

Title of Meeting	131 st Meeting of the Public Health Agency Board
Date	18 March 2021 at 1.30pm
Venue	12/22 Linenhall Street, Belfast

Present

Name Redacted	- Chair (<i>via video link</i>)
Mrs Olive MacLeod	- Interim Chief Executive (<i>via video link</i>)
Dr Stephen Bergin	- Interim Director of Public Health (<i>via video link</i>)
Mr Stephen Wilson	- (<i>via video link</i>)
Name Redacted	Interim Director of Operations (<i>via video link</i>)
Name Redacted	- Non-Executive Director (<i>via video link</i>)
Name Redacted	- Non-Executive Director (<i>via video link</i>)
Name Redacted	- Non-Executive Director (<i>via video link</i>)
Name Redacted	- Non-Executive Director (<i>via video link</i>)
Name Redacted	- Non-Executive Director (<i>via video link</i>)

In Attendance

Name Redacted	- Interim Director of Finance, HSCB (<i>via video link</i>)
Ms Marie Roulston	- Director of Social Care and Children, HSCB
Name Redacted	- Secretariat

Apologies

Mr Rodney Morton	- Director of Nursing and Allied Health Professionals
Name Redacted	- Non-Executive Director
Dr Aideen Keaney	- Director of Quality Improvement

25/21 Item 1 – Welcome and Apologies

25/21.1 The Chair welcomed everyone to the meeting. Apologies were noted from Mr Rodney Morton, **Name Redacted** and Dr Aideen Keaney.

26/21 Item 2 – Declaration of Interests

26/21.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda. No declarations were made.

27/21 Item 3 – Minutes of previous meeting held on 18 February 2021

27/21.1 The minutes of the Board meeting held on 18 February 2021 were

APPROVED as an accurate record of that meeting.

28/21 Item 4 – Matters Arising

18/21.1 Level of Funding for Health Research in Northern Ireland

28/21.1 The Chair advised that he had had a further conversation with Dr Bailie about this matter and it was agreed to hold off on sending any correspondence at this time because there are currently ongoing discussions about funding for COVID-19 research.

20/21.4 FIT Tests

28/21.2 The Chair noted that FIT tests are going ahead in all 5 Trust areas, but at a slower pace.

29/21 Item 5 – Chair’s Business

29/21.1 The Chair apologised for the delay in issuing his Report saying that he had been participating this week in the recruitment exercise for the post of PHA Chief Executive.

29/21.2 The Chair said that it would be beneficial for PHA, and other HSC organisations, to move to 3-year funding cycles, similar to some Whitehall departments, and advised that, along with other HSC Chairs, an approach is going to be made to the Department regarding this. He felt that this would lead to a more effective use of time and resources.

29/21.3 The Chair informed members that he had listened to a recent Radio 4 programme on which there was a discussion on mental health. He reported that published research indicated that during the pandemic 25% of the population reported that they have experienced increased levels of anxiety and depression.

29/21.4 The Chair noted that last week, there was a Public Accounts Committee hearing about the amount of money being spent on testing and tracing in England. He said that £22bn is being spent annually on testing and tracing and if Northern Ireland was receiving its share of this amount it would receive £693m. Of the £22bn, he advised that £8bn is being spent on contact tracing UK-wide, the Northern Ireland share of which would be £229m. He added that a recent figure showed that PHA was spending £4.8m per annum on contact tracing and support. The Interim Chief Executive clarified that PHA is now following up on individuals who are self-isolating and is carrying out some research in this area, a report on this will be brought to the April Board meeting. He recalled that research has shown that less than 30% of individuals were isolating for the full period. He added that in that instance a 95% success rate in contacting would mean that less than 29% were in fact isolating for the full period of 10 days. He emphasised that in no way was he critical of the excellent service being provided by contact tracing staff. However, if

considerable extra resources are available, he felt that we should not be reluctant to garner additional funding in order to support in every way possible those advised to self-isolate.

30/21 Item 6 – Chief Executive’s Report

- 30/21.1 The Interim Chief Executive noted that the Report continues to evolve and contains a lot of information. She advised that in terms of the COVID-19 vaccination programme, this will be transferring to PHA so in preparation for this, PHA has established a small working group to look at what this is. She said that PHA will require additional staff to co-ordinate this programme and that it will be likely be transferring to PHA within the next year. Dr Bergin reiterated that PHA will need to be ready so planning has commenced early. He said this programme will add to the list of vaccination programmes in which PHA is already involved, He added that it may be possible to run it alongside the flu programme.
- 30/21.2 Going through the Report, **Name Redacted** asked for more information about CMR recommendations. Ms Roulston explained that this is a Case Management Review whereby in the event of the death of a child, the case is reported to the Safeguarding Board for Northern Ireland (SBNI) and a review carried out. In response to **Name Redacted** query about PHA’s role, Ms Roulston explained that PHA acts as the host for SBNI and one of the PHA’s nursing staff, Ms Emily Roberts, is a Safeguarding Nurse who along with Mr Morton, sits on the Board of SBNI.
- 30/21.3 **Name Redacted** noted that the number of daily positive cases of COVID-19 is around 250 per day, but there is a large number of full time and part time staff. She asked if these full time are existing PHA staff. The Interim Chief Executive explained that PHA has a flexible model in place to cope with the number of cases and that there is a core group of staff who are working full time on a 1-year contract with an option for a second year. She added that there is also a number of part time staff and a substantial bank of Trust staff. She said that this model represents the best value for money and is the most flexible. **NR** **NR** asked if PHA will have to reduce the staff number if the number of cases reduces. The Interim Chief Executive explained that although the number of cases is lower staff are now increasing the number of attempted calls to each from 5 to 7 within the first 48 hours and are also carrying out more follow up calls. She noted that while PHA has contact details for people, these are mainly mobile numbers so it is difficult to determine if people are staying at home and PHA does not have the enforcement power to make people stay at home. She added that the staff on the bank list are brought in approximately once a month so as to maintain their skills and staff who come from a medical or nursing background are also being asked if they can help with the vaccination programme. She explained that the Department has written to all ALBs asking that staff be released to help with the new vaccination centre that will be opened at the SSE Arena next month. On the issue of vaccines,

- NR** asked if PHA is collecting data on whether PHA who have had a vaccination subsequently get COVID-19. The Interim Chief Executive advised that when a positive case is contacted, one of the first questions they are asked is whether they have had a COVID-19 vaccine.
- 30/21.4 **NR** returned to the matter of PHA assuming responsibility for the management of the COVID-19 vaccination programme and noting that originally PHA was to have no involvement in this programme, but now it is to be managing it on an ongoing basis. He sought assurance that PHA can take this on and that it will not assume this responsibility without seeking additional funding. He added that it is important that the Executive Directors stay on top of this and keep the Board informed. The Interim Chief Executive said that the PHA is responsible for all vaccination programmes, but in this instance the Department of Health took on the management of this programme as it was felt to be too big for PHA. However, she said that the programme will come to PHA and she acknowledged that it will be a huge undertaking, therefore PHA has already begun to give consideration as to the implications and that when the time comes PHA will be clear on what it has to deliver. Dr Bergin clarified that although, there is no formal correspondence advising that PHA is taking on this programme, it is to be expected, hence PHA is beginning its planning now. He pointed out that PHA also manages the flu vaccination programme and this year over 1 million doses were administered so PHA is well rehearsed and well drilled in terms of carrying out such programmes but it will be working on a business case to get additional staff. The Chair asked if, going forward, the flu and COVID-19 vaccines can be administered at the same time, but Dr Bergin said that he did not know it this was the case.
- 30/21.5 **NR** asked about the Child Death Overview Panel. She noted that there have been increased concerns about safeguarding during COVID-19 and she asked about how this work will be taken forward, particularly now that the functions of the social care and children's directorate will not be transferring to PHA. Ms Roulston advised that last week she had spoken to **NR** the Director of Nursing in the Northern Trust, and that **NR** has been asked to take forward a piece of work by the Department on the Child Death Overview Panel and will be seeking a nominee from HSCB and PHA to sit on a group. She added that the Department would like to see this piece of work completed as soon as possible. She advised that going forward, she thought that this function would remain within SBNI.
- 30/21.6 **NR** commented that while she welcomes the detail within the Chief Executive's Report, she would like to know how it fits with PHA's strategic objectives and if there was a way of restructuring the Report. The Interim Chief Executive said that PHA has its Corporate Plan and Business Plan and the purpose of this Report is to try to bring all of that together and to ensure the Board is given the full picture of everything that is happening across the organisation. She added that the Executive

Directors also find it useful to reflect on what has been achieved over the last month, but she agreed that it could be looked at further. Ms **NR** said that she did not wish to add to the workload of staff, but suggested that a biannual update would be beneficial which showed evidence of outcomes against objectives.

30/21.7 **NR** sought further clarity on individuals contracting COVID-19 after being vaccinated and how data is captured. Dr Bergin explained that PHA is developing a vaccination information management system where this data will be embedded. He noted that no vaccine is 100% effective so there will always be a small percentage of people who will get COVID-19 despite being vaccinated. He added that by this stage, all care home residents will have received their second dose and PHA is currently carrying out a study of the effectiveness of the vaccine. He noted that if the vaccine is 90% effective, then PHA would need to be able to study the characteristics of the 10% of people for whom it is not effective in terms of age, ethnicity, other morbidities etc. Furthermore, he said that PHA will need to look at variants and track these and the effectiveness of the vaccine in dealing with these. He commented that although PHA may not be carrying out the vaccinations, it will have the oversight and the intelligence to monitor the effectiveness.

30/21.8 Returning to the format of the Chief Executive's Report, Mr Wilson pointed out that PHA does not have an approved business plan in place for 2020/21 because of COVID and normally PHA would report against its business plan so this can be looked at going forward. Ms Mann-Kler said that it would be helpful to change the focus from activity to impact.

30/21.9 The Chair noted that **NR** has been appointed as Senior Health Intelligence Manager and he asked if her role will be different to that of her predecessor. Mr Wilson confirmed that **NR** has taken up the role and although the job description has been slightly revised, her role will largely be similar. He added that she will be looking at the outworking of the Hussey Review in terms of how the different sources of data across the organisation are pulled together. The Chair said that it would be useful to see the revised job description (Action – Mr Wilson).

30/21.10 **NR** asked how PHA is dealing with the amount of misinformation that is going out on social media about the vaccine and how quick PHA is in debunking any rumours that are circulating. The Interim Chief Executive explained that although the vaccination programme is led by the Department, the communications element is directed by the Minister and Mr Wilson and his team are delivering on it. Mr Wilson said that this is an issue that PHA is very alive to and advised that there is a health intelligence subgroup looking at misinformation and that Queen's University is also carrying out a piece of work. He explained that based on any of their findings PHA can tailor its messages appropriately. He acknowledged that there is a lot of information on social media but the Trusts and the Department are

working hard to get the key messages out. He added that today is the closing date for a survey that Trusts are conducting on staff attitudes towards the vaccine. He said that there is anecdotal evidence that there is a number of key groups who are not taking up the vaccine, so again tailored messages are being put and PHA is working with counterparts across the UK to ensure that there is a consistent approach. The Chair noted that there is a difference between anti-vaxxers and those who are vaccine hesitant. Mr Wilson said that there is an ongoing campaign which shows that there is a steady increase in the number of people who have said that they will get the vaccine, and a smaller number of those who are refusing to get it. The Chair asked about targeting socially deprived areas and Mr Wilson commented that this is where the benefit of a vaccine management system will come in.

31/21 Item 7 – Finance Report (PHA/01/03/21)

- 31/21.1 **NR** presented the Finance Report for the period up to 31 January 2021 and advised that PHA is reporting an underspend to date of £1.3m but she is confident that this will be retracted by the Department, therefore the year-end position will be a break even one.
- 31/21.2 **NR** explained that the slippage is made up of £500k from the programme budget and approximately £800k from the management and administration budget. She noted the Chair's concern about slippage and said that PHA is not alone in this situation in terms of not being able to spend funding due to COVID-19.
- 31/21.3 **NR** gave an overview of the Trust programme expenditure and PHA's direct programme expenditure. Moving onto ring fenced allocations she said that PHA has received some funding in relation to COVID-19 and she expected that there will be further funding to come ensuring that a break even position will be achieved.
- 31/21.4 **NR** advised that in terms of the management and administration budget, PHA has commenced an exercise to review the management and administration budget for 2021/22. With regard to capital funding, **NR** said that PHA is expected to break even. Finally, looking at the prompt payment performance, **NR** noted that it is unlikely at this stage that PHA will be able to reach the 95% target with regard to invoices being paid within 30 days but there has been a strong performance with regard to the 10-day target. She said that her team is working on a paper on how it can assist PHA in this regard.
- 31/21.5 **NR** asked **NR** for her assessment in terms of how confident she is that PHA will receive additional funding for COVID-19, and whether the projected surplus will increase further before the year end. **NR** responded saying that in terms of the surplus she is expecting that this will grow slightly, but said that PHA is working with Trust and community and voluntary sector organisations although given the pandemic the ability to come up with alternative means of allocating

this funding is hampered. She added that PHA is working with the Department in terms of the amount of slippage which may be retracted as the Department is working to resolve the position for the HSC as a whole. In terms of COVID-19 funding she said she was confident that PHA will receive the money that it requires. NR surmised that the underspend in 2020/21 could end up in the region of £2-£2.5 million.

31/21.6 The Chair asked if this underspend is solely due to COVID-19. Ms NR reiterated that all HSC organisations are in a similar position and this year it is especially difficult to reallocate funding. The Chair felt that at the start of each year PHA should prepare a priority list of potential areas that it could fund in the event of there being slippage. NR agreed with this suggestion pointing out that PHA has a track record of always handing back money which then makes it more difficult to make the argument that it requires more funding to do its work.

31/21.7 The Board noted the Finance Report.

32/21 Item 8 – Update on COVID-19

32/21.1 The Interim Chief Executive advised that the number of positive cases has reduced slightly over the last week. She said that on 11 March there were 236 cases with 660 contacts and that yesterday the number of cases was 143 with 423 contacts. She added that today's opening figure is 140.

32/21.2 The Interim Chief Executive said that with the small number of cases it is becoming difficult to detect clusters and that clusters are appearing in different areas. She advised that PHA is focusing on looking for trends as they emerge so that a mobile testing unit can be deployed to an area if required and the health improvement team can work with organisations to get messages out to help reduce the spread of the disease.

32/21.3 The Interim Chief Executive advised that in terms of the restart programme, the Rebuild Management Board (RMB) has a plan to restart all services. However, she noted that PHA will be continuing to focus on testing, tracing and messaging as there has been a 3% increase in cases during the last week. She advised that the number of people getting tested is used as a crude measure of trying to predict the number of cases.

32/21.4 Dr Bergin said that this current period could last a few more months and certainly until people have had their second vaccination. Therefore he said it is important that people do not drop their guard. He said a further six months of effort is required. He noted that if the vaccine is 90% effective, but only 70% of the population have it then around a third of the population are potentially still vulnerable. He said that in time the population will have to live with this virus and that the key messages

around hands, face and space will be relevant for all of next winter. The Interim Chief Executive added that there is already a group looking at the planning for next winter.

32/21.5 [NR] said that while he has supported the work that PHA has carried out over the last year, he said that needs to be a determination made as to whether the current public health approach is doing more harm than good. He asked what modelling is being used to determine what restrictions are being put in place as he felt that a tipping point is being reached. He explained that to base the approach on factors such as hospital admissions, numbers of cases and numbers of people vaccinated takes away from the fact that lockdown is impacting on people's mental health and there are people waiting for cancer screenings and other treatments. He said that this situation cannot continue for another six months. He asked if PHA is part of the conversation on these issues. Dr Bergin clarified that when he said six months, he was referring to the need to reinforce the public health messages for the next months. He advised that the measures and restrictions are policy decisions which are outwith the remit of PHA, but he pointed out that this year there was a much lower number of flu cases.

32/21.6 [NR] asked about the impact of the potential vaccine shortage. She also asked about the work that was done on a "lessons learnt" report that was discussed at the last Governance and Audit Committee and which should be brought to the Board. She raised the issue of the societal cost of the pandemic in terms of missed cancer diagnoses and the cost in terms of mental health. The Interim Chief Executive advised that there is a meeting taking place later today of the Vaccination Programme Board at which there will be a discussion about the potential delay in receiving vaccines. She added that Northern Ireland is slightly ahead in terms of its rollout and the impact of the delay will only be for about 2 weeks, but she assured members that anyone who has an appointment for a second vaccination will receive their second dose. With regard to the lessons learnt report, Mr Wilson said this refers to a report that Dr Keaney had prepared on the daily "huddle" and this is on the agenda for the next Board meeting.

32/21.7 [NR] also raised the issue of screening and asked if PHA is measuring the impact of the cessation of screening. The Interim Chief Executive said that only some screening programmes were slowed down. [NR] asked if there are data available in terms of numbers of people impacted. Dr Bergin outlined that each screening programme has a Quality Assurance Manager and that previously an annual report on each programme would have come to the PHA Board. He said he is aware that programmes are running behind. He advised that [NR] in the Northern Ireland Cancer Registry has estimated that there are up to 1,500 cases of cancer which would have been picked up in a non-COVID year. He said that it may take up to a year for cancer screening programmes to fully recover. He explained

that even those programmes that are up and running are functioning at a slower pace because of infection prevention control measures that need to be taken.

32/21.8 **NR** asked if it was PHA's decision to stop screening, but Dr Bergin advised that it was a Ministerial decision. **NR** asked if PHA had given advice on this matter. Dr Bergin said that the advice to the Minister would have come from the Chief Medical Officer's office based upon briefings provided by the PHA. He said that these issues will be picked up at the next meeting of the Screening Programme Board which is due to take place on Monday. The Interim Chief Executive added that screening is also discussed at the RMB meetings, but pointed out that there is little point in carrying out screening if the required follow up services cannot be offered. She reported that two Trusts had stopped screening, but only for a short period. She said that screening is discussed at the RMB meetings and any papers for decision go to the Minister. **NR** said that she is seeking to clarify PHA's role in the decision to stop screening in the event of any look back exercise, and if PHA was providing data or advice. The Interim Chief Executive reiterated that only three programmes were stopped and the Trusts advised that they were stopping them. She added that funding was sought to run extra clinics. She said that PHA's role was to gather facts and report to the Department, and that Dr Adrian Mairs is currently working with the Trusts on a recovery plan.

32/21.9 **NR** said that this goes back to the concern he raised as to whether PHA is aware of the harm that is being caused and where the tipping point is, and if PHA contributes to the conversation or merely provides data. He said he believed that PHA has a role in this. The Interim Chief Executive explained that she is a member of RMB and that when screening reports are presented the issue is capacity within Trusts because the current policy direction is to look after those who are in intensive care with COVID-19. She added that representatives from the Minister's office also attend these meetings. She said that Trusts are aware of their role and all of the issues are debated, but the Trusts are doing all that they can in the current circumstances. She accepted that it is a moral dilemma.

32/21.10 **NR** asked whether this shows that there is a stronger focus on health rather than wellbeing and she pointed out that PHA's full title is the Regional Agency for Public Health and Social Wellbeing and going forward, does PHA needs to review its name.

32/21.11 Dr Bergin said that all of the public health advice is coalesced at the national SAGE groups.

33/21 Item 9 - Update from Chair of Governance and Audit Committee (PHA/02/03/21)

- 33/21.1 **NR** informed members that the minutes of the Governance and Audit Committee held in December were available for noting, but that there were issues discussed at that meeting that were also discussed at the most recent meeting of the Committee on 8 March. He advised that while the Committee had asked for an audit of the contact tracing service to be carried out, it did not formally approve the terms of reference for the audit and he raised this with Internal Audit. However, he said that following a discussion with Internal Audit he was satisfied that the terms of reference would cover the issues at which the Committee wished to look. He noted that External Audit will be looking at the impact of the changes at senior management level over the last year.
- 33/21.2 **NR** advised that he and **NR** had attended a training event for Governance and Audit Committee members run by the Chief Executives' Forum. He said that following this training, he had had a discussion with **NR** as there is a need for the whole Board to take ownership of the Corporate Risk Register even though the Governance and Audit Committee carries out an in-depth review of the Register each time it is updated.
- 33/21.3 **NR** noted that following an audit of risk management, Internal Audit had raised a concern about the timeliness of the Register being presented to the Committee and he was not happy with that as he was cognisant that the Interim Chief Executive had asked for an extensive review of the Corporate Risk Register at that time. He advised that the latest Register was brought to the Committee and contained 3 new risks, the first of these related to the recruitment of vaccinators. He said that the second new risk concerned the IT systems that support screening programmes as these need to be replaced, and the third risk related to the impact on PHA of the closure of HSCB.
- 33/21.4 **NR** said that there were discussions at both meetings about finance and what support PHA will receive following the closure of HSCB. He advised that a list of options has been reduced to two and these are with the Department for consideration, but he hoped that there will be further consultation with PHA on this.
- 33/21.5 **NR** said that there was an update on information governance and advised that **NR** has taken on his role as being the NED representative on the Information Governance Steering Group. He noted that there were some concerns about the volume of data that PHA now holds and the need to ensure that all staff are properly trained.
- 33/21.6 **NR** returned to the issue of the recruitment of vaccinators and said that he had asked Internal Audit to review this matter and although the terms of reference have yet to be agreed, it is likely that this will take

place in April.

- 33/21.7 [NR] advised that in addition to looking at the turnover of senior staff, External Audit will be looking at governance and management overrides.
- 33/21.8 [NR] said that he was deeply indebted to [NR] and Mr [NR] for their work in supporting him. The Chair endorsed this and thanked the members for being conscientious in their duties, acknowledging the volume of work that the Committee undertakes. He said that he continues to remain concerned about the finance function and he hoped that there will be extensive consultation on this matter and that the PHA Board will have an input.
- 33/21.9 The Board noted the update from the Chair of the Governance and Audit Committee.
- 34/21 Item 10 - Update from Chair of Remuneration and Terms of Service Committee**
- 34/21.1 The Chair advised that the Remuneration and Terms of Service Committee had held a meeting last week and he would share the draft minutes with members when they were available.
- 34/21.2 [NR] noted that the Committee had discussed the issue of senior executive pay. The Chair thanked [NR] for reminding him of this and outlined that this has been an issue that has been ongoing for several years with senior executives not receiving a cost of living increase since 2016/17. He advised that there is legal action pending. He added that given the amount of work senior executives had carried out in the last year in supporting the HSC COVID-19 response, it is demotivating that they are being treated in this way and that as a collective, the PHA Board would like to see this money paid. He noted that the amount involved would be a small percentage of the overall HSC budget. [NR] added that there is now a situation where junior staff, who are a different payscale, are earning more than their managers. He felt that it was appropriate that the Committee should do what it can to rectify this matter and he wished to put on record his support for the work of the Executive Directors during this time.
- 34/21.3 The Chair **AGREED** that he would link with other HSC Chairs, through the Chairs' Forum, and write to the Department to seek urgent resolution of this issue (Action – Chair).
- 34/21.4 The Board noted the update from the Chair of the Remuneration and Terms of Service Committee.

35/21 Item 11 - Establishment of a Resources and General Purposes Committee

35/21.1 The Chair advised that he had issued a short paper on the proposed establishment of a Resources and General Purposes Committee to members earlier today, and given that members would not have had the time to consider this fully, he asked that any comments on the paper be sent to him within the next week and that this would be brought back to the Board in April.

36/21 Item 12 - Review of Standing Orders, Standing Financial Instructions and Scheme of Delegated Authority (PHA/03/03/21)

36/21.1 Mr Wilson advised that the annual review of PHA's Standing Orders, Standing Financial Instructions and Scheme of Delegated Authority had taken place and had resulted in some minor amendments. He added that these had been brought to the Governance and Audit Committee at its meeting on 8 March and had been approved.

36/21.2 The Chair noted that there were sections in the Scheme of Delegation where it referred to "Appropriate Director" rather than naming a specific Director as in other instances. Mr Wilson said that this may depend on the subject matter of the topic.

36/21.3 The Board **APPROVED** the review of Standing Orders, Standing Financial Instructions and Scheme of Delegated Authority.

37/21 Item 13 – Register of Interests (PHA/04/03/21)

37/21.1 The Chair asked that members ensure that their entries in the Register of Interests are correct and up to date and to advise Mr Graham of any changes at the earliest opportunity.

37/21.2 The Board noted the Register of Interests.

38/21 Item 14 – Any Other Business

38/21.1 The Chair asked that members are kept up to date on the issue of accommodation. The Interim Chief Executive advised that a survey was recently carried out but the results have not yet been made available.

38/21.2 The Chair asked if PHA has an option to look at other accommodation options. The Interim Chief Executive said that a lot has changed following the pandemic and it would be beneficial to see the report in the first instance. She advised that a new flexible working model is being developed and that the impact of this will need to be looked at. She said that this will be an opportunity for PHA to organise the space that it currently has in a better way.

38/21.3 The Chair advised that today is Ms Roulston's last PHA Board meeting

before her retirement. He paid tribute to Ms Roulston's professionalism and dedication over many years which saw her recognised in the Queen's Honours List. He thanked her for her support to PHA and for her work in both HSCB and the Northern Trust.

38/21.4 The Chair thanked members for their participation in today's meeting and drew the meeting to a close.

39/21 Item 15 – Details of Next Meeting

Thursday 15 April 2021 at 1:30pm

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

Signed by Chair:

Personal Data

Date: 15 April 2021