

Title of Meeting	150 th Meeting of the Public Health Agency Board
Date	19 January 2023 at 1.30pm
Venue	Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast

Present

Mr Andrew Dougal	- Chair
Mr Aidan Dawson	- Chief Executive
Dr Joanne McClean	- Director of Public Health
Mr Stephen Murray	- Interim Assistant Director of Planning and Business Services (<i>on behalf of Mr Wilson</i>)
Mr Craig Blaney	- Non-Executive Director (<i>via video link</i>)
Mr John Patrick Clayton	- Non-Executive Director
Ms Anne Henderson	- Non-Executive Director
Mr Robert Irvine	- Non-Executive Director (<i>via video link</i>)
Ms Deepa Mann-Kler	- Non-Executive Director (<i>Up to Item 11</i>)
Professor Nichola Rooney	- Non-Executive Director
Mr Joseph Stewart	- Non-Executive Director

In Attendance

Ms Deirdre Webb	- Assistant Director of Nursing
Ms Tracey McCaig	- Director of Finance, SPPG (<i>via video link</i>)
Mr Brendan Whittle	- Director of Hospital and Community Care, SPPG
Mr Robert Graham	- Secretariat

Apologies

Mr Stephen Wilson	- Interim Director of Operations
Dr Aideen Keaney	- Director of Quality Improvement
Ms Vivian McConvey	- Chief Executive, PCC

1/23 Item 1 – Welcome and Apologies

1/23.1 The Chair welcomed everyone to the meeting. Apologies were noted from Mr Stephen Wilson, Dr Aideen Keaney and Ms Vivian McConvey.

2/23 Item 2 – Declaration of Interests

2/23.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda.

2/23.2 Mr Clayton indicated that if the Chief Executive wished to give any

update in relation to Public Inquiries under his Chief Executive's Business he would declare an interest given that Unison is engaging with the Inquiries. It was agreed that the Chief Executive would give an update on Inquiries at the end of the meeting and Mr Clayton would leave the meeting for that discussion.

3/23 Item 3 – Minutes of previous meeting held on 15 December 2022

3/23.1 The minutes of the Board meeting held on 15 December 2022 were **APPROVED** as an accurate record of that meeting.

4/23 Item 4 – Matters Arising

4/23.1 For action 1 and in the absence of Mr Wilson, Mr Graham said that it was his understanding that the Organisation Workforce Development (OWD) workplan would be brought to the Agency Management Team (AMT) and then go onto the Planning, Performance and Resources (PPR) Committee before coming to the PHA Board.

4/23.2 For action 2 relating to support for staff going through Public Inquiries, the Chief Executive said that he would take this forward and apologised that he had not yet had the opportunity to do so.

4/23.3 The Chief Executive updated members on an action from a previous meeting where he had been asked to contact SOLACE (Society of Local Authority Chief Executives) with a view to attending one of their meetings to discuss the cost of living crisis. He explained that a request was made, but SOLACE had advised that the Department for Communities would be convening a meeting to which PHA would be invited and asked that the matter be deferred to that meeting. He advised that the meeting is taking place today and that as he was unable to attend, PHA has sent representation and he will bring an update to the next meeting (**Action 1 – Chief Executive**).

5/23 Item 5 – Chair's Business

5/23.1 The Chair recalled that in his vision for the Health Service William Beveridge had envisaged a service of prevention and health. He questioned whether there was adequate commitment to prevention among many in both secondary and primary care as there was extensive research to show that if a physician recommended a course of action or change of lifestyle for an individual, the recommendation from that source greatly increased the possibility of achieving it.

5/23.2 Dr McClean said that there is work about "making every contact count". The Chief Executive commented that when carrying out reviews, specialists would tell people how to manage their condition. He added that there are departments in each Trust which deal with health improvement and health promotion. The Chair advised that in the 1980s funding was made available in Trusts, but he felt that it would be better if

prevention was included in job descriptions so there was not a perception that it is “someone else’s job”. The Chief Executive gave the example of vaccinations and how there are peer vaccinators in each Trust who would work to encourage uptake. Ms Webb said that all professionals are duty bound to act in the best interests of patients. She noted that doctors are better at taking up vaccines than nurses or social workers so she agreed that there is more that could be done.

- 5/23.3 Mr Clayton commented that from reading the article the Chair had shared, prevention and reducing health inequalities is not only a matter for the PHA or HSC, but for the Government as a whole. The Chair said that when looking at inflation, this has increased to 16% for food, and he queried whether that should be taken into account when working out state benefits.
- 5/23.4 Professor Rooney asked if PHA has a view on this. The Chair said that PHA should be seeking to influence those organisations with which it has direct contact. He added that inflation should be looked at in the context of essentials goods. Professor Rooney asked whether PHA should be writing a paper or doing something practically. The Chief Executive advised that he did not know if PHA had expertise in this area. Dr McClean said that there has been work carried out across the UK by Sir Michael Marmot’s Institute. Professor Rooney suggested that PHA do a newsletter. Mr Stewart noted that there have been similar discussions on this and that PHA’s role is more of an “honest broker”, and finding a way of exercising pressure. The Chair commented that issues always progressed when there was a Ministerial Group on Public Health. Mr Clayton noted that when the Executive is back up and running, it will look at work which had commenced on an Anti-Poverty Strategy. He suggested that this is where PHA should be providing evidence and highlighting the impact of poverty on public health.
- 5/23.5 The Chair advised that he had asked for the job descriptions for Policy Officers who work in this area in Scotland and Wales and said that it would be beneficial if PHA had the resources to formulate policy. The Chief Executive noted that in Scotland and Wales, equivalent organisations to PHA may have a remit for developing policy, but here, PHA is responsible for the implementation of policy, and not developing it. Mr Stewart commented that there is a difference between developing policy and influencing policy. The Chief Executive agreed that there is a subtle difference, but added that PHA does not respond to consultations and does not have staff who write policies.
- 5/23.6 Mr Murray said that Making Life Better remains PHA’s focus and there is a desire to get the All Department Officials Group back in place which will give the strategy a focus across all departments. Ms Webb said that when health improvement programmes are being commissioned, there would be objectives inserted around supporting people through poverty. She added that there is also work going on in some of the nursing programmes. Professor Rooney asked if this is written down anywhere

and Ms Webb confirmed that it is. The Chief Executive added that PHA meets with the Children's Commissioner and with Education. Professor Rooney said that perhaps through health intelligence these outcomes should be captured and shared. The Chief Executive said that PHA is very engaged in helping people. Professor Rooney said that she is trying to work out if there is a way of capturing the work that PHA does.

5/23.7 Mr Clayton said that if PHA's role is to execute policies, then it should be having a discussion with the Department about a refresh of Making Life Better. He suggested that a summary of the work that PHA does now could be useful in the context of discussions around strategy. The Chair agreed that it is important that PHA can influence outcomes for people facing poverty.

5/23.8 The Chair said that he was surprised to receive correspondence from the Department regarding Partnership Agreement given that he and the Chief Executive had attended a workshop last July and there had not been any progress since. He noted that a response was sent by PHA's Sponsor Branch to the correspondence.

6/23 Item 6 – Chief Executive's Business

6/23.1 The Chief Executive reported that PHA is now in the position to recruit a Director of Finance and Operations as suggested by the Permanent Secretary. He said that it has taken some time to prepare a job description, have this evaluated and obtain the approval to proceed. He added that the post has gone out to advert with the aim of undertaking shortlisting in February and interviews in March. He undertook to keep members updated. He reported that PHA is also close to advertising for a temporary Director of Nursing and Allied Health Professions. He explained that PHA is waiting for HR to come back with an advertising strategy as it can be expensive to advertise in various publications across the UK. He said he hoped that the post will go out next week. Professor Rooney asked for the duration of the contract for this post and the Chief Executive said that it will be for one year.

6/23.2 The Chief Executive advised that the Christmas and New Year period was a highly pressurised time for the HSC and that PHA was engaged in a number of senior leadership meetings looking at the pressures across the system. He advised that Dr McClean has been providing weekly updates with regard to the prevalence of flu.

6/23.3 Mr Irvine asked for clarity on the contract for the Director of Nursing and Allied Health Professions post and asked if it is temporary for 12 months. Upon getting this clarification, he noted that this will give PHA time to look at its structures.

6/23.4 The Chief Executive said that given the difficulties being faced by the HSC system, the Permanent Secretary has written to all organisations asking them to come forward with savings plans for scenarios of 3% and

- 5%. He advised that Mr Murray, Mr Wilson and Finance colleagues are working on this and that a submission is due to be sent to the Department by 27 January. He said there will be an impact on PHA. Ms McCaig advised that this is being worked through and it may be necessary to have a meeting of the PPR Committee before the submission is made. Mr Clayton sought clarity that this relates to next year's budget and Ms McCaig confirmed that it relates to PHA's baseline budget for 2023/24. Ms Henderson agreed that it would be worthwhile getting a meeting of the PPR Committee convened and Ms McCaig suggested that this should take place on Thursday 26 January. Mr Clayton asked if the Department is asking for savings plan in advance of PHA receiving its allocation. Ms McCaig advised this was the case.
- 6/23.5 The Chief Executive advised that a pilot of the new Integrated Care System (ICS) will commence in April 2023 and then, subject to legislative approval, it will go live from April 2024. He said that PHA is engaged in a series of workshops and there is a Regional Board that is chaired by the Permanent Secretary.
- 6/23.6 The Chief Executive reported that PHA has developed a business case for the Vaccine Management System (VMS) which will be subject to consideration under the normal processes. He said he was highlighting this because PHA is very dependent on the system for the flu and COVID programmes. Mr Stewart asked what VMS is. The Chief Executive explained that it is a system that allows PHA to carry out analytics around the uptake of vaccines. He advised that the vast majority of vaccinations are carried out by GP practices and that the data in the system allows PHA to be proactive.
- 6/23.7 Mr Clayton asked how specific VMS can be. He noted that while it can give overview of vaccination rates by Trust, but could it be developed further to look at specific hospital sites. The Chief Executive advised that VMS can give information about uptakes within Trusts and within professional groupings in Trusts. He added that access to the system is restricted as it contains personal data and there is an aim to develop it further. He reported that while the business case has been developed, he wishes to add this to the Corporate Risk Register, because there is a risk that PHA will be unable to find the funding to run it and therefore the analysis of the data will not be available. He advised that the cost is approximately £17m made up of both capital and revenue elements, and would be subject to tender. The Chair asked why some elements would be capital and some revenue and Ms McCaig replied that she is seeking that clarification herself adding that it may be that set up costs are capitalised and then the maintenance is revenue.
- 6/23.8 The Chief Executive advised that he has completed a series of 9 staff engagement sessions attended by approximately 160 staff. He said that he used the sessions to talk about the review of PHA and he felt that the sessions had been well received. He added that he has given a commitment to undertake further sessions in the future.

6/23.9 The Chief Executive said that he had no issues of conduct to report on.

7/23 Item 7 – Finance Report (PHA/01/01/23)

7/23.1 Ms McCaig said that she wished to give members an overview of three areas – the Finance Report as at 30 November, the current position with regard to slippage, and the situation for 2023/24, including the request for PHA to submit recurrent savings proposals for 3% and 5%.

7/23.2 Ms McCaig reported that since her return from leave, she had been informed that there may be a significant amount of slippage in one of the vaccination programmes, but she will be discussing this with the Department tomorrow. She explained that this may become a risk that PHA has to manage. Ms Henderson said that within the Finance Report she would like to see a table showing where slippage money has been redirected. She also asked about the slippage that was given back to the Department. Ms McCaig explained that this is referenced in paragraphs 7 and 8 of the Report. Ms Henderson said that it would make the Report more readable if this information was in a table. Ms McCaig reiterated that the information is in the Report and explained that this is the Report for the period up to the end of November and the retraction of that slippage was made in December.

7/23.3 Ms Henderson asked if that meant that PHA's total slippage this year was almost £6m. The Chair commented that was an unusual level. Ms McCaig agreed that the total is unusual, but noted that PHA has an underlying issue with regard to slippage. She reminded members that PHA undertook a new approach where it identified up to £3.8m of slippage earlier in the year and carried out an assessment process for where those funds could be redirected.

7/23.4 Ms McCaig said that PHA's slippage will be a risk unless she can reach an agreement with the Department regarding a retraction. The Chair suggested that PHA could be seen as an easy target for savings. Professor Rooney said that this should be explored further by the PPR Committee as she was concerned about how this amount of slippage has suddenly emerged and wished to understand the situation better once Ms McCaig had more information.

7/23.5 Mr Stewart commented that the biggest risk to PHA is the consistent slippage year-on-year and that PHA would not be able to argue a case if the Department took a portion of PHA's budget. Ms McCaig agreed, and said that next year represents a bigger risk for PHA. She said that she has raised some queries and when she has a full update, this will be brought to the PPR Committee for transparency.

7/23.6 The Chief Executive noted that Ms McCaig has just returned from leave but advised members that at last week's Agency Management Team (AMT) meeting, there was a robust discussion on the budget and actions

will be taken in terms of budget management going forward. He said that the issue around the slippage in the vaccination budget has only emerged in the last few days and is being explored. He expressed his disappointment that PHA finds itself in this position and said that it raises issues about PHA's credibility and ability to manage its budget. He noted that there were measures put in place this year to manage slippage, but next year there may not be any slippage. He added that quarterly meetings take place with Directors. Ms Henderson agreed that this is a disappointing situation given all of the good work that has taken place this year. Professor Rooney asked if there is still an opportunity to use the slippage this year, but Ms McCaig said she would need to look at how this can be handled. Ms McCaig noted that while there is good financial accountability at the top of the organisation, there is a need for budget managers to be trained and she is happy to have that conversation.

- 7/23.7 Ms McCaig reported that for 2023/24, PHA has been asked to look at its financial planning in the context of 2 scenarios; a recurrent reduction of 3% (£3.6m) or 5% (£5.9m). She said that PHA would have the level of underlying slippage to meet the 3% target and she has seen a draft paper regarding this, but she has raised a number of queries. She pointed out that she would not consider slippage against the management and administration budget given that PHA is going through a review. She advised that PHA will look at Trust funding, but being mindful that Trusts will also be looking at savings plans. She said that PHA will look at areas of non-recurrent slippage. She suggested that PHA could look at contracts and determine whether any of these need to cease if their work is not related to the priorities of PHA.
- 7/23.8 Ms McCaig said that PHA could manage a 3% reduction but there would be some impact. However, she said that a 5% reduction would be much more challenging and the question would be whether this is done a reduction across all budget lines. She explained that there are many options which need to be fleshed out before a paper is brought to the PPR Committee. She noted that PHA will include caveats in its response.
- 7/23.9 Mr Irvine thanked Ms McCaig for the high level overview. He noted that PHA's recurrent slippage is within staff costs and asked what areas could be moved forward. He added that the slippage tends to fall more on the commissioning side than on vacant posts. He commented that there are pressures everywhere with Trade Unions seeking uplifts to members' salaries and wages and he asked if PHA has taken that into account and if it needs to make some form of contingent liability for when there is a settlement by the Government. Ms McCaig advised that there is around £1.1m of slippage in the management and administration budget and there could be a similar figure next year, but she would not use that as a starting point. In terms of any uplifts to salaries, she explained that these would be managed centrally.

- 7/23.10 Professor Rooney asked if PHA's slippage would be higher if it was not funding EY and Ms McCaig confirmed that would be the case and that needs factored into any returns. Professor Rooney said that PHA may need to recruit new staff following the review and asked if there will be an opportunity to ring fence any funding for that. Ms McCaig explained that PHA will also look at a 7% savings scenario. She said that PHA will be reviewing its baseline and its structure and reiterated that any return to the Department will be caveated. Mr Stewart said that there needs to be a caveat because one of the major findings of the Hussey Review was that PHA needs more funding to be able to exercise its functions. He said that PHA has no argument with regard to a saving of 3%.
- 7/23.11 Ms Henderson asked if the Department is aware of the level of slippage this year and that funds were redirected. Ms McCaig said that this is outlined in the Financial Plan. She added that this process will allow PHA to focus on where its priorities are. She explained that if PHA had no slippage and all of its funding was fully committed, this would be a more challenging exercise, but PHA has an opportunity to work through this process.
- 7/23.12 Mr Clayton noted that Unison members are currently engaged in industrial action. He expressed concern that following the Hussey Review, the review and refresh programme commenced with a view that there would be additional resources, but this request is a backward step. He said that PHA needs to be clear on the impact and asked how many posts will PHA not be able to recruit into. Within Trusts, he asked what areas of work could potentially stop. He noted that there is consistent slippage within the management and administration budget and said that there needs to be clarity about why posts are not being filled. He said that there is a risk that PHA cedes on that slippage. Ms McCaig said that these risks have all been raised. She added that every organisation will have a level of slippage within its management and administration budget, and it is about how that is declared. She explained that each year PHA has slippage of around £1.5m.
- 7/23.13 Ms McCaig said that every organisation will have pressures it is trying to manage. She advised that work has commenced to look at reprioritisation within the programme budget and this will be a challenge if PHA is in a situation where it has to make choices. She said that PHA will be going back with a response which outlines the challenges. She added that there may be other pressures because she does not yet know what level of inflation will be given to ALBs. She said that PHA will want to be funded to the current level of inflation.
- 7/23.14 The Chair asked if PHA asks organisations in which it funds programmes to account for all expenditure. Ms McCaig explained that PHA carries out a performance management role whereby if an organisation is asked to deliver a certain number of programme, PHA seeks to get assurance that it has received what it is expecting and that its investment represents value for money.

7/23.15 The Chair commented that there is a lot of slippage within the management and administration budget because of a series of internal promotions which causes a domino effect. Ms McCaig said that she did not have this information to hand. She added that organisations will never have a management and administration budget that breaks even and that a normal level of slippage would be around £500k.

7/23.16 The Chair thanked Ms McCaig for a comprehensive overview of the financial situation.

7/23.17 The Board noted the Finance Report.

8/23 Item 8 – Health Protection Update

8/23.1 Dr McClean began her update on health protection matters with an overview of the estimated number of individuals testing positive for COVID-19. She indicated that this had reached as high as 1 in 14, but numbers were starting to fall. She showed the data collected from waste water surveillance and the Chair asked if there is correlation between the two, to which Dr McClean replied that there is.

8/23.2. Mr Stewart asked if there were any new variants or any concerns now that China has reopened its borders. Dr McClean said that there has been some concern expressed about the burden of infection. She advised that there is some very limited border testing taking place in England to arrivals from China but no evidence of new variants. She said that current cases are sub-variants of Omicron and while there is a new variant, it has not yet been detected in Northern Ireland. She noted that the population here is well vaccinated.

8/23.3 Mr Clayton asked if there are direct flights into Dublin from China. Dr McClean said that there may be some chartered flights but most individual will come in via Qatar or Dubai. She added that any testing being carried out is more in the nature of sampling for intelligence gathering purposes.

8/23.4 The Chair asked about direct flights to the UK and Dr McClean advised that there is only one airport where arrivals are tested and she reiterated that only sample testing is being conducted for intelligence gathering purposes.

8/23.5 Dr McClean gave an overview of the data relating to hospital occupancy, care home outbreaks and critical care cases.

8/23.6 Dr McClean showed how the number of GP consultations for flu has remained low compared to previous years. The Chair asked if these numbers include telephone consultations and Dr McClean advised that this data is for cases logged on Apollo. She advised that many cases here tend to be of the H1 strain, but in other parts of the UK there are cases of the H3 strain.

- 8/23.7 Dr McClean said that the number of cases of scarlet fever has increased, but many cases are “probable”. She explained that the number of cases of Invasive Strep A is higher due to the better notification of this disease. She reported that there has been an increase in the number of cases compared to previous years.
- 8/23.8 Dr McClean reported that cases of meningococcal disease are being notified again following the pandemic, mainly among older people. She advised that there has been a small number of deaths and a return to normal seasonal patterns is being seen.
- 8/23.9 Dr McClean advised that over 500,000 doses of both the flu and COVID vaccine have been administered and that the number of flu doses is higher than in any other year. She said that the numbers are now starting to tail off. She advised that PHA is now signposting people to the NI Direct website to get information on where vaccines are available and a slot can be booked.
- 8/23.10 The Chair asked if the slides presented by Dr McClean could be shared. Dr McClean said that they could be shared, but pointed out that the latest information on flu and COVID can be found on the PHA website.

9/23 Item 9 – PHA Board Buddy Pilot Final Evaluation Report (PHA/02/01/23)

Mr Clifford Mitchell joined the meeting for this item

- 9/23.1 The Chair welcomed Mr Clifford Mitchell to the meeting and invited him to present the findings of the Board Buddy initiative.
- 9/23.2 Mr Mitchell began by reminding members of the aims of the Board Buddy programme and said that when developing the aims, consideration was given as to whether there is an evidence base and he referred to a model developed in Scotland for how Boards approach the achievement of their aims and objectives.
- 9/23.3 Mr Mitchell gave an overview of the aims of the evaluation process and explained that this was carried out through a mid-point evaluation using an Appreciative Inquiry process which has 4 stages – discovery, dream, design and destiny, with the focus of this evaluation being on discovery and dream.
- 9/23.4 In conclusion, Mr Mitchell said that the pilot had achieved its aims and that the evidence gathered from the Executives and Non-Executives who participated helped inform the recommendations.
- 9/23.5 The Chair thanked Mr Mitchell for his overview. Ms Henderson said that the pilot was very good.
- 9/23.6 Mr Clayton advised that he had found the initiative useful and would like

to see it continued on but in approving the recommendations, any substantive matters should be deferred into the discussions on strategy. Ms Mann-Kler said that the process was valuable and she would like to see it continued on. Mr Clayton noted that on occasions it was difficult to get protected time.

9/23.7 Ms McCaig said that from her perspective, she thought it was a useful support. The Chair said that he often considered whether Executive Directors should receive training in how to work with Non-Executive Directors as that is a skill.

9/23.8 The Chair thanked Mr Mitchell for attending the meeting. Mr Mitchell said that he had found the process to be very beneficial as well.

9/23.9 The Board **APPROVED** the PHA Board Buddy Pilot Final Evaluation Report.

10/23 Item 10 – Board Performance Framework (PHA/03/01/23)

10/23.1 Mr Murray explained that following a recommendation from Internal Audit, there was a need for PHA to have written Performance Framework in place and therefore this document provides members with an assurance that the organisation is delivering against its agreed priorities.

10/23.2 Mr Murray advised that the Framework how this links with the Governance Framework and there is a focus on how management systems are being put in place so that in-year priorities are being delivered and there is a thorough appraisal process. He added that the Framework makes reference to the Annual Business Plan and the monitoring of that and also how the Corporate Plan feeds into the Business Plan and into the Directorate Business Plans. He advised that this gives assurance that there is a process in place. In terms of financial planning and monitoring, he noted that this is picked up by Ms McCaig and her team.

10/23.3 Mr Murray said that this Framework falls within the remit of the PPR Committee and it will keep this under review.

10/23.4 The Chair said that the PPR Committee will delve into matters in more detail. Professor Rooney asked if the Corporate Plan is the same as the Corporate Strategy and if so, there is a need to keep the language consistent. She added that there needs to be a way of showing how this Framework links into PHA's long term strategy. Mr Murray said that this is something that can be developed.

10/23.5 Ms Henderson said that she welcomed this Framework and that when she mapped this against the recommendations of the EY review, she could see that some of the recommendations have already been embedded, for example, the establishment of Strategic Planning Teams

(SPTs), oversight processes and reporting to the Board, and the establishment of a new Committee. She said that in-house much of the work is already being done.

10/23.6 Mr Clayton commented that there has not been a Commissioning Plan or a Commissioning Plan Direction for a few years and asked if this is the right performance measure to work against. He noted that the ICS model is being developed and there has been a pandemic. Mr Murray replied that this will be a “live” document, and as the new ICS planning model evolves, this document will change so he envisaged that it will be reviewed on at least an annual basis.

10/23.7 The Chair thanked Mr Murray for the Framework.

10/23.8 Members **APPROVED** the Board Performance Framework.

At this point Ms Mann-Kler left the meeting

11/23 Item 11 – Presentation on Serious Adverse Incidents

Ms Denise Boulter joined the meeting for this item

11/23.1 Ms Boulter began her overview of safety and quality by explaining PHA works in partnership with SPPG in this area. She outlined the governance arrangements in place in each organisation and advised that a draft Partnership Agreement has been prepared. She made references to links which outline the PHA’s role in Serious Adverse Incidents (SAIs) but advised that following a review carried out by RQIA, there will be a review of the procedure. She added that there are discussions ongoing about joint and individual roles, but these have not been finalised.

11/23.2 Ms Boulter explained that there are various mechanisms for sharing regional learning from SAIs but noted that during the pandemic staff who normally work on these were not involved in this work. She outlined the various types of letters – learning letters, reminders of best practice and professional letters. She added that there is the ECHO programme which looks at specific themes coming through.

11/23.3 Ms Boulter said that PHA is responsible for issuing the Learning Matters newsletter and it receives a lot of feedback on this. She advised that PHA would also undertake thematic analysis reports.

11/23.4 Ms Boulter gave an overview of PHA’s engagement with the system and reported that 200 people have signed up for the ECHO Programme which will shortly be establishing a learning community. She showed the example of the Mealtime Matters group and the information available online regarding this. She also highlighted the work of the Regional Inpatient Pressure Ulcer Prevention Group and the Regional Falls Prevention Group.

- 11/23.5 In terms of the future direction, Ms Boulter said that there is a need to develop a framework, have collective leadership responsibility, utilise the available data and improve outcomes through systematic learning.
- 11/23.6 The Chair asked who is responsible for the implementation of the RQIA Review and Ms Boulter advised that it is the Department. When asked by the Chair if there is a timetable for implementing the recommendations, Ms Boulter replied that one has not been issued, but it will be a protracted piece of work.
- 11/23.7 The Chair asked how to cope with individuals who do not wish to learn. He asked if learning from SAIs is linked to appraisals. Ms Boulter advised that it should be part of the appraisal for medics if they have been involved in an SAI. The Chair asked if an individual is required to acknowledge receipt of the learning from an SAI. Ms Boulter replied that a level of assurance is required. She acknowledged that while some learning could be seen as a tickbox exercise so this could possibly be highlighted to RQIA and could be incorporated as part of their inspections.
- 11/23.8 Professor Rooney noted that PHA's role is about professional and clinical leadership, but she asked about professions that PHA does not represent, for example psychologists. Ms Boulter said that through AHPs, PHA would work closely with all professionals. She added that letters go to Trusts and PHA would aim to consult with colleagues in Trusts to check that any learning letters are right. The Chief Executive commented that SAIs cover everything and all issues will have to be dealt with by the Trust. He said that an SAI panel will make recommendations and a clinical team is then required to develop an action plan and that will be the responsibility of the Director. He added that in his previous role, he would have had quarterly meetings to look at the action plans.
- 11/23.9 Professor Rooney said that she was trying to be clear about PHA's role. Ms Boulter replied that it is about regional learning and picking up on themes and trends. Professor Rooney asked about PHA's role with regard to Muckamore. The Chief Executive advised that Muckamore is subject to a Public Inquiry and is not part of the SAI process. However, he added that as part of the Inquiry, if there are SAIs, these may be looked at to see if the learning was implemented. Professor Rooney asked if PHA would look at staffing levels, but Ms Boulter explained that PHA's role is about learning. She added that if there was an issue PHA would raise this. Professor Rooney said she wondered how PHA ended up with its current role. Dr McClean said that the RQIA review presents an opportunity. Ms Boulter commented that PHA has aimed to make the process work and make it easier for professional colleagues, but she felt the procedure itself is wrong.
- 11/23.10 Mr Clayton commented that this discussion has been useful and while he appreciated that there is a review of the process, he noted that PHA

received an Internal Audit report on SAIs which highlighted issues about the timeliness of letters being issued as well as resources. He asked how work to address those is progressing. Ms Boulter conceded that Internal Audit was right to be critical, but said that as a team, it was felt that it was not the right time to carry out the audit. She reported that the learning is all up to date and that 2 letters are awaiting professional opinion. She added that Learning Matters newsletters are also up to date. She said that good progress has been made and there is no longer a backlog.

- 11/23.11 Ms Henderson asked if PHA has a position regarding whether it should be part of the SAI process. The Chief Executive replied that this will be dealt with as part of the RQIA review. He explained that he has correspondence prepared for when RQIA writes to PHA to discuss the matter. He said that PHA should not form a position, but have an open mind. Mr Stewart advised that the Governance and Audit Committee has been on record to say that it does not feel that it is appropriate that SAIs are hosted within PHA. He added that the biggest risk to PHA is understanding what it is responsible for. Mr Clayton highlighted the issue of the fact that when one member of staff was on sick leave, this created issues around capacity resulting in a backlog. The Chair asked the Chief Executive if he would share his response to RQIA with the Board and the Chief Executive agreed to do so (**Action 2 – Chief Executive**).
- 11/23.12 Dr McClean commented that Ms Boulter has highlighted important points. She said that while it is good that learning is going out, there is a question about how effective it is. She added that while strides have been made there is more anxiety about the start of the process and a misconception of PHA's role. Ms Boulter advised that the system is swamped with SAIs with little potential learning as there are almost 600 SAIs in the system at present. She said that if there are not enough nurses, AHPs or psychologists, there is very little she can do about that and if a particular incident happened in one Trust, it is likely to happen in another Trust so it is about how the learning is shared. Therefore, she said that the review of the process has the potential to do a good job.
- 11/23.13 The Chair thanked Ms Boulter and said that the presentation was very enlightening.

11/23.14 The Board noted the presentation on Serious Adverse Incidents.

12/23 Item 12 – Infectious Diseases in Pregnancy Screening Programme (IDPS) Annual Report 2018-2020 (PHA/04/01/23)

- 12/23.1 Dr McClean advised that this is an important screening programme which ensures that women are screened for a range of diseases and receive treatment if required. She said that it is a complex programme, but it is meeting its standards as women are coming forward and are being treated.

12/23.2 Mr Stewart agreed that this is a complex programme and he did not appreciate that there is the potential of transmission from mother to baby. Mr Clayton said that this is an important report. He noted that while a large number of the standards are being met, some are not, and he asked what is being taken to bring the programme up to standard. He also asked that if the Northern Ireland Blood Transfusion Service (NIBTS) cannot complete some of the tests in the recommended turnover time, can there be confidence in the tests being completed. Dr McClean explained that there is an infrastructure around the programme and she will be meeting with NIBTS on Friday to discuss the turnaround times. She added that she is confident that a good service is being provided but assured members that Dr Lorna Hawe will continue to push to address these matters. Mr Clayton asked if the Trust carries out any audits. Dr McClean advised that there is a Hepatitis Lead Nurse in each Trust and the Trusts will gather information.

12/23.3 Ms Henderson commented that this is an excellent report. Dr McClean said that this work prevents disabilities. The Chair asked if it would be useful to publicise this on social media. Dr McClean advised that there is no issue with regard to uptake for women on the programme but she could give this consideration.

12/23.4 Members noted the Infectious Diseases in Pregnancy Screening Programme (IDPS) Annual Report 2018-2020.

13/23 Item 13 – Update on Accommodation (PHA/05/01/23)

13/23.1 The Chair said that there have been ongoing issues with accommodation over the last 7/8 years and that the accommodation for PHA in Linenhall Street is wholly inadequate. He recalled that a deal had been reached for other premises but PHA was gazumped. He said that there needs to be energy and focus put into this area.

13/23.2 Mr Murray advised that the paper shared with members looks at the current situation. He said that hybrid working has been extended until 1 March 2023 because at present PHA would not have a desk for each member of staff and until a booking system is in place, nothing further can be done. In the meantime, he advised that areas are being zoned off and there are discussions taking place with staff side. He noted that this is only an issue in Linenhall Street. By taking into account the Central Government Office Accommodation General Standards issued by the Department of Finance, he explained that there should be 8 desks for every 10 members of staff.

13/23.3 Mr Murray explained that when assessing the return to 3-day working in the office, consideration was given to winter surge planning. He said that staff are generally content with the arrangements, but they need to be applied consistently. He advised that it is hoped to have the desk booking system implemented by mid-February.

- 13/23.4 Mr Murray said that with regard to the longer term needs, an accommodation review was carried out in April 2021 and shared with the Board in August 2022, but this has not progressed. He advised that discussions have begun with BSO about establishing an internal team to look at this and updates will be brought to the PPR Committee. He noted that unfortunately this is not an issue that is going to be dealt with quickly.
- 13/23.5 The Chair said that he had asked for a written report for today's meeting about the future situation and felt that the establishment of a Programme Board will take up a lot of time. He advised that he saw the hybrid working arrangements and the accommodation needs as two separate issues. The Chief Executive said that in his opinion, the two issues could not be disaggregated because until PHA can determine the way its staff are set up and the best way of working, it cannot do anything in relation to future accommodation. He added he has spoken to Mr Wilson about this, and also the Permanent Secretary. He said that the two processes need to run in parallel.
- 13/23.6 The Chief Executive said that at present a lot is being asked of Mr Wilson and Mr Murray given the work on planning, Public Inquiries and the new Mental Health Strategic Planning Team pilot so there is a need to prioritise. The Chair noted that he has previously expressed concern about the pressures on staff and the need to get additional personnel.
- 13/23.7 Mr Stewart said that he agreed with the Chief Executive and that this should be looked at once the review is complete. He suggested that Mr Colin McCrossan should then come back and carry out another review.
- 13/23.8 The Board noted the update on accommodation.

14/23 Item 14 – Presentation on Findings of PHA Reputation Survey

- 14/23.1 The Chair noted that this item had been covered as part of the earlier Board workshop.

15/23 Item 15 – Any Other Business

At this point Mr Whittle and Mr Clayton left the meeting

- 15/23.1 The Chief Executive updated members on the COVID Public Inquiry and explained that there are different modules which are ongoing.
- 15/23.2 The Chief Executive advised that for Module 1, which relates to pandemic preparedness, PHA is required to forward its submission by the end of January. For Module 2c, which relates to strategic decision making, he reported that PHA submitted its response on 14 January.
- 15/23.3 The Chief Executive explained that PHA has not yet been asked to make a submission for Module 3, but that PHA has asked for core

participant status, which has now been granted. He advised that gives PHA access to other participants' submissions. He said that this module relates to the impact of the pandemic on health and social care services and so will also look at the impact on PHA services which were stood down during the pandemic.

16/23 Item 16 – Details of Next Meeting

Thursday 16 February 2023 at 1:30pm

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

Signed by Chair:

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

Date: 16 February 2023