community and voluntary sector contracts was slightly different to other audits in this area as the focus was on the management of these contracts during COVID-19 and ensuring that regional requirements were being met. She advised that a satisfactory level of assurance was being given as PHA was following the guidelines and there was evidence of regular contact with contract holders. She added that there was one priority 3 recommendation which related to service user feedback.

18/21.3	Ms Mann-Kler noted the change of method of contact from face to face to online and pointed out that this could be an issue where an area has poorer quality broadband or there are population groups where there is digital poverty. She asked if these considerations had been taken into account. Mrs McKeown said that the audit would not have looked at that issue in depth. Ms Mann-Kler asked if this was outside the parameters of Internal Audit, but Mrs McKeown said that it was not within the scope on this occasion. Mr Stewart agreed that this was a fair point, and noted that while this audit was a particularly focused one, it could be an issue to be explored in future.
18/21.4	Members noted the Internal Audit Progress Report. *Year End - Follow Up on Outstanding Internal Audit Recommendations 2020/21 [GAC/10/04/21]*
18/21.5	Mrs McKeown advised that by the end of March, 84% of PHA's outstanding audit recommendations were now fully implemented, with the remainder being partially implemented. She said that the 12 that were still outstanding were spread across a range of audits and across different years. She advised that the oldest dated back to 2014/15 and concerned the delivery of the social care procurement plan, but she was aware of the progress that PHA has made and how this has been hampered by COVID-19. She noted that there was a recommendation in relation to R&D from 2017/18. She also reported that there were three recommendations relating to screening from the same year, but these now have an implementation date of March 2022. Finally, she said that there was a recommendation relating to a PPI audit from 2018/19.
18/21.6	Mr Clayton said that this report was very helpful and he agreed that COVID-19 has had an impact on the social care procurement plan. He asked about the screening recommendations and whether these were still relevant given other issues relating to screening. Mrs McKeown said that Internal Audit will bear that in mind, but noted that it was the screening team who had agreed these dates and are aiming to work towards those dates. Mr Stewart said that although he would normally have concerns about the need to continue to monitor older recommendations, he was pleased that the relevant teams have taken on board the feedback from the Committee regarding putting more realistic implementation dates in place.
18/21.7	Members noted the Internal Audit follow up Report.

	Shared Services Audit [GAC/11/04/21]
18/21.8	Mrs McKeown said that she was presenting the findings of the most recent payroll audit but the audit of recruitment was not yet finalised and would be brought to the next meeting, although she said that it had a received a satisfactory level of assurance.
18/21.9	Mrs McKeown reported that for the audit of payroll she was giving a split level of assurance with the elementary payroll processes being given a satisfactory level of assurance, but other elements, including timesheet processing, overpayments and holiday pay a limited level of assurance. She said that although improvements have been made, there continue to be significant issues in some areas. She advised that the Payroll Centre is putting in a Quality Improvement Programme.
18/21.10	Mr Stewart said that previously the issues picked up in this audit may have had limited impact on PHA, but with COVID-19, this may have changed. Ms McCaig said that she would not be particularly concerned about any risks to PHA.
18/21.11	Mr Clayton, declaring an interest as an employee of a Trade Union, asked what potential impact there may be. He referenced the £500 recognition payment due to HSC employees and asked whether the processing of this could be problematic given previous issues with the processing of pay awards. Ms McCaig advised that there has been a lot of discussion in terms of how the recognition payment will be processed and that a task and finish group has been set up to look at the cost of the payment and that it will take a few months to be resolved. She acknowledged that there were concerns over the last few pay awards, but she felt that they went well as there was a project in place for those. Ms Henderson added that there are regular meetings of the group looking at the recognition payment as there is a need to ensure that there is proper co-ordination so that all staff receive payment at the same time. Mr Clayton clarified that there will be a slight delay in getting the payment made, but this is to ensure that it is all carried out correctly. Ms Henderson said that payroll is waiting for the go ahead to proceed but said that there may be a timing issue as for example, dentists have to claim to receive the payment. Ms McCaig said that it is the Minister's intention that everyone across health is treated in the same way.
18/21.12	Members noted the Shared Service update.
	Internal Audit Plan 2019/20 to 2021/22

18/21.13	Mr Stewart advised that he and Mrs McKeown had met to discuss the revised Plan. Mrs McKeown took members through the Plan and said that most of the narrative had remained unchanged but with COVID-19, the Plan will be kept under review.
18/21.14	Mrs McKeown said that the audit of vaccination programmes has been extended to 20 days due to the range of vaccination programmes for which PHA is responsible, and given the potential transfer of the COVID vaccination programme from the Department to PHA. She explained that in order to obtain the 10 extra days, an audit on screening has been pushed into 2022/23 and she felt this was appropriate given the current issues in screening and that the outstanding recommendations from previous audits now have an implementation date of March 2022. She added that an audit of the recruitment of vaccinators has been included as per the Committee's request and there will also be audits of performance management and Board effectiveness. She said that 5 days have been held for looking at any issues relating to the HSCB migration. She advised that an audit of SAI learning will be carried out in conjunction with a similar audit in HSCB.
18/21.15	Mr Stewart agreed with the decision to defer the screening audit as he noted that Dr Bergin had advised the Board of some of the issues and it would be appropriate to wait until next year to see what progress has been made. Ms McCaig suggested that some Internal Audit time could be used to look at any issues emanating from whatever decision was made regarding the finance function. Mr Stewart noted that he and Mrs McKeown had discussed that as part of their meeting.
18/21.16	Ms Mann-Kler said that she was content with the Plan but asked if there is the flexibility to review it given the constraints of the frequency of how often the Committee meets. Mrs McKeown said that if the Committee can link with her if they wish to amend the Plan and similarly she would engage with the Chair if Internal Audit wished to change anything. Mr Stewart noted that the Plan had been amended to facilitate the audit on contact tracing in 2020/21.
18/21.17	Members **APPROVED** the Internal Audit Strategy.
19/21	**Item 7 – Draft PHA Annual Report [GAC/12/04/21]**
19/21.1	Mr Wilson advised that the draft Annual Report required further work. He reminded members that the Report is set

	out in line with parameters laid down by the Department but that it aims to give an overview of the work PHA has undertaken in the last year dealing with COVID-19, but also other key achievements. He said that due to staff workload it has not been easy to obtain the content for the Report and although some information has been harvested from the recently published Director of Public Health Report, he felt that the health protection section required further work. He hoped that the timeline included in the Report would help to refresh people's memory in terms of COVID-19.
19/21.2	Ms Mann-Kler said that this year's Report felt different, both in terms of style and length. She suggested that it would be useful to make reference to the fact that the PHA Board held more regular briefings as this would be useful to have on record as part of any look back exercise. She queried whether there was some information missing in the section on complaints. Mr Wilson confirmed he was awaiting that information. Ms Mann-Kler asked that for next year's report, if consideration could be given to reporting PHA's achievement against Programme for Government (PfG) and the accountability framework. Mr Wilson said that in terms of governance, reference could be made to the additional Board meetings. With regard to the performance framework and alignment with PfG, he noted that Ms Mann-Kler's comment was timely as there is work ongoing within the Operations directorate to see how it can engage with the other directorates about how best to report on PfG etc., and if that work is completed, it can be reflected in next year's Report.
19/21.3	Mr Clayton noted that the Report has a strong focus on COVID-19 and he asked whether there was scope to include narrative about the challenges going forward and any learning. Mr Wilson agreed this would be useful to include and could be done at the end of the performance section. Mr Clayton added that there could also be a piece about how PHA is looking forward, given that it is now 10 years old and there has been a review recently undertaken by the Chief Medical Officer, and its plans for the future. He added that there could be a reflection on the learning from COVID-19 and how this has highlighted that PHA requires more investment in the future. Mr Wilson said that he would be happy to look at this and consider it for inclusion.
19/21.4	Mr Stewart said that he was pleased to see the Report in this format and said that once it has been approved, it would be useful to use some of the content to produce a more user friendly Report for the general public. Mr Wilson said that he would be content to engage further with members on the

	production of such a Report.
19/21.5	Subject to some amendments, members **APPROVED** the draft Annual Report.
20/21	**Item 8 – Draft PHA Governance Statement [GAC/13/04/21]**
20/21.1	Miss Taylor advised that the Governance Statement also forms part of the Annual Report and follows a set pattern.
20/21.2	Miss Taylor drew members' attention to section 9 on internal governance divergences. She advised that two divergences, relating to EU Exit and BSTP/Shard Services (Payroll), have been moved to the section containing those divergences no longer considered to be control issues. In terms of those areas which remain control issues, she said that financial performance has been retained, but some wording is awaited from the Department. She added that the area of community and voluntary sector contracts has been retained due to the fact that there are Internal Audit recommendations which remain partially implemented. She said that the sections on neurology and staffing have also been retained, but that the section on COVID-19 is being re-worded so that it relates specifically to PHA.
20/21.3	Miss Taylor advised that although PHA was not required in the end to submit a Mid-Year Assurance Statement, two new divergences which were included at that time have been retained, one relating to HSCQI and one relating to staff resilience. She felt that it was appropriate the staffing issue be retained given the continuing impact of COVID-19 on those who have had to work long hours.
20/21.4	Ms Mann-Kler asked if the Board attendance register could be amended to reflect who replaced who. She also asked whether there should be reference in the divergences section to Muckamore given there were governance recommendations in that Report. Miss Taylor said that she would need to take this back to Directors. She suggested it could be picked up at the Board meeting later as all Directors would be in attendance.
20/21.5	Ms McCaig said that the wording on the divergence relating to HSCQI may need to be amended as there has been an update in relation to funding for HSCQI.
20/21.6	Mr Clayton asked whether the wording in the section on "recording and reviewing risk" should be reviewed as directorate risk registers are just starting to be brought to the

	Committee. Miss Taylor pointed out that today's meeting will see the second directorate risk register as the Operations one had been considered at a previous meeting. Mr Clayton said that given that, he was content for the wording to remain.
20/21.7	Members **APPROVED** the draft Governance Statement.
21/21	**Item 9 – Corporate Governance** *Public Health Directorate Risk Register [GAC/14/04/21]* *Dr Stephen Bergin and Dr Liz Mitchell joined the meeting for this item.*
21/21.1	Miss Taylor reminded members of the commitment that the directorate risk registers are now brought to the Committee on a rotational basis. She said that the public health directorate has carried out an extensive review of its risk register and this is the situation as at 31 March 2021. Mr Stewart thanked Dr Bergin for the work of his staff in bringing the register up to date but expressed concern about the longevity of some of the risks, referring to the R&D risk from June 2014 and the staffing risk from November 2013.
21/21.2	Dr Bergin proposed that Dr Mitchell should lead the discussion specifically on the risk on contact tracing and leave the meeting and then he would deal with queries on the other risks.
21/21.3	Dr Mitchell advised that the risk on contact tracing has been added to the directorate risk register having previously been on the Corporate Risk Register, but that the focus of the risk has shifted towards the sustainability of the service. She said that the risk has a governance aspect as well as a reputational aspect, given the high amount of media and political scrutiny of the service. She added that there are also risks relating to information governance and resources. With regard to sustainability, she said that these challenges have always been in place given that the pandemic has been coming in waves. She informed members that at a meeting yesterday modelling was presented to suggest there may be thousands of daily cases over the summer and given it is unlikely there will be any further lockdowns this will have an impact, particularly on workplaces.
21/21.4	Dr Mitchell said that PHA remains in business continuity mode and in terms of the contact tracing service there is a Programme Board in place and relevant staff in place to cover all operational aspects of the service. She said that

	communications continues to be an issue. She advised that the Minister is expected to announce that shortly all close contacts of positive cases will be tested.
21/21.5	Dr Mitchell advised that a lot of effort is being put into ensuring that information flows are being properly developed and that the Data Privacy Impact Assessment continues to be reviewed and updated.
21/21.6	Dr Mitchell said that the staff working in the contact tracing centre are a mix of full time and part time and that the centre can flex up and down as required. She added that there is a pool of bank staff who are brought in on a rotational basis so as to ensure their skills are kept up to date and if they cannot commit to this, they are removed from the bank. She explained that PHA uses the latest modelling to work out the number of contact tracing hours it needs each week, and each day it uses the number of tests carried out as an indicator of how many positive cases there may be the next day. She added that in recognition of the fact that there may be an increase in the number of daily cases, PHA is looking to extend the contracts of staff in the centre.
21/21.7	Mr Stewart said that on behalf of the Committee he is very grateful for all the work that has been carried out since the centre was established. He said that his main concern relates to the longer term. He noted that while there is this increased focus on the work of the centre it may be less difficult to secure the funding that is required, but if there is less focus this may not be the case. He asked about the resilience of the centre going forward given the evidence suggests that COVID-19 will be around for some time. Dr Mitchell agreed and said that there are currently discussions about using the current model for contact tracing in other areas, e.g. Hepatitis C and HIV. She suggested that there could be a core team working within the health protection team. She said that PHA would not want to have to keep setting up a service each time there is a wave. Dr Bergin said that contact tracing is one element of PHA's response as there is also testing and genome sequencing.
21/21.8	Mr Clayton thanked Dr Mitchell for her presentation. He said that he was struck by the suggestion that there may be thousands of daily cases over the summer and given the challenges the system is already facing, he asked whether PHA would be able to retain the staff that it currently has. Dr Mitchell said that it has been helpful that the Department has agreed that the contracts of the current staff can be extended and she hoped that they could be extended further as there is an excellent group of staff in place. She added

	that there is an excellent bank of staff, but some of these individuals are also helping out with the vaccination programme. She said that the centre is in as good a position as it can be at this moment and she felt that it has been helpful that Northern Ireland has not had to use a call centre model. She added that there has been good feedback from individuals who have received calls from the centre.
21/21.9	Dr Mitchell said that there is a high level of complexity in the work of the centre given there is now the vaccine programme in place, there are different variants of the disease and there is a need to follow up on travellers so the centre needs to move in quickly where there may be a potential cluster or outbreak, therefore it is important to keep staff stimulated and motivated.
21/21.10	Ms Mann-Kler thanked Dr Mitchell for her overview and asked how the modelling is playing out in terms of future planning and resourcing. Dr Mitchell explained that PHA is not carrying out the modelling, but said that the modelling needs to consider a range of factors, for example the impact of the vaccine and any new variants. She advised that while most of the cases in Northern Ireland relate to the Kent variant, there has been a small number of the South African variant. She said that the modelling brings all these complex issues together.
21/21.11	Ms Mann-Kler asked about links with contact tracing in the Republic of Ireland. Dr Mitchell advised that PHA is in close liaison with its counterparts in the Republic of Ireland. She said that the health protection team has a long standing cross-border relationship and there are weekly meetings with representatives from border counties. She added that there is another strategic group that meets three times a week and that there is also a weekly report prepared for the two countries' Chief Medical Officers, who also have a weekly meeting. She noted, however, that there are some slight differences in guidelines, for example the self-isolation requirement in the Republic of Ireland is still 14 days compared to 10 days in Northern Ireland. She advised that PHA monitors travel closely, particularly now that there are international flights coming into Dublin on which there may be travellers coming into Northern Ireland. She said that there is a Data Sharing Agreement in place.
21/21.12	Mr Stewart thanked Dr Mitchell for her comprehensive overview of the key risks affecting the contact tracing service and how these are being managed.

	At this point Dr Mitchell left the meeting.
21/21.13	Mr Stewart returned to the other risks and reiterated his concern about the antiquity of some of them, but noting that action is being taken. Dr Bergin drew members' attention to the series of risks concerning screening, on which there will be an increased focus post-COVID. He said that the challenge of getting the programme back on track is compounded by issues relating to the IT system. He reminded members that PHA has a corporate responsibility for the quality assurance of screening programmes so it is important that these risks are included on the register and are managed.
21/21.14	Mr Stewart referred to the risk on call/recall and noted the risk of a potential failure in the administration system. He asked if there is a proposal to resolve this issue as he said that it is important that this is addressed very quickly or there could be reputational damage for the PHA. Dr Bergin agreed and said that this issue can be resolved quickly. Mr Clayton also made reference to the issues around IT systems and asked whether there was anything the Board or Committee could do to help secure the additional funding required to get the necessary infrastructure in place. He cited the issues which arose with the cervical screening programme in the Republic of Ireland and the potential reputational damage that could be caused. Dr Bergin advised that for the breast screening programme, there is a solution in place and PHA will be working with counterparts in England to progress this. On a wider point, he noted that as each of the screening programmes has come online at a different point over the last 30 years, there are stand-alone IT systems for each one so there is a need to move away from up to 8 different systems and databases and merge these into one single system, but he pointed out that this may take up to 5 years to complete. He said that within one of the risks there is reference to an IT risk assessment, and he advised that this is taking place. Going forward, he said that PHA will be working with the Department, BSO and HSCB to get a new system in place.
21/21.15	Mr Stewart asked for more information on valproate. Dr Bergin explained that this is an anti-epilepsy drug but it has a potential side effect of causing foetal abnormalities. He said that PHA is working with HSCB to put a system in place to ensure that those people who have taken it are monitored.
21/21.16	Mr Clayton moved onto the risks about accessing data and not being able to determine where there are gaps in terms of

	the uptake of vaccinations. He said that not knowing where there is low uptake presents challenges. He also noted the issue of not being able to access the Child Health System. Dr Bergin said that the databases are held across the HSC IT infrastructure in silos and there is a need to be able to join up the various data sources, and that this is linked to one of the recommendations in the Hussey Report. He said that PHA needs to combine all of its data into a single system and this will help address issues like, for example, determining those pockets of low vaccine uptake. Ideally, he said that PHA should aim to have this work done by next winter. Mr Stewart agreed that this is a complex area.
21/21.17	Ms Mann-Kler noted a common theme in terms of a lack of joined up IT systems and while she appreciated that PHA is working to resolve this, she asked whether PHA is in control or whether it is relying on assistance from others. She felt that there needs to be one HSC overview. Dr Bergin said that at the moment PHA is still formulating its plan, but if it could secure the appointment of a Chief Information Officer, as suggested in the Hussey Report, this would give the organisation the required capability and leadership to work through all of the issues. He suggested that PHA needed its own public health version of the Encompass programme, and he said he would come back with a further update.
21/21.18	Ms Mann-Kler said that it would be useful to ensure that the Board is kept informed. She agreed with the earlier comments made about needing the data from the various systems to be able to identify gaps in the vaccination programme, and about the need for screening programmes to be up and running again. She suggested that when outlining proposed actions the use of the word “consider” should be rethought as it suggests not fully committing to a plan. She felt that there was a broader issue about succession planning. Dr Bergin advised that there is a public health practitioner programme and pre-COVID it was PHA’s ambition to look at establishing itself as a PHA school where all staff could avail of public health training. He pointed out that the current system in place is only relevant to the 10% of the workforce who are consultant staff so there needs to be an option available for the other 90%. He said that consultant staff have to actively maintain their training and remain on a register, but that option is not there for other staff. He explained that the Faculty of Public Health has a framework which consists of 9 levels and staff could be matched across to an appropriate level depending on their band, therefore more public health specialists could be trained which would reduce the reliance on the small cohort of consultants. He noted that PHA has mandatory

	training in areas such as GDPR so there could be mandatory training in public health. He added that this training could be offered to not only PHA staff, but to partners in the community and voluntary sector and Local Government. He suggested that PHA could become a public health institute.
21/21.19	Mr Stewart said that the Board would support Dr Bergin in such an endeavour as there is a clear rationale for considering this approach. He thanked Dr Bergin for attending today's meeting and felt that the discussion had been very useful. *At this point Dr Bergin left the meeting.* *PHA Assurance Framework [GAC/14/04/21]*
21/21.20	Miss Taylor advised that the Assurance Framework is normally reviewed twice a year and that earlier this year a substantial review was carried out following recommendations made by Internal Audit. She said that the outworking of the last review was brought to the Committee in December so a "light touch" review has been carried out on this occasion.
21/21.21	In terms of any changes, Miss Taylor said that reference was made to the fact that the Business Continuity Plan had not been brought to the Board because it has not been reviewed as PHA remains in business continuity mode. She added that references were included to new risks on the Corporate Risk Register following its last review and that some of the narrative for one of the items in the Finance section had been updated.
21/21.22	Mr Stewart said that he had a number of comments on the Framework, primarily around whether items should be for approval or for noting, but in the interests of time, he said that he would follow up on these after the meeting. *Gifts and Hospitality Register [GAC/15/04/21]*
21/21.23	Miss Taylor said that the Gifts and Hospitality Register is brought to the Committee annually and this update shows that there has been very little to declare over the last year. She explained that the one item on the Register related to a gift that was part of a scheme offered to all HSC organisations and in which PHA participated.
21/21.24	Members noted the Gifts and Hospitality Register.

22/21	**Item 10 – Information Governance Update**
22/21.1	Miss Taylor reminded members that she had given a verbal update on the last Information Governance Steering Group (IGSG) meeting at the last meeting and said that there was no Action Plan in place for 2020/21 because of the focus on COVID-19.
22/21.2	Miss Taylor said that many of the issues on the Action Plan are similar to previous years, particularly around training, both mandatory training for all PHA staff and specific IAO/SIRO/PDG training. She added that many of the other issues are self-explanatory. She noted that over the last year there was a significant increase in the number of FOIs and there will be an end of year report brought to the Committee on this. She reported that there was one data breach which members were aware of and which has been dealt with. She said that the aim is to develop an Action Plan for 2021/22 which will include work on the information governance arrangements that will need to be put in place for any new public health data system that is developed.
22/21.3	Mr Stewart said that given the PHA is holding more personal information than it ever has previously, it is essential that the Personal Data Guardian training is undertaken as this represents a major risk. He also suggested that the action about the uptake of eLearning among staff should be rated red rather than amber and that action needs to be taken to improve the uptake.
22/21.4	Mr Clayton agreed that the PDG training needs to take place and asked if there any other options to avail of this. Miss Taylor advised that it is organised by the regional Privacy Advisory Committee but she hoped that a session would be arranged soon. She undertook to contact the Committee to see if PHA could get an early indication of when this training may happen. Similarly, she said that IAO and SIRO training will be arranged. Mr Clayton also agreed that the rating of the action regarding staff uptake of training should be reviewed. Miss Taylor noted that as the IGSG has not met as often, Directors have not been receiving reminders about the need to ensure their staff have undertaken their training. She said that an update on this will be obtained for the next IGSG meeting.
22/21.5	Members noted the Information Governance Action Plan update.

23/21	**Item 11 – Governance and Audit Committee Annual Report**
23/21.1	Mr Stewart presented the Committee's Annual Report which he said is in line with its normal reporting process. He asked members if there were any gaps.
23/21.2	Ms Mann-Kler asked whether there should be any reference to the change of Chair of the Committee and to the fact that the Committee is down one NED member. Miss Taylor said that the change of Chair would have occurred before the reporting period for this Report, but agreed that the point about the Committee being one NED short was a valid one.
23/21.3	Members noted the Governance and Audit Committee Annual Report.
24/21	**Item 12 – Any Other Business**
24/21.1	Mr Stewart informed members that this was Miss Taylor's last Governance and Audit Committee meeting before her retirement next month. He said that Miss Taylor has been with PHA since its inception and has been a pillar of strength to the Agency and this Committee and a fount of knowledge which will be a loss to himself as Chair. On behalf of the Committee, he wished Miss Taylor well for her retirement.
25/21	**Item 13 – Details of Next Meeting** *Friday 11 June 2021 at 12:00pm* *Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast.* Signed by Chair: Joseph Stewart Date: 11 June 2021

HSC Public Health Agency

item 12

Title of Meeting	PHA Board Meeting
Date	17 June 2021
Title of paper	PHA Annual Business Plan 2021/22
Reference	PHA/04/06/21
Prepared by	Stephen Murray
Lead Director	Stephen Wilson
Recommendation	For **Approval** ☒ For **Noting** ☐

1 Purpose

The purpose of this paper is to seek approval of the PHA's Annual Business Plan for 2021/22.

The PHA is required to produce an annual business plan.

The draft Plan is being presented to the PHA Board for approval prior to submission to the Department of Health (DoH).

2 Background Information

The PHA's Corporate Plan runs for the period 2017/21 and following correspondence from DoH has been extended to cover the year 2021/22. This will be the final business plan derived from the Corporate Plan 2017/21.

3 Key Issues

This Annual Business Plan is structured to show how the actions contained within the document contribute to and deliver on three key agendas:

- the outcomes within the Corporate Plan 2017/21
- the proposed work areas within the current draft of the succeeding Corporate Plan which is in development
- PHA's response to the COVID-19 pandemic

The plan was approved at AMT on Tuesday 8 June 2021.

4 Next Steps

The draft Annual Business Plan is currently being equality screened; this includes identifying the actions that will require equality screening as part of their implementation.

Once approved by the Board the Plan will be forwarded to the Department of Health for approval and following approval by the Department will be published on the PHA website. The Board will receive updates on progress against the corporate objectives on a six-monthly basis.

HSC Public Health Agency

PHA Annual Business Plan

2021/22

HSC Public Health Agency

Introduction

The Public Health Agency (PHA) Annual Business Plan sets out the actions that will be taken forward by PHA during 2021/22 to meet Ministerial priorities and deliver on the outcomes set out in the Corporate Plan.

During 2021/22, the PHA will need to continue to focus a significant element of its resources on addressing the on-going COVID-19 pandemic and ensure that key interventions needed to contain and manage the virus, such as testing; contact tracing, surveillance; roll out of the vaccination programme and public behaviour messaging are effectively implemented.

Whilst the PHA will continue to prioritise all actions necessary to effectively manage the COVID-19 pandemic, it is important that in 2021/22, the PHA also focuses on returning to 'business as usual' and addressing its wider corporate priorities. In light of pressures on HSC organisations in 2021/22, DoH has agreed that existing Corporate Strategies for all ALBs can be extended to cover 2021/22. Further to a review of the existing Plan the PHA will continue to take forward, as far as possible, the 5 outcomes that underpin the Corporate Plan 2017-21.

1. All children and young people have the best start in life
2. All older adults are enabled to live healthier and more fulfilling lives
3. All individuals and communities are equipped and enabled to live long and healthy lives
4. All health and wellbeing services should be safe and high quality
5. Our organisation works effectively

The work to be taken forward this year also aligns with and contributes to the outcomes set out in the Programme for Government (PFG), Making Life Better (MLB) and Community planning as well as Health and Wellbeing 2026: Delivering Together and the transformation agenda arising from this. These are important strategic drivers of the actions to be taken and as well as requiring PHA input as partners, will also continue to be delivered through the actions set out in this plan.

While the Annual Business Plan does not set out all the actions that the PHA will take during this year, it reflects the key actions from all functions and directorates across the five strategic outcomes and three delivery areas. Our commitment to work to reduce health inequalities is at the core of the PHA Corporate Plan 2017–2021, and is central to the actions set out in this Annual Business Plan for 2021/22.

There are, however, many challenges as we enter 2021/22. The financial outlook continues to be uncertain and it is likely that budgets will remain constrained during this coming year and beyond; reform of the HSC is ongoing, with the planned implementation of the new structures to replace the HSCB on 1 April 2022; and, at the time of writing, the full implications of the UK leaving the EU are still unclear. While this Annual Business Plan sets out the proposed actions for 2021/22, it must be recognised that these may be subject to change in the light of how the Covid 19 Pandemic evolves. The priority will be to direct whatever resources are required to continue to manage the virus and ensure we protect our population.

Working in partnership and collaborating is central to how we work. While the actions in the Annual Business Plan have one designated lead officer, much of the work is undertaken by staff from our different directorates and functions working together, and often with colleagues from the Health and Social Care Board (HSCB) or other HSC organisations. Furthermore, we seek to include, involve and work with a wide range of appropriate stakeholders, including service users and carers as well as other statutory and non-statutory organisations where possible, to seek the best outcomes.

As stated in the PHA Corporate Plan 2017–2021, the PHA is seeking to move to a more outcomes based approach and this will continue in coming years as we work to embed this approach as part of our normal working and to assist with the progress towards the integrated care system and full implementation of a population health approach. While acknowledging that we are still at an early stage and that there is much more to be done, this plan seeks to reflect a more outcomes based approach. It is therefore structured not only to set out the actions for this year, but also to identify some of the anticipated impacts, considering ‘who will benefit’, and ‘what difference will it make’, not only within 2021/22, but in the longer term, where applicable. Progress against the actions will be monitored and reported on a twice yearly basis.

Priority 1 : Covid 19 Response – Protecting the population of NI by leading work to effectively manage the COVID 19 pandemic and ensure we save lives, protect our health and social care services and rebuild services to ensure the health and wellbeing needs of society are effectively addressed.		
Action During 2021/22 we will :	Anticipated Impact (Who will benefit / What difference will it make)	Lead Director
1. Continue to provide professional Health Protection leadership to effectively manage the impact of the Covid-19 pandemic on our population.	Based on on-going assessment of the evidence available, appropriate advice and actions will be progressed to minimise the spread of the Covid 19 virus and protect the population. This will help to reduce the possible need for further restrictions and help maintain the social and economic wellbeing of our society	S.Bergin, Director of Public Health (interim)
2. Maintain a professional Contract Tracing service that will have the capability and capacity to respond effectively to changes in infection levels and ensure people in receipt of a positive test result are contacted as quickly as possible.	Reduction in infection rates by isolating positive cases and close contacts as quickly as possible Minimise impact on HSC services by preventing avoidable spread of infection in the community by continuing to exceed the established World Health Organisation targets for reaching index cases and contacts. By keeping infection rates under control, HSC services can continue to be operate as planned and routine health and social care services remain accessible to the population	S.Bergin, Director of Public Health (interim)
3. Ensure there is continued appropriate timely access to testing services both in Pillar 1 (HSC) and Pillar 2 (National testing service). Identification of variants of concern through timely reflex assays and whole	This public health service supports: • early identification and responses to positive cases of SARS-CoV-2, • early identification of and response to reflex assays and variants of concern. Following case finding health protection measures are put in place to	S.Bergin, Director of Public Health (interim)

genome sequencing of positive cases. Ongoing support for roll out of lateral flow devices across the community and in specific settings e.g. care homes, healthcare workers, education.	minimise further transmission and secondary cases The PHA also co-ordinates regular testing of vulnerable groups and staff working in these areas	
4. Strengthen PHA capacity to provide the intelligence needed to meet organisational goals by supporting staff to develop their knowledge and skills; providing tools needed to deliver intelligence effectively and efficiently; and by designing organisational and governance arrangements enabling sharing knowledge and skills across topic areas.	PHA will be better able to use intelligence to direct it actions in a timely way, and to measure its impact Improved decision making resulting in better outcomes achieved for the population	S.Bergin, Director of Public Health (interim)
5. Ensure that the health protection service has robust surveillance systems in place to respond to the current Covid-19 pandemic. Review the current IT systems such as the Covid-19 surveillance dashboard and the data analytics systems.	Provision of timely and accurate information to support effective decision making Reduction in infection rates and illness in the population through early implementation of appropriate actions to minimise spread	S.Bergin, Director of Public Health (interim)

6. Lead the Regional Infection Prevention Control Response. This will include the Development of New Managed Care IPC Network. New IPC Resource Framework, and development of professional guidance in the modelling and use of PPE Operationalise the updated Infection Protection and Control (IPC) infrastructure including anti-microbial resistance stewardship	Minimise the spread of Covid-19 through provision and application of appropriate PPE Prevent avoidable spread of infection between individuals working in a HSC capacity and protect staff and vulnerable individuals from illness and potential death	R.Morton, Director of Nursing, Midwifery and AHPs
7. Provide input to the development of professional guidance on how to effectively manage Covid 19 in various settings and reduce the risk of spreading the virus, based on up to date evidence and best practice.	Provision of timely and up to date information will help reduce the risk of the virus spreading and enable key services to continue to operate People will be able to continue to access key services safely Prevent the need for wider social restrictions to be imposed and allow society to continue to operate as normally as possible	S.Bergin, Director of Public Health (interim) / S.Wilson, Director of Operations (interim)
8. Rebuild the screening programmes post COVID to ensure that services are operating to the standard required and that capacity for all programmes is maximised to ensure as many people as	Earlier detection and treatment for those eligible to participate in the individual screening programmes resulting in reduced morbidity and mortality. Learning from the changed operational context required in managing Covid Services would reflect new working practices, improved delivery and return	S.Bergin, Director of Public Health (interim)

possible from the target populations are able to access services	to normal capacity where possible.	
9. Continue to support the roll out of the Covid 19 Vaccination programme and any subsequent booster programmes and ensure that action is taken to improve uptake rates for vulnerable populations or in specific localities where uptake is low	Reduction in hospitalisation rates and mortality from Covid 19 due to increased levels of immunity achieved through high levels of vaccine uptake	R.Morton, Director of Nursing, Midwifery and AHPs
10. Expand the routine adult and child influenza vaccines to help manage the impact of the ongoing Covid -19 pandemic. The 2021/22 influenza programme will be targeted at: people aged 50 years and over in the age based programme; School age children to year 12; and other at risk groups and HSCNI workers.	To benefit all adults aged 50 years and over and school aged children to year 12 including the group aged 2–4 who are eligible for seasonal influenza vaccinations This vaccine will provide protection for adults, children and at risk groups against seasonal influenza, which will in turn protect the wider N. Ireland/ROI population By encouraging maximum uptake of the influenza vaccine, this will hopefully reduce the numbers requiring hospital treatment and assist in reducing Winter pressures on services. The effective influenza vaccine programme should also have an impact and assist hospitals in dealing with the ongoing Covid-19 pandemic	S.Bergin, Director of Public Health (interim)
11. Ensure Incident Management Teams are established to effectively manage outbreaks, especially in responding to clusters and	Co-ordinated and immediate actions in managing high risk situations will significantly reduce the possibility of the virus spreading and the need for wider community based restrictions being needed to contain further spread This targeted approach benefits the whole population by minimising the	S.Bergin, Director of Public Health (interim)

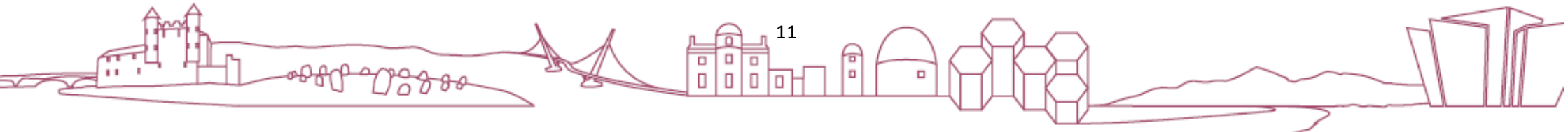
new variants, to minimise the potential for wide spread infection occurring.	potential for wider restrictions being required to contain the virus	
12. Take forward the implementation of the Health Improvement Recovery Plan and work with wider stakeholders, to continue to support those individuals and communities who have been adversely affected by Covid.	Local and regional stakeholders, service users and carers will benefit from ongoing engagement to allow for the identification of the resources to address the need of communities in a timely manner. This will allow for better alignment across areas of work both within the Agency and also with partners	S.Bergin, Director of Public Health (interim)
13 Use research funding programmes (CHITIN, NIHR, Opportunity Led, Research Fellowships) to effectively manage the COVID 19 pandemic and ensure we save lives, protect our health and social care services and rebuild services to ensure the health and wellbeing needs of society are effectively addressed	This will: Enable NI population participation in COVID research, benefitting from early access to new treatments Generate new learning and discover more about the long term effects of Covid 19 and how to best manage them Generate new knowledge of the impacts of the pandemic on our HSC staff, and health and social care workers from across the UK, and identify recommendations about how to support the service and staff Contribute to the knowledge base and to help create preventive measures	S.Bergin, Director of Public Health (interim)
14. Continue to progress quality improvement work linked to Covid learning / recovery	HSCQI (Hub and system QI leads) under the mandate of the HSCQI Leadership Alliance and the Service Delivery and Innovation Rebuild Workstream will lead on the development of a regional Learning System, engaging with teams from across the Northern Ireland Health & Social Care system (including primary care), with a focus on sharing learning	Dr A. Keaney, Director HSCQI

	from the Covid-19 pandemic, identifying best practice, supporting scale up and developing regional resources. There will be a particular focus on data and evidence for improvement. Initial regional Covid-19 learning themes include: • Virtual Consultations • Staff Psychological Wellbeing HSCQI will work in partnership with the Regional ECHO team to deliver an ECHO programme focused on the learning from the Covid-19 pandemic	
15. Develop a regional and consistent approach to promoting staff health and wellbeing across HSC through the HSC Healthier Workplace Health Network. Ensure support systems are in place to mitigate and understand impact of COVID on staff.	5 Mental Health Webinars provided by the WHLGNI Regional Wellbeing Hub developed and maintained for HSC staff support Sharepoint site established for PHA/HSCB/BSO staff health and wellbeing	S.Bergin, Director of Public Health (interim)

Priority 2 : **Health Protection -** *Protecting the community (or any part of the community) against communicable disease and other transmissible dangers to health and social well-being including dangers arising on environmental or public health grounds or arising out of emergencies.*			
Action During 2021/22 we will :	Anticipated Impact (Who will benefit / What difference will it make)	Corporate Plan Outcome (ref 1-5)	Lead Director
1. Drive increased uptake of childhood and adult preventable disease vaccines, through targeting low uptake groups.	Improve the health and wellbeing outcomes of the Northern Ireland population, including a reduction in infectious diseases By using various media campaigns and working with HSCNI colleagues to promote, inform and update the NI population on immunisations and vaccines should increase overall uptake rates	1,2,3	S.Bergin, Director of Public Health (interim)
2. Based on learning from responding to the pandemic, increase the PHA's Health Protection capacity to effectively manage on-going issues arising from the Covid 19 and enable it to develop the skills, knowledge and capacity to ensure that it can respond effectively to other health Protection issues and plan for managing future pandemics that may arise.	This will benefit the NI population but have a skilled workforce to respond and monitor infectious diseases, outbreaks and pandemics Future and early workforce planning to ensure the correct skills mix of staff are recruited to deal and respond Better staff retention can be achieved by providing career structures and opportunities for Health Protection staff	5	S.Bergin, Director of Public Health (interim)

3. Update the Emergency Plan and Pandemic Plan with partners, in light of learning from the COVID 19 pandemic, to ensure preparedness and response readiness	Improved response to managing future outbreaks, pandemics and emergency situations. This will be achieved by working with HSCNI and emergency service colleagues to ensure that plans are exercised and tested	5	S.Bergin, Director of Public Health (interim)
4. Ensure the timely availability of intelligence about antimicrobial use, antimicrobial resistance and healthcare-associated infections in secondary care by publishing regular reports and through an integrated dashboard.	To reduce inappropriate prescribing by 2023 This will enable effective monitoring of antimicrobial usage and help target actions to reduce inappropriate usage. Reports and surveillance data provided by the HCAI/AMR IT dashboard will help increase awareness of issues and identify areas where further action is required.	3	S.Bergin, Director of Public Health (interim)
5. Undertake a multi-channel programme of proactive public communication to influence public behaviour around a range of health protection issues, including vaccination and infectious diseases, and providing emergency response communications as required on clusters and outbreaks.	Improved awareness, understanding and engagement with key public health messages Engendering more openness to uptake of services / programmes offered Increase in number of people responding to vaccination programmes / decrease in levels of vaccination hesitancy Improved adherence to health protecting behaviours amongst target audiences	3	S.Wilson, Director of Operations (interim)
6. Use research funding programmes (CHITIN, NIHR, Opportunity Led, Research Fellowships) to	This will: Allow us to generate new knowledge and enable early access to novel interventions	3	S.Bergin, Director of Public Health

protect the community (or any part of the community) against communicable disease and other transmissible dangers to health and social well-being including dangers arising on environmental or public health grounds or arising out of emergencies.	Contribute to the knowledge base and provide an evidence-base for 'what works' Help us to understand responses to disease, and identify future treatments Embed research in practice, sustaining the workforce and improving healthcare and social care performance.		(interim)



Priority 3: **Health Improvement** - *Increasing health and well-being at individual, community and regional levels by developing and securing the provision of programmes and initiatives designed to secure the improvement of the health and social well-being of and reduce health inequalities between people in Northern Ireland.*			
Action During 2021/22 we will :	Anticipated Impact (Who will benefit / What difference will it make)	Corporate Plan Outcome (ref 1-5)	Lead Director(s)
1. Establish a Health Inequalities Network to improve access to data, co-ordination of resources and implementation of evidence based practice in Health & wellbeing improvement	Improved access to and understanding of emerging data on health inequalities to inform services commissioned / delivered by partner organisations Increased application of evidence –based practice to address health inequalities Improved multi-sectoral collaboration to address health inequalities, targeting those most vulnerable	3	S.Bergin, Director of Public Health (interim)
2. Progress the planning and commissioning of health improvement services including: • Procurement of the new Regional Sexual Education service that meets specifications of diversity, communication methods and measurement of impact and implement in	Communities within Northern Ireland will benefit from being involved in co-design of services to meet their health and wellbeing needs. Reprofiled RSE Services commissioned to address consultation and evidence base.	1,2,3,4	S.Bergin, Director of Public Health (interim)

target areas • Protect Life 2 services that have completed the engagement and consultation processes including; training framework and bereaved by suicide support service. • Community-led approaches to addressing health inequalities	Completed planning processes for regionally consistent accessible information, training and support services for improved mental and emotional wellbeing and suicide prevention. Completed planning processes regionally consistent and compassionate suicide post vention services. Interim funding position agreed and phased approach commenced to address gaps in community-led provision for public health and health improvement services.		
3. Deliver through multi-disciplinary working, a programme of 6 public information campaigns as part of the 'Living Well' programme in specific areas (eg. smoking, alcohol, physical activity, safe travel, Covid transmission and mental well-being) based on behavioural science.	Target audiences encouraged to engage in healthy behaviours. Improved awareness of public health messages and improved health literacy Improved awareness and increase uptake of local support services.	3	S.Wilson, Director of Operations (interim)
4. Deliver a sustained and varied programme of communication though PR, mass media advertising campaigns, features, social media, video and graphics on	Improved awareness of public health messages and improved health literacy Improved awareness and increase uptake of local support services.		S.Wilson, Director of Operations (interim)

the range of health improvement portfolios to raise awareness, influence behaviour and signpost to support.	Target audiences more motivated to engage in healthy behaviours.		
5. Work towards implementing a Whole Systems Approach to obesity and align Fitter Future for All and Physical Activity in a new strategic approach to the prevention of obesity through Regional Obesity Prevention Implementation Group (ROPIG).	New ROPIG Structure, revised TOR & membership of ROPIG Increased obesity prevention knowledge and skills across a range of sectors Increased awareness of resources and opportunities to prevent obesity	1,2,3	S.Bergin, Director of Public Health (interim)
6. Lead, champion and inform strategic and operational responses to improve health and wellbeing through community-led approaches	Communities are well informed about available training, programmes and grants or resources A formal mechanism is established in which PHA are influencing and collaborating across other government departments. Communities have access to and participate in evidenced based services. Communities have improved understanding of and adherence to public health messaging	1,2,3	S.Bergin, Director of Public Health (interim)
7. Lead implementation of the current Breastfeeding Strategy	Increased breastfeeding knowledge and skills across HSCTs and C & V sector through provision of BFI training		

2013-2023 and inform the development of a new Strategy for 2024 onwards	and conferences Increased service based knowledge of women's ante- and post-natal support needs, utilised in continual service development 100% birth rates in BFI maintained, 100%, HV services maintained Enhanced parental access to neonatal units. Increased availability / access to midwifery-led tongue tie services for breastfed babies		
8. Improve, protect & promote the sexual health and well-being of the population of Northern Ireland	A Sexual Health Action Plan 2021- 2026 approved by CMO Opportunities for young people to access Relationship and Sexuality Education programmes in community settings Increased sharing and use of evidence and best practice to inform sexual health interventions Provision of free and confidential advice on HIV via telephone helpline and befriending service (individual and group contacts)		
9. Progress the development of evidence based family support and parenting programmes	Early Intervention Support Service re- procurement process commenced Review existing commissioned programmes relative to new and emerging needs and agree commissioning priorities	1	S.Bergin, Director of Public Health (interim)

	Regional Implementation Infant Mental Plan enables Trust led Infant Mental Health Planning and Implementation for 0-3's		
10. Lead on the implementation of the Tobacco Control Strategy 2012-2022 for Northern Ireland and inform the development of a new Strategy from 2022 onwards	Re-energise stop smoking services that have been impacted by the Covid-19 pandemic and increase accessibility of the service using online and virtual delivery options Increase awareness and uptake of stop smoking services regionally across all sectors Decline in smoking initiation and current NI smoking prevalence rate (17%) Expansion of the enforcement element of tobacco control to take account of new NI legislation in relation to smoking in cars with minors and age of sales of electronic cigarettes.	2,3,4	S.Bergin, Director of Public Health (interim)
11. Use research funding programmes (CHITIN, NIHR, Opportunity Led, Research Fellowships) which have involved patients and public in their design to develop an evidence base to inform health and well-being at individual, community and regional levels by developing and securing the provision of programmes and initiatives	This will: Allow us to generate new knowledge and enable early access to novel interventions and initiatives. Contribute to the knowledge base and provide an evidence-base for 'what works' in health improvement for the population. Test interventions targeted at groups with identified need, as well as the population as a whole.	3	S.Bergin, Director of Public Health (interim)

which have been designed with patient and public involvement to secure the improvement of the health and social well-being of and reduce health inequalities between people in Northern Ireland.	Embed research in practice, sustaining the workforce and improving healthcare and social care performance.		
12. In line with the Nursing and Midwifery Task Group set up the infrastructure to develop a New Nursing and Public Health Nursing & Midwifery Framework	Establish a new public health nursing network for NI, including the appointment of an Associate Director for Population and Public Health Nursing. Commissioning Advance Practice Public Health Nursing and Midwifery roles in each HSC. Improved Public Health Practice across Nursing and Midwifery Services Incremental Production of Public Health Nursing Programmes for:- • Women, Children, Young People and Families Public Health Framework. • Mental Health and Emotional Wellbeing Framework • Older Persons Public Health Nursing Framework and New Population Health Management and Career	4,5	R.Morton, Director of Nursing, Midwifery and AHPs
13. Lead and implement the UK AHP Public Health Strategy in NI	Develop a business case for dedicated AHP Public Health Roles.	4,5	R.Morton, Director of Nursing, Midwifery and AHPs

14. Develop A Public Health Model For Homeless Services and develop a business case for the expansion of homeless health care hubs. Develop a strategic plan for the reduction of Hepatitis C and HIV through case finding, harm reduction and treatment planning	Improved access to health care Improve health outcomes for individuals Reduction in the spread of communicable diseases	2,3,4	R.Morton, Director of Nursing, Midwifery and AHPs
15. Deliver improved health care outcome across criminal justice through reviewing, progress and implement the Health in Criminal Justice Action Plan.	Improve health and wellbeing outcome for prison health Rollout of the Nurses in Custody initiative	2,3,4	R.Morton, Director of Nursing, Midwifery and AHPs

Priority 4: Shaping future health - preparing for future challenges and increasing the ability of individuals, communities and society to withstand threats to health and well-being by providing professional input to the commissioning of health and social care services which meet established quality standards and support innovation.			
Action During 2021/22 we will :	Anticipated Impact (Who will benefit / What difference will it make)	Corporate Plan Outcome (ref 1-5)	Lead Director(s)
1. Work with DoH and HSCB to establish a population health approach within the new integrated care systems, as part of the new HSC planning model.	Provide a consistent approach to implementing population health planning in HSCNI	3	All Directors
2. Establish a 'lived experience' network across NI and use information as a source of evidence to inform all our core activities	A regional lived experience coach/mentor has been appointed The voice of lived experience is evident across all public health work plans.	3,4	R.Morton, Director of Nursing, Midwifery and AHPs
3. Support the development of multi-disciplinary strategic Planning teams that will agree future priorities for the agency on specific thematic areas, starting with an initial planning team to look at Mental and Emotional Wellbeing, Suicide Prevention and Drugs and Alcohol	Shared understanding of PHA plans and priorities to be supported to achieve agreed outcomes and a single reporting system established to measure progress. Clear understanding across PHA staff of roles and responsibilities for progressing key actions and improved understanding of inter-connections across work programmes.	4,5	S.Wilson, Director of Operations (interim)

4. Develop a population health planning guide for the HSC NI	Provision of practical guidance and useful information that enables individuals and teams across HSCNI to apply the principles of population health planning and practically implement this approach. Provide a consistent approach to implementing population health planning in HSCNI Provide guidance on implementing OBA alongside population health planning Encourage HSCNI in its projects, services and strategic planning to reflect both prevention and promotion of health across plans but also to ensure reducing health inequalities is given due regard and consideration in all areas of work	1,2,3	S.Wilson, Director of Operations (interim)
5. Expand and develop population health intelligence resources which enable the organisation to fulfil its role in improving and protecting health and wellbeing, planning and policy development.	Development and promotion of an integrated Health Intelligence approach in the production, translation, dissemination and utilization of knowledge for problem-solving and organizational effectiveness. This includes undertaking primary quantitative/qualitative research (eg on knowledge, attitudes and behaviour), evidence reviews, priority intervention evaluations and complex statistical analyses. Availability of robust information and evidence to inform decision making and prioritisation of resources	4,5	S.Wilson, Director of Operations (interim)
6. Support DoH colleagues to ensure that public health policy is embedded in the development and delivery of	Maximise opportunities to address the wider social, environmental and economic factors that impact in the health and wellbeing of the population and health inequalities	1,2,3,4	S.Wilson, Director of Operations (interim)

Programme for Government e.g transport, housing, air quality, greenways, economic development.			
7. Continue to work with each of the Local Councils and their Community Planning Partnerships to take forward implementation of agreed action plans.	Public health input to the development and implementation of action plans, based on the local needs in each council area; Improved health and wellbeing through tackling identified local issues and maximising partnership working with community planning partners.	1,2.3.4	S.Wilson, Director of Operations (interim)
8. Deliver a rolling creative communications programme to educate, empower and assist communities to improve their health and wellbeing by taking a range of steps, focused on core areas identified as presenting challenges.	Enhanced brand recognition and professional standing of the PHA and its work. Improved awareness of public health messages and improved health literacy Improved awareness and increased uptake of local support services. Target audiences more motivated to engage in healthy behaviours.		S.Wilson, Director of Operations (interim)
9. Develop a bespoke PHA Quality Strategy that will be aligned with the regional HSCQI strategy	The Quality Strategy will benefit all staff working in the Public Health Agency, and service users and carers. A bespoke PHA Quality Strategy will place quality at the heart of everything the PHA does to deliver services and make a positive difference to staff, service users and carers.	4,5	Dr A Keaney, Director HSCQI

Increase QI capacity and capability of the PHA through demonstration projects in core functions of public health Apply QI methods to all PHA programmes to measure impact and capture evidence	The strategy will aim to deliver demonstrable and deliverable improvements within the PHA. Enhanced capacity and capability within the PHA will enable the wider application of QI tools and approaches to the core functions of public health. By applying the rigour of QI science PHA programmes will be able to demonstrate their impact, supported by robust quantitative and qualitative data.		
10. Ensuring that all Northern Ireland legislation, regulations and media are conducive to the health and social well-being of our young people and of future generations	New legislation in Northern Ireland will be scrutinised to ensure it does not militate against the health and well-being of young people and future generations. Regulations on advertising and on social media will ensure protection for young people regarding addiction to gambling, tobacco, alcohol and other harmful behaviours. Reduction in the number of young people becoming addicted to gambling, smoking and alcohol as well as a reduction in self harm from social media.	1,2,3	S.Bergin, Director of Public Health (interim)

Priority 5: Our organisation works Effectively – Increasing core organisational capability and capacity to become a modern and effective public health organisation			
Action During 2021/22 we will :	Anticipated Impact (Who will benefit / What difference will it make)	Corporate Plan Outcome (ref 1-5)	Lead Director
1. Finalise the new PHA Corporate Plan for 2021/2-24/25 in line with DHSSPS requirements and timescales. (when notified)	PHA has agreed vision, objectives and outcomes agreed Provide clear framework for PHA to take forward actions and prioritise investment to deliver on agreed outcomes An outcomes based performance framework can be developed to track progress made over the period of the Plan	5	S.Wilson, Director of Operations (interim)
2. Work with DoH colleagues to oversee the reform and transition of the PHA to a new operating model, taking into account lessons learned from responding to Covid 19 and manage the process of organisational change in line with further clarification from the DoH, ensuring appropriate and timely internal and external communication.	PHA will be a strong, modern, effective public health organisation	5	All Directors
3. Maintain operational workforce capacity to deliver core duties and deliverables identified for the PHA in 2021/22	PHA has the ability to respond effectively to address the on-going impact of the pandemic and ensure other key public health priorities are progressed	5	All Directors

4. Scope out accommodation requirements to allow staff to return to work safely in line with Covid 19 guidelines and work with BSO colleagues to develop appropriate policies and procedures to facilitate new working arrangements	PHA has access to appropriate accommodation that will provide a safe working environment for staff and allow the organisation to operate effectively Staff will feel safe in the office / working environment	5	S.Wilson, Director of Operations (interim)
5. Develop a comprehensive outcomes based performance management and reporting system at all levels of the PHA.	Provide PHA with a clear framework within which progress against agreed outcomes can be monitored ??	5	S.Wilson, Director of Operations (interim)
6. Build organisational knowledge and capacity of Outcome Based Accountability (OBA)	PHA has the expertise to embed an OBA approach to how it takes forward it core business Clear and consistent approaches developed to monitoring and reporting progress against achieving agreed outcomes	5	S.Wilson, Director of Operations (interim)
7. Meet DoH financial, budget and reporting requirements.	PHA is compliant with DoH regulations, with a sound financial basis to enabling the PHA to undertake its core business.	5	T. McCaig

HSC Public Health Agency

item 13

Title of Meeting	PHA Board Meeting
Date	17 June 2021
Title of paper	Corporate Risk Register
Reference	PHA/05/06/21
Prepared by	Karen Braithwaite
Lead Director	Stephen Wilson
Recommendation	For **Approval** ☒ For **Noting** ☐

1 Purpose

The purpose of this paper is to seek PHA Board approval of current PHA Corporate Risk Register.

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 register is to provide assurances to the Chief Executive, AMT, the Governance and Audit Committee and the PHA board that risks are being effectively managed in order to meet corporate objectives and statutory obligations.

3 Key Issues

There were no new risks added to the Corporate Risk Register this quarter.

One risk has been de-escalated from the Corporate Risk Register to the Operations Directorate Risk Register this quarter (and risk rating reduced from High to Medium):

- CR 47 Connect – PHA Intranet

Four risks have had their risk rating reduced from High to Medium:

- CR 48 PHA Public Website (from High to Medium)
- CR 49 Finance – COVID 19 (allocation) (from High to Medium)
- CR 50 Finance – COVID 19 (procurement) (from High to Medium)

- CR 54 Ability of 3rd Party Providers to deliver commissioned services (from High to Medium)

The Corporate Risk Register was approved by the Agency Management Team at its meeting on 1 June 2021 and by the Governance and Audit Committee at its meeting on 11 June 2021.

4 Next Steps

The next review will be undertaken as at 30 June 2021.

PHA Corporate Risk Register

Date of Review:
31 March 2021

Introduction

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

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

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

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

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

Overview of Risk Register Review as at 31 March 2021

Number of new risks identified	**3**
Number of risks removed from register	**1** CR 47 Connect – PHA Intranet (de-escalated to Operations Directorate Risk Register & risk rating also reduced from High to Medium)
Number of risks where overall rating has been reduced	**4** CR 48 PHA Public Website (from High to Medium) CR 49 Finance – COVID 19 (allocation) (from High to Medium) CR 50 Finance – COVID 19 (procurement) (from High to Medium) CR 54 Ability of 3rd Party Providers to deliver commissioned services (from High to Medium)
Number of risks where overall rating has been increased	**0**

CONTENTS

60	Closure of HSCB	~~Director of Public Health~~ Chief Executive	**HIGH**	37
61	IT systems to support Screening Programmes	Director of Public Health	**HIGH**	39
62	Regional COVID Vaccinators Bank	Director of Nursing/AHP	**High**	41

Key:

Risk rating:

↑ increased from previous quarter

↓ decreased from previous quarter

→ remained the same as previous quarter

Corporate Risk 26			
RISK AREA/CONTEXT: Delays in market testing health and social care contracts, as set out in the PHA Procurement Plan.			
DESCRIPTION OF RISK: The PHA has an extensive range of Health and Social Care contracts with non HSC providers (primarily health improvement contracts with voluntary and community sector). An approved PHA Procurement Plan is in place, and a range of large and smaller services have been procured. Some contracts are however rolled forward year on year, without the benefit of market testing. Full compliance with the PHA Procurement Plan has not been achieved due to limited capacity, skill constraints and the complexity of some contracts. It is therefore likely that the timescales in the current plan will not be met, with an additional challenge in respect of the requirement to re-procure the first contracts tendered by 2020. There is a risk that VFM is not being achieved in the current contracts and a potential reputational risk to the PHA.			**DATE RISK ADDED:** September 2012 (Amalgamated with Corporate Risk 28, September 2013) Revised June 2018
LINK TO ASSURANCE FRAMEWORK: Operational Performance and Service Improvement Dimension			
LINK TO ANNUAL BUSINESS PLAN 2019/20: Corporate Objective 5 Our Organisation Works Effectively			
GRADING	**LIKELIHOOD**	**IMPACT**	**RISK GRADE**
	Possible	Moderate	**MEDIUM**
LEAD OFFICER: Mrs Olive Macleod, Interim Chief Executive			

Existing Controls	Internal and External Assurances to the Board	Gaps in Controls and Assurances	Action Plan/Comments/ Timescale	Review Date
Procurement Plan has been developed and agreed by AMT setting out the timescales for achieiving the re-tendering of baseline contracts. Revised processes and documentation developed for PHA in liaison with PALS to ensure tender process is applied where required in line with Procurement regulations. Suite of documentation and guidance for tendering in place.	Progress reports on implementing the Procurement Plan will be provided to PHA Procurement Board and annually to PHA board Leadership at AMT and Assistant Director level via PHA Procurement board.	Legacy contracts may not be providing value for money Limited capacity within BSO PALS Limited capacity and planning skills to undertake essential pre-procurement planning, business cases etc Extension of DACs	Action Plan to implement the recommendations of the Task & Finish Group Report will be reviewed and updated to agree approach for progressing outstanding actions during 20/211/2021/22. ~~However, this will be impacted by staff priorities being re-focused on addressing Covid 19.~~ • Procurement Plan timelines to be continually reviewed in light of COVID 19 pressures and changes in strategic context (eg Drug and Alcohol servies) and	~~March 2021~~ Sept 2021

Training has been provided for relevant staff, including legal aspects of procurement. Internal management structures established to oversee implementation of the Procurement Plan, including standing item on Procurement Board agenda~~.~~ Review of procurement processes and future approach undertaken taking into account lessons learnt from experience over the past 3 years and the introduction of the new Procurement regulations in Feb 2015 and the introduction of a Light Touch Regime. PHA membership and attendance at HSCNI Regional Procurement Board Report of the Planning and Procurement Task and Finish Group approved by AMT and presented to PHA Board workshop in June 2019. Training for staff in planning and procurement processes initiated in Feb 2020. 80 senior staff attended prior to Covid 19 impacting in March 2020. All key	PIDs for larger procurements (including pre-procurement) brought to AMT and, where appropriate, PHA board.		availability of key staff to progress work ~~(February 2021) Revised re-tender plans for drug and alcohol / RSE /SHIP and Screening uptake service to be reviewed and agreed at Procurement Board (February 2021)~~ • Review of Contract Management processes has been delayed due to staff time being re-focused on addressing Covid 19 priorities. In light of the continued pressures on staff for the coming period it is proposed to delay this work until June 2021.	

staff currently engaged in Procurements have been trained. Training slides are available on Connect via business manual and contact details for advice and support. 2 senior planning posts recruited DACs in place to extend drugs & alcohol, SHIP, RSE and screening uptake services in line with revised procurement timelines (into 2021)				

Corporate Risk 39			
RISK AREA/CONTEXT: Cyber Security			
DESCRIPTION OF RISK: Information security across the HSC is of critical importance to delivery of care, protection of information assets and many related business processes. If a cyber incident should occur, without effective security and controls, HSC information, systems and infrastructure (including those used by the PHA, as well as Trusts providing services for the PHA) may become unreliable, not accessible when required (temporarily or permanently), or compromised by unauthorised 3rd parties including criminals. This could result in significant business disruption. It could also lead to unauthorized access to any of our systems or information, theft of information or finances, breach of statutory obligations, substantial fines and significant reputational damage.			**DATE RISK ADDED:** June 2017
LINK TO ASSURANCE FRAMEWORK: Corporate Control Arrangements Dimension			
LINK TO ANNUAL BUSINESS PLAN 2019/20: Corporate Objective 5 Our Organisation Works Effectively			
GRADING	**LIKELIHOOD**	**IMPACT**	**RISK GRADE**
	Likely	Major	**HIGH**
LEAD OFFICER: Mr S Wilson, Director of Operations (acting)			

Existing Controls	Internal and External Assurances to the Board	Gaps in Controls and Assurances	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 • Regional funding provided & Sophos Intercept X & Sophos Sandstorm software & PKI hardware purchased & being installed.	Internal Audit/BSO ITS self-assessment against 10 Steps towards NCSC; Technical risks assessments and penetration tests; HSC SIRO Forum for shared learning and collaborative action planning and delivery; Reports to GAC/PHA board on reported incidents as appropriate.	Insufficient corporate recognition and ownership of cyber security threat as a service delivery risk Full extent of gaps are not understood at this point – a gap analysis regionally and by HSC organisations is required to capture a considered extent of vulnerabilities Insufficient User Awareness of impact of personal behaviours in	BSO ITS provides PHA IT services. PHA will continue to work with BSO ITS, HSCB e-health and through the HSC SIRO forum Regional Cyber Security Programme Board has developed a draft incident management plan and handbook, with the intention of undertaking a desk top test across the region To be reviewed ~~March~~ June 2021 Work has continued in a number of priority work streams including Incident response and third party	~~March~~ June 2021

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 PHA BCP tested and updated February 2018 with a focus on cyber security PHA member of the Regional HSC Cyber Security Business Continuity Group		relation to cyber threat	management. Further cyber projects are being undertaken to enhance 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 (review March 2021) Schedule a full HSC Wide cyber incident response test - Incident response plan, date of regional testing has yet to be agreed due to pressures with COVID-19. (review June 2021) Training programme for Board members to be rolled out across	

BSO cyber security 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. Cyber Incident Response Action Plan finalised and launched A baseline audit against ISO27001 across all ICT Departments and Internal audits against NSCS Cyber Essentials			HSC (review June 2021) With the QUB and other cyber incidents, HSC SIROs are commissioning, through the Information Governance Advisory Group, an IG Task & Finish Group to address the risks and issues associate with data loss by a partner organisation. Proposal to be considered at IGAG 27/5/21. Task & Finish Group work estimated to last minimum of 1 year, perhaps longer. Review progress Sept 2021	

10 steps have been completed and recommendations accepted Regional IT Security/cyber security training was refreshed and launched in September 2020.				

Corporate Risk 46			
RISK AREA/CONTEXT: **Failure to meet statutory & legal requirements in relation to Emergency Planning (EPRR)**			
DESCRIPTION OF RISK: Disruption, loss of reputation, inefficient response, failure to meet statutory and legal requirements for Emergency Preparedness, Resilience and Response (EPRR) The PHA Health Protection Team has a statutory responsibility for emergency response. Inadequate mechanisms to financially compensate staff (across all pay bands) that are not on a service rota, has meant that staff are reluctant to participate in training or emergency response. This directly contributes to the following areas of risk for organisational resilience and emergency response; Inability to fully operationalise the Joint Response Emergency Plan. Absence of identified group of staff for activation of the Emergency Operation Centre Plan and vulnerability to organisational resilience for a sustained emergency response, management of an outbreak and pandemic response.			**DATE RISK ADDED:** April 2019
LINK TO ASSURANCE FRAMEWORK: Corporate Control Arrangements Dimension			
LINK TO ANNUAL BUSINESS PLAN 2019/20: 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**
	Likely	Moderate	**MEDIUM**
LEAD OFFICER: Dr S. Bergin, Director of Public Health (Interim)			

Existing Controls	Internal and External Assurances to the Board	Gaps in Controls and Assurances	Action Plan/Comments/ Timescale	Review Date
• Number of senior staff trained in emergency response (PHA,HSCB, BSO). • The proposal for staff	• Reports to AMT.	• Availability for out of hours response. • Sustaining an out of hours response. • Compensation under	• Following learning from COVID-19 a further review of service business continuity plans and business impact analysis is required to support the	~~March~~ June 2021

payment has been agreed by HR, SMT/AMT and consultation completed with Trade Union colleagues. • Interim arrangements in place (approved by DoH across HSC) for overtime payments for staff at band 8 and above to 31 /3/21 (COVID)		AFC T&Cs for extended working hours.	redeployment and training of staff to support an emergency response and maintaining the function of the EOC (in hours and out of hours). (~~March~~ June 2021) • Continue to work with HR to seek long term solution for payment for senior staff working additional hours in emergency response and any potential for extending the arrangements during COVID pandemic in 2020/21 (review ~~March~~ June 2021)	

Corporate Risk 48			
RISK AREA/CONTEXT: PHA Public Website			
DESCRIPTION OF RISK: The existing PHA public facing website has very restricted functional utility. This has proven to be a signifiacant liability in the response to COVID-19 and has restricted significantly what can be hosted. It is essential for the PHA's messaging to have excellent contemporary functionality, be able to host dynamic content, digital presentations and plug-in directly other content/functionality from other PHA websites including new COVID 19 platforms. As the current website is at the end of its life there is increased and material risk in respect of support arrangements. Risk that key messages are not communicated and reputational risk for the PHA.			**DATE RISK ADDED:** March 2020
LINK TO ASSURANCE FRAMEWORK: Corporate Control Arrangements Dimension			
LINK TO ANNUAL BUSINESS PLAN 2019/20: Corporate Objective 5 Our Organisation Works Effectively			
GRADING	**LIKELIHOOD**	**IMPACT**	**RISK GRADE**
	Possible	~~Major~~ Moderate	**~~HIGH~~ MEDIUM**
LEAD OFFICER: Mr S Wilson, Director of Operations (Interim)			

Existing Controls	Internal and External Assurances to the Board	Gaps in Controls and Assurances	Action Plan/Comments/ Timescale	Review Date
• Hosting, maintenance and updating services have been procured via an external provider (contract is due for procurement in year) • New web spec/business case developed and submitted to Digital Health team for consideration/approval	• Corporate site has been upgraded onto Drupal 8 platform to ensure resilience. • Maintenance contract extended until May 22. Regular contact ongoing between Communications team and maintenance provider • Contingency plan under development with HSC Digital	• Level of functionality remains limited within the existing website and constrains our ability to more effectively communicate with key audiences. Latest research shows that shortcomings can only be addressed by rebuilding the site	• Programme of maintenance and updating planned (ongoing); • Procure re-development contract and take forward work to deliver new website on an alternative hosting platform which is supported via BSO/NICS in house (review ~~March 2021~~ June 2021) • ~~Recruit vacant web developer post~~ Recruitment of new Digital Manager to lead the programme	~~March 2021~~ June 2021

• New workarounds have been uploaded to enable better presentation of information.		• ~~No contingency arrangements in place~~	scheduled (~~March 2021~~ June 2021)	

Corporate Risk 49				
RISK AREA/CONTEXT: Finance – COVID 19 (allocation)				
DESCRIPTION OF RISK: The requirement to respond rapidly to the developing coronavirus epidemic ~~has~~ may result~~ed~~ in expenditure being authorised and incurred before financial business cases are comlete and allocations are secured at the start of the financial year. There is a risk to financial stability if financial allocations subsequently made are not sufficient to cover expenditure commitments.			**DATE RISK ADDED:** May 2020	
LINK TO ASSURANCE FRAMEWORK: Corporate Control Arrangements Dimension				
LINK TO ANNUAL BUSINESS PLAN 2019/20: Corporate Objective 5 Our Organisation Works Effectively				
GRADING	**LIKELIHOOD**	**IMPACT**	**RISK GRADE**	
	~~Likely~~ Possible	~~Major~~ Moderate	**~~HIGH~~ MEDIUM**	
LEAD OFFICER: ~~,~~ Director of Finance				

Existing Controls	Internal and External Assurances to the Board	Gaps in Controls and Assurances	Action Plan/Comments/ Timescale	Review Date
• Finance proformas required for COVID related expenditure - which has carried over into 2021/22 ~~process to feed through HSC Silver to Gold for approvals.~~ • DOH finance also sighted on finance implications of COVID-19 related service proposals. • Business case processes for major expenditure. • COVID templates now being manage through central finance resource in HSCB, to ensure appropriate scrutiny. •	• ~~Approvals of COVID-19 templated noted at GOLD, where financial consequences are noted.~~ • Process moved into a BAU process and paper issued to officers inPHA setting out process for 2021/22 • Monthly monitoring returns to DOH highlighting spend to date and forecast – COVID 19 related spend is highlighted separately. • Finance reports will highlight extent of financial risk to PHA SMT/Board on	• ~~No allocation letters in advance of expenditure being committed.~~ • Necessity to continue with existing covid response while the opening allocations and budget are confirmed – timing issue	- Monthly monitoring of spend separately identified. - Level of financial risk highlighted to DOH and PHA SMT and board on regular basis. - Direct engagement with DoH (Covid) Finance personnel regarding anticipated spend. - Requirements for Covid funding bid templates regularly reviewed	~~March 2021~~ June 2021

	regular basis. Process concluded satisfactorily in 2020/21 • PHA AMT and Board provided with information on list of Covid requirements in train with DoH		Actions to be reviewed ~~March~~ June 2021	

Corporate Risk 50				
RISK AREA/CONTEXT: Finance – COVID 19 (procurement)				
DESCRIPTION OF RISK: The requirement to respond rapidly to the developing coronavirus epidemic results in expenditure being incurred without due regard to the principles of Managing Public Money NI, leading to poor value for money, irregular expenditure and the potential for legal challenge.			**DATE RISK ADDED:** May 2020	
LINK TO ASSURANCE FRAMEWORK: Corporate Control Arrangements Dimension				
LINK TO ANNUAL BUSINESS PLAN 2019/20: Corporate Objective 5 Our Organisation Works Effectively				
GRADING	**LIKELIHOOD**	**IMPACT**	**RISK GRADE**	
	~~Likely~~ Possible	~~Major~~ Moderate	**~~HIGH~~ MEDIUM**	
LEAD OFFICER: ~~,~~ Director of Finance				

Existing Controls	Internal and External Assurances to the Board	Gaps in Controls and Assurances	Action Plan/Comments/ Timescale	Review Date
• All Direct Award contracts (DACs)are reviewed by COPE. • Automated SODA process for approval of order/invoices • DACs require DOF/AO approval.	• List of DACs reviewed regularly by GAC. • Normal DAC approvals have continued.	• Normal procurement processes and timescales have been temporarily suspended in a number of cases.	• Review DACs awarded during COVID-19 timescales to determine extent of commitment and if it can be replaced with full procurement. Review June ~~March~~ 2021 • Monitor expenditure for unusual variances that cannot be explained. Review June ~~March~~ 2021	~~March 2021~~ June 2021

Corporate Risk 52			
RISK AREA/CONTEXT: Information Governance			
DESCRIPTION OF RISK: As a result of the COVID 19 PHA has been required to collect and hold significant new personal identifyable data. There has also been a requirement to put in place new arrangements for data sharing with other bodies. There is a risk that given the scale, especially of the testing and contact tracing services, the need to establish new digital and manual systems and services rapidly, and the complexity of interfaces with other bodies (including the DoH and DHSC and NHSX), that all GDPR principles are not fully complied with, with the potential for a data breach, and/or reputational or financial consequences for the PHA as a result.			**DATE RISK ADDED:** May 2020
LINK TO ASSURANCE FRAMEWORK: Corporate Control Arrangements Dimension			
LINK TO ANNUAL BUSINESS PLAN 2019/20: Corporate Objective 5 Our Organisation Works Effectively			
GRADING	**LIKELIHOOD**	**IMPACT**	**RISK GRADE**
	possible	major	**HIGH**
LEAD OFFICER: Dr S. Bergin, Director of Public Health (Interim)			

Existing Controls	Internal and External Assurances to the Board	Gaps in Controls and Assurances	Action Plan/Comments/ Timescale	Review Date
• PHA Data Protection Policy; • PHA Data Protection Impact Assessment Policy and Guidelines; • Established processes in PHA, including Health Protection; • Existing training programme for all PHA staff and IAOs • Engagement with the PHA DPO and information governance team; • Information Governance	• PHA SIRO and PDG attend & report to AMT and PHA Board	• Speed of implementation resulting in less time to consider & implement IG measures; • Complexity of data flows & lack of clarity about ownership;	• DPIA for testing programme being developed to be completed (review Nov 2020) • All staff for the contact centre (tier 1 & 2, permanent and bank) to complete IG training (on-going as recruited); • MOU and data sharing agreements being developed with Home Office & RoI re PLFs; DPIA to be ~~developed~~ finalised and PN updated (end of ~~Feb~~ May 2021)	~~March~~ June 2021

Workstream established under the CT Steering Group; • Close working & regular liaison between PHA DPO and DoH DPO; • Engagement with ICO • DPIA for contact tracing pilot completed; • PN for testing on PHA website; • PHA represented at 4 Nations IG meetings • PN for Contact Tracing published on PHA website • MOU between PHA Health Protection, HSCB, BSO and HSC Trusts updated and approved (June 2020) • DPIA for Contact Tracing Service (including digital self trace & analytics) completed & published on PHA website (to note this is a live document to be updated in light of further developments) • Data Sharing Agreement between PHA & RoI HSE (COVID contact tracing) agreed & signed. • PN updated for Home Office PLF data • DSA with PHS signed and in place			• Data Sharing Agreements (COVID contact tracing) with PHE, ~~PHS~~ & PHW to be finalised (~~February~~ June 2021) • Update DPIA, PN and other IG considerations in respect of new testing processes (ongoing – ~~March~~ June 2021) • DPIA and DSAs for WGS to be finalised (~~Feb~~ June 2021)	

Corporate Risk 53			
RISK AREA/CONTEXT: Corporate Priorities			
DESCRIPTION OF RISK: There is a risk, that due to COVID 19, the PHA may not be able to deliver on its key objectives. Firstly as a result of the need to refocus staff to prioritise work in response to the COVID 19 pandemic, including planning for and putting measures in place to help prevent/minimise the impact of a second wave. As a result it has not been possible to take forward all other areas of PHA business. There is therefore a risk that the PHA will not be able to deliver on its key objectives			**DATE RISK ADDED:** May 2020
LINK TO ASSURANCE FRAMEWORK: Corporate Control Arrangements Dimension			
LINK TO ANNUAL BUSINESS PLAN 2019/20: All objectives			
GRADING	**LIKELIHOOD**	**IMPACT**	**RISK GRADE**
	likely	major	**HIGH**
LEAD OFFICER: Chief Executive			

Existing Controls	Internal and External Assurances to the Board	Gaps in Controls and Assurances	Action Plan/Comments/ Timescale	Review Date
• Corporate summary of all Directorate COVID 19 and 'rebuilding' priorities prepared. • Discussion with CMO at SRM; • Director meetings with Chief Executive; • Director meetings with their senior teams • Updated business continuity	• Discussion at AMT • Reports from AMT/Chief Executive to PHA Board • Regular SRMs with CMO office	• Limited capacity to take forward some core work.	• AMT/Board workshops to agree priorites for year ahead (on-going); • ~~Development of new~~ New 5 year Corporate Plan being finalised (~~March~~ June 2021) • Annual Business Plan 2021/22 to be finalised (June 2021)	~~March~~ June 2021

letter sent to DoH outlining priority areas to be continued.				

Corporate Risk 54			
RISK AREA/CONTEXT: Ability of 3rd Party Providers to Deliver Commissioned Services			
DESCRIPTION OF RISK: In order to deliver on its corporate objectives, the PHA commissions many 3rd party providers to deliver a wide range of services. As well as Trusts and local government, many services are provided by a large number of voluntary, community and private organisations. As a result of COVID 19, including the economic consequences, some of these organisations have still not returned to full capacity of delivery and in some caes or non delivery ~~may no longer be able to deliver services (in whole or in part)~~, with the risk that PHA may not be able to deliver the necessary services to achieve its corporate objectives.			**DATE RISK ADDED:** May 2020
LINK TO ASSURANCE FRAMEWORK: Corporate Control Arrangements Dimension			
LINK TO ANNUAL BUSINESS PLAN 2019/20: All objectives			
GRADING	**LIKELIHOOD**	**IMPACT**	**RISK GRADE**
	possible	~~Major~~ Moderate	~~**High**~~ **MEDIUM**
LEAD OFFICER: Dr S. Bergin, Director of Public Health (Interim) and Director of Nursing/AHP			

Existing Controls	Internal and External Assurances to the Board	Gaps in Controls and Assurances	Action Plan/Comments/ Timescale	Review Date
• Continuation of existing performance management arrangements; including Quarterly Monitoring; • COVID-19 Recovery Plan addressing necessary adjustments to Contracts with providers to address priority needs. • Letters from CEO to providers indicating COVID-19 context and requirements on reasonable adjustments to PMR's and targets. • On-going dialogue with providers including Monthly	Reports to AMT and PHA board Internal Audit of management of contracts (voluntary and community) during 20/21 with a focus on COVID 19, provided satisfactory assurance. ~~to review contracts in February 2021. Findings from audit has been the management of contracts during Covid 19 Pandemic~~.	• Services may not be delivered,as initially contracted may result~~ing~~ in greater inequalities; • ~~Funding may be allocated with no/less service delivered~~ • Orgranisations who are contracted by PHA may have external factors that may impact on ability to deliver services eg impact of other funding apart from	• Contract managers will continue to review all contracts (~~March~~ ongoing throughout 2021/22) .	~~March~~ June 2021

calls • PHA will continue to pay all core costs linked to its contracts to ensure services can continue to be delivered, where possible and the risk of organisations collapsing due to economic factors is reduced (in line with regional guidance)		PHA including fundraising.		

Corporate Risk 55

RISK AREA/CONTEXT: Public Health Staffing Issues

DESCRIPTION OF RISK:
The Public Health Directorate has a number of vacancies in key areas as well as a number of posts filled on a temporary basis. In the Health Improvement Division, 46% of posts are filled on a temporary basis.
The vacancies, and the increasing demands, particularly due to the 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.

DATE RISK ADDED:
June 2020

LINK TO ASSURANCE FRAMEWORK: Corporate Control Arrangements Dimension

LINK TO ANNUAL BUSINESS PLAN 2019/20: 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
	Likely	Major	**HIGH**

LEAD OFFICER: Dr S. Bergin, Director of Public Health (Interim)

Existing Controls	Internal and External Assurances to the Board	Gaps in Controls and Assurances	Action Plan/Comments/ Timescale	Review Date
• Contact has been made with individuals working elsewhere to see if they would consider applying for any of the public health consultant posts. • ~~Funding was made available for 2 additional public health trainee posts in 2019.~~	• Reports to CEx and AMT. • Updates to GAC via Corporate Risk register • Briefing provided to PHA Board.	• 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,	• Business case has been developed to take forward an enhanced health protection service to ensure there is the expertise and system wide resilience created to deal with the long term impact of Covid 19 and to plan for and manage future pandemics (COVID funding for 2 years; a further	~~March~~ June 2021

• Action Plan developed (in respect of all PHA staffing), approved by AMT, and agreed with DoH • ~~Arrangements for non-medical PH trainee (from Feb 2020)~~ • New permanent & locum consultants ~~commenced between December 2019 and February 2020.~~recruitment due June 2021 • Additional Locum HP Consultant started February 2021. • Development and implementation of 'Retire & Return' policy – 2/3 Consultants • Additional temporary posts offered to retired Public Health Consultants (7 posts) • A number of staff external to PHA have been engaged to support work associated with COVID-19 contact tracing, project delivery etc • Some PHA have been redeployed to support COVID-19 where they had particular skills relevant to the response to the pandemic (eg from nursing, project management, data		leading to further delays in recruitment. • 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).	BC will be required for permanent funding)- awaiting DoH response (review March 2021) • Funding for the above Business Case has now been confirmed – available within 2021/22 • Recruitment for additional Public Health / Health Protection consultant posts ~~is being planned. (Review April 2021)~~ in June 2021 • Wider Health Protection staffing requirements, to ensure enhanced health protection capacity and capability/skills, is being progressed – this is also being explored with DoH in terms of the potential PHA finance allocation for 2021/22. (Review April 2021)	

analysis, communications etc) • ~~Dedicated~~ HR support ~~has been~~ identified ~~as a point of contact t~~o help take forward recruitment within Public Health Directorate • An internal Public Health HR Group meets on a monthly basis to discuss any issues and agree way forward • Locum agency Dr's are supporting PHD, CTC, Duty Room, School Cell and Care-homes in responding to Covid-19. ~~A WTE of 30 has been approved by scrutiny to continue providing support.~~ • ~~New Locum HP Consultant to start on the 24th February 2021 for 6 months.~~ • ~~Directorate staffing issues are currently reasonable with most key areas addressed. (DN – if this is the case should this risk be de-escalated to Directorate Risk Register~~)				

Corporate Risk 56			
RISK AREA/CONTEXT: Staffing Compliment in HSCQI Directorate			
DESCRIPTION OF RISK: The HSCQI was established in the PHA by the DoH, with temporary funding through transformation monies for the Director and a number of other posts. ~~However recurring funding has not been provided for HSCQI.~~ Recurrent funding has now been confirmed for the Director and Communications /Engament Lead posts. The current staffing compliment in HSCQI Directorate makes it challenging for corporate work to be undertaken, and for HSCQI to deliver on the design intent, which included additional staffing, to build a QI infrastructure for NI HSC services. Establishing HSCQI was a key action stated within Health and Well-Being 2026: Delivering Together. The risk is that the directorate will be unable to fulfil it's core function, service corporate administration needs plus undertake additional requests from the NI HSC system to support improvement work and training.			**DATE RISK ADDED:** August 2020
LINK TO ASSURANCE FRAMEWORK: Corporate Control Arrangements Dimension			
LINK TO ANNUAL BUSINESS PLAN 2019/20: 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**
	Likely	Major	**HIGH**
LEAD OFFICER: Director of HSCQI			

Existing Controls	Internal and External Assurances to the Board	Gaps in Controls and Assurances	Action Plan/Comments/ Timescale	Review Date
• On-going monitoring and prioritising of HSCQI work. • Ongoing Director review of existing HSCQI Directorate structures. • Prioritisation of Covid 19 Learning System, scale and spread activity and other programmes of work. • Discussions ongoing between Director of HSCQI PHA CEO and DoH quality and safety directorate, and	• Ongoing engagement with HSCQI Leadership Alliance and Network • Reports to AMT • Link with DOH Quality and Safety Unit	• Staffing levels are insufficient to build a reliable and responsive HSCQI infrastructure for NI HSC services. • Delays with HR processes resulting in posts that are unfilled with recurrent funding.	• Permanent recruitment processes for 8B Senior Regional Improvement Advisor ~~underway~~complete. Post ~~offered to successful candidate. Provisional start date March 2021.~~ filled with start date of 1.4.21. • Permanent recruitment process underway to recruit a further 8B Regional Senior Improvement Advisor from the waiting list. Start date to	~~March~~ June 2021

HSCQI Leadership Alliance re workload and capacity Temporary transformation funded posts extended: • Band 6 admin extended to ~~31st March 2021~~ 30th June 2021 • Data analyst part time post vacant. ~~extended to March 2021 although current post holder leaving end January 2021.~~ • ~~Additional recruitment of~~ Communications Assistant post extended up to end May 2021 ~~up to March 2021~~ to progress work on the HSCQI website. • Band 3 admin support role extended to end June 2021.			be agreed. ~~Waiting list generated~~ • ~~Band 3 admin post successfully recruited however the applicant informed team at short notice that they were no longer taking up the post. Process underway with HR to offer the post to the next suitable candidate on the waiting list. Interim measure to recruit agency cover will be progessed January 2021.~~ • Permanent recruitment process underway to appoint a Band 4 Personal Assistant. Awaiting JD to be matched before post can be advertised. Provisional date for progression to next stage of recruitment – mid May 2021. • Ongoing discussions around funding/temporary funding between Director HSCQI, CEO PHA ,DOH and chair of HSCQI Leadership Alliance (review ~~March~~ June 2021).	

Corporate Risk 57

RISK AREA/CONTEXT: PHA Leadership

DESCRIPTION OF RISK:	**DATE RISK ADDED:**
The PHA faces many challenges during 2020/21, continuing to lead the public health response to the COVID 19 pandemic, in an environment where there are still many uncertainties and unknowns about how the virus will develop over the coming months, at the same time as seeking to re-start and prioritise other PHA business, reflecting and responding where appropriate to the impact of COVID 19. At the same time the PHA has a new management team, with the interim Chief Executive and two Directors taking up post in the last quarter of 2019/20. In addition one Director retires early autumn 2020, and a second at the end of December 2020. Additionally the HSCB Director of Finance and AD Finance, who lead the provision of finance input/advice to the PHA, will be vacant from October and August respectively. At the same time there is a vacant Non-Executive post. While there are many opportunities with a fresh senior team in place, the scale of change has also the potential to lead to instability, with a loss of corporate memory and resources required to gain organizational knowledge and build teams.	August 2020

LINK TO ASSURANCE FRAMEWORK: Corporate Control Arrangements Dimension

LINK TO ANNUAL BUSINESS PLAN 2019/20: 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
	Likely	Major	**High**

LEAD OFFICER: Chief Executive and Chair

Existing Controls	Internal and External Assurances to the Board	Gaps in Controls and Assurances	Action Plan/Comments/ Timescale	Review Date
• Regular AMT meetings; • Experience of new Directors; • Established processes and continuing knowledge of staff under Director level; • Interim CX contract confirmed to August 2021;	• Regular Board meetings, with reports and updates to Board members; • Regular Sponsorship Review meetings with CMO in DoH; • Established corporate	• Loss of corporate knowledge and experience across a number of areas.	• ~~DoH to initiate recruitment process for permanent CX (Spring 2021)~~ • Recruitment of permanent Director of Public Health postponed to autumn 2021 (~~March~~ December 2021)	~~March~~ June 2021

• Chair re-appointment confirmed to May 2021 • Interim Director Operations appointed. • Interim Director of Public Health appointed. • AD Finance (HSCB) appointed. • Interim Director Finance (HSCB, with responsibility for PHA finance) appointed.	governance processes – Risk Register, Assurance Framework etc.		• ~~Recruitment of Director of Finance (HSCB but with responsibility for PHA) (February 2021)~~ • New PHA Chief Executive to take up post July 2021	

Corporate Risk 58				
RISK AREA/CONTEXT: Staff Resilience				
DESCRIPTION OF RISK: The PHA was required to move to a 7 day working pattern in the initial phase of the COVID 19 pandemic. The organization is again entering a period of 7 day working, which is likely to be required through to the end of the winter. PHA has limited staff capacity, and while additional staff have been brought in, there is concern that a significant number of staff will have to work more than 5 days a week over a long and sustained period. As staff are already tired from the first phase, and with many unable to take a proper break during July and August due to the continuing work pressures, there is a risk that staff may become ill and/or no longer able to continue.			**DATE RISK ADDED:** October 2020	
LINK TO ASSURANCE FRAMEWORK: Corporate Control Arrangements Dimension				
LINK TO ANNUAL BUSINESS PLAN 2019/20: 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**	
	Possible	Major	**High**	
LEAD OFFICER: Chief Executive				

Existing Controls	Internal and External Assurances to the Board	Gaps in Controls and Assurances	Action Plan/Comments/ Timescale	Review Date
• Regular AMT meetings; • Business Continuity SITREP reporting initiated October 2020; • Staff monitoring information collected and reported to HR • PHA staff trained to provide additional support for Contact Tracing Centre	• Regular Board meetings, with reports and updates to Board members; • Established corporate governance processes – Risk Register, Assurance Framework etc.	• Potential loss of staff with knowledge and skills to be able to deliver COVID response; • Potential insufficient staff to fulfil business continuity.	• Redeployment of staff internally within PHA to provide cover to critical functions (review ~~March~~ June 2021); • ~~Review of work that can be stood down to allow concentration of resources on COVID response and other critical areas (review March 2021)~~	~~March~~ June 2021

			• Review of work that needs to be resumed, balanced against resources required for continued COVID response (June 2021) • Working with BSO HR regarding mechanisms to support staff and build resilience (review ~~March~~ June 2021). • ~~Review of annual leave (use and carry forward) (February 2021)~~	

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 potential risks to the sustained provision of these functions: **Restoration of Population Screening Programmes (COVID-related)** – It is estimated that it will take 12-18 months to restore all population screening programmes to pre-COVID capacity (and longer to bring the programmes back to the recommended screening interval) following the 'pause' in services (March – July 2020) and implementation of social distancing and infection control measures as a result of COVID 19. **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. Staff capacity has been further compounded by the ongoing challenge of COVID and re-deployment of key senior staff into Health Protection-related duties~~)~~. **Internal Audit** - an internal audit of the ~~the~~ call-recall functions, provided by BSO, for the bowel and cervical cancer screening programmes undertaken in Nov 2019 identified issues within the governance, risk management and control framework, which could lead to system objectives not being achieved (ie. call-recall). Additionally there are a number of issues relating to specific screening programmes: Cervical Screening Programme (introduction of testing based upon the HPV screening test is needed to be able to continue to quality assure the programme); Breast Screening (replacement of screening equipment, increase capacity in line with demographic growth and links to other IT systems) and Diabetic Eye Screening (implementation of fixed site locations)			**DATE RISK ADDED:** November 2020	
LINK TO ASSURANCE FRAMEWORK: Safety and Quality Dimension				
LINK TO ANNUAL BUSINESS PLAN 2019/20: Corporate Objectives 1 - 4				
GRADING	**LIKELIHOOD**	**IMPACT**	**RISK GRADE**	
	Likely	Major	**High**	
LEAD OFFICER: Dr S. Bergin, Director of Public Health (Interim)				
Existing Controls	**Internal and External**	**Gaps in Controls and**	**Action Plan/Comments/**	**Review Date**

	Assurances to the Board	Assurances	Timescale	
• **Restoration of Screening –** programme-specific restoration plans in place; consultant screening group providing regional oversight; regular updates provided to Rebuilding Management Board and CMO Sponsorship meetings. Ongoing monitoring of activity and capacity within each programme with escalation of risks and concerns as required. • **Programme specific issues:** – Bids for additional funding for restoration submitted to DOH via Cancer Recovery Plan. Quarterly performance management meetings established with BSO , with review of progress against audit action plan. • **Screening Programme Board** re-established to provide broader oversight (at CEx/Director level across regional organisations)	Reports to AMT and briefing/updates to PHA Board; Report on screening audit follow-up to GAC.	• Limited resources (staffing, financial and technical); • Governance and reporting arrangements; • Capacity as a result of COVID 19	• ~~Exploring potential to vire uncommitted programme monies, to establish additional screening staff for PHA. . (review March 2021)~~ • Awaiting confirmation of programme budget for ~~outcome of bid to DoH for additional programme monies in~~ 2021/22 with regards to additional bids for inescapable pressures. (review June ~~March~~ 2021) • Awaiting outcome of bids against Cancer Recovery Plan (review June 2021) • **Internal Audit** – IPT for additional resources received from BSO. ~~currently being prepared~~**.** Awaiting outcome of 2021/22 budget bid to confirm funding source to progress (review June ~~March~~ 2021)	~~December~~ June 2021

Corporate Risk 60			
RISK AREA/CONTEXT: Impact of HSCB Migration on PHA			
DESCRIPTION OF RISK: Closure of the HSC Board in March 2022 may fundamentally alter the means by which PHA interacts with the functions in the current HSCB and migrating to the 'Group'. This may, in particular, change the partnership arrangement in place since 2009 in regard to planning, commissioning and monitoring of service developments, service pressures and incidents relating to service quality and safety of patient care. The closure of the HSCB will have an impact on many of the functions of the PHA, in particular, staff working across Nursing, Service Development and Screening team, as well as on provision of finance services. There is a risk that the public health influence into commissioning may be diluted, lack of clarity about roles and responsibilities of PHA staff and lack of clarity about delivery of finance function.			**DATE RISK ADDED:** December 2020
LINK TO ASSURANCE FRAMEWORK: Safety and Quality Dimension			
LINK TO ANNUAL BUSINESS PLAN 2019/20: 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**
	Almost Certain	Moderate	**High**
LEAD OFFICER: Chief Executive ~~Dr S. Bergin, Director of Public Health (Interim)~~			

Existing Controls	Internal and External Assurances to the Board	Gaps in Controls and Assurances	Action Plan/Comments/ Timescale	Review Date
PHA CX a member of the Oversight Board; AD P&OS a member of the Governance Steering Group; PHA staff are represented on a number of the migration workstreams; DPH & Director Nursing AHP are members of the New Planning Model Project Board Finance Task and Finish Group report submitted to HSCB Migration Governance Steering Group.	Reports to AMT and Board	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 HSCB Board (and DoF and DSC on PHA Board);	• 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 ~~March~~ June 2021); • ~~Finance task and finish group to produce initial report (March 2021)~~ • PHA Service Development directorate ~~establish a small~~ working group to identify potential changes in roles and	~~March~~ June 2021

		Uncertainty regarding future finance function.	responsibilities. (~~Feb~~ June 2021)	

Corporate Risk 61

RISK AREA/CONTEXT: IT systems to support Screening Programmes

DESCRIPTION OF RISK:
The commissioning and quality assurance of population screening programmes is a core PHA function. However, ongoing issues and concerns relating to IT systems, constitute potential risks to the sustained provision of these functions:

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

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

DATE RISK ADDED:
December 2020

LINK TO ASSURANCE FRAMEWORK: Safety and Quality Dimension

LINK TO ANNUAL BUSINESS PLAN 2019/20: Corporate Objectives 1 - 4

GRADING	LIKELIHOOD	IMPACT	RISK GRADE
	Likely	Major	**High**

LEAD OFFICER: Dr S. Bergin, Director of Public Health (Interim)

Existing Controls	Internal and External Assurances to the Board	Gaps in Controls and Assurances	Action Plan/Comments/ Timescale	Review Date
• **Screening Programme Board** re-established (Nov 20) – to provide broader oversight (at CEx/Director level) • Project structure for	Reports to AMT and briefing/updates to PHA Board;	• Limited resources (staffing, financial and technical); • Capacity as a result of COVID 19	• ~~Exploring potential to vire uncommitted programme monies, to establish project management support for the implementation of Breast~~	~~December~~ June 2021

implementation of Breast Screening Select has been established. • Uncommitted programme monies vired to provide project management support for implementation of Breast Screening Select • Processes are in place within each programme to manage any identified current risk – manual processes/reporting/monitoring/fail safe systems		• Absence of cross organisation strategic approach	~~Screening Select. (review March 2021)~~ • Awaiting outcome of 2021/22 budget bid with regards to managed service costs for Breast Screening Select (review June ~~March~~ 2021) • A technical review of screening IT systems has commenced , led by BSO ITS. (review June ~~March~~ 2021) • Strategic screening workshop ~~IT group to be established~~ to be hosted by DHCNI to identify priorities and set direction for maintenance and development of screening IT systems. Provisionally, to be held in May ~~established Jan-March~~ 2021 (review June 2021)	

Corporate Risk 62			
RISK AREA/CONTEXT: Regional COVID Vaccinators Bank			
At the request of the regional DoH COVID 19 Vaccination Implementation Programme, the PHA has recruited and established a COVID 19 vaccinator bank, to co-ordinate and allocate vaccinators to both Trust and GP vaccination clinics across NI. There are a number of risks for the PHA associated with this: Sufficient allocation of funding may not be made available to cover the costs of the service; Potential for governance issues and lack of clarity in respect of accountability (in particular lack of clarity regarding roles, responsibilities and accountability for DoH, PHA, BSO, Trusts and GPs); This is a role outside the scope of the PHA function, (i.e. providing face to face clinical intervention, or running a staffing bank for other organisations to draw from), and while it is recognised that HSC organisations have had to move quickly and work differently to respond to COVID, working to support the DoH vaccination implementation programme, there is a risk that there is no exit strategy for the PHA.			**DATE RISK ADDED:** December 2020
LINK TO ASSURANCE FRAMEWORK: Corporate Control Arrangements Dimension			
LINK TO ANNUAL BUSINESS PLAN 2019/20:.Objects 3 and 4			

GRADING	LIKELIHOOD	IMPACT	RISK GRADE
	Possible	Major	**HIGH**

LEAD OFFICER: Director of Nursing/AHP

Existing Controls	Internal and External Assurances to the Board	Gaps in Controls and Assurances	Action Plan/Comments/ Timescale	Review Date
• Reports to the DoH led COVID 19 Vaccination Programme Board • Paper to AMT (2/2/21)	• Reports to AMT and PHA Board • Business case developed (bid for funding 2020/21 and 21/22) • Governance framework developed and agreed • Memoranda of understanding between PHA/ Trusts agreed and in place	• Formal letter not received from Department; • Funding not allocated; • No Exit Strategy; • Governance framework between DoH, PHA, Trusts and GPs not agreed yet	• Exit strategy developed for implementation June 2021	June 2021

APPENDIX

RISKS ADDED TO THE CORPORATE RISK REGISTER AS AT 31 MARCH 2021

APPENDIX

RISKS REMOVED FROM CORPORATE RISK REGISTER AS AT 31 MARCH 2021

Corporate Risk 47			
RISK AREA/CONTEXT: Connect – PHA Intranet (de-escalated to Operations Directorate Risk Register - content migration complete and new site can be activated at any point in time)			
DESCRIPTION OF RISK: The PHA has been working with BSO ITS to redevelop the Connect Intranet site as a WordPress site that can be hosted and supported by BSO. Development has been slow due to a combination of factors including competing priorities within the ITS web development programme and ITS staff capacity. The site currently sits on an old unsupported version of Drupal and this means that the site is now operating at an increased risk of critical failure and non recovery which would negatively impact the operational efficiency of the PHA. Moving the site onto a more recent version of Drupal would be a significant workload commitment and largely nugatory given the pending transition to Wordpress for the ITS project. Furthermore, the site is hosted on Linode, a third party provider. Linode brought the site down in June which impacted on business continuity for 24 hours; while the site was restored there is potential for this to reoccur.			**DATE RISK ADDED:** June 2019
LINK TO ASSURANCE FRAMEWORK: Corporate Control Arrangements Dimension			
LINK TO ANNUAL BUSINESS PLAN 2019/20: Corporate Objective 5 Our Organisation Works Effectively			
GRADING	**LIKELIHOOD**	**IMPACT**	**RISK GRADE**
	Possible	~~Medium~~ Major	**MEDIUM ~~HIGH~~**
LEAD OFFICER: Mr S Wilson, Director of Operations (acting)			

Existing Controls	Internal and External Assurances to the Board	Gaps in Controls and Assurances	Action Plan/Comments/ Timescale	Review Date
• Site maintained/managed under BT48 support contract • Weekly backups of the current site are also conducted off site. • Inclusion in Business Continuity planning • ~~Content migration completed~~	• Content migration completed to new site and this can be activated at any point in time – currently pending until the training programme for key leads across the Directorates is completed.	• It sits on an unsupported version of Drupal; the platform and application are insecure; • ~~It is hosted on Linode, a third party~~	~~Work is ongoing with BSO ITS to reach a stage where it can be launched with an acceptable site map.~~ Development of new staff intranet complete, work ongoing to finalise content and agree updating arrangements.	~~March 2021~~

	• ~~Work is progressing with BSO ITS on the development of a new intranet on the Wordpress platform.~~ A new server has been employed by BSO ITS which has permitted additional functionality and capacity. Regular communication with BSO ITS is ongoing.	~~site which poses an additional risk;~~ • ~~BT48 support is limited to low level maintenance~~	~~Transfer pending final migration review.~~ ~~Launch delayed due to COVID 19 response, existing intranet being used and updated.~~ ~~New intranet to be rolled out when resources allow.~~ ~~Planned for Feb 2021~~ Planned for June 2021 NB: outstanding actions will be taken forward under Operations Directorate Risk Register	