

Title of Meeting	136 th Meeting of the Public Health Agency Board
Date	16 September 2021 at 1.30pm
Venue	12/22 Linenhall Street, Belfast

Present

Mr Andrew Dougal	- Chair (<i>via video link</i>)
Mr Aidan Dawson	- Chief Executive
Dr Stephen Bergin	- Interim Director of Public Health
Dr Brid Farrell	- Interim Director of Public Health (<i>via video link</i>)
Mr Rodney Morton	- Director of Nursing and Allied Health Professionals
Mr Stephen Wilson	- Interim Director of Operations
Mr John Patrick Clayton	- Non-Executive Director (<i>via video link</i>)
Ms Deepa Mann-Kler	- Non-Executive Director (<i>via video link</i>)
Professor Nichola Rooney	- Non-Executive Director (<i>via video link</i>)

In Attendance

Dr Aideen Keaney	- Director of Quality Improvement
Ms Tracey McCaig	- Interim Director of Finance, HSCB
Mr Brendan Whittle	- Director of Social Care and Children, HSCB
Mr Robert Graham	- Secretariat

Apologies

Mr Joseph Stewart	- Non-Executive Director
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98/21 | Item 1 – Welcome and Apologies

98/21.1 The Chair welcomed everyone to the meeting. Apologies were noted from Mr Joseph Stewart.

99/21 | Item 2 – Declaration of Interests

99/21.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.

100/21 | Item 3 – Minutes of previous meeting held on 19 August 2021

100/21.1 The minutes of the Board meeting held on 19 August 2021 were **APPROVED** as an accurate record of that meeting.

101/21 Item 4 – Matters Arising

101/21.1 There were no matters arising

102/21 Item 5 – Chair’s Business

102/21.1 The Chair presented his Report and noted that there had been discussion in the confidential session regarding the issue of peer vaccinators.

102/21.2 The Chair advised that a workshop has been arranged with Mr David Nicholl for 15 October and he urged members to ensure that they have read the report on RQIA in advance of that workshop. He added that a workshop to review the ALB Self-Assessment and the Assurance Framework will be arranged in early October and a further workshop to look at Board papers will take place in November.

102/21.3 The Chair informed members that he has written to all staff involved in contact tracing thanking them for their work. He said that he wished to speak to PHA’s Sponsor Branch in the Department in advance of sending any correspondence following the recent audit on the contact tracing service.

102/21.4 The Chair expressed his grave concern that the current incidence of deaths last week from COVID-19 would result in over 3000 deaths on an annualised basis and that this is a higher annual rate than that experienced in the first 18 months of the pandemic.

102/21.5 Mr Clayton said that he agreed with the Chair’s approach in terms of alerting the Sponsor Branch to the correspondence about the contact tracing service, but suggested that it may be worth asking for a meeting of the whole Board with the Sponsor Branch as there are a few issues presently where there is confusion about roles. The Chair noted that this links with the report on RQIA and how the Department should be contacting the Chair if it wishes to direct PHA to carry out a particular piece of work. He said he felt bypassed during the establishment of the contact tracing service.

103/21 Item 6 – Chief Executive’s Report

103/21.1 The Chief Executive invited Dr Farrell to give members a presentation showing the latest COVID-19 data and trends. The Chair emphasised that he has a marked preference to see presentations where data are presented over a period of time as it is only in this way that one can discern trends. He believed that static data as presented on television news were less than helpful.

103/21.2 Dr Farrell advised that as at 14 September there was a 3% reduction in the number of cases compared to the previous week and that the proportion of people being tested has also reduced. She said that there

were 1,304 new positive cases reported today and that the rate of infection has fallen in the previous week from 557 cases per 100,000 population to 507 cases per 100,000. She reported that there are 454 in-patients in hospitals with COVID-19, of whom 36 are in ICU with 33 on ventilators. She added that there are 114 active care home outbreaks. She commented that last week approximately 1 in every 10 people in Northern Ireland was tested.

103/21.3 Dr Farrell advised that the number of outbreaks in care homes is not dissimilar to previous waves, but the impact has been significantly reduced due to the vaccination programme, and this has also resulted in fewer hospitalisations.

103/21.4 Dr Farrell said that, when looking at the statistics relating to deaths, if you look at the data in terms of the death rate among positive cases, or where COVID-19 has been listed on the death certificate, Northern Ireland has the lowest rate of deaths among the four UK nations. However, she pointed out that Northern Ireland has the highest rate of infection which is due to having lower numbers of people vaccinated. She advised that at the start of the summer Northern Ireland was approximately 10% behind other UK nations, and although the gap has now closed to 5%, the lower uptake has contributed to the pressures being placed on HSC services.

103/21.5 The Chair noted that the effectiveness of both the Pfizer and Moderna vaccines reduces over time and this is the justification for the booster vaccine. Dr Farrell agreed, and said that it was anticipated that a booster would be needed. She noted that this is a new disease that has only been known about for 21 months. She said that in the context of a pandemic communication is very important, and that over time the messaging has had to change.

103/21.6 The Chair asked if there is a reason why the number of cases in care homes is increasing. Dr Farrell explained that PCR testing has been introduced in care homes with residents being tested monthly and care home workers being tested weekly, and this helps to mitigate potential outbreaks. She added that when there is an outbreak the Infection Prevention Control (IPC) team in the Trust check IPC practices within the home and also the use of PPE and put in place whatever measures are needed to keep the care homes safe. However, she noted that this new routine testing is picking up more asymptomatic cases so it is about ensuring that all appropriate measures are being put in place. The Chair sought clarity that the increase in cases is more due to increasing testing rather than any reduction in the effectiveness of the vaccine. Dr Farrell agreed saying that the testing is picking up more asymptomatic cases.

103/21.7 Professor Rooney asked about PHA role in terms of vaccinations as there are potential socio-economic factors which impact on the uptake. Dr Farrell said that there is no infectious disease which does not have

- an impact on health inequalities. She advised that although the Department of Health is leading the rollout of the vaccination programme, PHA does have an input and there is a group which is looking at how to get to those “harder to reach” groups and provides advice on where there should be pop-up clinics to address potential gaps.
- 103/21.8 Ms Mann-Kler asked about the modelling and winter planning. Dr Farrell said that the modelling is kept under active review with three scenarios developed – optimistic, pessimistic and essential. She advised that the modelling is based on the number of cases and the impact on hospitals and ICU. She said that the pattern that is normally followed is where the number of cases surges first, which leads to increased hospitalisations and ICU occupancy and then potentially Long COVID in people who have survived. She added that factors such as vaccination uptake rates are fed into the modelling. She said that the hospitals are being badly affected by the lower levels of vaccinations here.
- 103/21.9 Dr Farrell said that when looking ahead to the winter, the impact of flu and other childhood viruses (e.g. Respiratory Syncytial Virus (RSV)) has to be taken into account. She commented that last year due to social distancing measures and lockdown there were no cases of flu or RSV, and that there is a concern that cases of these are starting to be seen now when usually this does not happen until October or November. She said that when society mixes it allows these viruses to emerge and spread creating a perfect storm which will impact on services.
- 103/21.10 Mr Clayton asked about the vaccination programme and the plans for vaccinating 12-15 year olds. He also asked about the comment in the Chief Executive’s Report to PHA’s financial pressures and if this was a reference to multi-year budgeting. With regard to the vaccination programme, Dr Farrell said that there will be one dose of the vaccination offered to teenagers, but that decision has yet to be confirmed. The Chief Executive added that the Vaccination Programme Board meets every Thursday and that PHA is heavily represented. He advised that Mr Maurice Meehan attends as he is involved in the work in dealing with the “hard to reach” groups and there has been work ongoing looking at the return of students to university. He explained that the vaccination of 12-15 year olds will be led by PHA through its school nursing programme as PHA has experience of doing such programmes.
- 103/21.11 Ms McCaig said that in terms of the financial outlook, the PHA, like the HSC as a whole, will be under significant pressure. She advised that a “look forward” budgetary exercise has been taking place to estimate the size of the inescapable pressures facing the system taking into account factors such as Trust deficits, inflation and pay pressures. She said that PHA is part of that process and that its inescapable pressures have been fed into this exercise. She conceded that it will be a challenging time for all organisations.

104/21 Item 7 – Finance Report (PHA/01/09/21)

- 104/21.1 Ms McCaig presented the latest Finance Report and explained that at the end of month 4, there is a small underspend of approximately £100k, but she expected this to grow and added that there will be a discussion shortly at an Agency Management Team (AMT) meeting about how to utilise those surplus funds. She noted that there is presently an overspend in the programme budget, but said that this is due to a timing issue.
- 104/21.2 Ms McCaig reported that to date PHA has spent £1.9m out of its £8.5m budget for ring fenced areas including Transformation and COVID-19. She noted that additional funding may be required for contact tracing and that an estimate of this funding is currently being finalised.
- 104/21.3 Ms McCaig advised that there is a surplus of almost £400k in the management and administration budget at this point and that this will exceed the £900k overspend that was forecast at the start of the year, mainly due to the time it takes to get a post recruited.
- 104/21.4 Ms McCaig said that PHA's capital budget remains on target, and that in terms of prompt payment, PHA is currently the best performing organisation in the HSC. She advised that the last section of the Report contained supplementary information on COVID-19 expenditure, but noted that confirmation around funding for contact tracing.
- 104/21.5 The Chair said that the Board is keen that PHA allocates funding to getting key messages out to the public and he suggested that this is given consideration. He asked whether there are any major areas of activity on which PHA has not been able to deliver on, and how these could be caught up. He expressed concern that there may be areas where programmes were stood down and funding allocated to COVID-19 work. Ms McCaig explained that any of PHA's COVID-19 activity is funded by specific funds, but she noted that staff have been redirected to COVID-19 work from other areas. The Chair suggested then that the costs of COVID-19 are much higher.
- 104/21.6 The Chair thanked Ms McCaig for her Report and for her guidance over recent months.
- 104/21.7 The Board noted the Finance Report.

105/21 Item 8 – Update on COVID-19

- 105/21.1 The Chair asked if there is an action plan for training and recruiting additional staff for contact tracing. The Chief Executive replied that he had received a draft action plan from Dr Elizabeth Mitchell regarding the repatriation of staff to their core functions by mid-October, but he had not yet shared the plan with other Executive Directors as he has returned it to Dr Mitchell with his comments. He said that the draft plan

would be coming to the next AMT meeting, and that he would also share it with the Board. He reiterated that it is the intention to repatriate staff to their core duties by mid-October but commencing this during September. He added that PHA is continuing to recruit new staff from the HSC Workforce Appeal to augment the core team.

105/21.2 In terms of future planning, the Chief Executive explained that after staff have returned to their core duties, they will be expected to make themselves available for contact tracing every couple of months in order to maintain their training so that they can be redeployed in the future if required. He added that he hoped that any future waves of the pandemic would be shorter as herd immunity sets in and people get used to living with the disease going forward.

105/21.3 The Chair sought an assurance that there is flexibility in terms of the recruitment. The Chief Executive that funding for contact tracing staff is only available until next March so only being able to offer temporary contracts to people does not make it an attractive role. He added that the emergence of permanent posts in the job market is resulting in people leaving contact tracing. Ms McCaig advised as part of an exercise looking at the HSC budget for the next three years, she is trying to carry out an assessment of COVID-19 related costs, part of which includes the costs of contact tracing.

105/21.4 The Chair thanked those staff involved in contact tracing and said that it is important that PHA is able to have flexibility in its model. The Chief Executive paid tribute to the work carried out by Dr Mitchell and her team in terms of getting all of the contact tracing up to speed and to get the contact tracing service for education up and running at short notice. The Chair commented that it may be useful for members to see some of the communications being issued to schools. He also thanked Dr Mitchell for all her work on contact tracing.

106/21 Item 9 - Staff Accommodation following Survey: Belfast locations, Ballymena, Omagh and Londonderry

106/21.1 The Chair said asked about next steps following recent surveys that had been carried out regarding accommodation.

106/21.2 The Chief Executive advised that he had only had one conversation with Ms McCaig around this issue and that give there need to be further discussions around the concept of hybrid working this will impact on how much estate PHA actually needs. He added that if PHA increases its staff numbers this will also have an impact. However, he noted that as the HSC is facing considerable financial pressure over the next few years, this will limit PHA's ability to move into any new accommodation. He said that a working group is needed to take this work forward and this will involve working with Trade Unions and looking at all the available options and technology.

- 106/21.3 Mr Clayton said that he would not disagree with any of the remarks made by the Chief Executive as staff dissatisfaction about accommodation has been highlighted before. The Chair advised that in recent months kitchenettes have been installed on each floor, but he expressed concern about the fact that the canteen is now closed. He said it is important that staff know that accommodation is an issue on the Board's agenda.
- 106/21.4 Ms Mann-Kler asked if there have been any developments in terms of looking at hybrid working. The Chief Executive said that he is not aware of any staff requesting to come back to work in the office, but he is aware of comments that staff do miss the social aspect of working in an office environment. He added that he is happy to speak to the Trade Unions and to Mr Robin Arbuthnot in HR regarding this. He noted that from the last survey many staff were keen to do hybrid working, but there are issues to be worked through, for example desk sharing for those working in the office, and ensuring that staff who work from home have the appropriate facilities to do so. Ms Mann-Kler commented that hybrid working can have an impact in terms of productivity and on the culture of the organisation. She asked how staff wellbeing is being monitored given the lack of certainty. The Chief Executive reiterated that he would speak to Mr Arbuthnot about taking this work forward and agreed that it is important to balance the needs of the organisation with the wellbeing of staff **(Action 1 – Chief Executive)**.
- 106/21.5 Mr Clayton said that in terms of staff productivity and the right of staff to work from home, and given the fact that there needs to be further discussions around the concept of hybrid working and how this will impact on the extent of the estate which PHA actually needs, he suggested that it may be worth discussing these matters with the Labour Relations Agency as it has developed model policies in this area. He added that at some point, there will be consideration at Northern Ireland Executive level about staff working from home and PHA could become a model for other employers. The Chief Executive said that the work environment is a factor in terms of the wider determinants of health and he agreed that PHA should be a leader in this area and that he would raise this at a meeting of the Executive Directors **(Action 2 – Chief Executive)**. The Chair reiterated that these issues should not be put on the back burner.

107/21 Item 10 – Any Other Business

- 107/21.1 There was no other business.

108/21 | Item 11 – Details of Next Meeting

Thursday 21 October 2021 at 1:30pm

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

Signed by Chair:

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

Date: 21 October 2021