

Title of Meeting	148 th Meeting of the Public Health Agency Board
Date	17 November 2022 at 1.30pm
Venue	Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast

Present

Mr Andrew Dougal	- Chair
Mr Aidan Dawson	- Chief Executive
Dr Joanne McClean	- Director of Public Health (<i>Joined at Item 6</i>)
Mr Stephen Wilson	- Interim Director of Operations
Mr Craig Blaney	- Non-Executive Director
Mr John Patrick Clayton	- Non-Executive Director (<i>Joined during Item 6</i>)
Ms Anne Henderson	- Non-Executive Director
Mr Robert Irvine	- Non-Executive Director (<i>Left during Item 10</i>)
Ms Deepa Mann-Kler	- Non-Executive Director
Professor Nichola Rooney	- Non-Executive Director
Mr Joseph Stewart	- Non-Executive Director (<i>via video link</i>)

In Attendance

Ms Tracey McCaig	- Director of Finance, SPPG
Mr Robert Graham	- Secretariat

Apologies

Dr Aideen Keaney	- Director of Quality Improvement
Mr Brendan Whittle	- Director of Social Care and Children, SPPG
Ms Vivian McConvey	- Chief Executive, PCC

113/22 Item 1 – Welcome and Apologies

113/22.1 The Chair welcomed everyone to the meeting. Apologies were noted from Dr Aideen Keaney, Mr Brendan Whittle and Ms Vivian McConvey.

114/22 Item 2 – Declaration of Interests

114/22.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared at the outset, but Mr Irvine and Mr Blaney both declared an interest in their roles as Local Councillors during a discussion on poverty as part of Item 5.

115/22 Item 3 – Minutes of previous meeting held on 20 October 2022

115/22.1 The minutes of the Board meeting held on 20 October 2022 were **APPROVED** as an accurate record of that meeting.

116/22 Item 4 – Matters Arising

101/22.1 Mandatory training

116/22.1 For action 1, Mr Graham advised that he was seeking confirmation as to which courses on the HSC eLearning portal would be deemed as mandatory and would share this with members.

103/22.8 Procurement Plan

116/22.2 For action 3, Mr Wilson confirmed that an action plan will be brought to the Board in December.

103/22.11 Audit of Recruitment

116/22.3 The Chair asked if it would be possible to see the terms of reference for the proposed Internal Audit of recruitment processes. Ms Henderson asked if the report of the audit is likely to be a negative one. Mr Stewart advised that the terms of reference have not yet been established, therefore it is not possible to determine the outcome. However, he said that this audit is tied into a general overview of recruitment and seeks to get to the bottom of the issues. He added that he has discussed this with the Chief Executive who is of the same opinion regarding the need to find out what the issues are and deal with them. The Chair commented that he would wish to see this audit as an opportunity to improve the process.

116/22.4 The Chief Executive echoed the view that this audit is about asking Internal Audit to take a systematic look at the entire process and rather than apportioning blame, develop a plan on what needs to be improved and move forward for the benefit of everyone in PHA, particularly in those areas where it is within PHA's control to change.

116/22.5 Ms Henderson said that she was not sure if Internal Audit was the most appropriate vehicle for this given that there are issues about recruitment on the Corporate Risk Register and that the senior management team are aware of the issues. The Chair said that there is a need for a proper look at this area and to look at opportunities for improvement.

109/22.7 Report of RQIA Review of Serious Adverse Incidents

116/22.6 For action 4, Mr Graham confirmed a link to this report was shared with members.

117/22 Item 5 – Chair’s Business

- 117/22.1 The Chair said that the cost of living is a live issue and was discussed at a 4 Nations meeting earlier this month. He added that he and Mr Stewart had attended a webinar on this subject hosted by the UK Public Health Network. He noted that public health organisations in Scotland and Wales are putting a lot of time and energy into this area and that he would share the Welsh report with members (**Action 1 – Chair**). He added that Scotland and Wales have Policy Officers and other staff looking at this area, but PHA does not currently have resources such as Policy Officers.
- 117/22.2 Professor Rooney asked that given PHA is aware that the cost of living crisis is an issue, is there not a way that it can respond or act differently as this issue impacts on health inequalities. The Chief Executive advised that Scotland and Wales are different in that in Northern Ireland, policy is directed by the Department and PHA’s role is to work with officials at that level and then once a policy is developed, it is up to PHA to develop a strategy to implement it. He pointed out that the number of public health staff per head of population is lower here than in other parts of the UK.
- 117/22.3 The Chief Executive said that the current review of PHA presents an opportunity to develop and change how PHA works as over the years, PHA has spent its time reacting to the agenda of others rather than setting its own agenda. The Chair agreed with this view.
- 117/22.4 Mr Wilson agreed that the document produced by Public Health Wales is excellent and full of good evidence, and is worth sharing with PHA partners (**Action 2 – Mr Wilson**). He added that there has been discussion about how PHA can make itself more relevant in this space and work has commenced to pull together a compilation of relevant information for presentation. He advised that NI Direct has put a specific section on its website about the cost of living.
- 117/22.5 Mr Stewart advised that he had had an opportunity to speak to the individual who is writing the Scottish report and he considered it worthwhile for the Board to have scrutiny of both reports. The Chair agreed that it would be useful to share them with community and voluntary sector partners.
- 117/22.6 Professor Rooney expressed concern that there is a view that PHA cannot do anything in this area unless instructed by the Department. She said that doing nothing is unforgivable. The Chair said that he feels that PHA has the expertise and it should have the resources to be able to enhance and develop policy as the expert organisation. He noted that when there was a similar discussion around gambling, he was advised that nothing could be done in the absence of policy direction from the Department. Professor Rooney asked what PHA can do given this is a major public health issue. The Chief Executive proposed that he could

- have a conversation with SOLACE (Society of Local Authority Chief Executives) and also with Health Improvement staff to see what meaningful work could be done with Local Councils. He said that there will not be any policy in the absence of an Executive. He undertook to put this issue for discussion at the next SOLACE meeting (**Action 3 – Chief Executive**).
- 117/22.7 Mr Irvine and Mr Blaney declared an interest at this point being Local Councillors.
- 117/22.8 Mr Irvine advised that Local Councils have been looking at their budgets to determine if there is anything that they can do and a suggestion made was around looking to work with partner organisations, which would potentially include PHA. Mr Wilson said that he was aware that Health Improvement staff have been working with Local Councils and he agreed to bring an update on this back to the Board (**Action 4 – Mr Wilson**). He added that the Department for Communities is the lead in this area. Professor Rooney said that PHA needs to be seen in this space. Ms Mann-Kler commented that PHA's silence in this space is glaring and it needs to have a voice and draw the link between financial health, physical health and mental health. She said that the factual evidence could not be stronger.
- 117/22.9 Ms Henderson asked if PHA is in a position to have a cost of living response so that people are aware of what PHA is doing and its work with Local Councils. The Chief Executive noted that PHA has not previously been in this space because poverty has not been seen to be high enough on the policy agenda and has become an issue that has emerged very quickly. Ms Henderson commented that health inequalities can be a hard concept for people to get their heads around.
- 117/22.10 The Chief Executive said that it is about PHA repositioning itself as in the past its focus has been on commissioning, safety, quality and health protection. He added that the issue of poverty is an emerging one and given that over the last few months, PHA has begun to develop its new strategy, it should consider moving poverty further up the agenda. Within PHA, he noted that there are staff who are doing work in areas such as vaccination or climate change, but not in the area of poverty. He added that at Wednesday's Agency Management Team (AMT) meeting there was an update on cross-directorate work on mental health, and perhaps there is a need to create a similar approach to look at poverty.
- 117/22.11 Mr Stewart agreed with the Chief Executive that poverty should be considered within the discussions on PHA's strategic priorities. He added that PHA needs to consider the extent of what it can do, and that is to help inform the public and influence others. He said that poverty is not an issue for a single Department. He added that PHA can use elements of the reports from Scotland and Wales to highlight the link between poverty and ill health, but that may be limit of PHA's ability.

- 117/22.12 Professor Rooney said that poverty is not a new area and that it presents PHA with an opportunity to operationalise what it is doing to help reduce health inequalities. The Chief Executive said that while he did not disagree, he said that PHA has never focused on the driving factors of poverty before and has normally been focused on areas such as mental health.
- 117/22.13 Mr Blaney said that all members have made valid points and suggested that as the cost of living crisis is such a broad area, PHA should come up with 5 or 6 options of what it can do and prioritise these into different projects that it could work on with Local Councils or others. He noted that families cannot afford nutritional meals and that supermarkets have been producing information about how to feed your family for £5-£10. He added that if children don't eat healthy now, then this will create issues later in life.
- 117/22.14 Ms Henderson said that PHA has been doing a lot of work around health inequalities, but it needs to be put into a language that people understand. She added that health inequalities arise from wealth distribution. She said that PHA needs to come up with a nimble response and may need to consider redirecting some of its funding. Ms Mann-Kler asked about Targeting Social Needs, but Mr Wilson advised that this been replaced by Programme for Government.
- 117/22.15 Mr Wilson commented that PHA is not good at highlighting its work and he gave an example of an event that was held last week in the Northern area which the Department for Communities led, but there was a lot of PHA input. He said that PHA will be pulling together all of its resources and there will be more of a focus on the cost of living in its external communications over the months of December, January and February.
- 117/22.16 The Chair advised that he had first raised the issue of poverty in February, but there were no resources to look at this. The Chief Executive pointed out that to look at this, staff would have had to stop other work and that over the last period staff roles have expanded more and more but now there is a need to refocus energies. However, he reiterated that to look at new areas, other areas will have to stop and work in areas such as screening, vaccination and mental health cannot stop. The Chair said that if no more resources are available then PHA will have to become more skilled in reprioritisation.
- 117/22.17 Ms McCaig said that if PHA is not promoting the work that it is doing, then it should do so and if that needs to be advanced further then PHA needs to prioritise. She advised that she felt uncomfortable with the concept of PHA developing policy as PHA's role is more about influencing and there is a need for PHA to have a more visible response. Professor Rooney agreed and added that there are opportunities for PHA to work in partnership. Ms McCaig said that this should be part of PHA's ethos and that reiterated that it needs to be more visible. Professor Rooney commented that PHA should look at its statutory

functions.

- 117/22.18 The Chair commented that PHA needs to take action as the health gap is widening. Professor Rooney said that the Chief Executive needs to be supported in terms of changing the structure of PHA so that it can fulfil all of its functions.
- 117/22.19 The Chair shared with members a note of the meeting that was held with Minister Swann where the Minister said that PHA should be aiming to influence the policy of political parties. He added that he had emphasised at the meeting the effectiveness of a ministerial group in public health and the senior civil servant agreed that this approach had brought benefits in the past. The Chair proposed that in the absence of the Minister there might be a Permanent Secretaries' group on public health. He added that If there was ownership at this level then that would filter down within each Department.
- 117/22.20 The Chief Executive said that as the Permanent Secretary is new into Health, he wishes to learn more about what PHA does. He added that there is a need for PHA to raise its profile and that there is work to look at how PHA can put its branding on the exterior of the building.
- 117/22.21 Mr Blaney noted that on the last staff survey, an issue was raised about a lack of awareness and he queried whether an initiative such as awards for staff would give staff a sense of pride and the overall winner could make a presentation to the Minister. The Chief Executive replied that in the Belfast Trust there was the Chairman's Awards and he has been giving consideration to a similar initiative in PHA, possibly linked to the PHA Corporate Strategy. Professor Rooney said that the agendas of meetings should be organised around the strategy. The Chief Executive said that PHA's strategy is important as when staff are carrying out their daily work, they should know how it links to the strategy. However, he said that staff are involved in other pieces of work that don't link. He added that if staff are asked to carry out work that is not linked to PHA's strategy they should say so because PHA cannot cover everything.
- 117/22.22 Mr Blaney said that if the awards were linked to PHA's strategy then it would help raise the profile of the strategy both internally and externally. He added that the Minister could be invited to present the awards and there would be a press release. The Chief Executive advised that in the Belfast Trust staff would have applied for an award and then 2 or 3 would have been shortlisted and they would have created a DVD of this work and this gave the staff a sense of pride in their achievements.

118/22 Item 6 – Chief Executive's Business

At this point Dr McClean joined the meeting

- 118/22.1 The Chief Executive advised that PHA has submitted its response to the Urology Inquiry but there has been no feedback to date. With regard to

the COVID Inquiry, he reported that PHA has met with the solicitors regarding Module 2c, which is focused on decision making at Government and Ministerial level, and that a Section 9 notice will be received shortly. He added that it is likely that PHA will request an extension. He advised that Dr McClean gave evidence this morning to the Infected Blood Inquiry.

118/22.2 The Chief Executive reported that further discussions have taken place with the Department as it moves into Phases 2a and 2b of the review of PHA. He advised that resources have been identified and there will be further engagement with EY. He added that he has commenced a series of engagement sessions with staff in each of the local offices which he has found beneficial and helpful, and he hoped that staff had the same experience. He felt that staff are keen to see change and that this is the beginning of a series of conversations. He said that he would give a further update at the next meeting (**Action 5 – Chief Executive**).

118/22.3 The Chief Executive advised that no risks have been placed on the Corporate Risk Register. With regard to the financial position, he reported that the overall position for the HSC remains quite drastic and that PHA is in the process of reviewing its budgets to determine if there is any further slippage. He advised that PHA has commenced a series of meetings with SPPG looking at the new Integrated Care System (ICS) and that, through Local Councils, PHA is also supporting a training programme for Trusts and Primary Care.

118/22.4 The Chair asked if it had been difficult to secure the financial resources for the next phase of the PHA review. The Chief Executive explained that a submission had been prepared for the Minister and that the Minister had made his support clear as in his view, this was a worthwhile investment, but there is a need for PHA to demonstrate value for money for the HSC system.

118/22.5 Professor Rooney asked if a cost could be put on the time spent on Inquiries. Ms Mann-Kler commented that out of the four UK nations, there is currently a disproportionate number of ongoing Inquiries in Northern Ireland and there is no way of capturing the cost of these. The Chief Executive advised that PHA is seeking to recruit additional posts to support these Inquiries, but he agreed that there is a significant cost as well as an emotional impact on both staff and patients, and that the current levels of exhaustion within PHA staff should not be underestimated. He said that there is a need for psychological support for staff. The Chair agreed, saying that this is an issue that needs to be promulgated as staff will be anxious about waiting to be called to an Inquiry. Professor Rooney said that it is important to try to quantify the costs and suggested that PHA should work with an economist or with the universities to look at this. She asked what is being done to provide support to staff and asked that an update on this is brought to the Board (**Action 6 – Chief Executive**). Ms Henderson expressed concern about the adversarial nature of Inquiries and asked if any training is given to

staff to prepare them. The Chief Executive advised that in the Trust the solicitors would have worked with staff and QCs would have cross-examined staff to prepare them.

At this point Mr Clayton joined the meeting.

118/22.6 Mr Stewart asked for an update on PHA's working with SPPG following the closure of HSCB. The Chief Executive reported that earlier this week, PHA had a joint meeting with SPPG to look at areas such safety, quality and accountability and that these will help define PHA's relationship with SPPG going forward. He said that there is an urgent need to look at guidance, particularly where previously it would have said "PHA/HSCB will...". He advised that these meetings will take place on a monthly basis to identify areas of cross co-operation and over time they will help to define PHA's relationship with SPPG.

119/22 Item 7 – Finance Report (PHA/01/11/22)

119/22.1 Ms McCaig presented the Finance Report and reported that the position at the end of September showed a year to date surplus of £1.1m, an increase of £100k from the end of August. She explained that more slippage has been reported on the smoking cessation budget, which was expected, and there has been an increase in the surplus in the management and administration budget due to the number of high level vacant posts and a temporary pause in recruitment given the correspondence received from the Permanent Secretary which went to all HSC organisations. The Chair sought clarity that the Permanent Secretary asked for a pause on recruitment, but Ms McCaig advised that this is not the case, but that he has requested all organisations to assist with the overall financial position.

119/22.2 Ms McCaig indicated that PHA's end of year position is a projected underspend of £580k, and this represents the figure reported to the Permanent Secretary in response to his letter which was shared with members. She explained that this is natural slippage and the figure is lower than in previous years. She advised that PHA has been informed that a provider will be returning some funding. She explained that this projected surplus will be used to fund the next phase of the PHA review.

119/22.3 Ms McCaig said that there are no new risks to the financial position. With regard to the capital budget, she noted that £97k of funding for the waste water project has not yet been retracted, but that the capital budget spend pattern is similar to that in previous years.

119/22.4 Ms McCaig advised that in the response to the Permanent Secretary's letter, it was outlined that PHA had taken a different approach to natural slippage this year and has invested funding in a number of non-recurrent areas. She added that PHA outlined how the £580k figure was arrived at and then there was information relating to other elements, particularly Connected Health and campaigns, where there is funding that PHA has

- not yet committed. She advised that the campaign budget is currently being reviewed to determine if it will be fully utilised and she would report on this next month. She explained that there has been no decision made by the Permanent Secretary in terms of whether PHA is to do or not do certain work. She added that if PHA has slippage it is duty-bound to declare that.
- 119/22.5 Ms McCaig advised that not having a Minister means more discussion with Department of Finance and the NIO on the overall projected financial position for Health in 2022/23. She added that the Minister had previously announced a projected deficit of £450m and discussions are ongoing regarding management of this. She noted that the opening financial position for 2023/24 will be challenging.
- 119/22.6 Ms Henderson sought clarity that all of the current £580k surplus is being earmarked for the review of PHA. Ms McCaig explained that any costs incurred by PHA for the review will come out of that and any remaining slippage will be natural slippage. She added that it is expected that any remaining surplus will be retracted by the DoH to support the overall financial position which would remove the risk for PHA. She advised that PHA does not currently have a list of other priorities for allocating funding and she would recommend taking the opportunity to return any surplus
- 119/22.7 Ms Henderson asked how PHA can be assured that Trusts will spend their budgets. Ms McCaig said that she would be less concerned about Trust expenditure, but noted that there is still a risk. She explained that when Trusts receive an allocation it becomes part of their baseline and it is their responsibility to deliver against the commissioned service the funding represents. She advised that PHA is currently reviewing all Trust contracts and if a Trust is not going to deliver then the funding can be retracted back to PHA and the option to retract would always be considered in terms of risks to PHA. However, she said that this year it would be expected to be retracted and forwarded to the Department, with the Department informed that the Trust did not deliver. In other years, she explained that PHA would note that the Trust has not delivered and leave the risk with them regarding the unspent funding.
- 119/22.8 Ms Henderson observed that PHA's own budget appears to be "back loaded" towards the end of the year and she asked why that is the case. Ms McCaig said that each budget would need to be reviewed to answer that, but using the example of campaigns, she said that there would be a pre-planning element with work taking place during the year. She added that some of PHA's work is cyclical and her team works with service leads to ensure that the budgets are representative. Ms Henderson said that she would discuss this further with Ms McCaig outside of the meeting.
- 119/22.9 The Chair expressed his unease with static variances and the equal split of Trust funding across each month. He asked how this position is

reached. Ms McCaig reiterated that once the funding is passed to the Trust, it is over to them to use it. The Chair asked how PHA would know if a Trust is underspending, but Ms McCaig said that PHA would not know. However, she advised that strong contract management would indicate whether PHA was receiving the commissioned service or not, and if not being fully delivered in line with programme objectives then service leads would take action. She advised that this year PHA should plan to take the funding back and advise the Department that the Trust has not delivered.

119/22.10 Professor Rooney asked for more information about contract management and performance management. Ms McCaig advised that she does not manage that process and that is done through Health Improvement and Health Protection. Mr Wilson explained that quarterly monitoring is carried out with all commissioned services, but with the community and voluntary sector there is a different approach. Professor Rooney asked that, given models of delivery have changed over the years, if Trusts are allowed to use funding for other initiatives. Mr Wilson said that if PHA does not retract funding from Trusts it is absorbed into their baseline. Ms McCaig advised that if PHA was not receiving a commissioned service, it could ask for the funding to be returned.

119/22.11 Mr Blaney asked whether the returned funding that Ms McCaig referred to earlier is from a Trust, but Ms McCaig advised that it is from a community and voluntary sector provider. She noted that cases like this are a good example of strong contract management. Mr Blaney asked whether all funding is paid upfront, and Ms McCaig explained that it is a mixed approach with some funding paid upfront and other funding in arrears. She added that when there are quarterly meetings, payments are then made a quarter in arrears and this is a managed risk. Mr Blaney said that he was pleased to note that not all of the funding is paid in one payment, but noted that for an initiative he visited recently, the organisation was allocated funding irrespective of how many clients they saw and he queried this approach given perhaps payment should be based on numbers of clients. Ms McCaig said that it would depend on how the contract is set up. Mr Blaney said that his preference would be for the latter approach. Ms McCaig acknowledged that it is difficult, but as long as there are good contract management processes in place. She felt that PHA operates well in this area.

119/22.12 The Chief Executive said that PHA maintained support for all of its community and voluntary sector organisations during COVID and it has robust contract management arrangement in place. He added that PHA needs to have a degree of flexibility with these organisations.

119/22.13 Mr Clayton sought clarity on the differentiation between the £580k which has been declared as natural slippage and the £0.5m which is potential slippage and the implication of not spending this. Ms McCaig said that PHA has not made a decision to not spend the £0.5m and that it has not

been pressed for a decision on this. She added that this funding relates to Connected Health and campaigns and the situation will likely change. Mr Clayton recalled that in previous years PHA's campaign budget was cut and the Board had wished to see it reinstated.

- 119/22.14 Mr Wilson explained that PHA goes through a lengthy process when it comes to campaigns as it has to submit an annual programme to the Department which has to be approved by the Department and also by the Executive before a decision is relayed back to PHA. He commented that this is not an efficient and effective way of working and creates a natural delay and then creates a situation where different parts of the organisation have to be ready. He said that when the correspondence came in from the Permanent Secretary the request was to look at areas where funding is not yet under contract. He suggested that there could be £400k of funding potentially available, but there is a risk for PHA in that its overall campaign spend this year could be £1.9m where it is normally around £1.5m. He added that there are issues around capacity in the team and then if campaigns are launched soon, PHA is potentially competing against itself for media time, and this will be more expensive in the run up to Christmas. He said that the process needs to change.
- 119/22.15 Mr Clayton asked what the impact will be on PHA's ability to break even. Ms McCaig said that she would not have a concern this year given the overall position within the HSC.
- 119/22.16 Professor Rooney said that the campaigns budget feels like an easy target for savings and there is an impact for not doing a campaign. Mr Wilson agreed and said that it depends on the campaign. Using the example of smoking cessation, he explained that there is a correlation between the time a campaign is running and an increased uptake in smoking cessation services. He said that there is an issue in not having an Executive. He added that he hoped that PHA can spend the £400k by the end of the year. Ms McCaig said that PHA needs to be cautious and that while it is not being asked to stop anything, it needs to be mindful from a financial perspective.
- 119/22.17 The Chief Executive reiterated that when he met with the Permanent Secretary, he was not asked to stop any work, and that decisions to spend funding lie with PHA and that if PHA wishes to declare money that will not be spent, that is PHA's choice. He added that the Permanent Secretary is presently engaging with all HSC Chief Executives, but he is not asking that services are reduced but that organisations should be mindful about how they are spending public money.
- 119/22.18 Ms Henderson said that the letter to the Permanent Secretary was excellent and was well laid out and well presented. She commended the use of data such as that 2,300 people die of smoking each year and £119m is spent annually on hospitalisation.

119/22.19 The Chair expressed concern about the lengthy convoluted process around campaigns which makes them vulnerable to cuts and wondered if the Cabinet Office had any say over policy.

119/22.20 The Board noted the Finance Report.

120/22 Item 8 – Health Protection Update

120/22.1 Dr McClean presented the latest data with regard to COVID-19 and advised that the number of cases has reduced. For RSV, she said that the peak has been reached, but for flu she reported that more positive cases are starting to present. She advised that the vaccination programme for COVID and flu is underway with 75% of residents in care homes vaccinated. She said that a programme in schools is now commencing. She advised that the latest surveillance report on STIs has now been published and is on the PHA website.

120/22.2 Professor Rooney asked if the pressures currently being experienced in Emergency Departments (EDs) are related to COVID or flu. Dr McClean said that there is a combination of reasons for the high numbers of people presenting at EDs. She suggested that access to GPs, or the GP Out of Hours Service could be a challenge as well as getting people discharged from hospital to free up beds in wards.

120/22.3 The Chief Executive asked if the number of flu cases at present is higher or lower than in previous years and if the number of contacts with GPs is up or down. Dr McClean advised that the latest SPPG report on contacts with GPs would suggest that the numbers are largely similar to those of previous years.

120/22.4 The Chair asked if practice nurses are now carrying out spirometry assessment. Dr McClean said that she would need to make enquiries about this (**Action 8 – Dr McClean**).

120/22.5 Ms Mann-Kler asked if any new COVID variants are expected, but Dr McClean reported that there are no new variants of concern at present.

120/22.6 Mr Clayton asked about the STI report and noted that the number of cases has increased while there was a period of restrictions in place due to COVID. Dr McClean explained that in 2020 there was a slight reduction which may have been due to a reduction in testing, but over the last year there has been an increase in postal testing.

120/22.7 Mr Clayton said that the number of people vaccinated is lower than he would have expected and he asked what measures PHA is taking to improve this. Dr McClean reported that at present only 14% of care home staff have been vaccinated which she said is disappointing and the Northern Ireland Social Care Council (NISCC) will be approached regarding this. She noted that the vaccine is more easily available this year, but yet the uptake has not been good. She suggested that people

may be fed up with vaccinations. The Chief Executive pointed out that if an individual is over 50 and works in a care home they may have received their vaccine through their GP so they may be counted in the over 50 category and not the care home staff category. He added that previously all HSC staff would have been able to obtain the flu vaccine, but now it is only staff defined as frontline.

120/22.8 Ms Henderson asked if PHA has a strategic interest in the situation in EDs or if this is outside PHA's remit. The Chief Executive advised that PHA is part of the Permanent Secretary's Performance Management Group which is where Trust Chief Executives are held to account for their performance. Professor Rooney sought clarity as to whether PHA attends that meeting from a public health perspective, or to offer professional advice. The Chief Executive said that PHA's role would be more to do with offering professional advice.

120/22.9 The Chair asked what PHA can do for those who are slow to come forward for their vaccinations. Mr Wilson advised that during November and December, PHA will be pushing messaging out through TV and radio. He noted that there are many ways to obtain the vaccine and some GPs may contact individuals directly. The Chair asked if there are data available to show which groups of people have not come forward and to target them. Mr Wilson suggested that negative messaging may not be appropriate and added that it would be the lower age groups who are more resistant to vaccination. Ms Mann-Kler asked if PHA uses audience augmentation techniques, but noted that there is a lot of vaccine fatigue. Mr Wilson advised that PHA does build segmentation into its media work and would have an array of profiles. He added that PHA does not have a target to meet. Dr McClean added that more people are eligible for the flu vaccine rather than the COVID vaccine and there has been a higher uptake of the flu vaccine.

120/22.10 Mr Blaney queried whether there is a risk of overdoing the PR work and suggested that people may be feeling forced into getting a vaccine. Mr Clayton noted that there was previously a team looking at those groups where vaccine uptake was low, for example among certain ethnic minorities, and asked if there is a sense of what the uptake has been like among that group. Dr McClean said that so far PHA has not targeted specific groups, but there are data available regarding uptake by postcodes and ethnic groups. Mr Wilson acknowledged that there is a danger that messaging too much can create an adverse reaction. He suggested that direct contact from healthcare professionals is a better way of improving uptake.

121/22 Item 10 – Performance Management Report (PHA/03/11/22)

121/22.1 Mr Wilson advised that the Performance Management Report as at 30 September 2022 showed that of 31 actions in Part A, 0 were rated "red", 7 were rated "amber" and 24 were rated "green". He added that the Report included any of those actions in Part B which were rated "red" or

“amber”.

- 121/22.2 The Chair commented that for action 3d relating to screening, he would wish to see the data from 2019 to be able to benchmark the progress outlined. Ms Henderson asked if the action should be rated “green” given there is still slippage in the screening programmes. She noted that following the visit to the diabetic eye screening clinic before the meeting, there is still a backlog in that programme. The Chief Executive said that he agreed with the comments made and advised that following a conversation he had with Mr Stephen Murray, he has asked that the Report should be more numbers-based. He said that while the Report has been reinvigorated and refreshed this year, he would like to see more quantitative data going forward. Ms Henderson said that for the screening clinics, there is a need to run extra clinics outside hours and at weekends to help clear the backlog.
- 121/22.3 Mr Irvine said that there needs to be a discussion with regard to what information comes to the Board before producing such a Report so that the Board can effectively carry out its role.
- 121/22.4 Returning to the action on screening, Mr Stewart pointed out that the wording of the objective is not about getting the programme back to full recovery. He noted that it indicates that each Trust will have a quality assurance visit every 4 years and asked if that is an appropriate timescale. He also asked if the Board could have sight of the Organisational Development (OD) plan referenced at 7a. Dr McClean suggested that the frequency of visits to the screening programme may be based on a national programme, but she would get further detail **(Action 8 – Dr McClean)**. Mr Clayton agreed that it would be useful for the Board to see the OD plan.
- 121/22.5 Mr Clayton asked for an update on the recruitment of a breastfeeding lead given the pressure this vacancy places on the wider team and mindful that there is a strategy to carry on this work. Dr McClean advised that the current Strategy is coming to an end and as this work has fallen behind, she will chair the group. She explained that the post was filled, but it had been hoped that the postholder would have a qualification in midwifery so there are discussions taking place with Nursing colleagues to help fill that gap.
- 121/22.6 Ms Henderson asked how PHA ended up becoming the lead for the regional perinatal service. The Chief Executive said that he would come back with further information on this **(Action 9 – Chief Executive)**. Ms Henderson asked if this fits with PHA’s work. The Chief Executive said that this an example of how PHA’s role has expanded and shows how PHA needs to look at its own strategy and priorities and push back. Professor Rooney said that PHA had previously undertaken a review of cases and the Chief Executive added that PHA had released staff to work on this. Ms Henderson sought confirmation that PHA has received funding for this work and the Chief Executive that it had.

121/22.6 The Chair asked about temporary staff becoming permanent and if there was competition for these posts. Ms McCaig explained that there is open competition for all posts when they are made permanent.

At this point Mr Irvine left the meeting.

121/22.7 Mr Wilson explained that this target relates to the making the roles permanent, not the individuals in the roles.

121/22.8 The Board noted the Performance Management Report.

122/22 Item 9 – ALB Self-Assessment 2021/22 (PHA/02/11/22)

122/22.1 The Chair thanked Mr Graham for his work in helping to pull together the self-assessment. He asked Mr Clayton to outline concerns that he had reference in advance of the meeting.

122/22.2 Mr Clayton noted that the process for completing the self-assessment was helpful in that it was shared between both Executive and Non-Executive Directors. However, he noted that last year there had been an Internal Audit report on Board Effectiveness and one of the issues raised in that report concerned the robustness of the process to complete this self-assessment. He added that the report of that audit had come to the Governance and Audit Committee after the period of self-assessment being considered here, and in that audit, there were concerns about clarity of roles and responsibilities, but yet the section concerning that is rated “green” in this self-assessment. He said that he would wish to ensure that the self-assessment is reflective of the Internal Audit report. He also made reference to the sections on SAIs (Serious Adverse Incidents).

122/22.3 Mr Stewart agreed that this is a difficult one as the fieldwork for the Internal Audit was ongoing during the period of this self-assessment, but he noted that the fieldwork was disputed and had to be carried out again. He echoed Mr Clayton’s concerns and suggested that he should have a discussion with Mrs Catherine McKeown regarding this and be guided by her view on the matter.

122/22.4 Ms McCaig also agreed that there were issues with the fieldwork, but she pointed out that by the time the report was finalised, many of the recommendations had been implemented. She added that it would be worth seeking Mrs McKeown’s views on the matter.

122/22.5 Ms Henderson whether the references to SAIs in the self-assessment are superseded by the RQIA review. She said that the report of that review found that the current system does not work. Dr McClean explained that PHA does not run the system, it implements Department policy and provides professional input. From her own experience, she said that staff who are DROs (Designated Responsible Officers) spend a lot of time and energy and can be left vulnerable. She said that big

- changes are needed.
- 122/22.6 Mr Clayton pointed out that, with regard to SAIs, there was an Internal Audit review of SAIs and in the self-assessment there are references to SAIs in both Section 3 and Section 4 and these do not line up. The Chief Executive reported that PHA has now established a monthly joint meeting with SPPG, and front and central to that is the SAI process as both organisations are accountable for that. He said that each organisation must ensure that it carries out its responsibilities and there needs to be clarity about the role of SPPG and the role of PHA and a report brought back to each meeting. Mr Clayton asked if there is an action in terms of information coming back to the Board. He asked whether it is necessary to go through the self-assessment section by section to ensure the responses are aligned.
- 122/22.7 Ms Henderson said that she is very focused on SAIs having read the RQIA report, but she is also concerned about the experiences of individual PHA staff who have been involved in the process and feel exposed. Professor Rooney commented that for the Board has been asking for information on SAIs for some time and was advised to await the publication of the RQIA review. Now that the report has been published, she said she wished to see action. She also queried whether there is a need to review the self-assessment to check for mismatches and whether so many actions should be rated “green”. Mr Stewart said that as PHA’s role in SAIs is limited to issuing learning letters, it should seek to remove itself from the process.
- 122/22.8 The Chief Executive advised that Ms Denise Boulter had delivered a presentation at this week’s joint PHA/SPPG and proposed that she come to the Board to deliver the same presentation. He said that the presentation delineates the roles of the various parties involved in the SAI process as well as the responsibilities of AMT and the Board. He added that through the monthly meeting PHA will receive an update and assurance about the number of SAIs and the progress against them and he can then provide an assurance to the Board.
- 122/22.9 Professor Rooney asked whether based on the RQIA report and the presentation delivered by Ms Boulter if PHA is now satisfied and if it knows where its responsibilities lie in terms of the impact of the learning letters that it issues. The Chief Executive said that while PHA is complicit with its responsibilities, he would not know what the impact is of the learning letters. Professor Rooney asked if PHA will have an input into the new SAI process but the Chief Executive said that this would not be the case.
- 122/22.10 Dr McClean said that she agreed with all the points being made and added that, as doctors, they are part of a process is are beyond their remit. The Chief Executive outlined the example of a Trust asking a third party to carry out an SAI investigation and the third party making recommendations for PHA/SPPH or the Department, but whether it would have the authority to do so and if the recommendations would be

- accepted or if the bodies would be told about them.
- 122/22.11 The Chair noted that the proposal is for Ms Boulter to present at a future meeting and sought clarity on the purpose of the presentation. The Chief Executive said that it is to outline responsibilities.
- 122/22.12 Professor Rooney asked what can be done to support staff. Ms Henderson added that staff involved in SAls need to be protected. The Chair asked if PHA can influence the Department. Dr McClean explained that the HSC Framework Document sets out the roles of the different HSC organisations but not everyone has read the document. She said she hoped that the Department will take the RQIA review report seriously and make the necessary changes. The Chair asked if Dr McClean's concerns, and those of her colleagues, can be relayed to the Department. Professor Rooney suggested that this is an action for the Board. The Chair said that there will be a presentation at the next meeting and that AMT may give thought as to how PHA may influence the Department (**Action 10 – Chief Executive**).
- 122/22.13 Mr Clayton asked where Internal Audit reports sit vis-à-vis the self-assessment. He added that he had some other areas of concern that he wished to highlight. He noted that only one case study had been completed, but Ms McCaig explained that only one was necessary. He asked about the issuing of SAI learning letters referenced in Section 4.
- 122/22.14 Ms Mann-Kler noted that this self-assessment is being reviewed a long time after the period being reviewed and it would not be possible for one person to have cognisance of all of the elements. She suggested that the self-assessment should be left as is and should include a covering note. Ms McCaig agreed saying that the covering note should indicate that PHA has completed this self-assessment with the most reasonable approach possible and has spent time reviewing it, but now it needs to move forward. In general terms, she said that the process was more robust than previously and that the Board should assure itself of that. She added that she would also be happy to speak to Mrs McKeown and she would work with Mr Graham on the covering statement (**Action 11 – Ms McCaig**). Mr Stewart advised that he has a call booked with Mrs McKeown on Friday.
- 122/22.15 The Chair sought approval of the self-assessment and it was **APPROVED** by members. He advised that he had been in contact with the Office of Health Improvement and Disparities (OHID) in the Department of Health and Social Care in London regarding the tool which they use for board self-assessment. He advised that OHID uses guidance from the National Audit Office in London.
- 123/22 Item 11 – Any Other Business**
- 123/22.1 There was no other business.

124/22 | **Item 12 – Details of Next Meeting**

Thursday 15 December 2022 at 1:30pm

Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast

Signed by Chair:

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

Date: 15 December 2022