

agenda

Title of Meeting	146 th Meeting of the Public Health Agency Board
Date	15 September 2022 at 1.30pm
Venue	Board Room, Gransha Park House, Londonderry

standing items

- | | | |
|-----------|---|---------------------|
| 1
1.30 | Welcome and apologies | Chair |
| 2
1.30 | Declaration of Interests | Chair |
| 3
1.35 | Update on CAWT
<i>Presentation by Mr Bill Forbes, Chief Operations Officer, CAWT</i> | Chief Executive |
| 4
1.55 | Minutes of Previous Meeting held on 18 August 2022 | Chair |
| 5
2.00 | Matters Arising | Chair |
| 6
2.05 | Chair's Business | Chair |
| 7
2.15 | Chief Executive's Business | Chief Executive |
| 8
2.30 | Finance Report | Director of Finance |
| 9
2.40 | Health Protection Update | Dr McClean |

items for noting

- | | | | |
|------------|---|---------------------|------------|
| 10
2.55 | Update on Personal and Public Involvement | PHA/01/09/22 | Mr Morton |
| 11
3.10 | Autumn/Winter Preparedness | | Dr McClean |

closing items

12 Any Other Business
3.30

13 Details of next meeting:

Thursday 20 October 2022 at 1.30pm

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

Title of Meeting	145 th Meeting of the Public Health Agency Board
Date	18 August 2022 at 2.00pm
Venue	Board Room, Tower Hill, Armagh

Present

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| Mr Andrew Dougal | - Chair |
| Mr Aidan Dawson | - Chief Executive |
| Dr Brid Farrell | - Deputy Director of Public Health |
| Mr Rodney Morton | - Director of Nursing and Allied Health Professionals |
| Mr Stephen Murray | - Interim Assistant Director of Planning and Business Services (<i>on behalf of Mr Wilson</i>) |
| Mr Craig Blaney | - Non-Executive Director |
| Mr John Patrick Clayton | - Non-Executive Director |
| Ms Anne Henderson | - Non-Executive Director |
| Professor Nichola Rooney | - Non-Executive Director (<i>via video link</i>) |
| Mr Joseph Stewart | - Non-Executive Director |

In Attendance

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

Apologies

- | | |
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| Dr Stephen Bergin | - Interim Director of Public Health |
| Mr Stephen Wilson | - Interim Director of Operations |
| Mr Robert Irvine | - Non-Executive Director |
| Ms Deepa Mann-Kler | - Non-Executive Director |
| Mr Brendan Whittle | - Director of Social Care and Children, SPPG |
| Ms Vivian McConvey | - Chief Executive, PCC |

70/22 | Item 1 – Welcome and Apologies

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| 70/22.1 | The Chair welcomed everyone to the meeting. Apologies were noted from Dr Stephen Bergin, Mr Stephen Wilson, Mr Robert Irvine, Ms Deepa Mann-Kler, Mr Brendan Whittle and Ms Vivian McConvey. |
| 70/22.2 | The Chair welcomed Mr Craig Blaney to his first Board meeting, although noting that he had attended the recent workshop. |

71/22 Item 2 – Declaration of Interests

- 71/22.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared at this time. During the meeting Mr Clayton declared an interest in relation to UNISON's interest in the COVID Public Inquiry. It was noted that the update provided by the Chief Executive on the Covid Public Inquiry had not been listed as an agenda item in advance of the meeting.

72/22 Item 3 – Minutes of previous meeting held on 16 June 2022

- 72/22.1 The minutes of the Board meeting held on 16 June 2022 were **APPROVED** as an accurate record of that meeting subject to a minor amendment in paragraph 65/22.2.

73/22 Item 4 – Matters Arising

- 73/22.1 There were no matters arising.

74/22 Item 8 – Health Protection Update

- 74/22.1 Dr Farrell noted that at the last meeting she gave members an update on COVID-19, but also a range of other health protection areas. She began her presentation by stating that the COVID-19 pandemic remains ongoing, but that the latest ONS data indicate that the number of people with the virus in Northern Ireland has reduced to 1 in 70. She explained that COVID-19 can be detected in faeces and that there are arrangements in place through Queen's University to carry out waste water surveillance which can act as an indicator. She noted that there is presently a downward trend in terms of the number of cases.
- 74/22.2 Dr Farrell explained that the data relating to the number of cases comes from the central test register but she reminded members that drive through, walk in and mobile test centres have been stood down, so there is a reliance on individuals self-reporting. In terms of variants, she reported that Omicron is constantly mutating and there was recently a high number of cases of the BA4 and BA5 variants, but this has now reduced. She added that variant BA2.75 is currently of interest, but no cases have yet been recorded locally.
- 74/22.3 Dr Farrell reported that the number of community acquired emergency COVID-19 admissions is decreasing. In terms of Healthcare Associated Infections (HCAIs), she advised that the Omicron variant has not been associated with severe cases as was the case with previous strains. She added that when community transmission of COVID-19 is high, there are also high numbers of HCAIs.
- 74/22.4 Dr Farrell advised that the number of outbreaks in care homes has reduced and that residents were offered the spring booster and will be offered the autumn booster. She said that vaccination has helped to

- reduce the severity of the disease, although it has not reduced the number of cases.
- 74/22.5 Dr Farrell moved on to give an update on RSV (Respiratory Syncytial Virus) which she explained is normally more common across the months of November, December and January, but has seen a larger number of cases than usual in July. She said that the most vulnerable infants have been offered a vaccination. Ms Henderson asked if there was a reason why there has been this higher number of cases than usual over the summer. Dr Farrell said there are some unusual patterns of disease at present which may be linked to the fact that people are now doing more socialising than during the pandemic. She added that there may now be a post-COVID rebound.
- 74/22.6 Dr Farrell reported that in terms of Non-A-E hepatitis, there were a lot of cases among pre-school children, some of which resulted in severe illness. She suggested that there may be a link with enterovirus. She noted that the number of cases is now reducing.
- 74/22.7 Dr Farrell advised that the majority of cases of monkeypox in Northern Ireland are not associated with local transmission. She said that this disease remains concentrated in London, but it is inevitable that if there is a cluster in one part of the world, that will be replicated here. She added that monkey pox is a painful disease, but it is not normally associated with death, although there have been a small number of fatalities.
- 74/22.8 The Chair asked if the dual Modern vaccine will protect against all of the sub-variants of Omicron. Dr Farrell advised that it would only cover against the earlier versions. The Chair asked if the earlier variants are more infectious. Dr Farrell said that the vaccine will help to break the link with severe disease and that it is important that anyone who is eligible for a vaccine obtains it.
- 74/22.9 The Chief Executive asked if a decision has been made regarding the groups that will get the autumn booster. Dr Farrell advised that it will be the over 50 age group. She added that this will involve vaccinating around 1.1 million people and it is intended to run the flu programme at the same time. She said that care homes will be prioritised to ensure residents are fully protected. She noted that the only uncertainty regarding the programme would be if a new variant emerged that escapes the vaccine.
- 74/22.10 Mr Clayton said that the vaccine programme will be a high profile one and while he acknowledged that planning is well advanced, he asked if the Board could be given a separate briefing on this at its next meeting which would outline the plans as well as any risks (**Action 1 – Dr Farrell**). He noted that there will not be the large walk-in centres as there were previously. Dr Farrell advised that GPs will be the main providers and that plan is that care homes will once again be partnered

with community pharmacies. She reiterated the risk of there being a new variant. The Chief Executive said that there was a considerable amount of work required in getting care homes matched with a community pharmacist and he commended the work of staff in helping to create those relationships.

74/22.11 Mr Clayton asked what monitoring was undertaken of uptake in relation to care homes partnered with community pharmacies. Dr Farrell explained that there is a dashboard which can show if there is a care home which hasn't had a high uptake and this can be followed up to improve uptake.

74/22.12 Mr Blaney noted the time and effort to prepare lists of care homes and pharmacies and commented that there does not need to be duplication of effort. However, he asked what would happen if there was a new care home which wasn't on the list. The Chief Executive said that the lists would be validated, maintained and updated and PHA would monitor this. He explained that PHA reached its target of 85% uptake, but pointed out that residents have to give consent to getting the vaccine. Mr Morton added that there is a lot of interaction between care homes and delivery partners to ensure that there are no gaps.

75/22 Item 5 – Chair's Business

75/22.1 The Chair began his report by noting that data would suggest that 1 in 6 people who have had COVID will develop long COVID and that the figures from the UK indicate that between 54,000 and 57,000 people in Northern Ireland will suffer the consequence of COVID. He queried whether these people were known to the system and whether this is in the purview of SPPG. Dr Farrell said that last year, funding for Long COVID was provided to all Trusts, and these services will be reviewed to determine if they are at the right scale. Ms McCaig added that there will also be interaction between these individuals and primary care services. Dr Farrell said that it is inevitable that there will be a form of post-viral syndrome and advised that at yesterday's Agency Management Team (AMT) meeting, a paper was presented looking at research into those who get worse cases of COVID.

75/22.2 The Chair advised that he has contacted the Chartered Governance Institute about skills in writing papers for the Board.

75/22.3 The Chair reported that he and the Chief Executive had attended a workshop where the Permanent Secretary also participated regarding Partnership Agreements. He said that he had received a copy of the slides, but was awaiting the full report from the Department. He said that it was a positive meeting. Mr Clayton asked whether there has been any progress in terms of there being a direct line between Chairs and the Minister. The Chair said that this particular issue was not discussed, but he said that Health Chairs have a regular meeting with the Minister every two months. Mr Stewart suggested that there should

be an invitation extended to the Minister to meet with the PHA Board. The Chair **AGREED** that he would undertake to do this (**Action 2 – Chair**).

76/22 Item 6 – Chief Executive’s Business

- 76/22.1 The Chief Executive reported that Dr Joanne McClean has been appointed as Director of Public Health and that she will take up the role from 1 September. He noted that there had been a risk on the PHA’s Corporate Risk Register about the number of Director posts that were filled on an interim basis. However, he advised that Mr Morton has tendered his resignation to take up a post in the Department of Health in England and that he will be leaving at end of October. He thanked Mr Morton for this dedication and hard work during COVID-19 and said that his team had carried out valuable work and that he will be a big loss to the organisation.
- 76/22.2 The Chief Executive reported that PHA is currently working with SPPG and BSO on an initiative to bring staff back into the office.
- At this point Professor Rooney joined the meeting.*
- 76/22.3 The Chief Executive advised that no new risks have been added to the Corporate Risk Register since the last meeting of the Board.
- 76/22.4 The Chief Executive noted that Dr Farrell had given an update on the autumn booster programme and that he was content to bring a fuller update to the next meeting. He added that throughout the programme, the Board would be kept informed of progress.
- 76/22.5 The Chief Executive advised that following the closure of HSCB and its migration into SPPG, work has continued on the development of the new Integrated Care System (ICS). He advised that the Permanent Secretary has established a new Steering Group, the first meeting of which is today, and that Dr Joanne McClean is representing PHA at this meeting.
- 76/22.6 The Chief Executive noted that while it is only August, he would like to begin to look at the planning for the next financial year, particularly in the area of strategy. He said that he would like this work to appear to be less hurried, and that there should be a number of workshops between AMT and the Board during the autumn. He added that he hoped that there would be more resource and capacity to work on this area than there was last year due to COVID.
- 76/22.7 The Chief Executive reported that EY have completed a first draft of their report following the first phase of the review of PHA, and that once this is signed off by the Project Board, it will be shared with Board members. He added that a submission will be made to the Minister and the Permanent Secretary regarding commencing the implementation of

- Phase 2. He said that the intention is to have less reliance on EY as the next phase commences. He advised that Phase 2 will focus more on the detail of what the future PHA will look like and he undertook to update the Board further at the next meeting as well as to share the Report once it has been signed off (**Action 3 – Chief Executive**).
- 76/22.8 The Chief Executive advised that while PHA has not yet received a Section 21 request, information is beginning to be pulled together for the National COVID Inquiry at which PHA will be expected to give evidence. He said that the first module of the Inquiry will be focusing on pre-pandemic preparedness and then there will be further modules. He added that the Inquiry team will be travelling to Northern Ireland. For this work, he advised that PHA will require a dedicated team as this will be an extensive administrative task. He added that PHA will be working with the Directorate of Legal Services.
- 76/22.9 Mr Clayton declared an interest at this point noting that Unison will be involved in the Inquiry.
- 76/22.10 The Chief Executive advised that PHA has received a Section 21 notice relating to the Urology Inquiry which has a particular focus in the Southern Trust. He reported that PHA has been asked for a submission which covers 48 areas, but that an extension has been requested due to the short turnaround time.
- 76/22.11 Mr Stewart thanked the Chief Executive for his updates and said that he supported the proposal to commence work early on the planning for next year.
- 76/22.12 Professor Rooney said that based on her involvement with a number of Inquiries, the administrative work required cannot be underestimated. She added that staff will be under pressure and she asked if staff will be supported, particularly in cases where they may be open to criticism. The Chief Executive replied that at this stage it is difficult to know, but he envisaged that individual PHA staff will be required to appear in front of the Inquiry and it is also uncertain whether they will be criticised. However, he advised that staff will be supported in terms of both the delivery of the evidence they have to give, and the emotional impact of doing so. As an employer, he added that PHA has a responsibility to support its staff, but it also needs to consider the suitability of staff to perform their duties if they are criticised. He added that staff may be identified by the media.
- 76/22.13 Ms Henderson expressed concern about the capacity of the organisation given the resignation of Mr Morton. She asked about the recruitment of an individual who will provide HR support and the Chief Executive replied that the individual is due to take up post on 1 September. Ms Henderson commented that there is presently £1.6m slippage on the management and administration budget. Ms McCaig said that this a consequence of staff being involved in the pandemic response and not

having time to recruit. She advised that there are now HR reports going to AMT so there will be more attention on this area as she would not wish to see this level of slippage going forward. The Chief Executive said that he hoped that PHA will return to normal working capacity over the next 12/18 months. He added that once the review is completed, there may be a change of direction in terms of some of the vacancies and therefore it may be useful to have that level of slippage with which to manoeuvre. He noted that PHA has always had a low turnover of staff.

- 76/22.14 Ms Henderson said that the COVID Inquiry may last for a number of year and therefore PHA should consider having a small team focusing on this alone. She said that there are many issues coming down the track and she felt concerned. The Chief Executive replied that he shared those concerns and that it is his responsibility to ensure that PHA has adequate resources. He said that this is also why he asked to meet with the legal team from the Inquiry, he wished to ensure that there were realistic timescales. He agreed that the COVID Inquiry will likely last for some time and that the current focus is on Module 1. He added that it is PHA's role to be diligent and to help ensure that as an HSC system, there is no duplication.
- 76/22.15 Mr Stewart commented that while it would be wrong not to be concerned about the Inquiry, it should be borne in mind that PHA has managed the pandemic well. With regard to the number of vacancies, he noted that this situation has existed since he joined the organisation, and while there is a need to fill them, there is also sense in holding off given the review. He added that Internal Audit will be looking at recruitment processes as part of its work and that should give a better understanding of where the delays are.
- 76/22.16 The Chair agreed that there should be staff dedicated to working on the Inquiry and asked how quickly they can be recruited. He asked if there was any chance of PHA being named a core participant. The Chief Executive explained that this was given consideration by the legal team, but it was agreed that the Department should have core participant status as that would help streamline processes.
- 76/22.17 Dr Farrell commented that Inquiries can be stressful for staff. With regard to vacant posts, she noted that PHA is a training organisation and specialists will have had the opportunity to work in other jurisdictions. The Chair said that when he asked about the cross fertilisation of knowledge he was advised that the difference in salaries is a factor for individuals coming here. Dr Farrell agreed and said as part of consultant pay, there used to be Executive Awards, but Northern Ireland opted out of this.
- 76/22.18 Professor Rooney said that she was unaware that Mr Morton was leaving and she asked whether this would present an opportunity to review the role and job description of the Director of Nursing given that

PHA was considering not having professional leads as part of its new structure. The Chair agreed that at the outset, the structure of the organisation was set up by professional leads, rather than functional leads.

77/22 Item 7 – Finance Update

- 77/22.1 The Chair congratulated Ms McCaig on her appointment as Director of Finance on a permanent basis.
- 77/22.2 Ms McCaig advised that the Finance Report represents the position as at end of June and follows on from the Financial Plan which was approved by the Board in June. She said that the outworking of the review panel that met recently will be factored into a future report and she thanked Ms Henderson and Professor Rooney for their input to that.
- 77/22.3 Ms McCaig reported that PHA is on target to achieve a break even position and that there are no significant risks. She advised that there is a £900k surplus, but this is due to a timing issue. She added that up to £1.6m of slippage has been approved for other areas. The Chair asked if the Board could receive the report outlining the decisions of the review panel and Ms McCaig agreed to share this (**Action 4 – Ms McCaig**).
- 77/22.4 Ms McCaig said that the next section of the Report looks at the risks, the first of which is the impact of COVID on financial planning. She said that she did not foresee any challenges at this point. In terms of demand-led services, these will be kept under review. She highlighted that annual leave represents another potential slippage area and she has asked for a review of this in order to have a better overview. She explained that staff must use any leave by the end of this year that they have carried over from previous years, and this will need to be monitored. She advised that PHA has not yet received any pay or non-pay inflationary uplifts so further allocations may be made.
- 77/22.5 Ms McCaig advised that in terms of the capital budget, this is also projected to break even and there are no concerns at present.
- 77/22.6 Ms Henderson said that with regard to the review panel, she was impressed by the information that had been circulated in advance. She advised that £961k was used to fund inescapable pressures, with almost £500k being allocated to the Diabetes Prevention Programme. She added that of the funding that was discretionary, the biggest amount was allocated to the small grants funding programme. She suggested that the Board may wish to have more transparency about where the funding is going and what the outcomes will be. She said that the range of initiatives showed the variety of the work that PHA does. Professor Rooney agreed that there should be more focus on outcomes. Ms Henderson said that outcomes can be difficult to tie down and it can be hard to determine if PHA is trying to be all things to all people or whether it should focus on particular areas.

- 77/22.7 Mr Murray agreed that the range of work in which PHA is involved is vast and it about determining where PHA's responsibilities lie and what the responsibilities are for other organisations. He said that the small grants programme is good at building community capacity. He added that PHA needs to review where it is spending its money and be clear on its strategic priorities.
- 77/22.8 Ms McCaig said that there was a mix of large and small scale initiatives considered by the panel and that ideally, the discussion around these should take place after there has been a review to consider what the priorities are. She added that while this new process is more transparent, there is still some work to do.
- 77/22.9 Dr Farrell said that she had been involved in the Diabetes Programme. She explained that the impact of the programme was able to be measured and outcomes demonstrated, but then the pandemic came along and since then it has not been possible to get recurrent funding so she welcomed the panel's decision to approve the funding for this year.
- 72/22.10 Mr Clayton noted the discussion about inescapable pressures. He recalled that there had been discussion at a previous meeting about the minimum wage and about scoring social value as part of procurement. He asked if the cost of implementing the increase in the minimum has been factored into PHA's financial plans given that the use of slippage to fund this would not be appropriate. Ms McCaig advised that PHA is not funded on the basis of the real living wage and if it were to go down this road alone, it would create a challenge. Mr Clayton said that this links back to issues around the cost of living and there would be a disconnect if there is an Executive policy around the living wage but ALBs are not implementing it. Ms McCaig said that she did not think that any Government departments are pushing this through. Mr Stewart commented that even if there is a policy, there may not be the funding to implement it. The Chief Executive asked if this is actually a risk to PHA given that until it is advised to do so by the Department, it will not be funding it. He added that in terms of how PHA uses it resources, that may well be determined in future by the priorities of the ICS framework. He said that this may then lead to PHA reducing its spending in other areas. He commented that the social determinants of health are so broad that anything could be seen as coming into the purveyance of PHA.
- At this point Dr Farrell left the meeting.*
- 72/22.11 Professor Rooney asked if there will be a separate record in terms of the funding spent on supporting Inquiries. Ms McCaig said that the spending will be captured, but there is not a separate stream at present.
- 77/22.12 Ms McCaig said that members will be aware that the Finance, Procurement and Logistics (FPL) system was taken down due to a security incident with the supplier. Due to this, she explained that there

was no way of moving items through the service and no method of paying suppliers. She advised that contingency plans had to be put in place. She paid tribute to the work of her team, led by Ms Andrea Henderson, and to BSO during this period and for getting the system back up and running. She advised that the system was operational again on Tuesday morning and the recovery period should be completed by the end of the week. She noted that the impact was minimal for PHA, but could have been worse had the situation continued for longer. She said there is some learning for the future.

77/22.13 The Chair asked that he wished to record the appreciation of the Board for the work of Ms Andrea Henderson and the staff in BSO for dealing with this situation.

77/22.14 The Board noted the Finance Report.

78/22 Item 9 – Update from Chair of Governance and Audit Committee (PHA/02/08/22)

78/22.1 Mr Stewart advised that the minutes of the meeting of the Governance and Audit Committee meeting of 9 June were available for members for noting, and that the Committee had since met on 28 July.

78/22.2 Mr Stewart said that the main focus of the July meeting was on the Internal Audit review of risk management which had received a satisfactory level of assurance. However, he noted that Internal Audit had suggested that improvements could be made based on the “3 lines model”. He suggested that it would be beneficial for Ms Catherine McKeown to come to a future PHA Board meeting to discuss this.

78/22.3 Mr Stewart advised that the Committee had considered the updated Corporate Risk Register as at 30 June, and that four risks had been removed with no new risks added. He said that he had had a discussion with the Chief Executive about the need to review the Register given that some of the risks do not reflect the current situation, for example the risk relating to the migration from HSCB to SPPG. He added that there should be risks included around the review of the PHA as well as issues around recruitment and retention of staff.

78/22.4 Mr Stewart said that the Committee had considered the latest Fraud Liaison Officer Report and that there were no new frauds to report. He added that a report on fraud across the HSC was also considered.

78/22.5 Mr Stewart advised that the Committee had reviewed its terms of reference and had approved them. He added that the Non-Executive members had held their annual meeting with Internal and External Audit and that this was a useful meeting with no issues raised.

78/22.6 The Board noted the update from the Chair of the Governance and Audit Committee.

79/22 Item 10 – Update from Chair of Remuneration Committee

79/22.1 The Chair advised that he had no specific issues for update, but that he was still awaiting a report on the feedback from the Culture Assessment Survey. He said that it is important that staff receive feedback on surveys.

79/22.2 Ms Henderson said that there is a meeting of the Procurement Board taking place on 25 August and that she is unable to attend. It was **AGREED** that Mr Blaney would attend this meeting.

79/22.3 The Board noted the update from the Chair of the Remuneration Committee.

80/22 Item 11 – Draft Annual Progress Report 2021-22 to the Equality Commission on Implementation of Section 75 and the Duties under the Disability Discrimination Order (PHA/03/08/22)

80/22.1 Mr Murray advised that this is the Annual Progress Report that PHA is required to submit to the Equality Commission by the end of August and that the format of the Report is set by the Commission.

80/22.2 Mr Murray said that the Report consists of the Section 75 Progress Report which gives an overview of PHA's progress against each of the eight categories. He advised that in the last year, PHA has taken actions which improved vaccination uptake, improved communication about organ donation, obtained translation services for screening services, helped with care pathways and contributed to research projects. He said that there is a breadth of work across each of the individual categories.

80/22.3 Mr Murray advised that the Report also contains the Disability and Equality Action Plan Progress Reports for 2021/22 as well as the updated Disability and Equality Action Plans for 2022/23. He explained that the Plans for 2022/23 are not quite "holding plans" but are in place because a new exercise is due to commence on developing 5-year plans across the HSC and PHA is currently out of sync. Therefore, he said that the main aim for this year is to complete the current Plans.

80/22.4 Mr Clayton said that it was clear that a lot of good work has been undertaken. He noted that the number of Equality Screenings and Equality Impact Assessments is lower than that in previous years. He said that while it is clear that PHA is targeting specific interventions, there is no clear process of how it got there. He suggested that there needs to be more focus on training and mainstreaming of screening and EQIA to further promote equality of opportunity.

80/22.5 Mr Clayton noted that whilst the PHA intended to coordinate with other HSC bodies on a new 5 year equality action plan beyond the 2022/23 plan, he sought clarity as to why specific actions on supporting staff with

experience of domestic violence which had been included in the 2021/22 action plan were not being rolled forward into the 2022/23 action plan, given that the report on progress made during 2021/22 indicated this action had not been completed. He agreed that it is a sensible approach to have a multi-year Plan and to get stakeholder engagement in that. He reiterated that it is clear that a lot of good work is taking place but there is a need to look at how to mainstream this further.

- 80/22.6 Mr Murray said that he concurred with Mr Clayton's point about the number of screenings and said that some may not have been completed due to COVID and therefore he hoped that next year the number reported will be higher. In terms of internal processes, he advised that work is ongoing to better embed equality into PHA's planning approach. He added that there is also going to be a push to improve uptake of training and that equality will become one of the mandatory training programmes for PHA staff. He said that he would review the Action Plan and clarify why the action relating to domestic violence has been removed (**Action 5 – Mr Murray**). However, he noted that he was conscious of the need to have the Report approved in advance of the deadline. Mr Clayton said that he would wish to know why this has not been included in the Action Plan.
- 80/22.7 The Chair advised that in his role as Chair of the Disability Champions Network, he would attend some of the open day events and he felt that it would be useful to include some information on those in future, and that it would also be useful to include some infographics.
- 80/22.8 Professor Rooney said that this Report represents an opportunity for PHA as it struggles to show how it is reducing health inequalities. She added that the training figures were disappointing and noted that no Board members had availed of the training.
- 80/22.9 The Chair thanked those staff involved in the development of the Report.
- 80/22.10 The Board **APPROVED** the Annual Progress Report subject to obtaining clarity regarding the action on domestic violence.

81/22 Item 12 – Performance Management Report (PHA/04/08/22)

- 81/22.1 Mr Murray presented the first update report on the Annual Business Plan for 2022/23 and explained that the format has changed where there are now two parts, with the first part being those actions which are the direct responsibility of the Board and a second part which contains the actions which form the broader work plan of the organisation.
- 81/22.2 Mr Murray reported that for the 31 actions in the Part A Business Plan, 24 are rated as "green" and 7 are rated as "amber". For the Part B Business Plan, where targets rated as "red" or "amber" are reported to the Board by exception, there is 1 target rated "amber".

- 81/22.3 The Chair expressed concern about the retirement of the regional breast-feeding lead and asked about recruitment. Ms McCaig advised that it could take up to 6 months to recruit a replacement. The Chair asked about an interim appointment, but the Chief Executive responded that this would have a knock-on effect in other areas. He added that he is keen to move away from Expressions of Interest (EOIs), temporary appointments and secondments and focus more on having the right people. However, he noted that this does not take away from the fact that the recruitment process is slow. Ms McCaig pointed out that this is not solely an issue with Shared Services, it is about staff dedicating the time to undertake recruitment exercises. The Chief Executive agreed that the focus should be about getting your own house in order.
- 81/22.4 Ms Henderson sought clarity on the status of the directorate business plans. The Chief Executive explained that for the public health plan, there are resourcing issues causing a delay given that Dr Farrell has been covering the role of Director of Public Health as well as her own role, but added that the new Director of Public Health will be taking up post shortly. Mr Morton advised that the nursing directorate plan is almost complete but he wishes to review it. The Chief Executive advised that there will be regular review of these plans at the quarterly accountability meetings that he and Ms McCaig will be having with Directors.
- 81/22.5 Ms Henderson asked if there was any indication as to what the five key public health areas will be that will be incorporated into the ICS plans. The Chief Executive reported that at today's Steering Group meeting, an outline framework will be discussed and PHA will be asking for further discussion on that. Mr Clayton asked that the five key public health areas be shared with the Board to inform the strategic planning process. He added that a focus for strategic planning should be around workforce planning across the organisation. He added that it would be useful to get a sense of where PHA is in terms of recruitment and retention given most of the discussion on this has been around public health priorities.
- 81/22.6 The Board noted the Performance Management Report.

82/22 Item 13 – Update on Accommodation

- 82/22.1 Mr Murray said that accommodation has been a standing issue for PHA for many years and a number of business cases have been written, but have ultimately been unsuccessful. He noted that COVID has changed the template of how PHA works so PHA has carried out a further review of its needs. He said that the report shared with members contains many issues which are still relevant today. He added that there has been in-depth discussion with staff.
- 82/22.2 Mr Murray said that the flexible working model features in the report as well as issues such as the use of technology, the need to balance costs and infrastructure, and the need to review staff numbers in Belfast. He

added that there is a need to think through the advantages and disadvantages of retaining the current setup, and to think about questions such as whether staff should have their own desk going forward. Within the report, he advised that there is a suggestion of moving to a model of 6 desks to 10 staff.

- 82/22.3 Mr Murray said that PHA needs to think practically about how it will begin to get staff back into the working environment and where it needs to be in 18 months/2 years. He added that the review will potentially change how PHA will be structured. He noted that PHA may move to a hybrid model of working. He advised that a Steering Group has been established to look at how to get staff back into the office as well as the longer terms of the organisation, and that this Group will work in partnership with BSO and SPPG, but will have to work within the constraints of Health Estates and Finance.
- 82/22.4 The Chair asked how many staff there are at present. Mr Murray advised that there are 464 funded posts with 379 whole time equivalent staff at present. The Chair noted that the review will have an impact on PHA, but it does prevent staff returning to the office. The Chief Executive agreed, but he pointed that PHA's intelligence would suggest that this autumn and winter will see a significant surge in flu and COVID cases so there is a need to balance the risk of bringing large numbers of staff back into a working environment and so this should be undertaken on a phased basis. He added that there will be a culture change for staff in terms of returning to the office and possibly not having their own desk. Furthermore, he said that there is the issue of air circulation. He advised that there is a number of factors which will only become clearer as autumn and winter approach.
- 82/22.5 Mr Stewart agreed with the Chief Executive's comments and added that the impact on the individual cannot be underestimated. He said that the report was useful and could be revisited again next year, but that it should be seen as the direction of travel. However, at this time, he said that there are too many unknowns. The Chair suggested that it may be worth seeking the views of staff.
- 82/22.6 Ms Henderson said that PHA staff would expect there to be good air circulation in the office. Ms McCaig advised that there had been a discussion on this at Wednesday's AMT meeting and that enquiries have been made about Hepa filters. She explained that up to 14 of these may be required for the floor in Linenhall Street and these can cost up to £1,000 each. However, she noted that it has not been determined if these are the appropriate filter and there are also issues in that they would be large and noisy. Mr Morton said that going forward, it is imperative that there is good ventilation and this would be good practice. Mr Clayton agreed, and he welcomed the fact that there is a staff survey, and there is a Steering Group with Trade Union involvement. He asked that if this report is seen as the direction of travel, are there any short-term measures that have been taken. He

added that the indicative costings in the report may be out of date. Mr Murray said that there have been some improvements in that kitchenettes have been installed, but there has not been an occasion where all staff have been in to use them at the same time. He noted that PHA is limited in terms of what changes it can make. He advised that there are showers in the building, but only a small number.

82/22.7 The Chief Executive commented that the focus of the discussion has been on Linenhall Street, but there are other PHA premises in County Hall, Tower Hill, Gransha Park, Omagh and Lisburn and the same level of accommodation should be offered to all staff irrespective of location. He added that in some departments, there may not presently be the same level of desk access. He agreed that Hepa filters should be looked at, but he commented that people will be more likely to self-isolate themselves if they have flu or COVID symptoms. He said that all staff should be entitled to the same level of facilities and that as a corporate body, PHA has responsibility for ensuring the health and safety of its staff by having fire warden and first aiders on site.

82/22.8 The Chair asked about a staff survey. The Chief Executive advised that this is being considered. The Chair said that it would be useful to update staff at the next staff engagement session.

82/22.9 The Board noted the update on accommodation.

83/22 Item 14 – Any Other Business

83/22.1 The Chief Executive advised that at Wednesday's AMT meeting, the Directors had considered a paper on food poverty and he felt that it would be useful if this paper with members along with an update on refugees and the work of the mental health working group. He said that these would help keep members informed.

83/22.2 With there being no other business the Chair drew the meeting to a close.

84/22 Item 15 – Details of Next Meeting

Thursday 15 September 2022 at 1:30pm

Board Room, Gransha Park House, Londonderry

Signed by Chair:

Date:

Title of Meeting	PHA Board Meeting
Date	15 September 2022
Title of paper	Update on Personal and Public Involvement
Reference	PHA/01/09/22
Prepared by	Martin Quinn
Lead Director	Rodney Morton
Recommendation	<p style="text-align: center;"> For Approval <input type="checkbox"/> For Noting <input checked="" type="checkbox"/> </p>

1 Purpose

The purpose of this paper is to provide the biannual update on PHA's Personal and Public Involvement work.

2 Background Information

To meet the PPI objectives within Outcomes 4 & 5 of the PHA Corporate Business Plan the PHA provides twice yearly updates to the Board on the progress of the PHA PPI Action Plan.

3 Key Issues

The PHA has lead responsibility for the oversight of the implementation of PPI Policy across the HSC. In the main, the PHA manages these responsibilities by working in partnership with other HSC bodies and service users and carers through the Regional HSC PPI Forum.

The PHA continues to drive forward our collective endeavours in PPI, Co-Production and Partnership Working at a time of major flux.

4 Next Steps

The next biannual Report will be brought to the Board in early 2023.

PERSONAL AND PUBLIC
INVOLVEMENT
BOARD REPORT
SEPTEMBER 2022

INVOLVEMENT, CO-PRODUCTION AND PARTNERSHIP WORKING



Personal and Public
Involvement (PPI)



Involving you,
improving care

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PERSONAL AND PUBLIC INVOLVEMENT

MEET THE TEAM

Personal and Public Involvement (PPI) is the active and effective involvement of services users, carers and the public in health and social care services. People have a right to be involved in and consulted on decisions that affect their health and social care. Under the Health and Social Care (HSC) Reform Act (NI) 2009, Involvement is a legislative requirement and this direction of travel is further underpinned by the Co-Production Guide of 2018.

The Public Health Agency (PHA) was assigned primary responsibility for leading the implementation of PPI across the HSC system by the then DHSSPS in the 2012 PPI Policy Circular. The PHA is required to provide the Department of Health (DoH) with assurances that HSC bodies, and in particular Trusts, meet their PPI Statutory and policy responsibilities.

This update report is presented to the PHA Executive Board twice-yearly and will provide updates on our work in respect of the Statutory Duty of Involvement and our work in the related areas of Co-Production and Partnership Working.

The PPI team is led by Martin Quinn and sits within the Nursing, Midwifery & Allied Health Professional (AHP) Directorate and is directly accountable to Michelle Tennyson, the Deputy Director AHP, PPI, Partnership and Patient Experience and Rodney Morton, Executive Director of Nursing, Midwifery and AHP's.



Martin Quinn
Regional PPI Lead



Bronagh Donnelly
Senior PPI Officer



Emmett Lynch
Senior PPI Officer



Martin Mc Crory
Regional Peer Mentor for
Service Users/Carers



James McLaughlin
Administrative Support



Roisin Kelly
Senior PPI Officer
(Seconded to DOH)

CONTRIBUTING TO THE COVID-19 RESPONSE, REBUILD AND THE WIDER PUBLIC HEALTH AGENDA

This report gives an overview of the developments and progress made in advancing Involvement, Co-Production and Partnership Working in the HSC, including how we have discharged our leadership responsibilities at a time of unprecedented change, pressure and demand.

The involvement of service users, carers and other key stakeholders is critical in the effective planning, commissioning, delivery and evaluation of HSC services. Involvement helps to ensure that voices are heard, views are listened to, experiences are shared and expertise is valued, respected and utilised to achieve the best outcomes for the person centered HSC that we continually aim to achieve.

The PPI team also continue to support the collective effort to combat COVID-19 including:

- Participation on COVID Vaccination communication group;
- Contributing to and providing professional involvement advice and guidance to projects connected to the HSC response to COVID-19.
- Previous redeployment to COVID-19 Contact Tracing.

STRATEGIC LEADERSHIP, ADVICE AND GUIDANCE.

Professional advice and guidance

The PHA PPI team provides professional advice and guidance on Involvement, on strategic high profile, sensitive, cross organisational issues/projects. The support provided varies, but in the main entails:

- The provision of professional Involvement advice and guidance, stakeholder analysis and development of Involvement plans.
- Practical support in helping the project promoter to identify, secure and facilitate service users and carer participation;
- Development of monitoring arrangements;

Regional HSC PPI Forum

The Regional HSC PPI Forum is a key vehicle through which the PHA exercises much of its leadership in the field of Involvement, Co-Production and Partnership Working.

The PHA Chief Executive attended a Forum meeting in June, which gave members the opportunity to showcase some of the work the Forum has been involved in and discussed key priority areas going forward. The CEO pledged his continued support for the work of Involvement, Co-Production and Partnership Working.

The Forum convened a series of workshops on 'Lessons Learned' in regards to Involvement during the Covid-19 pandemic. Service users and carers were involvement in the development and facilitation of the sessions. A report was produced and is available for consideration for the Covid-19 inquiry.

STRATEGIC LEADERSHIP, ADVICE AND GUIDANCE.

The PPI team has provided dozens of pieces of professional advice and guidance on Involvement, on strategic high profile, sensitive, cross organisational issues/projects in the last six months, with some of these referenced below:



HSC REBUILD

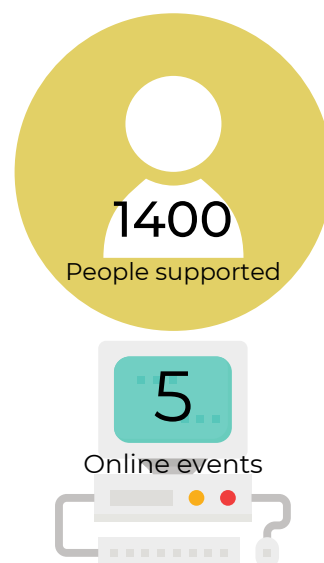
To provide professional Involvement, Co-Production, Consultation and Engagement support to the DoH across a number of Directorates, one of our Senior PPI Officers has been assigned to work exclusively on this work with the DoH. Her role is to advise and facilitate best practice approaches across the Directorates and within the HSC Rebuild programmes of work.

The Public Health Agency continues to support the DoH to embed best practice Involvement and Co-Production across a range of modernisation and reform projects including:

The Review of Urgent and Emergency Care

This was supported through the engagement of 1400 people. The public consultation closed on the 1 July 2022, it included a full Equality Impact Assessment and Rural Needs Assessment and involved a series of five online public consultation events.

These substantive endeavours are facilitating the voice of service users and carers to be heard. As well as helping to inform and influence the thinking of those with responsibility for delivering on the review of urgent and emergency care.



The Review of General Surgery

The Minister has launched the Review of General Surgery on 30 June 2022. This review was supported through the development of bespoke involvement methodologies to assist the Programme Board and work streams. Service users and carers were integrated into the programme structure, there has been a number of involvement events with service user and carers and a regional workshop bringing a range of stakeholders together to agree actions for General Surgery.

June 2022						
M	T	W	T	F	S	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

The Cancer Strategy for Northern Ireland 2021-31

The strategy was launched by the Minister on 22 March 2022. We supported extensive Co-Production, Consultation and Engagement throughout all phases of the strategy development. We continue to support the DoH through the implementation of the strategy.

Activity



Impact

The draft strategy was completed using extensive stakeholder engagement and co-production, which provided a solid basis to shape the development of the strategy and recommendations. The public consultation exercise has enabled the DoH to test the contents of the draft strategy further, it has provided an opportunity for a wide range of stakeholder groups and members of the public to formally share their valuable feedback on the draft strategy and influence its direction.

Unscheduled Care Reference Group (USCRG)

The PHA officer has acted as co-ordinator for the USCRG, this involves ongoing management and support function for the Service Users and Carers group to ensure that they are effectively engaged in strategic areas of DoH work related to unscheduled care. This currently includes The review of Urgent and Emergency Care, No More Silos and Primary Care/GP's.

Integrated Care SYstem (ICS)

We have supported the development of Involvement structures within the ICS programme. Working closely with ICS leadership with responsibility for involvement to advise how the involvement agenda within ICS can be progressed effectively. This has involved feeding into their Involvement plan and the Terms of Reference for the Involvement Workstream.

No More Silos

The PHA officer led the Involvement and Co-Production element of this work and has successfully embedded service users and carers representatives at all levels within the programme of work, including;

- At regional strategic level within the structures of No More Silos;

Within the Trust operational structures including the Local Implementation Groups, work streams and the establishment of local Service Users and Carer reference groups.

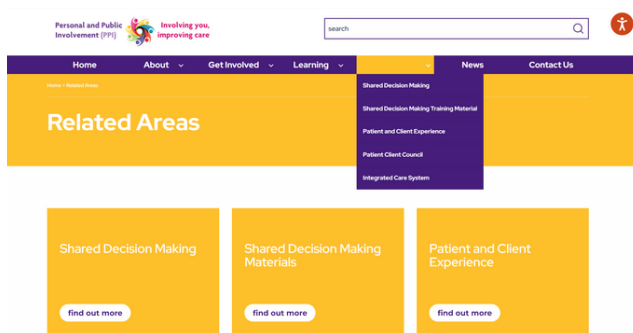
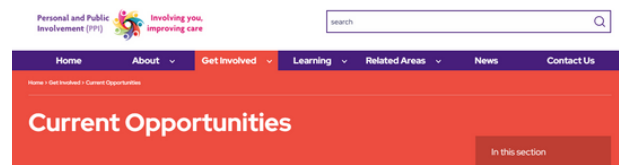
What's the impact?

Working at a strategic level in these important rebuild initiatives, The PHA PPI team have been able to keep a focus on ensuring the voice of the service users and carer has been heard. We have worked with DoH and other colleagues to formally build involvement into the infrastructure and management arrangements for these initiatives. In addition, the contribution made by service users and carers across the fields has added insight, authenticity and ownership to key areas of work.

ENGAGE

engage.hscni.net

The PPI team have carried out an extensive review of the Engage website and the newly revamped site was successfully launched on Tuesday 5th July 2022. The site provides online users with access to training, resources, information and support on involvement. The new dashboard analytics will enable enhanced assessments of usage, user feedback and links to improved service user and carers outcomes. The site also includes new sections to related areas of involvement, including Shared Decision Making, Patient Client Experience, Integrated Care System and Patient Client Council.



Alongside the Engage website a new PPI animation was launched which was developed in collaboration with the PPI team, members of cohort 6 of the Leading in Partnership Programme and UlsterFry. This saw the development of a fun and informative animation which described what PPI is and how it benefits us all. The animation is available via YouTube for everyone to see and use or via <https://engage.hscni.net>

SPECIALISED INVOLVEMENT & CO-PRODUCTION TRAINING

The PHA commissions, designs, delivers and promotes Involvement, Co-production and Partnership Working training opportunities for HSC staff, Service Users and Carers and Community and Voluntary Sector colleagues.

This took place during a continued period of challenge due to Covid-19. It required a move to online delivery and in spite of the cultural difficulties not being able to engage and train people on a face to face basis, the demand for training remained high and outstripped availability.

A variety of Training programmes were delivered including:

- A 7th cohort of Leading in Partnership;
- An additional webinar series;
- Outcomes Accountability;
- Mentoring and Coaching;
- Involvement and Co-production

(Some feedback from various training sessions provided opposite)

'An excellent webinar series with thought provoking discussion'.

'Thank you for this great learning opportunity'

(Leading in Partnership Programme)

100%

rated content excellent or very good
(Webinar series)

100%

expressed their interest for more webinars

95%

would recommend programme
(Outcomes Accountability)

'This training provided real, practical advice and support, thank you'.

(Involvement Training for post grad social workers)

TRAINING

WHAT WE DID



1) LEADING IN PARTNERSHIP

7th cohort, 74 expressions of interest and 55 attending the Leaders in Partnership Information session. 30 completed cohort.

2) WEBINAR SERIES

1 hour sessions, covering an array of topics including: What we could learn from Covid, How we can reach the seldom heard & How the HSC could contribute to mitigating the Climate Emergency. 4 webinars & 352 participants



3) OUTCOMES BASED ACCOUNTABILITY

25 participants completed online training provided in partnership with CDHN.

4) COACHING AND MENTORING

Co-designed and co-delivered to 5 service users and carers. Facilitated by CDHN to skill up strategic service users and carers in how to support newly involved service users and carers.



5) BESPOKE INVOLVEMENT

Delivered to University of Ulster, Pharmacy and Social Work Undergraduates 86 participants

6) PHA HEALTH IMPROVEMENT

Supporting our PHA colleagues in their role as PPI leads/Champions. 2 sessions delivered to a total of 46 participants



7) LEADING IN PARTNERSHIP MASTER CLASSES

Alumni came together to learn from experts in their fields on how Involvement has shaped them and the world in which they live and work Participating where international, national and regional speakers:

For the Love of Community Engagement by Becky Hirst (Australia)
You Can Make A Difference by Tommy Whitelaw (Scotland)
Collective Leadership -Making It Work for PPI by Myra Weir (NI)

3 masterclass sessions commissioned
74 registered



7th

Cohort of LinP

352

Participants in webinar series

25

Participants in training facilitated by CDHN

5

Service users and carers trained as mentors

86

Undergraduate students participants

46

PHA PPI Leads

3

Masterclass series

TRAINING, WHAT'S THE IMPACT?

We continue to build a cohort (critical mass) of people in the region with knowledge, expertise and experience in Involvement and Co-Production. The past six months has seen 643 people attend a training/information session, provided by the PPI team.

Through bespoke training we are encouraging HSC staff, service users and carers to avail of opportunities that see them progress from sharing their experience to embedding involvement across planning, commissioning, delivery and evaluation of services across the HSC system.

Through training we aim to see a cultural change within the HSC, where we enable HSC staff and service users and carers to increase their skills and knowledge. We enable participants to apply the learning to ensure that Involvement and Co-Production is embedded in all areas of our service delivery.

We have commenced/put in place a follow up process, where by we reconnect with those who have availed of an array of training support programmes. This is to ascertain how the training has changed their practice in terms of involvement or experience of being involved and what difference/impact that potentially makes to Public Health and Well Being.

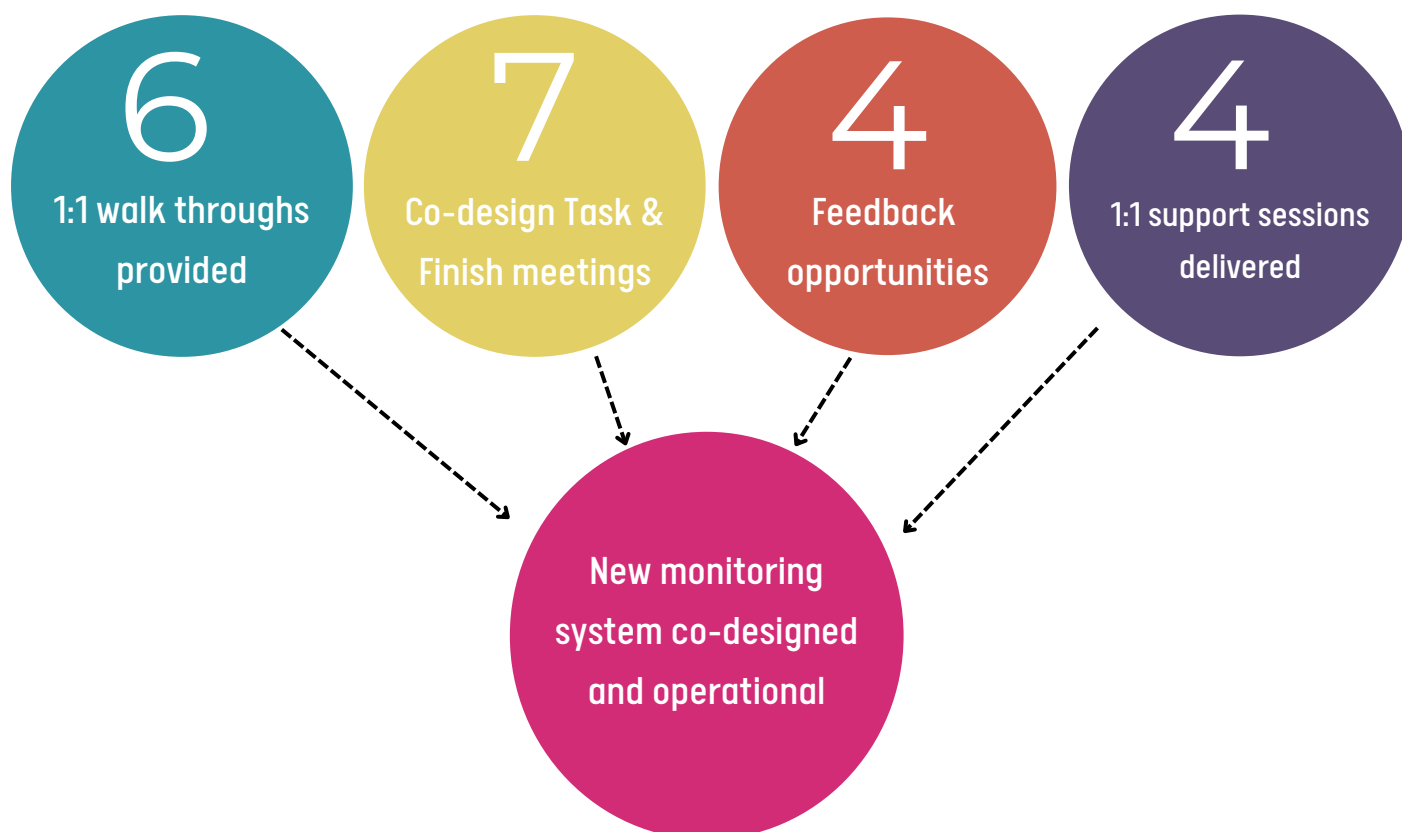


MONITORING

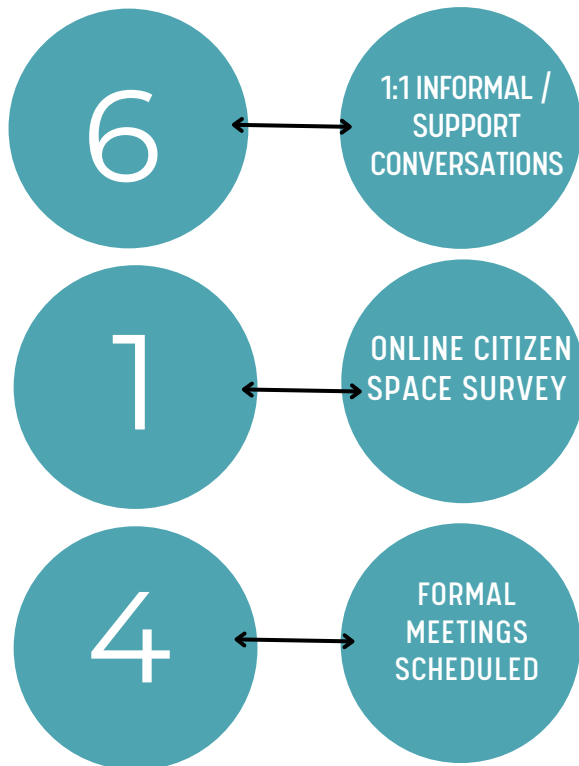
The PPI Team have successfully delivered the objective of re-introducing a revised Involvement monitoring system across the five HSC geographical Trusts in Northern Ireland in April 22. The PHA has co-designed a standardised Involvement template and information database, with service users and carers and HSC colleagues.

The value of a robust and purposeful monitoring system for Involvement is more important than ever before. We need to know the impact that Involvement and Co-Production makes. The research and evidence base is growing and shows that effective Involvement and Co-Production improves quality, safety, efficiency etc. and this will help us answer the 'So what?' question.

This new methodology of working will further support Trusts to evidence their compliance with the Statutory Duty to Involve, demonstrate how policy commitments to PPI and Co- Production are being met, whilst also helping to identify areas which could benefit from improvement.



INTERNAL PHA MONITORING



The PPI Team have held a series of online meetings with our Internal PHA PPI leads to re-build and revamp our own internal PPI commitments and responsibilities for Involvement.

A leads meeting on the 8th June 2022 agreed the re-introduction of a standardised monitoring system, consistent training opportunities and cross directorate and division support for Involvement opportunities within the PHA.

What's the impact?

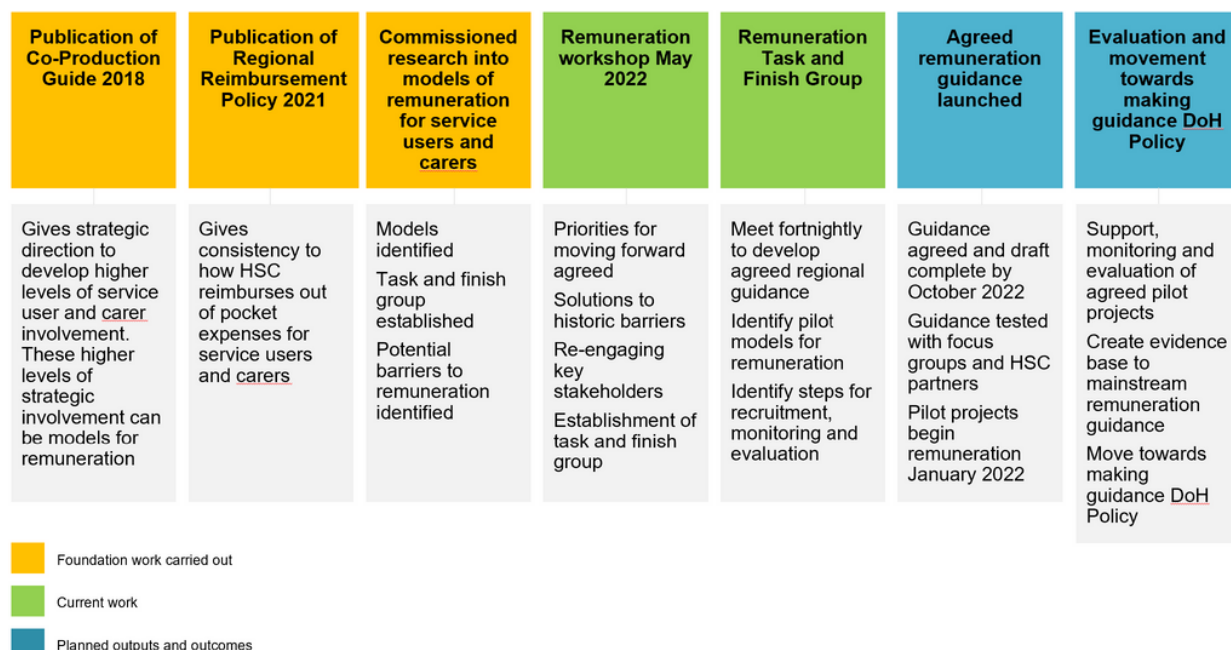
- Renewed focus on the value of monitoring Involvement that has been undertaken;
- An insight into benefits that have and are being delivered through Involvement, Co-production and Partnership Working;
- Identification of training and support required by staff to enable them to embed involvement working into the culture and practice of their organisation;
- Agreed, consistent standardized monitoring mechanism in place;
- Organisations, staff and service users and carers can get an insight into the range and depth of Involvement activity and into where it is making a difference to, commissioning, service design and delivery;
- Undertaking monitoring will reveal where further partnership working might be beneficial and where training and support might be targeted;
- One master Involvement data base created and managed by the PHA PPI Team.

SUPPORTING SERVICE USERS AND CARERS

Strengthening Partnership Working with people with lived and living experiences in the HSC.

A key role of the PHA PPI team is supporting the HSC to advance the concept and practice of engagement, support and where appropriate the remuneration of people with lived and living experience as partners in the HSC. This is in line with the direction of travel set out in the Co-Production Guide. Working in partnership with the Patient Client Council (PCC) and service users and carers we have been steadily building and progressing on work to deliver on this matter.

Progressing Reimbursement and Remuneration



PHA Involvement Bursary Scheme

The opportunity arose which enabled us to reintroduce the bursary scheme for service users and carers. This scheme supports service users and carers in education and training. A total of four service users and carers were able to avail of this opportunity.

REMUNERATION

What's the impact?

- Development of agreed regional guidance for recognition payments to involved services users and carers, creating an equitable and consistent model across the region.
- We have re-established a HSC focus on progressing issues of reimbursement and remuneration for service users and carers.
- We have agreed a mixed model of recognition payments that might include payment, training or in-kind recompense.
- We have identified and confirmed three pilot projects for recognition payments.
- Secured a commitment from the DoH to bring forth formal policy on reimbursement subsequent to the analysis of the pilots.
- Progressed on the removal of a tangible barrier to the active meaningful involvement of service users and carers.
- Set out a pathway to enable people (if they so wish) to move from involvement at a small local level, to being involved at strategic levels.



FINAL REFLECTIONS

As we begin to emerge from Covid-19 pandemic, the PPI team were brought up to current full capacity and successfully delivered across a number of key objectives as outlined in this report. It was encouraging to see that in spite of what we as a society faced, there remains a strong appetite for Involvement, Co-production and Partnership Working within the HSC.

Moving forward

Moving forward the PPI team have identified some key areas of work that need progressing this year including:

- Reviewing and revamping our existing resources and guides to ensure that they are meeting the needs of our service users and carers and HSC colleagues. We have an aspiration to digitize our resources, be more health literacy friendly and ensure that they are relevant and in-line with future developments within Involvement;
- Ensuring the Regional PPI Forum is equipped and enabled to continue to support the PHA to deliver on its involvement leadership responsibilities. To work with the DoH in the anticipated PPI policy review.
- Produce Lessons learned from covid-19 reflection paper. Establish a service users and carers forum to help guide the system in future times of pressure or crisis.
- Focusing on evidencing impact of involvement across our work programme and supporting/guiding others in the HSC to do the same.
- Making effective use of Engage website as the central online resource for Involvement, Co-production and Partnership Working.

ABBREVIATIONS

Throughout this report we have made reference to organisations, services and programmes. Below is a list of abbreviations for the readers convenience.

CDHN	Community Development Health Network
DoH	Department of Health
EISS	Early Intervention Support Service
HSC	Health and Social Care
HSCQI	Health and Social Care Quality Improvement
ICS	Integrated Care System
LinP	Leading in Partnership
NIASS	Northern Ireland Ambulance Service
NiCan	Northern Ireland Cancer Network
PCC	Patient Client Council
PHA	Public Health Agency
PPI	Personal and Public Involvement
USCRG	Unscheduled Care Reference Group



The Personal and Public Involvement Team Bi Annual Board Report

Regional PPI Lead - Martin Quinn
Deputy Director for Nursing and AHP Michelle Tennyson

Contact PPI team - ppi.secretary@hscni.net
Engage.hscni.net