

Title of Meeting	128 th Meeting of the Public Health Agency Board
Date	17 December 2020 at 1.30pm
Venue	Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast

Present

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

In Attendance

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| Mr Lindsay Stead | - Interim Director of Finance, HSCB (<i>via video link</i>) |
| Mr Robert Graham | - Secretariat |

Apologies

- | | |
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| Dr Aideen Keaney | - Director of Quality Improvement |
| Ms Marie Roulston | - Director of Social Care and Children, HSCB |

124/20 Item 1 – Welcome and Apologies

124/20.1 The Chair welcomed everyone to the meeting. Apologies were noted from Dr Aideen Keaney and Ms Marie Roulston.

124/20.2 The Chair welcomed Dr Stephen Bergin to his first meeting as Interim Director of Public Health and Mr Stephen Wilson to his first meeting as Interim Director of Operations. He also welcomed Mr Lindsay Stead to his first meeting as Interim Director of Finance in HSCB.

125/20 Item 2 – Declaration of Interests

125/20.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda. Ms Mann-Kler declared an interest with regard to Item

10 as she is a Commissioner with the Equality Commission.

125/20.2 The Chair passed on his congratulations to three of the Non-Executive Directors who have been appointed to additional new roles. He advised that Ms Mann-Kler is now a lay member of the General Medical Council (GMC); that Mr Stewart is now the Chair of the Audit Committee of the Livestock Marketing Commission and that Mr Clayton is now an Executive Member of the Northern Ireland Association for the Care and Resettlement of Offenders (NIACRO).

126/20 Item 3 – Minutes of previous meeting held on 19 November 2020

126/20.1 The minutes of the Board meeting held on 19 November 2020 were **APPROVED** as an accurate record of that meeting

127/20 Item 4 – Matters Arising

120/20.2 Self-Isolation Support Pathways

127/20.1 The Chair said that he was pleased to see that the leaflets giving advice to people who have to self-isolate have now been translated into 15 different languages.

128/20 Item 5 – Chair’s Business

128/20.1 The Chair said that following a meeting with Non-Executive Directors, it was agreed that further discussion was required with the Interim Chief Executive regarding PHA’s approach to appointing a Director of Operations and how the finance function will be handled. The Interim Chief Executive explained that Ms Sharon Gallagher will be attending the Board meeting in January in her capacity as Deputy Secretary in the Department of Health and Chief Executive of the Health and Social Care Board. She added that the issue of the finance function has been flagged up with Ms Gallagher. The Chair suggested that a paper could be prepared in advance for members. The Interim Chief Executive advised that Ms Gallagher will be accompanied by Ms Martina Moore who is the Director of Transformation. She added that she had raised this matter at an Oversight Board meeting yesterday.

128/20.2 Mr Stewart said that it is the view of the Board that the appropriate support needs to be in place for the Accounting Officer, and that Ms Gallagher should have an overview of the issues in advance of any discussion. Professor Rooney suggested that the Interim Chief Executive may have her own views on the matter. The Interim Chief Executive said that it will ultimately be up to the Department of Health to determine if PHA should have its own Director of Finance, but she assured members that there will be a function in place until March 2022 and that it may be prudent to hear what Ms Gallagher has to say when she attends the January meeting and then form a view on any next steps. She said that this is a delicate matter and that there is a view that

- all ALBs (including the PHA) should have a central finance function provided by BSO. Mr Stewart recalled that at a recent PHA staff briefing, the Permanent Secretary had indicated that in his view, the PHA should have its own finance function.
- 128/20.3 The Chair advised that he had shared with members an e-mail exchange he had had with Mr Wilson where he outlined his views on a PHA Communications Strategy and said that it was not to be viewed as a criticism of the Agency's current approach. He noted that the PHA's campaigns budget this year is considerably underspent and he was conscious that PHA had previously lost this funding, but had successfully secured its reinstatement after much negotiation. He acknowledged that while there is pressure to deliver certain campaigns, there is a public perception that other areas are being neglected and he asked whether it would be possible to reuse campaigns that have already been filmed as this would give a message that PHA is not solely focused on COVID-19. He cited the first campaign on stroke and the antimicrobial resistance campaign.
- 128/20.4 Mr Wilson said that he did not perceive any criticism from the communication, but he pointed out that the inescapable fact that there is a small campaigns team in PHA which is focused on COVID-19 related work. He advised that a business case has been submitted to the Department for Health to up-staff the communications function in PHA, but a determination on that has not yet been made. However, he informed members that he has received an assurance that PHA's campaigns budget will not be affected as there is recognition of the important role that PHA plays and there is support for the business cases that have been submitted. He said that PHA needs to grow its marketing and digital work as this is essential to an integrated communications team.
- 128/20.5 Mr Wilson advised that PHA is looking at launching additional campaigns in-year in the areas of obesity and stroke, but he explained that the stroke campaign may not be available in its present form as it has run its course and contracts for it need to be renegotiated.
- 128/20.6 Professor Rooney asked about funding to upgrade the PHA website. Mr Wilson said that a separate business case has been submitted regarding the website, but this is capital funding. Professor Rooney noted that PHA should be putting out positive messages on areas such as screening, where those programmes are now up and running again. Mr Wilson agreed, but said that PHA does not currently have marketing expertise in-house. Professor Rooney queried if there was anything that the Board could do to expedite the approval of the business cases. The Chair noted that the funding for campaigns is available and asked if PHA could run a campaign of its choice, but Mr Wilson pointed out that PHA's campaigns programme has to be approved by the Department.
- 128/20.7 Ms Mann-Kler asked if there are any behavioural psychologists

employed within the communications team. She also asked about the extent to which PHA's communications strategy looks at all segments of society, given COVID-19 has impacted on some more than others. She noted that a point had been raised with Dr Ruth Hussey as part of her review of PHA about the need for the PHA communications unit to be beefed up. Mr Wilson responded saying that although there are no behavioural psychologists in the team, PHA does have access to support from a range of sources and that some of the staff in the Health Intelligence team have a psychology background. He added that this has been included in the business case submitted to the Department.

128/20.8 The Chair asked why PHA does not advertise on the BBC as it has previously undertaken public service announcements. Mr Wilson explained that the placement of such announcements is managed by the BBC centrally in London.

128/20.9 The Chair asked members to reflect on the e-mail he had shared with them regarding contact tracing. He said that understanding behaviours is key to getting people to comply with the 10-day self-isolation period. He added that PHA's role should not end once it has achieved the contact. He acknowledged that there is now a link with AdviceNI, but the number of people availing of this service is quite small. He said that when it comes to self-isolating, people are not only concerned about money, but also about being able to cope and getting their children to school as well as trying to understand the messaging coming out from politicians. He felt that how the messaging is delivered is important and that there may be more of an impact if it was delivered by those working on the front line. Mr Wilson pointed out that this has been done previously and while there was a novelty factor, he was not sure if it would have the same impact. The Chair noted that in this week's coverage about acute care issues, clinicians have been used to raise public awareness.

128/20.10 The Chair noted the proposed rollout of the COVID-19 vaccination programme and asked if the vaccines are currently flowing. The Interim Chief Executive said that she is due to attend a meeting of the Vaccination Programme Board later this afternoon and that there will be no statements made regarding the flow of the vaccine in Northern Ireland until it is being rolled out in all 5 Trust areas. She said that GPs have not yet received any doses. The Chair advised members that there is a programme on BBC Radio 4 discussing how the vaccine can be rolled out across the world and it also deals with the messaging being promulgated by anti-vaxxers (available on BBC Sounds on Radio 4, Monday 14 December at 11.30am). He reported that the Health Minister as well as the First Minister and the Deputy First Minister visited the contact tracing centre on 11 December.

129/20 Item 6 – Chief Executive's Business

129/20.1 The Interim Chief Executive presented her Report which she said

covered a range of areas and was important in terms of keeping members up to date. She noted that as members had received the Report in advance, she would deal with any queries they had.

- 129/20.2 Mr Clayton asked about the messaging around the vaccination programme and dispelling concerns being raised by anti-vaxxers. He noted in particular that women who are either pregnant or planning to become pregnant have concerns about whether the vaccine causes fertility issues. He suggested that any misinformation in the public domain should be corrected and a reassurance given. Mr Wilson said that this particular issue has been discussed and will be included in any “questions and answers” documents, and that messaging will be put out through social media channels with female staff presenting the message.
- 129/20.3 Mr Clayton noted that PHA has begun to do enhanced contact tracing, but given the concerns about the rising number of cases he asked whether this can be maintained and if the digital self-trace will offer some mitigation. The Interim Chief Executive advised that there is a meeting held three times a week to look at contact tracing. She said that it is anticipated that the number of positive cases will start to increase from 26 December so there may be a move away from enhanced contact tracing as these calls can take up to 45 minutes. She advised that more staff have been recruited, but this will mean that other work will be paused. She explained that each morning a risk assessment will be carried out based on the numbers that have come in overnight and a determination will be made if the enhanced contact tracing can be done. Furthermore, she said that the number of attempted calls made within 48 hours to contacts will be reduced from 5 to 3.
- 129/20.4 Ms Mann-Kler thanked the Interim Chief Executive for the Report and asked about the modelling for the third wave. The Interim Chief Executive said that the number of positive cases could rise to 3,000 per day. When asked by Ms Mann-Kler if this was from 27th December, the Interim Chief Executive explained that the people who will test positive around 27th December are already likely to be infected so the numbers will increase from the end of December into early January. She went on to say that the modelling will determine how many staff are needed. She explained that anyone who receives a positive test result will get an e-mail and can use the Digital Self Trace on which Ms Jennifer Lamont will give a presentation later in the meeting.
- 129/20.5 Ms Mann-Kler asked if there is a tipping point where contact tracing becomes obsolete. The Interim Chief Executive said that the view is that contact tracing should continue. She added that people will know that they have tested positive and that the people they live with will know that they have tested positive so they should know to do the right thing, but PHA cannot make people stay at home.

129/20.6 Alderman Porter said that if PHA finds that its system is under pressure it should move quickly and proactively to get messages out and consider doing briefings with politicians to keep them updated. The Interim Chief Executive said that she and Mr Wilson will be on duty over the next 3 weeks and will monitor the situation. Ms Mann-Kler expressed concern about the wellbeing of the Interim Chief Executive and staff given there has been no let up over the last number of months. The Interim Chief Executive said she is mindful that staff need to take a break. Ms Mann-Kler suggested that there should be a communication to all staff from the Chair expressing the Board's appreciation and support for their efforts. The Chair agreed that it is important that staff get that message and also that people work together and help each other to ensure that those who need a break can get one over the holiday period **(Action – Chair)**.

130/20 Item 7 – Finance Report (PHA/01/12/20)

130/20.1 Mr Stead thanked the Chair for his welcome and said that he would be covering the role of Director of Finance in HSCB for the months of December and January before Mr Colin Bradley takes on the role in February and March. He advised that Ms Tracey McCaig will be the new permanent Director of Finance and that she has previously worked in HSCB.

130/20.2 Moving to the Finance Report, Mr Stead said that PHA's financial position is similar to that of the previous month with a year to date underspend of approximately £500k, largely due to an inability to spend against core business activities, a position that many other HSC organisations are facing, as well as an underspend in relation to the management and administration budget. In relation to the full year position, he projected that PHA will achieve a break even position as its underspend should be retracted by the Department of Health as part of the January monitoring round. He said that the position will continue to be monitored.

130/20.3 Mr Stead said that PHA has a £4m budget in relation to Transformation funding and he was not expecting any material slippage in that area. He said that PHA will work closely with Trusts to ensure that there are no risks associated with this spend. In terms of the COVID-19 budget, he advised that PHA has submitted a revised bid to the Department for up to £10.3m of funding and there is a separate paper outlining how this was arrived at. He pointed out that if any staff working on COVID-19 are redeployed to the vaccination programme, there is a separate funding stream so those costs will have to be amended but the finance staff will work with PHA to identify these costs. For Transformation and COVID-19 expenditure, he also pointed out that there is a recurrent element going into 2021/22 so work is progressing to assess the scale of that, but he advised that he is not yet aware of what the health budget will be for next year.

130/20.4 Mr Stewart sought clarity on whether the £10.3m bid for funding will be

approved by the Department. Mr Stead confirmed his expectation that it will be approved and added that PHA is in contact with the Department on an almost daily basis refining the assumptions. The Chair sought clarity regarding the set up costs vis-à-vis the ongoing costs of contact tracing. Mr Stead said that these figures are based on an original bid which has subsequently been revised and he drew members' attention to the supporting paper. The Chair asked what the monthly costs are of the contact tracing service and Mr Stead advised that these work out at approximately £400k per month. The Chair said that based on his calculations Northern Ireland should be receiving £343m of the UK budget for testing and contact tracing, of which £86m might be awarded for the contact tracing element. Professor Rooney thanked Mr Stead for the separate information on COVID-19 funding and asked if there a way of capturing the total financial resource being dedicated to COVID-19. The Interim Chief Executive said that this can be looked at.

130/20.5 Mr Stewart noted that there is an expectation that some of the COVID-19 funding will be recurrent and he asked if there is a timeline for getting an understanding of what this recurrent element will look like. Mr Stead advised that work is ongoing with PHA colleagues to project what next year's costs will be. He explained that the £10m bid is a recent revision so the full year effect is still being worked through. He advised that PHA has to work with the Department in terms of its planning for 2021/22 and then submit a bid for what resource it feels is required.

130/20.6 Members noted the Finance Report.

131/20 Item 8 – Update on COVID-19

Ms Jennifer Lamont joined the meeting for this item.

131/20.1 The Interim Chief Executive said that there had already been discussion in the meeting relating to contact tracing and testing, but she noted that the Board had expressed an interest at the last meeting about hearing more on the Digital Self-Trace initiative. She advised that Ms Jennifer Lamont has been working with the PHA since April/May on the contact tracing work and has been linking with Kainos. She invited Ms Lamont to give members more detail about the Digital Self-Trace initiative.

131/20.2 Ms Lamont advised that she had been brought into the PHA to assist with the logistics of the contact tracing programme and that at the start of the pandemic there was a sense that the contact tracing would be carried out manually, and although this remains PHA's core approach, there is now a digital element, namely the Digital Self-Trace. She explained that when an individual receives a positive test result they will also receive two text messages, the first contains a code for the proximity app and the second is a code for the HSC COVID-19 website where they can then go and input their own contacts manually which then automatically sends out messages to those contacts. She added that the website will also ask for details of where the individual has been

and this information is fed into the central Dynamics system. She said the self-trace initiative launched on 9 October and there has consistently been an uptake of around 20%, but last week a public information campaign was launched and this has seen the uptake increase to around 30%. She said that leaflets have also been produced to market the self-tracing service in order to increase uptake.

131/20.3 The Chair asked that when an individual receives a message, does PHA receive any notification that the message has been delivered and that the individual will act on the advice to self-isolate. Ms Lamont said that while PHA will know how many messages have successfully been delivered, it does not know how many people are self-isolating. She noted that during the last period when the numbers of daily positive cases began to decrease, the performance of the contact tracing centre improved as there had been a period when the numbers increased dramatically that the centre had not been able to reach individuals. The Chair asked if there is information in the text message about self-isolation. Ms Lamont explained that as there is a limit to the number of characters in the text, it contains a link to a website that people can go to for advice.

131/20.4 Ms Mann-Kler asked if PHA is setting targets in terms of the Digital Self-Trace and how success will be measured. She asked if there is an insight or understanding in terms of the groups that are using the platform which may inform future campaigns, and she also asked how Northern Ireland is doing in this area compared to other parts of the UK. Ms Lamont advised that there are metadata which shows who is accessing the digital platform and PHA can also get information in terms of people who commence the self-trace process but do not complete it. She added that the platform was developed in conjunction with the Behavioural Science Group and is very intuitive. She said that PHA has not set any targets, but given the uptake was 20% prior to a campaign being launched, then a higher uptake would be a success. In terms of other jurisdictions, she said that it would be difficult to undertake a comparison as each country has adopted a slightly different approach and there would have to be caveats around culture and behaviours. She explained that in order to be effective PHA should be reaching 80% of index cases within 24 hours and 80% of their contacts within 48 hours, but is achieving a success rate of 95%. However, she added that it is very difficult to measure whether people are then complying with the instructions given. The Chair commended the achievement of reaching 95% of cases within 24 hours.

131/20.5 Mr Clayton asked how disaggregated the metadata are because he noted that there are some population groups that are more vulnerable to COVID-19. He queried whether PHA would know if these groups are using the platform, and he also asked about the usefulness of the platform in terms of identifying clusters. Ms Lamont said that PHA does not request data across each of the Section 75 categories. She said that there is information relating to age and postcode but it is only

- voluntary for individuals to disclose their ethnicity. She pointed out that postcodes may help identify trends in areas of deprivation. She explained that an EQIA is being completed but that PHA is able to monitor spread across a range of indicators. She said that the contact tracing centre is the first line of defence in terms of dealing with clusters.
- 131/20.6 Ms Lamont explained that within the Digital Self-Trace, the average number of contacts per index case is around 2 so if an individual indicates that they have 0 contacts or a high number of contacts, this is immediately flagged up. Mr Clayton asked why PHA is not looking at data across all of the Section 75 groups. Ms Lamont explained that PHA is holding data solely for the purpose of stopping the transmission of an infection, so there are issues in terms of what information can be asked for, but that there will be a meeting shortly with the Equality Commission to look at this. She said that PHA is conscious of the impact on different groups.
- 131/20.7 Dr Bergin suggested that Dr Peter Sheridan could attend a future PHA Board workshop to deliver a presentation similar to one he delivered last Friday for the First Minister, Deputy First Minister and Health Minister which showed how the business intelligence gathered from contact tracing had prevented up to 700 new cases in one area. He said that the definition of a cluster takes into consideration factors such as time, place and person. He pointed out that PHA does not solely rely on the contact tracing service and that there is also the Duty Room as well as an education cell and a care homes cell. He added that there are epidemiologists looking at modelling and clusters, and there is now a Department-led nosocomial cell. The Chair agreed that it would be useful to invite Dr Sheridan to a future workshop.
- 131/20.8 Alderman Porter asked whether there are cases where an individual receive a negative test result, but then test positive shortly after, and if it is due to the test not being performed correctly. Dr Bergin advised that the test is a reliable test and that staff are trained to administer it and there are standard operating procedures in place. He suggested that there are individuals who continue to show positivity beyond their symptomatic period due to contagions in their system, and that although no test is 100% reliable, the test currently used is very reliable. Alderman Porter asked if an individual could have received an incorrect test result due to not being tested properly, but Dr Bergin said that he would not have this information to hand.
- 131/20.9 The Chair said that he wished to take this opportunity to thank Ms Lamont for attending the meeting and to the staff working in the contact tracing centre for their continuing dedication and enthusiasm to this work which is vital in combating the virus

- 132/20 Item 9 – Update from Chair of Governance and Audit Committee (PHA/02/12/20)**
- 132/20.1 Mr Stewart said that the minutes of the meeting held on 1 October were available and that he had given an overview of those issues at a previous meeting. He added that these minutes show the efforts of Ms Mann-Kler and Mr Clayton in supporting the Committee.
- 132/20.2 Mr Stewart advised that the Committee met on 13 December and discussed a range of matters. He said that instead of a separate sub-Committee of the Board being established to deal with procurement, it was proposed that a Board member join the current Procurement Board. He reported that the Committee had discussed the need for correspondence to be sent to the Permanent Secretary around outlining concerns about the number of vacancies at senior level in the PHA.
- 132/20.3 Mr Stewart reported that there had been some criticism from Internal Audit following a risk management audit about the timeliness of the Corporate Risk Register being updated and brought to the Committee, but he felt that this was unwarranted given that the Interim Chief Executive had asked for a comprehensive overview of the Corporate Risk Register to be carried out.
- 132/20.4 Mr Stewart advised members that Mr Clayton will be taking over from him as the NED representative on the Information Governance Steering Group. He said that the Committee also discussed the issue of finance support to the PHA following the closure of HSCB, but this has been picked up earlier in the meeting.
- 132/20.5 Mr Stewart said that the Committee had felt it appropriate that there should be an Internal Audit carried out of the contact tracing service given the expenditure to date and the potential reputational risks.
- 132/20.6 The Chair thanked Mr Stewart and the other members for their work in supporting the Committee.
- 132/20.7 Members noted the update from the Chair of the Governance and Audit Committee.
- 133/20 Item 10 - Draft Annual Progress Report 2019-20 to the Equality Commission on implementation of Section 75 and the duties under the Disability Discrimination Order (PHA/03/12/20)**
- Ms Karen Beattie joined the meeting for this item. Miss Rosemary Taylor joined the meeting for this item and the next item.*
- 133/20.1 The Chair welcomed Ms Karen Beattie to the meeting and began by thanking the Equality Unit for their patience in allowing this Report to be submitted to this meeting instead of the previous one. Miss Taylor introduced the item saying that PHA is required to submit an Annual

- Report to the Equality Commission and that normally this would be submitted in August but due to COVID-19, there was an extension until 31 December. She thanked Ms Beattie and Ms Anne Basten for their work in compiling this Report and invited Ms Beattie to take members through it.
- 133/20.2 Ms Beattie began her presentation by giving an overview of the statutory duties placed on organisations such as the PHA. She explained that the Report then looks at key achievements and any gaps as well as priorities going forward. In terms of statutory duties, she advised that PHA has a responsibility has a duty to equality screen policies and programmes. With regard to duties under the Disability Discrimination Order, she said that PHA has a role to promote positive attitudes towards people with a disability and to encourage their active participation in public life.
- 133/20.3 Ms Beattie said that the Report referenced a range of initiatives across different themes that show where PHA has delivered outcomes for each of the different Section 75 groups. In terms of co-production she highlighted the establishment of the Frailty Network. In terms of access to information, she highlighted the translation of materials into other languages or easy to read formats. However, she noted that the number of equality screenings completed was low and this could leave PHA vulnerable to challenge.
- 133/20.4 Moving on to duties under the Disability Discrimination Act, Ms Beattie advised that PHA had participated in the Disability Placement Scheme.
- 133/20.5 Ms Beattie said that going forward PHA needs to increase the number of equality screenings, to improve its data collection and monitoring so it has better intelligence in terms of who is accessing its programmes or services. She said that PHA also needs to engage with Section 75 groups and to increase the number of staff who participate in equality training.
- 133/20.6 Mr Clayton picked up on Ms Beattie's concern about the lack of Equality Screenings as this had been flagged up previously. He said it was strange that this area is an issue given that the Report contains evidence of the good work PHA is doing. He pointed out that not only would PHA be vulnerable to challenge but it asked questions about where the oversight is given that screening is not being seen as a tool for decision making. In terms of the data, he noted that there were no specific references to how PHA creates improved opportunities for individuals regardless of their sexual orientation, but there are areas of work in this area highlighted in the Report. He also noted that there were no new actions for 2021/22, but simply the same actions being rolled forward. Ms Beattie said that with regard to the Equality Action Plan, BSO had approached the Equality Commission with the suggestion that some activities would be included that did not require public consultation, but that there will be other actions across all HSC

- bodies which will be consulted on jointly.
- 133/20.7 Mr Clayton asked about the equality screenings and why the number of completed screenings is low. Miss Taylor agreed that the number is low given that there is so much good work being done which is not being recognised. She said that there is a check box on papers going to Agency Management Team meetings to indicate whether an equality screening has been carried out and Directors may need to work with their teams to reinforce the importance of this. The Chair suggested that there should be an update on this brought back to the Board in 3/4 months' time, but given other work, he suggested by June 2021 (**Action – Miss Taylor**).
- 133/20.8 Ms Mann-Kler asked if the Equality Unit provides its services across a range of HSC bodies. She queried if the Board could be doing more to provide leadership in this area. She said that the development of the Corporate Plan gives PHA a unique opportunity to look at equality. She commented that the training figures are disappointing and asked whether NEDs had taken up the training. She felt that the training should be mandatory and expressed concern that the same messages are coming out of the Report as from previous years and suggested that an action plan should be developed. She reflected that everything PHA does has equality at its heart. She also felt that there is an issue in terms of data collection and said that if the Equality Unit plays a regional role there should be an opportunity to collect data more efficiently. On the whole she said that the Report was comprehensive but it is difficult to crystallise the main achievements and she asked if there was a report which celebrates the achievements but also highlights the areas that need to be focused on going forward.
- 133/20.9 Ms Beattie said that the Equality Unit provides support and advice to all HSC regional organisations. She agreed that it would be helpful if there was a drive to reinforce the need to undertake equality screenings. She acknowledged that it does take time to complete screenings and they can be perceived to be an additional burden, but by completing them it allows the staff member an opportunity to explore any issues and identify any potential problems early on. She pointed out that while the training figures appear to be low, 35 staff from PHA attended face to face training which is aimed at policy makers. She agreed that there is a lack of equality data across all HSC bodies and this has been picked up on by the Equality Commission, but there is an acknowledgement that there are difficulties in getting service users to provide equality data and that efforts are being made to obtain this data so it can be analysed and monitored.
- 133/20.10 The Chair declared an interest in that he is currently chair of the Disability Champions Network for regional health organisations. He noted the work that has been ongoing with recruitment agencies in terms of ensuring improved representation of people with disabilities and he asked if there was any data available on this. Ms Beattie advised

that there are limited data as recruitment agencies do not collect data against the different Section 75 groups, disability being one of these. She added that this is the first time that recruitment agencies have had to work with these equality objectives so if these non-statutory bodies can provide this data it will result in a bigger evidence base to effect change. The Chair advised that the Disability Network has invited Mrs Paula Smyth to its next meeting. He noted that individuals may be reluctant to disclose that they have a disability and he asked if there were any reasons why this may be the case. Ms Beattie said that there could be a number of factors, perhaps depending on how the question is asked or people may feel that a long-standing illness is not necessarily a disability. She added that the Tapestry Network is doing work in this area with some of its members showcasing themselves and sharing information about their disabilities.

133/20.11 Alderman Porter asked whether this Report looks at issues such as discrepancies in funding and whether PHA's funding is skewed towards particular areas. He also asked what is being done to look at the geographical spread of funding. Ms Beattie advised that under Section 75 PHA has a duty to promote equality of opportunity and part of that would be an assessment of need. She cited an example within the Report of developing materials relating to breast screening in an easy to read format as there was an awareness that there were particular sectors where there were health issues so a resource was put in to address a particular need. She also referenced work in the area of LGBT.

133/20.12 Alderman Porter asked if there is evidence that PHA funding is skewed towards certain sections of the community and whether different groups receive different levels of funding. The Chair said that this would not be the role of the Equality Unit. Alderman Ashe asked how PHA's equality of opportunity can be demonstrated if there is no awareness of when funding streams are being released, or when grant funding is available and he asked if he could be included on the distribution list to receive such information. Mr Wilson responded saying that Board members receive all press releases where this information would have been publicised. The Chair said that the issue is that some organisations appear to be receiving funding regularly and sought an assurance that all organisations receive the same opportunities.

133/20.13 Ms Mann-Kler said that in terms of next steps, the Executive Directors should prepare an action plan and bring this back to the Board in a few months' time so as to ensure that when next year's Report is being presented, the same issues are not being highlighted. She offered any assistance she could provide in this matter. The Chair suggested that this should come to the Board in June given pressures relating to COVID-19 (**Action – Interim Chief Executive**).

133/20.14 The Chair thanked Ms Beattie for the Report. Ms Beattie advised that PHA is due to carry out a 5-year review of its Equality Scheme before

June 2021 and that this presents an opportunity for PHA to review the last 5 years in terms of what has worked well, what has not worked well and what the priorities are going forward. She said the work will involve liaising with PHA stakeholders and she asked whether any PHA Board members would wish to be involved. The Chair said that he would be happy for the Board to be involved (**Action – Chair**).

133/20.15 Members **APPROVED** the draft Annual Progress Report 2019-20 to the Equality Commission on implementation of Section 75 and the duties under the Disability Discrimination Order.

134/20 Item 11 – PHA Assurance Framework (PHA/04/12/20)

134/20.1 Miss Taylor said that members will be familiar with the Assurance Framework as it is reviewed biannually and is brought to the Board annually. She said that this update has been approved by the Agency Management Team and the Governance and Audit Committee.

134/20.2 Miss Taylor said that the Assurance Framework is an important governance document as it sets out the various reports which are brought to the various committees of PHA. She explained that this year's Framework has undergone an extensive revision following recommendations made in a recent Internal Audit review and she thanked Mr Graham for this work in compiling this. She said that the Framework contained additional information, including a Lead Director for each item, and where applicable, a link to the Corporate Risk Register. She added that there are also some additional items which have been included.

134/20.3 Members **APPROVED** the PHA Assurance Framework.

135/20 Item 12 - R&D Annual Reports 2018/19 and 2019/20 (PHA/05/12/20)

Dr Janice Bailie joined the meeting for this item.

135/20.1 Dr Bailie advised that she was presenting two Reports to the Board; one for 2018/19 and 2019/20. She noted that she had last presented a report on the impact of R&D programmes in September 2019.

135/20.2 Dr Bailie advised that the information presented is reported under various strands and that the team is continuing to implement its R&D Strategy. She added that this year the team has taken on a lot of additional work due to the COVID-19 pandemic. She explained that a Scientific and Technical Advisory Cell was established to deal with queries and that the team worked with Trusts to ensure that Northern Ireland was well-placed to participate in UK-wide studies. She said that the team was involved in vaccine trials in the Belfast and Western Trust areas and in the establishment of a Behavioural Science Group. She added that she expected many of the COVID-19 strands to continue and she expressed her thanks to the team for taking on all of this additional

work.

135/20.3 Dr Bergin said that the work of the R&D team is integral to the COVID-19 response and he pointed out that Northern Ireland receives approximately one-third of the level of R&D funding that is available in other parts of the UK. The Chair felt that people do not understand the importance of medical research to society and recalled that in 2011, at the time of the financial crisis, the Government did not cut the research budget as it appreciated the economic benefit of medical research. He said that Northern Ireland should continue to fight for R&D funding and he asked whether other countries in the UK face the same issue with regard to funding. Dr Bailie explained that each of the 4 countries has a separate R&D budget, but Northern Ireland's budget is by far the lowest of the four countries of the UK. She said that England has contributed directly to Northern Ireland to support some of our work. She added that for the longer term, it is planned to continue with the centralised allocation of priority studies so additional funding will be coming to Northern Ireland. The Chair asked about the decision making process for funding. Dr Bailie said that funding comes from central Government but she was not sure whether it was the Executive or the Department of Health who determine the allocation for R&D funding and she acknowledged that R&D is competing with other priorities.

135/20.4 Professor Rooney commented that COVID-19 has changed the role of R&D in relation to public health research and she asked if there will be an opportunity to enhance this further. Dr Bailie said that PHA does provide funding for public health research and there is a Northern Ireland Public Health Network. She added that a lot of public health research is carried out by universities and PHA encourages them to liaise with PHA. She suggested that PHA could appoint a Director of R&D in order to develop a research culture in the organisation. She said that PHA does not tend to ring fence funding in particular areas, but she would be content to fund specific research in public health if this was required. The Chair noted that organisations like PHA should also commission their own research.

135/20.5 The Interim Chief Executive advised that she had to leave the meeting and she informed members that she had received a draft report from Dr Ruth Hussey following her review of PHA. She explained that there were a couple of queries that required followed up and that she would share it with members once she had received the final version. She said that the report will be a helpful report for PHA going forward and that Dr Hussey had been able to speak to approximately 50 people while she was compiling it.

At this point the Interim Chief Executive left the meeting.

135/20.6 Returning to the R&D reports, Dr Bailie said that she felt that during the pandemic people have looked to research for answers and that research has delivered and she hoped that this has changed people's perceptions

of research. The Chair said that he would formally write to those who make decisions regarding research funding to strengthen the case for more funding (**Action – Chair**). Professor Rooney said that the suggestion to have a Director of Research in PHA is a useful one.

135/20.7 The Chair asked Dr Bailie to thank her colleagues for the work that they have done and to pass on that this work is valued by the Board.

135/20.8 Members noted the R&D Annual Reports.

136/20 Item 13 - Director of Public Health Annual Report (PHA/06/12/20)

Professor Hugo van Woerden joined the meeting for this item.

136/20.1 Professor van Woerden began by apologising for the late submission of his Report. He said that at previous Board meetings there have not been many written updates on COVID-19 so this Report tells the story of the first wave of COVID-19. He added that the Report not only focuses on the health protection aspect, but also on the contribution of other parts of the Agency including Nursing and HSCQI.

136/20.2 Professor van Woerden said that the report shows that Northern Ireland has performed comparatively well compared to the other parts of the UK and had a lower death rate from COVID-19. He thanked all of those involved in preparing the Report. The Chair noted that it was clear that it was a team effort. Dr Bergin said that he was happy to support the hard work that had gone into preparing the Report.

136/20.3 The Chair asked if there was any particular reason why Northern Ireland had a lower mortality rate compared to the rest of the UK. Professor van Woerden suggested that this may be due to Northern Ireland being on a different island, and also that its airport does not receive many international flights. He added that Northern Ireland had taken on board early advice in the epidemic and put out advice which helped.

136/20.4 The Chair said that members will take time to read the report in full and he thanked Professor van Woerden for taking the time to compile it. He thanked him again for his achievements during his time as Director of Public Health and for his ability to deliver presentations which outlined in lay terms the latest data regarding the pandemic. He thanked him for his work leading the public health directorate during the first wave and he wished him well for his retirement. Professor van Woerden thanked members for their support in the epidemic and propagated advice which helped.

136/20.5 The Board noted the Director of Public Health Annual Report.

137/20 Item 14 – Any Other Business

137/20.1 Alderman Porter returned to the issue he raised as part of the discussion

on the Equality Report and he requested that a piece of work be undertaken outlining what areas PHA funds, particularly with regard to Healthy Living Centre, to ensure that this funding is not skewed. He sought an assurance that PHA is not funding the same groups all of the time. Mr Clayton noted Alderman Porter's point, and said that while it is important to see where PHA is spending its funding, it should be looked at through the lens of Section 75 as this explain why there may be particular areas that receive more funding than others. Alderman Porter said that he needed to see the data to be assured that there is no skewing of resources.

137/20.2 Alderman Ashe asked about the application process for organisations to apply for PHA funding and if this is made public. He noted that on the previous occasion the Board was provided with detail on programmes funding by PHA, it appeared to be mainly Belfast-centric.

137/20.3 The Chair said that he would ask for this information. He advised members that there are currently some re-tendering exercises taking place and he will be sitting on the PHA Procurement Board.

137/20.4 The Chair thanked members for their commitment over the previous 12 months. He said that it has been a demanding year which has taken its toll on staff and he wished all members a healthy and safe Christmas period.

138/20 Item 15 – Details of Next Meeting

Thursday 21 January 2021 at 1:30pm

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

Signed by Chair:



Date: 21 January 2021