

Title of Meeting	154 th Meeting of the Public Health Agency Board
Date	18 May 2023 at 1.00pm
Venue	Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast

Present

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| Mr Andrew Dougal | - Chair |
| Mr Aidan Dawson | - Chief Executive (<i>up to paragraph 70/23.12</i>) |
| Dr Joanne McClean | - Director of Public Health |
| Ms Heather Reid | - Interim Director of Nursing, Midwifery and Allied Health Professionals |
| Mr Stephen Wilson | - Interim Director of Operations |
| Mr John Patrick Clayton | - Non-Executive Director |
| Ms Anne Henderson | - Non-Executive Director |
| Ms Deepa Mann-Kler | - Non-Executive Director (<i>up to paragraph 70/23.12</i>) |
| Professor Nichola Rooney | - Non-Executive Director |
| Mr Joseph Stewart | - Non-Executive Director |

In Attendance

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| Dr Aideen Keaney | - Director of Quality Improvement |
| Ms Tracey McCaig | - Director of Finance, SPPG |
| Mr Robert Graham | - Secretariat |

Apologies

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| Mr Craig Blaney | - Non-Executive Director |
| Mr Robert Irvine | - Non-Executive Director |
| Mr Brendan Whittle | - Director of Hospital and Community Care, SPPG |

64/23 | Item 1 – Welcome and Apologies

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| 64/23.1 | The Chair welcomed everyone to the meeting. Apologies were noted from Mr Craig Blaney, Mr Robert Irvine and Mr Brendan Whittle. |
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65/23 | Item 2 – Declaration of Interests

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| 65/23.1 | The Chair asked if anyone had interests to declare relevant to any items on the agenda. |
| 65/23.2 | Mr Clayton declared an interest during the Chief Executive's Business in relation to Public Inquiries as Unison is engaging with the Inquiries. |

66/23 Item 3 – Minutes of previous meeting held on 27 April 2023

66/23.1 The minutes of the Board meeting held on 27 April 2023 were **APPROVED** as an accurate record of that meeting, subject to minor amendments proposed by Ms McCaig and Dr Keaney.

67/23 Item 4 – Matters Arising

54/23.3 Smoking Cessation

67/23.1 The Chair said that a new approach is needed to reduce smoking rates. Dr McClean advised that the Department is currently reviewing smoking policy and part of that will look at vaping. However, she added that vaping is part of a wider conversation. The Chair noted that a number of tobacco companies have taken over vaping companies and there should be a matter for immense concern.

68/23 Item 5 – Chair’s Business

68/23.1 In his final Chair’s Business, the Chair reflected on the advances which had been made in improvements on board effectiveness and made reference to the action plan of 2018 on the subject. He noted that although progress has been slow, it is now coming to fruition. He said that there are many challenges to making change but there has been perseverance to make these changes.

68/23.2 The Chair reported that it had been difficult to identify an individual to advise on the composition of reports to Boards as distinct from report to management teams. He advised that after much searching it was possible to identify an expert from Ulster University who made a presentation to senior staff on the design and delivery of concise reports for boards. He said that the fruit of this work can be seen in the current board papers in the report relating to Family Nurse Partnership. The Chief Executive has agreed to have this presentation given to other senior staff in October 2023. The Chair noted that the objective is to ensure the board papers should be concise and no more than four pages in length.

68/23.3 The Chair advised that Board members should act as ambassadors, and that there is a role for Non-Executive Directors and senior staff. He said that during his time he has made good relationships with Public Health England and with the Institute of Public Health in Ireland.

68/23.4 The Chair said that a course on Finance was not offered to Board members, but the then Assistant Director of Finance had prepared a glossary of terms which was useful for members and it may be useful to review this. Ms McCaig advised that she had undertaken training sessions with new members and would be content to deliver this for any current members.

68/23.5 The Chair said that PHA has been on a journey. He added that change is long term and that organisations have to acquire partners. He said that he was pleased to reflect on the progress which has been made.

69/23 Item 6 – Chief Executive’s Business

69/23.1 The Chief Executive reported that the Reshape and Refresh Programme Board agreed a preferred operating model for the PHA at its meeting on 21 April and that this was presented to Staff Side representatives at a meeting on 2 May where an agreement was made to establish a working group. He added that 2 staff engagement events took place on 3 and 4 May which were very positive. He thanked the Chair for attending to open and close both events. He noted that while there is some anxiety among staff about the next phase, there will be open lines of communication.

69/23.2 The Chief Executive advised that on 5 May the World Health Organisation declared an end to the COVID-19 public health emergency. However, he added that COVID-19 remains a threat. He reported that 765,222,932 cases had been recorded and there were almost 7 million deaths. He advised that PHA will be required to attend the UK COVID Inquiry.

69/23.3 The Chief Executive said that it is time to reflect on the efforts of staff during the pandemic and to thank the public for their co-operation. The Chair echoed this and said that it is important that this is communicated to the public as public co-operation is essential.

69/23.4 A member asked which organisation is leading on Long COVID. Ms McCaig replied that it is SPPG and that Ms Veronica Gillen is leading this. The member asked if there will be a joined-up approach but Ms McCaig said that she did not know the specifics of the work. The member asked if there is any indications of numbers. Dr McClean advised that most of the published information comes from the Office for National Statistics (ONS) survey where people are asked if they think they have Long COVID. The Chair asked if there is an agreed protocol for reporting and Ms McCaig said that there are standard protocols and in response to a follow-up query confirmed that there are services in each Trust area.

69/23.5 A member suggested that there should be an opportunity for the Board to spend some time going through the Reshape and Refresh work now that the structures are starting to be firmed up. The Chief Executive said following a discussion at the Agency Management Team (AMT) on Wednesday, there were two issues which came up which it was felt would be useful to discuss at a workshop, the Reshape and Refresh work and an update on screening programmes (**Action 1 – Chief Executive**). The member welcomed this saying that there had been a discussion about screening at the recent Planning, Performance and Resources’ (PPR) Committee. The member added that another area

where the Committee had felt there needed to be clarity was around commissioning, PHA's role in that, and PHA's relationship with SPPG. The member asked for an update on that, to which the Chief Executive replied that the Commissioning Plan is still in a rollover position. The Chief Executive added that another fundamental element to commissioning is the development of the Integrated Care System (ICS) which is meant to develop a new way of commissioning health and social care services going forward. He advised that a pilot has been established in the Southern Trust area. He advised that he sits on the Programme Board and that PHA is a key partner in this work.

- 69/23.6 A member said that the establishment of a working group with Trade Unions is welcome and that the suggestion to have a workshop is a good one. The member asked about PHA involvement in the ICS pilot. Leaving aside the complexities of the Commissioning Plan and PHA's role in approving it and how that might change, the member asked if PHA is contributing data about health inequalities. The Chief Executive replied that PHA is leading on this. He advised that the HSC Chief Executives had met on Monday and there was a discussion about the role of Boards in commissioning going forward as the approach seems to be changing from a top down one to a bottom up one. He added that in the new process there is much wider engagement and decisions are being made by groups who do not have accountability for the budgets to make such decisions. The member said this raised the question of what the role of the PHA Board will be as this is a reversal of the current position. The member added that previously SPPG would have developed the Plan in conjunction with PHA. Ms McCaig said that the new groups would be supported with the planning process and advised that the budget remained with DoH/ Arm's Length bodies. She added that between the Area Integrated Programme Board and the Regional Board, there will be clarity on policy and SPPG and PHA will be there to support. She noted that this is a new model and it will take a time to fully establish. The Chair asked about community planning. Ms McCaig confirmed that there will be many groups represented and they will be supported by SPPG and PHA staff. She said that there will be lessons from the test site.
- 69/23.7 A member commented that the Board is semi-disengaged from the Reshape and Refresh Programme work and that if there is to be a workshop, it should take place before the next Programme Board so that any feedback can be given through the Board's representatives. The member said that when it comes to accountability and responsibility, the PHA needs to be coming out the other side of this review with a clear view of its responsibilities and what it is accountable for.
- 69/23.8 The Chief Executive reported that PHA has not yet received its financial allocation letter. Ms McCaig advised that it is imminent. The Chief Executive said that he expected there to be a cut to the PHA's budget of around £4.5m. For the 2022/23 financial year, he advised that PHA achieved a break even position.

- 69/23.9 The Chief Executive said that he was pleased to report that Ms Reid has taken up the post of Interim Director of Nursing and AHPs for a 12-month period. He added that a trainee from the General Management Scheme, Dr Suzanne Johnston, will be commencing a placement in PHA shortly and will be working with Ms Reid.
- 69/23.10 The Chief Executive advised that the All Department Officials Group (ADOG) is to be re-established by the Chief Medical Officer and it will look at developing a new public health strategy to replace Making Life Better. He added that Dr McClean will be PHA's representative on that group.
- 69/23.11 The Chief Executive reported that no new risks have been added to the Corporate Risk Register.
- 69/23.12 The Chief Executive advised that a number of relay teams of PHA staff participated in the Belfast City Marathon to raise awareness for good causes including cancer and organ donation.
- 69/23.13 A member asked for an update on Public Inquiries. Mr Clayton declared an interest and left the meeting at this point.
- 69/23.14 The member asked how much time and resource PHA is dedicating to Inquiries and what support the Board could provide.
- 69/23.15 The Chief Executive advised that PHA has appointed two individuals to assist with Public Inquiries work as this area is a significant drain on PHA's resources. He said that the Chief Executive of Public Health Wales is spending 2 days per week solely on the Inquiry. He explained that there is a risk for PHA because many of the core staff who were central to the development of plans have now left the organisation leaving a huge gap in corporate memory. He said that there is significant strain on the organisation, particularly for the Operations directorate.
- 69/23.16 Mr Wilson advised that PHA has to find resources from within the organisation, but it has funded additional support to the Directorate of Legal Services for a dedicated Solicitor and help for preparing those who have to appear in front of the Inquiry. He agreed that a lot of corporate memory has been lost and this is placing undue pressure on those staff left behind. The Chief Executive said that he had discussed the pressures on staff with other HSC Chief Executives. He noted that while support staff can be brought in, the issue is that the individuals who have to provide the statements are doing this on top of their full time jobs and this is challenging and placing intolerable pressure on an HSC system that is trying to rebuild while facing budget cuts and staff unrest.
- 69/23.17 A member commented that PHA needs to face the issue of loss of corporate memory as Inquiries continue. The member said that PHA

should not be assuming any responsibility for areas over which it had no control and where it was being directed to deliver. The Chief Executive said that it needs to be recognised that staff extended their careers or came out of retirement to help.

- 69/23.18 A member asked if PHA is able to capture the amount of time and resource that is being dedicated to Inquiries. Mr Wilson replied that this has not been done to date, but will be going forward. The member noted that for the Muckamore Inquiry individuals who have retired are being called to appear and the Chief Executive said that he could envisage this happening for the COVID Inquiry. The member noted that there is a risk in terms of managing what former employees might say. The Chief Executive agreed that thought needs to be given about support for these individuals. The Chair said that PHA should be proactive and take the initiative in terms of reaching out to these individuals and ensure that there is an agreed approach. Mr Wilson advised that former employees have helped with statements.
- 69/23.19 A member said that as much support as possible should be given to former employees in case they are reluctant to come forward. Another member added that there needs to be psychological support. The member said that there is a risk for PHA in that whilst it carried out the instructions of the Department, it was also seen as being the expert body. The member asked if this was a concern. The Chief Executive said that this was not a concern at present. He explained that there is an iterative process going on where PHA submits a Statement, then the Inquiry comes back with questions, and then PHA resubmits the Statement.
- 69/23.20 A member said that by the next Board meeting there should be measures put in place whereby staff can get access to psychological support, media training and other support. The member added that as a Board, it has a responsibility to ensure there are wraparound services for staff, and that the Board needs to review these to ensure that there are no gaps (**Action 2 – Chief Executive**).
- 69/23.21 Mr Wilson commented that as the Inquiry progresses, it will likely begin by interviewing senior figures, like the Chief Executive, but after that he did not know who they would call. He said that he was slightly uncomfortable with the fact that PHA works with the Department and there is a question of where that starts and finishes, and ensuring there is a handover between the Department's legal support and PHA's legal support.
- 69/23.22 The Chair asked about the style of questioning at the Inquiry and the Chief Executive replied that he would expect it to be more inquisitorial rather than adversarial.

At this point Mr Clayton re-joined the meeting.

70/23 | **Item 7 – Finance Report (PHA/01/05/23)**

- 70/23.1 Ms McCaig reported that the year-end position for PHA was a surplus of £236k. She explained that there was a retraction of £400k to help support the care home sector. She said that for 2023/24 PHA will be in a much different position. She reported that the capital budget had been managed well.
- 70/23.2 Ms McCaig advised that the Financial Plan should be available for the next meeting. She noted that there had been previous queries raised by members about Trust expenditure and she explained that for Health Improvement PHA spent a total of £42m between Trusts and the community and voluntary sector. She added that £26m was spent on health protection and £18m on screening. She noted that there is a £3m cost against Research and Development and as part of Regional Savings Plans a decision is pending regarding this expenditure. She said that the Financial Plan is currently under development and that meetings have commenced with senior teams. The Chair sought clarity on how much funding was given to Trusts compared to the community and voluntary sector. Ms McCaig advised that £50m went to Trusts and £54m to the community and voluntary sector.
- 70/23.3 A member said that PHA has done well to achieve this outturn but that going forward the Finance Report should be revamped in order to be able to drill down more into certain areas. Ms McCaig said that while she will make some changes, the format of the Report will ultimately be up to PHA's new Director of Finance in conjunction with members. Another member commented that once PHA has its new Strategy and priorities, then it will be able to focus funding to priorities.
- 70/23.4 Ms McCaig said that while work has commenced on PHA's Financial Plan, PHA has not yet received its allocation letter, but she has recently advised by DoH Director of Finance that PHA will have to make savings of £5.5m an increase of £1m recurrently. She advised that PHA currently is unlikely to be able to open with the full amount of these additional savings and that a deficit of circa £0.75m is likely.
- 70/23.5 A member welcomed this approach but said that the issue of in-year slippage is very serious and AMT must ensure that PHA does not have the same level of slippage as it has had in the past. Another member sought clarity on the meaning of high impact savings areas. Ms McCaig explained that this could be the cessation of services, the cutting of community and voluntary sector contracts or the retraction of Trust funding. The member asked about the management and administration budget because during previous discussions on this, while it was classed as low/medium impact, it would be high impact if it were recurrent. Ms McCaig said that low/medium impact areas are areas where there is underlying slippage, for example management and administration, but agreed that the recurrent nature of the retraction is the issue. She said that this slippage may not be available recurrently

so there is a series of steps to be gone through in coming months.

- 70/23.6 The Chief Executive said that he wished to commend Ms McCaig for her candidness as PHA works through its savings plan. He added that a change of culture is required in PHA as it has always had slippage, and it is always taking on additional work at the request of the Department. He said that PHA has usually funded work through slippage, but this year it will not have slippage. Ms McCaig pointed out that any slippage has to be deemed as PHA central slippage and not retained within directorates. She advised that a training programme for budget managers is almost complete. The Chair agreed that PHA has always had a history of slippage. He said that if there is an underspend, but as the initial opening position would show a deficit then the risk of being underspent is mitigated. The Chief Executive advised that vaccines would have been an area of slippage, but these will now be managed centrally by DoH.
- 70/23.7 Ms McCaig delivered a presentation where she set out how PHA had originally responded to the correspondence from the Permanent Secretary regarding savings by identifying £4.5m of potential savings, including some high impact measures. She advised that PHA's savings requirement has been set at £5.5m which means PHA has to identify a further £1m in lieu of high impact measures.
- 70/23.8 A member asked whether high impact savings decisions were for the Department to make. Ms McCaig explained that PHA should not be making any decisions that would significantly impact on the citizens of Northern Ireland as a whole. Another member asked whether this meant that PHA would only implement these following an instruction from the Department and Ms McCaig confirmed this was likely the case.
- 70/23.9 Ms McCaig advised that PHA has recurrent savings proposals of £3.15m but a further £2.35m has to be found. She added that funding of £2m to fund services that PHA funded last year out of slippage is now not available. In terms of next steps, she said that a Financial Plan is being developed and that other work will be taken forward, including a review of discretionary expenditure, a pausing or slowing down of recruitment and a process to review areas of recurrent baseline funding. She said that the PPR Committee will have an opportunity to consider the Plan in advance of the next Board Meeting.
- 70/23.10 A member thanked Ms McCaig for the presentation and said that the £2m of services will require careful review.
- 70/23.11 The Chief Executive advised that he had to leave the meeting but before doing so he wanted to thank the Chair for his contribution to the work of the PHA. He said that the Chair has led the organisation with foresight and courage over the last 8 years through times of change and has worked with 4 Chief Executives and many Executive and Non-Executive Directors. He added that the Chair has steered the PHA through the

closure and decoupling from HSCB and then through the biggest public health threat for a generation, COVID-19. He said that the Chair has always encouraged PHA to build an organisation that addresses health inequalities. He added that the Chair has set standards that the rest of the organisation would wish to attain in terms of public duty and responsibility and that the Chair's leadership, wisdom and guidance will be keenly missed by all in the PHA.

70/23.12 The Chair thanked the Chief Executive for his comments and said that having reached 40 years working in health, it is time to retire and spend more time reading and reflecting. He thanked the Board for its support and said that the PHA is in good hands and that since the Chief Executive has taken up post, he has been able to deliver change and has made a huge difference.

At this point the Chief Executive and Ms Mann-Kler left the meeting.

70/23.13 Returning to the discussion on the financial outlook, a member asked about HSCQI because it is funded through slippage. Ms McCaig confirmed that if there is no slippage then there is no programme funding to pay for Dr Keaney's team. She advised that she, the Chief Executive and Dr Keaney have tried to speak to the Department regarding this and the Chief Executive has reached out to the Trusts. She said that there are questions about how this issue can be resolved and that while she appreciated it is frustrating, PHA is still aiming to reach a satisfactory solution.

70/23.14 Dr Keaney said that as PHA had introduced HSCQI, it needs to stay on this journey. She pointed out that when the Safety Forum existed, it was funded through slippage. A member said that this is an entire function that may be ceased. Referring to the presentation, the member sought clarity on recruitment and Ms McCaig explained that after 4 years staff on temporary contracts have permanency rights. She added that this is normal and that although there is a scrutiny process in place, it can take up to 6 months to recruit. The member said that across PHA, the organisation is always carrying a high number of vacancies and by pausing and slowing recruitment this will not change and the impact of this will convert surplus into slippage. Ms McCaig said that PHA will be losing funding recurrently but it does not have to solely come from the management and administration budget.

70/23.15 A member noted that part of the discussion is about how PHA views its new role and purpose and that a decision needs to be made about HSCQI. The member asked whether there is a different way of funding HSCQI by reviewing other services and determining if they should give up funding. Ms McCaig pointed out that as PHA does not have slippage so HSCQI, along with other areas, will not have funding unless other decisions to cease services was taken. She said that there is a process to be gone through and that the Chief Executive will shortly receive a formal response from Trusts regarding the use of charitable funds and it

- is likely not to provide funds to fund HSCQI by stopping doing something else.
- 70/23.16 A member said that under the new structures there is an element relating to safety and quality and it would be helpful to explore that further at the proposed workshop, and that the Programme Board should also look at this.
- 70/23.17 Dr Keaney said that part of the issue is the name, HSCQI. She advised that this is directorate established with the purpose of strengthening learning and scaling this up across the system, but it is not being delivered in the way that it should and PHA needs to reflect on that. She added that there is a duty of care to the staff and that there needs to be focus on the wellbeing of staff within HSCQI during this time of uncertainty for HSCQI. She said that she understands the low/medium impact savings, but said that if this includes HSCQI then the impact of not continuing HSCQI will be more than a low/medium impact. Ms McCaig said that there is slippage which is rated low/medium impact, but then there is a list of specific saving areas of additional savings, and this has been fed back. She added that there needs to be a decision regarding HSCQI and there is a responsibility for all the HSC to help support it and resolve this. Dr Keaney agreed, and added that all of the HSC means including the PHA.
- 70/23.18 A member said that this issue needs to be resolved and as a Board, a determination should be made that PHA will not carry out any additional activities unless there is recurrent funding. The member expressed concern about the continuing insecurity of the HSCQI, which is unfair on the individuals in the team, and that the Board needs to support the Chief Executive in getting this resolved. The Chair agreed that not taking on extra work without funding should be PHA policy and proactively communicated to the Department. Ms McCaig noted that following the review of RQIA, any such instructions regarding work should be communicated through the Chair. Another member asked if there is interaction with the Department on the Programme Board. Mr Wilson said that the current review should look at the interface between the role of the Board and the Department.
- 70/23.19 Dr Keaney sought clarity on next steps and getting clarity on HSCQI funding. Ms McCaig said that once PHA receives correspondence from the Trusts then there is a need for PHA to look again at how HSCQI is funded.
- 71/23 Item 11 - Presentation on Gartner Initiatives**
- Dr Declan Bradley, Dr Louise Herron and Mr Paul McWilliams joined the meeting for this item*
- 71/23.1 Mr McWilliams began the presentation with the first of the three workstreams which related to the development of a population health

model. He advised that through the use of a digital simulation it could be possible to predict public health outcomes and use public health evidence in policy making and determining interventions.

71/23.2 Dr Bradley said that PHA would then be in a position to make informed decisions because at present there is no process in place. He explained that by being able to carry out different simulations it would be possible to look at the effectiveness of different interventions and pathways. He advised that the intention is to begin with a model that is adaptable for different topics and that will lay the groundwork for adding in more layers of complexity. He said that PHA has had support from the Strategic Investment Board (SIB), and has recruited analysts.

71/23.3 A member said that this is exactly the type of application that PHA would wish to have, but asked how this linked with Gartner. Dr McClean advised that Mr McWilliams, Dr Herron and Dr Bradley have attended today's meeting to present a series of initiatives that PHA funded out of slippage in areas that PHA was keen to take forward. She explained that procurement through the G Cloud with Gartner being able to facilitate all three pieces of work. She explained that the first of these related to the population health model, that the second was around vaccinations and how PHA could manage its programmes more effectively and the third was the area of information governance where PHA needed assistance with the development of Data Access Agreements. For the last initiative, she noted that PHA has a small information governance team and there are capacity issues. She advised that Gartner took these 3 areas forward and the funding has been spent. The member asked for a breakdown of the £715k and Ms McCaig replied the information governance element cost £150k, the population health model element £285k and the vaccination work £250k. She explained that the GCloud is a procurement portal where organisations can find partners who can support particular pieces of work. The member said that these priorities were highlighted as gaps, but after the procurement has happened and this raises questions and that in the future the Board should be informed and then it can sign up to the work. Ms McCaig replied that PHA had slippage and it was opportunistic that it was able to use the slippage to fund this work. . The member responded that PHA knew that it wanted to do this work, and that is why the Board should have had more information, but Ms McCaig countered the suggestion that this work was done "on the hoof". Dr McClean advised that there were lengthy discussions prior to approval on this at AMT and the work was funded from slippage generated by vaccines.

71/23.4 A member said that there is a mismatch in that the Board feels it has been on the back foot with regard to this work, but in reality PHA did not have the capacity to do the work itself. The member noted that the Chief Medical Officer was aware that PHA was doing this work. Another member suggested that there is a tension between the delegated authority of the Chief Executive to spend this money, and this being an

- area of interest to the Board. Ms McCaig agreed that the timing and flow of information through the PPR Committee could have been improved, but she did not see this expenditure as being different to any other within PHA and within normal delegated authority.
- 71/23.5 The Chair said that if, over the course of a year, there is no prospect of PHA receiving any additional funds, it should look at areas that have been funded for over 20 years and he asked if this initiative would help with an evaluation of long running programmes to determine if they are still relevant. Dr Bradley replied that there is no reason why a “dis-intervention” could not be applied and that scenario played out.
- 71/23.6 The Chair asked what the benefits of this initiative are for PHA and Dr Bradley explained that it would give PHA a better understanding of the health of the population because there is data available that PHA is not looking at so having this model will change how PHA does its business. A member asked if PHA will obtain information from Trusts rather than starting from scratch. Dr Bradley explained that PHA is currently putting its information into an analytics platform but in future will move to a secure data environment. Mr McWilliams added that this model is built in an agile fashion where each product will have a project team around it. He reiterated that the model will be able to look at the impact of different interventions.
- 71/23.7 A member asked when PHA will see the results of this work. Dr Bradley advised that Gartner has carried out the groundwork and developed the granular elements of the model, but it is not a tangible model yet. He added that the next step is to build the model.
- 71/23.8 Mr McWilliams gave an overview of the second initiative, the immunisation hub. He said that with massive changes in digital and data, staff would previously have worked on a series of spreadsheets and would have been unable to use this concept which breaks vaccines down into product lines and has a central hub which provides a greater level of governance. Dr Herron said that Gartner looked at best practice across the world. She agreed that PHA has staff capacity issues and said by introducing this hub and upskilling staff, it will lead to efficiencies by making sure that appropriate staff are carrying out the appropriate actions while maintaining a tighter watch on finance. She advised that the next stage is to populate the hub for one programme initially so as to manage that programme in a quicker and more responsive way.
- 71/23.9 The Chair asked about the benefits of being more responsive. Dr Herron replied that as more vaccine programmes are being added, and given some are only seasonal, the new system will be more efficient in terms of managing stock and saving staff time. Ms McCaig added that it will help manage the budget in a tighter way.
- 71/23.10 A member asked if the hub will help manage vaccine stocks, and asked when it will be up and running. Mr McWilliams said that this hub will

capture all of the information about where stock is, and where it is moving to and allow for more agile working. The Chair sought clarity that this means that when stock has been distributed it is possible to know exactly where it is. Mr McWilliams confirmed this. He added that during the autumn programme it was noted that there was a discrepancy among pregnant women between those who had received a flu vaccine and a COVID vaccine so this led to a communication programme to increase uptake of the COVID vaccine.

- 71/23.11 The Chair asked if it is possible to know if a GP practice has administered the stock it has received. Mr McWilliams advised that this will be possible and then the GP can be contacted regarding this.
- 71/23.12 A member asked if there is any way of teasing out the data with regard to occupation so as to better monitor the uptake among HSC staff. Mr McWilliams said that this should be possible as the process of booking a vaccine is being reviewed.
- 71/23.13 Dr Bradley advised that he took up responsibility for surveillance programmes earlier this year. He said that those individuals who had been involved in setting up surveillance programmes or information systems had retired leading to a loss of corporate memory. He explained that PHA needs to have a tight hold on its data flows and therefore a review of Data Access Agreements with Trusts was carried out.
- 71/23.14 Dr Bradley said that the product of the third piece of work Gartner carried out, in the area of information governance, has resulted in getting MOUs updated and a standardisation of some templates which are now back with the PHA Information Governance team for final sign off. He explained that it is not for PHA Operations staff to write Data Privacy Impact Assessments (DPIAs). He advised that PHA is reviewing MOUs with Local Councils. He noted that unlike the other work Gartner undertook, this was more about dealing with a backlog rather than developing something new.
- 71/23.15 The Chair asked about the areas covered by this work. Dr Bradley said that it would relate to surveillance programmes in areas such as HIV, Hepatitis and Tuberculosis. He explained that there will be work to move data onto an analytics platform rather than relying on e-mails and spreadsheets so there are properly engineered data flows.
- 71/23.16 A member said that the Information Governance Steering Group should reflect on the capacity issues which led to this work having to be carried out and funded through slippage. The member added that it is inevitable that more DPIAs will need to be completed and if there is not the capacity, this will present a risk to the organisation. The member said that perhaps the Governance and Audit Committee should also consider this matter.

71/23.17 The Chair asked what ongoing funding would be required. Dr Bradley explained that this work was carried out in conjunction with the information governance team, but there is a need to have a dedicated team as well as clear lines of accountability. Ms McCaig advised that as part of PHA's Financial Plan there is a need to look at training.

71/23.18 A member said that the work done to date has been very impressive and that information governance is a key area. The member welcomed the fact that presentation came to the Board. The Chair said that he was also extremely impressed while another member said that this is what PHA is all about and that it should be using evidence to see where it can make the biggest difference.

71/23.19 A member said that if PHA is serious about influencing the direction of population health, then it should be influencing politicians by using facts and showing the benefits of these systems by doing modelling for 5/7/10/15 year scenarios. Another member noted that at a period when the HSC is having to make cuts, then it is important to have hard data.

71/23.20 The Board noted the presentation on the Gartner initiatives.

70/23 Item 7 – Finance Report (PHA/01/05/23) (ctd.)

70/23.20 The Chair advised that Mr Lindsay Stead had provided information with regard to the expenditure on EY. Ms McCaig took members through the information and advised that costs of £342k for Phase 1 and £471.5k for Phase 2a have already gone through PHA's books, and that for Phase 2a a cost of £81k will be met in 2023/24 plus some small additional costs where EY has overrun in some areas.

70/23.21 Ms McCaig advised that the costs of Phases 2b and 2c have not yet been finalised and that the Chief Executive has gone back to EY to query these. She said that the staff costs appear to be high and she expected these to reduce. She advised that the total cost of EY will be approximately £1.4m over 3 years. She agreed with the suggestion earlier in the meeting that there should be a workshop to go through this. The Chair said that he had asked for a breakdown of the costs by consultant, and while Ms McCaig advised that additional information can be obtained, she assured members that there has been rigour in scrutinising the invoices.

70/23.22 A member welcomed receiving this information given the size of the expenditure and said that it should be placed on record that the Board has reviewed it. The member asked if there are any reservations about the fact that at the outset the spend was coming out of the Department's funds but as it is now coming out of PHA's accounts, if there are any corporate governance issues. Ms McCaig advised that Ms Heather Stevens is acting on PHA's behalf in these matters and added that Phase 2a was signed off by PHA. The member said that the costs need to be contained as much as possible and noted that EY should complete

its work by the third quarter of this year. Ms McCaig agreed that this should be the case and added that PHA needs to have the capability to close out this work.

70/23.23 A member noted that at the outset in Phase 1, the costs were met by the Department, but now the PHA itself is bearing the cost of the current and future phases. For Phases 2b and 2c, the member noted a funding source has yet to be identified and asked if this means that the Programme Board needs to determine if the work should continue. Ms McCaig advised that if the Programme Board wishes the work to carry on then it is up to PHA to find the funding. Another member advised that the Permanent Secretary had indicated that he would support the programme as long as the costs came out of PHA's funds so there needs to be clear oversight in the sign off of these matters.

70/23.24 Dr Keaney asked about the source of the funding. Ms McCaig explained that PHA committed to carrying out this work during 2022/23 and so the costs will be in the Financial Plan as an inescapable pressure, or PHA can make a decision to stop the programme. Dr Keaney said that she did not understand where the funding was coming from. Ms McCaig advised that the costs will come from slippage and that she has adjusted the projected management and administration slippage figure to facilitate this.

70/23.25 A member asked what PHA is doing to launch the "new" organisation now that there is a date for when this work should complete. Another member noted that there is a lot of work to be done, but that it was their belief that it will be undertaken in-house. The member asked what EY is going to deliver. Ms McCaig explained that this is why the £319k cost of Phase 2b is being reviewed and challenged. She added that PHA needs to look at its in-house capability and capacity as there are now staff in place. The Chair asked if a lot of the work can be carried out concurrently. Mr Wilson advised that Ms Grainne Cushley has recently taken up post and there is also administrative support, but there is an Organisational Development post which is not yet filled. He added that there are many pressures as EY is pushing for sign off, but PHA also needs to engage with staff and manage all of the competing demands.

70/23.26 Ms McCaig noted that a workshop will be arranged and she suggested that this should be a standing item at future Board meetings. The Chair said that there should have been a period of reflection between Phases 1 and 2a, but Mr Wilson commented that there was a need to maintain momentum. A member noted that from the staff engagement session there is a concern that this will drag on so it is better to have a date and a plan in place that can be changed. Mr Wilson advised that there is a workplan in place and that there has been a merging of workstreams from the Organisation Workforce Development (OWD) group with those underpinning the EY work. He said that this could be looked at in greater detail at the workshop.

70/23.27 | The Board noted the Finance Report.

72/23 | Item 8 – Health Protection Update

72/23.1 | Dr McClean reported that the number of cases of flu is petering out and that COVID-19 incidence is waning. She advised that the number of COVID-19 outbreaks in care homes is reducing as is the number of confirmed and suspected cases of COVID-19 in critical care settings.

72/23.2 | Dr McClean gave an update on the spring booster programme and said that the programme is progressing faster than the spring 2022 programme, but not as quickly as the winter programme which she noted may be due to two factors, the recent Bank Holidays and vaccine fatigue. She showed comparative data for the uptake within each Council area, within care homes by Trust area and among immunosuppressed by Council area.

72/23.3 | Dr McClean provided an update on cases of Group A Streptococcus and said that there has been concern from the UK Health Security Agency (UKHSA) about the number of cases happening at the same time as other viruses.

72/23.4 | Dr McClean reported that UKHSA is introducing new surveillance arrangements in relation to avian influenza. The Chair noted that there have only been two cases reported. Dr McClean advised that PHA is refreshing its pandemic preparedness group and that SPPG is being invited to join.

73/23 | Item 9 – Update from Chair of Planning, Performance and Resources Committee

73/23.1 | The Chair advised that a meeting of the Planning, Performance and Resources Committee took place on 5 May and that the draft minutes would be shared with members shortly. He said that many of the issues discussed at the meeting had already been given extensive airing at today's Board meeting.

73/23.2 | The Board noted the update from the Chair of the Planning, Performance and Resources Committee.

74/23 | Item 10 – Performance Management Report (PHA/03/05/23)

74/23.1 | Mr Wilson said that the Performance Management Report had been considered by the PPR Committee and that following discussion at that meeting, the target relating to screening was re-graded from "green" to "amber".

74/23.2 | Mr Wilson explained that the PHA Business Plan is split into Part A and Part B and that the results of Part B are reported into Part A. He advised that 3 targets have been rated "red" and two of these relate to

the implementation of Internal Audit recommendations. He added that 8 actions have been rated “amber” and 20 have been rated “green”. For Part B, he said that an exception report is produced only for those actions which are rated “red” or “amber” and at the year-end 4 actions were rated “amber” and 1 action was rated “red” which related to breast feeding.

74/23.3 A member said that the actions relating to appraisals and mandatory training should be rated “red” as the targets were not achieved. Mr Wilson accepted this but in mitigation said that there has been evidence of under reporting of appraisal completion as staff were not aware that they had to submit an online return and also, medical staff have an annual appraisal as part of their own professional requirements and therefore did not complete the PHA appraisal template. He advised that for 2023/24, the target is that all appraisals should be completed by the end of the first quarter. The member noted this but still felt the action should be rated “red”.

74/23.4 A member noted that the staff sickness absence figure had shown a slight increase but the target was rated “green”. Mr Wilson explained that the rationale for this is that the data are for the period up to the end of February 2023 so the target may have been met by the year end.

74/23.5 A member asked about the public health nursing and midwifery framework and noted that work on this has been paused. Ms Reid suggested that this related to the Delivering Care work which has been paused by the Chief Nursing Officer, but as Ms Deirdre Webb has been leading on this work, she said that she would get an update from Ms Webb (**Action 3 – Ms Reid**).

74/23.6 The Board noted the Performance Management Report.

75/23 Item 12 – Family Nurse Partnership (PHA/04/05/23)

75/23.1 The Chair advised that unfortunately the service user who was due to attend today’s meeting to talk about their experience of the Family Nurse Partnership (FNP) programme was unwell and therefore unable to attend. He said that the report prepared was exemplary in terms of how a report should be written. He asked if the FNP initiative is in place right across Northern Ireland.

75/23.2 Ms Reid replied that FNP has been set up in each Trust area and that its focus is on giving children and young people the best start in life and giving young people care and hands-on support. She said that there are stringent reporting arrangements in place with the University of Colorado and that the programme is about improving pregnancy outcomes. She advised that the mothers involved in the programme are of a young age and that 80% are from disadvantaged areas. She said that there is good service user feedback and that the programme is very intensive with perhaps up to 64 visits and 100 hours.

75/23.3 A member said that the Board has always strongly supported this initiative, but asked about what progress is being made to ensure that this programme reaches everyone that it needs to, and if there is a resource deficit. Ms Reid advised that the programme is not reaching everyone and that is reflected in maternal death figures. However, she said that the programme is very specific and targeted, but that the mothers must be identified early in pregnancy. She reported that perinatal and neonatal mortality rates are highest in areas of social disadvantage and even if there is a wraparound service in place, many of the issues do not come into play until the mothers have left the programme. The member said that although PHA knows that there is a gap, it does not know the scale of the gap and asked how the programme is being promoted and the right individuals are being followed up. The member added that this programme is about the long term wellbeing of parents and children. Ms Reid said that this is one of the reasons why it is important to get population data so that all of those who have given birth can be looked at in order to help improve longer term outcomes.

75/23.4 A member commented that this programme is very much in line with PHA's objectives and is focused on early intervention, but asked how evidence can be extrapolated to show that is where investment should be made. The member noted that there have been issues with the information system, but said that the proposal to carry out a longitudinal study is an interesting idea. The member added that there has been discussion about whether it is possible to determine if the support given to families can prevent the children being placed on the child protection register. Ms Reid said that the study is an idea she is keen to examine.

75/23.5 The Chair said that this a successful programme and that PHA should be blowing its own trumpet in terms of highlighting that success. He offered his congratulations to those involved with the programme.

75/23.6 The Board noted the update on the Family Nurse Partnership programme.

76/23 Item 13 – Recruitment Strategy

76/23.1 The Chair said that recruitment is an idea that he has been thinking about for several months and noted that other areas of the public sector are recruiting staff at all levels whereas PHA has a small number of management trainees and internships. He suggested that PHA should look at recruiting staff in its own ways and highlighted a need for more staff who are both data competent and data confident.

76/23.2 Dr McClean advised that PHA has staff who are both data confident and data competent and explained that there is a Field Epidemiology Training Programme from which PHA can recruit surveillance staff. She added that there are statisticians who work in Health Intelligence and that there are now public health schemes open to non-medical staff.

She said that she would be keen to get all staff trained in public health and advised that through a recent in-house programme facilitated by the Faculty of Public Health, 30 staff are now going to proceed with obtaining a practitioner certificate. The Chair commented that within the HSC there is a lot of data but not many staff who can analyse it.

76/23.3 A member said that the Board would like to see a workforce plan, given PHA has an ageing workforce.

76/23.4 Ms Reid said that there is a need to recognise that data manipulation is not easy and that part of the issue is knowing where to go if there is an information gap. Mr Wilson noted that the Health Intelligence teams sits within the Operations directorate whereas surveillance is within the public health directorate. Dr McClean advised that for the ICS, PHA is looking at producing information that is useful and that the directorates in PHA are working together.

77/23 Item 14 – Any Other Business

77/23.1 The Chair advised that he has served on many Board across all sectors in Northern Ireland at a local level, UK level, European level and global level and that the success of any Board is dependent on the quality of its members and the quality of the support that it receives. He said that the membership of the PHA Board is of a high calibre which augurs well for the future.

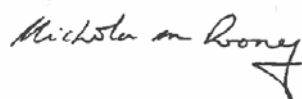
77/23.2 The Chair commended the work of Mr Graham in carrying out the functions of Board Secretary to a very high level of competence and efficiency and for his support. He also paid tribute to the Chief Executive who has made a huge difference to the organisation since his appointment and he wished to place on record his thanks to the former interim Chief Executives. He added that he is also indebted to the members of the management team for their support. He also recorded his thanks to the other members of the Board for their support and forbearance and said that it has been a great joy and challenge to lead this Board.

78/23 Item 15 – Details of Next Meeting

Thursday 22 June 2023 at 1:30pm

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

Signed by Chair:



Date: 22 June 2023