

Title of Meeting	152 nd Meeting of the Public Health Agency Board
Date	16 March 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 Brid Farrell	- Deputy Director of Public Health (<i>on behalf of Dr McClean</i>)
Mr Stephen Wilson	- Interim Director of Operations
Mr Craig Blaney	- Non-Executive Director (<i>via video link</i>)
Mr John Patrick Clayton	- Non-Executive Director (<i>For items 1-9</i>)
Ms Anne Henderson	- Non-Executive Director
Mr Robert Irvine	- Non-Executive Director (<i>via video link</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
Mr Robert Graham	- Secretariat

Apologies

Dr Joanne McClean	- Director of Public Health
Ms Deepa Mann-Kler	- Non-Executive Director
Dr Aideen Keaney	- Director of Quality Improvement
Mr Brendan Whittle	- Director of Hospital and Community Care, SPPG
Ms Vivian McConvey	- Chief Executive, PCC

33/23 | Item 1 – Welcome and Apologies

- 33/23.1 The Chair welcomed everyone to the meeting. Apologies were noted from Dr Joanne McClean, Ms Deepa Mann-Kler, Dr Aideen Keaney, Mr Brendan Whittle and Ms Vivian McConvey.
- 33/23.2 On behalf of the Board, the Chair recorded profound condolences to Ms Mann-Kler following the recent passing of her mother.

34/23 Item 2 – Declaration of Interests

34/23.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda.

34/23.2 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 a point after Mr Clayton left the meeting.

35/23 Item 3 – Minutes of previous meeting held on 16 February 2023

35/23.1 The minutes of the Board meeting held on 16 February 2023 were **APPROVED** as an accurate record of that meeting.

36/23 Item 4 – Matters Arising

23/23.5 Vaccine Slippage

36/23.1 Mr Stewart asked for clarity around slippage on vaccine expenditure and potential wastage of vaccines. Dr Farrell explained that Northern Ireland receives an allocation of vaccines from a central UK source which is ordered by UKHSA (UK Health Security Agency), and these are stored by a company called Moviento. In terms of wastage, older stock of vaccines is used first and any unused vaccines are returned to England so she assured members that there is no wastage. She said that the COVID vaccine comes in a different form and that for the spring booster there were 3 different vaccines and for the autumn booster there will be 2 and so a balance has to be struck around making the newer vaccines available. She added that there will be some wastage because the vaccine comes in vials of 6 or 10 but correspondence is sent out to GP practices asking them to minimise the risk of wastage.

36/23.2 Mr Stewart said that there is £1.9m of slippage showing on vaccine spend and asked if this represents a loss. Ms McCaig explained that PHA received an allocation from the Department, based on an uptake rate of 80% so it is not a loss because PHA did not buy the vaccine. The Chief Executive added that PHA received a budget allocation, but because the amount was more than what was actually spent, the balance sits in PHA's accounts. He explained that the amount allocated was based on modelling and was an overestimate, but PHA is investing in a better modelling system for vaccine usage. Mr Clayton asked if the unused allocation is then retracted, but Ms McCaig advised that it has not been. She said that PHA should have identified at the outset that it did not require the allocation and will aim to improve its processes for next year.

27/23.6 *Remuneration Committee*

36/23.3 The Chair asked Ms McCaig about action 1 from the previous minutes regarding the Chair scrutinising decisions from the Remuneration Committee when he is the Chair of that Committee, and Ms McCaig advised that this is appropriate.

37/23 Item 5 – Chair’s Business

37/23.1 The Chair advised that at the recent meeting of the Planning, Performance and Resources (PPR) Committee a paper was brought which highlighted an issue about the high percentage of PHA staff who are over the age of 50, and said that this will be picked up later in the meeting under the “Our People” report.

37/23.2 The Chair said that Dr Declan Bradley is working on a paper on excess deaths. He reported that he had met with the Chair of the Institute for Public Health in Ireland.

37/23.3 The Chair noted that the lifetime pension allowance has been increased following the Budget and he hoped that this will allow the Health Service to retain doctors.

38/23 Item 6 – Chief Executive’s Business

38/23.1 The Chief Executive said that PHA is beginning to return to business as usual. He advised that he has been invited to represent PHA on a Board following the Review of Children’s Services across Northern Ireland. He said that there has been significant change in this area. He advised that the membership of this Board will extend beyond Health with the Departments of Education and Justice and the voluntary and community sector also asked to participate, and that it is anticipated that the first meeting will take place before Easter.

38/23.2 The Chief Executive recalled that he had previously given an update regarding the cost of living crisis and efforts by PHA to support the community and voluntary sector. He reported that organisations in that sector were invited to avail of non-recurrent funding to ease cost of living pressures and that following receipt of bids, a panel of PHA staff adjudicated on these proposals and approximately £167k of funding has been allocated. He added that it was agreed by the Agency Management Team (AMT) that this exercise would be repeated in the hope that another £50k/£60k could be allocated. He advised that PHA is also in discussion with Belfast City Council and SOLACE (Society of Local Authority Chief Executives) regarding an extension of some existing funding. He said that he wished to assure the Board that PHA is making efforts to support this sector.

38/23.3 The Chief Executive reported that no new risks have been added to the Corporate Risk Register and that there are no new conduct issues.

38/23.4 The Chief Executive advised work is continuing on the PHA Reshape and Refresh Programme which EY is supporting and that over the next two weeks interviews will be taking place for a Programme Manager and administrative support which will allow some of the work EY is doing to be transferred into PHA.

38/23.5 Ms Henderson welcomed the update on the work to get funding to community and voluntary sector organisations. She asked if there is a risk on the Corporate Risk Register regarding PHA's underspend. Ms McCaig advised that the risk is there.

39/23 Item 7 – Finance Report (PHA/01/03/23)

39/23.1 Ms McCaig presented the Finance Report for the period up until 31 January 2023 and reported that PHA has a projected year-end position of having a surplus of £1.4m. She noted that the Chief Executive has already given an update on some actions that have been taken to reduce that, and along with other work, the current estimate is that the surplus could reduce to £500k/£700k. She explained that she has been in discussion with the Department and she hoped that there is a reasonable chance there will be a retraction, but in the meantime she hopes that as much of the surplus as possible can be used for PHA priorities.

39/23.2 Professor Rooney asked where the additional spend for community and voluntary sector organisations will be reflected, and Ms McCaig explained that this will come under programme spend.

39/23.3 Ms Henderson acknowledged the work that has been done to reduce the surplus, and noted that in future the fact that PHA will have to make savings may result in there being less slippage. She added that there was a discussion at the last PPR Committee meeting about training for budget holders. Ms McCaig advised that PHA will shortly be receiving correspondence from the Department advising that any low and medium risk impact areas that PHA identified in its saving plan will have to be implemented so AMT will be reviewing these. Returning to the issue of vaccines, she said that the Department will need to reduce the amount it allocates to PHA. She commented that next year PHA will move from a position of managing slippage to much tighter budgetary management. She added that financial governance training will take place before the end of the summer and a series of communications will be issued shortly regarding that. She said that the PPR Committee will be kept updated. Ms Henderson said that she would like to attend that training. She noted that it is likely that there will continue to be slippage against the management and administration budget given the current job market.

39/23.4 Mr Clayton asked about the cost of converting annual leave and if that could be an issue. Ms McCaig noted that staff tend to take a lot of annual leave during the month of March so although there is a risk that has been factored in, the full impact will not be known until after the end

of March.

- 39/23.5 Mr Clayton asked if there is any guidance in terms of assessing the low and medium impact savings proposals. Ms McCaig advised that they are based on an assessment by each organisation. For PHA, she said that the low impact areas will be around normal slippage, and added that the medium impact areas should be able to be managed. She added that if there was going to be any impact on services, PHA would have rated those as “high”. She felt that PHA should be able to manage the situation but reiterated that AMT will be reviewing the submission made to the Department.
- 39/23.6 Mr Blaney asked about the additional work relating to the Vaccine Management System (VMS). He noted that the cost of the work being carried out by Gartner may increase from £565k to £715k and asked why this has increased. Ms McCaig advised that it has increased because PHA has asked Gartner to undertake further work. The Chief Executive explained that only one element of the work relates to VMS and that there is another element which relates to information governance support. He added that there is a third element but it has not yet been decided if Gartner will be asked to complete it. Mr Blaney asked if this work was in PHA’s plans for the year. The Chief Executive replied that this is work that PHA is required to undertake. He said that VMS is now part and parcel of how PHA delivers its vaccine programme and it is integral to how PHA works. He explained that it allows PHA to carry out more analysis and to be able to reach and target specific groups if there is low vaccine uptake. Mr Blaney commented that while he understands the detail of the work that PHA is doing with EY, he does not have the same level of understanding in terms of Gartner and VMS, and he wished to have further detail. The Chief Executive acknowledged this, but noted that PHA is working with Digital Health and Care Northern Ireland (DHCNI) on this work so there is additional scrutiny from Mr Dan West’s team. Ms McCaig advised that VMS was developed by DHCNI and that it is not yet on PHA’s Asset Register, although DHCNI is keen to transfer it over. She explained that there are some issues with regard to the business case. When it does transfer to PHA, she advised that PHA will have to pick up the costs of running the system as part of its normal business and that there will need to be a business case around that. The Chair said that a paper needs to be prepared explaining all of this **(Action 1 – Chief Executive)**.
- 39/23.7 The Chair asked how much budgetary control PHA can exercise around Trusts’ budgets as their allocation has increased from £38m two year ago to as much as £47m now. He also asked how much of PHA’s management and administration budget slippage is caused by a domino effect of posts becoming vacant due to internal moves. Ms McCaig advised that in terms of the slippage against vacant posts, the figure is that for all vacant posts. She explained that for some posts it can take up to 6 months to recruit and although PHA usually has some level of slippage, it has not changed drastically in recent years. She added that

PHA has planned for £1.3m of slippage for next year. The Chair said that if there is a problem, it needs to be diagnosed and he asked again about the domino effect. Ms McCaig noted that the level of vacancies is linked to the current review and that going forward PHA has to determine what posts it needs. The Chair asked again about Trust expenditure. Ms McCaig said that PHA cannot exercise control over Trust spend, but through its contract management processes, it can exercise control over outcomes and ensure that PHA is getting what it is paying for.

39/23.8 Mr Clayton said that the point around the management and administration budget is important as he felt uneasy about the assessment of low and medium term impact of saving in that area given that PHA is trying to develop a workforce plan. Ms McCaig explained that PHA has indicated that for next year the impact is low for non-recurrent slippage, but if it is recurrent, then in the context of the review the risk level will change to medium/high. Mr Stewart commented that PHA's slippage provides it with an opportunity rather than a threat. He said that if PHA did not have that level of slippage it would not have the same scope to restructure so it needs to capitalise. In terms of Trust expenditure and contracts, he suggested that PHA needs to understand the output of what its funding is achieving and to have confidence that the funding is being tightly managed by budget managers. Mr Wilson conceded that this is an area on which the Board is not receiving enough information. He highlighted screening as another area where the level of reporting needs to be improved, but he said that PHA is on a journey in terms of performance reporting. The Chief Executive advised that PHA is making its Business Plan and its contract management processes more quantitative and he hoped that by next year there will be more numerical data in areas such as screening. He assured members that there is a lot of contract management undertaken of the community and voluntary sector contracts.

39/23.9 Mr Stewart said that the best place to start is by looking at Trust expenditure as he would like to know the efficiency of each Trust in terms of its screening programme in order to be assured that these are being delivered in the most efficient and effective way. The Chief Executive advised that PHA's screening outcomes are aligned with those across the rest of the UK. However, he noted that some of the IT systems used for screening programmes are coming to the end of their shelf life and he hoped that by resolving these issues, PHA will have access to better information.

39/23.10 The Board noted the Finance Report.

40/23 Item 8 – Health Protection Update

40/23.1 Dr Farrell advised that the latest Office for National Statistics (ONS) survey data estimated that 1 in 75 people in Northern Ireland tested positive for COVID compared to 1 in 90 from the previous study. She

- said that there has not been any waves of infection since the Omicron variant, but she pointed out that the data rely on reported testing. She gave an overview of the data relating to hospital admissions and care homes before showing the information on genome sequencing which indicated that no one strain of COVID is dominant.
- 40/23.2 Dr Farrell reported that the number of reported cases of influenza was not as high as was expected and she explained that is likely due to two factors: a high uptake rate of the flu vaccine, and a good vaccine match.
- 40/23.3 Dr Farrell presented data showing the number of cases of Invasive Group A Streptococcal Infection for the 2022/23 year and then showed that data alongside the cases for the period from 2016.
- 40/23.4 For meningococcal disease, Dr Farrell advised that numbers of cases have returned to pre-COVID levels. The Chair asked what the case fatality would be and Dr Farrell advised that for meningococcal disease it would be around 25% in adults due to late diagnosis or severe disease.
- 40/23.5 Mr Clayton asked if there was any particular reason why the number of cases of COVID is oscillating and if there are any clusters. Dr Farrell advised that there is no particular reason and added that there is a system in place whereby if an outbreak was identified, a team would be sent out to carry out testing. She added that this is the COVID recovery phase and the oscillating nature of case numbers will be the pattern for at least another year.
- 40/23.6 Referring to the data on hospital admissions, Mr Stewart asked if there are data around incidence of flu in particular socio-economic groups or in more vulnerable groups. Dr Farrell said that such data are available for COVID, but numbers of cases are low. She added that for cases of COVID it was possible to see inequalities. Mr Stewart said that it is PHA's role to understand these inequalities, and he asked what PHA can do to combat this going forward. Dr Farrell referred back to VMS, and explained that through that system, it allows PHA to respond rapidly to areas where there is low vaccine uptake. She advised that it is recommended that pregnant women obtain both the flu and COVID vaccine, but while the uptake for the flu vaccine was 33%, the uptake for the COVID vaccine was 10%. She said that PHA made repeated efforts to work with antenatal and maternity units. She added that Trusts endeavour to get vulnerable people vaccinated.
- 40/23.7 The Chief Executive echoed Dr Farrell's comments and said that VMS has revolutionised PHA's real time data around vaccine uptake and has made PHA more responsive. He gave an example of where Dr Farrell had highlighted to him about a group within a particular Council area where vaccine uptake was low and he contacted the Chief Executive of that Council regarding this. He commented that the impact of flu on hospitals was not as bad as had been anticipated and he put this down to more people being vaccinated than ever before and people being

- vaccinated sooner. He said that this shows how VMS has been integral to PHA's work.
- 40/23.8 The Chief Executive asked if the outbreaks in care home impacted both residents and staff, but Dr Farrell advised that it was mainly residents. Dr Farrell added that once an outbreak has been identified, PHA takes immediate action.
- 40/23.9 Ms Henderson commended the work undertaken regarding the uptake of the flu vaccine and suggested that PHA should get that out as a good news story and let the population know that getting vaccinated helped. Dr Farrell commented that a bad flu season is due and that next time there may not be a good match between the vaccine and the dominant strain. She advised that there was some publicity when the 500,000 vaccine milestone was reached. Ms Henderson said that she would not see the link between that and the benefits of getting the flu vaccine. Mr Wilson advised that in the PHA Business Plan, there is a focus on vaccination and that timing is critical, and any messaging must be presented in the right way.
- 41/23 Item 9 – Update from Chair of Planning, Performance and Resources Committee**
- 41/23.1 The Chair advised that the PPR Committee has asked to see reports for PHA programmes in Trusts which cost more than £100k, and those which relate to smoking cessation. He added that the Committee wishes to see data that shows those programmes that have had the biggest impact on reducing health inequalities. He said that the Committee would like to see the streamlining of procurement exercises.
- 41/23.2 The Chair reported that Strategic Planning Teams (SPTs) have been established and will be evaluated. He said that the Committee wishes to receive further information on the costs of VMS. He advised that there has been a discussion regarding campaigns where it was noted that this area which may be cut.
- 41/23.3 The Chair advised that the current uptake of appraisals in PHA is 65%, and it is hoped that this figure will increase next year.
- 41/23.4 Mr Stewart sought clarity on the situation with regard to campaigns. Mr Wilson advised that mass media budgets are likely to be cut across all Government departments unless there is a strong argument for undertaking a campaign. He added that PHA has submitted a programme of proposed campaigns to the Department. The Chair asked if there are any specific reasons for these extra constraints and Mr Wilson suggested that it is because this is an easy hit. The Chief Executive commented that in the context of the overall health budget, there is a projected £450m deficit for next year so all expenditure will require extra scrutiny. The Chair said that cuts are always made in those areas which are easiest to cut. Mr Stewart asked if there has

been any appreciation given to the fact that a campaign regarding vaccinations helps PHA protect public health. The Chief Executive said that PHA has made an argument and has received an exemption to an extent. He cited the example of an organ donation campaign around Dáithí's Law and he hoped that going forward PHA can continue to have campaigns, but he noted that other departments will be asked to shoulder those costs. Mr Clayton said that the purpose of PHA is to reduce health inequalities, and mass media is one way of doing this. He noted that when the Department paused campaigns previously, PHA was able to present an analysis about the impact of campaigns and he asked if PHA has an analysis about how effective its campaigns are. Mr Wilson advised that PHA has a number of tools and it is always looking at the latest evidence and the effectiveness of outcomes, but it is difficult to prove cause and effect. He said that PHA carries out survey work to assess public recognition and public support and these data can be broken down by socio-economic group. He added that PHA must be careful not to say that there is an equal effect across all campaign areas as that will not be the case.

41/23.5 The Board noted the update from the Chair of the Planning, Performance and Resources Committee.

At this point Mr Clayton left the meeting.

42/23 Item 10 – Update from Chair of Remuneration Committee

42/23.1 The Chair reported that no progress has been made to resolve the legal dispute around Senior Executive Pay Awards and that this could have a detrimental effect on the motivation of senior staff.

42/23.2 The Chair advised that PHA has 10 public health consultant trainees, 3 of whom are non-medical. He outlined how there will be increased salary competition from the Republic of Ireland where consultants are being offered a salary of €230,000. He noted that the Hussey Review had found that public health consultants in Northern Ireland are paid less than those in Scotland or Wales. He added that in terms of Research and Development, Northern Ireland receives 50% of the funding which Scotland or Wales receives, even taking into account our smaller population.

42/23.3 The Chair reported that there was discussion at the meeting on office accommodation and the need to have a strategy for all PHA offices on all sites. He added that there it was raised that all staff should have public health as an element of their job description.

42/23.4 Ms McCaig advised that Senior Executive Pay increases have been released for 2020/21 and 2021/22 and this is currently going through due process. However, she said that are still legal matters to be resolved.

- 42/23.5 Dr Farrell commented that although competition with the Republic of Ireland for public health consultants is a possibility, there is another issue in that UKHSA can offer employment to people in Northern Ireland because they can work from home. The Chair asked if PHA needs to be flexible in terms of staff being able to work from home. The Chief Executive explained that there is presently a pilot scheme in which PHA is involved, along with BSO and SPPG, whereby staff can work in the office 3 days per week and work 2 days at home. He said that this pilot will end in September, but it is unlikely that staff will return to working full time in the office. Mr Stewart commented that in terms of work/life balance and working at home or in the office, it can be difficult to measure output if output cannot be defined. The Chief Executive said that a lot of PHA staff are very senior and are used to working on their own and are productive, but he added that it is important that in order to create a team and to have that cohesiveness, there is a need to have in-house structures. He advised that there will be a review of PHA's accommodation.
- 42/23.6 The Board noted the update from the Chair of the Remuneration Committee.
- 43/23 Item 11 – PHA Business Plan 2023/24 (PHA/02/03/23)**
- 43/23.1 Mr Wilson presented the PHA Business Plan 2023/24 and said that this Plan has been developed in what will be a difficult period for the PHA given the financial constraints facing it, but that it is a busy landscape given that there is also the Reshape and Refresh programme.
- 43/23.2 Mr Wilson went through the priorities in the Plan and highlighted that PHA is aiming to increase childhood vaccination uptake and expand the family intervention support service. He highlighted work that will be carried out in terms of the prevention of cardiovascular disease and cancer prevention.
- 43/23.3 Mr Wilson explained that the Plan has been presented in a tabular format which includes the performance measures.
- 43/23.4 Mr Stewart complimented the work of the AMT in producing this Plan which he said was easy to understand. He added that under objectives 7, 8 and 9, he hoped that these quantitative measures will be able to measure the progress being made. He queried the target under priority 4 about operating procedures being updated by March 2024 and Dr Farrell explained that this relates to the Duty Room and ensuring that the standard operating procedures reflect best practice.
- 43/23.5 Ms Henderson welcomed the Plan and acknowledged that some elements of it will be challenging. She commended the process that was gone through to collate the Plan and said that she would like to see it published in some form. She noted that it had been shared with PPR Committee members.

- 43/23.6 Professor Rooney also welcomed the Plan and said that she would like to see how the Plan will help to reduce health inequalities.
- 43/23.7 The Chief Executive advised that, with regard to acute response, PHA is also carrying out a rigorous review of its emergency planning procedures and is also reviewing its Business Continuity Plan in conjunction with SPPG and BSO and the three organisations form Health Silver. He said that the review will take on any learning from the pandemic.
- 43/23.8 Dr Farrell noted that Mr Wilson had made reference to cardiovascular disease and cancer prevention and said that there needs to a renewed focus on those areas, particularly in terms of secondary prevention. For cancer, she said that factors such as a healthy diet, alcohol consumption and vaccination are important to ensure that if an individual has a first case of cancer then making the right lifestyle adjustments can potentially prevent a second cancer. Professor Rooney referred to a UCL study and asked whether PHA has a role in terms of statin use or any commentary in terms of their use and links to health inequalities. Dr Farrell said that PHA would need access to the data sets. She added that where an individual has high cholesterol, they need to receive the right treatment at the right time and make appropriate lifestyle changes, but if PHA had the data referred to, it could carry out an analysis. Professor Rooney commented that this is an example of where PHA needs to get the right health intelligence.
- 43/23.9 Mr Stewart said that following the discussion on the financial constraints facing the PHA, this indicates that in order to succeed, PHA needs to be a data-driven organisation. The Chief Executive agreed, and advised that some of the work that Gartner is undertaking will allow PHA to do that. Professor Rooney said that PHA needs to be able to show how it can have an impact in the long term and the Chief Executive advised that this is why it is focusing on childhood vaccination this year.
- 43/23.10 The Board **APPROVED** the Business Plan.
- 44/23 Item 12 – Human Resources Report “Our People” (PHA/03/02/23)**
- Mr Robin Arbuthnot, Assistant Director of Human Resources, BSO, joined the meeting for this item.*
- 44/23.1 Mr Arbuthnot said that this Report would be the first of a type of quarterly report that will be brought to the PPR Committee and that it will contain information on workforce profile, organisational development work and workforce planning.
- 44/23.2 In terms of the workforce profile, Mr Arbuthnot noted that there was a high percentage of staff who left PHA due to retirement (38%) and the closure of the 1995 Pension Scheme may have been a factor in this. He

reported that PHA's sickness absence rate is 3.23%, but that mental health conditions represented the highest reason for absence. He advised that health and wellbeing is a major part of the work of the OWD (Organisation Workforce Development) group and it will look at the reasons behind this high level of absence. He added that PHA has a case management system to support staff on long term sickness absence, and there is a range of resources available to staff. The Chair commented that an absence rate of only 3.23% is a tremendous achievement as it compares extremely favourably with other areas of the public sector.

44/23.3 Mr Arbuthnot reported that Ms Karyn Patterson has undertaken a lot of work to reinvigorate the OWD group and that it has 3 workstreams (staff experience, workforce development and culture), which are all led by staff in PHA. He said that it is encouraging to see the level of engagement and he went through some of the areas of work in each workstream and then outlined the plan for this work.

44/23.4 Mr Arbuthnot advised that staff appraisals now begin with a discussion about individual staff wellbeing, and then looks at how staff contribute to the overall strategic objectives of the organisation. He said that there is an intention to carry out more exit surveys to find out why staff are leaving PHA. Under culture, he noted that there is a need to be mindful of the EY work as part of it will look at how organisational development is supported. He said that PHA needs to develop a people plan.

44/23.5 Mr Stewart said that he is delighted to see that PHA is getting a workforce plan as there is a significant issue in terms of the age profile of the organisation. He added that there is a need to develop staff. He suggested that EY could have a role in terms of helping PHA get a greater organisation identity. He said that other organisations would be very envious of PHA's absenteeism rate and expressed surprise that this has not increased since COVID which is testament to the staff. The Chair agreed that it is an excellent outturn, but he shared the concern about the age profile of staff given that certain staff can access their pension at the age of 60, and some at the age of 55, so there is a need for a strategic recruitment plan for the future. He commented that PHA has not made anywhere near adequate use of the graduate intern scheme or of the management trainee schemes. He commended Mr Arbuthnot and Ms Patterson for their work.

44/23.6 Dr Farrell reported that using slippage funding from within the public health directorate, the Faculty of Public Health has put together an online 6-week programme for staff to attend sessions to help them become public health practitioners through the portfolio route. She said that if graduates get a job in public health, they must still undertake public health training in order to become a specialist/consultant.

44/23.7 Professor Rooney said that she had welcomed this Plan when it was brought to the PPR Committee. She hoped that there would be

- opportunities to develop working with other groups and professions.
- 44/23.8 The Chief Executive queried how the calculation relating to staff turnover was made, and Mr Arbuthnot undertook to check this.
- 44/23.9 The Chair noted with much concern that over 80% of staff in the Nursing and AHP directorate are over the age of 50. Ms Webb agreed, but noted that any only some staff can retire at 55 years. She pointed out that some roles require individuals to have a lot of experience before they can apply for them.
- 44/23.10 The Chair thanked Mr Arbuthnot for the Report.
- 44/23.11 The Board noted the “Our People” Report.
- 45/23 Item 13 – Outcomes and Impacts of HSC R&D Funding (PHA/04/03/23)**
- Dr Janice Bailie and Dr Rhonda Campbell joined the meeting for this item.*
- 45/23.1 Dr Bailie delivered a presentation on the outcomes and impacts of HSC R&D funding and began by outlining the role of the R&D division in PHA and how it administers the HSC R&D fund of approximately £20m and is for research across a whole gamut of disciplines, mainly in translational and applied research. She said that it leads on the regional research governance agenda and encourages participation in research. She gave an overview of some of the inputs from 2019 to 2021.
- 45/23.2 Dr Bailie explained that HSC R&D contributes approximately £3.2m to the National Institute for Health Research (NIHR), but it can draw down any amount of funding and its return on investment is around 2.7 fold.
- 45/23.3 Dr Bailie gave an overview of some case studies showcasing the work of HSC R&D, including the Clinical Research Network and US-Ireland Partnership Awards. She reported on the work of the CHITIN (Cross-border Healthcare Implementation Trials in Ireland Network) programme, where she said that the studies are at an advanced stage and that these trials, which are very relevant to public health, and producing interesting findings.
- 45/23.4 Dr Bailie reported that the HSC R&D Division provided input to the COVID effort and that over 20,000 people contributed to COVID studies. She said that some people were able to receive potentially life-saving medications as a result. She advised that within the Division there is a Small Industry Engagement team and she gave examples of its work. She reported that the Division was involved in an evaluation of PPI and shared some of the outcomes of that research.
- 45/23.5 Dr Bailie concluded her presentation by saying that research changes

lives and she showed examples of where the work of the Division has been recognised and has won awards.

- 45/23.6 The Chair thanked Dr Bailie for her presentation. He said that whatever funding is inputted into research, there is a 4.6 fold return to the economy, but in Northern Ireland, he noted that the R&D entitlement received is only half of that compared to Scotland and Wales and that this needs to be discussed again with the Department of Health (**Action 2 – Chair**).
- 45/23.7 The Chair asked whether the issues highlighted in the study on the mental health of students related solely to those in Northern Ireland, but Dr Bailie replied that this was not the case.
- 45/23.8 Dr Farrell commended the work of the Division during COVID, particularly with regard to the seroprevalence work and the SIREN study for healthcare workers. She said that opportunities to work on high quality research do not come around very often. She noted that there was also the ONS study which became a key source of information through the pandemic.
- 45/23.9 Ms Henderson said that work carried out has been fantastic and asked how areas of research are determined and whether this is through specific drivers for funding. Dr Bailie replied that there is a mixed approach, in that some research is commissioned from the Department, but she noted that there is a need to be conscious of what expertise there is available in the Trusts and in academic institutions. She added that there are areas where there is little investment. She advised that public health research expertise has improved and the Division aims to train new incoming researchers.
- 45/23.10 The Chair noted that there has been progress in the treatment of colon, cervical and breast cancer, but there is a need for research in other cancers for example, pancreatic cancer. Dr Bailie said that there is a challenge for organisations like Cancer Research UK in terms of growing capacity in specific areas. She added that there is the infrastructure in Northern Ireland so if a study came along, patients can be offered the opportunity to participate.
- 45/23.11 The Chair commended the work of the HSC R&D Division and thanked Dr Bailie for the report. Dr Campbell advised that one of studies in the CHITIN trails will be featuring in an article in the Lancet.
- 45/23.12 The Board noted the presentation on the outcomes and impacts of HSC R&D funding.

46/23 Item 14 – PPI Report (PHA/05/03/23)

Mr Emmett Lynch joined the meeting for this item.

- 46/23.1 Ms Webb advised that an update on Personal and Public Involvement is brought to the Board twice a year.
- 46/23.2 Mr Lynch reported that since the last update, Ms Margaret Hamilton has joined the PPI team and in her role as Involvement and Engagement Officer, she will seek to ensure that the Engage website continues to be all source of all information relating to engagement. He added that Mr Martin McCrory has established a regional task and finish group to look at developing policy and guidance in relation to remuneration. He said that the team continues to provide advice, guidance and leadership, both internally and externally. Externally, he advised that the team has been involved in work relating to the South West Area Hospital (SWAH) consultation process and work on the new Integrated Care System (ICS) and internally, he said that the team has supported various teams across PHA. He added that there is a plan to develop a database to track what advice is being asked for and what impact that advice has had.
- 46/23.3 Mr Lynch advised that there is going to a review and refresh of the regional forums which have been up and running for a long time. He explained that the aim is not to reinvent them, but to introduce a new code of conduct and review their membership. He added that there is buy in from existing service users and carers for this and that the work will commence in April.
- 46/23.4 Mr Lynch said that a set of data collection templates has been developed for internal and external monitoring purposes so staff can go online and submit their data. He advised that quantitative data have not been collected previously so this will allow will give better intelligence information.
- 46/23.5 Mr Lynch advised that over the last 6 months, almost 2,000 users have accessed the Engage website with approximately 85% accessing more than once. In terms of PPI training, he reported that the 8th cohort of the PPI leadership programme has commenced. He added that a digital step-by-step involvement guide has been developed in an attempt to move away from paper-based guides.
- 46/23.6 The Chair asked what it is hoped to be gained from the review of terms of reference of the Regional Forum. Mr Lynch said that the review is about looking at the membership and work of the group and future proofing it. The Chair how new members will be recruited. Mr Lynch advised that there will be an application process which will go out through existing networks. He conceded that it is hard to recruit new people. The Chair suggested approaching those who had contributed to the 10,000 Voices work and added that Public Health England would previously have approached individuals who had contributed to their surveys. Mr Lynch said that normally existing networks are used.
- 46/23.7 Mr Stewart asked how success in PPI is measured and if it is more to do

with involvement rather than outcomes. Mr Lynch advised that there are different measurements, for example, service user questionnaires, case studies, reflective practice, post-project assessments and outcomes-based accountability. As part of the internal monitoring, staff are asked what they will use to measure outcomes and what outcomes can be gleaned. He acknowledged that it is an area the team has struggled with.

46/23.8 The Chair asked whether undergraduates or trainees obtain an understanding from the outset of their training about the importance of PPI. Mr Lynch replied that there are good links with the universities and Ms Bronagh Donnelly would deliver modules on involvement.

46/23.9 Dr Farrell commented that if an individual is unfortunate enough to be diagnosed with a long term condition, they should be actively involved in their own care so there is a role for PPI in condition management. For diabetes, she said that an individual should know as much about the condition as the nurse and for strokes, individuals should know how to support and look after themselves.

46/23.10 Professor Rooney asked how people know that PHA leads on PPI as she noted that the Patient Client Council (PCC) is advertising for service users for the ICS groups and she thought PHA would have a role in that. Mr Lynch said that the PCC would not have a role in involvement and would advertise these posts through PHA networks. He added that PHA is working with SPPG to develop the recruitment strategy for those posts and will also work on the induction policy to make sure it is meaningful. Mr Wilson advised that this highlights an issue with the HSC branding as it is sometimes not clear which HSC organisations are involved. Professor Rooney said that there is an argument that PHA's branding appears on this work.

46/23.11 The Chair thanked Mr Lynch for his presentation and said that over the year he has watched the very positive evolution of the PPI work and he congratulated the team on their dedication.

46/23.12 The Board noted the PPI Report.

47/23 Item 15 – Family Nurse Partnership (PHA/06/03/23)

47/23.1 This item was deferred until the next meeting.

48/23 Item 16 – Any Other Business

48/23.1 The Chief Executive updated members on Public Inquiries and reported that he has been asked to appear at the Muckamore Inquiry on 3 and 17 April.

49/23 | **Item 17 – Details of Next Meeting**

Thursday 27 April 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: 27 April 2023