

<b>Title of Meeting</b>	143 <sup>rd</sup> Meeting of the Public Health Agency Board
<b>Date</b>	19 May 2022 at 1.30pm
<b>Venue</b>	Olympic 1, Clayton Hotel, Ormeau Avenue, Belfast

**Present**

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

**In Attendance**

Dr Tracy Owen	- Assistant Director of Public Health ( <i>on behalf of Dr Bergin</i> )
Mr Frank O'Connor	- Assistant Director of Finance, SPPG
Mr Brendan Whittle	- Director of Social Care and Children, SPPG
Mr Robert Graham	- Secretariat

**Apologies**

Dr Stephen Bergin	- Interim Director of Public Health
Dr Aideen Keaney	- Director of Quality Improvement
Ms Tracey McCaig	- Interim Director of Finance, SPPG
Ms Vivian McConvey	- Chief Executive, PCC

**39/22 Item 1 – Welcome and Apologies**

39/22.1 The Chair welcomed everyone to the meeting. Apologies were noted from Dr Stephen Bergin, Dr Aideen Keaney, Ms Tracey McCaig and Ms Vivian McConvey.

**40/22 Item 2 – Declaration of Interests**

40/22.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda. Mr Clayton advised that in advance of any discussion on the terms of reference for the COVID-19 Inquiry, he should declare

an interest as he is involved in some work around this in his role in Unison.

**41/22 Item 3 – Minutes of previous meeting held on 24 March 2022**

41/22.1 The minutes of the Board meeting held on 24 March 2022 were **APPROVED** as an accurate record of that meeting.

**42/22 Item 4 – Matters Arising**

42/22.1 The Chair noted that in relation to Action 1 on the living wage, he had asked Mr Clayton to provide more information on this which he then shared with all members. He asked Mr Clayton to explain what his query is. Mr Clayton said that he is seeking to clarify if PHA has the budgetary headroom to ensure that the real living wage is paid by organisations with which it has contracts. Mr O'Connor said that PHA is awaiting information from the Department on its budget for 2022/23 and that there should be further information on this at the next meeting.

*30/22.1 Contact Tracing Service*

42/22.2 Ms Henderson asked about the status of the Contact Tracing Service. The Chief Executive reported that a process is being worked through whereby staff in the Service are having face to face meetings with HR. He said that the Service will cease at the end of June and those staff in substantive roles will revert back to those roles. He advised that there will be discussions with those staff who have employment rights and those not on contracts will be released in line with HR policy.

42/22.3 The Chief Executive advised that there is a celebration event taking place on 27 June at which the Minister and Chief Medical Officer are both due to attend and he was going to speak to the Chair about inviting representation from Non-Executive Directors.

42/22.4 Ms Henderson asked what would happen if COVID-19 were to break out again in the autumn. The Chief Executive said that PHA is working with the Department on a contingency plan as it is important that PHA has the ability to stand up contact tracing again in some form. He added that if there is a surge in the autumn, it will be important to maintain a bank of staff. He advised that part of the plan will be to use those PHA staff who helped out previously during last summer and winter. He said that PHA is working with HR to ensure that any new staff contracts will indicate that staff will have to assist with contact tracing if required as it is important to maintain that skillset. He commented that it took up to 6 months to get the levels of Service up.

42/22.5 Mr Clayton expressed his concern that the previous waves of cases hit earlier than anticipated and there was some criticism of the PHA response. He said he assumed that PHA will be retaining some form of contact tracing service. The Chief Executive advised that this needs to

be worked out and he would come back with further information (**Action 1 – Chief Executive**). The Chair asked what is happening in other jurisdictions and the Chief Executive replied that their Services have already been stood down. Dr Owen said Northern Ireland is behind in that regard. The Chair noted that existing staff would only need to have refresher training.

#### 30/22.16 *Vaccination Programme*

42/22.6 Ms Henderson noted the comment in the previous minutes that the PHA would run the vaccination programme at risk and asked if there were any financial resources to accompany it. The Chief Executive explained that part of that discussion related to running the Contact Tracing Service until the end of June but there are ongoing negotiations with the Department to agree the budget and the vaccination service is being flagged up as being part of the COVID-19 response. He said that Ms McCaig and her team are tracking this.

42/22.7 The Chief Executive advised that, against Action 4, he had met with Ms June Turkington to discuss the COVID-19 Inquiry and that it was a constructive meeting. He reported that Ms Turkington is seeking to determine what sort of resource will be required to steer the region through the Inquiry, but he pointed out that there has not yet been a determination on whether there will be a local Inquiry for Northern Ireland. He said that administrative, solicitor and barrister support will be required.

42/22.8 The Chief Executive said that correspondence has been received from Ms La'verne Montgomery in the Department regarding a regional steering group and PHA has been asked to put forward a nomination for that group. He reported that Mr Stephen Murray will be the nominee.

42/22.9 Ms Mann-Kler asked if there was an indication of a timeline, but the Chief Executive said that he has not seen one but he noted that the terms of reference have now been signed off. He undertook to check and come back to the Board (**Action 2 – Chief Executive**). Ms Mann-Kler asked that the terms of reference be shared with Board members. The Chief Executive agreed to do this (**Action 3 – Chief Executive**).

#### 43/22 **Item 5 – Chair's Business**

43/22.1 The Chair began his Report by welcoming the receipt of correspondence from the Permanent Secretary's office regarding senior recruitment. Mr Stewart also said that it was very welcome but added that it puts greater weight on the Board and Chief Executive to ensure that recruitment is done in a timely fashion. If it is known that individuals are going to retire, he said that the process for recruitment should commence sooner. The Chair said that PHA should ask HR for timelines. The Chief Executive said that it is welcome that the Permanent Secretary has given that operational responsibility back to ALBs and it will help to accelerate

recruitment, but only if it is a like for like replacement, and that if a post is being substantially changed there will need to be approval. Mr Stewart asked whether there is an SLA with BSO HR for recruitment timescales. Mr Wilson replied that although there is an SLA, it is quite loose in terms of KPIs. He added that in terms of job evaluation, that process is being prioritised for new jobs rather than existing ones, and that existing posts can take up to 11 months to be evaluated. Mr Stewart said that PHA should have clearly defined KPIs with BSO. The Chief Executive advised that following a meeting he had with the Chief Executive of BSO, it was agreed that it would be useful to have a joint meeting and two issues that PHA will wish to put on the agenda are HR and IT.

- 43/22.2 The Chair said that he continued to have concerns about the lifetime allowance on pensions and he queried whether HSC staff should be exempt given the early loss of staff because of punitive taxation on high-level pensions. In regard to the need to make efforts to retain nursing staff the Chair questioned whether individuals in their 50s and 60s find working Shifts lasting 13 hours attractive. Mr Clayton agreed that shifts are an issue and flexibility is a major point and this is more affecting younger people. He added that COVID-19 has exacerbated the trend. He said that staff shortage is a major issue and there has been a discussion about strengthening the bank and aiming to reduce the reliance on agency staff. The Chair asked about 12-hour shifts. Mr Clayton said that people can make more money doing a 12-hour shift through an agency. The Chief Executive commented that there are two sides to this argument because some nurses may prefer to do 12-hour shifts in order to get through their contracted hours more quickly. Mr Morton advised that the Chief Nursing Officer had commissioned a piece of work on recruitment and retention of nurses and flexible working was one of the findings. He suggested that this is an issue that resonates not only in nursing.
- 43/22.3 The Chair advised that there will be a discussion on anti-microbial resistance (AMR) at a future meeting as he had raised this with the Chief Executive.
- 43/22.4 The Chair noted that the uptake of the third and fourth vaccines for COVID-19 vaccines has reduced by 25 and 50% in Israel and Chile. He posed the question as to whether or not PHA should seek to change the message to the public on the need for vaccination. He suggested that people may have become more relaxed since they perceive that the risk of ending up in intensive care has been greatly reduced.
- 43/22.5 The Chair advised that he met with the Chair of the Food Standards Agency and that the FSA is currently under a lot of pressure as much of their time is taken up dealing with food safety issues. He noted that the Government has now reversed its decision to put a ban on junk food advertising before 9pm which may have been due to pressure from the industry.

43/22.6 The Chair reported that Non-Executive Directors had met with EY this morning and it was an extremely useful discussion.

**44/22 Item 6 – Chief Executive’s Business**

44/22.1 The Chief Executive said that PHA continues to work on matters relating to the COVID-19 pandemic and it has now taken on responsibility for the vaccine management programme, the first part of which was the spring booster programme. He advised that PHA has engaged with SPPG, the Department and GPs in this work. In terms of management information, he reported that there has been a 60% uptake in care homes and among the over 75s through GP practices so the target of 80% by the end of May is on track. He said that a lot of work has been undertaken with GPs and community pharmacies as the uptake at one point was sitting at only 12%.

44/22.2 The Chief Executive reported that the review of PHA is under way and EY facilitated a workshop with senior PHA and Department staff last week with a second workshop to take place next week. He added that there will be two “Town Hall” sessions organised for PHA staff which will be led by EY. He advised that a meeting has taken place with Trade Unions and he and Mr Robin Arbuthnot had met with the BMA earlier today. He said that there have been three Programme Board meetings and that the proposed finish date for Phase 1 has been pushed back to mid-June and that there will be a report. With regard to Phase 2, he advised that a business case has been completed and he hoped it would be formally submitted within the next month. He said that the progress to date has been good and the work is on track. The Chair said that the Programme Board should have time for reflection rather than have the next stage formulated for them and the Chief Executive replied that, following a meeting he had with Ms Heather Stevens, it was agreed that the Programme Board would meet on its own without EY representatives. The Chief Executive reported that the process is under way to identify “critical friends” for the next stage, but no approaches have yet been made.

44/22.3 Mr Clayton asked whether there were any information on how the autumn booster programme would be resourced and if PHA is going to be required to buy the vaccine. The Chief Executive explained that PHA will buy the vaccine but will be given the funding, and that work is ongoing with regard to other costs. Mr Clayton asked how expansive the programme will be or if it will be limited to over 75s. The Chief Executive said that PHA has not been advised. Dr Owen explained that the Joint Committee for Vaccination and Immunisation (JCVI) will make the recommendations for PHA to follow. The Chief Executive advised that PHA is working on an extensive plan as previously the vaccination programme would have been delivered through Trusts so a model of delivery through community pharmacies is being explored. Dr Owen added that this will be an ongoing vaccination programme and that it may be aligned with the seasonal flu programme.

- 44/22.4 Ms Mann-Kler asked about clarity for the longer term and if the vaccine will always be targeted for certain groups. Dr Owen said that PHA is not close to the decision making process and it is up to JCVI to decide. The Chair commented that when the Department agreed to take on the first programme, he was relieved because it was a huge undertaking. He asked if PHA needs more human resources for the vaccination programme. The Chief Executive said that it will, and that part will be part of the planning and the business case. He added that there will be a separate business case for the Vaccine Management System (VMS) and its development for both COVID and non-COVID vaccinations. He noted that there is perhaps a feeling in general society that the pandemic is over. The Chair said that he wished to pay tribute to all of the staff who have been working in this area for the last two years.
- 44/22.5 The Chief Executive said that he had two clinical issues to update on. With regard to monkey pox, he advised that PHA is working with the Department and Trusts to ensure public safety is maintained. Secondly, he reported that there is significant work ongoing by the health protection team to look at the Hepatitis cases affecting children and young people. He commented that both of these are on top of dealing with COVID-19 related work so is placing additional stress on the health protection team. He said that PHA is working with UKHSA and other relevant agencies.
- 44/22.6 The Chief Executive advised that PHA has received an overall satisfactory audit opinion for 2021/22. He reported that the audit of Board Effectiveness has come in with a limited assurance, but it was noted that over 60% of the recommendations in it were now completed. The Chair said that there is a need to develop an action plan following that report and have regular progress updates at Board meetings.

**45/22 Item 7 – Finance Report (PHA/01/05/22)**

- 45/22.1 Mr O'Connor presented the year-end Finance Report which he said remained subject to audit scrutiny, although he added that the auditors have not raised any issues to date. He advised that PHA ended the year with an underspend of £92k which is within the target of  $\pm 0.25\%$ . He noted that this is a different position from what was reported at the end of February, but that there were some actions taken to manage the challenges that were present. He advised that there was a £1.6m overspend in the COVID-19 budget but this was managed throughout the year.
- 45/22.2 Mr O'Connor highlighted the risks facing the PHA, some of which will be carried forward into 2022/23, but management will be working to address these. Moving onto the section on capital expenditure, he reported that there was an underspend relating to COVID-19 and ICT which was due to a reduction in the amount of money required for one element of spend.

- 45/22.3 Mr O'Connor said that the summary position is a positive one and reiterated that it is subject to review. He advised that the draft Annual Report and Accounts were submitted to the Northern Ireland Audit Office (NIAO) and shared with Governance and Audit Committee members. In terms of the 2022/23 budget, he said that this remained unclear as there is no Executive, although PHA has received an indicative allocation letter, but it is a pared down allocation. He advised that Ms McCaig has been working with the Department on a set of assumptions on what can be shared with Trusts. He reported that the allocation is £121m with £2m of COVID-19 funding for up until the end of June. He said that work is currently ongoing internally to look at the budget for 2022/23, and to identify any potential slippage areas and ensuring there is a clear plan for the year ahead. He advised that the plan will be presented at the June Board meeting.
- 45/22.4 Ms Henderson reported that she had contacted Ms McCaig to commend the work the Finance team had done. She noted Mr O'Connor's comments that the situation for this year is quite uncertain and she hoped that PHA does not find itself in the same position next year in terms of trying to find ways to spend its budget. She said that the organisation cannot be thinking about underspends and that this is going to be a very challenging year. She suggested that after only two months into the year there is likely to be an underspend in the management and administration budget and she did not want PHA to be using June, July and August coming up with spending ideas that align with its priorities.
- 45/22.5 The Chief Executive advised that he has instigated quarterly accountability meetings for Directors with himself and Ms McCaig so there will be more clarity around potential underspends. He added that PHA is developing a less risk-averse approach to spend earlier in the financial year and will go at risk on initiatives that are aligned with its priorities. He said that he appreciated the work that Ms McCaig's team did to help PHA achieve a break even position and he hoped that the actions he outlined will help in the future. Ms Henderson said that she felt more assured that there is now a more robust system in place. She also commended the work of the Finance team and hoped that this would not have to be repeated. She added that Non-Executives will wish to know if there are any surplus funds.
- 45/22.6 The Chair fulsomely commended the work of the finance team. He said he was keen at some future date to have a list of the many benefits which accrue from the requirement to break even each year. Mr Stewart commented that the quarterly meetings will place more expectation on Directors to step up and declare any surpluses. The Chief Executive said that the information provided by the Finance team is helpful in steering the quarterly meetings.
- 45/22.7 The Board noted the Finance Report.

*At this point Mr O'Connor left the meeting.*

## 46/22 Item 8 – Update on COVID-19

- 46/22.1 Dr Owen presented the latest data relating to COVID-19 and she noted that as PCR testing has been stood down, the information PHA has in terms of the number of daily cases there are is not useful since only a small number of the population is being tested and even then many individuals fail to report their results. She said that the ONS data, which is published every Friday, is more useful and that last week it indicated that 1 in 55 people in Northern Ireland is infected, which is the lowest rate in the UK. She advised that incidence remains at around 300 cases per day.
- 46/22.2 Dr Owen showed the breakdown by age which indicated that cases are falling across all age groups. In terms of hospital admissions, she reported that these are also reducing as is the number of people in ICU and the number of deaths.
- 46/22.3 Dr Owen reported that the number of outbreaks in care homes has reduced from 160 to the current level of 67.
- 46/22.4 Dr Owen showed data relating to the uptake of the COVID-19 vaccine and highlighted the uptake of the booster. She said that the delivery model is different as this is being done through community pharmacies rather than through the Trusts. She reported that the uptake in care homes is 60.3% and it is 59.8% among the over 75s who received it through their GP. She added that the rate is around 29% for those over the age of 12 who are immuno-suppressed, but is at 2.5% for children in the 5-11 age group. She advised that planning is ongoing for the autumn booster programme but PHA is awaiting the JCVI recommendation. She said she hoped that the booster programme would be completed by the end of May.
- 46/22.5 In summary Dr Owen said that cases, hospital admissions and deaths are decreasing as is the number of outbreaks in nursing homes, and that work is continuing with the rollout of the booster programme and the de-escalation of the Contact Tracing Service.
- 46/22.6 Mr Clayton noted that at the meeting in March there had just been an announcement about testing in care homes ending and he asked if there was an end date. Dr Owen advised that the testing was not ending, but it would be less frequent.
- 46/22.7 Mr Clayton said that the vaccination uptake in the 5-11 age group is extremely low and he asked if there has been any reflection on how it is being delivered. He suggested that if it was being delivered through schools it may be higher, but it is through a Trust portal. Dr Owen agreed that normally vaccination programmes for children are delivered through schools. She pointed out that when the vaccine was introduced the country was over the peak in terms of case numbers so parents perhaps felt the vaccine wasn't needed. She added that at the



beginning children weren't being offered vaccines as prevalence was lower and the risk was small but as the case numbers increased it was decided to offer it. She said that there is learning in terms of how it is delivered going forward. Mr Clayton commented that it is not a topic of conversation among parents and he asked what the plans are for the autumn programme. Mr Wilson advised that from a communications point of view, any messaging will focus on three groups – the over 75s, pregnant women and those who are immuno-suppressed.

46/22.8 Ms Mann-Kler noted that in China there is another lockdown and asked if there was any intelligence from that. Dr Owen said that she did not know the detail, but from her understanding, it seemed that the vaccines developed in China were not as effective as in other parts and there was a low uptake among the elderly population.

**47/22 Item 9 – Update from Chair of Governance and Audit Committee (PHA/02/05/22)**

47/22.1 Mr Stewart began his update by informing members that the Governance and Audit Committee (GAC) now has a full complement of members with Mr Irvine having joined. He said that all members took their role on the Committee seriously. He advised that at the last meeting of the Committee, which took place on 15 April, there was a lengthy agenda, mainly dealing with procedural matters.

47/22.2 Mr Stewart reported that the Committee had approved the Internal Audit plan for the year which consists of five audits, the first of which is the financial review audit. He said that the second audit relates to the management of screening programmes, an area that members have been discussing for some time as there are matters relating to the IT systems that support these programmes. He added that there will be an audit on emergency planning. He advised that the final audits are in the areas of performance management and risk management. He commented that the performance management audit will be a follow up to the audit that received a limited assurance last year and will look at the new processes that have been put in place. He added that there are some issues around risk management concerning SBNI and that there needs to be clarity on PHA's relationship with SBNI. In total, he advised that the audit programme will cover 104 days.

47/22.3 Mr Stewart advised that the Committee had considered the latest Corporate Risk Register and that a new risk has been added around the awarding of Direct Award Contracts (DACs) and whether these are reviewed before contracts are due to expire. He noted that this is a risk that the Chief Executive requested be added to the Register. He advised that a risk has been removed regarding the ability of third party providers being able to deliver commissioned services. He added that there was a proposal to review a risk relating to staff resilience but the Committee felt that this risk needed to be re-drafted to note that while progress has been made, some issues still remain.

- 47/22.4 Mr Stewart said that a report was received on progress against the implementation of outstanding audit recommendations and that this is sitting at 78% which he said requires further action from Executive Directors. He noted that Ms McCaig had also raised concerns about this, but he pointed out that some of the actions are not solely for PHA and added that he has always had a concern that audit recommendations should only be those for which PHA has full oversight.
- 47/22.5 Mr Stewart reported that an update was received on two suspected fraud cases, but both were given a clean bill of health. He added that the Committee had also considered the Nursing directorate risk register, and although it has been reviewed and revised, it remains a work in progress. He said that the Corporate Risk Register was due to be presented at today's meeting but will be brought to the next meeting and he asked that all Non-Executives give it their full scrutiny as it is not the Committee's Risk Register but belongs, and is the responsibility of, the whole Board.
- 47/22.6 The Chair asked about the fraud cases and queried that if PHA provides funding for a third party, does it have responsibility for where that funding goes. Mr Stewart explained that in the two cases, either the suspected fraud was not in an area which directly related to PHA funding, or there was no fraud found.
- 47/22.7 The Chief Executive echoed the view that the Corporate Risk Register belongs to all members and there is a responsibility to ensure that it is properly managed and any risks identified are proactively dealt with. Ms Henderson said that she looked forward to receiving the Register and noted that the main risks appear to be in the areas of staff, staff training and IT issues. She commented that these are major areas of risk but she hoped that during this year there will be some movement on those.
- 47/22.8 The Chair conveyed thanks to Mr Stewart, Ms Mann-Kler, Mr Clayton and Mr Irvine for the very extensive work which they undertake as member of the Governance and Audit Committee.
- 47/22.9 The Board noted the Governance and Audit Committee update.
- 48/22 Item 10 – Update from Chair of Remuneration Committee**
- 48/22.1 The Chair advised that the Remuneration committee had met on 7 March and that one issue which remains unresolved is the ongoing legal case against PHA. He advised that he has asked for a further update from BSO HR officials on this.
- 48/22.2 The Chair noted that the Board has not yet received feedback on the Culture Assessment Survey. While he said he was aware that Mr Arbuthnot has set up a working group, he would like feedback at the next Board meeting (**Action 4 – Chief Executive**).

**49/22 | Item 11 – PHA Business Plan 2022/23 (PHA/03/05/22)**

- 49/22.1 Mr Wilson advised that members had seen the draft PHA Business Plan for 2022/23 at a workshop and that this Plan has gone through several iterations. He said that the structure of the Plan has changed whereby it now captures a small number of high priority actions broken down into five thematic areas with agreed KPIs, and alongside this sits a more detailed action plan which contains other priorities the organisation will be taking forward. He added that individual directorate plans have been compiled as part of the new performance management approach. He said that this Plan is being brought to the Board for approval.
- 49/22.2 Mr Clayton said that he believed this revised approach of picking out the key corporate priorities is the right one and is in line with the recommendations made by Internal Audit. He added that he would also like to see the action plan. He commented that the narrative at the start of the Plan is useful as it outlines that this Plan is not the totality of PHA's work. In terms of managing the COVID-19 response, he noted that the Plan highlights some of the key actions, but he asked what success would look like, for example what target is being set in terms of the autumn booster programme. In the second section on population health, he said that he was not clear as to what PHA is doing apart from developing an action plan, and he asked what the priorities are for the action plan. He noted that there has been a discussion around a refresh of Making Life Better. He noted the action plan around screening, and said that this may link with the report being presented later in the meeting. He agreed that it was legitimate that PHA is looking at staff absence, but he asked why the target is 2.56%. He said he welcomed the format of the Plan and that it is more accessible. Mr Wilson replied that many of the comments raised will be picked up within the action plan. He took on board the feedback regarding the presentation of the Plan and said that this could be reviewed but commented that the approach was to make the Plan as succinct as possible. Mr Clayton said that this would be welcome, particularly with regard to the KPIs.
- 49/22.3 The Chief Executive said that PHA's Business Plan processes are still evolving and based on previous discussion about the need to have a more succinct approach, it was agreed not to have more than 10 KPIs and that there would be further detail in the directorate business plans which would be subject to quarterly review and any matters being flagged as "red" or "amber" reported to the Board by exception. In terms of a target for the spring booster programme, he advised when the Plan was being drafted PHA did not have a target. He added that in the autumn there will be a review of the Plan and there is a KPI in terms of the delivery of the Plan. He said that he wishes to work with the Board as this process evolves. Mr Clayton commented that if the Plan is being reviewed every quarter, targets need to be clear as the year goes on.
- 49/22.4 Ms Mann-Kler said that she welcomed the breadth of thematic areas in the Plan but sought clarity on how the KPIs and progress will be

reported. She asked if there are plans to reorganise all the KPIs under each thematic area. For next year's Plan, she asked if it will be possible to have it signed off by March 2023. Mr Wilson commented that across the HSC, Business Plans tend to be signed off late, but as PHA is driving this process and the process is evolving, he hoped in future to have the Plan completed sooner, and to have the Board involved in that. In terms of reporting, he said that there will be quarterly reporting and as part of PHA's approach, the KPIs will be packaged together and he reiterated that there will be reporting by exception on matters within the directorate plans. The Chair asked if there are any impediments to bringing the Plan to the Board earlier. Mr Wilson said that there are not as the Business Plan is a live document. Mr Stewart reminded members that Internal Audit will be carrying out a follow up audit on performance management as this area was given a limited level of assurance so there is a need to strengthen performance reporting.

- 49/22.5 Professor Rooney said that she welcomed this Plan as it now represents an opportunity to receive information by function rather than by professional area. She queried whether there was a way the quarterly reports could be presented more easily without being lengthy e.g. through the use of PageTiger.
- 49/22.6 Mr Morton advised that going into 2023/24 there will be a change in the framework to reflect the new planning model, and that there are plans to design a single planning approach that will affect all HSC bodies, including PHA. From a PHA perspective, he said that it will look at areas such as improving access to healthcare, health protection and health improvement.
- 49/22.7 Ms Henderson agreed with the approach used in this Plan, but said that some areas feel a bit vague and still need to be worked through. She said that if she was reading this as an outsider, she can see what PHA aims to do, but she asked what failure would look like. She suggested that failure may be not developing a workforce plan by the end October, which could then result in not being able to deliver a 24/7 health protection response. She commented that the Plan helps PHA understand its business more.
- 49/22.8 Mr Wilson thanked members for their comments and said that he would take those away and look at how the Plan is presented. He added that the aim for today was to bring the outline to ensure that members were content. Ms Henderson advised that she would like to see the KPIs relating to the new Integrated Care System (ICS) model before they are signed off by PHA.
- 49/22.9 The Chief Executive commended the efforts of Mr Wilson's team in bringing this new approach, which he said is still evolving. He said that PHA has begun to develop dashboards and suggested bringing some of those to a future meeting. In terms of the ICS model, he said that Ms Martina Moore was due to attend today's meeting, but that has been

deferred to a future meeting. He added that PHA will have an involvement in population health planning. Ms Mann-Kler said that it would be helpful to have a one page visual on this work. The Chief Executive advised that it will take 12/18 months to get this work in place. Mr Whittle explained that at present, the ICS model is not yet established and the Local Commissioning Groups will be in place for at least the next six months, but perhaps for longer due to the situation with the Assembly. Ms Henderson said that even if the update is delayed, she would like to get an overview of the five key public health areas. The Chief Executive advised that each area may have its own priorities, but there may be one overarching regional plan. He added that as this work is developing, he and Ms Sharon Gallagher have agreed that there will be monthly PHA/SPPG senior team meetings to help develop these processes and to ensure that there is joint development on the key priority areas. The Chair asked if there is an opportunity to influence the content and membership of the ICSs. Mr Morton advised that there is a Framework Document that outlines the role of the ICSs, and it also sets out the roles and responsibilities of PHA.

49/22.10 The Board **APPROVED** the PHA Business Plan for 2022/23.

**50/22 Item 12 – Performance Management Report (PHA/04/05/22)**

50/22.1 Mr Wilson said that this Report is the final update on progress against objectives from the 2021/22 PHA Business Plan. He added that he had taken on board the feedback from the previous report.

50/22.2 Mr Wilson advised that of the 53 actions, none were rated “red” and nine were rated “amber”. He explained that these actions would be completed but with a slight delay. He said that the remaining 44 were rated “green”. He added that three actions had moved from “amber” to “green” and one action from “green” to “amber”. He said that the actions rated “amber” have been grouped together at the start of the report.

50/22.3 Mr Morton commented that while actions may be rated “amber”, there has been substantial action. He gave the example of an action in his area where £20m of funding was only allocated in October to recruit posts and although 90% of staff have now been appointed, the action was not complete, so he felt this context was important.

50/22.4 The Chair suggested that instead of using the wording “slight delay”, there should be a revised date. Mr Wilson pointed out that this is the extant reporting approach and will be changed.

50/22.5 Ms Henderson asked about the Homeless Inclusion Service and how achievable that action is. Mr Morton advised that there is a well-established homeless hub in Belfast which is seen as an exemplar across the region, but it has not been possible to replicate it on that scale. He said that he and Mr Whittle are working to develop a health and wellbeing framework but additional investment is required. He

advised that a meeting took place earlier in the week about mental health and there is a need to start to link various pieces of work in that area. He declared an interest in that he is a Board member of the Simon Community.

50/22.6 Ms Mann-Kler noted that this is the Report as at 31 March 2022 and asked if there is any way of tightening the timescales. The Chief Executive noted that there was no meeting in April as the workshop had taken place, but there will be quarterly reporting going forward.

50/22.7 Professor Rooney asked about information about impact. Mr Wilson said that going forward there will be an increased focus on outcomes.

50/22.8 The Board noted the Performance Management Report.

**51/22 Item 13 – Update on Population Screening Programmes (PHA/05/05/22)**

51/22.1 Dr Owen said that this update is to give members an overview of screening programmes, to highlight the impact of COVID-19 on those programmes, give an overview of ongoing work PHA is doing and conclude with some horizon scanning.

51/22.2 Dr Owen advised that PHA's role in screening is not to deliver the programmes but to commission and quality assure them. She added that the population screening programmes are advised by the National Screening Committee and PHA is key in supporting their implementation. She said that there are currently eight programmes which are co-ordinated by a small team in PHA. In March 2020, she reported that all five adult programmes were paused due to the pandemic. She said that patients had stopped coming or had cancelled appointments, and staff were being redeployed so a Ministerial decision was made to pause the programmes. However, she said that the programmes for children continued as they are time critical. She added that breast screening continued for higher risk cases and diabetic eye screening continued for pregnant women. At different times during the summer and autumn of 2020 she said the programmes commenced again but each faced its own challenges in terms of recovery and she highlighted some of these. She commented that when trying to get the programmes back on track, it is important to maintain the same quality and standard.

51/22.3 Dr Owen gave an overview of the quality assurance activities, most of which she said continued during COVID-19. She said that where site visits were not possible, desktop peer review exercises were conducted instead.

51/22.4 Dr Owen advised that PHA is involved in a number of large change projects, including modelling work and a project around replacing mammography equipment and IT equipment.

- 51/22.5 Dr Owen said that it is important that individuals have access to information to make an informed choice about screening as it has been recognised that screening can do harm. She advised that PHA works with the Women's Resource and Development Agency (WRDA) to help to encourage uptake among those less likely to participate. She added that during the pandemic these sessions moved online.
- 51/22.6 In terms of horizon scanning, Dr Owen outlined how the National Screening Committee has recently changed its remit. She advised that it is currently consulting on screening for lung cancer. She added that it is also looking at the use of Artificial Intelligence and self-reporting. She commented that screening programmes have mushroomed in the last 10 years.
- 51/22.7 Mr Clayton thanked Dr Owen for the update which he said was comprehensive. He noted that there is a different approach to address the backlog with regard to cervical screening and he assumed that part of the assessment is that screening could do more harm than good. He asked if the proposal to catch up through the normal screening run is in line with national standards. Dr Owen advised that the recommendation is to invite women every five years, or three years for younger women, but no recommendation has been made following COVID-19. She said that in Northern Ireland there is closer working with the service so there is an awareness that at present there no capacity for GP services to do this as there are issues for people being able to access their GP. She added that the situation has been compounded by the pressures currently being faced by laboratories due to staff being redeployed or having retired. She said that services have struggled, hence this backlog has built up. She explained that cervical screenings pick up a very small number of changes, but changes that may turn into cancer are the issue. However, she said that a delay may not make a significant difference in the long term, but she recognised that it is an issue.
- 51/22.8 Mr Clayton asked if COVID-19 has exacerbated inequalities with regard to screening programmes. Dr Owen advised that uptake rates have not changed and that when people are invited for screening, they do attend.
- 51/22.9 Ms Mann-Kler asked whether any consideration has been given to screening for lung cancer given numbers have remained relatively constant. The Chair asked whether illnesses that can't be cured are screened. Dr Owen explained that the National Screening Centre uses an evidence-based approach and every three years it puts out a call for any new conditions that should be screened. She added that it is a very structured process and that there is a number of criteria that has to be met, for example there needs to be an obvious screening test that can identified and there has to be a cost effective treatment available. She advised that there is a website which contains information on this. She noted that there needs to be clarity in the difference between screening and testing.

- 51/22.10 The Chair thanked Dr Owen for her comprehensive report and recorded that the Board greatly appreciated the information which she had provided.
- 51/22.11 The Board noted the update on Screening Programmes.
- 52/22 Item 14 - Annual Report on the Specialist Training Programme in Public Health (PHA/06/05/22)**
- 52/22.1 For this item Ms Mann-Kler declared an interest in her role as a lay member for the General Medical Council.
- 52/22.2 Dr Owen advised that PHA is required by the Northern Ireland Medical and Dental Training Agency (NIMDTA) to produce this Annual Report. She explained that PHA is the lead employer and training provider for public health and dental public health practitioners and at present there are 12 specialist registrars, doing the public health and dental public health training programmes. She added that this is the first year there has been a dental registrant.
- 52/22.3 Dr Owen said that last year, each of the other UK nations introduced multi-disciplinary training and in April last year PHA took on its first non-medical multi-disciplinary trainee, and there are now 4 on the programme which she said brings a new dynamic. She advised that the Hussey Review had identified a need to train specialist registrars and there is presently a workforce review of public health specialists which may inform the future number of trainees.
- 52/22.4 Dr Owen advised that the programme is run over five years and during the first year entrants undertake a Masters and then they come to PHA, although they may have other attachments elsewhere. She said that there is now a move to the UK recruitment process. She reported that NIMDTA will be taking over from PHA as the lead employer for junior doctors and medical public health trainees, but PHA will retain responsibility for multi-disciplinary staff and those on Agenda for Change terms and conditions. The Chair said that he is keen that non-medical individual apply for these programmes and he sought clarity on who would be their employer. Dr Owen confirmed that it would be PHA.
- 52/22.5 Dr Owen noted that an issue had been raised about pay parity for out of hours work as there are different terms and conditions for medical and non-medical staff, but she said that the issue will shortly be resolved. As part of the quality assurance of the programme, Dr Owen explained that PHA has an annual meeting with NIMDTA. She added that the GMC undertakes an annual survey of trainers and trainees, and this year's survey highlighted some concerns, many of which related to COVID-19, for example remote working, so work is ongoing to address these. She added that trainees will be working for specific teams. She hoped that the next survey will be more positive.



- 52/22.6 | Dr Owen advised that going forward, the next update will be presented to the Board in 12 months' time.
- 52/22.7 | Mr Morton said that although this report talks about consultants, there are also nursing staff going through an NMC process and through the Nursing and Midwifery Taskforce, there is an aim to get more public health nursing consultants to promote a public health nursing approach. He said that there would be public health practitioners in district nursing. The Chair asked what level these staff would be, and Mr Morton advised they would be at 8d level. Mr Morton added that there is a requirement to develop a new public health nursing framework to complement the public health agenda in Northern Ireland.
- 52/22.8 | Mr Irvine said that he had two queries, the first of which related to the module in the Masters programme and if these included business management and performance management. He also asked if there is a clear pathway for graduates coming through this programme to progress in the organisation. Dr Owen advised all those who come through the programme are eligible to apply for public health consultant posts.
- 52/22.9 | Mr Irvine said with regard to individuals who have a specific medical background, there is a need to have expertise in that area, but these individuals should also have skills in performance management and financial management to allow them to progress beyond a narrow specific delivery role. He added that it is about them not only doing their jobs but ensuring that other individuals are satisfactorily doing their jobs and are able to manage that accountability. He said that he did not have an understanding from this paper. He added that in any other organisation there is a requirement to have all the required areas of competency in an appropriate subject. Dr Owen said that she could verify what is on the Masters programme, but she pointed out that this is a training programme, individuals have a study budget and can dip into training and that individuals must carry out up to 56 hours of CPD annually.
- 52/22.10 | Mr Irvine said that he would like to see a requirement that additional qualifications are obtained in order to gain additional competencies. The Chief Executive advised that this type of proposal has been mooted before but has never progressed. He added that it was something the IHM wanted to put in place but that organisation no longer exists. He said that many HSC staff will do Masters courses but for senior management posts there is no specific qualification required, and that all applicants have fair access to employment opportunities. He cited the example of the regional procurement training scheme which looks at how many senior managers are required and then trains that required number, but it is the only scheme with that type of approach.
- 52/22.11 | Mr Dawson commented that the biggest issue for the HSC is that once trainees are qualified, they can apply for posts anywhere and many doctors move abroad once they have their F2 qualification. He said that

the HSC is not good at managing its investment. He advised that when he was a trainee he was obligated to work in the HSC for three years after completing his training scheme, but there were no guarantees of jobs. He suggested that this as PHA develops its HR plans, it can look at how it can create opportunities for which people can apply. Mr Irvine commented that skills are transferrable and nothing should be left to chance and that people should be given an opportunity to use their skills.

52/22.12 Professor Rooney asked what Agenda for Change banding a public health consultant would be, and Mr Morton replied they would be at 8d level. Professor Rooney commented that the lack of psychologists in the organisation had already been noted as a gap on many occasions, when looking at areas such as behavioural change and mental health. She said that opening public health consultant posts to psychologists could be an opportunity to fill that gap.

52/22.13 The Chair asked at which level individuals are recruited into PHA. The Chief Executive advised that throughout the HSC there are many graduate training schemes, for example the general management training scheme, as well as schemes in finance and HR which are all managed through the Leadership Centre. He added that PHA recruits staff at all levels from Band 2 to consultant nurses. He noted that while PHA does not employ psychologist roles, there are staff with psychology backgrounds. The Chair asked about recruitment below graduate level. The Chief Executive advised that there is an intern scheme and recently interns with PHA have secured permanent employment. Mr Morton said that it is important to recognise that staff are well trained and have some form of leadership training. He added that coaching and mentoring also take place.

52/22.14 The Board noted the Annual Report on Specialist Training programmes.

**53/22 Item 15 – Any Other Business**

53/22.1 With there being no other business, the Chair drew the meeting to a close.

**54/22 Item 16 – Details of Next Meeting**

*Thursday 16 June 2022 at 2:00pm*

*Stormont Hotel, Belfast*

Signed by Chair:



Date: 16 June 2022