

Title of Meeting	132 nd Meeting of the Public Health Agency Board
Date	15 April 2021 at 1.30pm
Venue	12/22 Linenhall Street, Belfast

Present

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

In Attendance

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| Dr Aideen Keaney | - Director of Quality Improvement (<i>via video link</i>) |
| Ms Tracey McCaig | - Interim Director of Finance, HSCB (<i>via video link</i>) |
| Mr Brendan Whittle | - Director of Social Care and Children, HSCB (<i>via video link</i>) |
| Mr Robert Graham | - Secretariat |

Apologies

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| Alderman Paul Porter | - Non-Executive Director |
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40/21 | Item 1 – Welcome and Apologies

40/21.1 | The Chair welcomed everyone to the meeting. Apologies were noted from Alderman Paul Porter.

40/21.2 | The Chair welcomed Mr Aidan Dawson to the meeting following his recent appointment as PHA Chief Executive. He said that Mr Dawson will take on the role following the retirement of Mrs MacLeod in July. He also welcomed Mr Brendan Whittle to the meeting after his recent appointment as Director of Social Care and Children in HSCB following the retirement of Ms Marie Roulston.

Prior to the commencement of the meeting the Chair invited members to

join in a minute's silence in memory of the HRH Prince Philip, the Duke of Edinburgh.

41/21 Item 2 – Declaration of Interests

41/21.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda. No declarations were made.

42/21 Item 3 – Minutes of previous meeting held on 18 March 2021

42/21.1 The minutes of the Board meeting held on 18 March 2021 were **APPROVED** as an accurate record of that meeting.

43/21 Item 4 – Matters Arising

32/21.3 Rebuild of Services

43/21.1 The Chair sought clarity about the statement regarding outpatient services. The Interim Chief Executive undertook to review this with the Secretariat (**Action – Interim Chief Executive**).

32/21.7 Cancer Cases

43/21.2 The Chair noted the reference to the number of cases of cancer that may have been missed due to COVID-19.

44/21 Item 5 – Chair's Business

44/21.1 The Chair presented his Report and noted that a new Chief Executive has been recruited, Mr Aidan Dawson, and he will take up post in July.

44/21.2 The Chair informed members that he had met with Dr Janice Bailie to discuss research funding. He advised that Northern Ireland has been able to secure some additional short-term funding as a result of Covid-19 research work but in the longer term consideration needs to be given as to how it can obtain more funding as Northern Ireland only gets 50% of what it should be receiving When compared to funding for research in Scotland and Wales. The current funding is £12 million per annum. However in 2009 the budget was then £12.3 million. After taking account of inflation This figure should now be £18.3 million. In summary we are £6 million short of what was allocated in 2009 and £12 million short of the research funding given in Scotland and Wales. In order to rectify this will be necessary for the Northern Ireland Executive to allocate additional funding from within its budget (**Action - Chair to write to the Department of Health**).

44/21.3 The Chair advised that he had spoken to the Acting Chair of the South Eastern Trust about the establishment of a Resources and General Purposes Committee and had outlined some proposed changes to its remit in his Report. He noted that in principle the Board wished to

- establish this Committee.
- 44/21.4 Mr Clayton said that he would welcome the opportunity to have a discussion about the scope of the remit of this proposed Committee given it should not cut across the role of the Board or the Governance and Audit Committee. He felt that the remit as outlined in the paper seemed very broad and that there should be consideration given to looking at how PHA allocates its resources in response, particularly given recent discussions on equality.
- 44/21.5 Ms Mann-Kler said that she had similar concerns about the remit of the committee. She said she understood the need to look at finance and HR and proposed that the remit be narrowed to these two areas. She expressed concern that often at Board meetings there are a higher number of items for noting than there are for approval and if the scope of the proposed committee is too broad, then it may result in even less work for the Board. She suggested that it may be helpful to see a more specific focus and clearer terms of reference.
- 44/21.6 Mr Stewart said that the Board should approve the establishment of this Committee in principle, but agreed that the scope should be narrowed to look at areas such as workforce planning and resource allocation, given that this is an issue that is brought up at Board meetings regularly. Professor Rooney also agreed that it would be useful to set up this Committee but she did not feel that the proposed list of areas was an appropriate terms of reference.
- 44/21.7 Mr Morton suggested that as there is currently an opportunity to forward plan how PHA will look going forward, this Committee could look at a resource framework and resource strategy to ensure that PHA has the required capacity and capability. Therefore, he said that if the remit was outlined in a more strategic way he would support the establishment of this Committee. He added that PHA's strategic functions should be matched by resources and that the organisation should think differently about how it uses the resources that it has.
- 44/21.8 The Chair said that strategic issues are the remit of the Board and operational issues the remit of the Agency Management Team, but somewhere in between there is a need to drill down into specific issues. Alderman Ashe advised that there had previously been a Committee to look at community planning but it had not met for several years. The Chair said that he was conscious that this was an area where there was a gap. He added that he was conscious that he was not seeking to place additional workload on the Non-Executive Directors, the Executive Directors and the support staff. He proposed that members correspond with him regarding the terms of reference.
- 44/21.9 Ms Mann-Kler suggested that this item is brought back to the next Board meeting. The Chair proposed that members come back to him within 10 days, but Mr Clayton felt that these issues may be better

worked out in a workshop session. He said that it would be difficult to articulate the points by e-mail. He noted that at the Governance and Audit Committee meeting earlier there was a report considered about community and voluntary sector contracts and while it was a good report, he did not feel it gave an overview of what these organisations are doing. Mr Stewart and Alderman Ashe supported Mr Clayton's suggestion for a workshop. Mr Wilson volunteered to assist with setting out the structure for such a workshop. **(Action - Mr Wilson and Mr Graham to set up a workshop on the role of the Resources Committee).**

45/21 Item 6 – Chief Executive's Report

- 46/21.1 The Interim Chief Executive said that her latest Report gave an extensive overview of the work of the Agency and advised that Dr Liz Mitchell would be attending the meeting shortly to discuss contact tracing and Ms McCaig would be giving members an overview of the financial outlook so rather than go through the Report, she asked members if they had any specific queries they wished to raise.
- 46/21.2 Mr Clayton said that he had two issues. With regard to the vaccination programme, he noted that this was going through a difficult period in terms of issues about particular vaccines. He commented on how the Republic of Ireland is adopting a different approach to that in Northern Ireland. He also asked if there is a perception that we are through the worst of this pandemic as there seems to be an impression that once people are vaccinated they cannot carry or spread the virus so he asked if there is messaging being put out to counter this. The Interim Chief Executive advised that she, Dr Bergin and Mr Wilson sit on the Vaccination Programme Board and they are mindful about messaging and she agreed that people need to be clear that COVID-19 has not gone away. She said that Dr Bergin had written a piece in the Belfast Telegraph reminding people of their responsibilities. She added that testing and contact tracing continues, and going forward it is likely to be younger people who will contract the virus but may not end up in hospital. She said that PHA needs to use its influence and focus its efforts in places like factories where there may be people who do not accept the need to get vaccinated. Mr Wilson agreed that this is a challenging area and that the point of the programme has been reached where the target group includes those people who are vaccine resistant but he said that the PHA is working with the Department and with Trusts to get the message out there that getting the vaccine does not make you infallible. He added that PHA is currently testing new materials on a campaign aimed at younger people and there will shortly be a new UK-wide campaign called "Every Vaccine is Giving You Hope".
- 46/21.3 Professor Rooney asked about the recent violence on the streets and if PHA has a role in terms of any public health response to that. The Interim Chief Executive said that PHA's Health Improvement team works in communities and mobilises its resources when needed. She added

that the team has developed a forward recovery plan and it may be useful to bring this to a future Board meeting.

46/21.4 Ms Mann-Kler asked whether there will be a requirement in future for HSC staff to be vaccinated. The Interim Chief Executive advised that this is a live issue and she is aware that some private sector companies are making it mandatory. Mr Clayton, declaring an interest as an employee of a Trade Union organisation, noted that in England there have been cases where care homes have made it mandatory for staff to be vaccinated and so the Health Secretary, Matt Hancock, is beginning a consultation on the matter. However, he noted that the vaccination programme in England has not perhaps been as successful as the programme here.

46/21.5 The Chair said that he would like to see data on how many people have been screened compared to previous years across the different screening programmes.

46/21 Item 7 – Finance Report (PHA/01/04/21)

46/21.1 Ms McCaig presented the latest Finance Report and advised that this showed that PHA has a year to date surplus of £800k but that it is anticipated that PHA will achieve a break even position by the year end as there is an assumed retraction of £1.7m from the Department. She said that there is no significant change within the programme expenditure. Moving onto the ring-fenced allocations, she pointed out that there is now a separate annex for COVID-19 expenditure. She advised that PHA has received £2m to date in relation to COVID-19 and another £4.8m is expected before the end of the year.

46/21.2 Ms McCaig said that the management and administration budget position is largely unchanged, but within the capital budget there is now a small surplus due to slippage against a Digital Test Trace Protect project where software costs came in at a lower cost than anticipated. She explained that it is too late for the Department to retract these funds at this stage. She moved onto the prompt payment statistics and said that they were the same as last month. Finally, she drew members' attention to the annex which contained more details on the COVID-19 expenditure. She said that it is assumed that this budget will break even, but there could be a small overspend against health protection and a small surplus within contact tracing.

46/21.3 The Chair welcomed the separate section outlining the COVID-19 expenditure.

46/21.4 Mr Stewart noted that the amount of retraction was in the region of what he expected, and asked if it may increase further. He sought assurance that the COVID-19 funding would be covered by the Department. Ms McCaig said that at present there are no indications of any further significant surplus, but advised she would give members an update on

the final position at the next meeting. She also said that she had no concern that COVID-19 related expenditure incurred would not be covered by an allocation from the Department.

- 46/21.5 Ms Mann-Kler asked about expenditure plans for 2021/22 and if PHA would be re-profiling any of its expenditure in areas such as mental health and addiction given the impact of the last year. Ms McCaig said that she would cover this in her next presentation as it outlines the resources that PHA will have its disposal. She said that while PHA can review and challenge itself in terms of where it allocates its funding, there are funds that are already contractually committed. She added that Directors will be working through that process and a plan will be brought to the Board (**Action - Dr Stephen Bergin**).
- 46/21.6 As there were no further queries on the Finance Report, Ms McCaig moved on to deliver a presentation on the 2021/22 budget settlement for the HSC. She noted that while there is additional funding for the HSC of up to £495m, a significant proportion of this will be absorbed by inflation and the ongoing COVID-19 response, leaving approximately £209m available for 2021/22. She advised that out of the £495m, only the Agenda for Change pay award element is recurrent with the remainder non-recurrently provided. She pointed out that of the £105m available to cover the COVID-19 response element this represents an average of 3-month's expenditure when compared to 2020/21. After accounting for other inflationary issues she advised that there was a total amount of £159.8m held for inescapables and new initiatives. She explained that the HM Treasury has permitted a change in accounting treatment which has budgeted for an estimated £175m of PPE stock in 2020/21, which was a welcome support to the HSC.
- 46/21.7 She took members through a list of PHA, Prevention and Population Health approved bids but pointed out that some of these are the responsibility of HSCB to implement eg Diabetes. She advised that this is the final prioritised list within the budget approved by the Minister. Ms McCaig outlined areas where the allocation was lower than the original amount bid for.
- 46/21.8 Ms Mann-Kler suggested that areas such as health protection and health improvement may need greater investment, to enable individuals and society rebuild resilience, as the pandemic had highlighted how people with diabetes or who are obese, are more vulnerable to COVID. She added that the Minister had recently stated that health expenditure needed to be on a longer term planning cycle rather than the current short term model. She asked how the PHA is determining its priorities for the forthcoming year and if this is being carried out as a HSC system approach that is also aligned to Programme for Government. Ms McCaig said that in terms of Transformation, £64m of prioritised schemes were put forward and a further £24m is required for growth on these schemes, initially this means that £18m of schemes have not been funded and a review of impacts and sustainability for these schemes is being

- considered.
- 46/21.9 In terms of the COVID-19 response, Ms McCaig advised that the Department is holding funding for additional cost pressures for areas such as asymptomatic testing and whole genome sequencing. She said that if additional funding was required it would need to be secured through in year monitoring rounds.
- 46/21.10 Ms McCaig advised that there is a £339m draft capital budget which will contain funding for R&D.
- 46/21.11 In summary, Ms McCaig said that the key issues relating to this budget concerns the balance between recurrent and non-recurrent funding, the uncertainty around the ongoing COVID response, other Transformation priorities, unrealised saving plans and opening deficits. In terms of next steps, she said that her staff will support PHA Directors to help them understand the figures and that a paper will be brought to the next AMT meeting on the process for taking initiatives forward through business cases. She advised that PHA will receive its indicative allocation letter shortly so that PHA can aim to complete its financial plan by the end of April, early May which will be brought to the Board in May or June.
- 46/21.12 The Chair said that the presentation was comprehensive and well explained. He asked what percentage of the overall Northern Ireland allocation is given to health. Ms McCaig advised that it is over 50%.
- 46/21.13 Mr Clayton expressed concern that a lot of the funding is non-recurrent and shows the need for a multi-year settlement. He felt that this could be problematic for PHA in that it cannot anticipate which business cases will be funded and which will not. He noted that there appears to be no funding for areas such as long COVID. Ms McCaig said that PHA will have to think about how it can deliver against its objectives in the context of having less funding than bid for. Mr Clayton noted that while the overall spend on health is large compared to other departments, there is no indication that this will lead to having a better system. He added that health inequalities are likely to increase, there will be increasing need, more money spent, but not necessarily better outcomes. Ms McCaig noted that the Minister had recently articulated the issue of waiting lists and annual budgets.
- 46/21.14 Mr Stewart thanked Ms McCaig for her presentation and said that he could not remember seeing such a comprehensive presentation. He noted that the funding for preventive measures has been reduced or cut making it extremely difficult to get out of the cycle of demand. He added that demand is increasing but it cannot be met and he looked forward to seeing the outworking of this budget settlement for PHA.
- 46/21.15 Mr Morton said that as part of dealing with the issue of long COVID, PHA, under the remit of Ms Michelle Tennyson, will want to take a co-production overview. He added that there will be a shift to a more

- preventative agenda referring to the new population planning model.
- 46/21.16 Ms McCaig noted Mr Morton's reference to the new population planning model and the rollout of that across the region. She said that this year there remain challenges on the ground, for example there are Transformation schemes that have to continue and others where considerations on sustainability or time limited funds would be required. She said that additional funding could come from June monitoring but there is already a pre-commitment of £20m for safe staffing. She added that the country begins to open up again after the lockdown there will be demands from other Government departments for funding, but she noted that PHA has a good track record of making use of its funding.
- 46/21.17 The Chair asked if the funding for PPE would only provide a few months' worth. Ms McCaig said that the key factor is the amount of stock that can be safely stored and that if there were another surge it would be used up very quickly. The Chair sought clarity that storage capacity is an issue. Ms McCaig said that supply chain issues have settled and there is a more fluid supply than had been experienced.
- 46/21.18 Ms Mann-Kler said that there needs to be greater investment in areas such as health improvement and health protection and that as a society we need to be prepared to become more resilient. She noted that people who are obese or have diabetes are more vulnerable to COVID. She added that the Minister has given an assurance that there has to be long term expenditure which is above party politics. She asked how PHA is determining its priorities for the forthcoming year and if that is being done as an HSC system and is being aligned to Programme for Government. Ms McCaig referred to the £14m for PHA and explained that PHA, HSCB and Trusts were asked to put forward proposals which were then discussed with policy leads. She advised that this was a very challenging process which has seen spend in some areas reduced rather than removed in order to spread resources as far as possible. She said that the prioritisation exercise influenced the eventual final outcome and that £159m supported new or inescapable developments. She added that it will be a challenging year financially.
- 46/21.19 Dr Keaney asked if any funding received through monitoring rounds is recurrent but Ms McCaig advised that it is not. Dr Keaney asked what the level of spend was on PPE pre-COVID if £175m is going to be spent this year, but Ms McCaig said that she did not have that information to hand.
- 46/21.20 The Chair thanked members for their contributions to the discussion and thanked Ms McCaig for her presentation.

47/21 Item 8 – Update on COVID-19

Dr Liz Mitchell joined the meeting for this item.

- 47/21.1 Dr Mitchell said that the focus of her presentation today would be on the latest developments with regard to contact tracing. She noted that testing is separate and this work is led by Dr Brid Farrell.
- 47/21.2 Dr Mitchell advised that since the contact tracing was set up it has dealt with 110,000 cases with approximately 195,000 contacts. She said that the centre has to respond to a constantly changing situation in dealing with changes in restrictions, new variants, increased vaccinations and the impact of international travel. She advised that the work of the centre is underpinned by a team of 140 contact tracers, both part time and full time, and 135 bank staff as well as 70 staff from PHA and HSCB who are trained and can step in if required. Over the last period, she advised that PHA has developed analytics, implemented a quality assurance system and has the ability to monitor metrics on an hourly basis. For today, she advised that there have been 150 new positive cases, but added that there has been an increased number of tests done and an increase in the positivity rate. She explained that tests are now offered all close contacts of cases and with a return of children to school, there is lateral flow testing. If a child has a positive lateral flow test but then returns a negative PCR test within 48 hours then that case is stood down.
- 47/21.3 Dr Mitchell said that PHA recently carried out some research and surveyed people it had previously contacted about having to self-isolate. She reported that 94% indicated that they were able to self-isolate but 10 out of the 140 surveyed felt that they would not be able to complete the 10-day period for financial reasons. She added that PHA directs people to the AdviceNI helpline, but that of those surveyed, only two individuals had used the helpline, with one using it twice.
- 47/21.4 Dr Mitchell informed members that PHA has been carrying out reverse, or enhanced, contact tracing in a bid to determine the settings where people are getting infected. However, she said that this was temporarily stood down during the last surge as carrying out this additional work added 15 minutes onto each phone call. She advised that PHA now publishes performance data on contact tracing on its website as well as data on outbreaks and clusters. She said that data relating to schools, care homes and hospitals is dealt with separately.
- 47/21.5 Dr Mitchell advised that PHA is now looking at following up on international travellers coming into Northern Ireland and through the Republic of Ireland, particularly those returning from countries where they must complete a period of quarantine. She said that a period PHA was doing follow up on cases where the individual had been vaccinated, but there are alternative arrangements in place for that work.

- 47/21.6 Dr Mitchell said that the focus now is on the future as modelling suggests that there could be thousands of cases daily during the summer. She advised that the contracts of staff in the contact tracing centre have been extended until the end of September, but she hoped that they would be further extended until the end of March 2022. She said that her presentation represented a short summary, but showed the scale of work of the centre and the need to keep pace with any changes and the need to have a tight group of staff.
- 47/21.7 The Chair thanked Dr Mitchell for her presentation. He said that he thought more than 2 people would have sought help from AdviceNI. He noted that in England there is a process whereby Local Government gives out money to those in self-isolation and he asked whether a similar scheme operates here. Dr Mitchell advised that there is a means-tested scheme run through the Department for Communities and AdviceNI can provide advice to people as to whether they are eligible.
- 47/21.8 Mr Clayton asked about those individuals surveyed who said that they could not complete isolation due to financial reasons. He said there were some concerns about the Department for Communities scheme, but acknowledged that it is currently being reviewed. He asked whether PHA staff has any role in suggesting what a better model may look like, for example if an individual couldn't work from home, could they be entitled to a higher amount. Dr Mitchell conceded that there are issues in terms of general awareness of the scheme and she said that staff in the Health Improvement team are aware of the ongoing discussions regarding the scheme. She said that the survey did indicate that financial issues are the biggest barrier to self-isolation.
- 47/21.9 Ms Mann-Kler asked if there were any plans to roll out lateral flow testing to everyone in Northern Ireland. Dr Mitchell noted that Wales and Scotland have taken their own approaches, but said that there is a group within the Department of Health looking at this and it has been rolled out to all workplaces. She added that Dr Farrell is working on a project to see this rolled out to HSC professionals and people in supported living with domiciliary care workers potentially next. She said that there is a lot of active discussion on this, but ultimately it will be a policy decision.
- 47/21.10 The Chair asked whether it is possible for contact tracing staff to advise callers of the availability of support. Dr Mitchell said that the call handlers signpost people to the appropriate resources, and can refer them directly if required.
- 47/21.11 The Chair recorded his thanks to Dr Mitchell and her staff for the work they are doing to protect the population and ensuring that they receive the support to which they are entitled.

48/21 Item 9 - Establishment of a Resources and General Purposes Committee (PHA/02/04/21)

48/21.1 This item was covered under Item 5 above.

49/21 Item 10 – Annual Quality Report (PHA/03/04/21)

Ms Denise Boulter joined the meeting for this item.

49/21.1 Mr Morton advised that the Annual Quality Report is a joint HSCB/PHA Report and he asked Ms Boulter to take members through it.

49/21.2 Ms Boulter said that this is the 7th Annual Quality Report and is linked to the outcomes of Quality 2020. She explained that it contains information on a list of topics that go across a full range of quality initiatives organised through PHA, HSCB or both and in conjunction with the wider HSC. She noted that there is quantifiable data available with some of the initiatives, but not with others.

49/21.3 Ms Boulter explained that the Report follows the 5 outcomes of Quality 2020 and that normally it would be presented to the Board in September, but due to COVID-19, last year's Report was delayed so this year's Report covers the period from March 2019 to September 2020 and includes some COVID-19 related work. However, she said that it is important to note the high number of non-COVID-19 topics in the Report and acknowledged that this has been a difficult year for everyone.

49/21.4 Ms Boulter said that she judged some of the HSCQI awards and was impressed by the work that is being done. She gave an example of the Rapid Access Chest Pain Clinic where the number of people on waiting lists for over 2 weeks reduced by almost 1800 to 0. She said that the final Report is a positive one and has been signed off by the senior management teams of both HSCB and PHA and by the HSCB Board. Mr Morton added the work of HSCQI featured strongly in this year's Report and reiterated that the Report covers a full range of quality and safety work. He said that the Report is structured in such a way to make it more readable so that the public can see what difference has been made, and what the outcome was.

49/21.5 The Chair said that this Report is a tremendous tool in terms of communicating with the public and is very readable and he thanked all of those involved in its compilation.

49/21.6 Adding to what Ms Boulter had said, Dr Keaney advised that she will be participating in the judging of this year's Quality Awards tomorrow and that there are 16 projects, all of which are excellent. She added that within HSCQI, the team is currently working an Annual Report and she hoped to bring this to a future meeting.

49/21.7 Ms Mann-Kler said that the report had been easier to digest as clear

outcomes had been articulated. She asked if the findings of recent public inquiries are integrated into lessons learnt and good practice for quality work. She asked if there had been any quality work undertaken in relation to reducing waiting lists. She also asked if the HSC system had reached a tipping point in terms of staff awareness and understanding of quality in their daily practice.

- 49/21.8 Mr Morton advised that next year's Report will feature outputs from work being done following the Hyponatraemia Review and the recent review in Muckamore. In terms of waiting lists, Ms Boulter gave the example of the Rapid Access clinic where a piece of QI work was carried out which resulted in 1,800 patients being put on the correct pathway so that those patients who needed an appointment could get one, and those who didn't were referred to the appropriate pathway for them. She said that there are similar pieces of work that can be taken forward. With regard to the idea of being at the tipping point, she felt that this point has almost been reached. She said that learning from incidents is now being reviewed from a QI perspective writing than through recommendations and reports. She added that work is ongoing with QI leads on taking initiatives forward.
- 49/21.9 The Interim Chief Executive noted that in her Report, Dr Keaney had outlined that there is good engagement with Trust QI leads, but added that the HSCQI team needs more resources. Dr Keaney said that across the HSC there is a number of trained staff and HSCQI is compiling a database of these staff and is also looking to develop a learning strategy going forward. She added that she hopes to develop a QI strategy.
- 49/21.10 Professor Rooney said that the Report was easy to read. She asked about PPE and the dissemination of a learning letter following the issues at the start of the pandemic, and if this had been signed by the Department. Ms Boulter explained that the letter had been issued by HSCB as it is responsible for issuing learning letters but signed off by PHA because it has responsibility for monitoring their implementation. Mr Morton added that although PHA does not procure PPE, it was involved in the development of a model to predict the level of PPE that would be required across the HSC and the independent sector, but the procurement is carried out by BSO. Picking up on the notion of a tipping point having been reached, he said that safety and quality outcomes need to be fed into the overall system and that work is under way to look at this. He added that this is important given that under the previous commissioning and planning arrangements, services were put in place to achieve the right outcomes so safety and quality are important.
- 49/21.11 Professor Rooney referred to a framework that was referenced in the section on strengthening the workforce and suggested that this needed to be referenced earlier in the section.
- 49/21.12 The Chair asked whether the graphic design in the Report had been

carried out in-house. Ms Boulter said that the Report was largely compiled by Ms Grainne Cushley who is currently on maternity leave, but in terms of the graphic decision she advised that this had been done by an external company. Mr Morton added that this was carried out in partnership with the publications team in PHA who would ordinarily have carried out this work, but were unable to due to capacity issues. Mr Wilson concurred and said that this highlights the need for more resources in his team given that commissioning this type of work externally carries a large cost.

49/21.13 The Chair asked that his thanks be conveyed to all those who worked on producing this user friendly Report

49/21.14 The Board **APPROVED** the Annual Quality Report.

50/21 Item 11 – Implementation of a Daily AMT/SMT Huddle during the First Wave of the COVID-19 Pandemic using a QI Approach (PHA/04/04/21)

50/21.1 Dr Keaney delivered a short presentation to accompany the Report that had been issued to members. She began by explaining the concept of a huddle and why it was decided to implement this approach in PHA. She said that when first established the huddle met every morning at 8.30am and cell leads would give a short overview of the work of their cells. To know if the huddle led to any improvements, she outlined a list of process, balancing and outcome measure that were considered.

50/21.2 Dr Keaney explained that initially the huddle met in person and used a visibility wall to present updates but to fulfil social distancing requirements meetings became a blend where people attended in person or virtually so each cell used a template to give their update. She showed members more detail in terms of when meetings took place, total attendance and how long each cell spent delivering their update. She noted that while some cells appeared to give longer or shorter updates than others, she said that was down to delivery style and was not reflective of one cell being seen as more important than another. Next, she showed how many actions came out of each meeting and if actions were shared between cells.

50/21.3 Dr Keaney gave an overview of the learning and the challenges from the huddle using an Appreciative Inquiry methodology. She said that the huddle concept created a sense of community and there was a willingness to embrace it, but that there was a degree of unfamiliarity at the outset and only a small QI team in place to gather data. Going forward, she suggested that PHA could identify QI or huddle “champions” and have a more regular feedback process in place.

50/21.4 The Chair asked about the role of a huddle if there is not a crisis situation. Dr Keaney said that a huddle could be used to give a real time overview of live issues. The Chair asked whether members of HSC

Silver saw the huddle as duplication, but Dr Keaney said that one of the aims of the huddle was to try to reduce the length of HSC Silver meetings and Mrs Lisa McWilliams, who chaired HSC Silver meetings, said that she found the huddle very useful. The Interim Chief Executive noted that a huddle takes place every Monday morning to look at what has emerged over the weekend and on Thursday mornings there was, until quite recently, a huddle with HSCB Directors to share updates. She felt that the huddle was a good method of having a quick get-together.

50/21.5 The Chair thanked Dr Keaney for her presentation and said that the huddle concept has great potential for being rolled out across the organisation. He said that he welcomed any initiative that is time efficient.

50/21.6 The Board noted the Report on the Implementation of a Daily Huddle.

51/21 Item 12 - Specialist Training Programme in Public Health (PHA/05/04/21)

51/21.1 Dr Bergin said that members will be aware that there is a public health consultant training programme in Northern Ireland and that PHA employs these trainees, but the programme is governed by the Northern Ireland Medical and Dental Training Agency (NIMDTA), and there is a requirement to update the Board annually on this.

51/21.2 Dr Bergin advised that the programme has capacity for 12 trainees and there are 10 in the present cohort. He said that PHA has a responsibility to ensure that there is a steady flow of trainees and that these trainees followed a rigorous 5-year programme.

51/21.3 Dr Bergin said that the process for applying to the programme has now changed and the first non-medical trainee will be commencing this week, and that it will no longer be exclusively for doctors. He advised that NIMDTA will continue to have oversight of the programme. Dr Bergin commented that the present cohort have found the current process challenging as they have had to form part of PHA's frontline response to COVID-19. Therefore, he said that PHA is looking to increase its training programme, as recommended in the Hussey Review, and become a public health school with training available for all staff. The Chair said that this is positive move and that the training should permeate the whole organisation as in England the number of non-medical public health consultants is now 60%.

51/21.4 Mr Stewart agreed that having reviewed the Hussey Report, it seemed that the only way that PHA could get more public health consultants was to train its own and he said that he would be fully supportive of any programme that create the opportunity for staff to develop in this way. He said that it would be a positive outcome, not just for PHA, but for Northern Ireland.

- 51/21.5 Ms Mann-Kler, declaring an interest as a GMC member, said that she also supported this but asked if the programme is available to medical associates. Dr Bergin explained that there is an open competition process where there is initial screening followed by a final interview so provided the individual met the entry criteria they can apply. He said that non-medical staff at Band 6 or Band 7 with a relevant postgraduate qualification or equivalent should be able to apply.
- 51/21.6 Professor Rooney also offered her support to this opportunity and suggested it may be one way of getting more professional psychology expertise into the organisation. She noted that she saw a job advertisement for a role with the Institute for Public Health in Ireland and asked how it links with the work of PHA. Dr Bergin said that there is an all-Ireland Institute and that he had met with them recently to discuss how PHA could work with them. He added that the two Chief Medical Officers have a link. The Chair said that PHA should explore the opportunity to work with the Institute.
- 51/21.7 Mr Morton advised members that as part of a report by the Nursing and Midwifery Task Group, there is a requirement for PHA to take forward the development of a public health nursing framework and there is potential investment of up to £20m in this. He said that part of this will include the appointment of a senior nurse lead and five nurse practitioners who will create a public health nursing network. He added that the Chief Nursing Officer is clear that this framework will see additional investment in school nursing. He said that a critical objective for PHA will be to support the development of this framework in the context of a multi-disciplinary approach which may include psychological and behavioural science input. He suggested that he could bring to the Board an overview of the requirements of the framework. The Chair asked if it would be nursing-led. Mr Morton said that it will be, but that it will dovetail with the work of the PHA and there will be a multi-disciplinary team.
- 51/21.8 The Interim Chief Executive said that as part of the outworking of the Hussey Report, PHA needs to get its own house in order and offer opportunities for its own staff. She said that there has been discussion about creating a type of faculty within PHA and that COVID-19 has shown that there is a lot of staff who when required, have stood up to be counted and this is an exciting time for the organisation.
- 51/21.9 The Board noted the update on the specialist training programme in public health.
- 52/21 Item 13 – Any Other Business**
- 52/21.1 The Chair thanked members for their participation in today's meeting and for their enthusiasm and questions which he said provided much to provoke further action. He said he hoped that Aidan Dawson was enthused by the deliberations and looked forward to working with him.

53/21 | Item 14 – Details of Next Meeting

Thursday 20 May 2021 at 1:30pm

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

Signed by Chair:

A handwritten signature in cursive script, appearing to read "Ann Douglas".

Date: 20 May 2021