

<b>Title of Meeting</b>	137 <sup>th</sup> Meeting of the Public Health Agency Board
<b>Date</b>	21 October 2021 at 1.30pm
<b>Venue</b>	Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast

## Present

Mr Andrew Dougal	- Chair
Mr Aidan Dawson	- Chief Executive
Dr Stephen Bergin	- Interim Director of Public Health ( <i>via video link</i> )
Ms Michelle Tennyson	- Acting Director of Nursing and Allied Health Professionals ( <i>on behalf of Mr Morton</i> )
Mr Stephen Wilson	- Interim Director of Operations
Alderman Phillip Brett	- Non-Executive Director
Ms Anne Henderson	- Non-Executive Director
Mr Robert Irvine	- Non-Executive Director
Professor Nichola Rooney	- Non-Executive Director
Mr Joseph Stewart	- Non-Executive Director

## In Attendance

Ms Catherine Cassidy	- Deputy Director of Social Care and Children, HSCB ( <i>on behalf of Mr Whittle</i> )
Ms Tracey McCaig	- Interim Director of Finance, HSCB ( <i>via video link</i> )
Mr Robert Graham	- Secretariat

## Apologies

Mr Rodney Morton	- Director of Nursing and Allied Health Professionals
Mr John Patrick Clayton	- Non-Executive Director
Ms Deepa Mann-Kler	- Non-Executive Director
Dr Aideen Keaney	- Director of Quality Improvement
Mr Brendan Whittle	- Director of Social Care and Children, HSCB

## 109/21 | Item 1 – Welcome and Apologies

109/21.1	The Chair welcomed everyone to the meeting and extended a particular welcome to the three newly appointed Non-Executive Directors, Alderman Phillip Brett, Mr Robert Irvine and Ms Anne Henderson, who were attending their first meeting. Apologies were noted from Mr Rodney Morton, Mr John Patrick Clayton, Ms Deepa Mann-Kler, Dr Aideen Keaney and Mr Brendan Whittle.
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**110/21 Item 2 – Declaration of Interests**

110/21.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.

**111/21 Item 3 – Minutes of previous meeting held on 16 September 2021**

111/21.1 The minutes of the Board meeting held on 16 September 2021 were **APPROVED** as an accurate record of that meeting.

**112/21 Item 4 – Matters Arising**

112/21.1 There were no matters arising.

**113/21 Item 5 – Chair’s Business**

113/21.1 The Chair presented his Report and noted that there had been a discussion about the issue of peer vaccinators during the confidential session. He advised that a workshop had taken place to discuss the ALB Self-Assessment and that another workshop will be organised to look at Board papers.

113/21.2 The Chair said that he has asked for an update on the development of the Project Initiation Document (PID) regarding the new operating model for PHA following the recent workshop. He advised that a letter of appreciation was sent to all staff involved in contact tracing and that following the Internal Audit report on contact tracing he has written to the Deputy Chief Medical Officer regarding one of the recommendations.

113/21.3 The Chair expressed concern about the increasing number of cases of COVID-19 and advised that Dr Diane Anderson will be joining the meeting later to participate in discussion about this and will also respond to the points raised in his Chair’s report and the information from Professor Martin McKee and from the article in the Financial Times.

113/21.4 The Chair shared correspondence that he had received from the Permanent Secretary regarding a further pause in sponsorship and governance activities. He said that although there is no Accountability Meeting taking place, PHA should be taking time to look at its own strategic agenda and continue to be mindful of such long-term issues as the health of future generations, AMR as well as the health implications of climate change.

**114/21 Item 6 – Chief Executive’s Report**

114/21.1 The Chief Executive advised that it was his intention that this would be the last Report he would bring to the Board in this format. Going forward, he said that his Report would look at emerging issues, risks and areas that need to be addressed. He added that there would be a performance management every two months or every quarter which

- would update on the objectives set out of the Business Plan or the Corporate Plan.
- 114/21.2 The Chief Executive reported that PHA remains in business continuity mode and although society is slowly opening up and normalising, the HSC will lag behind in this and the PHA will be one of the last organisations to return to normal and this could take up to two years.
- 114/21.3 The Chief Executive said that testing numbers for COVID-19 remain at around 7,000 per day and that these figures are still too high. In terms of the number of daily positive cases, he described the situation as an “undulating plateau” with cases sitting between 1,100 and 1,600 each day. He noted that during the first peak cases were between 300 and 400 per day, but now numbers are much higher.
- 114/21.4 Ms Henderson commented that the testing numbers are very high which indicates that a lot of individuals are aware of symptoms and believe they have them. The Chief Executive said that the positivity rate is around 20/23%. He added that when schools returned, the number of daily tests reached 20,000. Ms Henderson still felt that the number of people getting tested was high given the positivity rate and asked if people know when they are supposed to get tested. The Chair said that the testing numbers include individuals who have been “pinged”. The Chief Executive agreed that the number of tests carried out needs to be reduced because Northern Ireland only gets a certain quota as per the Barnett formula.
- 114/21.5 The Chief Executive reported that at one point 89 PHA staff had been redeployed to assist with contact tracing and while this number has reduced to 30, all staff will be repatriated back to their normal duties by the end of the month. As we head into the winter months, he said that RSV and flu are likely to create pressures.
- 114/21.6 The Chief Executive advised that the HSCQI team was very heavily involved in the recent NICON conference and he had received good feedback on their work.
- 114/21.7 Mr Irvine commented that this report did not contain the type of information that he would wish to see. He said that it should contain information about issues that are pertinent to the organisation and that require decision by the Board. He added that there should be a principle of “no surprises”. He said that the Board should be aware of any areas where there is deviation from policy direction. While the information contained in this Report was useful, he said he would wish to be made aware of any threads that need to be dealt with, or where a change needs to be made, a rationale being brought for that change.
- 114/21.8 Ms Henderson agreed that she would wish to see information on emerging issues. She praised the campaigns work but noting the low vaccination uptake, she asked who has responsibility for the booster

vaccine. The Chief Executive explained that the responsibility for the vaccination programme still sits with the Department of Health and that there is a regional board which is chaired by the Chief Medical Officer (CMO). He added that PHA is leading on the work to get 12 to 15 years old vaccinated, but responsibility for the booster sits with the Department and the CMO.

114/21.9 Alderman Brett also agreed that the Report should focus on emerging strategic issues instead of being a general update. He said that a performance report would be a useful addition. The Chief Executive sought clarity from members in terms of how often they would wish to see a performance report and it was agreed that this would be a quarterly report. Professor Rooney suggested that instead of a report by directorate, it should link back to PHA's statutory functions (**Action 1 – Chief Executive**).

114/21.10 Professor Rooney asked about education as she had some concerns about how PHA was portrayed in the media. The Chief Executive advised that the number of daily cases in schools fluctuates between 350 and 500, but he hoped that would start to flatten out soon. He said that PHA's relationship with schools has improved and that the new more targeted approach is causing less disruption. He noted that there has been a small number of complaints from parents and also concerns expressed about staff not being vaccinated. He said that PHA will continue to work with the Education Authority. He advised that PHA has a direct link with special schools and all other schools are asked to contact the Education Authority in the first instance.

114/21.11 The Chief Executive said that from a business continuity perspective, there is a number of public health doctors and consultants who are working in the school cell and are therefore not working in other areas. Professor Rooney said that she would like to see more about the impact of PHA's work as she felt it should be celebrated. The Chief Executive noted that the Chair had written to all those staff involved in contact tracing and in the education cell to thank them for their work on behalf of the Board.

#### **115/21 Item 7 – Finance Report (PHA/01/10/21)**

115/21.1 Ms McCaig presented the latest Finance Report and explained that at the end of August there is an underspend of approximately £1m with a forecast year-end surplus of £800k. She advised that this has increased since the previous month's report. She explained that where some of the surplus is in areas where funds are ring fenced, this money will have to be handed back.

115/21.2 Ms McCaig said that there has been an increase in Trust expenditure between month 4 and month 5. She explained that the next section of the Report relates to direct programme expenditure which is where PHA releases funding through SLAs on a monthly or quarterly basis. For

- month 5, she advised that there is a £613k variance but this relates to a timing issue and is not of concern.
- 115/21.3 Ms McCaig reported that there is a £224k surplus in areas where there is ring fenced funding, but reiterated that any surplus cannot be utilised elsewhere. She said she expected any surplus to be retracted by the Department and she would be linking with the Department regarding that.
- 115/21.4 Ms McCaig explained that PHA has a management and administration budget of approximately £28m, and that the SBNI element of this is ring fenced so again any surplus in the SBNI budget would have to be returned to the Department. She drew attention to the surplus and added that this is partly to the length of time it can take to fill posts with a recruitment process taking up to six months.
- 115/21.5 Ms McCaig said that the next section looked at capital expenditure and reminded members that for the last 5/6 years, spend in the area of Research and Development (R&D) is now classed as capital. She noted that a high proportion of the budget is usually spent at the year end and that the team has a good track record of using their full budget.
- 115/21.6 Ms McCaig advised that PHA's prompt payment performance is one of the best in the HSC. She moved on to the last section of the Report which she said contained more information on COVID-19 related expenditure. She advised that the business case for contact tracing is currently being revised and that process is almost complete. She said that she was not expecting any deficit in this area and that PHA will receive any funding that it requires.
- 115/21.7 The Chair thanked Ms McCaig for the Report and noted that PHA's R&D budget per head of population is only half of the R&D budget allocated in Scotland and Wales.
- 115/21.8 Ms Henderson asked if the Agency Management Team (AMT) has a list of priorities for the £800k underspend. Ms McCaig advised that there would be priorities set through the business planning process and that AMT will also look at funding any other core strategic areas. She said that this process is presently being worked through. Mr Stewart said that the Board should have sight of the areas that the AMT deem to be priority. He noted that within the Report there is a deficit within the PHA Board spend line. Ms McCaig advised that this cost centre is where some areas are funded centrally, and it may be a profiling issue but she would look into it (**Action 2 – Ms McCaig**).
- 115/21.9 Mr Irvine noted some rounding up issues in some sections of the Report and asked whether this was simply an issue within the system. Ms McCaig confirmed that this was the case and it is not possible to eliminate all of them totally.

- 115/21.10 Alderman Brett asked about the number of vacant posts and if there is a plan to recruit to these. The Chief Executive advised that he has set up weekly meetings with HR to progress the number of vacant posts, particularly those at senior level. He added that there are some posts, for example in health protection, where funding has come from the Department for these, but has not yet been spent as PHA is working out its new structures. He reiterated that it is a slow process. Ms McCaig commented that PHA is emerging from a period of significant challenge which is also linked to the delays. Alderman Brett said that he would be concerned that if PHA has a surplus, the Department may think that PHA does not need the funding. Ms McCaig explained that there are some staffing costs marked against COVID-19 expenditure which makes it more difficult to get the full picture. The Chief Executive noted that sometimes when a recruitment process has been completed it is not possible to make an appointment. He also pointed out that there is presently a national deficit of public health nurses and doctors. He assured members that the Department will not retract funding as it acknowledges that going forward PHA's workforce needs to be boosted.
- 115/21.11 Professor Rooney said that in terms of the format of this Report she would like to know that PHA is spending its funds in the right areas. Ms McCaig said that in terms of Trust spend there is a lot of work goes into that area as business cases are reviewed and there is monitoring to ensure that funding is being spent in line with set objectives. She said that within the management and administration budget, there is a directorate structure and she would be content to look to see what more information could be provided.
- 115/21.12 Ms Henderson said that she would like to understand more about how services to Trusts are commissioned and if there are SLAs in place. She suggested that there may be historical arrangements and commitments in place and so she would like to know what is short term and what is long term. She added that the information is so aggregated that it is difficult to understand. Ms McCaig advised that that would be a question for the Health Improvement team to answer as it manages the budget and determines how the funds are allocated. The Chair said that it would be his intention to invite representatives from Health Improvement to a future meeting in order to gain a better understanding of this issue. Ms Henderson said that would be helpful. Alderman Brett asked if any business cases are approved by the Board and Ms McCaig replied that it would depend on the delegated level as outlined in the Scheme of Delegated Authority (SoDA). Mr Stewart advised that he had had a conversation with the Chief Executive about the PHA Assurance Framework and what is brought to the Board for approval and for noting and suggested that there needs to be a discussion about this at Board level. Mr Wilson suggested that rather than focusing solely on Health Improvement, the Operations directorate could also provide some level of induction as it has oversight of the procurement process.
- 115/21.13 The Board noted the Finance Report.

**116/21 Item 8 – Update on COVID-19**

- 116/21.1 Dr Bergin gave members an overview of the latest data in relation to COVID-19. He showed how during the second and third waves of the pandemic these waves lasted for up to six months and that the current wave is now in its third month so will last throughout the winter. He said that the present situation is different than previous waves because of the impact of the Delta variant. He explained that the virus is mutating and that similar to flu, variants will become more potent and will require different vaccines to fight them.
- 116/21.2 Dr Bergin showed that the cases in Northern Ireland are spread across all Local Government Districts but it is possible to identify hotspots. He showed data giving a breakdown of the number of cases by age which indicated that there is now a greater impact on younger people with almost 50% of current cases among people under the age of 20. However, he noted that these people are disproportionately less impacted by the possibility of requiring hospital treatment and are less likely to die. Following the vaccination programme, he reported that most care homes are not seeing as many cases as previously.
- 116/21.3 Dr Bergin presented information showing Northern Ireland's infection rate compared to other countries and he suggested that socio-economic factors may partly explain why it is performing worse. He advised that hospital admissions are at half the rate they were at previously now that the vaccination programme is in place. In terms of hospital care he noted that it is worth pointing out that at the turn of the year many areas of elective care remained on pause, but now hospitals are trying to carry out this work as well as dealing with COVID-19.
- 116/21.4 Dr Bergin said that although society is trying to return to normal, the health protection team in PHA remains stretched with the majority of staff still tasked with dealing with COVID-19, He noted that there are opportunity costs as health improvement staff have been diverted from their core work, for example dealing with issues as smoking and obesity. He said that PHA needs to be robust in terms of getting back to its programme work. He added that health inequalities may increase citing the example of the increasing costs of fuel.
- 116/21.5 The Chair asked what work is being done to target those harder to reach groups, as well as young people, to improve vaccination uptake. Dr Bergin replied that PHA has a dedicated approach to this work. He advised that Mr Maurice Meehan and Ms Deirdre Webb are working on this by linking with colleagues in communications, health intelligence and data analytics to identify and subsequently target low uptake areas or specific employment sectors can be identified and targeted with information. He said that the booster vaccine will be important in the battle to shorten the latest wave.
- 116/21.6 Professor Rooney asked how PHA's intelligence and expertise is used

to influence decisions when the uptake rates remain lower. Dr Bergin said that a lot of the work is driven centrally by Government, but assured members that PHA shares its information and has daily communication with the Department. He added that work to address low uptake remains a battle across Europe and that COVID-19 will take hold if the vaccination uptake rate decreases. Professor Rooney said that there is a perception that PHA is the font of all knowledge, and said that if it has all this information and expertise it should be able to have greater influence. Dr Bergin said that vaccination is voluntary, but PHA has aimed to put centres in the heart of areas where there is low uptake. Professor Rooney commented that it is all about behaviour change. The Chief Executive said that Professor Ian Young has been key in this work and that PHA has held meetings with him. He added that he, as well as Mr Meehan and Dr Jillian Johnston attending the Vaccination Programme Board and said that over the summer there was a campaign aimed at targeting students which Mr Meehan and Ms Hilary Johnston, who has links with the universities, were involved in. He said that PHA's work has had an impact, but ultimately the policy direction comes from the Department.

- 116/21.7 Ms Henderson commended the presentation but she said that at present, she would not know where to get a COVID-19 vaccine and she felt that there is a cohort of people who do not think about COVID-19 and so are unlikely to get a vaccine. Mr Wilson advised that the PHA communications team has been working with the Department since the start of the pandemic in terms of pushing out public information. He said that PHA has been using community pharmacies and will do again during the month of November in terms of both the booster vaccine and the flu vaccine. He advised at present approximately 200 pharmacies are engaged with the Programme Board whether that is dealing with first doses, or subsequent doses, and PHA has provided promotional materials for them. He said that shortly in the meeting there will be a presentation, part of which will look at the public's understanding of the vaccination programme. The chair expressed concern that there was not clarity about where people in younger age groups would receive the booster vaccine. Mr Wilson replied that GPs are proactively contacting patients and will be doing so in the same order as the first vaccination programme. Therefore, he explained that it is care home residents and then different age groups starting with the oldest. Professor Rooney asked if there is a KPI for this work. The Chief Executive said that any target would sit with the Programme Board and not with PHA. Mr Stewart commented that from the outside, the booster programmes appears a little disjointed and it is not immediately obvious how to get one so communication needs to be improved.

*Presentation on Insights on the Northern Ireland Public's Knowledge, Awareness and Intended Behaviours Associated with the COVID-19 Response (PHA/02/10/21)*

- 116/21.8 The Chair welcomed Dr Diane Anderson to the meeting and invited her



to deliver her presentation.

- 116/21.9 Dr Anderson thanked members for the invitation and said that she was going to present findings of a PHA survey. By way of background she explained that at the start of the pandemic the population was dealing with a fatal and contagious disease and in the absence of any vaccine, the only protection was for people to change their behaviour. She said that PHA has always had a role in producing guidance but this required people to change completely their behaviour. She explained a theory where changes in behaviour start from knowledge of an issue which impacts on people's attitudes and belief and ultimately behaviours.
- 116/21.10 Dr Anderson said that during the third wave the spread of the virus has been complex to track and there have also been changes in behaviours because of the easing off of some of the restrictions. She added that hospitalisations were down even though the number of cases was at similar levels to previous waves. She reported that hospitalisation and mortality levels were highest in Northern Ireland compared to other UK countries.
- At this point Ms Cassidy left the meeting.*
- 116/21.11 Dr Anderson noted that there have already been references to obesity and poverty in the earlier discussion. She advised that obesity rates are similar and poverty is currently no worse, but it depends on the calculations being looked at.
- 116/21.12 Dr Anderson reported that the UK infection rate is higher than neighbouring countries and coming into the winter months, there continues to be a backlog for planned admissions and an increasing demand for urgent care.
- 116/21.13 Dr Anderson said that in the early days of the pandemic PHA surveyed people's knowledge of the symptoms and generally there was good knowledge. However, she noted that the symptoms of the Delta variant and the cold may have led people being unaware that they had COVID-19 and that these people may not have self-isolated or had themselves tested. She added that healthy children could pass the virus on and looking specifically at people with children under the age of 15, half of them believed that children should be vaccinated compared with three quarters of people who do not have children. With regard to the booster vaccine, she said that people do intend to get a booster, but the speed at which the UK pushed out its first vaccine programme means that boosters need to be pushed out very soon.
- 116/21.14 The Chair asked how the data from the presentation can be used to formulate policy. Dr Anderson said that she can report on findings and say where decisions may be made. For example, she noted that many people are uncomfortable with face masks not being mandatory. She added that people are up to 1.5 times more likely to test positive for

COVID-19 if they do not wear a mask in a confined space.

- 116/21.15 Ms Henderson said that it is her understanding that vaccinations are a priority and that PHA is responsible for communication, but it is not responsible for accessibility to the vaccination centres. The Chief Executive advised that there were mass vaccination centres, but now Trusts are providing services through outreach centres. He added that PHA provided advice as to where those centres should be located and Trusts set up a number of walk-in clinics so PHA does not have some influence. Ms Henderson asked where the responsibility lies for increasing the uptake. The Chief Executive replied that this lies with the Department of Health but the communications teams work together to get the messaging out to the public. Ms Henderson said that it is therefore the Department's role but PHA also makes a contribution. The Chief Executive said that PHA has been proactive and gave the example of the Farm Families programme, but Ms Henderson said there needs to be an organisation that is clearly in the lead role. She felt that PHA is seen as the public face of COVID-19 and it is working with schools and the education sector. The Chair said that when normality returns PHA has a primary role in responding to the public, but during COVID-19 he felt that the Department has taken over that role. Alderman Brett noted that there is a lot of messaging which is carried out by the Executive. Mr Wilson said that the strategy for communications is clear, and that it is led by the Department and it agrees the tactical rollout of messaging. He assured members that it is a top priority for his team and they are working full time in this area. He added that there is the Executive Information Service but PHA aims to provide value for money and impact from its messaging. In terms of providing insight, he said that everything that Dr Anderson reported on will be fed back to the appropriate fora to see how it can be used to effect behavioural change.
- 116/21.16 The Chief Executive thanked Dr Anderson for her presentation. He said that he wanted to show that PHA has all of this information available but it does not have a behavioural science unit to guide us. He added that he would like to look at this and get support from the Board to take the PHA in that strategic space where it has a behavioural science unit. The Chair said that the Board has been asking for this for a long time as PHA does harvest a lot of data but it may not readily have the expertise to translate those data into practice. Professor Rooney said that everything that PHA does should be about behavioural change and she said that she enjoyed reading this Report. She felt that these types of report can sometimes end up on a shelf whereas it is important that the findings drive what PHA does and a behavioural science unit can bring credibility to the organisation. She said that she would be happy to assist in any way she can with this approach. Dr Anderson felt that the Health Intelligence Unit is one of PHA's best kept secrets and she noted that the team does have staff who have the required qualifications, even if behavioural science does not appear in their job title. She said that a lot of work PHA does is behavioural and welcomed the opportunity to

- further develop this.
- 116/21.17 The Chair thanked Dr Anderson and her team for compiling this Report. He said that he sees Health Intelligence as a critical element of the work of the PHA.
- 116/21.18 Ms Henderson asked if there were any actions coming out of this Report. The Chief Executive advised that the Report was presented to AMT and he would like to see action on the back of it, but given the present focus on COVID-19 it is difficult to find the space to do this. The Chair said that it is important to ensure that when research is carried out, that the Board sees the outputs of the work of the Health Intelligence Unit.
- 116/21.19 Mr Stewart commented that the Non-Executive Directors have always been keen to engage on workforce planning and to look at where resources are best deployed.
- 116/21.20 The Board noted the Report about the Insights on the Northern Ireland Public's Knowledge, Awareness and Intended Behaviours Associated with the COVID-19 Response.
- 117/21 Item 9 - Update from Chair of Governance and Audit Committee (PHA/03/10/21)**
- 117/21.1 Mr Stewart updated members on the last meeting of the Governance and Audit Committee (GAC). He drew members' attention to the discussion in the minutes of the meeting of 7 October regarding the progress against outstanding audit recommendations and passed on his concern about the need for the procedures on rota and timesheet management for the contact tracing services to be completed as soon as possible. He said that the GAC was advised that a reason for the delay is due to the number of PHA staff having been directed to other COVID-19 facing work. He added that while he was pleased to hear the Chief Executive's comments that staff will be repatriated back to their normal duties by the end of the October, he said that the GAC would wish to see progress on these recommendations, if not by December, then as soon as possible thereafter.
- 117/21.2 Ms Henderson asked whether there was clarity as to whether the responsibility for contact tracing has transferred to the PHA. Mr Stewart advised that the Chair was seeking that clarity.
- 117/21.3 Mr Irvine noted that the Chief Executive had already advised how he is tracking current audit recommendations and suggested that the Board should be informed about how these are being dealt with and closed.
- 117/21.4 Mr Irvine felt that there was a lot of work coming to the Board which would be more appropriate for a sub-committee and he gave an example of the previous paper. He said that it was the type of report

where a smaller number of Non-Executive Directors could consider the findings and make recommendations to the Board. He added that the Board should be looking at strategic issues with a sub-committee bringing options to the Board, and that the Board could make use of the talent at its disposal. The chair advised that he has for a long period of time been advocating the need for additional committees of the Board.

*At this point Ms McCaig left the meeting.*

- 117/21.5 The Chief Executive said that it was his decision to bring the report on the previous item to the Board because he was keen for the Board to see this information and this represented the best mechanism to showcase this work. He added that he was new in post and that while he agreed that there is a lot of talent on the Board, it will take time for the Board to work together in partnership to draw out that talent. He commented that it has not been helpful that the organisation has not had a permanent Chief Executive for some time and that going forward he wants to work with the Board in partnership and using all of the skills that are available. He agreed that there needs to be more time to consider strategic matters as they are not getting the attention they require at present and there should be a workshop to discuss this. Professor Rooney said that when she applied for the role of NED, the specification asked for an individual with a background in mental health and psychology, but her skills in that area have never been used and there is now an opportunity for NEDs to use their skills going forward.
- 117/21.6 The Chair commended the GAC for their commitment in dealing with all of these issues.

117/21.7 The Board noted the update from the Committee Chair.

**118/21 Item 10 – PHA Mid-Year Assurance Statement (PHA/04/10/21)**

- 118/21.1 The Chief Executive advised that PHA is normally required to submit a Mid-Year Assurance Statement but following receipt of correspondence from the Department this is no longer required. However, he said that PHA intends to share a copy with its Sponsor Branch.
- 118/21.2 The Chief Executive said that the Mid-Year Assurance was approved by the Agency Management Team and also by the Governance and Audit Committee. He added that the Statement follows a set template.
- 118/21.3 The Board **APPROVED** the PHA Mid-Year Assurance Statement.

**119/21 Item 11 – Annual Quality Report (PHA/05/10/21)**

*Ms Denise Boulter joined the meeting for this item.*

- 119/21.1 Ms Boulter said that PHA is required to submit a joint Annual Quality Report with HSCB to the Department of Health in advance of World

- Quality Day on 11 November. She explained that this Report covers a shorter period than the previous Report and is for the period October 2020 to March 2021. She advised that the Report follows the five themes of Quality 2020 and gives examples of work that has been done against each theme and the impact of that work. She asked for members' approval of the Report.
- 119/21.2 The Chair commended the excellent design of the report and how it has been presented in a way that is understandable by the public. He said such success is a key performance indicator for the PHA. The Chair also asked that congratulations should be conveyed to all involved and in particular to the company which led on the design.
- 119/21.3 Professor Rooney asked about the role of the Director of Quality Improvement in terms of this Report. Ms Boulter said that the responsibility for producing this Report has always sat with the Director of Nursing and that this is the 8<sup>th</sup> Report that has been produced. She advised that parts of Quality 2020 are going to be revisited to look at the future. She noted that the work of HSCQI is well represented within the Report and that while she helped to compile the Report, the contributions come from across the whole organisation. The Chief Executive said that he agreed with what Ms Boulter said and added that the Report follows a standardised template, but he has been involved in discussions with the Director of HSCQI and Mr Andrew Dawson in the Department and it may be that HSCQI produces its own separate report. He explained that while the Director of HSCQI role sits within PHA, it also reports to the HSCQI Alliance which is made up of Trust Chief Executives. He said that while the Director of HSCQI would prefer to be outside this process, PHA does have a responsibility to produce a report in this format.
- 119/21.4 Professor Rooney noted that RQIA is another responsible for quality and asked about its role. She also said that she remains unclear about PHA's role in relation to Serious Adverse Incidents (SAIs). The Chief Executive said that there have been discussions with RQIA and agreed that there is some confusion in terms of which organisation is responsible for leading on quality, and said that there is a need to clarify that confusion.
- 119/21.5 Mr Stewart commented that the Board has been asking for some time about clarity on SAIs as he said that the section in this Report on SAIs is giving him cause for concern. He added that within this Report it is difficult to delineate what PHA's responsibilities are which he said makes it difficult to assess performance. The Chief Executive said that this is an issue in terms of the format of the Report.
- 119/21.6 Professor Rooney asked if PHA will in future do its own Report once the functions of HSCB migrate into the Department. The Chief Executive said that theoretically this should be the case. He advised that there has been a series of joint workshops taking place with HSCB looking at roles

and responsibilities, governance and links with the new planning model.

119/21.7 Ms Boulter said that this Report has always been a conjoined piece of work between HSCB and PHA and does not distinguish between the two organisations.

119/21.8 The Board **APPROVED** the Annual Quality Report.

**120/21 Item 12 – ALB Self-Assessment 2020/21 (PHA/06/10/21)**

120/21.1 The Chair noted that work has taken place over the last few months to complete the ALB Self-Assessment and that Non-Executives were much more involved in its completion. He asked if members were content to approve the final Assessment following the recent workshop. The Chair thanked Board members for their input and commended the Board Secretary for his very extensive and highly skilled contribution.

120/21.2 The Board **APPROVED** the ALB Self-Assessment.

**121/21 Item 13 – Any Other Business**

121/21.1 Mr Stewart sought clarity on what actions were agreed following the workshop held after the last Board meeting to look at the PID relating to the outworking of the Hussey Review. The Chief Executive replied that there will be a further iteration of the PID, but conceded that due to work relating to the COVID-19 response, there has not been as much progress on this as he would have liked. He advised that he has been attempting to recruit a Project Manager to commence this work but a recent exercise run by the Leadership Centre did not come up with any suitable applicants.

121/21.2 Mr Stewart asked how the PID would be approved and how the work will be taken forward. The Chief Executive said that although the PID will be jointly approved the work will be led by the Department. Mr Stewart felt that the best placed people to lead on this are in the PHA as they know the organisation and that they should be able to influence this work. The Chief Executive agreed with Mr Stewart's comments. Professor Rooney said that the PID needs to be brought back to the Board.

121/21.3 Mr Irvine requested that in future documents there is a table outlining any acronyms used.

121/21.4 The Chair thanked members for their contributions to today's meeting.

**122/21 Item 14 – Details of Next Meeting**

*Thursday 18 November 2021 at 1:30pm*

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

Signed by Chair:

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

Date: 18 November 2021