

Title of Meeting	133 rd Meeting of the Public Health Agency Board
Date	20 May 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 Rodney Morton	- Director of Nursing and Allied Health Professionals
Mr Stephen Wilson	- Interim Director of Operations
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>)
Name Redacted	- Non-Executive Director (<i>via video link</i>)

In Attendance

Dr Aideen Keaney	- Director of Quality Improvement (<i>via video link</i>)
Name Redacted	- Interim Director of Finance, HSCB (<i>via video link</i>)
Name Redacted	- Secretariat (<i>via video link</i>)

Apologies

Mr Brendan Whittle	- Director of Social Care and Children, HSCB
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54/21 Item 1 – Welcome and Apologies

54/21.1	The Chair welcomed everyone to the meeting. Apologies were noted from Mr Brendan Whittle.
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55/21 Item 2 – Declaration of Interests

55/21.1	The Chair asked if anyone had interests to declare relevant to any items on the agenda. No declarations were made.
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56/21 Item 3 – Minutes of previous meeting held on 15 April 2021

56/21.1	The minutes of the Board meeting held on 15 April 2021 were APPROVED as an accurate record of that meeting.
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57/21 Item 4 – Matters Arising

57/21.1 There were no matters arising.

58/21 Item 9 - Update from Chair of Governance and Audit Committee (PHA/02/05/21)

58/21.1 **NR** began by thanking **NR** and **NR** for their assistance on the Governance and Audit Committee (GAC). He said that the minutes of the meeting held on 8 March were available for members and that although a further meeting took place on 15 April, he would give members an update on that at the next meeting.

58/21.2 **NR** advised that, at the request of the GAC, an audit of contact tracing was undertaken, but the report is not yet available. He drew members' attention to concerns that had been expressed about some authorisations that required to be followed up.

58/21.3 **NR** highlighted concerns about IT issues around the PHA website and he queried whether there was anything the PHA Board could do, but he suggested that perhaps Mr Wilson may have an update. He noted that there are also issues about the databases used for screening programmes and that Dr Bergin had already flagged this up to members. The Chair advised that he had attended the most recent meeting of the Screening Programme Board where there was discussion about the IT systems and he said that it would be helpful to have target dates for the implementation of this critical work. Mr Wilson said that in terms of the PHA website, he was pleased to report that there have been discussions with the organisation involved in the COVID NI website and there is the possibility that PHA's website could be built within that framework. He noted that this is one option and said that PHA is also speaking to its current website provider to ensure the security of the site. **NR** welcomed the update and that this will be picked up at the next meeting of the Committee.

58/21.4 **NR** said that there was work under way to follow up on an Internal Audit recommendation following some issues that had been picked up relating to staff underpayments and overpayments. He assured members that there were no significant amounts involved.

58/21.5 **NR** advised that there was a discussion on the audit of governance and that while a satisfactory level of assurance was given he noted that a learning report had been presented at AMT, but had not yet been brought to the Board. He also highlighted that some decisions that had been made regarding expenditure did not appear in action logs although the correct paperwork was in place. Ms Mann-Kler noted that the learning report had been presented at the last Board meeting.

58/21.6 **NR** noted that as part of the annual audit, External Audit will be looking at significant presumed risks and one area that will be

- scrutinised is whether management controls have been overridden. He felt that this should be brought to members' attention. He also said that the auditors will be looking at the number of changes in senior level in PHA over the last year.
- 58/21.7 **NR** said that he wished to raise a matter at the next confidential session of the Board regarding the audit of vaccinators.
- 58/21.8 The Chair returned to the matter of the replacement of the IT systems for screening programmes and whether there is a schedule in place for this work. The Interim Chief Executive advised that a risk assessment and gap analysis is currently being undertaken and a workshop is being planned. The Chair said that it would be useful to see this schedule. The Interim Chief Executive agreed to update members when a date for this workshop is available and to share the programme (**Action – Interim Chief Executive**).
- 58/21.9 The Board noted the update from the Chair of the GAC.
- 59/21 Item 5 – Chair's Business**
- 59/21.1 The Chair began his report by referring to a recent retirement and the outstanding contribution which **NR** Assistant Director, Planning and Operational Services, made to the work of the Agency since its inception.
- 59/21.2 The Chair informed members that he had confirmation from the Department that a recruitment exercise will commence in June for two Non-Executive Directors who are currently elected local Councillors and for a further Non-Executive Director with a financial background. He expressed concern about the timescales for completing this exercise given that the two local Councillors currently serving on the Board will step down at the end of July. He noted that the Public Appointments Unit is presently dealing with a high number of vacancies in other arm's length bodies.
- 59/21.3 The Chair said that he had recently attended a meeting of the PHA Procurement Board where there was discussion around the re-tendering of contracts relating to drug and alcohol services. He explained that the Department is currently reviewing its policy in this area and that PHA is awaiting the outcome of that review before commencing a re-tendering exercise. He hoped that this would not result in the current contracts being extended for much longer as some of these have been extended for periods longer than the length of the original contract. He was anxious to know that officers could check with the Department that it would be able to achieve its time target for the completion of this review.
- 59/21.4 The Chair advised that he had attended a webinar on the theme of economic recovery where he had stressed the need to tackle long term unemployment among young people. He also reflected on the recent

- unemployment figures and the difference between Northern Ireland and the rest of the United Kingdom. He reflected that the unemployment level in Northern Ireland was lower than that of the UK average and a similar situation had occurred in the financial crisis of 2008 when Northern Ireland had a lower rate of unemployment in the initial 18 months of the crisis but this subsequently changed radically.
- 59/21.5 Finally the Chair welcomed the recent ban on junk food advertising in all media before 9pm.
- 60/21 Item 6 – Chief Executive’s Report**
- 60/21.1 The Interim Chief Executive presented her Report and apologised for the delay in its issue. She said that the Agency is currently under a lot of pressure and has had to establish seven Incident Management Teams (IMTs) to deal with COVID-19 related issues. She advised that there are regular meetings with representatives from Derry and Strabane Council due to the continuing high rate of cases in that area. She said that staff continue to work hard but no additional help is available. She advised that interviews are taking place at the end of next month for public health consultants but there remain shortages in terms of data analysts. She reminded members of the daily demands that were being placed on the Agency since this time last year and said that a lot of progress has been made but the organisation remains in business continuity mode.
- 60/21.2 The Interim Chief Executive said that it is not possible to predict the impact of any new strains. She added that although the number of daily positive cases is falling to around 100 per day, a travel cell has had to be set up because of the complexity of some of the cases. She noted that the number of flights coming into Northern Ireland remains small, but there are still cases to be followed up. She said staff are coping and she has been encouraging staff to take leave in order to get a break.
- 60/21.3 The Interim Chief Executive noted that the work of the contact tracing centre as well as the work in testing and the travel cell is helping to reduce the pressure on hospitals and that PHA has already begun to prepare for the coming winter. She advised that a team has been set up to look at groups where there has been a low uptake of vaccinations and she referred to work that took place recently to carry out a targeted vaccination programme in an area in Coleraine.
- 60/21.4 The Chair asked whether the reduction in the number of cases having to be traced would mean that the contact tracers would have more time to follow up to ensure individuals are self-isolating. He noted findings that only 30% of people who are required to self-isolate do so for the full period. The Interim Chief Executive advised that cases are being followed up and that close contacts are being asked to get tested immediately and at Day 8. She said she was satisfied that people are complying but she reiterated that PHA does not have the authority to

ensure that people self-isolate. She acknowledged that in the past such follow up was not possible due to the high volume of cases but she explained that a business case is being finalised to ensure that there are adequate numbers of staff in the contact tracing centre until the end of the year. The Chair said that there were previously indications that the number of daily positive cases could rise to 2,000 a day by July and he asked whether this would mean that there would not be the capacity to follow up on cases. The Interim Chief Executive said that the position has changed and the projections have been reduced, and she reiterated that she felt that the contact tracing centre has adequate staff at this time. The Chair noted that the amount of funding Northern Ireland receives for contact tracing is a fraction of that in other jurisdictions. The Interim Chief Executive said that PHA has been assured that it will be supported with any funding that it requires on completion of a business case **(Action – Interim Chief Executive)**.

60/21.5 **NR** asked about people who are hesitant about getting the vaccine and asked for further information about the group which has been set up and how it determines the locations to target, and whether there is a link with areas of deprivation. Dr Bergin advised that 6 weeks ago a Vaccine Equity Group was set up jointly chaired by **NR** and **NR**. He explained that by using data from each Local Government District (LGD) which profiled a total of 790 areas PHA could see those areas where there was the lowest uptake and target them, hence the intervention in Ballysally. He said that PHA can access live data to inform this work.

60/21.6 **NR** sought clarity on the requirement to self-isolate if all members of a household have received both doses of the vaccine. He questioned whether people who have been vaccinated would comply with the requirement to self-isolate. Dr Bergin advised that at present around 70% of the target population has been vaccinated, but to be effective this figure needs to be above 80%. By comparison he said that the effectiveness of the flu vaccine is 72% so it can still be spread. Hence, he said that this is why PHA is targeting certain areas. The Interim Chief Executive said that to answer **NR**'s original query, there is still a requirement to self-isolate because although people have been vaccinated, they can still carry the virus. **NR** commented that it would be worth monitoring data to see if there is a change in the level of compliance for those required to self-isolate if they have been vaccinated.

60/21.7 **NR** asked if there is an awareness of the number of cases of long COVID and if there is a disproportionate number of cases among HSC staff. Mr Morton advised that an assessment model is currently being developed to help identify the number of people with long COVID, or Post-COVID Syndrome. He said that data were being collected and work will then commence to look at a response. Dr Bergin added that a paper is being prepared to set out a model for each Trust area.

- 60/21.8 **NR** noted the progress in the recruitment of permanent staff into senior posts in the Health Improvement team and asked whether there was a timeline to fill the next level. The Interim Chief Executive said that it was her understanding that some posts have had to be re-evaluated, but she hoped that they would be advertised in the next few weeks. She said that there has been good progress and this was needed in order to provide stability for that team **(Action – Interim Chief Executive)**.
- 60/21.9 **NR** asked if PHA is able to evaluate the impact of its communications work. Mr Wilson said that there are some areas in which PHA should be able to carry out evaluations, and he said that he would look at how this could be included in the Report on a quarterly basis **(Action – Mr Wilson)**.
- 60/21.10 **NR** thanked the Interim Chief Executive for sharing the report of the recent accommodation review and asked if there was an update on progressing the recommendations. The Interim Chief Executive said that at present the policy remains that staff should work from home if they can and that the Business Services Organisation (BSO) has prepared a paper outlining its short, medium and long term approach for flexible working. She advised that Mr Wilson and his team will look at this paper, as well as the recommendations from the accommodation review in order to inform PHA's accommodation needs for the future. She noted that with COVID-19, some of this work has been put on hold, but it will begin again and she said she would share the BSO paper with members **(Action – Interim Chief Executive)**. She noted that while some staff will be happy to remain working at home, others will be keen to return to the office, and this will have to be managed.
- 60/21.11 **NR** brought to members' attention an issue regarding one of his constituents who has a learning disability and when they were hospitalised at short notice recently the only place their son could be looked after was a care home. The Interim Chief Executive said that this would be an issue that Mr Brendan Whittle would need to be aware of as it would fall within his remit. She undertook to speak to Mr Whittle about this **(Action – Interim Chief Executive)**. Mr Morton added that this issue should be raised with the appropriate Trust as this family should have a social worker who would have been aware of these issues and ensured that appropriate arrangements should be in place.
- 61/21 Item 7 – Finance Report (PHA/01/05/21)**
- 61/21.1 **NR** said that this Finance Report outlines the year-end position for 2020/21 and showed that PHA finished the year with a surplus of £108k. She advised that the allocation letter for 2021/22 has been received.
- 61/21.2 **NR** explained that approximately 32% of PHA's budget is allocated to Trusts and 37% to other programmes referring members to

pages 3 and 4 of the Report. She moved onto the ring-fenced allocations and said that there was a slight deficit of £26k against the £10.2m of COVID-19 expenditure. For Transformation funding, she said that there was a surplus of £103k which she explained was due to PHA not being invoiced for some work relating to homelessness where an invoice had been anticipated from the Leadership Centre which was subsequently not charged. Regarding the management and administration budget, she advised that there was £830k of slippage which was reinvested in programmes. In the capital budget, she said that there was a surplus of £248k due to a saving in the cost of software licenses for the Digital Test Trace Protect programme. In relation to prompt payment performance, she noted that PHA's performance of 94.3% of invoices paid within 30 days is below the required target of 95% so this will be commented on by the auditors, but she felt that given the very special circumstances this year it was still an excellent achievement. Finally, she outlined the breakdown of the COVID-19 expenditure.

- 61/21.3 The Chair thanked **NR** for the Report. He asked if it would be possible to get further information on programmes which did not proceed because of COVID-19. **NR** advised that community and voluntary sector organisations were still provided with funding and she was not aware of a list of programmes that did not run. The Chair said that he was anxious to know of any of PHA's own programmes which had been reduced or discontinued because of COVID-19 (**Action – Ms**

NR

- 61/21.4 The Chair asked if it would be possible to obtain data on the amount by which the management and administration budget has been underspent in recent years and for one of those years, a breakdown of the underspend. **NR** said that she could provide some information but she explained that at present each Director is currently reviewing their salaries and wages and goods and services budget. She added that a 1% efficiency target has to be factored in as part of the review. She said that once the review is complete there will be a plan and PHA will be able to monitor this plan and present more helpful information going forward. The Interim Chief Executive added that by examining each budget and each vacancy, the budgets will be more accurate going forward. **NR** said that every management and administration budget across the HSC will have slippage because the costs of staff time for COVID-19 specific work will have been costed against a COVID-19 budget. She added that by carrying out this review of the salaries and wages budget, it will allow slippage to be identified much earlier in the year allowing that funding to be allocated to other priority areas quicker.

- 61/21.5 **NR** passed on his thanks to **NR** and to the Executive Directors for achieving this outcome at the year end. He said he would like to see a breakdown of how the £800k from the management and administration budget was reallocated, which programmes benefitted

- and what the rationale was for those decisions [NR] advised that within the Report there are some references to where funding was reallocated but Mr Stewart said that he would like to see further detail (Action – [NR]).
- 61/21.6 The Chair asked whether the 1% efficiency target was in addition to the 1% PHA was expected to fund for the cost of living increase. Ms McCaig clarified that there is no efficiency target for this year, but there was in previous years, and that although there is an expected 2% inflationary uplift for next year, PHA will not be expected to fund that.
- 61/21.7 The Chair thanked [NR] for the Report and the transparent nature in which the information it contained is presented.
- 61/21.8 The Board noted the Finance Report.
- At this point [NR] left the meeting.*
- 62/21 Item 8 – Update on COVID-19**
- [NR] joined the meeting for this item.
- 62/21.1 Mr Wilson said that the vaccination programme is one of the main pillars of the pandemic response that PHA has been charged with co-ordinating communications around the vaccine. He explained that while the Department of Health leads on the messaging and deals with the media, PHA does a lot of co-ordination and planning work behind the scenes. He said that to date the vaccination programme has been going well, but it is important not to rest on our laurels. He invited [NR] to give members an overview of how the latest vaccination campaign was developed.
- 62/21.2 [NR] advised that the campaign, entitled “Every Vaccine Brings Us Closer Together” launched on 10 May, but a lot of work has been going on in advance of that date, including the preparation and publication of materials which is still taking place. She said that PHA has been supporting the PR work and press releases for the vaccination programme which has featured a range of radio, press and outdoor advertising and people being invited to attend an appointment at either primary care or mass vaccination centres.
- 62/21.3 [NR] said that an analysis of the data from surveys going back to November showed that while uptake rates were high, there was evidence that younger people were less likely to get vaccinated and that females were less likely to indicate they would be keen to get vaccinated. She outlined the barriers and motivators for people getting vaccinated saying that safety, trust and perception of risk were some of the barriers, while motivating factors included a wish to see society return to normal, protection against the virus, protecting the NHS and doing one’s civic duty. She said that given the anticipated low uptake of

- the vaccine among younger age groups it was felt a campaign was needed and a brief was shared with an advertising agency who developed five concepts which was then reduced to three for testing purposes.
- 62/21.4 **NR** explained that using a screening questionnaire individuals were identified to help with the testing but individuals who had indicated that they definitely would, or definitely would not get the vaccine were not selected. Furthermore, she said that people who identified as being in socio-economic groups D and E as well as people in the 18-49 age group were selected. During the testing she said that issues such as safety and mistrust were picked up as well as a desire to return to normal and so the concept of "Every Vaccine Brings Us Closer Together" was chosen as it resonated most. She added that as safety was seen as an issue, PHA linked with NI Direct to ensure that more information about the safety of the vaccine was made available. She said that after testing, the campaign went into the production phase and a media plan developed with the aim of running the campaign from 10 May to the middle of June. However, she explained that given the potential issues relating to the AstraZeneca vaccine for those under 40, the campaign will run until the end of July. She noted that some people are expecting a personal invitation from their GP surgery to get a vaccine so PHA is working with primary care to look at this.
- 62/21.5 **NR** shared a video showing how the campaign was developed. She advised that the normal turnaround for a campaign is 3/6 months, but in this case the timeframe was much tighter. She said that in addition to the television campaign, there is a comprehensive digital programme and the campaign will also appear on radio.
- 62/21.6 The Chair sought clarity that it takes 3/6 months to design and produce a campaign so if funds became available during the year to undertake a new campaign, it may not be possible due to the timescales involved. **NR** said that from the development of the brief to testing and media planning, it can take that length of time. She said that for this campaign the footage shown in the background is library footage but it is aimed to look like it is from Northern Ireland because from working on other campaigns, she has learnt that young people are generally critical of Northern Ireland advertising.
- 62/21.7 **NR** said that the campaign was very impressive and he had seen much of the social media material. He noted how there were messages from famous sportspeople encouraging people to get their vaccination. He said that he was particularly interested in how PHA had deliberately targeted those individuals who were vaccine hesitant as part of the planning for the campaign and asked whether there had been any follow up to find out whether these people feelings towards the vaccine had been changed. **NR** said that PHA would continue with the tracking surveys, but noted that as the uptake increased there would be a smaller pool of people to survey, but there would be no way of

determining whether any of those previously contacted has since got their vaccine.

- 62/21.8 The Chair asked about the cost of the campaign. [NR] replied that she did not have the costs to hand, but she estimated it to be around £200k. The Chair thanked [NR] for attending today's meeting, and for the excellent campaign which would hopefully encourage people to take up the offer of the vaccine. He asked that the thanks of the Board be conveyed to all those involved in the campaign.

At this point Dr Bergin left the meeting.

63/21 Item 10 – PHA Rural Needs Act Annual Report 2020/21 (PHA/03/05/21)

- 63/21.1 Mr Wilson advised members that there is an obligation for bodies to ensure that cognisance is taken of rural needs when developing policies. He said that this is monitored by DAERA and that PHA is required to make an annual return, and that this Report represents the return for 2020/21 with a total of five assessments having been carried out during the year.

- 63/21.2 The Chair noted that, particularly for screening programmes, it is important to give thought to those individuals who do not have access to their own transport and asked whether this could be taken into account when the next screening programme consultation is being put together. Mr Wilson said that this is his understanding that this is already taken into account when determining the distribution of screening centres, and that this legislation does oblige public authorities to consider those sorts of issues.

- 63/21/3 [NR] asked if PHA is required to undertake this screening for every policy and following Mr Wilson's confirmation that this is the case, she then sought clarity that only five new policies were developed in the last year. Mr Wilson said that this would be for new policies, at which point [NR] asked if there is scope within the Act to look at existing policies given there could be fewer and fewer new programmes each year. Mr Wilson clarified that is designed specifically for new programmes, but at the same time it is important that consideration of rural needs is part and parcel of PHA's planning processes.

- 63/21.4 [NR] said that he had raised the issue before that a lot of PHA's work appears to be either Belfast or Londonderry based but that rural areas are where some of the hardest to reach people are.

- 63/21.5 [NR] asked whether the consideration of rural needs should be mainstreamed in the same way as policies are equality screened as he agreed the number of screenings appeared to be quite low. He said that rural needs would have to form part of the discussion as the vaccination

	<p>Programme Board as well as in other areas such as contact tracing and capacity building. Mr Wilson advised that for the vaccine programme, rural needs are a live issue and that PHA has the ability to analyse the uptake of vaccines in certain areas and consider specific interventions. He said that this is part of how PHA ensures that it is giving due regard to inequalities, and the need to do this will continue to be impressed on staff.</p>
63/21.6	The Board APPROVED the Rural Needs Act Annual Report 2020/21.
64/21	Item 11 – Health Improvement COVID Rebuild and Recovery Plan 2021-26 (PHA/04/05/21)
	<div>NR</div> <p>joined the meeting for this item.</p>
64/21.1	<div>NR</div> <p>delivered a presentation on the Health Improvement COVID Rebuild and Recovery Plan. He began by explaining that the Plan is in the format of a logic model whereby there is a “plan on a page” for each thematic area which looks at context, vision, inputs, outputs and outcomes. He said that this work has involved staff across all of PHA and there is a group in place for this work.</p>
64/21.2	<div>NR</div> <p>said that previously many health improvement services would have been delivered on a face-to-face basis, but during the last year PHA has had to consider new ways of doing this and look at capacity in order to meet demand. He said that organisations would report to PHA on their progress. In terms of this new Plan, he said that it is broken down into short, medium and long term outcomes.</p>
64/21.3	<div>NR</div> <p>took members through two areas, obesity and physical activity, and emotional wellbeing, and gave an overview of the types of the services that have been running during the pandemic, but also the recovery plans for the next period. As a next step, he said that short term priorities will be included in organisation’s Service and Budget Agreements for the year, and these will be monitored over the next six months. He added that work has already commenced on thematic plans and that regional leads will meet to review and streamline priority work areas.</p>
64/21.4	<p>The Chair said that he was concerned to note that some of the work outlined in the Plan falls under the remit of other Government departments and asked whether it is difficult to get other departments engaged. <div>NR</div> said that a few years ago it would have been a challenge, but there has been a significant shift. He advised that over the last number of months the Department for Communities has been seeking PHA’s assistance in its work with the community and voluntary sector. He added that PHA works with DAERA on the farm families programme and there has been engagement with the Department for Infrastructure on a proposal to reduce the number of attempted and completed suicides on the Westlink through the installation of specially</p>

- designed barriers.
- 64/21.5 [NR] thanked [NR] for the presentation and noting the work that PHA does with other agencies, he said that he would be happy to discuss work relating to the Anti-Poverty Strategy as well as with other work in the areas of LGBT, gender equality and disability. He felt that there is scope for PHA to influence work in those areas.
- 64/21.6 [NR] asked about the outcomes and how measurable they are as she felt they should be more specific. Mr Mullen explained that there is an action plan in place for each area for over the next 12 months, and for over the next 5 years, and these are being developed with the Health Intelligence team. Using the example of mental health, he said that there is a group looking at each thematic area. The Chair sought clarity that there will be hard data in the action plan and Mr [NR] confirmed that this would be the case.
- 64/21.7 [NR] expressed caution that from his experience, Councils are still clear in terms of what they feel is their role and what they feel is the role of PHA. He felt that because of this, there could be many groups who suffering from a lack of support and that community planning should be used as an approach to work with these groups.
- 64/21.8 The Chair noted the progress that has been made in reducing the number of young people who are smoking in Northern Ireland and he said that he looked forward to seeing the action plans. The Interim Chief Executive thanked [NR] and his team for their work during the COVID-19 response.
- 64/21.9 The Board noted the Health Improvement COVID Rebuild and Recovery Plan 2021-26.
- 65/21 Item 12 - HSCQI Annual Report 2020 : Programmes-Partners-People (PHA/05/05/21)**
- Ms [NR] *the meeting for this item.*
- 65/21.1 Dr Keaney introduced [NR] to the meeting saying that she had been working over the last few months to produce this interactive Report.
- At this point [NR] left the meeting.*
- 65/21.2 Dr Keaney said that the Report had been in three sections entitled Programmes, Partners and People and she invited Ms White to take members through it.
- 65/21.3 [NR] gave an overview of the Report beginning with an introduction into how HSCQI came into being before moving on to outline some of the Regional Scale Up initiatives in which HSCQI has been involved and

the progress that has been made against each of these. She reported that during COVID-19 HSCQI was involved in three regional projects which related to virtual visiting, virtual consultations and staff psychological well-being during COVID-19 and the HSCQI network had developed a number of resources and tool kits which were accessible on the HSCQI website.

65/21.4 **NR** said that it would not be possible for HSCQI to carry out its work without the support of its partners and she highlighted in particular a new partnership with primary care. In the final section of the Report she drew attention to the GREAT resources for service users and carers that were developed in conjunction with the HSCQI PPI Community of Practice (CoP). At the start of 2020, she reported that HSCQI hosted the IHI Healthcare Improvement Alliance Europe (HIAE) conference which was held in Belfast (pre-pandemic) with over 70 international delegates in attendance. She said that the delegates took the opportunity to visit specific projects in certain Trusts.

65/21.5 **NR** noted that a key function of HSCQI is to support the development of system wide QI capability. HSCQI has worked with a number of external partners to deliver a number of regional training programmes including the Scottish Improvement Leader Programme.

*At this point **NR** re-joined the meeting.*

65/21.6 **NR** advised that there is Quality Improvement training carried out through NIMDTA and that Trusts also have their own specific courses. She added that online Quality 2020 training is also available.

*At this point **NR** re-joined the meeting.*

65/21.7 **NR** thanked **NR** for the Report and said that she enjoyed reading it and thought the interactive format and the way the messages were presented made it easier to remember them. She said that the HSCQI system approach came across very clearly and she said that PHA should consider using this type of format for other reports.

65/21.8 The Chair asked what external input there was to the design of the Report, but **NR** advised that she had put the Report together herself using the PageTiger software. She commented that the Report is a good news story. The Chair commended **NR** for the highly skilled design of the Report.

65/21.9 The Chair asked whether the training offered by NIMDTA is focused on in-service training or initial training. Dr Keaney explained that QI training does form part of the undergraduate curriculum, but also part of postgraduate training. She added that within the Trusts there are bespoke training programmes offered at Levels 1, 2 and 3. She advised that HSCQI has supported two Level 3 programmes and also partly funds programmes for clinicians. The Chair asked for how long there

has been QI input into the initial curriculum. Dr Keaney said that the key issue is that when an individual undertakes training they need to be given protected time in their job to be able to carry out QI work or their skills will be lost. She commented that while GPs will have done some training, there is a need for a focus on building QI capability within the PHA itself.

65/21.10 Mr Morton advised that QI training now also forms part of nursing and AHP undergraduate and postgraduate programmes so in 5/10 years' time there will be a cadre of QI trained staff. Dr Keaney reiterated that it is important that staff are given dedicated time to apply this QI science Within their day to day job – otherwise skills learned on programmes will be lost. Mr Morton agreed that while there has been considerable effort around QI training, there needs to be more in terms of implementation.

65/21.11 Dr Keaney advised that there is an overarching HSCQI Leadership Alliance and the work of HSCQI is endorsed by that Alliance which consists of the Chief Executives of the Trusts, PHA, BSO and HSCB as well as the chief professional officers in the Department of Health and senior leaders in primary care. She added that a lot of the work undertaken by HSCQI had been shared with the Rebuilding Management Board and she is delivering a presentation to that group next week.

65/21.12 The Board noted the HSCQI Annual Report.

66/21 Item 13 – Any Other Business

66/21.1 The Chair thanked members for their contributions to today's meeting and drew the meeting to a close.

67/21 Item 14 – Details of Next Meeting

Thursday 17 June 2021 at 1:30pm

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

Signed by Chair:

Personal Data

Date: 17 June 2021