

<b>Title of Meeting</b>	144 <sup>th</sup> Meeting of the Public Health Agency Board
<b>Date</b>	16 June 2022 at 2.00pm
<b>Venue</b>	Stormont Hotel, Upper Newtownards Road, Belfast

**Present**

Mr Andrew Dougal	- Chair
Mr Aidan Dawson	- Chief Executive
Mr Rodney Morton	- Director of Nursing and Allied Health Professionals
Mr Stephen Wilson	- Interim Director of Operations
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, SPPG
Ms Vivian McConvey	- Chief Executive, PCC
Mr Robert Graham	- Secretariat

**Apologies**

Dr Stephen Bergin	- Interim Director of Public Health
Mr John Patrick Clayton	- Non-Executive Director
Mr Brendan Whittle	- Director of Social Care and Children, SPPG

**55/22 Item 1 – Welcome and Apologies**

55/22.1 The Chair welcomed everyone to the meeting. Apologies were noted from Dr Stephen Bergin, Mr John Patrick Clayton and Mr Brendan Whittle.

**56/22 Item 2 – Presentation by Martin McCrory, Regional Peer Mentor Lead, PHA**

56/22.1 Mr Morton said that there is a need to activate the voice of lived experience and get people actively involved in shaping services. He advised that Mr Martin McCrory has now been appointed by PHA as a citizen with lived experience and he has taken on the role of regional peer mentor lead for PHA. On behalf of the Board, he welcomed Mr

- McCrory to the meeting.
- 56/22.2 Mr McCrory told members his story and how he became involved as a service user and shared the benefit of his lived experience. He said that he started up a support group for visually impaired children and highlighted the importance of using ones experience to help others. He advised that the RNIB took over the running of the group.
- 56/22.3 After university, Mr McCrory advised that he took up a job in the community and voluntary sector and said that he learnt that services cannot be delivered without volunteers and it is beneficial to develop a service alongside service users and carers. He added that if a service needs to be reviewed or changed, the community and voluntary sector can be agile, but when he moved into the HSC he noted that it wasn't as agile. However, he reflected said that COVID-19 has shown that there can be agility.
- 56/22.4 Mr McCrory said that nobody wants to be defined as a service user or carer. He talked about how he had to be a carer for his wife for a three month period and how this gave him an insight about how to get care and support and how do you use your own experience of being a carer to help others. He said that there are service users and carers who want to help but there is a need to build skills, capacity and knowledge and make the process easier. He added that there is a need to look at remuneration guidance for service users and carers and also to look at the outcomes of what is being delivered by service users. He said that remuneration can help young people get involved and he commented that the voices for those in different Section 75 groups are rarely heard. He advised that his first priorities in this new role will be to look at remuneration and developing a network of peer support.
- 56/22.5 The Chair thanked Mr McCrory for his presentation. He asked which channel of communication he found to be most productive. Mr McCrory said that the best communication is through word of mouth. He explained that when PHA was advertising through social media for service user involvement there was a low uptake. He added that there is a need to have an effective and committed communications plan and he was grateful to the PHA for putting its money into service user engagement and recruiting this post.
- 56/22.6 Mr Morton said that there is a need to think about how to embed a social capital model. In terms of its business plan, he asked what PHA could be doing in terms of the preventative agenda, the early intervention agenda and the recovery agenda. He said that PHA has promoted a recovery model within mental health services. He noted that there has been a lot of discussion about networks and felt that there needs to be an imaginative way to support these types of initiatives.
- 56/22.7 Ms McConvey said that her background is working in the third sector, and the Patient Client Council is like a network of networks and its role is

about opening doors and getting people to the table. She said that there is work ongoing on the remuneration model, but she noted that it is the experience that people have on their CV that presents them with opportunities and there is not enough work being done to reach out. She added that there is a lot of knowledge out there but not enough is being done to bring it in-house. She said that the current model for engagement is not child friendly.

56/22.8 Mr Wilson said that he wished to acknowledge Mr McCrory's contribution to PHA over the years and he was pivotal in work around the dementia campaign and helped bring in that PPI perspective. He said that it is good to have Mr McCrory as part of the PHA team.

### **57/22 Item 3 – Declaration of Interests**

57/22.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.

### **58/22 Item 4 – Minutes of previous meeting held on 19 May 2022**

58/22.1 The minutes of the Board meeting held on 19 May 2022 were **APPROVED** as an accurate record of that meeting.

### **59/22 Item 5 – Matters Arising**

#### *47/22.3 Direct Award Contracts*

59/22.1 The Chief Executive advised that there had been discussion at the last Governance and Audit Committee about Direct Award Contracts (DACs) and although the number of these has increased, it is his wish that these are reduced. However, he acknowledged that they will always be there.

59/22.2 Ms Henderson asked if this situation is being compounded by the two senior planning managers working to support the pandemic response and asked if they have returned to their normal duties. Mr Wilson replied that there is a transition plan. The Chair suggested that one of the individuals will return to their role in July and the other in September. Ms Henderson asked if it is the Chief Executive's assessment that if these two individuals are back in post, the situation will improve. The Chief Executive commented that there is a need to change the culture and only use DACs as a last resort. Mr Stewart noted that the new Permanent Secretary will have expectations in that regard. The Chair said that staff should be trained and expected to meet targets. Ms McCaig noted that it will take some time for this current batch of DACs to run their course and there may even be requests for more DACs. Ms Henderson said that at least there is a plan in place to reduce the number. Mr Stewart commented that it is unfair to suggest that not having these two individuals in post is the sole reason for the amount of DACs, and said that there are also issues in terms of the resources to support public sector procurement. The Chair said he understood that

for PHA it is a planning issue. Mr Wilson explained that it is a partnership, and while PHA needs to get more planning expertise, it works in partnership with PALS, and PALS will struggle to fulfil the workload going forward.

**60/22 Item 6 – Chair’s Business**

60/22.1 The Chair advised that he had circulated his Report and all matters contained therein were for members’ information.

**61/22 Item 7 – Chief Executive’s Business**

61/22.1 The Chief Executive reported that the COVID-19 spring booster vaccination programme has seen an 83% uptake in care homes and a 78/79% uptake among the over 75s receiving their booster through their GP. He said that there remains some work to do but he commended Dr Farrell and her team for the progress to date. With regard to contact tracing, he advised that the Service will cease at the end of June and that there is a celebration event taking place on 27 June which the Minister and Chief Medical Officer will be attending, and that Board members are also welcome to attend.

61/22.2 The Chief Executive advised that for 2021/22 PHA had receiving an unqualified opinion from External Audit for the annual accounts, and a satisfactory level of assurance from the Head of Internal Audit.

61/22.3 The Chief Executive noted that the Department of Health has now lifted its guidance with regard to working from home, and there is a draft policy being finalised for PHA staff whereby staff can apply to work from home up to 2 days a week. He said that this would be operationalised by September. He advised that this was to be discussed at the PHA staff engagement session on Tuesday, but it had to be postponed and is now taking place on 23 June. He added that there may be a procedure put in place for booking desks.

61/22.4 The Chief Executive reported that EY have presented their draft report on the refresh work and this will be discussed in more detail at the Programme Board meeting next week. He said that he had made a commitment with the Chair to have an extraordinary Board meeting to consider it.

61/22.5 The Chief Executive advised that PHA continues to work in other areas including monkey pox, Hepatitis, TB and refugees. He said that with regard to the new Integrated Care System (ICS) model, a workshop is being held at senior Departmental level to discuss this and it may take a year for this work to develop further. He reported that a date has been confirmed for the interviews for the Director of Public Health post.

61/22.6 Mr Stewart returned to the subject of staff working in the office and asked for an update about accommodation. The Chief Executive

advised that he and Mr Wilson had discussed this and a report will come to the Board in August. He added that a task and finish group looking at accommodation will be re-established which will also look at how regional offices are used given the new ICS model.

61/22.7 Ms Mann-Kler asked how PHA will monitor culture given the change for staff in coming back to the office. She asked whether feedback will be sought after 6 months. Ms McCaig advised that she has been speaking to Mrs Paula Smyth and that there is a plan to build on the framework around the Flexible Working Policy and this will be piloted over the first few months. She noted that there is an added complexity for PHA in that there is not enough accommodation for all staff, hence there will be a process for staff to apply to work from home, but any application will be considered alongside business needs. The Chief Executive said that as part of the review work EY have been conducting, there were 3 “Town Hall” sessions and as their work moves into the next phases, running more of these events will be a useful way of gauging the situation. The Chair said that it is important that staff have access to psychological support as some may find it difficult to readjust. Ms McCaig advised that there is a contract in place. The Chair noted that there is a contract with Inspire but he asked if staff were aware of it. Ms McCaig said that information with Inspire will be shared with staff as part of the implementation phase.

#### **62/22 Item 8 – Finance Update**

62/22.1 The Chair recorded his appreciation for the way in which the draft Financial Plan was presented. He said that it highlighted areas of which he was not previously aware and he commended Ms McCaig and her team for the Plan.

62/22.2 Ms McCaig said that she wished for it to be recorded formally that the Board approved the draft Plan and that there will be ongoing with a nominated Non-Executive Director regarding the unallocated funding.

62/22.3 Mr Irvine said that he was content to approve and approved that Ms Henderson be the nominated Non-Executive Director.

62/22.4 The Board **APPROVED** the draft Financial Plan.

#### **63/22 Item 9 – Update on COVID-19**

63/22.1 Dr Farrell presented the latest data in relation to COVID-19 and reported that the estimated number of people with COVID-19 is around 1 in 65 of the population. She showed that the number of positive cases reporting through lateral flow tests and PCR tests has increased slightly and she showed the breakdown of cases by age. She reported that there has also been an increase in the number of outbreaks within care homes.

63/22.2 Dr Farrell said that the current situation represents a “bump” which is not

- entirely unexpected, but she noted that it has not resulted in increased levels of hospitalisation due to the high levels of vaccination. She added that it is important to keep pushing out the key messages.
- 63/22.3 Dr Farrell advised that PHA is dealing with other matters including monkey pox where she reported that the number of cases in Northern Ireland has remained small and all of the individuals concerned and their contacts have completed their isolation with no evidence of any onward transmission. She said that clinical pathways are in place and HSC staff are being required to have pre-exposure prophylaxis. She reported that across the UK the majority of cases is in London and in Northern Ireland the risk to the general public is low.
- 63/22.4 Dr Farrell reported that there are 22 confirmed cases of Hepatitis A-C among children, levels of which have not been seen before. She said that this has resulted in some children being very ill and having to be transported to Birmingham. She noted that there is no clear explanation for this numbers, but one particular virus has been identified in approximately two thirds of cases. She advised that in England there is a view that the number of cases has peaked.
- 63/22.5 Dr Farrell showed members an overview of the dashboard with information on the uptake of the spring booster vaccination. She explained that care homes vaccinations are being undertaken by community pharmacies so each home has been linked up with a pharmacy. She added that Trust staff are now going into care homes to administer vaccinations for those who have not yet received theirs. She said that the uptake is currently sitting at 87.7% but she hopes that will increase to over 90%. She noted that GPs have administered the most vaccines.
- 63/22.6 Dr Farrell noted that one group where vaccine uptake is low is among primary school children and she hoped that this situation will improve. She acknowledged that people are likely getting tired of receiving vaccinations. The Chair asked whether PHA needs to change or repeat its message. Dr Farrell said that there is a challenge, but she hoped the situation will improve.
- 63/22.7 Ms McConvey noted that although GPs have been successful at rolling out the vaccine, this is at a time when people are experiencing difficulty in getting access to a GP and she asked if this is taking GPs away from other work. Dr Farrell replied that she did not think that this was the case as GPs tend to carry out this work in dedicated sessions, but she acknowledged that there is a wider issue about access to GPs. Ms McConvey said she was seeking clarity that this work is not taking GPs away from other tasks, but Dr Farrell reiterated that there is no evidence to support that. The Chair said that the situation should be assessed. Mr Morton suggested that the impact is more on nursing activity within GP practices. The Chief Executive added that GP surgeries would run additional clinics, for example on Saturday mornings in addition to

normal services.

63/22.8 Ms Henderson thanked Dr Farrell for her presentation and commended the linkup between care homes and community pharmacies. She agreed that there is an issue in relation to access to GP services. Ms McCaig noted that the responsibility for primary care sits with SPPG and access to GPs is not a primary purpose of PHA. However, she acknowledged that there is an impact on people's health and wellbeing.

63/22.9 Ms Mann-Kler asked if COVID-19 will one day be labelled as a flu. Dr Farrell said that this would not happen. She explained that there are indications that the current strain of the virus is the most infectious of the new variant. She added that previously the virus was attacking the upper respiratory tract, but now it is working to attack the lower lungs. The Chair asked if people will need repeat vaccinations. Dr Farrell said that they would. The Chief Executive added that it will be for the Joint Committee on Vaccination and Immunisation (JCVI) to determine and PHA will act on its advice.

63/22.10 The Chair thanked Dr Farrell for her extensive and informative presentation.

**64/22 Item 10 – Update from Chair of Governance and Audit Committee (PHA/01/06/22)**

64/22.1 Mr Stewart advised that the minutes of the Governance and Audit Committee (GAC) meeting held on 11 April were available for members for noting, and said that the Committee had met on 11 June. He thanked GAC members for their continuing work.

64/22.2 On matters arising from those minutes, Mr Stewart reported that a letter seeking legal opinion on the issue of vaccinators has been sent to the Directorate of Legal Services. He said that there was no further update on Serious Adverse Incidents as an RQIA review is being carried out. He added that Ms McCaig had given an update on the situation with regard to overpayments to staff and these are presently being worked through.

64/22.3 Mr Stewart said that the Committee had received the latest Internal Audit Progress Report which contained the final report on the Board Effectiveness audit. He noted that the Northern Ireland Audit Office (NIAO) will be publishing a new guide on Board Effectiveness shortly. He advised that a report was also received on audits of Shared Services.

64/22.4 Mr Stewart reported that the Head of Internal Audit had submitted her report and PHA was given a satisfactory level of assurance, although notwithstanding the number of audits given a limited assurance during the year. He said that the satisfactory level was awarded due to PHA's previous track record and the progress it had made in implementing

recommendations from those audits where limited assurance was given. He advised that a general report giving information on all of Internal Audit's work across the HSC was issued to members and PHA is organisation number 15 within that.

64/22.5 Mr Stewart said that the Committee had received the Annual Report and Accounts and also the External Audit Report to those Charged with Governance where an unqualified audit opinion was given. He noted that there was one issue which related to a misstatement, but it was not considered to be material.

64/22.6 Mr Stewart advised that a report on DACs was presented which showed that the number of these had increased, but this was primarily due to certain contracts which were due to be re-tendered being extended following a Department request in the light of the forthcoming new drug and alcohol strategy.

64/22.7 Mr Stewart reported that Ms McCaig had informed the Committee of a new risk to be added to the Corporate Risk Register regarding a sub-contractor of the organisation which provides the HR and Payroll system going into administration. However, he advised that there is a contingency plan in place.

64/22.8 The Chair thanked Committee members for their work and he hoped that Internal Audit will not miss carrying out a future audit on Board Effectiveness as this should have been completed sooner. Ms McCaig advised that she had sent through a significant amount of evidence to Internal Audit and this showed that PHA's performance had improved, but there remains a lot of work to do including an action plan on what needs to be done and a record of what recommendations have been completed.

64/22.9 Ms Henderson noted that the issues raised by Internal Audit have been well documented and are set out clearly. She said that she hoped that these will be addressed so that in future the number of outstanding recommendations will be reduced.

64/22.10 Members noted the update from the Chair of the Governance and Audit Committee.

**65/22 Item 11 – PHA Annual Report and Accounts 2021/22 (PHA/02/06/22)**

65/22.1 Mr Wilson noted that the Board will have seen an earlier iteration of the Annual Report and the final draft version was brought to the Governance and Audit Committee last week. He said that Report gives a summary of PHA's performance over the last year and now includes the Accountability Report and financial statements. He noted that some minor changes have been made since last week. In terms of next steps, he advised that next year PHA intends to compile a user-friendly version of the Report. The Chair asked if it would be possible to have that



- version designed by October 2022. He noted that the section containing biographies of Board members contained a lot of people, but Ms McCaig explained that anyone who was on the Board during the period of the Report has to be included.
- 65/22.2 Ms Henderson said that the Report is very clear but felt that PHA would wish to consider other formats for advising the public on its work. Ms McCaig agreed and said that PHA has to prepare this Report to fulfil its obligations but added that the auditors provided good feedback saying it was testament to the work of PHA. Mr Stewart commented that reading the Report gives the sense that PHA is working above its statutory functions and thought should be given as to what is actually required to be reported on. Ms McCaig said that some of this is within PHA's control and suggested that the performance section could be halved in length and be more focused. She added that next year's Report should be significantly reduced. The Chair queried what type of Reports other countries are producing. The Chief Executive said that PHA tends to follow a traditional format and perhaps next year there will be an opportunity to adopt and change the Report into a different format.
- 65/22.3 Ms Mann-Kler agreed that there is work required to shorten the Report. She queried the staff turnover figure which was reported at 13%. Ms McCaig advised that this figure will be skewed by staff in the Contact Tracing Service and will settle down next year. Ms Mann-Kler suggested that this should be explained, but Ms McCaig said that it is possibly mentioned in the section around contact tracing. Professor Rooney also agreed that the work on the format of next year's Report should commence now as it is disappointing that so much work is put into producing this Report for little return. She added that the Report contains lots of nuggets about pieces of work that PHA has been involved in.
- 65/22.4 Ms Henderson noted the number of off-payroll engagements, but it was noted that these mainly related to contact tracing. The Chair asked if these individuals were appointed directly. Ms McCaig said that they would have been, but noted that this is not something that PHA would do ordinarily.
- 65/22.5 Dr Farrell noted the COVID-19 timeline within the Report and commented that during the pandemic Northern Ireland was one of the few regions that continued to carry out kidney transplants.
- 65/22.6 The Chair thanked all those who were involved in preparing the Annual Report and Accounts.
- 65/22.7 The Board **APPROVED** the Annual Report and Accounts.
- 66/22** **Item 12 – PHA Rural Needs Act Annual Report 2021/22 (PHA/03/06/22)**
- 66/22.1 Mr Wilson explained that as a public body, PHA is required to take due

regard to the needs of those who live in rural areas. He added that PHA is also required to prepare an annual report and this Report gives a summary of the three assessments that were carried out. Following approval, he advised that the Report will be sent to DAERA. He said that the three assessments carried out during 2021/22 were in the areas of suicide, early intervention and breast screening.

66/22.2 Mr Stewart commented that with the centralisation of services, there is an issue in terms of transport to access these centres and there needs to be liaison with Local Councils and other Departments. He added that not only is access an issue, but then there is the cost of fuel so there is a bigger picture that needs much closer examination. The Chair stated that for many years he had been concerned of how family members without their own transport would be able to access hospitals for visiting. The Chair suggested a possible solution might be to look at volunteer drivers. Ms Mann-Kler said that there needs to be a better joined-up transportation service. Dr Farrell commented that the public transport infrastructure outside of Belfast is not good. Mr Stewart said that unless these other issues, which are outside the remit of HSC, are dealt with, little progress will be made.

66/22.3 The Board **APPROVED** the Rural Needs Act Report for 2021/22.

**67/22 Item 13 – Corporate Risk Register (PHA/04/06/22)**

67/22.1 Mr Wilson advised that this is the Corporate Risk Register as at 31 March 2022. He explained that the risk outlined earlier in the meeting about the payroll provider service is not included given the timeline.

67/22.2 Mr Wilson reported that as at 31 March a new risk was added regarding DACs, and two risks were removed, one concerning the ability of third party providers to deliver commissioned services, which was an issue during COVID-19, and a risk regarding staff resilience. He added that a query had come up at GAC regarding the removal of the risk regarding staff resilience and it was felt that in the context of the PHA review, issues emanating from that risk will be taken forward by the re-established Organisational Workforce Development (OWD) group.

67/22.3 The Chief Executive said that the Register is currently out with Directors for review. He noted that the same format of the Register has been in use for quite some time and he felt that a number of risks could be collapsed together so there is a smaller number of risks. He added that it is important to remember that risks appear on the Register for a reason, and therefore there is a need to have an action plan in place, together with a timeline, for removing the risk. He said that there is need to find a way to remove the risk and noted that some of the risks have been on the Register for a long time.

67/22.4 Mr Stewart said that he supported the Chief Executive's views and said that this is an iterative process, but there remains some way to go. He

noted that PHA is in the middle of a review and that does not feature on the Register, and nor do issues around funding. He suggested that these two areas should be added as part of the next review.

67/22.5 Ms Henderson commented that although this is the first time she has seen the Corporate Risk Register, she was aware of the issues around HR, DACs, procurement and screening. However, she expressed concern at some of the risks around IT and asked the Chief Executive for his observations on these. The Chief Executive said that there are always IT risks within the HSC and although there is a new project, Encompass, it has not helped yet in terms of developing some of the solutions needed, but hopefully this will happen over the next year. He added that BSO has appointed a Director of IT Shared Services. Mr Stewart said that IT issues with regard to screening have been reported on before and he noted that with some of these risks, there are issues that PHA cannot resolve by itself. He added that procurement is another example. The Chief Executive advised that he has agreed with the Chief Executive of BSO to have a half-day workshop where there will be a discussion around the interface between the two organisations, and areas such as HR and IT will strongly feature. He added that it has been agreed to have these workshops twice a year.

67/22.6 Ms McCaig advised that risk 65 will be removed as PHA achieved its target of breaking even.

67/22.7 The Board **APPROVED** the Corporate Risk Register.

**68/22 Item 14 – Any Other Business**

68/22.1 The Chief Executive advised that the Royal College of Nursing annual dinner and awards ceremony is taking place this evening and he is presenting the public health award.

68/22.2 The Chief Executive said that this year's annual Pride event is taking place shortly and PHA will be ensuring that it has a presence at the event.

68/22.3 With there being no other business, the Chair drew the meeting to a close.

**69/22** | **Item 15 – Details of Next Meeting**

*Thursday 18 August 2022 at 2:00pm*

*Board Room, Tower Hill, Armagh*

Signed by Chair:

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

Date: 18 August 2022