HSC Public Health Agency

minutes

Title of Meeting	141st Meeting of the Public Health Agency Board
Date	17 February 2022 at 1.30pm
Venue	Via Zoom

Present

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

In Attendance

Ms Andrea Henderson	-	Assistant Director of Finance, HSCB
Mr Robert Graham	-	Secretariat

Apologies

Mr Aidan Dawson	-	Chief Executive
Alderman Phillip Brett	-	Non-Executive Director
Professor Nichola Rooney	-	Non-Executive Director
Dr Aideen Keaney	-	Director of Quality Improvement
Ms Tracey McCaig	-	Interim Director of Finance, HSCB
Mr Brendan Whittle	-	Director of Social Care and Children, HSCB

11/22 **Item 1 – Welcome and Apologies**

11/22.1 The Chair welcomed everyone to the meeting. Apologies were noted from Mr Aidan Dawson, Alderman Phillip Brett, Professor Nichola Rooney, Dr Aideen Keaney, Ms Tracey McCaig and Mr Brendan Whittle.

12/22 **Item 2 – Declaration of Interests**

12/22.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.

13/22 Item 3 – Minutes of previous meeting held on 20 January 2022

13/22.1 The minutes of the Board meeting held on 20 January 2022 were **APPROVED** as an accurate record of that meeting.

14/22 Item 4 – Matters Arising

5/22.8 Fuel Poverty

14/22.1 The Chair said that he is keen to have a discussion around fuel poverty at a future workshop.

6/22.8 Categorisations of Funding

14/22.2 The Chair advised that Ms McCaig had shared information with members on different categories of funding. He noted that the management and administration budget is the area where there would be the most discretion.

6/22.10 Vacancies

14/22.3 Mr Morton reported that he has shared a paper with the Chief Executive about vacancies and as indicated in the action log, the Chief Executive will bring a paper to the Board on vacancies across the organisation. In terms of his directorate, he advised that there were 17 vacancies and that 9 have been filled and 2 have been filled on a temporary basis. He added that of those 17, only 4 had recurrent funding, but he said that all of this will be included in the overall report.

14/22.4 Ms Anne Henderson asked Mr Morton if he feels progress is being made and if it is easy to fill the vacancies. The Chair asked why there were temporary appointments. Mr Morton explained that posts had to be filled temporarily because there was no recurrent funding, but they still counted as vacancies. He added that it was easy to attract candidates for these senior posts, but it can take up to 6/9 months to complete a recruitment exercise. The Chair asked if posts were advertised publicly and Mr Morton confirmed that they are.

15/22 Item 5 – Chair's Business

15/22.1 The Chair outlined the list of workshops that have been organised. He advised that he and the Chief Executive had received a letter from Ms McCaig regarding arrangements for the PHA finance function after March 2022. On the subject of poverty, he queried whether PHA could utilise any of its slippage for organisations who help people dealing with issues of fuel poverty.

15/22.2 Mr Clayton commented that it was important to remember the social determinants of health, some of which have been alluded to in the Chair's business. He said that issues such as unemployment, fuel

poverty and gambling addiction should be at the forefront of Board discussion, perhaps in a workshop, when looking at future strategy and the new Programme for Government. The Chair agreed but cautioned that PHA cannot be seen to advocate to or to lobby government.

15/22.3 Ms Anne Henderson noted that in the short term, PHA has an underspend in this financial year, and she asked if there are opportunities for PHA to support organisations dealing with poverty. The Chair said there are organisations that PHA supports.

15/22.4 Ms Mann-Kler said that she supported the views of the other members. She noted that PHA's position is evidence based on the determinants which impact on public health and wellbeing and economic health. She asked if PHA is confident that all of its staff receive the living wage. Ms Andrea Henderson said that under Agenda for Change terms and conditions, she suspected that this would be the case, but she would check this **(Action 1 – Ms Andrea Henderson)**. The Chair asked about staff who are sub-contracted, for example cleaning staff, and if these wage rates could be checked. Ms Andrea Henderson said that may be challenging, but she would look into it **(Action 2 – Ms Andrea Henderson)**. Mr Wilson pointed out that PHA would not be directly involved in contracting staff as it is does not own the building and that the only direct lease PHA has is for Linum Chambers.

15/22.5 Mr Wilson said that Ms Mann-Kler's point relates to not only PHA staff, but work done by third parties, and this is where social value procurement comes in. He advised that PHA is beginning to work more in this area. In terms of fuel poverty, he said that while PHA works with a number of networks and organisations, there are complications in that any of PHA's funding would not go directly to end users. He added that the funding would go to other Government departments and would therefore be retracted from PHA's funding, and there is also the issue of being able to utilise the funding in-year. Ms Andrea Henderson agreed saying that there needs to a robust process with PHA carrying out the required due diligence and then there are procurement matters which tend to take time.

15/22.6 Mr Clayton recalled that there was a conversation at the last Governance and Audit Committee meeting around social value procurement. He sought clarity as to whether PHA is reviewing contracts against the real living wage rather than the national living wage as there is potential for confusion. He said from June 2022 it was his understanding that there is a requirement that all organisations getting Government contracts should be paying the real living wage and therefore if PHA is not doing this, it would set a poor example. Mr Irvine said that PHA needs to be sure that it is implementing a direction that ties in with a policy as that is the only way to ensure contractors are compliant. He advised that in the Council, this can be done for direct service contractors, but there can sometimes be issues with indirect service contractors. He said that all PHA can do is ask for an

assurance, but make sure it is using the right framework and asking the right questions.

15/22.7 Mr Morton said that this wider policy context is crucial in terms of the design and commissioning of services. He agreed that under PfG, there should be joined up approaches and PHA should have a critical role, but he felt that there is some way to go in terms of seeing joined up actions across all of Government and its various agencies.

15/22.8 The Chair said that PHA has been funding a project to improve nutritional standards in HSC catering outlets and he hoped that this would also happen in the canteen in Linenhall Street, but the canteen has since closed. He added he was concerned about whether staff could afford to spend money on food from other outlets. He advised that he is attending an event on nutritional standards in March and has asked for an update on the project.

16/22 Item 6 – Chief Executive's Business

16/22.1 There was no Chief Executive's Business.

17/22 Item 7 – Finance Report (PHA/01/02/22)

17/22.1 Ms Andrea Henderson advised that the Finance Report for the period up to 31 December 2021 showed a surplus of £0.8m which is made up of a small underspend in the programme budget and a larger underspend in the management and administration budget. She added that there is an overspend in COVID-19 funding which reflects downturn of core activities against the cost of contact tracing. She reported that the projected year-end position is a surplus of £450k, but she noted that will change between now and the end of the year as there will be many unknown factors and as this is above PHA's permitted break even target, her team will work closely with the Operations team and the Department.

17/22.2 Ms Andrea Henderson advised that the downturn in the COVID-19 budget relates to bowel screening and smoking cessation. She explained that the projected spend for COVID-19 is £8.3m and PHA has already drawn down £7m. She added that COVID-19 downturn has been offset against that budget so up to an additional £500k can still be drawn down at this stage.

17/22.3 Ms Andrea Henderson reported that there is a surplus in respect of ring fenced funding and since this Report was finalised that surplus has increased. She said that it is a challenge to manage this at this time of the year but reiterated that her team will work to achieve a break even position.

17/22.4 Ms Andrea Henderson gave an overview of the risks saying that PHA needs to monitor programme funding closely, and that there remains

some funding which has not yet been allocated to Trusts. She added that the underspend in the management and administration budget is unlikely to reduce and she highlighted issues relating to the COVID-19 budget. She advised that as annual leave usage throughout the organisation is lower than at this point last year, there will be a financial impact which is difficult to predict, and is being kept under review, but may need to be reported in the accounts.

17/22.5 Ms Andrea Henderson said that in relation to the capital expenditure position, the majority of the budget is Research and Development. She added that following discussion with the R&D team there are no issues to report.

17/22.6 Ms Anne Henderson asked if the biggest risk for PHA is the funding that has not yet been allocated to Trusts. She also asked about the plans for contact tracing are for next year. Ms Andrea Henderson said that with regard to the Trusts, there is approximately £500k of funding that has to go out and Operations staff are currently reviewing this. She added that she expected there to be some slippage, but PHA cannot pay the funding out until there is confirmation of what work has actually been delivered on the ground. She agreed that it is a risk, but not the biggest one. In response to a follow up query from Ms Anne Henderson, she said the biggest risk is annual leave.

17/22.7 The Chair asked what the cost of annual leave was last year and Ms Andrea Henderson advised that it was around £750k, but for this year it could be up to £200k more. The Chair asked if PHA is compelled to pay this to staff, but Ms Andrea Henderson explained that it is not being paid to staff, it is the cost of the leave that has to be accounted for. She added that there is a buy back scheme, but that will have little impact on the accrual carried forward. She said that the Agency Management Team (AMT) members have been encouraging their staff to take leave and to ensure that the HRPTS system is up to date.

17/22.8 Noting that the Report is the situation as at the end of December and that there was an indication that the surplus will grow, Mr Stewart asked what the forecast is now. Ms Andrea Henderson said that there could potentially be another £300k of surplus. She advised that PHA is therefore unlikely to draw down all of the funding it requires for contact tracing, and that there will be some work to juggle funding. She added that her team will work with Operations staff and the Department to manage this, but she conceded that there may be difficulties.

17/22.9 Ms Mann-Kler asked about annual leave and if there are staff who have not taken leave over the last 2 years. She said that this would represent a wellbeing issue and a safeguarding concern for Non-Executive Directors. She hoped that over the next few months the situation will ease and staff will have the opportunity to use leave. She asked if there will be scope to carry leave forward as she was certain the same situation must exist right across the HSC. Ms Andrea Henderson replied

that in terms of carrying forward leave there is an opportunity. From a finance perspective, she said that finance is using the HRPTS system to calculate a cost, but she acknowledge that behind those numbers are staff and AMT is reinforcing the need for staff to take leave. She said that while she is not directly involved in Trust-related matters, she believed that Trusts are requiring additional financial cover for the cost of their annual leave accrual. She explained that although there is a buy back scheme, there is certain level of leave that all staff must use. Mr Morton reiterated that AMT is encouraging staff to take leave, but at this stage it will be difficult for staff to use their leave entitlement. The Chair said that he was thinking about the health and wellbeing of staff, particularly as the pandemic ends, as some staff may find it challenging to readjust.

17/22.10 Mr Clayton noted the earlier discussion about the number of variables which will determine if PHA can achieve a break even position and he asked that, given it is unlikely there will be a 3-year budget, what implications are there for PHA. He asked if any funding will be retracted if there is a high level of surplus, and how this will affect PHA's allocation for next year. Ms Andrea Henderson explained that to date, PHA has not asked for any funding to be retracted but to be offset against COVID-19 expenditure. She said that she did not think that PHA's potential underspend has been factored into any discussions on the budget but acknowledged that recent events have not helped. She advised that there will be other monies being directed to the overall health budget but the final budget will not be finalised until there is Executive approval. She added that there will be a submission made to the Minister but it may boil down to what can actually be approved in the absence of an Executive.

17/22.11 Ms Anne Henderson asked if the payback scheme would be fully resolved by 31 March, but Ms Andrea Henderson replied that as staff will have until 31 March to submit an application, the costs will fall into the next payroll period which is in the next financial year.

17/22.12 The Board noted the Finance Report.

At this point Ms Andrea Henderson left the meeting.

18/22 Item 8 – Update on COVID-19

18/22.1 Dr Bergin presented the latest data relating to COVID-19. He noted that this is now the third year since PHA established its mechanisms for looking at this. Beginning with the number of daily cases, Dr Bergin showed that the numbers remain high and there is still a long way to go although society is opening up. He noted the drop in numbers which is likely due to recent changes in the testing mechanisms and added that there will be a major announcement next week regarding future

arrangements for testing and contact tracing. He pointed out that PHA has always had a contact tracing function and it will continue to monitor COVID-19 as part of its surveillance and epidemiological work.

18/22.2 Dr Bergin advised that the numbers among younger age groups peaked around 25 January. He reported that Omicron is now prevalent across all age groups. He said that according to the latest ONS data 1 in 11 people had COVID-19 in Northern Ireland during January and that between the vaccine and previous infection more or less all of the population has antibodies. He showed a graph detailing the four waves of the pandemic and the links with hospitalisations. He said that there remains a lot of pressure on the hospital system and that a 1 or 2% increase in bed occupancy can have a major impact given occupancy is usually around 97%. He indicated that because of acquired immunity, the number of deaths has dropped markedly. He said that COVID-19 is going to remain in circulation for the foreseeable future but there should be a lower impact in terms of hospital admissions, numbers ending up in ICU and deaths.

18/22.3 Dr Bergin advised that PHA is dealing with hospital acquired infections (nosocomial infections) as Omicron is now active across all care settings. He said that the impact of nosocomial infections and outbreaks in care homes has to be managed. He reported that at the peak 50% of care homes had an outbreak and this will take time to recede. He said that although the care home population is highly vaccinated, it remains highly vulnerable.

18/22.4 Dr Bergin reported that going forward, PHA will be taking over the vaccination programme from the Department of Health from 2022/23 and that this will be a significant enterprise. He said that he will give a presentation on this at a future meeting, but noted that taking this on is a vote of confidence from the Department and that PHA has a lot of experience in this area.

18/22.5 The Chair thanked Dr Bergin for a comprehensive and comprehensible presentation and said that he would welcome a presentation on the vaccination programme.

18/22.6 The Chair asked if hospitals are differentiating between coincidental infections and hospitalisation due to COVID-19. Dr Bergin said that an effort is being made to differentiate between the two. The Chair noted that there is the issue if COVID-19 is recorded on the death certificate. Dr Bergin agreed that whether COVID-19 is the cause of death or contributed to death can sometimes be a judgement call.

18/22.7 Mr Clayton asked about the vaccination programme and for the arrangements for the 5/11 age group. Dr Bergin explained that PHA will not actually deliver the vaccine and it will be done through, for example, school nursing, or GP practices. He said that in a similar way to approach, PHA will commission the end-to-end pathway and it will have

	responsibility for areas such as data, uptake and communications. Mr Morton added that the bank vaccinators will be redeployed to Trusts to deliver this and some of the other vaccinators will support primary care and pharmacy.
18/22.8	Ms Mann-Kler asked at what point does PHA try to pause and reflect on the impact of the last couple of years and look at the implications for its work going forward. She cited elements of trauma, mental health issues, addiction and long COVID as well as other implications and asked whether there has been thought to looking at these areas. Dr Bergin said that about 4/6 weeks ago there was a period when the situation was relatively quiet and then 48 hours later PHA was dealing with the imminent impact of the Omicron variant. He added that PHA will be dealing with COVID for a period of time to come and there hasn't been the opportunity to look back. He said that there may be a Public Inquiry so PHA will need to look at any lessons learnt. Going forward, he noted that the work on the future operating model for PHA will be an opportunity to take stock. He said that while society may feel COVID-19 is over, that is not the case for PHA, i.e. there is still much work to do and plan for.
18/22.9	Ms Mann-Kler said that when thinking about affecting public health behaviours and ensuring a clarity of messaging going forward, there is a real challenge for the PHA as there is a feeling amongst some people that there is no longer a need to wear masks and hand hygiene doesn't matter. Dr Bergin pointed out that public health guidance hasn't changed and before COVID-19, public toilets and bars always displayed messages about hand hygiene and there were always campaigns.
18/22.10	Mr Morton said that there is work being done to model the delayed health impacts of COVID-19 which looks at issues such as long COVID and the socio-economic impact.
18/22.11	The Chair agreed that there is a need to have time to reflect and it is essential to find that time. Mr Morton said that there have been conversations at AMT meetings and there is a need for a period of recovery, not just for Directors but for their teams. He added that he is surprised that there has not been a higher level of sickness absence. He said that consideration is being given to how to create space for staff to recharge their batteries. Mr Stewart said that the current absenteeism rate is to be commended, but from experience, he said that it will increase as soon as the pressure is off.
19/22	**Item 9 – Update from Chair of Governance and Audit Committee (PHA/02/02/22)**
19/22.1	Mr Stewart advised that the approved minutes of Governance and Audit Committee (GAC) meeting of 3 December were in the papers for members, but that the Committee has since met on 27 January.

19/22.2 Mr Stewart reported that the Committee considered an updated Corporate Risk Register and that the Corporate Risk Register will be brought to the Board meeting in May. He added that consideration was also given to the public health directorate risk register. He advised that the Committee received a request to defer an audit on vaccination programmes until next year and this was approved. He reported that the external auditors presented their strategy for the year-end audit and that it is a similar strategy to last year. He noted that the auditors will look at how PHA accounts for COVID-19 funding and does not use it to minimise underspends. He said that the Committee considered the updated anti-fraud and anti-bribery policy and these were approved subject to some minor amendments which Ms McCaig agreed to undertake. He added that the Committee also received a fraud report and was given an overview of two investigations where PHA is a third party, but to date no suspected fraud has been found in either case.

19/22.3 Mr Clayton noted the reference earlier to the correspondence Ms McCaig has sent regarding the finance function and any implications following the closure of HSCB. He said that during the discussion at GAC, it was noted that nothing significant will change, although staff will work under the banner of the Strategic Planning and Performance Group (SPPG), but he felt it would be useful if there was an update for the PHA Board. The Chair said that he had raised this with the Chief Executive and although Ms Martina Moore has been scheduled to attend the May Board meeting, he felt it may be appropriate that this matter should be dealt with earlier and perhaps Ms Sharon Gallagher rather than Ms Moore might be appropriate. He added that he had had a discussion with the ongoing HSCB Chair and there are still issues that need to be clarified.

19/22.4 Mr Morton advised that since last November, he and other Directors have been actively involved in discussions and attended a number of workshops with officers of HSCB to look at operational arrangements post migration, but these have been paused and there is a need to get them up and running again. He said that although the legal transition to the SPPG has to be worked through, there also needs to be a discussion about the PHA's recovery programme as well as the role it will play under the new planning arrangements. He suggested that 2022/23 will be viewed as a transition year so there is still time for PHA to have an influence on how future arrangements will shape up. The Chair reported that the HSCB Chair had advised him that a group has just now been established to look at commissioning. He also recorded that the HSCB Chair had spoken in eulogistic fashion about the contributions of Mr Morton, Dr Bergin and Dr Brid Farrell to the meetings of that board. Mr Morton assured members that between HSCB and PHA, there is a commitment to establish multi-disciplinary planning teams and to ensure that PHA has a role in the new integrated care system planning model. He said he was confident that HSCB and PHA are on the same page.

19/22.5 The Chair asked if PHA still leads in terms of assessing healthcare needs. Dr Bergin said that this would be done at a national level and there is a wide variety of people who would do this work. The Chair said that PHA should work in tandem with the community and voluntary sector. Mr Morton said that under the new planning model PHA will want to have a lead role.

19/22.6 The Board noted the update from the Chair of the Governance and Audit Committee.

20/22 Item 10 - Pilot Buddy Project for PHA Board (PHA/03/02/22)

20/22.1 The Chair asked members if they had any thoughts on the project which he felt was a positive move.

20/22.2 Ms Mann-Kler said that it will be useful, but asked if any thought has been given in terms of targets, measurement and impact. She added that when reflecting on HSCQI and learning, it is important to integrate that learning culture and that should be driven at Board level. However, she said that she was not clear about what that looks like. She noted that the "buddying" should operate at a strategic level and not stray into operational matters.

20/22.3 Mr Clayton agreed that it should be an informal relationship and that in terms of outputs, there should be something to bring back at the end. He suggested that it may be worth considering switching buddies in order to help Board members get to know the totality of PHA's business. The Chair agreed with that proposal.

20/22.4 Ms Anne Henderson said that she also welcomed the proposal and she noted that with COVID-19 people are more detached and there are less opportunities to meet people. She agreed that there should be a rotation after 6 months. She also agreed with the points made about how the learning and benefits are noted.

20/22.5 The Chair undertook to report members' comments back to the Chief Executive **(Action 3 – Chair)**.

20/22.6 The Board **APPROVED** the pilot buddy project.

At this point Mr Clayton left the meeting.

21/22 Item 11 - Update on Personal and Public Involvement (PHA/04/02/22)

Mr Martin Quinn, Ms Bronagh Donnelly and Mr Martin McCrory joined the meeting for this item

21/22.1 Mr Morton introduced the Personal and Public Involvement (PPI) update and explained that PPI is a statutory responsibility for all HSC organisations and HSC has a delegated responsibility to oversee the

implementation of PPI standards. He advised that this work sits alongside PHA's work in the areas of co-production and patient experience. He said that those attending today will give an overview of the work that has been carried out during the year and added that against a backdrop of staffing challenges and staff being redeployed, the team has continued to deliver on its statutory responsibilities.

21/22.2 Mr Morton welcomed Mr Quinn, Ms Donnelly and gave a particular welcome to Mr McCrory who has recently joined PHA as a Peer Mentor to champion to voice of lived experience across the HSC system. He said that it is critical that PHA can provide that peer mentorship leadership.

21/22.3 Mr Morton said that going forward to 2022/23, there are five objectives for the PPI team; to review its current work, to develop peer mentoring and leadership across the HSC, to focus on the outcomes of PPI, to look at PPI and lived experience can influence the public health agenda and to develop a patient experience dashboard that draws together critical intelligence and puts it into a usable format going forward.

21/22.4 Mr Quinn reported that the PPI team has gone full circle with previous staff having left to take up leadership roles in other organisations and new staff coming in and added that he was impressed with how the team has recovered during this period of change.

21/22.5 Mr Quinn said that the team has commenced research into outcomes based monitoring and he agreed that the team has provided to the commissioning and service development agendas. He added that the team will be happy to look at how it can influence the public health agenda. In spite of the pressures that the HSC system has faced, he reported that every course that has been organised has been over-subscribed which shows that there is a continued appetite for this work. He advised that for the seventh cohort of the leadership programme, there were 80 applicants and the programme has been enlarged to facilitate 30 participants.

21/22.6 Ms Donnelly began her presentation by reiterating the fact that the latest cohort of the PPI leadership programme has seen demand outstrip the capacity to deliver. She reported that over 220 participants have booked on one of the four recent webinars which were developed in partnership with the Consultation Institute.

21/22.7 Ms Donnelly advised that a lessons learned reflection workshop has been arranged for early March which will look at the experiences of service users and carers during the pandemic and that PHA will work with both Queen's University to produce a paper following the workshop.

21/22.8 Ms Donnelly said that, working with the Consultation Institute, an Executive briefing has been devised and that the AMT availed of this in November 2021. She said that other senior teams across the HSC have been offered the opportunity to receive the briefing.

21/22.9	Ms Donnelly reported that the revamp of the Engage website in its final stages and that it has been shared with the Regional PPI Forum members for their comments and their feedback will be taken on board prior to the launch of the new site in the Spring.
21/22.10	Mr McCrory introduced himself as PHA's Regional Peer Mentor Lead for Service Users and Carers. He said that this is a post which has been championed by Mr Morton and a key part of the role will be to embed service user and carer roles in the HSC and how the recruitment of these individuals can bring tangible benefits for them and for the HSC. He added that his role will look at mentoring and development opportunities and he will also be looking at areas such as recruitment, remuneration and reimbursement. He said that he is looking forward to working with the Trusts and the PCC in this role.
21/22.11	Mr McCrory advised that PHA is running a bursary scheme to support service users and carers and any applications for these will be scored by a panel of service users and carers and staff across HSC organisations.
21/22.12	Mr McCrory gave an overview of the different Department of Health projects that the PPI team has continued to support as part of the Rebuild agenda.
21/22.13	Mr McCrory reported that PHA has been working to update the PPI monitoring arrangements that will be place from 1 April 2022. He explained that the revised tool will allow for the collation of consistent data which will help evidence the range of involvement and co-production work that is taking place and allow PHA to be able to more readily demonstrate the impact of this work and the difference it is making.
21/22.14	Mr Quinn said that the presentation was a quick overview of the range of work the team is involved in.
21/22.15	Ms Anne Henderson said that the presentation gave an overwhelming sense of the programme of work in this area, but she asked for a definition of who the service users and carers are, and how PHA can measure success. She noted that many people are now looking to the private sector for healthcare. She added that she was particularly interested in how PHA reaches those who are seldom online. *At this point Mr Clayton re-joined the meeting.*
21/22.16	Mr Morton explained that PHA and the Patient Client Council (PCC) have a role in this area and while PCC has the anchor role, PHA looks at specific groups and their experience of healthcare services, both citizens who use the service, and their carers. He said that the PPI team encourage these people to give their views and there is an online forum called Citizen Space. In terms of the increased use of the private sector, he said he felt that this was more to do with waiting lists. Ms

Anne Henderson said that more and more people are using private GPs which shows a failure on behalf of the HSC in not having sufficient GPs.

21/22.17 Ms Mann-Kler said that the presentation showed that a huge amount of work has been carried out, and said that it was interesting to note a culture change in terms of how the nature of engagement is shifting. She noted that she would like to see a bird's-eye view of impact of PPI in future reports. She also picked up on the reference to PCC, and noted that there used to be PCC representation on the PHA Board, which is no longer there, and suggested that this should be revisited in order to tighten PHA's PPI agenda. She asked the team what they felt to be the three main challenges going forward.

21/22.18 Mr Stewart commented that one of the most difficult things about communication and engagement is being able to show that it has paid dividends. He added that initially there is a burst of enthusiasm from people to be engaged, but this can quickly wane. The Chair asked whether PPI training can be included in the initial training of healthcare professionals, and he asked about training uptake within medical consultants.

21/22.19 Mr Quinn said that he would be happy to prepare a 1 or 2 page overview on the impact of PPI. He advised that PHA will be gathering a lot of data over the next period of time and it needs to look beyond this data and look at impact. He added that there will shortly be a launch of the updated Engage website and on that site will be examples of good practice, intervention and outcomes. He agreed that while there are many good news stories about user involvement, there is a need to be better at celebrating these. He noted that positive experiences are rarely picked up on and celebrated as there tends to be a focus on negative experience, although 80% of the stories PHA has collected are positive. He advised that there has been a good uptake for the recent series of webinars and undertook to get details of these shared with Board members **(Action 4 – Mr Quinn)**. He explained that although there has been direct links with Ulster University as well as social care, nursing and pharmacy staff, the uptake among medical staff has not been as high. Mr Morton agreed that there has been a struggle to attract medical staff and this remains a challenge, but he said that it is not for the want of trying and efforts are made to understand why there is such a low uptake.

21/22.20 In terms of the three challenges going forward, Mr Morton reiterated the need to be able to demonstrate impact. He said that while PHA is data rich, there needs to be an improvement in turning this data into reports which are consumable and show the outcomes. Secondly, he said that PHA needs to mainstream lived and living experience and to grow the role of peer mentors, something which is viewed as a public health intervention. He advised that every peer mentor that PHA employs, there is a £20k improvement in economic status. Finally, he said that PHA needs to work in an integrated way and work within the new

integrated care model and ensure that it does not end up consulting the same people all over again.

21/22.21 The Chair thanked Mr Quinn, Ms Donnelly and Mr McCrory for their presentation and for attending today's meeting.

21/22.22 The Board noted the update on Personal and Public Involvement.

22/22 Item 12 - Performance Management Report (PHA/05/02/22)

22/22.1 Mr Wilson advised that the Performance Management Report records progress against actions in PHA's Business Plan and of the 53 actions, 42 are rated "green", 11 are rated "amber" and none are rated "red". He said that this is a positive outcome given the events of the past year and he envisaged that those actions rated "amber" would be completed. He advised that the layout of the Report has been changed to bring all of the actions rated "amber" to the front, but he noted that they go across a range of areas. He reiterated that it is a positive Report, and that some of the mitigations for not completing actions are because staff have been redeployed. He hoped that once staff return to their normal duties the outstanding actions will be completed, and he felt that the level of risk of not completing these is not major.

22/22.2 Mr Irvine said that the Report contained a lot of information and suggested that it may be helpful if there was a short summary indicating any changes in rating and the reasons for the change. He added that it was good to see that all actions were rated either "green" or "amber".

22/22.3 Mr Clayton commented that there is a lot of useful information in the Report but going forward into the next business planning cycle, he suggested that there needs to be more clarity about what PHA's targets are and how they link to its strategic objectives and PfG. Looking at the data on contact tracing, he noted that when there was a record number of daily cases, PHA was not reaching many of these within 24/48/72 hours and he asked if this was due to the sheer volume of cases. Dr Bergin advised that it a matter of supply and demand. He said that the Contact Tracing Service (CTS) has been operating in "purple" status for a while and that the number of cases exceeded what PHA had planned for. He added that PHA was not prepared for this level of transmissibility and acknowledged that performance has struggled. He said that a significant number of PHA staff were redeployed.

22/23.4 Mr Wilson thanked members for their comments on the Report and advised that work is ongoing on a new Performance Management Framework. He undertook to add more detail into the introductory section of the Report.

22/23.5 The Chair noted that in the updates from Health Improvement, there are some references to outcomes. Mr Wilson agreed that this is the case and said that PHA is looking to evolve its Outcomes Based Accountability (OBA) approach and have this established throughout the

Report. The Chair noted that this could be discussed at the workshop in March.

22/23.6 Ms Mann-Kler welcomed the Report and asked how often it will come to the Board. She also welcomed the update on diabetes which was shared with members, but asked if there were any targets. With regard to screening, she noted that there was a benchmark with performance in 2019 and she asked why that was chosen as a benchmark as she thought the targets would have been changed each year. She said it was good to see the information about HSCQI and EISS, but asked why this information was appended to the Report.

22/23.7 Ms Anne Henderson said that it was reassuring that in future there will be links to outcomes. With regard to contact tracing, she asked that if the people contacted are purely random, does this not make the service meaningless. She also asked if PHA is content that the bowel screening catch up will be completed by August 2022 and how it was agreed that this was an appropriate target.

22/23.8 Mr Wilson advised that the Report will be brought to the Board quarterly. In terms of the updates on diabetes, he noted that this was an action from the previous meeting, and that the updates on HSCQI and EISS were appended because leads were asked that if they had further detail on outcomes, these should be appended. However, he said that PHA is looking to produce a more rigorous report. Responding to Ms Mann-Kler's query about targets for diabetes, Mr Wilson said that the target was to have the programme regionalised as it was only within the South Eastern Trust area. He added that PHA is looking to get more sustained funding for the programme going forward. Dr Bergin explained that there is no funding beyond March 2022.

22/23.9 Dr Bergin picked up on the queries about screening and explained that in April 2020 screening was paused for a few months and the wider infrastructure slowed down. He added that people did not want to go to hospitals so putting these factors together has resulted in programmes being 6/9 months behind. He said that time cannot be got back quickly as there is only limited capacity. Ms Anne Henderson said that while she accepted that, she questioned whether the target should be rated "green". Dr Bergin replied that there are harms attributable to COVID-19 right across the system with the pausing of these programmes, but in terms of the target in this Report, the infrastructure will be completed by August 2022 which is why it is rated "green". The Chair expressed concern that a target can be rated "green" that is for 6/9 months' time. He added that it would be useful to see the percentage of uptake of screening compared to 2019. Dr Bergin advised that Dr Tracy Owen is due to attend a future Board meeting with a full report on screening.

22/23.10 The Chair said that a new PfG will be developed during the first year of any new Assembly and this effectively leaves organisations rudderless being able to develop a new Strategy. With regard to the future planning

group looking at intelligence, he asked if there is external representation on that group.

22/23.11 Mr Wilson responded that with regard to PfG, PHA will work on the basis of a direction from the Department of Health. He advised that the new planning group has inputs from across the PHA and not only Health Intelligence and is chaired by Dr Declan Bradley. He added that it was his understanding that there is academic input. The Chair said that it would be useful to have a report on this and that it is important that there is that peer review **(Action 5 – Mr Wilson)**.

22/23.12 The Chair said that he was looking forward to the workshop in March where there would be a discussion on strategy. Mr Stewart noted that when thinking about strategy and PfG, he suggested that it is unlikely that any of the challenges in PfG in relation to health will change.

22/23.13 The Chair thanked the Executive Directors for compiling this Report.

22/23.14 The Board noted the Performance Management Report.

23/22 Item 13 – Any Other Business

23/22.1 With there being no other business, the Chair thanked members for their time and drew the meeting to a close.

24/22 Item 14 – Details of Next Meeting

Wednesday 16 March 2022 at 1:30pm

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

Signed by Chair:

Date: 24 March 2022