

<b>Title of Meeting</b>	140 <sup>th</sup> Meeting of the Public Health Agency Board
<b>Date</b>	20 January 2022 at 1.30pm
<b>Venue</b>	Via Zoom

**Present**

Mr Andrew Dougal	- Chair
Mr Aidan Dawson	- Chief Executive
Dr Stephen Bergin	- Interim Director of Public Health
Mr Rodney Morton	- Director of Nursing and Allied Health Professionals
Mr Stephen Wilson	- Interim Director of Operations
Alderman Phillip Brett	- Non-Executive Director
Mr John Patrick Clayton	- Non-Executive Director
Ms Anne Henderson	- Non-Executive Director
Mr Robert Irvine	- Non-Executive Director
Ms Deepa Mann-Kler	- Non-Executive Director
Professor Nichola Rooney	- Non-Executive Director
Mr Joseph Stewart	- Non-Executive Director

**In Attendance**

Dr Aideen Keaney	- Director of Quality Improvement
Ms Tracey McCaig	- Interim Director of Finance, HSCB
Mr Brendan Whittle	- Director of Social Care and Children, HSCB
Mr Robert Graham	- Secretariat

**Apologies**

None

**1/22 | Item 1 – Welcome and Apologies**

1/22.1 The Chair welcomed everyone to the meeting. There were no apologies.

**2/22 | Item 2 – Declaration of Interests**

2/22.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda. Mr Irvine declared an interest in relation to the fuel poverty paper that was attached to the Chair's Business as it references work with local Councils.

**3/22 Item 3 – Minutes of previous meeting held on 16 December 2021**

- 3/22.1 The minutes of the Board meeting held on 16 December 2021 were **APPROVED** as an accurate record of that meeting, subject to the insertion of an additional paragraph at the end of section 141/21 indicating that the Board approved of AMT's decision to approve the initiatives outlined in the "*Proposed Approach for Managing PHA in-year Funding*" paper.

**4/22 Item 4 – Matters Arising**

*144/21.1 PHA Budget*

- 4/22.1 The Chair said that he wished to get clarity on what funding is ring fenced and to receive a list of those areas where the Board does not have discretion on how funds are spent. He added that he would then wish to see a list of those areas where the Board has discretion on how funding can be spent. Ms McCaig explained that there had been a discussion about ring fenced areas of the PHA budget and these are set out in the Finance Report. She advised that COVID and Transformation are two areas that are ring fenced, as is PHA's management and administration budget. She said that she would refer to each element as she went through the Report. She noted that the situation is variable and requires to be continually updated.
- 4/22.2 Ms Henderson suggested that, with regard to the COVID-19 pandemic, there may come a stage when contact tracing becomes pointless, but she noted that this may be discussed as part of the COVID-19 update later.
- 4/22.3 Ms Henderson noted that one of the areas considered by the Board last month for additional spend was diabetes and there was a paper on outcomes that had been prepared by Dr Brid Farrell. She asked if it would be possible for members to see this paper. The Chief Executive undertook to get this paper for members (**Action 1 – Chief Executive**).

**5/22 Item 5 – Chair's Business**

- 5/22.1 The Chair thanked all those staff who, since the advent of Omicron, have been required to put in a huge amount of time, effort and commitment to support the Agency's response. He acknowledged particularly those staff who gave up time over their Christmas holidays to assist.
- 5/22.2 The Chair informed members that Mr Irvine has agreed to join the Governance and Audit Committee and that Ms Henderson and Alderman Brett will be joining the Remuneration and Terms of Service Committee.
- 5/22.3 The Chair advised that a workshop is being organised in late February

to discuss the PHA Business Plan.

5/22.4 The Chair reported that he has had a meeting with Ms Heather Stevens who has been asked by the Department of Health to lead on the work on the implementation of the new operating model for PHA. He said that he impressed on her the need to ensure that there is Non-Executive Director (NED) involvement, particularly in the strategic elements of this work. He added that the new model should envision public health needs of the population for at least the next 10 to 15 years.

5/22.5 The Chair said that Ms Stevens had reported back to him that she had held a useful meeting with the Permanent Secretary and the Chief Medical Officer and that the Permanent Secretary has indicated that he is willing to commit resources to ensure that there is adequate support to the Oversight Board.

*At this point Dr Bergin joined the meeting.*

5/22.6 Ms Mann-Kler welcomed this update and asked whether there is any indication regarding timescales. The Chair said that while there was no indication given, he has been told it should be about 18 months. He added that while there was no update on when the Oversight Board will meet, he had emphasised the need for NED involvement.

5/22.7 Mr Clayton welcomed the update in the Chair's Report on fuel poverty and suggested that there should be a workshop on this topic. He said that PHA is involved in a number of programmes and he would like to know more about how it is using data to target resources. The Chair agreed that this was a critical issue as it affects so many people. Dr Bergin commented that the situation with regard to fuel poverty could get a lot worse over time and that PHA's resources are a drop in the ocean compared to potential need and what other agencies provide financially. He advised that the PHA is working with the community and voluntary sector to help direct people to the relevant organisations.

5/22.8 Ms Mann-Kler said that it would be useful to get more information as this is an area where there should be joined up Government working. She asked how PHA is evaluating the impact, effectiveness and value for money of its investment and if it is having the necessary impact. The Chair suggested that there was an opportunity to talk to organisations to see if they could modify their services in response to this crisis. Dr Bergin pointed out that the staff who would work in this area are presently dealing with Omicron. The Chair said that although it is a difficult balance, the current plight of people experiencing fuel poverty would justify getting those staff back to look at this area. It was agreed that a discussion on fuel poverty would form part of a future workshop **(Action 2 – Chief Executive)**.

5/22.9 The Chair advised that he had held a meeting last week with Internal Audit to discuss the report of their audit of PHA Board Effectiveness. He

added that he had attended another meeting with Internal Audit this week, along with the Chief Executive. He reported that the first draft of the report is currently being considered and one of the questions that arose was about how often NEDs met on their own. He recalled that when he organised meetings for NEDs alone, there was much resistance from some Executive Directors who believed that such meetings should not take place. The Chair quoted that this was a policy in the handbook of the Institute of Directors and was also policy in the Institute for Chartered Secretaries and Administrators. He said that it is important that NEDs should not be judged for having such meetings. Ms Henderson asked if the Chair was therefore proposing that a meeting of NEDs take place, and if that was the main finding of the report. The Chair advised that meetings have been taking place and will continue to do so. He advised that the report on Board Effectiveness by Internal Audit will come to the full Board in due course, and that he had asked for a note outlining the various stages of the process.

5/22.10 Professor Rooney asked if members will see the report soon. The Chief Executive said that his understanding was that the report would go to the Governance and Audit Committee (GAC) in the first instance.

5/22.11 Mr Stewart said that he would be speaking to Mrs Catherine McKeown from Internal Audit on Monday and he would get clarity on the timescales. He confirmed that the report would come to GAC, but he would also be seeking clarity in terms of at what point the report changes from being a draft report to a completed report with all participants having had an opportunity to comment. The Chair agreed that it would be useful to understand what the process will be. Ms McCaig said that normally there would be a first draft and the lead Director would review it, and then it will be up to that lead Director to determine who else should be involved in reviewing it. She said that at that point it would then go to GAC for scrutiny. She added that it would be up to the lead to ensure that the report is correct, backed up by evidence and that the comments are a full view of the position.

*At this point Mr Irvine left the meeting.*

5/22.12 Mr Stewart said that as this audit is different than other audit, he would wish to know who accepts it and signs it off given that it involves the Board as a whole, or is it signed off jointly by the Chair and Chief Executive. Ms McCaig said that the report would be signed off by the Chair and Chief Executive, but in consultation with the whole Board.

## **6/22 Item 6 – Finance Report (PHA/01/01/22)**

6/22.1 Ms McCaig said that following the earlier discussion on ring fenced allocations, she would share with all NEDs the information she had prepared for the new NEDs on the PHA budget (**Action 2 – Ms McCaig**)

6/22.2 Ms McCaig presented the Finance Report for the period up to 30

- November 2021 and said that there is a year to date surplus of £800k. She advised that the programme budget is largely on track with some overspends and underspends due to timing issues. She added that no issues have been raised by managers but the situation will be kept under review as the last quarter is where demand-led services tend to be more volatile so caution is required.
- 6/22.3 Ms McCaig explained that the SBNI budget is ring fenced as any surplus must be offered back to the Department. She added that other budgets, for example, are earmarked funds, where these are provided for specific programmes with little flexibility. She agreed to prepare a high level paper outlining the different categorisations of funds (**Action 3 – Ms McCaig**).
- 6/22.4 Ms McCaig advised that the projected year end position is a surplus of £421k which is above PHA's permitted break even target. She said that the Agency Management Team (AMT) has again been reviewing areas for potential investment, but there is a number of risks that need to be borne in mind. She explained that the COVID-19 downturn figure will need to be monitored because while she has secured agreement for some funding to be offset against contact tracing spend, the income of Omicron has resulted in PHA staff again being redeployed to contact tracing, therefore requiring the £8.3m budget to be reviewed again.
- 6/22.5 Ms McCaig said that of the four new areas for spend, two of which had been factored into last month's report and the other two have been factored into this month's report. Within the management and administration budget, she advised that there has been slippage within the nursing and operations budgets. She advised that the accrual figure will need to be reviewed as staff had to work over Christmas.
- 6/22.6 Ms McCaig gave an overview of the key risks, reiterating the need for ongoing monitoring of the programme budget and the management and administration budget. She said that there remain some issues with funding to Trusts with IPTs and business cases not being completed.
- 6/22.7 Ms McCaig advised that there is approximately £7m of the capital allocation still to be utilised, but she was content that it would be fully spent.
- 6/22.8 The Chair asked if any of the surplus could be used for media campaigns. Ms McCaig noted that there is a cap on how much PHA can spend on media campaigns. Mr Wilson confirmed that that is the position and that PHA has reached that threshold. He also noted that there is a complicating factor in that PHA is in the process of procuring its advertising contract.
- 6/22.9 Ms Henderson noted that the risks around underspend have reduced, but she expressed concern about the Trust spend and sought clarity about IPTs. Ms McCaig explained that there is always a business place

and if a service is being delivered there should be an IPT in place. She assured members that Trusts are accepting all of their funding following her intervention.

- 6/22.10 Ms Henderson said that it is important that all vacant posts are filled and following her attendance at the Procurement Board on Monday, it is vital that PHA gets procurement expertise. She said that she was unsure as to whether PHA can wait for the review to be completed before making any decisions. Ms McCaig said that there is a staffing budget which has a clear structure and any slippage is as a result of new posts not being filled. She added that a recruitment exercise can take up to 6 months. Ms Henderson suggested that the current risk will roll forward into 2022/23. Mr Morton advised that there are new posts to be recruited in his directorate, including an Assistant Director of Public Health Nursing, but this has been delayed due to the timescale in finalising the job description and the banding and then seeking approval from the Department to proceed with recruitment. He said that he has been working with Mr Robin Arbuthnot in Human Resources to look at a recovery plan and he would be happy to give the Board an update on this. The Chair asked that this be prepared and sent to the Secretariat for dissemination to the Board (**Action 4 – Mr Morton**).
- 6/22.11 Mr Stewart said that this is not the first time that PHA has been in a position of having a surplus and even before COVID-19 this was an issue. He said that there needs to be a proper resourcing plan to avoid PHA constantly being in this situation of having a high number of vacant posts.
- 6/22.12 Mr Stewart noted that this report is for the period up to 30 November and asked what the current situation is. He also asked if there was an update on the Government's plan to have a 3-year financial settlement.
- 6/22.13 Ms McCaig said that at this moment she is not noting any significant movement in terms of the financial position on the programme side, but within the management and administration budget, the surplus could grow given the earlier discussion about the costs of the contact tracing centre and the impact on the COVID-19 downturn figure. She advised that she had spoken to Mr Wilson about placing this on the PHA's Corporate Risk Register. She agreed that PHA has been in this position before but it will continue to look at priorities between now and the end of the year in a bid to manage the surplus and to meet the 0.25% target. In terms of the 3-year budget, she said that it would be her intention to give a high level presentation, but she noted that at this stage, there is no indication of organisations being able to carry forward funding between years. She said she would await the outcome of the public consultation before doing a presentation.
- 6/22.14 The Chair said that in advocating the 3-year budget planning process, the most positive element was the ability to carry forward funding, but now it appears that element will be removed. Ms McCaig said that she

was not sure that this was definitely the case, but in any event, it should not be an issue for PHA if it is on top of its brief. The Chair commented that in both the private and voluntary sectors, there is a benefit having that discretion to be able to carry over funds. Ms McCaig said that 3-year funding will bring a level of certainty for organisations, but challenges will remain.

- 6/22.15 Mr Clayton recalled that Transformation funding was allowed to be carried forward, but he was not sure if this was a direction from the Treasury. In terms of contact tracing spend, he noted that last year there was a concern that PHA was spending funding without an approved business case in place, so he sought clarity on whether there was a risk to PHA this year if it did not have the funding. He added that he agreed with Mr Stewart's suggestion that there needs to be a workshop looking at workforce planning. Ms McCaig said that the risk to PHA this year is almost the opposite to last year whereby because PHA has had to redeploy staff to contact tracing, it is not spending the additional money it has been allocated so does not require the full funding of the approved business case, but she is working to try to divert some of the funding.
- 6/22.16 Ms Henderson said that she supported Mr Morton's proposal about preparing a paper on recruitment. She surmised that perhaps the market is not there to fill some of the posts, but it is a priority that the posts are filled or else PHA will not be able to deliver its business. She suggested that time could be taken at a future meeting to look at this, but she took comfort in the fact that a plan will be progressed. She asked whether action to replace a post starts once it is known that a person is leaving. Ms McCaig said that it would, but pointed out that there are a lot of steps required before a post can be recruited, including possibly getting approval from the Permanent Secretary.
- 6/22.17 The Chief Executive noted that while PHA is not spending as much on contact tracing, he assured members that recruitment is continuing. He added that opportunities have been offered to contact tracing staff and PHA staff who have been trained to benefit from the payment of overtime.
- 6/22.18 The Chief Executive said that he agreed with Mr Stewart's view that there is a need to have a strategy on HR, recruitment and workforce planning. He noted that part of the issue is that many of the vacancies relate to what he described as PHA's old way of working, but as PHA will be transitioning to a new model, posts could not necessarily be recruited on a like-for-like basis and there is a need to look at the longer term. He agreed that this is now a new issue and that COVID-19 should not be used a reason for having a financial surplus. He said that a workforce plan should be developed to tease out all the issues, but he conceded that some of the issues may continue in the short term.

## **7/22 Item 7 – Update on COVID-19**

- 7/22.1 Dr Bergin delivered a presentation updating members on COVID-19. He showed that the number of daily cases has begun to decrease, but he noted that there has been a change in the testing strategy. However, he was confident that there is a downward trajectory. He showed the breakdown of cases by age and noted that there is a long way to go until the numbers return to a manageable level. He reported that at one point 6% of the population was affected by Omicron.
- 7/22.2 Dr Bergin reported that the situation would have been a lot worse had it not been for the vaccination and booster programmes. He showed the historic pattern of hospital admissions and pointed out that present admissions are lower than those at this time last year. He said that there was very little increase in ICU admissions during this Omicron wave and that deaths are lower than last year.
- 7/22.3 Looking to the future, Dr Bergin suggested that there may be new variants, or new viruses or other non-communicable disease events so PHA needs to be prepared. He said that the health protection response needs to be built up in areas such as surveillance, analytics, incident management and contact tracing. He added that PHA's capacity and capability needs to increase and suggested that if PHA were to become like a public health school, there would be stronger organisational resilience in many areas.
- 7/22.4 Mr Stewart said that the presentation was informative and asked Dr Bergin what the position is with regard to vaccination going forward, and what this will mean for the workload of PHA, and if there will be more booster programmes. The Chief Executive reported that before Christmas there was a surge in the number of people getting vaccinated but since Christmas this has dropped off so there are meetings taking place to see how people can be encouraged to get their boosters. He added that for the foreseeable future there will be a need for vaccination against COVID-19 and while no decisions have been made, he said that at some point this responsibility will transfer to PHA which will have implications for the organisation as it is a whole new area of service delivery.
- 7/22.5 Ms Mann-Kler asked how far away it is from the pandemic becoming endemic and what implications this has for PHA, and how it affects PHA's business planning. She expressed a concern that there is an implication that everything that PHA has done during the pandemic was in rapid response, but there are implications for other programmes. She said that there is an opportunity for PHA to capitalise as more people are aware of the organisation. She added that this is critical that following any relaxation of restrictions, the messaging must be crystal clear.
- 7/22.6 Dr Bergin said that this is a complex area as very few communicable



diseases have gone away. He added that this is a novel virus, and a potent one, and even if 95% of the population is vaccinated, that still leaves 5% and these people may not be evenly distributed, leaving the potential for outbreaks in localised hotspots. He felt that the biggest risk will be in 5/7 years' time if there is a lapse, so there is a need to continue to build up immunity through vaccination and natural immunity. He said that PHA will be dealing with this for the next 20 years.

- 7/22.7 The Chair asked if there was any information on whether Omicron has resulted in increased hospitalisations. Dr Bergin reported that there have been less people ending up in hospital and the majority of current inpatients are Delta variant cases.
- 7/22.8 Ms Mann-Kler asked about the return to "business as usual" and if PHA has a handle on the impact of pausing programme work. Dr Bergin advised that he has asked Dr Tracy Owen to bring a report on screening programmes to a future meeting. He indicated that the main screening programmes are 6/18 months behind schedule and the impact of this will be a delay in diagnosing cancers. He advised that screening is ongoing, but only at 75% of pre-pandemic levels.
- 7/22.9 The Chief Executive said that there are two issues, one is public hesitancy and the other is what PHA can control. He acknowledged that PHA is behind in its delivery and the impact of these delays in impacting on the HSC as well as across wider society.
- 7/22.10 The Chief Executive reported that PHA staff remain redeployed to contact tracing and will be until the end of January, at which point he hoped they will be able to return to their substantive roles. He noted that while there is a Government view that society is returning to normal, he felt that the number of daily cases remains high with the contact tracing centre having to follow up 6,000 people per day. However, he reiterated that he would like to phase staff back to their usual roles by the end of January.
- 7/22.11 Mr Clayton said that Dr Bergin's presentation was useful and clear, and the section on future preparedness was very important and linked to the discussion earlier in the meeting about workforce planning. While he noted that Omicron was less severe than Delta, he said that the real issue was that it caused major staff absence and led to delays in discharging people back into the community. He said he would welcome comment from Directors on the impact of staff absence in PHA and some information in terms of PHA's support to the wider HSC system to minimise the impact of staff absence on service delivery. Dr Bergin said that Occupational Health departments would be the first port of call for Trust to access support regarding staff absence. Mr Clayton noted that Omicron has had an impact in terms of the number of people needing to self-isolate. He added that the number of outbreaks in care homes has increased massively so he wanted to know about the support from PHA.

- 7/22.12 The Chief Executive reported that the impact of absence on PHA has been very low. He advised that through Mr Wilson's directorate a daily report is prepared looking at staff absence and today the figure is 6.2% with only 2.75% relating to COVID-19. Compared to the rest of the HSC, which has an average of 11-12%, he said that PHA is doing well.
- 7/22.13 The Chief Executive advised that he wrote to Directors about the safeguarding of staff working from home and staff resilience given there will be a fatigue in dealing with COVID-19. He noted that other organisations are experiencing staff absence for reasons other than COVID-19. He commended the work of staff and suggested that the low absence rate indicated that PHA was doing well in terms of staff welfare.
- 7/22.14 The Chief Executive said that, with regard to care homes, a review of outbreaks showed that, in order to allow homes to take admissions, there needed to be a change in the definition of an outbreak whereby it is defined as a situation where there is demonstrable transmission in the home. He added that information packs have been sent to all care homes. Mr Morton said that when the revised guidelines were prepared, ECHO sessions were set up for care home managers. He advised that previously he and Mr Whittle had developed a risk matrix for care homes where there was a concern and a need to have a discussion with the home. He said that to date matters have been able to be resolved but it has not been an easy process, and has involved a lot of work with the homes. Mr Whittle said that the work PHA has been leading on to support the workforce has been helpful as has the work with care homes to allow them to support the HSC system in terms of timely discharges from hospitals. He added that work is continuing to manage the balance of the flow from hospitals and what care homes can manage. He said that the guidance is tracked on a daily basis. Mr Morton advised that there are regular meetings with care homes and work has commenced on a safe staffing model.
- 7/22.15 The Chief Executive said that he would like to thank the Board for its support over the last month and for agreeing to have a shorter agenda at today's meeting which allowed staff to divert their resources into dealing with Omicron. He said he wished to thank senior managers for their work since the onset of Omicron and that he was proud of their efforts. He added that that over the festive period staff gave up time without complaint and displayed huge professionalism. In terms of policy, he noted that it is for the PHA Board as a whole to ensure that the Minister's policies are implemented and those policies have changed over the last few months and therefore so has PHA's response.
- 7/22.16 Going forward, the Chief Executive said the main risk for PHA is around the financial situation. He advised that he had no conduct issues to report on. He reported that he has spoken to the Directors about implementing a "buddying" system with Board members and he would bring that back to a future meeting (**Action 5 – Chief Executive**). He advised that he has had an initial discussion with Ms Heather Stevens

and he will bring a formal update to the next Board meeting (**Action 6 – Chief Executive**). He said that Ms Stevens is developing a plan and she is keen to formulate the constitution of the Programme Board, and he would wait and see what proposals she comes up with.

**8/22 Item 8 – Future PHA Board Workshops**

8/22.1 The Chair advised that he had asked Mr Graham to search through the minutes of previous meetings and list those topics which had been proposed by members. He said that he and the Chief Executive would be meeting to discuss these.

8/22.2 Mr Clayton asked if there would be a workshop on strategy. The Chair confirmed that there would be, and said that in his opinion, the Agency needed to develop a 10-year strategy in addition to the Corporate Plan.

**9/22 Item 9 – Any Other Business**

9/22.1 With there being no other business, the Chair thanked members for their time and drew the meeting to a close.

**10/22 Item 10 – Details of Next Meeting**

*Thursday 17 February 2022 at 1:30pm*

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

Signed by Chair:



Date: 17 February 2022