

Title of Meeting	147 th Meeting of the Public Health Agency Board
Date	20 October 2022 at 1.30pm
Venue	Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast

Present

Mr Andrew Dougal	- Chair
Mr Aidan Dawson	- Chief Executive
Dr Joanne McClean	- Director of Public Health
Mr Rodney Morton	- Director of Nursing and Allied Health Professionals
Mr Stephen Wilson	- Interim Director of Operations
Mr Craig Blaney	- Non-Executive Director
Ms Anne Henderson	- Non-Executive Director
Mr Robert Irvine	- Non-Executive Director
Professor Nichola Rooney	- Non-Executive Director
Mr Joseph Stewart	- Non-Executive Director

In Attendance

Ms Tracey McCaig	- Director of Finance, SPPG (<i>via video link</i>)
Mr Robert Graham	- Secretariat

Apologies

Mr John Patrick Clayton	- Non-Executive Director
Ms Deepa Mann-Kler	- Non-Executive Director
Dr Aideen Keaney	- Director of Quality Improvement
Mr Brendan Whittle	- Director of Social Care and Children, SPPG
Ms Vivian McConvey	- Chief Executive, PCC

98/22 | Item 1 – Welcome and Apologies

- 98/22.1 The Chair welcomed everyone to the meeting. Apologies were noted from Mr John Patrick Clayton, Ms Deepa Mann-Kler, Dr Aideen Keaney, Mr Brendan Whittle and Ms Vivian McConvey.
- 98/22.2 The Chair advised that this was Mr Morton's last PHA Board meeting, and he wished to put on record the appreciation of the Board to Mr Morton for his work leading the Nursing, Midwifery and AHP directorate in PHA and his contribution to the Board and the Agency Management Team (AMT). He said that Mr Morton joined PHA at a difficult time when the pandemic had shaken the HSC, but that he had led his team valiantly carrying out tremendous work in areas such as care homes and

vaccinations. He added that Mr Morton had been a key link between PHA and HSCB. He thanked Mr Morton for his efforts and wished him every success for the future.

99/22 Item 2 – Declaration of Interests

99/22.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared. Mr Dawson indicated that he would be making references to Public Inquiries in his Chief Executive's Business.

100/22 Item 3 – Minutes of previous meeting held on 15 September 2022

100/22.1 The minutes of the Board meeting held on 15 September 2022 were **APPROVED** as an accurate record of that meeting, subject to a minor amendment proposed by Ms McCaig in paragraph 90/22.9.

101/22 Item 4 – Matters Arising

88/22.2 *Equality Training*

101/22.1 Professor Rooney asked about training for Board members. Mr Graham explained that members can use their laptops to access a range of courses on the HSC eLearning website. He undertook to send members a list of courses which would be mandatory (**Action 1 – Mr Graham**).

102/22 Item 5 – Chair's Business

102/22.1 The Chair advised that the Registrar General's Report has been published and that there were interesting findings, but noted that they may not be a true indication of trends due to COVID. He said that the reduction in the number of teenage pregnancies should be highlighted as a success as should the decrease in the number of young people smoking. He also noted the decline in the number of heart attacks.

102/22.2 The Chair reported that the number of deaths from coronary heart disease for those under 75 years in Northern Ireland had a crack declined by more than 60% in the last 30 years. However, he added that as the number of heart deaths declined the number of deaths from cancer and Alzheimer's disease and associated illnesses increased.

102/22.3 The Chair reported the average age of death still showed a gap between males and females, but this is narrowing.

102.22.4 The Chair said that he had read an article on addiction and the data in it should be used to highlight the need for additional resources in this area.

102.22.5 The Chair referred to an article on the contribution that health makes to

the economy and undertook to share this article with members (**Action 2 – Chair**).

103/22 Item 6 – Chief Executive’s Business

- 103/22.1 The Chief Executive reported that since the last meeting PHA has met with the Solicitors regarding Module 2c of the COVID Inquiry which focuses on senior decision making at Government level. He added that PHA will be receiving a Section 9 request with a 6-week response time.
- 103/22.2 The Chief Executive advised that on Monday 23 October, PHA will be submitting its written statement to the Urology Inquiry and he thanked those staff who had taken time to respond and the governance team for compiling the response. He said that there is a considerable amount of time required to catalogue and name the documents in a particular format. He acknowledged the support and advice from the Directorate of Legal Services (DLS).
- 103/22.3 Professor Rooney asked if there is any element of the response that the PHA Board should be concerned about. The Chief Executive explained that PHA was asked to respond to 48 questions, and he did not foresee any issues, but he noted that the Inquiry could come back with further queries.
- 103/22.4 Ms Henderson asked how time consuming and intensive this work is. The Chief Executive said that this it is extremely intensive and the burden of work falls on a small number of staff. He added that PHA is in the process of obtaining additional help and supporting DLS as they seek to get additional legal support for PHA. He advised that DLS has appointed a Deputy Director for Inquiries. The Chair commented that this type of work requires focused time and energy and places an increased burden on existing staff.
- 103/22.5 Mr Blaney asked whether 6 weeks was a sufficient response time for the COVID Inquiry request. The Chief Executive advised that he did highlight to the Solicitors that as winter approaches, PHA will be dealing with a number of matters and that this will be on top of the existing workload. He said that the Solicitors have undertaken to work with PHA to reduce the burden and that having the initial meeting was useful to help answer some of their queries. He pointed out that any responses will have to be drafted by officers who already have a full-time job, and that it was pointed out to the Inquiry that during the pandemic PHA had 2 different Chief Executives and 3 different Directors of Public Health. He said that staff who no longer work in the organisation may have to be approached as the Inquiry may wish to speak to them. The Chair asked if it is possible to approach these individuals to ask if they wish to work with PHA. The Chief Executive noted that the Inquiry has the powers to ensure that they attend. He added that these individuals will have to be provided with support as it can be a daunting experience.

- 103/22.6 Ms Henderson asked how the burden on PHA compares with that on the Department or other bodies. The Chief Executive explained that one of the reasons for meeting with the Solicitors in advance of any requests coming through was to go through which documentation may come from the Department and to reduce duplication of effort. He advised that for the Urology Inquiry, the greatest impact will be on the Southern Trust. For Module 2c of the COVID Inquiry, he advised that this relates mainly to the Northern Ireland Assembly and the Department, but PHA's turn will come.
- 103/22.7 The Chief Executive advised that he had attended the Governance and Audit Committee (GAC) meeting last week and following discussion with the Committee Chair, it was agreed that the risk on PHA's Corporate Risk Register regarding procurement would be updated, and perhaps removed and replaced with a new risk. Ms Henderson commented that the risk on procurement needed attention as PHA is falling behind in terms of getting new contracts awarded. The Chief Executive said that the risk remains, but the current risk was written at a time when there was a change of legislation, but as the environment has changed again, with rules around social value procurement and as this is not reflected in the risk, there is a need to ensure that the risk is amended. Mr Stewart said that he agreed with this approach and added that there are other risks on the Register which require reworking.
- 103/22.8 The Chair said that 3 years ago he had asked for a timeline on the social procurement process and now that the 2 Senior Planning Managers are finally in post and no longer seconded to tracing work he was most anxious to see an action plan without further delay. Ms Henderson said that she would welcome a presentation to the Board as procurement is a key risk. Mr Wilson commented that he is conscious of the antiquity of the risk, but explained that it is a multi-layered risk. He welcomed the opportunity to present an update to the Board, possibly at a workshop, but the Chair said that he wished to see an action plan **(Action 3- Mr Wilson)**. Mr Wilson pointed out that while the 2 Senior Planning Managers are critical to this work, they have to work with other parts of the organisation. Mr Stewart noted that it is well known that public sector procurement can be a lengthy process, and therefore it would be useful to look at what elements of this work PHA has control over, and those where PHA is dependent on others e.g. PALS. The Chief Executive agreed with Mr Stewart and advised that last week he had to sign off on a Direct Award Contract (DAC) because PALS did not have the capacity to undertake a tendering exercise.
- 103/22.9 Mr Irvine said that procurement is a massive area that PHA contracts through PALS, and like Finance and HR, there are huge demands on BSO, and at some point PHA will need to give consideration as to whether it recruits permanent staff to look at these areas and there is a responsibility for the PHA Board and Chief Executive to look at this. The Chief Executive advised that since the last Board meeting, PHA held a joint senior management team meeting with BSO to discuss current

pressures and to identify how to resolve these going forward. He added that these meetings will take place on a quarterly basis. Mr Wilson reported that BSO has appointed an HR strategic business partner, Ms Karyn Patterson, who works exclusively with PHA. Ms Henderson asked if there is a risk on PHA's Risk Register around PHA not getting the service it needs from BSO. Mr Stewart reiterated that AMT needs to review the risk and bring it back to GAC and added that the current risk on procurement does not reference BSO.

- 103/22.10 Mr Stewart advised that GAC has agreed to postpone an Internal Audit review on emergency planning and to look instead at recruitment process in an attempt to understand why it takes so long to get an individual into post. He added that, with regard to procurement, it is his understanding that PHA must use PALS for contracts above a certain level. He commented that when contracting with a supplier there should be a tight Service Level Agreement (SLA) with penalty clauses, but that type of contract does not exist when dealing with an in-house supplier.
- 103/22.11 Ms McCaig advised that there have been risks on the Register previously relating to particular issues with BSO on the delivery of services. On the use of PALS, she said that PHA has to do a lot of work before any procurement goes to PALS, and added that PHA is mandated to use PALS. With regard to recruitment, she advised that she been asked by Internal Audit to contribute to some work that they are carrying out regionally. She noted that in the past any delays have not necessarily always been with the recruitment team, but with PHA itself, and therefore the audit will look at the full end-to-end process.
- 103/22.12 The Chair asked if issues relating to recruitment can be included as part of Phase 2 of the PHA Review, but the Chief Executive said that many matters relating to recruitment are outside of PHA's control and he did not wish that to be a distraction. The Chair said that there are major delays in recruitment. Ms McCaig explained that there are many elements which are not within PHA's gift to change, but PHA has to ensure that its own procedures are tight. She added that PHA should also have robust performance management arrangements in place with BSO. The Chief Executive commented that while there are some areas where there are difficulties, there are other areas where PHA receives a good service. He said that the level of service from DLS with regard to the Public Inquiries has been exceptional.
- 103/22.13 Mr Morton said that following the appointment of Ms Patterson, there has been a substantial improvement in recruitment. He added that with regard to the Senior Planning Managers, there has been some upheaval and this can impact on the speed of getting things done. He said that it is important to have individuals who really understand the business. The Chair asked whether PHA is required by legislation to use BSO. Ms Henderson proposed that an action plan should be brought to the December Board meeting. The Chief Executive advised that it is likely that there will be more Shared Services in future so PHA could expend a

lot of energy seeking to extract itself from Shared Services with no result so it is important that PHA focuses on ensuring that its internal processes run smoothly.

103/22.14 The Chief Executive noted that members had seen the EY Report on the Review of PHA at the workshop on Monday. He advised that the Report has been shared with the Minister who is fully supportive of its findings, and subject to finances, is happy to proceed to Phase 2. Mr Irvine asked if the timings in the Report are now operational, but The Chief Executive reiterated that it is subject to confirmation regarding funding. The Chief Executive added that the Permanent Secretary has made it clear that the HSC is £450m overspent and has the potential to overspend the block grant which will have implications going forward. He advised that PHA has been asked to give details of its savings plan which has to be submitted in the next couple of days. He said that there would be more information given on this in the confidential session.

103/22.15 The Chief Executive advised that Dr Jillian Johnston, who has been acting as Assistant Director of Health Protection, will be leaving PHA on secondment to the Department of Health for 9 months. He said that Dr Johnston will be missed and that this secondment will be an excellent opportunity and on her return she will be able to make an ever bigger contribution to the work of PHA in the medium and longer term. The Chair endorsed the Chief Executive's remarks. The Chief Executive said that Dr McClean will consider how that role will be filled. Dr McClean advised that there is an interim arrangement in place.

103/22.16 The Chief Executive said that he also wished to acknowledge the contribution of Mr Morton to the work of PHA and his support to both AMT and to him personally. He added that Mr Morton will be a huge loss to the health system in Northern Ireland and he thanked Mr Morton for his work.

103/22.17 Dr McClean informed members that PHA has submitted evidence to the Infected Blood Inquiry, and she has now been called to appear before the Inquiry on 17 November.

104/22 Item 7 – Finance Report (PHA/01/10/22)

104/22.1 Ms McCaig advised that this Finance Report is for the period up to the end of August and follows the cyber security incident. She reported that PHA has a year to date surplus of £1m, but she said that this was not of concern and is a timing issue. She indicated that the projected year end position is a surplus of £91k.

104/22.2 Ms McCaig advised that in the context of the correspondence received from the Permanent Secretary a full review of all budget areas was carried out, particularly the demand-led areas and the management and administration budget. She said that following this review it is likely that the projected year-end surplus will be around £450k, and that this is the

- figure that will be reported back to the Department.
- 104/22.3 Ms McCaig reported that around £4m of the £13.5m capital budget has been expended, and this is line with normal spending patterns. She advised that some projected underspends on other projects have been identified and this funding will be returned to the Department.
- 104/22.4 Ms Henderson said that the Report was very clear, but she asked why the smoking cessation budget is underspent every year. Ms McCaig advised that this is not anyone's fault, but consideration should be given regarding whether some of this funding should be released on a more recurrent basis. Ms Henderson commented that there are other budget lines where it would be useful to do a similar review. Ms McCaig said that the underspend for smoking cessation is smaller than it has been in previous years, but there is a risk that if too much is taken away as slippage that the demand goes up again. She added that it is a difficult one to project.
- 104/22.5 The Chair expressed concern that a recent publication by ASH (Action on Smoking and Health) showed that a large number of young people who have never smoked before have taken up vaping. He asked what is meant by "demand-led". Ms McCaig said that this is where the public can go and request help with regard to smoking cessation. She added that demand would go up perhaps after Christmas, or after a campaign. Dr McClean explained that this funding is for Nicotine Replacement Therapy (NRT). She added that the Department's Strategy on smoking has been extended and the Tobacco Strategy Implementation Group, which she will chair, has been re-established.
- 104/22.6 Mr Stewart sought clarity on the accrual for annual leave and if this was a provision made for leave that staff did not take. Ms McCaig confirmed this and said that the accrual amount was increased because staff hadn't been able to take leave and this was reviewed with colleagues in HR. She said that some of this accrual has now been released, but the situation will have to be monitored.
- 104/22.7 Mr Morton advised that there is an added complexity in that PHA delivers programmes on behalf of the Department so there needs to be a dialogue with the Department if funding were to be swapped between programmes.
- 104/22.8 Dr McClean explained that the issue with the shingles vaccine was that people did not take up the vaccine. The Chair asked if people are being encouraged to get the vaccine. He suggested that there may need to be a media campaign because people are not aware of the availability of this vaccine.
- 104/22.9 Dr McClean advised that there will be a catch-up exercise for those who did not get their vaccination at the time of the pandemic.

- 104/22.10 | The Board noted the Finance Report.
- 105/22 Item 8 - Terms of Reference for Planning, Performance and Resources Committee (PHA/02/10/22)**
- 105/22.1 | The Chief Executive advised that a draft terms of reference for the proposed Planning, Performance and Resources Committee has been prepared. He drew members' attention to the quorum which is different than other Committees where the quorum is based solely on Non-Executive Directors. He said that the focus of the Committee is primarily on planning and performance, but this can be reviewed after 9 months.
- 105/22.2 | The Chair said that several members had queried the status of the panel that had met to consider slippage bids and he proposed that it would continue as a sub-committee of this Committee.
- 105/22.3 | Mr Stewart said that he welcomed the establishment of this Committee and thanked the Chief Executive for bringing this forward.
- 105/22.4 | The Board **APPROVED** the Terms of Reference for Planning, Performance and Resources Committee.
- 105/22.5 | The Chair expressed a sense of achievement since he first put this proposal forward more than 4 years ago.
- 106/22 Item 9 – Health Protection Update**
- 106/22.1 | Dr McClean presented the latest data related to COVID and reported that the latest ONS survey indicated that approximately 1 in 40 people in Northern Ireland tested positive at the time of the last survey. She showed the data relating to wastewater surveillance and community acquired emergency admissions by age. She commented that the rate appears to be slowing and Mr Morton added that this is a national trend.
- 106/22.2 | Dr McClean gave an overview of the number of cases of Respiratory Syncytial Virus (RSV) and advised that these have increased but she believed that they had peaked.
- 106/22.3 | Dr McClean advised that the flu season has commenced and PHA will shortly begin its weekly reporting. She said that a small number of cases is starting to come through, although GP consultation numbers remain low.
- 106/22.4 | Dr McClean reported that the vaccine programme for COVID and flu has commenced and to date 180,000 COVID boosters and 216,000 flu vaccines have been administered with 1.1 million people eligible for the COVID booster, and 1.5 million eligible for the flu vaccine. She advised that the campaign programme for these is starting next week. She noted that the uptake among healthcare workers has been disappointing to date.

- 106/22.5 Dr McClean advised that PHA had been dealing with an outbreak of eColi in a nursery, but that has now come to an end.
- 106/22.6 Mr Wilson asked if there are still delay in terms of information being updated on the Vaccine Management System (VMS). Dr McClean said that issues have been largely resolved and the maximum delay should be 1.5 / 2 days. The Chief Executive commented that GPs will likely carry out mass vaccination clinics and then manually update the results later, whereas pharmacies will update the system immediately.
- 106/22.7 The Chair asked what is being done to encourage uptake among healthcare staff. Dr McClean advised that Trusts are doing a lot of work, including bringing the vaccine to staff. She said that Trusts do promote the vaccine heavily and that there are regular meetings with Trusts. She acknowledged that increasing staff uptake has always been challenging.
- 107/22 Item 10 – Update from Chair of Governance and Audit Committee (PHA/03/10/22)**
- 107/22.1 Mr Stewart said that the minutes of the meeting of 28 July are available for members for noting. He advised that the Committee met again last week and that the Chief Executive has already covered some of the items discussed, including the Corporate Risk Register and the agreement of the Committee to defer the audit of emergency planning to 2023/24 and bring forward an audit of recruitment. He added that the Committee had also considered the final report from External Audit which was a clean report with no recommendations.
- 107/22.2 Mr Stewart explained that there was a difficulty at the meeting in that the Committee was unable to approve the Mid-Year Assurance Statement because Mr Clayton had declared an interest, due to references in the Statement pertaining to Public Inquiries, and felt he should absent himself from the meeting for that item. He added that this item could not be covered at the meeting so a special meeting was convened as part of the Board workshop Monday where the Statement was approved for consideration today by the Board.
- 107/22.3 Ms Henderson noted the reference to HSCQI funding in the Statement. Mr Stewart said that HSCQI does not have any recurrent funding. The Chief Executive advised that PHA has asked for a meeting with Sponsor Branch, along with Mr Andrew Dawson and the Deputy Chief Medical Officer to discuss the fact that HSCQI does not have security of funding and had to utilise PHA slippage, which is not an acceptable situation.
- 107/22.4 The Board noted the update from the Chair of the Governance and Audit Committee.
- 108/22 Item 11 – PHA Mid-Year Assurance Statement (PHA/04/10/22)**
- 108/22.1 The Chief Executive advised that the 2022/23 Mid-Year Assurance

- Statement is being presented to members today and if approved, will be submitted to the Department.
- 108/22.2 Ms Henderson said that the Statement is comprehensive and covers issues such as procurement, an area that the Board will be interested in going forward.
- 108/22.3 The Board **APPROVED** the PHA Mid-Year Assurance Statement.
- 109/22 Item 12 – Annual Quality Report (PHA/05/10/22)**
- Ms Denise Boulter joined the meeting for this item*
- 109/22.1 The Chair welcomed Ms Boulter to the meeting to present the Annual Quality Report and asked her who the audience is for this Report. Ms Boulter advised that the Report is sent to the Department and it is published on World Quality Day.
- 109/22.2 Mr Morton advised that the Department holds the PHA and SPPG to account for this Report and it is an instrument of accountability. He said that he wished to pay tribute to the work of Ms Boulter who took on board the feedback from the Board regarding the format of the Report. The Chair said that the Board had not been critical of the format, but Mr Morton explained that he meant that the Report was written with more of a focus on outcomes, and included more infographics.
- 109/22.3 Ms Boulter said that the Report is largely a positive one, and this Report is for the period 2021/22 and will be last Report prepared in conjunction with HSCB. She reiterated that the Report will be published on World Quality Day, and that the Report is more outcomes focused. She explained that the Report has been designed to be more interactive and that all the links in it are live. She added that the Report is currently undergoing a final proofread and individual authors are being given a final opportunity to review it. She said that she hoped that the Board will be content to approve the Report today for publication on the PHA and Department's websites.
- 109/22.4 Mr Stewart commented that the text and the graphics relating to falls and pressure ulcers do not tally in that while the narrative indicates these are reducing, the graphs suggest they are on the increase. Ms Boulter thanked Mr Stewart for pointing this out. She advised that she attended a meeting earlier today where there was a discussion around the KPIs being measured in these areas and if the right things are being measured. She said that if there is an upward trend then it is important to know what is being known to address that. Mr Morton agreed that this should be reviewed as the trend line for falls is moving upwards. He said that there is a lot of complexity in this area and falls can be linked to increased frailty and morbidity.
- 109/22.5 Ms Henderson said that the Report was very interesting and she asked

about PHA's plans to publish it. She said that if PHA has noted a reduction in falls or pressure ulcers it should highlight this instead of simply collating data. With regard to the narrative on waiting list management and the fact that 13,000 patients were found on duplicate lists, she asked if this was good or bad, and if it showed that lists are not being managed. She added that if the information you need to start with is not available then it is difficult to assess what the important priorities are. The Chair commented that the need for data to be cleansed was an issue that was raised at NICON yesterday and suggested that in reality there are far less people on waiting lists than reported. Ms Henderson asked if PHA should be highlighting that managing waiting lists is a critical task. Mr Morton said that this particular example relates to one initiative within primary care. Ms Henderson asked if the outcome being reported here is a good outcome, and Mr Morton said that it was. Mr Morton added that another service could then carry out a similar exercise.

109/22.6 Ms Boulter said that this is an example of a "work in progress", an initiative which can be taken forward into other areas using a quality improvement methodology. She added that this initiative was about cleansing data to ensure they were accurate. The Chair commented that there is a benefit in cleansing data as people who are on waiting lists are despondent and so it is important that the data are accurate. Mr Morton said that waiting list data are critical as they tell the story of inequalities.

109/22.7 The Chair asked about SAIs. Noting that 480 SAIs had been closed during the year, he asked who is responsible for the duty of care to families. He also asked whether there are targets set for SAIs because a lot of pain endured by families is because there are often long waits completing these and families are not kept informed. Ms Boulter advised that there is an obligation to inform families if an SAI is being conducted and 2 Trusts have appointed Family Liaison Officers, with the other Trusts seeking to follow suit. She said that engagement with families has improved. The Chair commented that there may be a strong case to have a third party to liaise between the adversarial parties. the trust on the one hand and the family and the other. Mr Morton explained that Trusts have an obligation to engage with families when formulating the terms of reference of any SAI. He added that as well as the Trusts nominating a Family Liaison Officer, they can advise families of the role of the Patient Client Council (PCC) as an advocacy body. The Chair asked if families are informed of PCC's advocacy role and Ms Boulter confirmed that they are. He asked if PCC are advised of every SAI, but Ms Boulter said that they would not be. Ms Boulter advised that RQIA has recently carried out a review of SAIs and the whole process will be reviewed. It was **AGREED** that Ms Boulter would forward a copy of the Report to Mr Graham to send to members (**Action 4 – Mr Graham**).

109/22.8 Professor Rooney sought clarity about NICE representation on an

- oversight group, but Ms Boulter explained that this refers to SPPG commissioning staff who are leads for NICE guidance.
- 109/22.9 The Chief Executive reported that at the NICON Conference yesterday, PHA was a joint winner of an HSCQI Quality Award relating to a project undertaken with care homes around falls. He said that he wished to bring this to attention of the Board and offer his congratulations to Ms Ceara Gallagher who lead on this work.
- 109/22.10 Mr Blaney sought clarity on the COVID vaccination data as he thought that Dose 3 was the booster, but Ms Boulter explained that the third dose was administered to those with specific health conditions. Mr Morton suggested that this should be explained in the Report. Mr Blaney asked if there has been any up to date research and if the groups listed for vaccination are still correct. Dr McClean advised that the Joint Committee on Vaccination and Immunisation (JCVI) would review these all the time.
- 109/22.11 Professor Rooney asked if there is a better way of telling people about the work contained in this Report. She noted that at the NICON Conference there were presentations which she knew were about pieces of work that PHA is involved in, but these partner organisations did not make any reference to PHA. Mr Wilson advised that PHA has made a commitment this year to develop a new Communications Strategy to help increase awareness of the organisation. He noted that part of the difficulty is the breadth of work that PHA is involved in and trying to get keep people informed about all of this is a challenge. The Chief Executive said that this will be incorporated into PHA's new strategy. He advised that some Trusts are promoting their "unsung heroes", and a lot of information is shared on social media. He said that PHA needs to share more about the projects that it funds. He commented that the Permanent Secretary wishes to see more of what PHA does. The Chair said that PHA should insist that it gets recognition if it contributes to an initiative to let people know that PHA is funding particular work.
- 109/22.12 Ms Henderson commented that the role of PHA vis-à-vis the role of SPPG is very nebulous at times and difficult for a Board member to fully understand in what PHA is involved. Mr Morton said that PHA is very active in areas such as mental health and emotional wellbeing, and that within his team there is a dedicated team for mental health and learning disability. He added that PHA is also involved in prevention and early recovery, and each day it is sorting out issues such as mental health inpatient beds, schemes for trauma and Adverse Childhood Experiences. He said that this work should be made better known.
- 109/22.13 The Chair thanked all of those who were involved in the compilation of this Report.
- 109/22.14 The Board **APPROVED** the Annual Quality Report.

110/22 Item 13 – ALB Self-Assessment 2021/22

- 110/22.1 The Chair thanked members for their contributions to the compilation of the draft self-assessment. He said that he has asked the Board Secretary of UKHSA if they use a self-assessment tool and if this could be shared.
- 110/22.2 Ms McCaig advised that she has sent some comments to Mr Graham, and she wished to ensure that this cross referenced with the recommendations in the Internal Audit report on Board Effectiveness.
- 110/22.3 Mr Graham outlined to members his proposal that members should consider the draft and feed back any comments and then the final completed assessment will come back to the Board in November for approval.

111/22 Item 14 – Any Other Business

- 111/22.1 There was no other business.

112/22 Item 15 – Details of Next Meeting

Thursday 17 November 2022 at 1:30pm

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

Signed by Chair:



Date: 17 November 2022